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Recruiting general practitioners (GPs) for Primary Care Research – challenges and strategies

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Plan

Background information on GPs and relevant recruitment methods.

Reasons for GP non-participation in research (challenges).

Strategies/ways to improve GP recruitment.

Examples of GP related studies delivered by CaHRU team.

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Who is a GP?

- A doctor who assesses and treats 9 out of 10 patients in primary care.
- Gatekeepers to secondary care.



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Who are our GPs?

- Over 30,000 GPs in the UK, including GP partners, salaried GPs, locums
- There are relatively few GP academics or university professors involved in primary care research.

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Why is it important to involve GPs in research?

GPs are at the forefront of disease management and prevention.

General practice is the cornerstone of a high-quality, equitable, and sustainable health care system - most health care is delivered in primary care settings.

General practice is a distinct medical specialty that requires its own specific research.

GP participation in research is key in translating new knowledge into practice.

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Recruitment for research and importance

- Recruitment processes involve identifying potential participants and giving them information to establish interest in a study.
- Successful recruitment and retention of participants is important for the success of a study.
- Inappropriate recruitment of research participants can significantly impact the study findings.

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Recruitment methods for Primary care research (Manohar et al., (2018))

Recruitment method	Pros	Cons
“Snowball” sampling (initial participants invite others to participate)	Useful for difficult to reach individuals (e.g., homeless individuals) Useful in qualitative research	Samples are likely to be similar in their characteristics It may take time to establish a strong relationship with initial participants
Letters or postcards (either direct from the research team or via third person)	Can be addressed from someone that the individual already trusts (e.g., a healthcare professional) Quick to administer in large numbers if delivering via postal services	Costly (print costs and person costs if hand delivering) Several mail-outs or visits may be required to reach the target sample size May be discarded as “junk” mail
Referrals from healthcare providers	Utilize established trusted relationships	A lack of control as to who is invited – the healthcare provider’s role and interest in the research will determine the effort put into recruitment
Flyers/posters, pamphlets, brochures	Can be left at convenient locations	Need to be placed in a prime position to capture attention May need to be replaced often

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Recruitment method	Pros	Cons
Videos	Can be played at times when the research team are not present to a wide audience	Require expertise in creating appealing and high-quality videos
	Can be utilized on website, social media, public locations (e.g., general practice surgeries)	May be costly if hiring individuals to participate in the video
Face-to-face recruitment at healthcare provider setting (can go through clinic lists, registers)	Builds rapport with the individual Validation of the research through recruitment at a trusted site (the individual already has a relationship with the healthcare provider)	Time intensive Time intensive (e.g., may require screening from a healthcare professional and face-to-face interactions can take longer than other approaches)
Phone calls, emails, internal mail in workplaces, etc.	Direct access to a large number of individuals via a known third party	A lack of control as to who is invited – reliance on the third party to make initial contact with individuals through their lists (consent needed prior to researcher involvement)

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Recruitment method	Pros	Cons
Social media and the web	Highly used by adults of all background	May require management by research team (e.g., Facebook where posts can be inappropriate)
	Cost-effective	
	Useful strategy for people of low SES – many have access to a phone and social media accounts	
Word of mouth	Can be successful particularly if participants through “champions” and “gatekeepers” that are enthusiastic about the research	Relying on others to recruit
	Individuals already have a relationship with those inviting them – rapport already exists	Difficult to evaluate success of this method (e.g., relying on others to record who has been invited and when)
Recruitment through existing research studies	Individuals already have a research-focused relationship with a team known to you (rapport has	-Reliance on other research team members inviting participants into your study -Participant overburden needs considered

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It difficult to recruit GPs into research!

- In primary health care, recruiting GPs is frequently the most difficult aspect of the research process - time-consuming, labour-intensive, and costly.
- Recruitment issues impact on research costs, workload, and could lead to reduced statistical power, suspending or prematurely ending a trial.
- One survey of UK primary care trials found problems with recruitment was the norm - over half of the trials ran past their recruitment timetable or had to seek additional funding to complete data collection (Bower et al., 2007).

