

Enabling General Practitioners in Primary Care Research in Singapore: Lessons Learnt from the HOPE CVD-GP Research Project

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Background

Traditionally, research has taken place in teaching hospitals and specialised centres. However, such research does not always address the questions that are important in primary care and the results may not be readily translatable in primary care setting. Therefore, the participation of general practitioners in research may support the translatability of research findings.

The HOPE CVD-GP Project is the first ever nationwide large-scale pragmatic cluster randomised control trial (cRCT) with general practitioners (GP) in Singapore to evaluate the effectiveness of interventions in reducing CVD risk in the primary care setting. The project was administered by the Primary Care and Family Medicine Research Programme at the Lee Kong Chian School of Medicine (<https://www.ntu.edu.sg/pcfm/hope>).

Case Description

This presentation reflected on the strategies to engage GPs as research collaborators in a cRCT. GPs involved will follow the study protocol to recruit eligible patients at their practices and perform trial interventions on-site.

GP recruitment materials and tools were created (Fig.1). With the target to involve 100 clusters (i.e. GP practices) in the study, an onboarding team is tasked to manage and guide interested GP through the process (Fig. 2).



Fig. 1. Materials to promote the HOPE CVD-GP projects. (i) GP recruitment flyer, (ii) Study website equipped with study details, including patient eligibility criteria and interventions, (iii) Online registration form for interested GPs to sign up and provide contact details, and (iv) Email address for study-related enquiries.

GP Onboarding Process

- Step 1: Execution of collaboration agreement to formalise the collaboration between study team and participating GP.
- Step 2: GPs will be adequately trained to ensure responsible conduct of research. Training courses include Human Biomedical Research Act (HBRA) and Collaborative Institutional Training Initiative (CITI) Programme.
- Step 3: Randomisation of a clinic after the GP fulfils research training requirement.
- Step 4: Intervention-specific training video and materials will then be sent to the GP prior to site initiation.

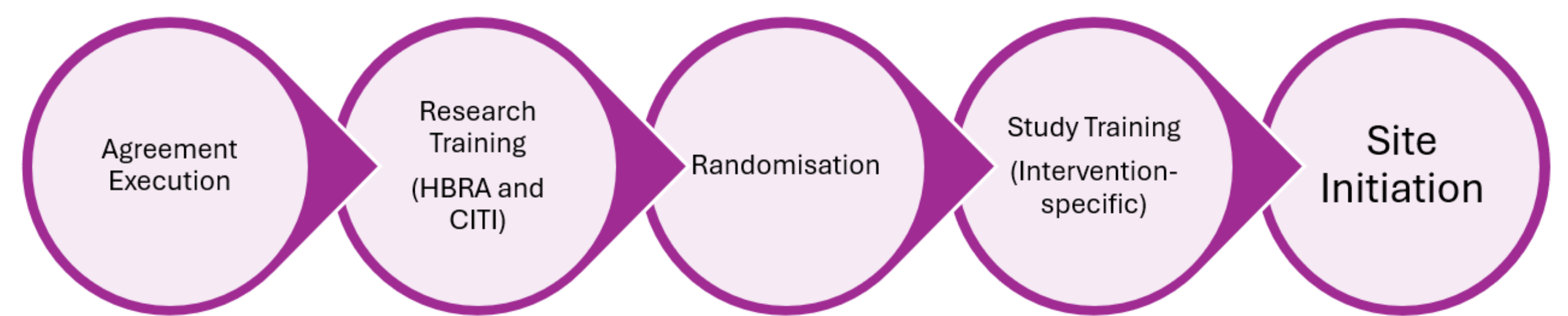


Fig. 2. HOPE GP onboarding process before site initiation.

Approaches to Recruit GPs for Research Participation

Approach 1: In-person networking events were organised to promote the project.



(pic) Principal investigator of the HOPE CVD-GP project presenting at an in-person networking event.

Approach 2: Discussions with private medical groups providing primary health care were initiated at the management level to engage their GPs.

Approach 3: Study invitation was sent through medical professional bodies such as the Singapore Primary Care Research and Knowledge (SPARK) Network (formerly known as Primary Care Research Network, pcRn). Study team also presented the project at Primary Care Network (PCN) council meetings and Continuing Medical Education (CME) sessions for a wider outreach to GPs.



Approach 4: Invitation emails were sent to registered Family Physicians with contact details found on public domain.

Approach 5: Peer referral and word-of-mouth.

