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EDITORIAL

Academic Primary Care: time to review and integrate

Across healthcare systems in all parts of the world, academics are concerned with teaching students both undergraduate and postgraduate, and with undertaking research that will inform the development of service delivery and interventions within that healthcare system. This is true of Primary Care, which is represented in the UK university system in a range of multidisciplinary academic groupings. The Society for Academic Primary Care (SAPC) was set up originally to represent the interests of those who focused on scholarship in General Practice. However, the last decade has been a time of considerable change for academic primary care. At the turn of the millennium, there were a record number of stand-alone departments of multidisciplinary primary care across the United Kingdom, and over the intervening 10 years there has been a growth in primary care research and development activity. With this growth, it was the right time in 2008 for SAPC to become affiliated with *Primary Health Care Research and Development* as it reflected the changes in academic primary care in the United Kingdom and the values of the journal, as discussed by Bryar (2000). There was also a palpable step change in the depth, quality and international standing of British primary care research, as reflected in the results of the 2008 Research Assessment Exercise (Howe, 2009). Indeed, a recent benchmarking exercise, which compared the volume and quality of original primary care research published by six countries with well-established academic primary care, found that UK primary care researchers ranked first or second in every citation metric examined (Hobbs *et al*., in press). The establishment of the National Schools for Primary Care Research in England, Scotland and Wales also reflects both the priority given to and excellence of academic primary care research.

However, we are entering more uncertain times. The 'credit crunch' is affecting the academic community and we are all being asked to do more with less. Primary care also faces challenges in terms of its workforce. Only 1 in 225 general practitioners in the United Kingdom is a clinical academic compared to approximately 1 in 16 consultants in all hospital specialities. The nursing workforce is under pressure with key primary care nursing staff such as health visitors being top-heavy with the over-55 age group and an academic sector that is proportionately minute compared with other disciplines. Current numbers of academic general practice and nursing training posts may be insufficient to sustain existing capacity (Medical Schools Council, 2008). The membership of the SAPC is also 'top-heavy,' an inverted pyramid, with far fewer lecturers and fellows than senior posts. Preparation for the next UK quality audit of research in universities, the Research Excellence Framework (www.ref.ac.uk), is also having an impact on primary care research. Many UK medical schools are being restructured into larger mainly bench-to-bedside disease-focused research groupings. Stand-alone departments of primary care are slowly disappearing, subsumed strategically into larger departmental groupings. Although we could argue that a disease rather than a context-specific focus for research is a sign of disciplinary maturity, the unique generalist nature of primary care activity and service delivery could be at best diluted and at worst, lost.

Of course, times of great change also offer opportunities. The recent English White Paper (DH, 2010) has catapulted primary care into the centre of the National Health Service (NHS). A high-quality, mixed methods, patient-centred and context-specific primary care evidence base is needed to underpin commissioning decisions. Multidisciplinary departments of primary care understand how to provide this and how to evaluate the consequences of changes to service delivery. The need to focus on this 'second translational gap' (between research and healthcare delivery) was of course highlighted as a key part of the future research agenda for primary care long before the White Paper was published (Academy of Medical Sciences, 2009) and is reflected in many of the papers published in this journal that go far beyond the model of a disease focus for primary care. Indeed, Starfield's (2011)

recent editorial reminds us of the costs and consequences of focusing on single diseases when in fact multi-morbidity and living with the context and sequelae of multi-morbidity pose the challenge facing the commissioners of primary care and acute services.

Against this changing landscape, SAPC is also making changes in how it operates. Most importantly, it aims to lead the way in repositioning how we conceptualise academic primary care. Much thought and discussion has gone into this and we hope that our new position paper, unveiled in this issue of the journal, provides a fresh perspective on our discipline and one that will stimulate renewed interest and debate. There is an opportunity to contribute to this, and other debates, via the discussion forum on our new website (see below).

Academic primary care can only continue to 'punch above its weight' if the brightest and best are recruited. SAPC is committed to increasing academic primary care research capacity through refreshing and expanding its membership. As part of this process, we are establishing Junior SAPC, which aims to attract stellar students into our discipline. The impetus for the new group began among the students themselves. SAPC is keen to encourage and to provide a home for them to inspire some to follow us into academia and all to understand the value of academic primary care. The inaugural meeting for Junior SAPC will be at the Bristol ASM in July this year, and free student places are being taken up rapidly. For further information about these, please see: http://www.sapc.ac.uk/2011/ASMhome.asp?Page=Awards.

Our aim is that, over time, Junior SAPC will become a multidisciplinary student group that truly reflects the academic workforce. Non-medical primary care researchers also need to feel that academic departments of primary care or primary care research groups are their natural home. This can only happen if career pathways are clear, fair, flexible, and above all equitable with medical colleagues. SAPC is in the process of establishing a new non-medical group, to provide a forum to debate these issues, and to review new evidence we are currently collecting about the academic primary care workforce and career pathways. The SAPC Special Interest Groups also provide a mechanism for aspiring researchers to get involved with a topic that really interests them and to suggest new and emerging areas for research.

SAPC is also changing how it communicates with its membership and wider society. We have been reflecting on the image we project to the outside world via our existing newsletter and website, and concluded that a fresh approach is needed for a sustainable future. From now on, the two back pages of PHCR&D will contain the SAPC newsletter, keeping you up to date with our work, news, and events, and providing signposting to further relevant information on our website. The Network section of the journal will include short reports of work that is undertaken by the Special Interest Groups, and these will be a regular feature that can invite both debate on the SAPC website as well as similar papers from international networks. We welcome this increased integration between SAPC and PHCR&D and look forward to engaging our readership in further critical debate about academic primary care and developments in other countries. Tell us what you think about it and get involved in the new debate about academic primary care!

Ann Adams,
Helen Lester,
Sally Kendall and
Ros Bryar

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