Recruiting general practitioners into primary care research

What works

Mark R Nelson

This article is the first in a series of articles on research.

RESEARCH should ideally be conducted where it is to be applied.[1,2] The term 'primary care' is based on first contact with the healthcare system. It also reflects its primary importance to population health. Yet, compared with other specialties and disciplines, relatively little research is conducted there. While others have looked at general practitioner (GP) recruitment, what is presented here is experience from a recruitment process developed for the Second Australian National Blood Pressure Study (n = 2681 GPs), used for Aspirin in Reducing Events in the Elderly study (n = 2053 GPs) and continuing to be used for Statins Reducing Events in the Elderly study (n = 2880 GPs to date).[3–9] These are nine principles to aid GP recruitment.

Acknowledgement and compensation

1. The first principle to enunciate is acknowledging the preposition 'into' in the title; that is, GPs should be acknowledged as part of the research team. This will come as no surprise to GP researchers. Recruitment is one of the most difficult parts of conducting research. Those outside the discipline are shocked to find that GPs exploited as a portal to their patients are less motivated to actively recruit patients for their studies. Hence, the importance of GP principal investigators either leading or part of the team and GPs themselves as co- or associate investigators. GPs are perhaps the most studied of healthcare workers and are therefore more enthusiastic about being part of the team that answers a clinical question than being a participant in a survey.
2. Include GPs in publications, providing they meet internationally recognised specific authorship criteria. Epublication allows thousands of contributing persons to be added to online versions of papers. Many GPs get their first publications this way. While this and points 8 and 9 are not strictly recruitment strategies, these courtesies keep GPs involved and updated and their contribution recognised. It is also likely to predispose them to participate in future studies that you or others may seek to do.
3. Provide just compensation. Most GPs will want to contribute to research knowledge generation gratis, usually for public good research rather than commercial, but there are real costs of conducting research in a private business that need to be acknowledged and paid for. If possible, get pre-approval for Medicare Benefits Schedule billing if consultations are required. This can only be done if the study visit is integrated into routine clinical care.

Relevance and simplicity

4. Ensure the topic/condition is of interest to the GP and their patients. Conditions that are seen as mainstays of practice, such as depression and high blood pressure, are common and amenable to recruitment. Esoteric or rare conditions may be of interest to a few GPs, but their patient numbers would be low. Be aware that GPs are heavily surveyed; therefore, anticipate reduced response rates and prepare strategies from the outset that may address this.
5. Keep it simple. Complex interventions and protocols are not compatible with routine practice. For example, 15 inclusion/exclusion criteria, few of which are searchable on clinic software, or multiple dosing regimens of a new medication that would need to be stored on site are impractical. Better in the latter to have a post-marketing study readily available on the Pharmaceutical Benefits Scheme and consistent with routine prescribing.

Workplace and workload familiarity

6. Be familiar with the diversity of general practice and be willing to adapt. Diversity includes, but is not limited to, communities served; mode of practice;

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corporate, private and public sector ownership; and special interests.

7. Acknowledge the primacy of clinical care provision and the workloads of GPs, nurses and administrative staff. Take a minimalist approach to GP workload. Wherever possible, do the work yourself or employ research assistants. This will ensure consistent and complete documentation, which is not reasonable to expect from a GP given often-fleeting exposure to the protocol and time gaps between participant encounters. GP input should be relevant to clinical care and decision making. Remember that the special relationship of a GP to a participant necessitates clinical care trumps study requirements in certain circumstances. Practice management engagement is essential to smooth conduct. Staff, even if not directly engaged, need to be made aware of the study being conducted in their workplace as they may receive patient enquiries.

Communication

8. Peer-to-peer communication. Originally, peer-to-peer recruitment would have been recommended, but once this has been systematised, this is not a seen as an essential. However, it is beneficial for GPs to be able to talk to a fellow GP to feel that they are heard and understood. This will minimise GP or practice withdrawals and therefore aid participant retention.
9. Provide feedback to GPs during the study (eg via newsletters or emails), inform them of the outcomes of the study and link them to the published papers.

These are the nine principles of recruiting in general practice. Although GPs themselves remain committed to research in the sector, there are systems changes at play that increase the barriers for researchers, such as corporatisation. What also is not referenced here is the essential infrastructure support that has been requested for decades, a national practice-based research network, to support and enhance the great research done for the Australian population by the dedicated researchers and GPs at the 'coalface'.[10] The ready identification of research-ready GPs and practices would make general practice an ideal environment for the conduct of research relevant to the patients they serve.

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References

1. Nelson MR. General practice-based clinical trials. Med J Aust 2013;198(3):136–37. doi: 10.5694/mja12.11061.
2. Nelson MR. General practice trials: The importance of creating evidence. Med J Aust 2012;197(7):363–64. doi: 10.5694/mja12.11216.
3. Williamson MK, Pirkis J, Pfaff JJ, et al. Recruiting and retaining GPs and patients in intervention studies: The DEPS-GP project as a case study. BMC Med Res Methodol 2007;7:42. doi: 10.1186/1471-2288-7-42.
4. Reid CM, Nelson M, Beckinsale P, et al. Feasibility of conducting cardiovascular outcome research in Australian general practice: Results from the ANBP2 pilot study. Australian National Blood Pressure Study. Clin Exp Pharmacol Physiol 1997;24(5):370–73. doi: 10.1111/j.1440-1681.1997.tb01204.x.
5. Wing LM, Reid CM, Ryan P, et al; Second Australian National Blood Pressure Study Group. A comparison of outcomes with angiotensin-converting--enzyme inhibitors and diuretics for hypertension in the elderly. N Engl J Med 2003;348(7):583–92. doi: 10.1056/NEJMoa021716.
6. Lockery JE, Collyer TA, Abhayaratna WP, et al. Recruiting general practice patients for large clinical trials: Lessons from the Aspirin in Reducing Events in the Elderly (ASPREE) study. Med J Aust 2019;210(4):168–73. doi: 10.5694/mja2.12060.
7. McNeil JJ, Wolfe R, Woods RL, et al; ASPREE Investigator Group. Effect of aspirin on cardiovascular events and bleeding in the healthy elderly. N Engl J Med 2018;379(16):1509–18. doi: 10.1056/NEJMoa1805819.
8. McNeil JJ, Woods RL, Nelson MR, et al; ASPREE Investigator Group. Effect of aspirin on disability-free survival in the healthy elderly. N Engl J Med 2018;379(16):1499–1508. doi: 10.1056/NEJMoa1800722.
9. McNeil JJ, Nelson MR, Woods RL, et al; ASPREE Investigator Group. Effect of aspirin on all-cause mortality in the healthy elderly. N Engl J Med 2018;379(16):1519–28. doi: 10.1056/NEJMoa1803955.
10. Gunn JM. Should Australia develop primary care research networks? Med J Aust 2002;177(2):63–66. doi: 10.5694/j.1326-5377.2002.tb04667.x.

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