

INTERNATIONAL FEDERATION OF PRIMARY CARE RESEARCH NETWORKS  
UNDER THE TASK FORCE ON RESEARCH OF WONCA



# NEWSLETTER

An international forum for Primary Care Investigators



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*International Congress Centre, and Hilton Hotel, Durban South Africa*

## From the Editor

Welcome to the first issue of the Newsletter of The International Federation of Primary Care Research Networks (IFPCRN). The aim of this publication is to offer a forum for primary care researchers and research networks to publish the most relevant documents that can help to improve communication among Primary Care Research Networks (PCRNs) and health care professionals interested in family medicine and primary care research. IFPCRN had its organizational meeting on Wednesday 16 th May, 2001, in Polela room of

Hilton Hotel, next to International Congress Centre, Durban, South Africa. Since that day, the interim steering committee of the IFPCRN has been working on different possibilities to implement effective communication media with its members. The electronic mail has been one of the most useful tools, however, its limitations and the need to have a periodical publication to share experiences, news, and projects, was the origin of the IFPCRN Newsletter.

The contents of this Newsletter will change in accordance with the needs of IFPCRN members. The editor will be pleased to receive the scientific contributions of every IFPCRN and WONCA members, as well as comments, letters, PCRNs' reports and official announcements of scientific meetings.

*Francisco J. Gómez-Clavelina*  
Editor

## From the IFPCRN Chair

### IFPCRN: ORIGINS, PROGRESS AND CHALLENGES

In the time since the IFPCRN was established under WONCA's Task Force on Research, we have made excellent progress. We have met many of our initial goals and our membership has grown from 19 members from seven countries to:

- A membership of 61 individuals from 16 different countries
- A membership of 18 different Primary Care Research Networks

Our accomplishments in the last year starting with our organizational meeting in Durban in May 2001 include:

- Adoption of a mission statement
- Development of a list of criteria for international projects
- The development of an active listserver
- The development of a website:  
<http://communities.msn.com/IFPCRN>
- Small meetings of available members at the October, 2001 NAPCRG meeting in Halifax, at the WONCA meeting in Malaysia in April 2002, and at the European WONCA meeting in London in June 2002
- Participation in the Brisbane Initiative, which met in March 2002 in Brisbane, Australia to start a collaborative effort to develop international training at the Ph.D. level for family doctors
- Publication of the first edition of this newsletter

The mission of the IFPCRN is to support research for primary health care for the benefit of patients by:

- The mutual support of research networks
- The exchange of ideas and methodologies
- Advocacy for the quality of research in primary care
- Capacity building
- Policy and advocacy initiatives
- Doing collaborative research

John Beasley from the US was selected as interim chair and Helen Smith (Chair of the UK FPCRN) as interim co-chair. Membership from individuals as well as from networks is being solicited at this time.



*IFPCRN first group. May 16th, 2001. Durban, South Africa.*

At a small, informal meeting of some IFPCRN members at the 2001 NAPCRG meeting in Halifax some preliminary criteria for international projects were established:

- an energetic and committed PI and support by clinicians in various countries
- the question to be answered is of importance and interest to local clinicians
- clear evidence of why an international approach is needed to answer the question

The IFPCRN members at the Halifax meeting also added to the list of potential projects first articulated in Durban and identified several potential PI's. The list of potential projects now includes:

- Impact of HIV/AIDS in primary care
- A day in the life of a family doctor
- How the stigma of mental illness impacts care
- Study of publication bias and impact of having a euro-centric literature
- Management of smoking
- Access to EBM and other information sources in different countries and different areas
- Definition of alcohol abuse in different countries
- Contrasting care pathways (e.g. diabetes, maternity care)
- Patient expectations of care for (e.g.) pregnancy
- Perceived quality of life in different countries
- Role of FP/GP's in immunization programs.

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John W. Beasley, Interim Chairman IFPCR N

At the same time, much remains to be done. We are working to develop a major international research enterprise and this will require a source of funding for administrative support, funding application development, and eventually probably

some money for travel and meetings. Perhaps more importantly, our initial challenge is, with the resources at hand, to develop a single funded project that unites us. We intend to continue to work towards those longer term sustaining goals.

John W. Beasley.

