The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

EDITORIAL

GUEST EDITORIAL

Time again for an organised approach to general practice research in New Zealand?

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The paper by Cherry *et al.* on antibiotic prescribing patterns of general practice registrars for infective conjunctivitis[1] raises some important thoughts for general practice in New Zealand.

The Registrar Clinical Encounters in Training (ReCEnT) database, supported by the Victorian Department of Health, has proven to be a great resource for researching important topics relevant to general practice and primary care. Currently the evidence supporting many general practice guidelines comes from research carried out in hospital settings. However, topics such as the management of impetigo,[2] urinary tract infections,[3] long acting contraception[4] and the use of dermoscopy[5] are infinitely more suitable subjects for general practice research. The ReCEnT data, having been collected by trainees, are also a rich source of information on the training needs of early career general practitioners (GPs).[6,7]

An invaluable source of information on general practice and primary care clinical practice is our electronic clinical records. In Aotearoa New Zealand it is possible to run audits of practice through our electronic clinical records. Larger epidemiological studies can be carried out using combined general practice and primary care electronic records.[8,9] There is however a great educational and professional advantage in having registrars in training engage in audit and research. They learn the importance of collecting and using quality data, they get an understanding of the variations in practice and they have to communicate ideas to a wider audience. It can also be of use in teaching key principles of equity. While audits can occur at a practice level there are advantages in getting trainees and GPs to collectively contribute to a greater good.

In our region (Waikato) we have been testing the idea of GP registrars working together on the audits required as part of their training curriculum. Combining their efforts has proved useful not only for training but also in providing findings that are informative to the wider general practice community.[10,11] It is particularly useful in increasing understanding of local management and outcomes of conditions seen frequently in general practice and primary care at a population and regional level but which may only be encountered occasionally by an individual GP (e.g. prostate cancer).

Combining efforts for research is not new. Practice Based Research Networks (PBRNs) are formalised elsewhere in the world[12,13] and indeed have been developed before here in Aotearoa New Zealand, only to falter and ultimately fail.[9,14] There have been several calls for further work in this space from the sector, but there seems to be little traction on progressing this idea.[15,16]

Currently the Royal New Zealand College of General Practitioners (RNZCGP) collect and store some of the GP registrars' training outputs purely for the purposes of education and training. It seems very possible that by standardising the requirements of GP registrars' activities at a national level there could be rapid development of an information source of quality data similar to the ReCEnT data. Such a source could investigate the effectiveness of general practice and primary care in managing many health conditions that generally remain unresearched and consequently managed through 'usual practice'. Many of the current metrics around good general practice and primary care in this country focus on referrals and use of secondary care services. This approach measures what we need assistance with and access to diagnostic investigations rather than what we actually do.

We have strong academic general practice departments in our medical schools, but other opportunities to engage and strengthen research in the

community have stalled. The initial local research network in the late 1980s was supported by the RNZCGP. Earlier in the 2000s the College also supported a GP research registrar programme. While the ability to accredit research in GP training still exists,[17] it is rarely chosen by training GPs principally because of a lack of available funding streams.

The Australian paper is a timely reminder that here in Aotearoa New Zealand we need to again push for general practice and primary care-driven and conducted research. Developing sources of general practice and primary care data will enable quality research and the development of a more robust evidence base. Involving our trainees in this activity encourages a culture of questioning and reflection in their ongoing practice that will foster a culture of ongoing continual improvement in New Zealand general practice. As we focus on developing new ways of delivering 'Tier 1' services, it is important we have a research framework that will allow us to build an evidence base that shows we are delivering not only excellent outcomes but also ensures we are providing equitable care for all.

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