

The Brisbane International Initiative: fostering leadership and international collaboration in primary care research

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Australian-based researchers are participating in an international collaboration to improve general practice research

Primary care is where most patients receive most of their health care. It makes a greater contribution to the community's health than specialty practice.^{1,2} Yet research in primary care lags far behind that in the specialties; it is a “Cinderella”, criticised for its comparatively small output and its lack of relevance and methodological rigour.³⁻⁶ This discordance has focused attention on the need to strengthen primary care research infrastructure and capacity.^{7,8} In Australia, the federal government responded with the Primary Health Care Research, Evaluation and Development program.⁹

The Brisbane International Initiative (BII) is another approach with similar — but international — objectives. Wide-ranging and ambitious, it was founded at a Brisbane meeting of leaders in primary care research from eight countries in 2002.¹⁰ Its aim is to develop expertise in primary care through promoting capacity and fostering excellence in primary care research. It now operates within the World Organization of Family Doctors (WONCA). Originally a collaboration of 14 university departments of general practice (in North America, the United Kingdom, Europe and Australia), the BII has since expanded and promotes primary care research capacity-building through a range of activities (Box 1).

One of these activities is the convening of postdoctoral peer-learning cohorts in a 2-year program of development for research leadership administered at the University of Oxford in the UK. We were among the second (2007) cohort of 12 researchers (Box 2): two of us are Australian (PJM and JSF), and the third (MLvD), originally from the University of Ghent, has since taken up an academic position in Australia. The 2-year program has a flexible overall structure but begins and concludes with meetings at the host institution. The initial meeting for our cohort was held on 3–6 September 2007 at St Hugh's College, Oxford (Box 3).

The meeting had a conventional structure — seminars, talks and workshops — but stood out for the quality of its content. It was designed and seamlessly facilitated by Alison Ward (Research Support Director, Department of Primary Health Care, University of Oxford). Box 4 outlines the material covered and the impressive range of presenters. However, the meeting had a further agenda: the smallness of the group, the cloistered surroundings, and the privileged access to distinguished and influential people in the field of primary care research instilled in us a sense of responsibility; the meeting also introduced us to international

peers at a similar career stage and, specifically, gave us an opportunity to plan collaborations.

Key lessons from the meeting

Our role as research leaders

Critically, we explored the difference between leadership and management. Sue Dopson showed us how being a leader is about inspiring and motivating others, exploring new frontiers and crossing boundaries. To influence policy, we need links with policymakers. As primary care research deals with the realities of implementing policies in daily patient care, it should automatically feed back to the settings where policy is designed. Martin Roland outlined the importance of primary

1 Activities of the Brisbane International Initiative

- Cooperative development of research educational resources
- Convening of expert groups and think tanks
- Fellowships and visiting traineeships
- Support of small, international peer-learning cohorts aimed at postdoctoral primary care researchers

2 Some of the participants at the 2007 meeting



Left to right: Chris Del Mar (Visiting Professor of General Practice, University of Oxford), Parker Magin (Senior Lecturer, University of Newcastle), Mieke van Driel (Senior Lecturer and Research Fellow, University of Ghent), Caroline Mitchell (Senior Lecturer, University of Sheffield), John Furler (Senior Research Fellow, University of Melbourne), Umesh Kadam (GP Epidemiologist, Keele University), Barbara Hanratty (Senior Lecturer in Population and Community Health, University of Liverpool), Greta Rait (Senior Clinical Lecturer, Royal Free and University College Medical School), Jennifer Cleland (Clinical Senior Lecturer in Primary Care and Medical Education, University of Aberdeen), and Colin McCowen (MRC Training Fellow, University of Dundee).

3 St Hugh's College, Oxford, venue of the meeting



4 Program of the 2007 meeting

Scene setting. A presentation on the current state of primary care research and the challenges and opportunities facing the group (Chris Del Mar, Dean of Health Sciences and Medicine, Bond University, and Visiting Professor of General Practice, University of Oxford).

Skill development for leadership. Seminars on:

- leadership theory (Sue Dopson, Reader in Organisational Behaviour, University of Oxford);
- the research–policy nexus (Martin Roland, Director, National Primary Care Research and Development Centre, University of Manchester); and
- scenario planning for anticipating future strategy and policy in primary care (Sara Ward, Executive Director, James Martin Institute for Science and Civilization, University of Oxford).

