

# Editorial

*Tony Townsend has been a general practitioner for 30 years. Although he has dabbled in medical politics, medical ethics, community-based teaching, university-based teaching, quality improvement and assessment, his passion remains clinical general practice. He is currently a full-time general practitioner in Whangamata.*



At the mention of research many of my colleagues peer into the distance with a glazed look in their eyes; some utter expletives. Research somehow seems irrelevant to the realities of their day-to-day general practice. This is not too surprising. Until relatively recently most medical research was not particularly helpful for general practitioners. It contributed little to change what we did. Not only was the focus of much research on areas other than primary care, but also the research methodologies, largely experimental, were not telling us what we really wanted to know. We need to ask questions that are important to general practice and research them in an appropriate manner.

Kerr White has described the curiosity that is needed to explore important questions in primary care research.<sup>1</sup> *'It is the curiosity of the naturalist concerned with first causes, diversity, and patterns of growth and senescence rather than with structures and processes.'*

During the past two to three decades, primary health care research has expanded exponentially. There are now many journals dedicated to publishing the outcomes of primary care research and general practice papers are being published much more frequently in some of the long-established medical journals such as the *BMJ*, the *NEJM* and the *NZMJ*. Traditional research methods have been

adapted to be more useful for primary care investigators and innovative approaches are being used to explore general practice to more appropriately guide the evolution of primary health care in a direction that is useful for our patients.<sup>2</sup>

Despite these advances, concern about general practice research persists. John Howie, a leading general practice researcher, defines some of these concerns.<sup>3</sup> *'Whatever the cause, the persisting problem of sometimes disappointingly low credibility of research and researchers needs to be addressed. Some components of it are avoidable. General practitioners have become wearied by incessant questionnaires whose simplistic designs predict an inevitable additional burden of the 'should do' syndrome. Research too often seems to be pursuing a managerial rather than a clinicians' agenda, and certainly not a patients' agenda.'*

Editors of medical journals are responsible for the quality of the material they publish.<sup>4</sup> They are expected to ensure that the quality of the scientific material that they choose to include in their journals is of a high standard. This is not only a little daunting it is sometimes quite difficult to decide on a standard that is acceptable. I was recently sent a questionnaire as part of a study investigating journals' policies regarding the response rates required for publication of cross-sectional studies. My

response was that the question is difficult to answer.

It is similar to a patient asking what their cholesterol level should be; it depends. There are many factors that influence the quality of cross-sectional research, including sampling, the clarity of the questions, the type of survey (face-to-face, mail or phone), the margin of error and how this is determined, internal validity, confounding variables, how the results are interpreted, how weighting has been used, interviewer reliability, misinterpretation, cultural issues and no doubt others; non-response is an additional consideration.

Ideally we would like a 100% response rate. However, if this was our required standard, very few studies would be published. We compromise and take into account factors such as similarities or differences between responders and non-responders and make a judgement about the credibility of the study. That is the bottom line. Good research gives our discipline credibility.

In this issue we have commentaries on research in general practice by some New Zealand GP researchers and, as with each issue, we publish the research efforts of some of our colleagues. One of the most important tasks of the *NZFP* is to publish good quality, locally relevant, general practice research. These papers will not answer all of our questions but will, hopefully, encourage us to ask more.

## References

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