Increasingly, health care research in the community (applied health care research) is being done with the help of family doctors and their patients. Researchers usually need to recruit a number of family doctors for a study because no one physician has sufficient patients, or time, to be a major part of the study.

Make no mistake—recruiting family doctors for research is extremely difficult work. What follows are some techniques I have found useful in the community studies I have completed. Be prepared to sweat and grovel excessively.

It helps if the researcher is a saint, a charismatic leader who has worked in the area for at least 2 decades, so he or she is known and admired by all family doctors in the area. (In my case, I have worked in a small province for 21 years and am well known). But what if you are a newly minted academic, hardly known in the community, and you want to do a randomized trial that will include people other than your friends?

In that situation, you should try to use local networks or organizations of family doctors. For example, you could contact the general practice section of the provincial medical association or the College of Family Physicians of Canada’s National Research System (NaReS). Sometimes the local university has established a small network of family doctors who are prepared to take part in research projects from time to time.

Why should other doctors help you?
Suppose you have created a list (random or not) of family doctors who are eligible to take part in your study. How can you best approach these people? What incentive do they have to help you? You are asking them to volunteer, either with no pay or with a tiny honorarium. You are asking them to take time from their already busy days. You are asking them to give up some of their income, or at least to temporarily increase their stress level. Why on earth should they help you? Get ready to grovel.

Fortunately, there remains within our primary care community some vestige of that idealism and curiosity that once propelled us to medical school. If your research is on a topic that interests family doctors (mine have been on depression, dementia, and diabetes) and that might really uncover ways to improve patient care, then some family doctors will be prepared to help you. Not many, but a surprising few. I am always astonished by the enthusiasm some of my colleagues show me.

How to go about it
First, send a very simple one-page letter on coloured paper to the target group of doctors. Give your project a simple but catchy title. Tell them you are sure that they will be interested when they hear more, but do not give too much away in this first contact! Tell them you will be in touch soon.

Get ready to sweat. Within a week of the first mailing, you must personally call them. This has to be personal contact by you, the principal investigator: mano a mano. A call from a research assistant or secretary will not do at this stage. Family doctors have so many people trying to grab their attention that they are unlikely to respond unless you make first contact in person. If you are not prepared to spend a lot of time on the telephone, you will never get the recruits you want. Sorry, but that is the way it is.

You might need to divide your potential recruits into small batches and stagger the recruiting effort over several weeks. You will be surprised to learn how difficult it is to speak directly with most family doctors. You will be surprised to learn how many of your colleagues are already busy with “research” for pharmaceutical companies (usually thinly disguised marketing attempts) that pay them big bucks. Why should they want to take part in your underfunded...
efforts? Can you offer fine dining at expensive restaurants?

Still, you persist, and some colleagues agree to take part, or at least they are willing to listen to further explanations of the project. You have to visit their offices personally and explain the project in some detail. It is essential that you do this; a research assistant will still not do here. You have to become like one of those salesmen you despise. You must give a brief, punchy, and interesting talk about the research, and answer doctors’ questions. You have to stress that the research will not take much of their time or they will decline to take part. If they agree, you must leave a few printed pages (not a research protocol) that clearly describe the work they will have to do. Your description should stress that most of the work can be done by their office staff. If, after talking with you, they agree, you can get them to sign the necessary consent forms and promise that they and their office staff will receive a further visit from your research staff soon. As soon as you get back to your office, send them a postcard thanking them for seeing you and agreeing to take part.

Then the real work begins for your research assistants and the family doctors’ staff, whose cooperation is essential for any successful community research. Now it is their turn to sweat and grovel (but that is another story).

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