Skill development for research. Presentations on developing research questions (Paul Glasziou, Professor of Evidence-Based Medicine, University of Oxford) and successfully collaborating in large-scale trials and meta-analyses (Mike Clarke, Director, UK Cochrane Centre).

Inspiration. Before- and after-dinner presentations on the career paths of eminent primary care researchers (Paul Glasziou, and Trisha Greenhalgh, Professor of Primary Health Care, University College, London).

Inside knowledge. A seminar on the strategic editorial issues facing the *British Medical Journal* (Fiona Godlee, Editor, *BMJ*).

Networking and bonding. Each participant spoke about their personal research and that of their department. Ample opportunities were provided for discussion and exploring potential collaborations, in organised small groups, in free time and also at nightly in-house dinners. ◆

that were rarely linear, and were most often guided by intuition and an open mind. Greenhalgh spoke of diverging into political advocacy and a triathlon career, all pursued with the energy and passion she continues to bring to primary care research. Glasziou spoke of how a “feeling” for a research idea could drop into the mind over tea or at the photocopier machine, and then evolve into a research question that contributes to the knowledge base of primary care. He keeps a record of many such research ideas in development at any time, refining the questions and ideas through discussions with others and small-scale pilot work. The insights of these speakers suggested that we should be open to students and early-career researchers choosing less-than-conventional options in our efforts to build a creative and thriving primary care culture in the future.

Publication — an insider’s view

Fiona Godlee gave us a view inside the editorial workings of the *BMJ* as it struggles with the tensions between publishing high-quality research reports and publishing articles reflecting the world in which clinicians work, and between the needs of multiple audiences (general practitioners and specialists, UK and international). Godlee acknowledged feedback that the *BMJ*’s balance needs to tip more towards research articles, including primary-care research articles, to support its overarching purpose of helping doctors make better decisions.

Outcomes of the meeting

The BII has high aims. A major objective of the week in Oxford was to bring the cohort together and foster collaborations. But was it just a talk fest for a privileged few? The proof is in the pudding. What matters is what we achieve as a group from coming together. Already there are good signs. The 2007 cohort will organise a workshop at the Society for Academic Primary Care conference in Galway, Ireland, in 2008, focusing on developing measures of research output for departments of general practice. The group (led by JSF) has written an article on future directions in primary-care research and submitted it to a peer-reviewed journal.

The Australian BII participants are developing other collaborations. These include an article on journal impact factors and their

care leaders sitting on decision-making committees. He also suggested that we should not ignore links with the media and the wider community.

Career paths and the pursuit of research

Trisha Greenhalgh and Paul Glasziou gave us insights into their own careers. Each engaged and intrigued us with stories of careers

influence on research and researchers (lead author, M L v D).¹¹ PJM has developed a collaboration to study GP referral patterns for transient ischaemic attack and is exchanging ideas with another group member on parallel projects on inappropriate prescribing in older people. Undergraduate students from the University of Aberdeen, Scotland, may be offered the opportunity to complete an elective research term in a collaborating department at the University of Newcastle, Australia. PJM will also make short visits, facilitated by colleagues at Keele University, the University of Sheffield, the University of East Anglia and University College London, to study the organisation and functioning of British research networks of general practices. In addition, the Australian-based BII participants hosted a breakfast meeting at the national General Practice and Primary Health Care Research Conference in Hobart in June to explore the possibility of local Australian postdoctoral peer-learning groups. These may be modelled on the experience of Andrew Farmer (Lecturer in General Practice, University of Oxford) who spoke at the BII meeting of his experience as a member of a Medical Research Council peer-learning group of postdoctoral primary care researchers.

Opportunities for others

It is still quite early in the 2007 cohort's BII program, but it is proving to be an exciting and potentially productive exercise. We urge Australian postdoctoral (or near to doctoral submission) primary care researchers to consider applying for subsequent cohorts. Applicants must be nominated by their department. If they are selected, the department agrees to become a partner institution of the BII. This involves providing financial support for their participants to complete their BII obligations (except for accommodation and expenses at the Oxford meetings, which are funded by the University of Oxford), and agreeing to host BII participants from partner institutions. We feel strongly that this would prove a sound investment in research capacity-building for the departments involved.

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Morning seascape, photograph. Courtesy, Associate Professor Geoff Mitchell, Queensland.