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Recruitment of healthcare specialists

Dear Editor,

Eliciting healthcare specialists’ opinions and experiences about barriers and enablers of evidence-based practice is considered an important part of the quality improvement process. Collaboration with hospitals is one method of gaining access to specialists within a single institution or area. However, although this approach enables greater physician engagement, it provides results with only local applicability. When the goal is to inform quality improvement on a broader scale, it is necessary to obtain views of a representative sample of specialists. Healthcare registration bodies, such as the ACEM, are a promising platform as they provide access to a large and representative sample of speciality groups. Despite the importance of gaining insight into specialists’ views, difficulties with physician recruitment might hinder progression of evidence in such speciality areas. VanGeest et al.’s review of healthcare physicians’ participation in research provides valuable insight into realistic recruitment rates and guides researchers in the future design of recruitment procedures of healthcare providers.¹

In our experience with recruitment via the ACEM, we conducted a cross-sectional study where we sought implied consent to an online survey (unpublished). We employed three strategies in line with recommendations to increase participant recruitment rates.¹² These included: (i) clinician involvement in study development; (ii) closed-ended question format; and (iii) one reminder email 2 weeks following initial contact. Our study achieved a 13% physician response rate, identical to that of other studies conducted via the ACEM.³⁴ This result limits the generalisability of the results and the power of the study. One major concern of this result, and other studies experiencing a similar response rate, is the possibility that only individuals with a strong opinion on the topic matter respond. Nonetheless, our response rate is indicative of the need to continue attempts to engage healthcare providers in research.

Researchers using registration bodies to access healthcare specialists need to take into account these likely outcomes when designing recruitment protocols. Currently, no national initiative exists to encourage the involvement of healthcare providers in research. Hence, there is scope for professional and registration bodies to take a more active role in encouraging members’ participation in research that will inform clinical practice and quality of care. Changes surrounding the acceptable methods to access physicians need to be implemented if healthcare provider engagement with research is to improve.

Competing interests
None declared.

References
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