

**BARRIERS TO EUROPEAN RESEARCH COLLABORATION.
VIEWS FROM A WONCA WORKSHOP 2005**
OVIRE PRI EVROPSKEM SODELOVANJU NA PODROČJU
RAZISKOVALNEGA DELA. STALIŠČA DELAVNICE WONCA 2005
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Summary

The findings are limited by the sample size and self-selection of participants. However we had a diversity of participants and views, including from GPs in training, new and senior researchers. Although some findings mirror those from consensus groupings from EGPRN 2002 (5) and Wonca 2003 (7) his workshop group felt there should be a greater emphasis on a more co-ordinated Europe wide approach to addressing issues, including involving the EU. They also looked towards Wonca and EGPRN to provide specific support and leadership.

There is no unified system for conducting cross European research, despite this being increasingly important in answering primary care research questions. Many countries with underdeveloped research cultures have practitioners who are keen to be trained and engage with research. There was an emphasis on addressing research capacity by developing suitable primary care research infrastructure, in particular training and providing cross- Europe support. The development of primary care research networks could also assist with this.

There was also a call to strengthen links between service providers and academic institutions, including mentoring and partnerships. This would help countries develop departments of general practice to actively pursue a research agenda. There was enthusiasm for building on what pre-existing groups such as Wonca and EGPRN do. As well as sharing and disseminating information to doctors across Europe and raising the profile of research in practices, these organisations should seek to increase their influence of EU policy in terms of primary care research.

GPs in training were particularly keen to see a co-ordinated European response such as research training during GPs training, fellowships, and holding "European Schools" to allow young researchers to learn from each other. Countries with more developed infrastructure could facilitate this process. This may constitute the building blocks for a solid basis for future primary care research.

Slovenia should consider these suggestions and try to develop a sustainable strategy to assist in the continued growth of academic family medicine.

Key words: primary health care, european research.

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Povzetek

Izsledki delavnice so sicer omejeni zaradi velikosti vzorca in samoizbora sodelujočih, a je pomembna raznolikost mnenj in udeležencev, vse od specialistov splošne medicine do mladih in starejših raziskovalcev. Nekatere ugotovitve vendarle zrcalijo dogovore, ki sta jih sprejela EGPRN leta 2002 in Wonca leta 2003, a so udeleženci te delavnice kljub temu poudarili pomen večje usklajenosti prav vseh evropskih držav pri reševanju vprašanj, kamor naj bi bila vključena tudi EU. Vodilno vlogo in podporo pa naj odigrata Wonca in EGPRN.

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Enotni sistem izvajanja evropskih raziskav še ni izdelan, čeprav ima ta pri reševanju vprašanj raziskovalne dejavnosti v primarnem zdravstvenem varstvu vedno večji pomen. V mnogih državah s slabo razvito raziskovalno kulturo bi se zdravniki radi izobraževali in vključevali v raziskovalno delo. Poudarjeno je bilo vprašanje raziskovalnih zmogljivosti, ki naj bi ga reševali z razvojem ustrezne raziskovalne infrastrukture v primarnem zdravstvu, še zlasti pa z izobraževanjem in podporo vse Evrope. Pri tem je lahko v veliko pomoč oblikovanje raziskovalne mreže primarnega zdravstva.

Udeleženci so tudi pozvali h krepitvi vezi med izvajalci storitev in akademskimi ustanovami, kamor sodita tudi mentorsko delo in medsebojno sodelovanje. Tako bi državam pomagali pri oblikovanju oddelkov splošne medicine, ki bi se dejavno vključevali v raziskovalno delo. Z navdušenjem je bila sprejeta misel, da je treba dograjevati delo, ki ga opravljajo že osnovane skupine, kot sta Wonca in EGPRN. Te organizacije naj bi poskrbele za izmenjavo in posredovanje informacij zdravnikom po vsej Evropi in za dvig standardov raziskovalnega dela, poleg tega pa naj bi si prizadevale povečati vpliv politike EU na področju raziskovalnega dela v primarnem zdravstvu.

Specializanti splošne medicine so bili še zlasti zadovoljni z usklajenim evropskim odgovorom, ki se nanaša na vključitev predmeta raziskovalnega dela v izobraževalni program splošne medicine, na štipendije in organizacijo t.i. Evropske šole, ki mladim raziskovalcem omogoča izmenjavo znanja. Države z razvitejšo infrastrukturo lahko pomagajo pri tem procesu in tako zgrade trdne temelje za raziskovalno delo v primarnem zdravstvu v prihodnje. Slovenija mora preučiti in upoštevati te predloge in v skladu z njimi oblikovati trajnostno strategijo, ki bo omogočila neprekinjeno rast družinske medicine tudi kot akademske stroke.

Ključne besede: primarno zdravstveno varstvo, evropske raziskave.

Background

High quality primary care research is needed to develop an evidence base for clinical practice. Ecological models of health care show that the majority of people seeking health care are seen and managed in primary care (1). They also emphasise the need for research that studies patients in the setting where they receive their care, i.e. through practice or primary care based research networks. We need research capacity and infrastructure across Europe to run large studies to address the yet unanswered primary care questions. The degree of research capacity development varies from one European country to another. Some countries, i.e. the UK and the Netherlands, have had reviews of primary care research capacity and investment in infrastructure, such as primary care research networks (2) (PCRN). Other countries are progressing by sharing ideas and developing regional groups (3), and some are about to recognize primary care as a special discipline. In countries like Slovenia, which have experienced a rapid development of family medicine in the recent past, strategies to continue its academic development should be formulated.