The IFPCR N has membership from the following countries:

Australia	China	Mexico	Singapore
Austria	Ireland	Netherlands	SouthAfrica
Belgium	Korea	Pakistan	U.K.
Canada	Malaysia	Scotland	U.S.A.

### From the PCRNs

PRIMARY CARE RESEARCH NETWORKS, WHAT ARE, WHERE ARE, WHAT DO THEY DO

Research is an integral part of family medicine and primary care development. There is an important need in family medicine of multidisciplinary cooperation and teamwork. In accordance with the generalist nature of primary care, several research approaches are required to understand the complex relationships between biological and psychosocial factors in the discipline. There is a need of mutual support and collaboration between primary care professionals (general practitioners or family doctors, nurses, social workers, epidemiologists, etc) and a variety of academics with a breadth of expertise. The need for research on the organization and effectiveness of health care has been noted elsewhere. Recently, more practitioners have come interested in doing research themselves. Initially the subjects for practitioner investigation was

primarily disease processes, but the organizational and behavioral research have been taking an increasingly important place and are emerging priorities for primary care research. To do this kind of research, these practitioners needed of collaborative work with other professionals to design some strategies to apply the learned lessons to their daily practice. Some groups of researchers started to collect morbidity data, clinical research, practice based research, multicentre trials and, of course, research training. This was the origin of research networks. Networks were thought to be a good method of engaging and training practitioners on research and have been established to develop research and education in primary health care and implement research evidence.

The activity of research networks has developed around the world. There are several organizations like the Federation of Practice Based Research Networks (FPBRN) in The United States of America, with 24 affiliated networks; in the United Kingdom The Federation of Primary Care research Networks have joined together 43 networks; The European General Practice Research Workshop is facilitating collaboration between several eastern European Countries. It is known that there are networks in Canada, Netherlands, France, Israel, Australia, Africa, India and Mexico to name some examples.

Research networks require organizational coherence. Its constitution must define membership criteria, authority and accountability. There is not sufficient available evidence about how networks can best achieve their competing aims of producing high quality research, transforming life styles, modifying family practice, and the engagement of practitioners in reflective inquiring practice.

Primary Care Research Networks are called to be a place of learning, where both primary care professionals and patients, in the context of their own communities, could implement activities to search for specific strategies directed to provide better health services, to achieve the quality of life and a real unity for health.



Francisco J. Gómez Clavelina Editor

# Meetings and Projects

## BRISBANE INITIATIVE

### International advanced education for primary care research.

Brisbane, 15 March, 2002

#### Background

While delivery of primary health care varies between countries and health care systems, it has a clear general basis: (1) open access, implying that everyone can present any problem at any time, and (2) continuity of care, with responsibility in all phases of the health care process. Accordingly, in primary care, the spectrum of patients and health problems encountered is essentially different from referred care and the ongoing improvement and innovation of clinical and health care interventions represents major international research challenges. There is widespread agreement that the international research base for primary care needs to be urgently expanded. However, the scarcity of advanced primary care research expertise in most countries, coupled with the traditionally regional or national orientation of primary care research training, severely limits the options for collaboration and further development. To create sufficient critical mass and quality it is necessary to share available top expertise and to provide advanced primary care research training in an international educational context. A collaborative approach based on combining strengths will provide optimal opportunities to develop outstanding research expertise, and will provide students, the future research leaders, with an international orientation from the start. To meet this challenge, participants of the Brisbane meeting on expertise development in primary care research (13 – 15 March 2002), representing a broad range of experience in primary care research and research training, have decided to establish an international collaboration for advanced education for primary care research.

The Brisbane International Initiative should be seen in the context of the overall promotion of research in primary care worldwide. The initiative is exploring the options for liaison with others working in this field, in particular the World Organisation of Family Doctors (WONCA).

#### Objective

The Brisbane International Initiative will focus on the development of scientific leadership in international primary care research. Two major strategies were agreed to address this objective:

1. combine the best expertise from primary care research and other relevant research fields to establish a comprehensive curriculum for primary care research training.
2. create an advanced international training context for PhD and MSc research students in primary care.

The participating institutions will share available courses and modules, and newly create collaborative courses and modules, materials and facilities, where necessary. In doing so, they will optimise the opportunities for international training of the research students they have accepted responsibility for.

