

What constitutes good research in general practice?

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What is good research in general practice? Just as beauty is in the eye of the beholder, so the answer to this question lies with the user of the research. For general practice research the user is the general practitioner, primary health care practitioner, staff member, patient or family/whanau member.

There are actually two questions to consider. What is good research for general practice and what is good research in general practice? We will consider these questions separately.

Good research for general practice

Research is good for general practice if it informs practice, demonstrates the most efficient and effective diagnostic processes, proves a new treatment, or evaluates a new way of practising.

From the researcher's perspective good research appropriately and efficiently answers a defined question.

The potential user of research can think about the following points in considering research. If most are answered favourably, then the research is likely to be 'good':

Is the research question a reasonable question to answer?

In other words, there are many questions that can be asked but the effort of answering them is not worth it, the question cannot be answered ethically or perhaps the question does not need answering. On the other hand, some very simple questions do need answering that have not been asked. An example would be *'what is the best way to detect troublesome foot problems in older patients?'* Questions can also suggest change in routine practices such as whether screening for disability in primary care helps older people.¹ (Also see the paper by Marjan Kljakovic in this issue)

Is the study a reasonable approach to answering the question?

Some studies are very large and involve many participants and some are small and simple. Research questions about *'what is it like to...?'*, *'what are the main barriers to...?'*, *'what are the issues with...?'*, *'how does this effect...?'* and *'why do they do...?'* are best addressed with qualitative research methods. The inci-

dence, prevalence and natural history of conditions are best addressed with population-based cohort studies. Questions of cause and effect can begin to be answered with case control studies. True cause can only be demonstrated with randomised trials. A good example of changing views about cause and effect is HRT research. Long-term epidemiological studies suggested that HRT may be beneficial for cardiovascular disease. A more recent large randomised trial was stopped prematurely because there was concern that there was evidence of harm from long-term HRT.²

We can only digest the information that is available and if there is no research of the appropriate type to fully answer a question then clinicians are best to be cautious. Appropriately answering a question can be very reassuring to us as well. Studies by these authors

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have shown that well planned CME with audit and practice-based reminders improves the health of older people³ and that the Green Prescription given in general practice improves activity and quality of life for sedentary patients.⁴

Are the results valid?

In other words, was the research conducted in the most rigorous way? Does the design have internal validity; has it worked in addressing the

question? This is the hardest area to judge as it often takes considerable experience to recognise the fatal flaw in studies. Often the main problem is that the researcher failed to enrol enough of the right participants in the study. This is common when new services are being evaluated. To impact important outcomes like mortality or hospitalisations, many participants are required and this is often beyond the scope of the study. Also be mindful of who was asked in qualitative studies. Although qualitative studies bring out the range and depth of issues, the choice of participants will often determine the findings. So always look at the way the respondents for a qualitative study were chosen. Remember that results from qualitative studies are not generalisable, although they may give important insights into the nature of a particular problem.

How can I use these results in my practice?

This point is mainly about generalisability. If the study was conducted with participants who are unlike those that you are consulting with, then the research may not be so useful for you. Randomised trials often test interventions on a very select group of participants and not understanding this will create difficulties in interpreting the reports of trials.⁵ In reality the treatment may need to be applied to people with the index condition, plus two or three co-morbidities and no support at home to assist adherence. There is a need for more research in general practice to answer questions relevant to the primary care population.

Good research means that observations are controlled and as objective as possible, even if the methods are qualitative. Longitudinal research about groups of people can be very good at telling us how a disease en-

tity evolves. There is a need for more longitudinal cohort studies gathering information from large groups of general practice patients to find out about chronic conditions, how best to identify them, who is at greatest risk for complications and adverse outcomes, and how best to treat them. Diabetes for instance is ripe for further evaluation. For cardiovascular disease, the Framingham longitudinal study from half a century ago established cardiovascular risk for mostly white Americans. This is now widely applied to our NZ population. The UKPDS risk equation was generated from a sample of approximately 4000, 85% of whom were of European ethnicity, and is all we have to estimate outcomes for our diverse NZ population.

Let's not neglect biomedical research. This type of bench, rat dissecting research can also be good for general practice. How else can we find out about the way bodies work, how disease processes arise and what might change them. The dogfish we remember well have an essential place in medical research (and consume

most of the funding). Results from biomedical research will be good for general practice eventually.

Good research in general practice

Doing research in general practice involves tasks that are not always welcome and to be fair to all, the benefit of spending time and energy needs to be clear. This benefit may not appear to be relevant to the practice teams gathering data (whether it be linguistic, physiological or biomedical), delivering a new intervention or facilitating contact between patients and researchers. For research to be suc-

cessful in general practice several issues should be addressed.

Consultation with primary care groups

Consultation with primary care groups before the research starts is essential to make sure the research question is relevant to everyday practice and the personnel involved. If extra tasks are required of busy clinical teams, the need for the information should be suffi-

cient to justify the effort of the research. The research facilitators/participants, not just the researchers, should perceive this need.

Good research should take account of the participants

If primary care patients are the subjects of the research, their needs have to be considered. If the subject of the research is the primary health care team itself or one of its members, the interests of the team should be protected. Ethical considerations can be expanded upon and addressed with the ethics committees associated with every DHB.

Adequate resources for the research should be available

This recognises that participation by staff and patients should not be taken for granted. Resources for research are usually scarce and this, in our experience, causes the most problems. Much research in primary health care has relied on the good will of practices, staff and patients. While it is often enlightening to be working towards the greater good, practicalities have to be taken into consideration. There is a need for investment in this area and there will be debate about who should make this investment. Reimbursement for time and resources provided by the participating practices is important.

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Be aware of the agendas of interest groups

The objective of finding what is good for patients can be compromised by groups interested in the research for other reasons (including pharmaceutical companies). A clear understanding of the objectives, funder's priorities, and the main use of the results should be declared at the outset.

Consider all potential settings

Good research in general practice is best tried out across a broad range of practices. Variability in practice size, organisation, populations served and the staff involved will impact on almost any research set in general practice. To understand the true impact and allow generalisability, the research should be conducted in many

settings, as the variabilities will likely continue in the future. This will enable an understanding of the relevance of the results to the diverse and wonderful range of general practices in New Zealand.

Cultural issues

In New Zealand, good research recognises the Treaty of Waitangi and issues of partnership, participation and protection for Maori. Equity for Maori is essential in all areas of research in New Zealand. In recognition of the changing demographic of primary care practice, consideration of other large emerging ethnic groups is important for good general practice research. Cultural influ-

ences on health and disparities in outcomes are well documented and primary care has access to the whole population.

Conclusion

In conclusion, beauty, while being in the eye of the beholder, usually gives pleasure at some level and to some degree. Good research for general practice, of all types and origins, gives useful results that are relevant and important for improving our practice and improving the health of our patients. Good

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research in general practice can be very rewarding to be a part of, while respecting the interests of all parties involved.

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Primary Care Research Forum

A special forum for primary care researchers will be held on Wednesday 14 July 2004 – the day before the RNZCGP conference.

'Using Research to Explore the Complexity of Primary Care' will enable researchers from a range of disciplines and health care professionals to meet together, share ideas and ideally encourage other colleagues to join their ranks.

The first part of the day will focus on using different research methodologies in a primary care setting and the second part will focus on research and the primary care team.

'Come celebrate our skills and contribute,' say the organisers.

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