- Shah S, Roydhouse JK, Toelle BG, Mellis CM, Jenkins CR, Edwards P, et al. Recruiting and retaining general practitioners to a primary care asthma-intervention study in Australia. *Aust J Prim Health* 2014;20 (1):98–102.
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It so difficult to recruit GPs into research! (cont'd)

- Non-completion of studies is costly both in economic terms as well as in participants' time.
- It is discouraging to the participation of primary care professionals in research if it is perceived that completion of a trial is both difficult and a potential waste of their resources.
- Non-completion can also increase the reluctance of funders to support primary care research (Salmon et al., 2007; Rosalind, 2011).
 - Foy R, Parry J, Duggan A, et al. (2003) How evidence based are recruitment strategies to randomized controlled trials in primary care? Experience from seven studies. *Fam Pract* 20(1):83–92.
 - Salmon P, Peters S, Rogers A, et al. (2007) Peering through the barriers in GPs explanations for declining to participate in research: the role of professional autonomy and the economy of time. *Fam Pract* 24(3):269–275.
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It so difficult to recruit GPs into research! (cont'd)

Experience of a researcher: Patel (2012)



After spending the past month attempting to recruit GPs to take part in an interview study, I'm kind of running out of patience. Of course, I am not the first person banging my head, the lowest response rate I've seen in a published study is 7% (Curnock et al., 2012) and I wouldn't be surprised if the ones below that level were just flatly refused for publication.

The GPs were promised payment of £80 an hour. I also sent them letters with silky university letterheads, hand signatures, handwritten envelopes, and stamped return addresses. I then rang them up – and even then only one acceptance and little enthusiasm from others.

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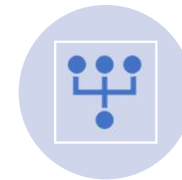
Reasons for GPs' non-participation in research - Jones et al., 2011, 2012; Brodaty et al., 2013



Being too busy.



No time.



Structural issues
(e.g fee-for-service
model).



Perceived
demands on
practice staff.



Lack of interest in the
subject or research
generally.



Sensitivity of the
subject.

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Reasons for GP deciding to or not to participate in research (Hummers-Pradier et al., 2008)



1 Personal issues:
Illness, family obligations, near retirement.

2 Perceived relevance of research in general: Research is not part of GPs' role.

3 Perception about researchers: Most researchers are corrupt/ fraudulent. Serve only their personal interests .

4 Other reasons than genuine interest in research: Solidarity with students or academic GP.

5 Way of invitation:
No official invitation or personal contact. GPs should feel respected.

6 Obligations in research work:
Refusal if additional work is expected.

7 Research based on electronic data: Concerns about the reliability of anonymization; data privacy etc..

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Practical ways to increase GPs' participation in research (Patel, 2012)



Seek advice from experienced researchers e.g. those who have recruited GPs to similar studies as yours.



Ask GP friends or other medical acquaintances to ask other GPs on your behalf.



Consider getting a prominent GP or GP Academic to formally send out the invitation on your behalf or endorse the study.



Consider Academic GP as participants. They are likely to support research. This should be used with caution as it could introduce bias.

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Consider using digital tools such as email, websites and social media to recruit GPs.



Be flexible and willing to conduct interviews out of hours e.g night or weekends.



Be flexible with the meeting location for the interview - their preferred location may help.



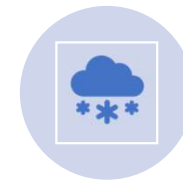
Phone or online (Skype, MsTeams, Zoom) may suit some GPs better for interviews.



Target GP
Continuing
Professional
Development
(CPD) or other
major meetings -
useful for short
interviews or
surveys.



Consider locum
GP. They have
more time and
flexibility. This
should be used
with caution as it
could introduce
bias.



Consider changing
sampling strategy if
necessary e.g
moving from
random sampling
to snowballing or
combining them.

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Improving recruitment to primary care trials: lessons from the use of modern marketing techniques (Colwell et al., 2012):

- Recruitment to primary care trials can be maximised using a variety of strategies.
- A successful additional strategy is the use of modern marketing techniques such as viral marketing.

