

Financial support for research in general practice

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SUMMARY. I have tried to identify all the main sources of financial support for general-practice research and to classify the work and the sources of support.

The Department of Health is the biggest single source and the total sums involved exceed £1 million.

About a quarter of the money is spent by academic departments of general practice, about a quarter by research units directed by practising general practitioners, and the remaining half is spent by other academic departments such as social research, medical sociology, or community health.

Introduction

I HAVE tried to answer three questions. How much is currently spent on general-practice research? Where does it come from? What type of work does it support?

While it is not possible to claim that the survey is in any sense complete, the extent to which information from several sources has coincided suggests that the most important projects and the most generous donors have at least been identified.

Method

A letter was sent to university departments and units seeking details of research in, by, or about general practice, particularly the source, extent, and duration of its financial support during 1976. Views about the general problems of supporting research in general practice and information about any other relevant research were also sought. With mild chivvying a response rate of one hundred per cent was achieved.

Approaches were made simultaneously to the Research Division of the Department of Health and Social Security, the Chief Scientist of the Scottish Home and

Health Department, the Medical Research Council, the Social Science Research Council, the Nuffield Provincial Hospitals Trust, and the Royal College of General Practitioners. The Research Intelligence Service of the RCGP acted as a valuable additional resource through which some of the information was confirmed.

A big problem throughout the survey was that of defining 'general-practice research', particularly when many studies are conducted within broadly-based research units or departments of community medicine. So much clinical, epidemiological, and operational work is based on or has implications for general practice that the boundaries are difficult to define. In interpreting the data I have, therefore, had to make a variety of assumptions and arbitrary decisions, and apologize in advance if my conclusions appear to be biased or if justice does not appear to have been done either to the planners or the participants.

Results

More than £1 million per year can be attributed to 'general-practice research' and the Department of Health is the most significant source of financial support (Table 1).

Table 2 collates information provided by the Department of Health itself and by research units, academic departments, and the RCGP, and emphasizes the fact that DHSS support is primarily devoted to the larger research units and projects.

Most of the data in Table 3 on the other hand was provided by academic departments and research units

Table 1. Sources of general-practice research 1976.

DHSS	£686,000
Other	£411,500
Total	£1,097,500

Table 2. DHSS supported projects.

	£
Manchester (RCGP Research Unit)	90,000
Institute of Social Studies and Medical Care	80,000
Social Research Unit	60,000
University College of Swansea	60,000
Birmingham (RCGP Research Unit)	55,000
Manchester (Department of General Practice)	54,000
Heriot Watt	47,000
University of Kent at Canterbury	35,000
University of Oxford (Professor Bennett)	25,000
Oxford (Dr Perry)	20,000
Cardiothoracic Institute	20,000
University of Birmingham (University Health Services Research Centre)	20,000
St Thomas' Hospital	20,000
Institute of Psychiatry	20,000
University of Nottingham	19,000
University of Birmingham (Professor Haley)	14,000
Medical Research Council/DHSS	
Epidemiology in Medical Care Unit	12,000
University of Liverpool (Dr Ley)	10,000
University of London (Institute of Education)	9,000
Guy's Hospital	6,000
University of Manchester (Professor Smith)	5,000
University of Newcastle upon Tyne (Professor Newell)	5,000
Total	£686,000

and is therefore more specifically related to studies in general practice. The Medical Research Council is the most significant contributor through its support of the RCGP's unit in Manchester and its own Unit for Epidemiological Studies in Psychiatry. The King's Fund, the Leverhulme Trust, and the Nuffield Provincial Hospitals Trust support projects which are primarily educational and, in some parts of the country, regional and area health authorities, through direct funding or the secondment of staff, provide significant support.

'Hidden support' for research through the University Grants Committee funds is extremely rare in departments of general practice, whose staff are almost entirely devoted to teaching.

The pharmaceutical industry, hospital and other endowments, the Social Science Research Council, and the Scottish Home and Health Department all make contributions but perhaps the most unusual and

Table 3. Other funding.

	£
Medical Research Council	136,000
Regional or area health authorities	76,500
King's Fund	44,000
Leverhulme Trust	29,000
Nuffield Provincial Hospitals Trust	25,000
Pharmaceutical Industry	20,000
Scottish Home and Health Department	16,500
University Grants Committee	15,000
Endowments	12,500
Job Creation Scheme	11,000
Social Science Research Council	8,000
RCGP (Research Foundation Board)	7,000
Research Council	6,000
Others	5,000
Total	£411,500

enterprising project was that in Leeds funded through the Job Creation Scheme.

The RCGP supports a variety of small projects through the limited budget of its Research Foundation Board and also administers several research trusts.

Work supported

Table 4 attempts to summarize, albeit arbitrarily, the categories of project to which resources have been allocated.

Operational studies, including the initiation and evaluation of experiments in the method of delivering primary medical care and the relationship of general practice to hospital and other services, account for about one third of the budget. A further third is spent on epidemiological studies, either directly or through research support units. The remaining third is shared equally between projects which are basically sociological or basically educational. Ten per cent of the budget was difficult to allocate!

Any summary inevitably blurs detail and does scant justice to the nature or quality of the range of research in progress. What it does do, however, is to emphasize some of the problems we face in even discussing the topic.

What is it?

Is it possible or reasonable to include under the same heading of 'general-practice research' such disparate problems as the Attitudes to Pregnancy Study, costing £750,000, and a simple recording exercise supported by the Research Foundation Board of the College costing £150? Do we include in 'general-practice research' every project in which a general practitioner or his patients play a part, or should we insist that to conform to the definition work should be initiated and conducted, at least collaboratively, by a general practitioner?