Studies of the barriers to participation in primary care research stress the need for enhanced infrastructure, including networks. Cultural and organisational perspectives need to change, and high quality training programmes in research skills, academic career pathways and protected time are required (4, 5).

Research from countries with less developed research cultures show that GPs often show positive attitude towards research, yet that their engaging in this activity is limited by clinical commitments (6). In 2003, Wonca (World Organisation of Family Doctors) held a conference on improving health globally (7). Three goals for capacity building were set: linking clinical and research environments; improving relationships between family medicine and the wider scientific community; providing research training and career pathways. It is not clear how long these will take to impact on people involved in primary care research.

We conducted an open workshop at the 11th Conference of the European constituency of Wonca (Wonca Europe 2005) with the aim to obtain a current consensus view on barriers to conducting research across Europe, and to identify potential strategies to address these challenges.

Workshop

Twenty participants from eight European countries, including both academic and service general practitioners (GPs), family doctors and doctors in training, attended the workshop (Table 1). Novice researchers were given an opportunity to share their research experience with people with established academic careers.

The attendees were split into two groups. Each group had two facilitators, one from Slovenia and another from the UK. A modified nominal group technique was employed to identify barriers to collaborative and

Table 1. *Country of origin of participants.*Tabela 1. *Udeleženci po državah.*

Country Država	Number Število
Denmark <i>Danska</i>	2
Slovenia <i>Slovenija</i>	4
UK <i>Velika Britanija</i>	2
Finland <i>Finska</i>	2
The Netherlands <i>Nizozemska</i>	4
Serbia <i>Srbija</i> Montenegro <i>Črna Gora</i>	2
Swiss <i>Švica</i>	3
Norway <i>Norveška</i>	1
Total <i>Skupaj</i>	20

panEuropean research (8, 9). The participants were asked to individually list barriers to conducting research. When they had completed the task, each participant fed-back a response that was written on a flipchart by one of the facilitators. This was done until the group was exhausted of further ideas. The facilitator then engaged the group in a collective discussion on the barriers listed on the flip chart in order that they could be clustered into themes. The second part of the workshop was facilitated to identify potential strategies to address the barriers for each of the themes. The two groups were then brought together to review the barriers and strategies for addressing them.

Consensus View

Barriers

Two issues emerged as being the major barriers to conducting research: (a) securing funding for research activity, and (b) providing protected time for family doctors to devote to research. Funding to support research involving primary care was perceived as being

particularly hard to obtain. Another barrier was the lack of protected time to develop, conduct or participate in research.

The diversity of the primary care culture across Europe, in particular the variations in health care systems, and services and development of academic infrastructure, was also perceived as a major barrier to research. In many countries, the the development of primary care as a clinical speciality has to precede the development of primary care research as an academic discipline. It was felt that some countries had not yet recognised the important role of primary care research. So, in Serbia and Montenegro primary care is a developing discipline without the support and infrastructure, which are available in other countries with established primary care and research, such as the UK and the Netherlands). In several countries there was a lack of a well-developed primary care academic basis. Academics were often involved in research in addition to doing full-time general practice (e.g. Slovenia), but nevertheless remained engaged in European studies. Large commitment of effort and energy is required for these activities, as the process of research from the

protocol to publication was seen as being very time consuming.

Lack of training and research support was the key issue addressed by countries with inadequately developed primary care research cultures. The participants felt there was also a lack of information on funding sources and on the available research infrastructure. This hampered the progress of clinically based ideas, particularly from researchers based in practice and not affiliated to academic departments. GPs in training felt they needed more training in research methods and skills and reported that it was difficult to get expert input into research.

Competing interests were seen as a barrier. Research is not always a priority for GPs in clinical practice. In the UK, for instance, new GP contracts have placed more focus on achieving targets. Unfortunately, research does not currently constitute one of these targets. In general, there were few incentives to participate in research across Europe.

Participants felt that primary care research was not a European priority area, and that the growth of the discipline was not sufficiently enhanced. Bureaucracy was identified as a substantial barrier to the conduct of research, in particular national and European legislation and requirements around research governance and ethics, and also the bureaucracy associated with EU grants.

Strategies:

Primary care research development across Europe is very diverse. Organisations like Wonca and EGPRN (European General Practice Research Network) were seen as being well placed to assist countries with the development of primary care research and to broker the sharing of research skills. These organisations were also seen as key to raising the profile and agenda of primary care research in the European Union. There was enthusiasm for partnerships and skill sharing between countries with well-developed and those with less developed primary care research infrastructure. There were many suggestions for strategies to address the themes of research training, knowledge about research infrastructure and funding opportunities. Providing support to the developing national societies of GPs in all countries was thought to be essential. They could also bridge the research and clinical divide. Again Wonca as an European organisation was seen

as a key player in supporting initiatives like the Vasco da Gama movement. This is a group of young doctors in the Wonca Europe region aiming to promote the discipline of general practice/family medicine. Annual Wonca conferences also provided an arena for research training (e.g. workshops on questionnaire design, identifying research questions etc) and raising awareness. Participants were keen on seeing better training with a broader European perspective, including research fellowships and a Research School funded by EU.

Local and European organisations should disseminate more information on local infrastructure and funding opportunities, for instance via the Wonca website. In countries with insufficiently developed primary care research, general practice and family medicine training should include research components. This would provide exposure to primary care research early in the doctor's career, and would strengthen the links between service providers and academic institutions. They also need to raise the profile of primary care and work to encourage funders to consider calls for primary care studies. There should also be a concerted effort to reduce research bureaucracy.

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