

CAREER ISSUES FOR LEARNERS

Impediments to Higher Degree Training for Australian Clinical Researchers in General Practice

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ABSTRACT **Context & Objective:** *Evidence-based general practice requires skilled researchers in the field. This study explores the issues faced by professionals from the Australian general practice sector who were considering higher degree training in research.*

Method: *Sixteen participants were interviewed by telephone during October 2002. All were purposively selected across general practice-related professions and had expressed an interest in research. Interviews were audio-taped, transcribed and analysed independently by two researchers.*

Results: *Three main themes emerged: (1) “The Specialist Gap”—a perceived lack of training options providing research skills that were relevant to general practice, particularly mixing quantitative and qualitative methods. (2) “Career Changes”—the ability to expand career opportunities through research was highly desirable, particularly the potential to combine clinical skills with population health roles. (3) “Career impediments”—perceptions of current degree options implied that their currency was limited by lack of career advancement. Course selection was often by affiliation and personal recommendation rather than career pathways yet students face large financial costs for little career gain.*

Conclusion: *Training for clinical researchers in the Australian general practice sector may be limited by lack of career opportunities for graduates. If a stronger culture of research is to develop, career development strategies need to be further explored.*

KEYWORDS *Primary health care, education, graduate research, clinical investigator, researcher, career mobility.*

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Introduction

Primary care, by definition, is the first point of contact with the health system for many people in our community. It is often characterized by longitudinal care of family groups, undifferentiated clinical presentations and is usually community-based, often in general practice (Starfield, 1994; Mold & Green, 2000). Despite the fact that in most countries, primary care accounts for 99% of contacts with the health care sector, this is reflected by only 7% of research and development (R&D) expenditure (Mant, 1998; Campbell *et al.*, 1999), low publication rates (Askew *et al.*, 2001), small numbers of academics and a small community-generated evidence-base for common primary care problems (Kernick *et al.*, 1999; Jones, 2000; Editor, 2003).

Like the UK and Canada, the Australian government has recognized this discrepancy and has funded a program entitled “Primary Care Research, Evaluation and Development” (PHCRED) to run between 2001 and 2004. The \$50 million program includes grants, scholarships and fellowships administered by the NHMRC, an Institute of Primary Health Care, a research priority setting process and a research capacity building program.

However, increasing relevant research in primary care requires the development of new skills for would-be researchers (Hilton & Carter, 2000). Not only does there need to be an increase in the amount of research conducted within the general practice and primary care sector, but it needs to be of high quality if it is really going to impact on practice. Certainly in the UK, studies have shown a strong commitment to and an interest in research amongst general practitioners (Robinson & Gould, 2000), with some consideration being given to training and career structures that might facilitate this (Hilton & Carter, 2000; Rait *et al.*, 2002). The Commonwealth-funded PHCRED program has attempted to adopt many of these strategies, particularly through earmarked fellowships, scholarships and project grants through the National Health & Medical Research Council (NHMRC).

New researchers are most likely to become productive and succeed if they have influential mentors (Steiner *et al.*, 2002), and it has been suggested that training fellowships should be supported by linkage to existing research centres (Jones, 2000). In addition, further consideration should be given to the role of research skills development within registrar training programs. A US study compared the amount of research training and the post-fellowship research productivity of family physicians and their general internist/paediatric counterparts. Family physicians had much less research training within their specialty training and were much less likely to have a post-training attachment to an academic centre or faculty than their specialist colleagues (Curtis *et al.*, 2003). UK studies also confirm that academic links are the strongest determinants of active research in primary care (Jowett *et al.*, 2000; Pearson & Jones, 1997).

Would-be researchers in the Australian primary care sector will hopefully benefit from the PHCRED initiative. Like the US, Canada and the UK,

Australian researchers need to consider the issues faced by those who step forward and express an interest in developing high quality research skills within the primary care sector. Given a baseline level of interest, commitment and motivation toward further research training, we considered the perceptions of potential primary care researchers, and why it might be that many do not take up the challenge.

Participants and Methods

During October 2002, 16 telephone interviews were conducted with a range of purposively sampled practitioners from the primary care sector. We wanted to understand the issues faced by primary care practitioners, who had identified themselves as having an interest in developing research skills. In addition we wanted to interview practitioners who were at various stages along their research training trajectory. Ideally we had identified a need to include practitioners with the attributes described in Table 1 within our sampling frame. Some participants had more than one pre-determined attribute.

