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RCGP/Boots Research Paper of the Year Award

Some people think people who read academic journals are sad. I find reading articles less fun than seeing patients or teaching students, but infinitely preferable to marking exam papers or answering emails. And it's much more fun when they are good articles in your own discipline, with that edge of competition added by having to decide which is 'best'. And then you get to go to the RCGP for half a day and have fiery debates about their pros and cons with clever colleagues. And THEN people are pleased to win! Ah the joys of being on the awards panel for the Research Paper of the Year.

But enough of process issues. We had another very varied set of papers of high quality and exemplary rigour, and couldn't choose between the final two winners, which clearly both deserved the prize. It was pleasing to see that both had come out of regional investment in primary care research, and were deeply grounded in routine GP issues, while employing widely differing methods and being about very different issues. Hussey *et al*[1] used qualitative approaches to encourage in-depth reflection and debate about the role of UK GPs in sickness certification — contested territory. It can be uncomfortable in its need to make views explicit in ways that can be disruptive if the patient is vulnerable psychologically, or even just diffident about their return to work. Greaves *et al*[2] threw down a more direct gauntlet, showing how a simple screening based on the link between glucose intolerance and high BMI can improve early detection and potential modification of the pathway towards insulin-dependent diabetes.

The implications for practice may be debated — I can hear a few cynics muttering 'tell them to stop malingering/we've got enough to do without testing our fatties'; while other more tender souls may say 'just sign the paper/why medicalise them before we have to treat them'. But we agreed that the value of these papers (and many others) lay in part in the fact that they made us think. So much of practice is routine, driven by external imperatives: stopping to think about how to make our work both more thorough and to maximise patient benefit is the gift of reading research and exchanging views on best practice with colleagues. It is also the duty of general practice to aim to maximise therapeutic benefit to our patients across a broad range of psychosocial as well as biological risk factors, and both our papers have implications for how we motivate ourselves and patients to regain and maintain health. They both demand a dialogue that makes our 'doctor' view visible to our patients — exposing tensions, discussing barriers to recovery, risking anxiety in the hope of motivating healthier habits. And similarly, perhaps choosing NOT to act as an agent of the state, or as a population health specialist, but to at least remember that every choice we make to act or not has implications for our patients and their wellbeing. Excellent work, and well worthy of the award.

Amanda Howe

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