The programme will provide a multidisciplinary educational context for advanced primary care research into clinical subjects, the health care process, and the health care system. Undergraduate research students, selected on talent and motivation for a research career, may also participate in modules of the programme.

The long-term outcome will be to assure high quality in all aspects of primary care research. An important additional outcome will be the development of an increased primary care research capacity and the facilitation of international collaboration in performing primary care research.

#### Educational philosophy

The basic educational philosophy is to offer optimal opportunities for research students to participate in high quality internationally oriented training. Rather than setting a formal uniform standard for all research students, the programme offers a comprehensive variety of advanced education modules and complimentary activities, to be used in a tailor-made curriculum in conjunction with preparing a research thesis. Modules will meet quality criteria and a programme of continuous monitoring and evaluation of ongoing improvement will be developed.

## The programme

### *Basic concepts*

Research students, who complete a PhD programme in GP/PHC research and start a further research career, should have achieved a broad training to provide an understanding of the essentials of international primary care research. To provide a sound basis for this, the international programme will cover basic concepts and characteristics of primary care and primary care research. In this context, added value is expected from the interaction of students from different countries with different health care systems and research traditions.

### *Main fields of research education*

The main fields of research education to be provided are:

1. clinical research in prevention, diagnosis, treatment and care, with patient health as the central outcome variable
2. research on the quality of the health care process and the health care system, addressing professional performance and contextual variables.

In relation to both these fields, relevant general dimensions such as developments in basic science, epidemiology, clinical epidemiology, evidence based health care, quality improvement in the various primary care disciplines and research ethics will be addressed. In this context, essential elements will include: learning to formulate appropriate research questions, choosing optimal research methodology, how to measure health (outcome), advanced data-analysis, qualitative methods, systematic reviews, writing skills, translating research into practice, and presenting results in both scientific and public media.

### *Content and structural aspects*

In the design of the collaborative training programme, both the contents of the curriculum and structural require-

ments of the programme will be addressed. Examples of the latter are mentorship and the possibility to combine professional (vocational) training and research training.

### *Comprehensive set of modalities*

To support, and enhance, successful performance of individual thesis studies of the students, a comprehensive set of educational modalities will be included:

1. Shared formal coursework modules
  - mixture of international collaborative teaching and locally supervised teaching
  - module exchange between members
  - master classes
2. International workshops
  - trainee (student) conference/s
  - supervisors/teachers conference/s
  - satellite meetings linked to relevant international conferences
3. International student exchange
  - at both masters and



Town Hall, Brisbane, Australia

### PhD levels

- of selected highly talented undergraduate research students, motivated for a research career
- Mentorship
- formal mentoring programme (linked directly to 2 and 3)
- international co-supervision

Access to the available resources will be supported by a collaborative international manual containing an overview of course contents and materials, and by (linking) website(s).

### *Developing the supervisors*

In order to support senior staff members to maintain and improve their skills in teaching and coaching, courses and materials for teaching the teachers will be developed. Advanced meetings/symposia on primary care research topics for both senior and junior supervisors and teachers will be organised to facilitate networking and contribution to new developments in the field.

## Logistics

In organising the logistics of the common programme, there should be a minimum amount of extra administrative overhead and a maximum embedding within ongoing local procedures in the participating centres. Course materials should be freely available wherever possible. However, it is recognised that participation in formal courses must be paid for, preferably with a fee reduction for students within the collaboration. Additional funding/sponsorship will be sought for fee reduction and fellowships.

## Further steps

Participants have agreed to work together to further elaborate practical issues such as:

1. specifying the core research knowledge and skills required in primary care research to be incorporated in the curriculum;
2. integrating available appropriate expertise and modules in the collaborative curriculum and manual, and identifying important areas where additional modules should be sought or developed;
3. formulating a collaborative standard for PhD studies in primary care research, as to quality and format;
4. developing procedures for ongoing evaluation and quality improvement of modules offered;
5. exploring the potential for international registration of students, and accreditation of participating centres according to standards for quality;
6. development of collaboration with relevant professional and other national and international organisations in the field, and national ministries of health;
7. seeking financial support from (inter)national organisations and ministries, and additional sponsorship, in order to cover costs for organising courses and travel for students and teachers.

