Luke with patient at the Murieston Medical Practice

Boosting Research Careers

IPCRG
International Primary Care Respiratory Group
Est. 2001

Luke Daines interview

Luke Daines is a GP at the Murieston Medical Practice in Scotland and researcher at the University of Edinburgh.

As a post-doctoral researcher, Luke has continued to develop skills in informatics and epidemiology. He is an advocate for early career researchers, sits on the Usher Institute research committee and is the current Secretary of the ERS Primary Care Group.
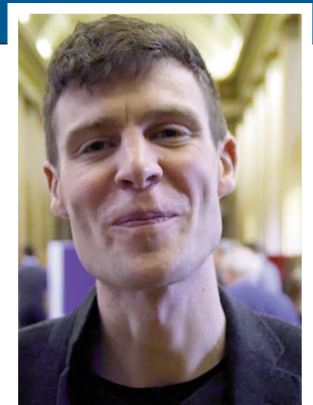
Luke Daines

How did you become involved with the IPCRG?

Advised by colleagues of the opportunity for early career researchers I submitted an abstract to the 8th IPCRG World Conference in 2015. This was chosen as the best abstract which was very encouraging! I have been involved with the IPCRG in one way or another ever since, attending as many conferences as I can.

How have the opportunities in IPCRG enabled you to grow in the field of research?

The opportunities that the IPCRG offered have enhanced my skills and experience. This has included the _Asthma Jigsaw_ project, the _Medscape difficult to manage asthma_ learning model and being invited as a speaker at the IPCRG World Conferences in Portugal in 2018 and Dublin online in 2020. Meeting researchers and primary care clinicians from around the world has been very informative and shaped my perspectives and enthusiasm for lung health. IPCRG colleagues also supported my election as the Secretary of the ERS Primary Care Group.

Have you been able to follow your interests in respiratory research?

In Edinburgh, working with Hilary Pinnock, Aziz Sheikh and the _Asthma UK Centre for Applied Research_, I have been able to focus on specific areas of research in respiratory primary care, particularly the diagnosis of asthma and understanding _long COVID_. Improving the diagnosis of asthma is such an important question. Patients are often left with uncertainty about their breathlessness. Achieving timely access to accurate diagnostic tests for respiratory diseases should be universally available regardless of the country or community someone lives in.

What do you think your key research achievements have been?

Firstly, creating a trial version of the asthma diagnosis decision aid _ADxDA_ , which we are excited to take further to help tackle uncertainty among primary care clinicians and reduce the risk of no or wrong diagnosis. This software tool predicts and calculates the probability of asthma and continues to be developed.

Secondly, in Edinburgh we have analysed records from 5 million adults in Scotland to identify risk factors in developing long COVID, helping inform both policy and clinical decision making. This work is continuing to look at predicting how the disease will develop and what type of system we need to address this.

Asthma diagnosis decision tool infographic

What advice do you have for starting researchers?

I would encourage people to give it a try. If you are interested in academic general practice, have a go – you can begin with a small project. Being able to persevere is essential as you will almost certainly experience bumps along the way in your attempt to be a clinical academic - everyone does.

By being proactive you can identify what funding or opportunities you are eligible for, when and how to apply, and what skills you need to develop to be successful. Health professionals have built up lots of clinical experience. You must build up experience in research too.

You will also need someone to support you – eventually a supervisor – but people with research experience can help you understand what you need to do and advise you becoming involved in research and in practical tasks like writing applications.

What challenges and opportunities do you see in primary care research?

As a GP I see people living with breathlessness and as a researcher I see how respiratory causes are often overlooked. The big opportunity, then, seems to be in improving diagnosis.

Technology is one opportunity to support more people, better, and when developed thoughtfully, can help to reduce inequality. However, improving access to respiratory care and awareness of lung health remains a challenge and a big opportunity in countries and communities all over the world. People with breathlessness need to understand that they can come and talk to doctors and raise it as a priority.

Support also needs to be strengthened for early career researchers, particularly among the primary care community, to make sure that there are the opportunities in respiratory research to attract people to the field.

Luke at his research desk

What do you plan to do next?

My priorities are: 1) To improve access to diagnostic tests in the area I work. 2) Continue to build evidence for how to best diagnose asthma, by building on my existing work collaborating on an asthma diagnosis platform study led by Dr Helen Ashdown at Oxford University. 3) Improving personalised treatment of asthma by understanding the traits each person has and enabling them to gain more control over their asthma.

Links

Asthma UK video – *https://www.youtube.com/watch?v=opvY1f3Or_Q*

PHOSP-COVID consortium: *https://www.phosp.org/*

EAVE II research group investigating long COVID: *https://www.ed.ac.uk/usher/eave-ii/connected-projects/long-covid*

Asthma diagnosis decision aid: *https://www.temp.aukcar.ac.uk/what-we-do/our-research/adxda*

Medscape difficult to manage asthma: *https://www.ipcrg.org/key-issues-in-the-diagnosis-referral-and-therapy-of-severe-asthma*

Asthma Jigsaw: *https://www.ipcrg.org/DTH15*

Asthma UK Center for Applied Research: *https://www.ed.ac.uk/usher/aukcar*

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work locally collaborate globally

If you have a story to tell about how IPCRG helped you, or are looking for our help, please contact neil@ipcrg.org