Colwell B, Mathers N, Ng CJ, Bradley A. Improving recruitment to primary care trials: some lessons from the use of modern marketing techniques. Br J Gen Pract. 2012 Sep;62(602):496-8.

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- Viral marketing – an electronic word-of-mouth whereby a marketing message related to a company, brand, or product is transmitted in an exponentially growing way — often using social media applications.
- It depends on a high pass-along rate to deliver the message.
- Three conditions need to be fulfilled to create a viral marketing epidemic: giving the right message to the right messengers in the right environment.



Colwell B, Mathers N, Ng CJ, Bradley A. Improving recruitment to primary care trials: some lessons from the use of modern marketing techniques. Br J Gen Pract. 2012 Sep;62(602):496-8.

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Note!

- Personal contacts and established research networks remain key to recruitment and retention of practices in studies.
- A culture of partnership working is essential for the success of any recruitment and retention strategy.

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Examples of GP related studies in CaHRU and elsewhere



QCancer study



GP Trainees with specific learning difficulties (SpLDs)



Improving recruitment to primary care trials: some lessons from the use of modern marketing techniques

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QCancer study

Aim:

- Explored views of GPs on implementing Qcancer (a cancer risk assessment tool) in primary care consultations.

Methods:

- Sampling: purposive.
- Recruitment: invitation letters to GP Surgery.
- Data collection: Individual interviews and FGs.
- Challenges with recruitment:
 - Low response, took long to meet some GPs for interviews.
 - Difficult to get GPs to meet for FGs.

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Strategies that helped with interviews and FGs:

- Phone/email reminders, identifying GPs with interest in research; flexibility with time; persistence; and being polite.
- Experienced researcher and GP Academic helped.
- Had to keep FGs within practices as difficult to get GPs from different practices to meet.

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Output:

- Sufficient data/data saturation in code [heard it all] and meaning [understood it all] (Hennik et al., 2006).
- Two papers:
Akanuwe et al., 2020 (<https://doi.org/10.1111/hex.13016>).

Akanuwe et al., 2021 in Primary Health Care Research and Development (<https://doi.org/10.1017/s1463423621000281>).

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GP Trainees with SpLDs study

Aim: Explored experiences of GP trainees with SPLDs

Methods:

- Sampling: Purposive
- Recruitment: flyer on social media (X), MRCGP website.
- Data collection: individual interviews on Teams
- Challenges with recruitment: difficult to meet for interviews due to busy work schedule – no time.

Strategies that helped with recruitment:

- Sent several reminders via emails and phone calls.
- Advertised study for extended period.
- Flexibility with meeting times/days.

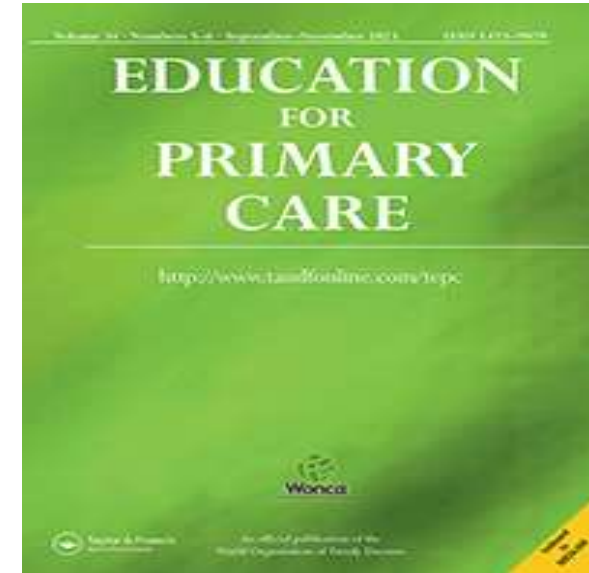
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Output

➤ Sufficient data/data saturation.

➤ Paper (Pattinson et al., 2024) - Education for Primary Care.



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QUESTIONS



CONTRIBUTIONS

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Thank you

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