

# We need a research plan

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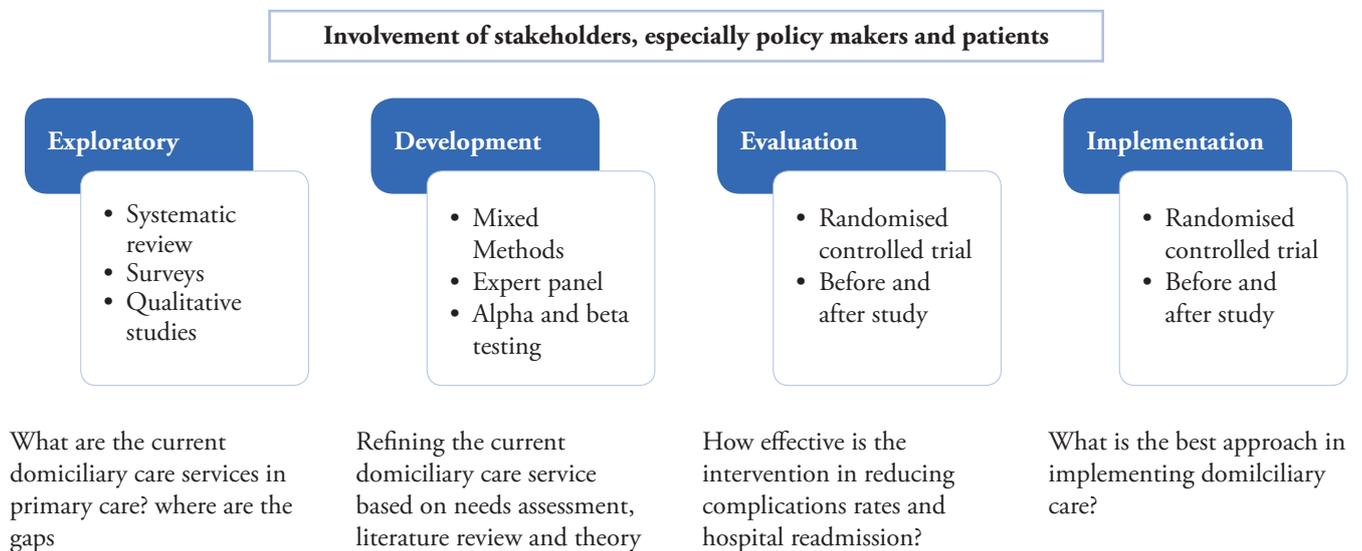
As I browse through the articles published in this issue of MFP, a thought crosses my mind: All research articles in this issue are *exploratory* in nature with article types ranging from literature review, cross-sectional studies to case reports. None focuses on *developing* or *evaluating* health interventions, which are more likely to have an impact on clinical practice.

So, are these ‘baseline’ studies worth publishing in MFP?

While evidence from these exploratory studies often does not directly change practice, it is the critical first step in the research pipeline that leads to effective interventions. Without understanding what is happening on the ground, and what have or have not been done, we cannot begin to develop effective solutions to tackle healthcare problems.

I would argue that primary care research must be conducted with patients in mind; hence the purpose of conducting exploratory studies is to develop effective interventions to improve patient care. Moving on from developing an intervention, it should be evaluated rigorously and, if found to be effective, implemented in the real-world primary care setting. This ‘research journey’ mimics that of the UKMRC Complex Intervention Framework,<sup>1</sup> which I have adapted using domiciliary care as an exemplar (**Figure 1**).

## A Research Framework



**Figure 1:** A proposed primary care research framework

The initial exploratory phase is to find out the current practices, gaps and needs. Based on the exploratory findings, literature review and theoretical framework, a tailored health intervention can be developed to improve patient care. Developing an intervention must be tested with patients and healthcare providers who will be using the service in the future. Once the intervention is developed, it should be evaluated rigorously using appropriate research methods and outcome measures, which are practical and relevant to primary care. For instance, cluster randomised controlled trial are more feasible, and patient reported outcome measures, such as PAM,<sup>2</sup> are more appropriate outcome measure. Finally, evidence-based interventions should be implemented; but how this can be implemented successfully requires sound Implementation Science research.<sup>3</sup>

I would urge all authors who have published in this issue of MFP to move your research journey to the next level (if you have not already done so). This takes time but will go a long way in shaping research agenda in primary care and providing evidence-based care for our patients.

## References

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2. Bahrom NH, Ramli AS, Isa MR, Baharudin N, Badlishah-Sham SF, Mohamed-Yassin MS, Abdul-Hamid H. Validity and reliability of the Patient Activation Measure® (PAM®)-13 Malay version among patients with Metabolic Syndrome in primary care. *Malays Fam Physician* 2020;15(3):22-34.
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