

We should be celebrating the high standard of general practice, and the international standing of our Professors by seeking their views of the three articles, not by asking senior lecturers in psychiatry.

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Competing interests

I share a hot desk with Dr Boardman — my comments are not directed in any way personally to the authors concerned. I have disagreed with the Professors of General Practice on several occasions, and will continue to do so!

REFERENCES

1. Berwick DM. The epitaph of profession. *Br J Gen Pract* 2009; **59(559)**: 128–131.
2. RCGP News. UK General Practice is the 'best in the world'. *RCGP News*. London: Royal College of General Practitioners, February 2009.
3. Boardman J, Walters P. Managing depression in primary care: it's not only what you do it's the way that you do it. *Br J Gen Pract* 2009; **59(559)**: 76–78.

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Editor's comment

I invited Jed Boardman to write this editorial as he seemed well placed to draw the results of the other papers together, and to put them into a wider context. I felt the piece that we published justified my confidence in him (and I note that Alan Cohen has not taken issue with the content). We have long left behind the idea that all our learning came from specialists, and almost all the editorials we publish are written by primary care doctors and researchers. While it would reveal insecurity to feel we should only ever

listen to specialists, it would reveal just as much if we refused ever to listen to them. Inviting a specialist to comment is a sign of willingness to be open and learn from others, not of insecurity.

David Jewell

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Defending the GP clinician–researcher

Good on you for defending the GP clinician–researcher!

Actually we're not quite extinct. My first clinical paper was in the *BMJ* in 1994 and was about patients with problem drug use both in my own practice and that of a local colleague — and there have been other publications since about various things (recognition of depression, an RCT of a baby illness scoring guideline). I've also done quite a lot of unpublished pilot work in my own practice for larger studies — mainly asking my patients for advice on how to make study designs more acceptable.

One problem we have in the UK is that it has become incredibly onerous to get past the ethics and research governance hurdles; understanding the system has now become the exclusive domain of the professional researcher. In that respect, the species 'amateur researcher' is now dead.

The increasing tendency to work in teams is no bad thing. Pretty much all my published work has benefited from some sort of expert input (mainly involving statistical and qualitative advice). We still

need to have primary care clinicians who can ask research questions though. I think that my expert research colleagues would generally say that working with a clinician has helped them to achieve change in the way that practitioners work with individuals in a way that research primarily designed to influence policy can never do. As you rightly point out, most primary care research is no longer based in general practice but is about general practice or is based in secondary care and is hosted in general practice. This tendency will lead inevitably to the relegation of general practice researchers to the status of 'second rate players in a second hand game'.

Incidentally, I think that you have somewhat over-interpreted the data in your table.¹ Quite a lot of us have both clinical and academic appointments (in my case the time allocation is 60% clinical work and 40% research) and we tend to just put our academic appointments in the author details for the *BJGP*. Otherwise our heads of university departments get annoyed. Our practice colleagues are, unfortunately, not usually particularly impressed by our getting published in academic journals and so we tend not to bother pushing for inclusion of both our job titles in the Journal!

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DOI: 10.3399/bjgp09X420121