

# General practice research: deaths and entrances

THE Chairman and Secretary regret to announce the demise of the General Practice Research Club but believe that this should be a cause for celebration rather than mourning. For 30 years, the Club (hatched out of a research methods course organized by the Royal College of General Practitioners (RCGP) in 1969 and nurtured by John Fry, Robin Fraser, and others thereafter) has provided an invaluable support system for general practitioners with an interest in research. Happily, the almost exponential growth in research activity in general practice has meant that new structures have evolved that have supplanted the relatively informal functions of the General Practice Research Club.

The Club met twice a year for many years, in the spring and autumn, generally in a university setting, usually with a dinner and an overnight stay, and provided a most congenial and often highly critical environment, in which members could present research ideas, provisional data, or completed studies. It was particularly active during the late 1980s, and an analysis of meetings that took place during that period was published in this journal in 1991.<sup>1</sup> There was no doubt that those attending the meetings of the Club felt considerably empowered and strengthened by the support that they received, that their research and published work was sharpened and focused by the challenge of presenting it at the Club's meetings, and that research developed in this way had a good publication record.

This issue of the *BJGP* contains editorials about two landmark reports in primary care research, both coming in the wake of the Culyer report,<sup>2</sup> which provided a more general support structure for research and development (R&D) in the National Health Service (NHS). The first is the Medical Research Council's topic review<sup>3</sup> and the second is the Department of Health's report on R&D in primary care;<sup>4</sup> both reports testify to the growing recognition of the importance of vigorous research activity in the community and of a strong academic base for general practice and primary care.

There have, of course, been other developments, most notably the establishment of general practice research networks, research practices, and research fellowships. Hundreds of general practitioners are now involved in general practice research networks in the North East, the Midlands, the West Country, South East England and elsewhere; and excellent training in research methods, as well as in critical appraisal and evidence-based practice, is available to increasingly large numbers of general practices. Many of these networks represent partnerships between university departments and service general practice. No less important has been the influence of the RCGP and its faculties in establishing research practices in England and in Scotland; and regional R&D directors have underpinned the NHS commitment to a primary care led NHS by creating a range of R&D fellowships in general practice and health services research.

Little surprise, then, that the General Practice Research Club has had less of a role to play than in previous decades. This is not, of course, to say that we should be complacent about the present situation; the pendulum could easily swing back towards secondary care. A commitment to increased academic activity in the community (teaching as well as research) implies that SIFT (service increment for teaching) funds will have to be moved away from the teaching trusts, and this is not a straightforward process. Tensions inevitably exist between medical schools' desire to support community-based academic activity and their ability to fund it. Negotiations are taking place, particularly in London (in the wake of the London Implementation Zone

Educational Incentives Programme)<sup>5</sup> to examine funding streams capable of sustaining a range of exciting initiatives in primary care. We now have to ensure that the primary care research endeavour maintains sufficient momentum to translate documentary support into appropriately funded action.

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## References

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