Table 4. Principal topics for research.

<i>Operational</i>	£
Outpatient studies, community hospitals, computer provision, etc.	200,000
Health-centre experiment and evaluation	90,000
The primary care team	65,000
<i>Epidemiological</i>	
Cardiothoracic, psychiatry, screening, contraceptive pill, etc.	150,000
<i>Clinical</i>	
Clinical trials, prescribing, accidents, obesity, etc.	90,000
<i>Educational</i>	
Experiments	60,000
Evaluation: vocational training for general practice	85,000
<i>Sociological</i>	
Attitudes to pregnancy, prescribing, chronic handicap, social work, self-medication, health service policies	170,000
Support for multidisciplinary units	80,000
Unclassified (or unclassifiable!)	110,000
Total	£1,100,000

Who does it and where?

Table 2 suggests the variety of individuals, departments, and units currently involved in general-practice studies. Of the budget of £1 million, approximately £250,000 is spent on work directed by members of academic departments of general practice, and a further £250,000 on research units or projects whose directors are primarily general practitioners. Of the remaining £500,000 half is spent by social research units or departments of medical sociology, and most of the residue by departments of community medicine or related health service units.

Thus, approximately 50 per cent of general-practice research is by general practitioners *in* general practice, and is usually, but not always, *about* general practice. Conversely, 50 per cent is *into* or *about* aspects of practice, but is rarely conducted *in* practice or *by* general practitioners.

Before succumbing to semantic apoplexy, it does seem that most of our difficulties are due to problems of classification. We insist on including in single categories items which have either not been labelled or which carry several labels simultaneously.

General-practice research is an untidy activity and the importance of this survey is to show how much work is going on, and that some of it is being conducted by general practitioners themselves and the remainder by

others with valuable contributions to make.

Discussion

It seems important now to review an exercise costing over £1 million a year, for general practice is beginning to face challenges it cannot accept without adequate research and academic support. A brief résumé of the past decade may help.

Ten years ago the Charter for the Family Doctor Service laid the financial foundation for the renaissance to come. Eight years ago the Royal College of General Practitioners nailed higher standards to its mast and established an examination as the only portal of entry to membership. Seven years ago voluntary vocational training began to develop, and four years ago the appointment of regional advisers put the organization of vocational and continuing education on a firmer footing. A year ago course organizers joined the educational team.

In 1976 the NHS (Vocational Training) Act passed through Parliament and three years of vocational training become compulsory in 1980/81.

During the decade, medical schools began to establish departments of general practice or their equivalent. Developing during a period of economic restraint, their responsibilities inevitably exceed their resources. Heavily committed to teaching, they are more likely to become involved in educational experiment and curriculum reform rather than in fundamental research. In arguing their case for more resources in medical faculties, they suffer the disadvantage of being regarded as just one more (new!) specialty while attempting to represent the interests of the branch of medicine which in terms of manpower is equivalent to the sum of all the others! Although it is a common complaint, as departments they are underpaid and overworked.

The final influence of the decade has, of course, been the impact of economic and epidemiological reality leading to a policy of community orientation in medical care.

The challenge to general practice is obvious. If higher standards are to develop, education and research must become indivisible. The problems are considerable and resources remarkably slender.

At the undergraduate level, the 21 university departments of general practice in the UK contain 53 full-time medical staff—an average of 2.5 per department with a range of one to eight. Each region has one or more part-time advisers in general practice, and each area may now appoint a part-time course organizer.

Although educational resources cannot be regarded as adequate, they do exist. Few regions, however, provide a matching general-practice research potential.

General practice now requires the provision, in each region, of a focal point for research, undertaking its own studies and providing support and resources for the independent researcher working in his own practice. I believe that ideally this focus should be within a

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university department of general practice and run in collaboration with the regional adviser, his colleagues, and the local faculty of the Royal College of General Practitioners.

Few university departments, however, have developed to the stage where this is possible; some have ambivalent relationships with their regional adviser, and some are still regarded with suspicion by their service colleagues.

General practice is not so robust that it can afford to be academically fragmented. Research may act as the unifying force.

Enquiries need to be made into many topics. While undergraduate departments are developing slowly, their teaching role requires definition and evaluation. Vocational training is becoming mandatory before uniformly high standards have been achieved in its organization and before the content and quality of the trainees' learning experience have been defined. Standards of clinical care are continually criticized and the future role of the general practitioner and his relationship to other parts of the health and social services require clarification. Attempts to foster clinical audit must depend upon the creation of relatively simple information systems by and for general practitioners. Factors which determine the patient's decision to seek help and the doctor's ability to provide it also require further clarification.

Much of the work currently in progress is appropriate to large specialist research units or departments. Many of these studies, however, would be equally or more appropriate if undertaken on a regional basis.

Research funds would be well spent if, through supporting the establishment of regional general-practice research centres, they encouraged the sense of unity of purpose among those involved in influencing the future of general practice.

Acknowledgements

My information has been generously provided by colleagues working in a variety of settings: academic departments of general practice, departments of community medicine in which general-practice research was known to be in progress, and research units with an interest in primary medical care. The Research Division of the Department of Health and Social Security, the Scottish Home and Health Department, the Medical Research Council, the Social Science Research Council, the Nuffield Provincial Hospitals Trust, and the Royal College of General Practitioners were also extremely helpful.

Therapeutic abortion

Therapeutic abortion is now the third most commonly performed surgical operation and is surpassed only by tonsillectomy and diagnostic curettage.

Reference

Potts, M., Diggory, P. & Peel, J. (1977). *Abortion*. P. 110. London: Cambridge University Press.