

The Research Paper of the Year (RPY), awarded by the Royal College of General Practitioners (RCGP), recognises an individual researcher, or a group of researchers, who has published an exceptional piece of research relating to general practice or primary care.

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At the annual meeting of the Scientific Foundation Board of the RCGP in November 2018, we took the decision to change the categories of the RPY, which had mirrored the former National Institute for Health Research (NIHR) Clinical Research Networks. Following discussion and debate, we agreed that the new categories would be:

- Clinical Research;
- Health Services Research (including Implementation and Public Health); and
- Medical Education with Relevance to Primary Care.

The new category of Medical Education was felt to be important, and paralleled the inclusion of 'Medical Education Research' as a priority theme within the NIHR annual competitive bids for Clinical Academic Training (CAT) posts in England.

We had a good response to our call for papers published in 2018, with 64 submissions, and I am indebted to the RCGP's Clinical Innovation and Research Centre (CIRC) for their organisation of the judging process.

The winners of the three categories are decided by sub-panels, and the overall winner arrived at during a teleconference of sub-panel leads.

Papers were scored on the criteria of originality, impact, contribution to the reputation of general practice, scientific approach, and presentation.

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WINNING PAPERS THAT IMPACT ON CLINICAL PRACTICE

The overall winner of the RPY award was from the Clinical Research category. This was a trial led by Miriam Santer in Southampton that found no evidence of clinical benefit from pouring emollient bath additives in the standard management of eczema in children.¹

This trial should ensure GPs prescribe effective treatments for children with eczema, and de-prescribe bath additives, thus leading to substantial savings for the NHS.

There were two highly commended papers in the Clinical Research category. One was a clinical trial of mirtazapine added to SSRIs or SNRIs for treatment-resistant depression, led by David Kessler in Bristol.²

This study did not find evidence of a clinically important benefit for mirtazapine in addition to an SSRI or SNRI over placebo in a treatment-resistant group of primary care patients with depression.

A paper reporting the TASMINH4 trial led by Richard McManus in Oxford,³ which demonstrated that self-monitoring, of blood pressure with or without telemonitoring, when used by GPs to titrate antihypertensive medication in individuals with poorly controlled blood pressure, leads to significantly lower blood pressure than titration guided by clinic readings without increasing GP workload.

The winner of the Health Services Research category. This was a paper reporting the effect of removing financial incentives on quality of care, led by Mark Minchin [of the National Institute for Health and Care Excellence (NICE)].⁴ The authors concluded that removal of financial incentives was associated with an immediate decline in performance on quality measures.

The highly commended paper in this category. This was the 3D trial, led by

Chris Salisbury in Bristol.⁵ The intervention, based on dimensions of health, depression, and drugs, for patients with multimorbidity did not improve patients' health-related quality of life.

Interestingly, three out of the four trials reported in the winning papers were so-called 'negative' trials — each with an important message for general practice around the management of people with treatment-resistant depression and children with eczema, and organisation of care for people with multiple long-term conditions.

THE CHALLENGE FOR PRIMARY CARE MEDICAL EDUCATION RESEARCH

Three submitted papers were highly commended by the panel, but no outright winner was selected.

Two papers focus on GP recruitment. Sarah Barber and her team in Oxford report a survey of final-year medical students that aimed to explore what influences career choices.⁶

The authors state that, to improve recruitment of the next generation of GPs, medical schools must provide high-quality placements in general practice, expose students to academic role models, and highlight to policymakers the links between the current pressures in UK general practice and the GP recruitment crisis.

Melyn Jones from University College London led a team of researchers to report an evaluation of an academic service collaboration on GP recruitment.⁷ Although the initiative was deemed successful by virtue of being linked with an academic institution, it was expensive, which limited likelihood of widespread adoption.

The third highly commended paper is relevant to the topic of GP retention. This was by Maria Panagioti from Manchester and colleagues at the universities of Westminster, Keele, Birmingham, Leeds, and Thessaloniki, who reported on a meta-analysis which provides evidence that physician burnout may jeopardise patient care.⁸ Tackling burnout is thus not just essential for the individual clinician, it is important to maintain good-quality care.

Professor Roger Jones and Dr Caroline Mitchell, co-chairs of the Medical Education panel, reflected on the papers submitted

for this category (far fewer than for the other two categories) and suggest that they highlight challenges in the field of primary care medical education research.

Recruitment of medical education/teaching staff, in particular senior academics, has not kept pace with increasing student numbers⁹ and there is a lack of national, systematic funding to undertake medical education research. This limits the quality, breadth, and scale of medical education research and the career progress of the new early-career Medical Education CAT cohort through the university promotion system. This is of particular concern when issues of student selection, encouraging general practice as a career choice, recruitment, and retention are so important.

In addition, in many departments of general practice or primary care, the teaching and research programmes are now delivered in separate departments, and this may inhibit cross-fertilisation of ideas and methodological support for educationalists by interdisciplinary primary care researchers. Professor Jones and Dr Mitchell state:

'The lack of infrastructure and support for medical education research we believe was reflected in this year's submissions

for the annual prize, which, whilst we could highly commend three papers, we feel the submissions showed limited generalisability to UK general practice, limited evidence of collaboration and a lack of sophistication in research conduct and design.'

An alternative explanation is that our publicity failed to reach the intended audience of medical education research and encourage the submission of published papers. Thus, the RPY team will try harder next year to reach the medical education research community.

Carolyn Chew-Graham,

GP Principal, Manchester. Professor of General Practice Research, Keele University, Keele, Staffordshire. Chair, Scientific Foundation Board, RCGP. Chair, Research Paper of the Year, RCGP.

Email: c.a.chew-graham@keele.ac.uk
@CizCGO

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Competing interests

Carolyn Chew-Graham is a co-author on papers 2 and 8.

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