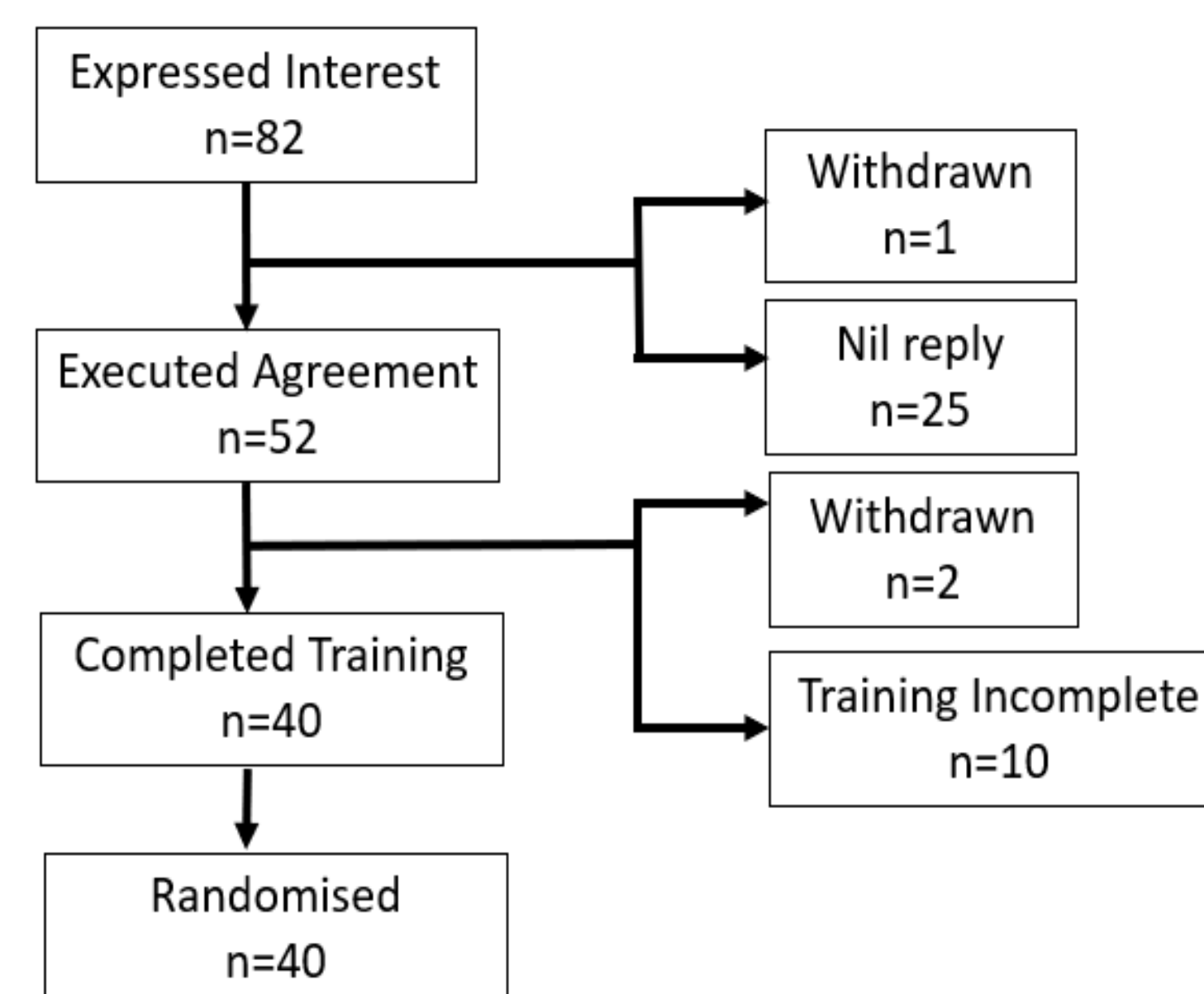


Fig. 3. Outcome of GP onboarding approaches between June 2023 and July 2024.

A GP typically takes between 2 to 8 weeks to complete the onboarding process. The HOPE CVD-GP project is currently on-going and data described here will evolve over time.

Discussion

Using the HOPE CVD-GP project, we embarked on a journey to engage GP as research partners to generate findings that is directly relevant and readily translatable to care delivery at the primary care setting. Nurturing more GPs with research skills and experiences helps build and strengthen primary care research in Singapore.

We find using multiple advertising materials useful to facilitate dissemination of study information to a wide range of audience. Among the recruitment approaches described, the in-person networking interaction has shown to be the most effective for GP recruitment.

Top-down approach could be another effective strategy. Support from the management in a group practice could be a deciding factor for GPs under these groups to partake in research.

Learning Points

In view of the heterogeneity of general practices in Singapore, mixed modalities of continuous engagement in a systematic manner should be established to build collaborative relationships with different GPs for research.

Ethics training requirement appears to be one of the barriers for GPs to pursue research in this case.

Working with different stakeholders is crucial to advocate for primary care research. Study publicity at different occasions may increase the success rate of GP recruitment.

The retention of GPs in research project should also be tracked to further evaluate the barriers and enablers for GP research participation.

Acknowledgement

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