During the twelve months preceding this study, the University of Sydney Department of General Practice had commenced a Research Capacity Building program funded through the PHCRED initiative. Over this time, a database of potential and current primary care researchers had been established across 14 regions within NSW. This database was used to identify participants who fitted the criteria of our sampling frame. The purposive sample therefore reflects the distribution of database members and includes, where possible, people at various stages in their research training (Table 2).

One of the investigators (MC) invited each of the identified practitioners to undertake a semi-structured telephone interview. There were no refusals to

Table 1. Sampling criteria

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- General practitioners without formal appointments or links with a university (these should include practitioners considering higher degree study, those currently undertaking higher degree study and those who had completed higher degree study). At least one rural and one urban practitioner were preferred.
 - General practitioners with formal academic links who had completed some higher degree training, who were currently undertaking training, and who were considering training (e.g. academic registrar). At least one urban and one rural practitioner were preferred.
 - Division of General Practice medically qualified and non-medical staff at senior (e.g. manager) and junior (e.g. project officer) levels. Once again we aimed to sample staff who had completed some training and those who were considering it.
 - Allied health practitioners working in the primary care sector, in particular at least one rural practice nurse, at least one community health manager and at least one allied health worker.
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participation. MC conducted all of the interviews. Each was contacted in advance by telephone, and a convenient time for interview was established. Interviews were audio-taped and transcribed verbatim. Interview questions are provided in Table 3.

Analysis of transcripts was undertaken independently by MC and LT for overarching themes relating to the perceived educational needs and experiences of participants. Themes were identified inductively, and the main issues associated with each theme documented until data saturation. Almost all of the data fitted within the thematic categories. Overarching

Table 2. Characteristics of the study participants

Characteristics	Frequency (<i>n</i> = 16 12 female/4 male)	
	Past/current student	Potential student
General Practitioner—Academic	3	1
General Practitioner—Non-academic	2	3
Division of General Practice—Staff Manager	1	–
Division of General Practice—Project Officer	–	2
Community Health Manager	1	1
Allied Health Worker	–	2

Table 3. Interview questions

Participants were asked the following questions:

Questions for past or current students

- Why did you undertake a higher degree (if relevant)?
- Did this course provide you with opportunities for career advancement?
- Did this course provide professional development for you?
- Did this degree meet your educational needs?
- What factors did you take into account when you chose this degree?

Questions for potential students

- Why would you undertake a higher degree?
- What is your understanding of the current learning options?
- Which of the current options do you think best suits your needs? Why?
- What factors would you take into account in deciding to enroll in a higher degree?
- Would you want to do this new course?

Questions for all participants

- How important is the cost of a higher degree to you?
- Would you be prepared to pay \$7000–\$8000 per year for your degree? (tax-deductibility discussed versus HECS)

themes were discussed and consensus reached. Agreement between researchers about themes and interview data that fit into these themes was high.

Results

There were three broad themes arising from the transcripts:

(1) The Specialist Gap

Participants perceived a gap in available educational options that were specifically relevant to primary care. There was a belief that general practice and primary care research are important and lacking in Australia, and there was a desire to contribute to an increased primary care research base.

”... I am very interested in research and research in general practice. I think there is a need for more general practice-focused research... [current degree options] are a bit too broad though maybe I could taper for General Practice setting. I think more for a primary health care setting...”

(Urban Divisional Project Officer, non-medical, potential researcher)

Some people felt that many current degree options did not cater for the context of community-based research. In particular, the type of research questions arising from primary care were perceived as possibly requiring new research methodologies or a combination of qualitative and quantitative methods. Interviewees described either a frustration that higher degree training had not equipped them to undertake primary care research or a reluctance to undertake higher degree training if it could not be tailored to their own specialty field.

“...I'd be interested in something that gave me skills in qualitative research and was more applicable to community-based research.”

(Urban general practitioner academic trainee, potential researcher)

(2) Career Changes

There was a hope amongst most participants that undertaking further training in research would enhance the careers of primary care professionals, either by providing variety and intellectual stimulation amidst a primarily clinical working week, or by offering an alternate career path into writing, policy development, public health or academia. Although career enhancement through research training was an expressed desire, there was uncertainty about whether career enhancement would eventuate.

