

Our study has commenced the development of an international taxonomy of errors in primary care which can be used to plan future studies examining the prevalence of mistakes in general practice. The strength of an international collaboration will become apparent when meaningful differences between countries are defined in the prevalence of different error types. This information can then be used to design interventions or alter existing systems to reduce errors in primary care.

COMPETING INTERESTS

None identified.

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time capsule

General practice research

GENERAL PRACTICE provides a vantage point for gathering data and observing the natural history of disease. . . . Problems of a family, a social, or emotional nature can be studied directly in cross-sections of the community, and study of some epidemiological problems is facilitated by the long, continuing contact between doctor and patient.

There are certain areas which are special features of general practice, and which present exceptional opportunities for research. These are the promotion of health and the prevention of disease (by advising on methods such as weight control, adequate diet, and the rational use of drugs and alcohol); the recognition of the early manifestations of diseases (such as hypertension, anaemia, and diabetes mellitus); and the management of patients with chronic illnesses such as arthritis, diabetes mellitus and hypertension. . . .

Many features of illness seen in the community are different from those seen in hospitals and by specialists, so that the findings of institutional research are often not directly applicable to general practice. General practice questions need to be solved in the setting of primary care, and caution should be exercised in applying answers derived from other sources. . . .

Despite considerable enthusiasm and effort, progress in general practice research is very slow. Now is the time to define the needs, priorities and goals of such research, and to consider the difficulties that prevent us from reaching these goals. The output of research from general practice has been low by comparison with that from hospital and specialist practice, although larger numbers of doctors and patient contacts are involved. Among the many reasons for this are three main obstacles — lack of training, lack of sufficient power base in hospitals and universities, and lack of funding. These three are inter-related, and reflect the history of general practice in Australia. . . .

Today, as it was when the College of General Practitioners commenced its activities in 1954, doctors entering general practice are seldom trained to conduct or be critical of research, and few perceive their practice as a place in which organized curiosity can exist alongside patient care. When such doctors participate in research projects, it is usually in a passive role to assist a pharmaceutical company, a university department, a hospital or a health authority. Usually, the essential contribution is to provide patients for study, or as controls, in the testing of a newly marketed drug or other new treatment. . . .

The other common request to general practitioners is to fill in a questionnaire. This generally arrives by mail with a host of material of varying relevance. The questions may be about his patients, himself, or his use of drugs, and will often be couched in a way that makes an accurate response difficult. For example “What percentage of your patients . . .?”, “How many . . . do you see in an average week?” or “What percentage of your time is spent doing . . .?”. Faced with such questionnaires, many doctors demonstrate passive non-cooperation by way of the wastepaper basket. They have, one imagines, scant regard for imprecise information, have insufficient time to spare, and their records, being designed for other purposes, cannot provide accurate answers to such questions. No wonder general practice research gets a bad name! . . .

The need for resources to promote general practice research and the education of general practitioners in research is urgent — perhaps more urgent now that when it was recommended by the Australian Medical Association Study Group on Medical Planning in 1971.

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MJA 1984; 1: 6-7 [editorial]