

How the RCGP Research Paper of the Year 2020 reflects our motto *'Cum Scientia Caritas'*

The Research Paper of the Year (RPY), 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 three categories are Clinical Research, Health Services Research (including Implementation and Public Health), and Medical Education related to Primary Care. Papers are scored on the criteria of originality, impact, contribution to the reputation of general practice, scientific approach, and presentation. This year, we invited submissions reporting COVID-19 research to each category.

The RCGP's motto *Cum Scientia Caritas* means 'scientific knowledge applied with compassion'. We feel the winning papers for RPY 2020 really reflect this ethos.

THE OVERALL WINNER

The overall winner of the RPY 2021 award, from 53 submissions, came from Sohail and colleagues from London and Bristol: *'Improving the healthcare response to domestic violence and abuse in UK primary care: interrupted time series evaluation of a system-level training and support programme'*.¹

The reviewing panel felt that this paper, submitted to Category 2 (Health Services Research) was particularly relevant in the light of COVID-19 restrictions and widespread reports of increased domestic violence during lockdowns.

This programme of work, building on the IRIS (Identification and Referral to Improve Safety) trial,² provides evidence that a system-level programme that embeds

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direct referral pathways to specialist domestic violence and abuse (DVA) agencies within health services, underpinned by face-to-face training of clinicians and their teams, including on-going reinforcement strategies, improves the case identification and referrals for DVA.

This study exemplifies the need for recognition, support, and compassion for this vulnerable group of patients.

HIGHLY COMMENDED OVERALL

The panel judged Funston and colleagues' paper, winner of Category 1, *'The diagnostic performance of CA125 for the detection of ovarian and non-ovarian cancer in primary care: a population-based cohort study'*,³ should also be 'highly commended' overall.

This research concluded that CA125 is a useful test for ovarian cancer detection in primary care, particularly in women over 50 years old. The research team found that almost a third of women with CA125 levels above the suggested cut-off were diagnosed with some form of cancer, suggesting that clinicians should also consider non-ovarian cancers in these women, especially if ovarian cancer has been excluded, in order to prevent diagnostic delay.

These results will enable clinicians

and patients to determine the estimated probability of ovarian cancer and all cancers at any CA125 level and age, which can be used to guide discussions with women and individual decisions on the need for further investigation or referral.

This research highlights the contribution of primary care research to science and to the evidence-base that guides our practice, and can be of immediate benefit to patients.

COVID-19 RESEARCH PAPER OF THE YEAR

The RPY reviewing panel decided to name Clift and colleagues' paper, *'Living risk prediction algorithm (QCOVID) for risk of hospital admission and mortality from coronavirus 19 in adults: national derivation and validation cohort study'*,⁴ as COVID-19 RPY. The panel were impressed by the speed of this work completed during the pandemic to develop an algorithm based on a number of factors to determine risk of death and hospital admission.

The study is an excellent example of the value of routine primary care records and will have impact on clinician decision making and patient care.

THIRD CATEGORY WINNER

The winner of our third category, Medical Education related to Primary Care, was published in the *BJGP*: *'Revealing the reality of undergraduate GP teaching in UK medical curricula: a cross-sectional questionnaire study'*, submitted by Cottrell and colleagues.⁵ The stark conclusion of this study, that undergraduate teaching provision in general practice has plateaued since 2000 and falls short of national recommendations, should be a warning to us all. The authors make important recommendations about the need for

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an adequate primary care teaching tariff and state that without sufficient funding, medical schools are unlikely to influence GP recruitment problems positively or be able to promote generalism for all future doctors. How can we deliver science-informed care with compassion if education in general practice does not begin in medical schools?

PROMOTING AND FUNDING THE EXPERT GENERALIST ROLE

We hope that you will (re-)read the winning papers and reflect on how research in general practice contributes to the science, informs our clinical decision making, and supports us to deliver evidence-based care to our patients.

Cottrell's paper reminds us that education and preparation for general practice begins as students enter medical

school, and needs to be funded to ensure high-quality undergraduate GP teaching is delivered and the expert medical generalist role is promoted.

Only then can we ensure that we can encourage the next generation of doctors to enter general practice.

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