Author's response to reviews

Title: A framework to evaluate research capacity building in health care.

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Responses to comments

I would like thank both reviewers for their very informative comments.

Liz Framer's comments

Minor essential revisions: All changes have been made to the typo errors highlighted.

Discretionary changes

* RDSUs (page 4) and research governance (page 18) have been explained in more detail
* The framework is described as a 'tentative' structure for measuring impacts of RCB (page 18)
* The development of critical thinking and EBP has been acknowledged to be developed in other ways other than through RCB initiatives (Page 7)
* Changes have been made to the diagram so that the framework more clearly sits in a policy context, and the discussion expanded regarding the impact of the policy in regard to RCB (page 8, and page 19)
* The paper now highlights in response to the idea that evaluation may be too time consuming, that criteria may be used taking into account time and resource constraints, and the purpose of such evaluations (page 8).
* Indicator regarding website exchange as an indicator for supra structure regarding knowledge transfer (table 1)

Davis MaDaid comments

Discretionary changes

* The paper now highlights that framework should acknowledge that capacity building should capture different types of evidence, including qualitative and quantitative approaches (page 11), and diverse methodologies (page 20)
* The impact of policy and funding decisions is now further expanded (pages 8 and 19)
* Many of the pieces of further reading suggested by David have been included in the paper and the discussion. This includes: Framer and Wetson's model (pages 9 and 12)

The themes around economic outcomes in relation to the impact of RCB (Buxton et al) has been discussed (page 15, and 16), and included this in the indicators in the framework (table 4). links with policy makers in relation to the principle of linkages, and usefulness of research have been added (Innvaer et al) pages 15, 20 and table 3. The issue of developing appropriate timeframes to measure impact (page 20) has also been highlighted.

The issues of measuring social capital in relation to outcomes and impact of RCB has also been added (table 2)

* The issue relating to the size of projects, and the type of methodologies that can be supported within the framework have been discussed (Pages 7 and 13).
* The issue of the knowledge and skills, background and epistemologies of different professional groups has been included in the discussion (page 11) and indictors developed based on this issue (table 1).
* I have not changed the title of the paper to one that suggests the framework only relates to primary care. Many of the examples given and the literature around RCB dose arise from primary care, and so the framework clearly sits in this context, but I feel that the framework could also be useful to other contexts. However, if the editor feels that the title should be changed I am happy to do this.

Jo Cooke