”..I found General Practice full-time too much to do forever, so I wanted something to do part-time and the combination of [research] and general practice was the best thing that I could find. I was thinking of writing general practice guidelines or something along those lines. . .some people I know do [degrees] to leave themselves open to other career options. . .[specialist degrees] may be a drawback [for these people]. . .”
(General practitioner currently undertaking coursework higher degree)

Greater intellectual stimulation wasn't the only driving force, with career enhancement being a more significant motivating factor for those undertaking or considering research training. Many felt that they would be prepared to pay substantial financial costs and commit to significant time commitments if their careers would be enhanced as a result. Cost, time commitment and the opportunity cost to income from clinical practice were closely linked with perceptions of longer term career benefits.

“I wouldn't be prepared to pay \$7,000-\$8,000 a year unless I was absolutely sure that it was the degree that I wanted to do. . . .if it was really what I wanted to do I would pay for it. . .”
(General practitioner currently undertaking coursework higher degree)

”...if I perceived that it added value to my clinical practice or that it expanded my horizons beyond that. . . .if I was going to get a better job in the long run it would pay for itself. . . .I find research stimulating and interesting? . . .
(Established non-academic general practitioner, potential researcher)

(3) Career Impediments

There are substantial impediments to active researchers working apart from formalized academic links. Primary care workers, who had completed research training degrees, found it difficult to use their research skills in the clinical setting and had not been able to combine these skills with clinical practice unless they had obtained academic positions of some kind.

”..I have a very strong belief in the need for general practice based research but the way the market is structured I really couldn't fund it. There is no opportunity the way I work to fund any significant research, so I'm pretty much like most GPs, I'm strapped to the consulting room making a basic living. . . .If I was enrolling in a higher degree, I would do it for two reasons, one because I'm interested, and two because it had some career direction for me. No one is funding General Practice based research except drug companies and who wants to take their money anyway. Most other specialists in this area

have other means like for example registrars who can help them get a research grant.”

(Non-academic general practitioner with postgraduate qualifications in public health and business)

Although primary care specific research training is seen to be very important, there were concerns about the currency of boutique and new specialty degrees. There was also a perception of inequality between primary care and specialist clinical research pathway options.

“Most other specialists in this area have other means like for example registrars who can help them get a research grant.”

(Non-academic general practitioner with postgraduate qualifications in public health and business)

“..if it has no standing in the end there is no point in forking out that sort of money for something that hasn't got a reputation, I would feel more confident if it [specialist degree] was established or there was some guarantee to its status..”

(Qualified medical practitioner, not clinically active, working in Division of General Practice)

Discussion

This study identifies significant career impediments for primary care practitioners who have expressed an interest in developing research skills. There are two important tensions to note. One is that researchers want more primary care-specific and relevant training in research methodologies, but they appeared to prefer that this be made more accessible through mainstream reputable degrees with a strong track record or currency. New specialist or boutique degrees were viewed with suspicion by some. This links to the second important tension, which is the strong desire to enhance clinical careers with research and to contribute to the development of a stronger primary care evidence-base, but a lack of confidence in career return for the investment in training.

This study has explored the perceptions, concerns and beliefs of only sixteen potential, current or previous primary care researchers, but it has highlighted some important issues for the future of primary care research and training in Australia. The sampling frame used is likely to ensure that these issues and concerns are broadly shared by other parts of the primary care sector. However, we also believe that the hypotheses generated by this study deserve more detailed exploration.

The issues identified by these Australian primary care research trainees are consistent with overseas research on this topic (Jowett *et al.*, 2000; Steiner *et al.*, 2002). A weak discipline-specific evidence-base is accompanied by positive and hopeful attitudes toward research within the primary care field. However, limited training options in relevant research methodologies and even more limited career options as clinical researchers continues to be a major stumbling block for progressing this agenda.

Limited scope for professional development may well be another factor contributing to the workforce crisis currently facing Australian general practice (Wilkinson *et al.*, 2001; Chew & Williams, 2003; Del Mar, 2003). Given the evidence that academic links are the strongest indicator of successful research output from a clinical research graduate, this will be an important outcome to monitor from the PHCRED program, and others, such as the academic registrar postings within the general practice training scheme.

Given the pivotal role of primary care in Australia's health system, investing in the provision of research career paths would surely be money well spent.

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