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| Host department: OxfordChoose an item. |
| Project Title: |
| The GP-patient relationship in an era of remote care |
| Proposed supervisory team:  |
| Professor Trisha Greenhalgh (Oxford): GP academic with background in narrative medicine and social sciences, with particular interest in the opportunities and challenges of new technologies in healthcare Professor Deborah Swinglehurst (Queen Mary University of London): GP and NIHR Clinician-Scientist working at the interface between medicine, social science and linguistics, with a particular interest in the role of interaction and social relationships in primary health care settingsDr Julie Darbyshire (Oxford): postdoctoral scientist with interdisciplinary training in literature and patient/public involvement.A fourth supervisor will be appointed if appropriate to support the student’s chosen topic. |
| Potential for cross consortium networking and educational opportunities: |
| This project will build on an existing collaboration between teams at University of Oxford and QMUL (involving some shared grants but mostly informal collaboration) to apply theories and insights from the humanities and social sciences to pressing questions in contemporary primary care, especially in relation to new technologies in the ‘messy’ context of general practice. The successful candidate will be based at the Nuffield Department of Primary Care Health Sciences (NDPCHS), University of Oxford, and have full access to Oxford’s vibrant interdisciplinary learning opportunities with a large and diverse cohort of DPhil students both within and beyond the Department. Learning would include both MSc-level short courses as well as lectures, seminars and workshops. In addition, interdisciplinary learning opportunities would be available at Queen Mary (see ‘training’ section below for details). The successful candidate would also have the opportunity to provide occasional teaching assistance as appropriate on MSc modules. |
| Project description: |
| The cornerstone of general practice is relationship-based care. Michael Balint called it “The doctor as the drug”. The essence of relationship-based care is under-researched, but intersubjective elements such as respect, affirmation and trust, accessibility, and continuity of care appear to be important components in addition to clinical competence. Despite the difficulties of objectively ‘measuring’ the quality of patient-GP relationships, those assessed as higher quality have been shown to be associated with better patient satisfaction, higher concordance, fewer complaints, more efficient interactions and greater professional fulfilment. Continuity of care with a single practitioner (‘relational continuity’) has been shown to be associated with lower mortality. The pandemic provided the shock needed to shift a reluctant primary care sector towards more remote forms of care. Between August 2019 and August 2021, face-to-face consultations in General Practice fell from 80% to 58% of all encounters, with a range of modalities including telephone, video, and asynchronous online encounters replacing them. This shift was associated with some political pendulum-swinging (from “remote by default” to “patients must be able to choose face to face”) and by professional debate about the unique value of—and the capacity of general practice to deliver—the face-to-face consultations that many but not all patients prefer. The increase in remote care occurs in the context of a UK primary care system under severe strain. There has been a reduction of almost 2000 FTE GPs between 2016 and 2021; the number of consultations per patient per year is rising (though how much of this is due to increased demand and how much to system-initiated contacts and task shifting from secondary care is disputed); and the UK population is ageing and suffering from increasing multimorbidity. Attempts to address these challenges have included multidisciplinary teams, with GPs co-ordinating and overseeing the work of other professionals as well as seeing patients themselves. It is more difficult than ever before to develop and maintain a relationship with a single GP.This DPhil will explore relationship-based care in contemporary general practice. The research student will develop a study of how remote consulting and wider system pressures and local adjustments have shaped the therapeutic relationship and the implications for quality of care. They may wish to focus on how GP-patient relationships are built and sustained, how they play out, and what kinds of measures support and uphold them. The study will use qualitative methods (interviews, ethnography) and draw on theories from social sciences and humanities. The supervisors have a particular interest in narrative medicine—the role of story-telling and active listening in ongoing care and healing. A key lens might be Iona Heath’s ‘Mystery of General Practice’, which depicts GPs in three linked roles (in addition to their clinical one): witness to suffering, interpreter of stories and guardian of the patient against over-investigation and overtreatment. Another complementary lens is socio-technical studies, which (rather than polarising care to “high-tech” or “high-touch”, and hence tending to reject technological solutions) seeks to explore how technologies might be used to *enhance* caring relationships. The study will focus on subgroups for whom relationship-based care is particularly important, such as older people with complex needs and patients with multiple long-term conditions.  |

