‘Bin bag’ study: a survey of the research requests received by general practitioners and the primary health care team

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SUMMARY

General practitioners receive a large and increasing number of unsolicited requests to participate in research. This study describes the volume and nature of research requests received by 18 primary care teams in a three-month period. On average, each practice receives 16 to 24 research requests each year. The most frequent request is to complete a questionnaire (32%). Only one-fifth of studies originate from academic or service general practice. Remuneration for participating in a study was only offered for 15% of studies. Although general practice teams feel swamped by research requests, this sensation may be exaggerated by invitations to participate in non-scientific surveys as well as true research projects. Practice teams would welcome help in distinguishing quality research proposals from the remainder.

Keywords: research; primary care; questionnaires.

Introduction

THE response rate to questionnaires in primary care is falling; one possible explanation is that practices are being swamped by surveys.[1] Many Wessex Research Network (WReN) practices had become concerned about the volume of research requests received and a network project was therefore proposed to assess the volume and nature of research requests received by primary care teams.

Method

Eighteen volunteer practices, from the six health authorities within the former Wessex Region, collected all research requests received in the three-month study period. Practices were encouraged to differentiate between research (systematic collection of information to answer a defined question, with generalizable and publishable results) and correspondence masquerading as research (e.g. market research, surveys about local services, needs assessment). If in doubt, practices included rather than excluded a request. Requests were analysed for source, scope, nature of collaboration sought, project design, time commitment, and incentive offered.

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Results

One hundred and eighty-four items were returned; 82 (45%) items were excluded from further analysis as they were market research or surveys of service provision. Each practice received between zero and 13 true research requests (median = 4, mean = 5.7, SD = 4.0). The 102 research requests included 54 different studies (Table 1). Practice members agreed to participate in a research project on 41 occasions and 26 (48%) of the 54 different requests elicited at least one positive response.

The research topics included aspects of acute and chronic disease management, health promotion, and management issues. Thirty-seven per cent of studies originated from academic units. The most common research method was a questionnaire to a health professional (32%). In only seven requests was the time requirement stated explicitly and in 14 requests it was not possible to even estimate the time required. Remuneration or reward for participation was offered in 24% of requests.

Discussion

Extrapolating from our findings, an average practice receives 16–24 research requests annually, with some practices receiving over 50 requests. This study was prompted by WReN practices feeling overwhelmed with ‘hundreds of research requests’, sentiments echoed by others,[5] but the reality was somewhat lower. This mismatch between perception and reality may reflect failure to distinguish between true research requests and a host of well-disguised commercial questionnaires, needs assessments, and satisfaction surveys.[6]

Participating practices were recruited from WReN and their representativeness may be challenged. WReN general practitioners (GPs) are representative of GPs nationally, with respect to age, partnership status, and membership of the Royal College of General Practitioners.[2] However, they may be targeted more frequently by researchers who are aware of their research interests, leading to overestimation of the number of requests received by non-network practices. On the other hand, WReN only informs researchers about members who have expressed interest in a particular study, and it monitors practice involvement in studies to avoid overuse.

Data collection was simple and of low effort, but may be incomplete. To assess this we contacted the originators of a request returned by 9/18 practices. This questionnaire had been sent to a random sample (20%) of GPs, including 11 in our sample. Two of these requests were not returned, suggesting our method may have underestimated the volume of requests by approximately one-fifth. Any personal contacts between practitioners and researchers would also have been missed.

If research in primary care is to contribute to strengthening the evidence base it must be relevant and rigorous. It is therefore disappointing to see so many questionnaire surveys in this and other studies.[3,4]

In response to the study results, several participants expressed concern that they lacked the skills and time to critique research requests and to distinguish between good and poor questions. Rather than developing personal skills, or using guidelines, they

Table 1. Characteristics of the 54 different requests to participate in research received by practices in a three-month period.

Characteristic	Number	Percentage
Source of request		
Academic unit — not primary care	13	24
— primary care	7	13
NHS Acute Trust8	15	
Students	6	11
Pharmaceutical industry	5	9
Royal Colleges	3	6
Drug Safety Research Unit	2	4
WreN	2	4
General practitioner	1	2
Other	7	13
Study Type		
Questionnaire — for professional	17	32
— for patient	2	4
Descriptive study	15	28
RCT	7	13
Case control	5	9
Cohort	4	7
Interview of health professional	2	4
Combination of methods	1	2
Unclear	1	2
Recipient		
General practitioner	44	81
Practice nurse	6	11
Practice manager	2	4
Practice team	2	4
Remuneration		
No reimbursement	41	76
Cash	8	15
Other e.g. raffle, bottle of wine	5	9

suggested that studies should be reviewed and approved by a central clearing house before circulation. For example, the Association of Directors of Social Services has established a research group which critically evaluates the quality (i.e. competence of researchers, ethical issues, dissemination strategy) and relevance of research proposals and then advises social service departments whether or not they should collaborate. This may be a future role for primary care research networks.

References

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