

A Review of the United Kingdom Experience with Primary Care Research Networks

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Lessons Learned

The key lesson that emerged from this literature review is that the type of organizational structure that is used to implement primary care research networks influences the outcomes that are achieved. The UK's experience's experience with primary care research networks demonstrates that the bottom-up approach facilitated grass roots participation of GPs, contextually relevant research evidence and fostered communities of practice.³ This approach also resulted in duplication of studies and lack of coordination across networks. The top-down approach permitted the institutionalization of structures and processes that facilitated the support needed to deliver large-scale, well-coordinated research studies in rapid manner by senior researchers. However, this approach failed to engage local GP in conducting research that had relevance to their practice and patient population. The theme that emerged from key informant interviews was that neither approach helped the UK achieve its desired goals – the production of high-quality research by all GPs. It was recommended that as Canada embarks on scaling up their own practice based research networks that **an organizational structure that combines and integrates the best of both the bottom-up and top-up approach is considered**. Key informants emphasized that funding and incentives alone would not be sufficient to drive GP participation in primary care research networks - instead policymakers would need to make a concerted effort to understand and fund the types of research that would **'win the hearts and minds of GPs'** and ignite their desire to participate in research to improve the care they deliver and the quality of their work life

Advice for Canada from key informants:

- Provide research training for family physicians and practice staff
- Engage practice staff (administration, manager, inter-professional team) in research
- Include targeted funding to support practice-based research by local non-academic family physicians
- Support family physicians by providing incentives for research time
- Invest in PhD opportunities for family physicians
- Build trust between academic and local physicians
- Ensure that family physicians understand the value and impact of research
- Provide opportunities for research active practices to assist and mentor non-research active practices
- Ensure there are opportunities to disseminate knowledge and lessons learned

- Ensure that the portfolio of studies includes high quality studies that mean something to primary care providers
- Include a Clinical Lead that is the champion for the initiative
- Implement a 'research ready' practice so that practices are accredited and have regulatory and governance structures
- Target and encourage early career family physicians to participate in research
- Leverage senior academics to champion research initiatives among family physicians
- Obtain buy-in from the leaders of primary care practices for research
- Consider piloting the organizational structure for primary care research networks before scaling it up at the provincial/territorial level
- Use provincial/territorial research driven metrics for performance measurement
- The provision of a "nurturing" environment for exposure to research experience and "seeding" of research concepts in service-driven family medicine residents, preferably in research-active training practices using nationally developed materials