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Networking

Building research capacity: lessons from North America

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Different people attending a conference will always take away different messages, so these reflections on the North American Primary Care Research Group (NAPCRG) Annual Meeting inevitably reflect a personal perspective. Although the main theme was 'Building Research Capacity', presentations reflected the wide range of topics being studied within primary care. The programme included everything from whether family physicians feel prepared for bioterrorism, which they do not (Chen and Hickner, 2002), to whether mothers who are unhappy about being pregnant are more likely to have low birth weight babies, which they appear to be (Keeley et al., 2002).

Academic Family Practice in the USA and Canada is enjoying a resurgence and over 550 people attended the NAPCRG conference. A recent study identified 921 family physicians or researchers affiliated to family medicine departments in the USA who had published in the years 1999 and 2000. However, in the USA and Canada, as in the UK, there are concerns that much of the disease-based research conducted in secondary care is of little relevance to primary care (Stange et al., 2001). Because of this, representatives of five key family medicine organizations have linked up to consider how best to build research capacity. Their vision could apply as much in the UK as in the USA and Canada: 'All family physicians have a role in the generation and application of new knowledge to improve the health of individuals, families and communities. This goal can only be achieved by increasing the number of trained and experienced family medicine researchers and enhancing the value of research to practising family physicians, their patients and the public.' (NAPCRG Committee on building research capacity and Academic Family Medicine Organisations Research Subcommittee, 2002).

What can we learn from our colleagues in the USA and Canada? First that primary care research matters to all those with a stake in primary care. It doesn't only belong to the minority who see themselves as researchers. Enlisting the key national academic and professional organizations to drive forward an initiative for academic primary care would do much to fill the gap between the aspirations of the 1997 working group report (NHSE 1997) and the subsequent drift in R&D policy witnessed in the UK.

Another message worth considering is the success of the NAPCRG Grant Generating Programme which provides financial support and mentorship from an experienced colleague to help new researchers secure external grants. Throughout the conference there was an explicit emphasis on mentorship; those attending for the first time were allocated mentors to ensure they felt welcome and speakers acknowledged their mentors. Professors (always on first name terms) stayed around to hear presentations, hosted informal discussions and avoided the temptation to isolate themselves with more important colleagues.

Listening to presentations, I sensed that family medicine researchers had a strong interest in understanding the common threads that underpin their discipline. Foremost amongst these was a view of family medicine as 'relationship-based medicine', rather than just a service focussed on disease.

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Contrast this with the emphasis on access to care and quantifying the delivery of services which increasingly predominate in the UK.

But all is not so rosy across the water. In her opening plenary, Lillian Gelberg from the University of California described her life's work, researching the health of the homeless – a plight made worse by the absence of entitlement to social housing for families or the vulnerable. Despite the difficulties engaging with people excluded from much public life, she managed to assess their needs, show how outreach can make a difference and retain a respect for the way people cope in hostile worlds. UK primary care has much to learn from this. We too work in a rich country shamed by poverty and social exclusion. We too should recognize the role that primary care researchers must play in seeking ways to improve health throughout society.

Working in a more fragmented healthcare system, family medicine researchers in the USA and Canada have less institutional support when it comes to translating their findings into practice. In contrast, the NHS employs a range of techniques, from information systems to incentives to encourage service providers to act on the best available evidence. As one speaker from the UK put it: 'The purpose of research is development' (Thomas, 2002). Clearly researchers on both sides of the Atlantic have something to learn from each other.

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