The Research Paper of the Year (RPP), awarded by the Royal College of General Practitioners (RCGP), gives recognition to an individual or group of researchers who have undertaken and published an exceptional piece of research relating to general practice or primary care. The award spans six clinical categories, with one overall winner.

We had an excellent response to our call for papers from 2016, with 87 submissions, and I am indebted to the RCGP’s Clinical Innovation and Research Centre (CIRC) for the support provided for the judging process. The winners of all six categories are decided by sub-panels, and the overall winner decided during a teleconference of sub-panel leaders. Again, thanks are due to the GPs who give of their time judging all the entries. The key to this award is ‘relevance to clinical practice’. We asked the winners of each category to describe the clinical implications of their work. Here, I consider how the winning papers are relevant to patients I saw in a recent surgery.

**THE PAPERS AND THEIR CLINICAL RELEVANCE**

**Mr A, aged 72 years, is someone who I have seen on a fairly regular basis for the past 16 years. I think of him as having recurrent depression. He remains on citalopram, and we often increase the dose from his maintenance dose of 20 mg daily to 30 mg in the autumn. I am aware that the evidence base for this change is limited. The overall winning paper, led by Wiles,¹ suggests that a targeted case-finding approach in general practice can improve the case detection rate by more than seven times compared to routine care. Whilst it remains too early to recommend a formal screening programme, it is encouraging to know that we can increase case-finding with relatively simple and evidence-based pathways within primary care. The next challenge is to identify therapies which can genuinely improve outcomes in those detected earlier.’

* * * * *

Mrs P sits down and says she has been asked to come in for a ‘medication review’. She is 85 and we prescribe nine different drugs, including aspirin. I reflect on the paper by Dreischulte² and wonder if she has been reviewed by our practice pharmacist. Mrs P is just the sort of patient we had in mind when we recruited our pharmacist. We are not sure that we will be able to demonstrate a reduction in hospital admissions by our intervention in practice, nor whether we will be able to continue to fund our pharmacist. This paper adds to the evidence base that our Clinical Commissioning Group (CCG) should be aware of. Professor Guthrie reflects:

> “This study followed the same patients for an average of nearly 4 years and found robust evidence for the long-term clinical and cost-effectiveness of high-intensity CBT (cognitive behavioural therapy). This highlights the need for NHS investment in one-to-one CBT with an accredited therapist for depressed patients in community settings.”

Professor David Fitzmaurice comments:

> “This study has demonstrated conclusively that actively looking for patients with COPD, utilising a screening questionnaire and confirmatory spirometry in primary care, can improve the case detection rate by more than seven times compared to routine care. Whilst it remains too early to recommend a formal screening programme, it is encouraging to know that we can increase case-finding with relatively simple and evidence-based pathways within primary care. The next challenge is to identify therapies which can genuinely improve outcomes in those detected earlier.”

* * * * *

Mrs R attends, worried about a new spot on her face. She has a history of basal cell carcinoma. I examined the lesion and advised her that I think referral for excision is needed.

> “This study has demonstrated conclusively that actively looking for patients with COPD, utilising a screening questionnaire and confirmatory spirometry in primary care, can improve the case detection rate by more than seven times compared to routine care. Whilst it remains too early to recommend a formal screening programme, it is encouraging to know that we can increase case-finding with relatively simple and evidence-based pathways within primary care. The next challenge is to identify therapies which can genuinely improve outcomes in those detected earlier.”

* * * * *
Dr Muller reminds us that: ‘Despite being managed almost exclusively in general practice, existing research has been conducted in secondary care with patients with atypical disease activity. This study is the first to investigate PMR in the setting where it is diagnosed and managed and helps us understand the severity of symptoms and the impact on patients.’

What a privilege it is to chair the RCGP RPY, and how relevant is the research that is conducted so well by the teams who have won our awards. I look forward to next year’s call for papers and would encourage all GPs to look out for publications that have impacted on their clinical practice to think about nominating those papers for this award.

Carolyn Chew-Graham,
GP Principal, Manchester. Professor of General Practice Research, Keele University, Keele, Staffordshire.
E-mail: c.a.chew-graham@keele.ac.uk

DOI: https://doi.org/10.3399/bjgp17X693365

REFERENCES

EXISTENTIAL ANGST IN A DIGITAL AGE
I think it is fair to say that the current state of general practice may leave a few of us gazing wistfully into our cornflakes, mulling over the future of our profession. For those of us without enough existential angst about where we are headed, then The Future of the Professions provides plenty more ammunition with a smattering of food for thought. Early in the book the co-authors unashamedly put doctors, lawyers, teachers, accountants, and other ‘human experts’ directly in their ‘cross-hairs’. This 364-page volume predicts not only radical change in the work professionals do but also ever portents their destruction, underpinned by details of how the work of professionals will largely be performed by increasingly intelligent computers. The publishers claim this book ‘Urges readers to rethink the way that expertise is shared in society’ and ‘Builds on 30 years of research and practical work.’

The first section of the book in particular makes for uncomfortable reading as the various shortcomings of professional groups are laid bare in some detail. I think the most prominent of these is the accusation that doctors [and others] run a closed shop on how we do things. Perhaps most powerfully the mere fact that I was reading the text on something as old-fashioned as paper failed to convince me to shred my stethoscope and head for the Apple Store. I think it is fair to say that the current state of general practice may leave a few of us gazing wistfully into our cornflakes, mulling over the future of our profession. For those of us without enough existential angst about where we are headed, then The Future of the Professions provides plenty more ammunition with a smattering of food for thought. Early in the book the co-authors unashamedly put doctors, lawyers, teachers, accountants, and other ‘human experts’ directly in their ‘cross-hairs’. This 364-page volume predicts not only radical change in the work professionals do but also ever portents their destruction, underpinned by details of how the work of professionals will largely be performed by increasingly intelligent computers. The publishers claim this book ‘Urges readers to rethink the way that expertise is shared in society’ and ‘Builds on 30 years of research and practical work.’

The first section of the book in particular makes for uncomfortable reading as the various shortcomings of professional groups are laid bare in some detail. I think the most prominent of these is the accusation that doctors [and others] run a closed shop on how we do things. Perhaps most powerfully the mere fact that I was reading the text on something as old-fashioned as paper failed to convince me to shred my stethoscope and head for the Apple Store.

William Mackintosh,
GP, Coach and Horses Surgery, Carmarthenshire. Chair, Royal College of General Practitioners, South West Wales Faculty, Wales.

DOI: https://doi.org/10.3399/bjgp17X693377

REFERENCE