Summary of: A qualitative investigation of the views of primary care dentists on participating in prospective studies in the North-West of England

L. Hopper,¹ L. Morris,² P. Brocklehurst³ and M. Tickle⁴

FULL PAPER DETAILS

¹Senior Dental Officer, Salford Primary Care Trust Dental Department, Walkden Gateway, 2 Smith Street, Walkden, Manchester, M28 3EZ; ²Research Dental Nurse, ³Specialist Registrar in Dental Public Health, ⁴Professor of Dental Public Health and Primary Care, School of Dentistry, The University of Manchester, Higher Cambridge Street, Manchester, M15 6FH
*Correspondence to: Dr Louise Hopper
Email: louise.hopper@salford.nhs.uk
Tel: +44 (0)161 211 7193; Fax: +44 (0)161 211 7200

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Background There is a poor understanding of how to recruit and involve primary care dentists in clinical trials. **Aim** To use a qualitative paradigm to explore the views of primary care dentists towards participating in clinical trials and develop an understanding of the factors that facilitate and prevent their involvement. **Design, setting, subjects and methods** An iterative approach was undertaken using a focus group (n = 6) followed by phased semi-structured interviews (n = 18). Data were analysed using thematic analysis and constant comparative analysis. **Findings** The semi-structured interviews generated nine codes which were organised into three themes: technical issues for trials in primary dental care, practical issues for research in primary dental care and primary care dentists as research consumers. Overall, primary care dentists had a poor understanding of research methodology and clinical research. Barriers to participation included loss of clinical freedom and control, practice disruption, patient welfare, staff workload, financial loss and time. **Conclusions** Barriers to primary dental care research need to be overcome through appropriate protocols, funding, training and support. Joint working of primary dental care teams and academic researchers is essential, along with a constructive and open dialogue, if clinical trials are to be successfully undertaken in a practice environment.

EDITOR'S SUMMARY

I think it is fair to say that there are certain words, or terms which are something of a turn-off for the majority of dental students. I apologise in advance if these do not apply to you but examples might be 'dental materials', 'prosthodontics' and 'research'.

Taking a further chance I would guess that, asked for their list, practising dentists would include 'dental materials', 'prosthodontics' and 'research'. The point being that the type of candidates attracted into dentistry as a career have probably not made the choice based on a desire to become a materials scientist or a researcher but rather, to become someone who practises dentistry.

When one adds into the equation the perceived, or potential, disruption created by research to the business aspects of running a dental practice it is not difficult to understand why so little

research is carried out in everyday practice, or why colleagues are reticent to participate. This said, the sadness is that collaboration in such projects, especially clinical trials, can generate a great deal of satisfaction and lead to an enhanced involvement and understanding not only of research methodologies but also of aspects of personal and wider practice.

Further, the data collected and the knowledge gathered as a result of research in primary dental practice can, and should, provide valuable guidance as to how an evidence base can be applied to the real world rather than have been applied from on high by researchers in ivory towers who are perceived as not understanding the pressures of everyday clinical working.

However, clearly from the findings of this study, the disconnect between research bodies and general dental practitioners is quite wide, although the

authors do suggest ways in which the gulf can be bridged and barriers overcome.

Clearly too, from the tone of encouragement in Professor Burke's commentary, practitioners are likely to find willing collaborators should they wish to become involved in research projects. It is to be hoped that with greater understanding on both sides appreciably more primary research such as that reported in the second research article in this issue (*Br Dent J* 2011; 210: E19 and 530–531) can be undertaken.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 210 issue 11.

Stephen Hancocks
Editor-in-Chief

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IN BRIEF

- GDPs identified cultural, medico-legal and commercial concerns which would make participating in or hosting research in their practice unattractive.
- There was a lack of understanding among practitioners about the management and conduct of clinical research.
- The barriers to undertaking research in practice need to be overcome through appropriate study design, funding, training and support.

COMMENTARY

This paper addresses the increasingly topical subject of practice-based research, using focus groups and semi-structured interviews to explore the views of primary care dentists on taking part in clinical trials. The results indicated that primary care dentists had a poor understanding of research methodology – but it could be considered that this is not surprising, since research is not generally what practices are designed for!

This difficulty was originally recognised in a paper in 1993 which identified the problems recognised in the present paper, namely, that barriers to participation include practice disruption, financial loss and time.¹ Among the solutions put forward in 1993 was the formation of research groups in which the (academic) researchers and the (not so academic?) practitioners have differing, but equally important, roles. Each needs the other. This is recognised in the current paper in which non-judgmental relationships between the primary care dentists and the researchers were seen to be fundamental.

Some respondents reported that there was no framework to help them become involved in research. Perhaps this indicates that universities do not appear welcoming to new, aspiring researchers, indeed they may appear daunting. Little do the would-be researchers know that they would be welcomed. Perhaps this also indicates that groups with a strong research focus, such as the FGDP, are not

advertising their keenness to help in the right circles. The challenge for practice-based research, and the solution to the difficulties identified by the authors of the present paper, was clearly stated by Wilson and Mjør: 'The challenge is to conceive and design studies which have a sound scientific basis and are suited to the environment in which they are undertaken.'² Once this message has been adopted, practice-based research will go from strength to strength. The PREP Panel and other groups have already recognised this.

F. J. T. Burke,
Professor of Primary Dental Care,
University of Birmingham

1. Burke F J T, McCord J F. Research in general dental practice – problems and solutions. *Br Dent J* 1993; **175**: 396–398.
2. Wilson N H F, Mjør I A. Practice-based research: importance, challenges and prospects. A personal view. *Prim Dent Care* 1997; **4**: 5–6.

AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

It is apparent that although an understanding of the views and experiences of primary care research teams has been documented in the dental literature, an in-depth understanding of primary care dentists' views on participating in research was lacking.

2. What would you like to do next in this area to follow on from this work?

We would like to see the embedding of qualitative research alongside primary care research studies in order to record the views and experiences of the whole research team as practice-based studies progress. This would help to identify solutions to some of the barriers to undertaking research in general practice which we identified in this study. This work will ultimately improve the quality and quantity of practice-based research studies.