## Decisions and planning for the year to come

1. The full name of the initiative is: *BRISBANE INTERNATIONAL INITIATIVE - advanced education for primary care research* -
2. The 13 months until the next meeting will form the Pilot phase of the initiative:
  - the member institutions (represented at this meeting) will form the steering group for the Pilot phase;
  - the steering group for the Pilot phase may co-opt a limited number of additional members as necessary;
  - other institutions that have expressed interest in becoming involved in the initiative will be invited to form an Interest group;

- the core inclusion principal is a commitment to work for the initiative.
3. During the Pilot phase:
    - the initiative group will design a comprehensive curriculum, covering both content and structure, based on an identified core research skills set;
    - the initiative group will build up experience with mutual participation in a selected number of available modules;
    - the process for the international student exchange programme and the mentorship programme will be developed and trialled;
    - mechanisms to facilitate linkages with high level content experts will be developed;
    - lists of students and senior staff members (with e-mail addresses) of the participating centres will be collated in order to facilitate efficient communication.
  4. The initiative group will meet again in April 2003:
    - to agree upon the designed curriculum and to evaluate the Pilot phase experiences and activities;
    - to consider the process of expanding the membership of the initiative to include other interested institutions;
    - involvement of (inter)national organisations will then be further addressed.
  5. Two international programme co-ordinators on behalf of the collaboration are appointed:
    - Professor Geert-Jan Dinant, Netherlands School of Primary Care Research
    - (TO BE APPOINTED)
  6. The report of the Brisbane meeting and this document will be made available to those interested.
    - This document will also be made available for scientific journals relevant to primary care research.
  7. The initiative group will write and publish an editorial series on "the research process".

## Participants and Institutions represented

**John W Beasley** - International Federation of Primary Care Research Networks and University of Wisconsin, School of Medicine  
**Chris Del Mar** - The University of Queensland  
**Geert-Jan Dinant** - The University of Maastricht  
**Paul Glasziou** - The University of Queensland  
**Susan Goodall** - The University of Queensland  
**J Andre Knottnerus, Chair** - The Netherlands School of Primary Care Research and The Research Institute of Extramural and Transmural Health Care of the University of Maastricht  
**Peter MacIsaac** - The Commonwealth Department of Health and Ageing, Australia  
**David Mant** - University of Oxford, Department of Primary Health Care  
**Frank Sullivan** - Scottish School of Primary Care, University of Dundee, TayRen  
**Chris van Weel** - The Netherlands School of Primary Care Research, Department of General Practice, University Medical Centre St Radboud, Nijmegen



**International Federation  
of Primary Care Research Networks**  
*Organized under WONCA*  
*The World Organization of Family Doctors*  
**Membership Registration**



Type of Membership:  Individual  Network

If network membership, What is the name of that network?

\_\_\_\_\_

What is your network role (e.g. director, executive, member)? \_\_\_\_\_

Your name \_\_\_\_\_

Degree/Title \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Current research interests and projects (personal and/or network projects)

\_\_\_\_\_ ( ) Personal ( ) Network

\_\_\_\_\_ ( ) Personal ( ) Network

\_\_\_\_\_ ( ) Personal ( ) Network

Please add me to the email listserver  Yes  No

Comments? \_\_\_\_\_

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Note: You can download this membership registration from IFPCRN Website





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## *International Federation of Primary Care Research Networks*

*Organized under WONCA's Task Force on Research*

Tools

**W**elcome to the IFPCRN Website. This organization was established in May, 2001 at the WONCA (World Organization of Family Doctors) meeting in Durban, South Africa. It is organized under WONCA's Task Force on Research. The mission of the IFPCRN is to support research for primary care for the benefit of patients by:

- a. the mutual support of research networks,*
- b. the exchange of ideas and methodologies,*
- c. advocacy for the quality of research in primary care,*
- d. capacity building,*
- e. policy and advocacy initiatives,*
- f. doing collaborative research.*

### **You're invited!**

Come join IFPCRN.

**Description:** The International Federation of Primary Care Research Networks is an organization created with the aim of make multinational projects that can be useful to improve people's health.

[\(Join now\)](#)

» **Check it out!**

Visit IFPCRN to see what you think. If you decide to join after checking it out, please return to this e-mail to Join so your membership will automatically be approved.

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