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| Training and development provision by host: |
| *Formal training:*The Oxford DPhil programme in Primary Health Care is based in a world-leading research-intensive Department with an exceptionally strong social science team along with wider research programmes in clinical trials, big data, diagnostics and epidemiology (among many other disciplines). With the linked DPhils in Evidence-Based Healthcare and Translational Health Sciences, the DPhil in Primary Health Care is one of the largest postgraduate research programmes in the University, with 91 students currently registered on the three programmes. Oxford DPhil students may have up to 7 supervisors (three is normal), at least one of whom is generally a professor in the field and others bringing complementary expertise, including early-career researchers. Supervisions (typically monthly) are collegial and interdisciplinary, and designed to support student-led development of ideas and methods, guided by the University’s online support and monitoring system. External supervisors from outside Oxford are welcomed as they often bring unique insights from a different perspective.Oxford DPhil students work towards two ‘upgrades’: Transfer of Status in Term 4 and Confirmation of Status in Term 8. The former generally marks the start of the main empirical work (with literature review done, ethics approval in place, pilot and feasiblity studies completed, and a clear plan for the rest of the study period). The latter is effectively an orientation (often seen as a ‘dress rehearsal’) for the DPhil viva. All supervisors are required to complete online reports on their students termly.In addition to DPhil supervisions, students have access to a wide range of short courses (typically one-week intensive courses at masters level). Each student is required to complete a Training Needs Analysis at the end of their first term and have this signed off by the lead supervisor. Training must cover theory and methods, leadership and professional development, and presentation and communication. Training in searching and knowledge management is provided by our many library and information staff (Oxford has 54 libraries including many specialist collections in healthcare and the social sciences).  |
| *Informal training:* The student will be based in the Interdisciplinary Research in Health Sciences (IRIHS) unit within NDPCHS. Within IRIHS, we fully recognise the importance not just of regular supervision and mentoring of the individual DPhil student, but also of developing and nurturing a vibrant cohort of able and inquiring students who learn much from one another. IRIHS currently has 23 DPhil students studying a wide range of topics at the interface between health, social sciences and the humanities. As well as being full members of our Department at Oxford and accessing the wider seminar series and other learning opportunities, IRIHS DPhil students are encouraged to organise their own seminars (and invite lecturers from within and beyond the unit), to both give and receive peer support, to work as paid teaching assistants on relevant MSc modules, and to become more independent as they progress through their course. More widely, both NDPCHS and the University of Oxford provide excellent free training in research, IT and personal development, and the Department has a well-attended weekly seminar series that includes sessions for students and fellows to present their work. We have an annual student away-day to enable all students to present their work and obtain feedback from more senior staff.Opportunities at our partner institution QMUL including qualitative modules from the new MRes (under development), monthly ‘Curiosity Workshops’ (a forum for sharing ideas and discussing qualitative research methodologies, especially in relation to complexity), and a pan-London social theory discussion group ‘Thinking Between the Lines’ (currently held virtually). These seminars are already attended by some PhD students from Oxford.Within the University of Oxford, particular attention is paid to developing and nurturing young talent and to supporting people’s careers, making sure that our policies are as helpful to women scientists as to men and across all disciplinary backgrounds. The Department holds an ATHENA Swan Silver Award and has recently submitted an application for Gold. We are proud of the support and flexibility we provide to part-time researchers and those returning from career breaks. |
| *PPIE:* The active patient and public involvement programme within NDPCHS is led by dedicated staff members who are funded centrally. PPIE is a designated priority theme in the Oxford Applied Research Collaboration (ARC). All DPhil students can access this central resource and discuss how best to involve patients and citizens in all aspects fo their research. We also encourage research on how best to capture the patient experience (this is not strictly PPIE but informs it). The supervision package proposed for this DPhil includes one academic (JD) who has specialised in studying the patient experience and how we can use patient experience to improve services.  |