

Scottish Dental Practice Based Research Network

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Workshop Reports

Research Activities and Your Personal Development.

Terry Simpson, Audit Facilitator and Yann Maidment, CPD Clinical Governance.

This workshop started with a consideration of what types of research are appropriate to do in general practice, which was answered by asking us to consider what was not appropriate for general practice. Particular difficulties were identified with the conduct of long term research. Qualitative research might produce more reliable results if multi-centre based. This led to a feeling that following the GMP route of funded research practices has some merit.

Support for research activity in primary care, and general practice in particular, was a recurring theme through both sessions. This was not just the obvious issue of funding of time spent not treating patients, but academic support of the "How to do it" variety; including access to advice on structuring studies and statistical analysis, access to libraries and databases, together with training in research techniques. Even e-mailed advice was suggested as a possible way for remote/rural practices, having a research tutor or a CD-ROM were others. The availability of academic support through the various stages of a project was also suggested, not just at the beginning. TAYREN was quoted as a good example, that works, by several participants. One of the papers presented today was supported by this network. A different approach was in the process of being set up in Dumfries & Galloway, by a GMP research network, which involved trying to set up funded sessions for dentists to commit "protected" time to research activity with training available as required. This development sounded particularly promising, we look forward to hearing more about it in the future. Both sessions produced comments that there was insufficient knowledge about networks readily available to GDP's. Suggestions included; an e-mail circulation list (like GDP-UK), SDPBRN be the dissemination vehicle by mail or website - perhaps creating a 'one port of call' for information relating to research in primary dental care, including bulletin boards to notify projects and recruit participants.

The issue of funding led on to how to apply for funding - training or advice in 'grantsmanship' was generally held to be desirable from GDP participants. Information on funding sources needs to be made more readily available to dentists (possibly by routes already discussed). The use of project or network coordinators/managers was suggested as away of reducing the costs of involving GDP's, by delegating work that does not require a dentist to do it, to less costly personnel.

There was a general consensus that involvement in research should count towards continuing professional development (CPD) for General Dental Council (GDC) purposes, but that some issues around how much time could be credited as verifiable require clarification. A feeling that research will become an expected part of the professional life of most dentists, but not necessarily constant involvement. This ethos should begin to be nurtured at undergraduate level and developed through VT/GPT to introduction to networks in primary care and academic structures in secondary care.

Research in practice can expand personal horizons and CPD for the whole team and the issues of who can be involved and doing what, is perhaps a subject that requires some research done on it!

Research In The 'Real World' - Prevent The Pitfalls! *Alexandra H Lowe, GDP, Glasgow & Christopher A P Southwick, GDP / Research Fellow, Dundee University Dental School.*

The primary care environment presents a unique opportunity to investigate 'real world' problems within dental practice. With many dental practitioners having little or no previous research experience, this workshop aimed to provide an opportunity to discuss planning and implementation strategies to maximise success.

Two general dental practitioners with limited experience of research in primary care chaired a discussion considering common difficulties encountered by participants during their research efforts.

One of the key requirements for successful research was identified as the need to have a focused research question upon which to base the programme. This

research question should be carefully prepared by sourcing all available evidence from the literature and speaking to immediate colleagues and also to the other experts in the field to gain advice and insight. In particular it was important to determine whether the question would be accurately addressed using the proposed study design. Furthermore had the question already been asked, could anything be gained from research in similar field.

By honing down early ideas to a specific question, a clear and detailed protocol may be produced which has specific aims and measurable objectives. This protocol will then guide the program of research. Another key element for successful research is the need for training in research methodology prior to embarking on the subject, as the quality of the project design is dependent upon reduction of bias factors and appropriate interpretation of experimental findings. It is also essential to seek the advice of a statistician at an early stage to enable the research to be conducted ensuring appropriate study design, sample calculations, and data collection.

It is vital that all would be researchers recognise that it is going to take time to design, conduct, and complete a research project - more time than they initially realise. This factor must be carefully considered at the preliminary stage, particularly if time is limited, in order that the project may be taken to completion.

Motivation is regarded as a key factor in pursuing research and an enthusiastic, keen interest in the field of study is vital to ensure persistence and provide that inner resilience to complete the tasks. In addition it is recognised that the project should have some discernible value not only for the participant but also have benefits by influencing the quality of care or service delivery and if possible lead to specific health gain.

In summary, keep it simple, seek help early, and don't underestimate the time commitment.

Primary Care Research Networks: What Can We Do For You?

Lucy McCloughan , Network Co-ordinator Lothian PCRN; Marie Pitkethly , Network Co-ordinator, TayRen.

Networks were born out of a recognition, in the 1990's, that, although most patient contacts take place in primary care, very little research was being conducted there so the results currently available were not necessarily generalisable to primary care patients. A critical mass is needed for efficient research to provide support, opportunities for collaboration, and access to funding. Networks were seen as one way of

encouraging and developing this critical mass within primary care.

The workshop started with an overview of Primary Care Research Networks in Scotland. There are eight networks and each has a slightly different approach depending on location and funding. The different ways networks have already contributed to dental research was illustrated from ongoing projects.

In groups, the participants were asked to think about the ways a research network could help them and their ideas were fed back to the wider group.

The key messages were:

- networks should ensure that their profile is sufficiently high - many of those on the ground do not know about the help available
- we should look towards incorporating discussions on research into existing meeting
- plus to use publications like "word of mouth" to do this
- include all dental practice staff including hygienists and dental nurses as these people are often instrumental in collecting data.

To have both dental research interest groups so that experience and confidence in research can be built up in that area, but also to include dentists in the wider general network activities to foster collaboration.