Reviewer’s report

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

Version: 1 Date: 23 August 2005

Reviewer: David McDaid

Reviewer’s report:

General

This paper makes an interesting contribution to the literature. Much is now written about knowledge transfer and indeed about the importance of research capacity building, but far less on appropriate ways in which to place a value on such research and to adequately capture key outcomes associated with having an enhanced research capacity. The paper is well structured, demonstrates a reasonable knowledge of the literature and puts forward a cogent framework around elements and dimensions of research capacity building.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

I was struck however in reading the paper that one thing that is not touched on much, perhaps understandably, is the age old debate about the nature and meaning of evidence. While one has to be careful not to be sidetracked by this, nonetheless it does have implications for the direction of the paper. To my reading the primary focus of the paper seems to be more about enhancing capacity in small scale research studies, perhaps enhancing in particular qualitative research methods including participatory action research methods, rather than large multi centre, large scale randomised studies. If this is the case it should be stated explicitly. If not then this needs to be expanded upon. It seems to me that there is something that the paper could say about the tradeoffs that may need to apply between achieving one goal of conducting research close to practice, in order for it to be useful for all the reasons mentioned, but at the same time this closeness to the coal face may limit the scope and size of research work that may be undertaken, with the inevitable tensions between findings of small scale studies and ‘evidence based medicine’

One omission in the literature review which I believe should be taken account of in the paper is the research capacity building framework for primary care put forward in Australia by Farmer & Weston (Australian Family Physician 2003; 31(12):1139-1142). Most of their points re the framework for research capacity building are relevant to the framework for the evaluation of research capacity building. Farmer and Weston’s framework also makes me conscious of an important point to take account of in the conceptual framework here which in some respects might even give it a third dimension; namely the extent to which the evaluation framework might also need to modified to take account of the different backgrounds, tasks and skills of the researchers. At the moment it seems to me that the individual level attribute in the framework seems quite ‘medical’ in orientation; other
members of the local research team might include social workers, service-user researchers (particularly in mental health), economists, statisticians etc. Perhaps this can be adequately captured within the four structural levels but it could be clearer?

One potential key measure of research capacity building may not only be the publication of papers, dissemination of information, and changing practice, but also the commercial value of the research itself. This may perhaps be less obvious for research conducted close to the coalface compared with development of research capacity to conduct large scale trials but nevertheless this can be a significant additional measure of outcome. A whole research literature has developed around the concept of estimating the ‘Payback’ from investment in research which essentially tries to estimate benefits in terms of intellectual property revenues, as well as resource impacts on health service and the economy etc. Martin Buxton and Steve Hanney amongst others have written quite a lot on this for and I would recommend for instance looking at Buxton, Hanney and Jones 2004 in the Bulletin of the World Health Organisation 2004;82:733 – 739 for a good primer on this. (Certainly in Canada the impact that research organisations have had on resource costs have been significant, and have impacted on whether research groups have been sustained long term e.g. in Quebec and British Columbia see McDaid Health Policy 2003, 63(2):205-13). While this payback related work has focused more on the macro end investment in research there is certainly no reason why this shouldn’t be an aspect of outcome measurement of all research capacity development work.

Another dimension which might also be added to strengthen the framework further is the separate but complementary area of the development of receptor capacity for interpreting and using the results of research findings. In some respects this is alluded to in discussion for instance of measuring developments of linkage and exchange, but this could be enhanced. Moreover there is quite a lot of relevant research on this that be cited, in particular I am thinking of work of people like Jonathan Lomas – (sound of one hand clapping etc) and Jon Lavis. Maybe worth looking at the Canadian Health Service Research Foundation website for other useful recent material. Although policy is mentioned in the paper and in figure and indeed some of issues linked to dissemination it may be useful to refer to Innvaer et al’s excellent paper on policy makers perceptions of their use of evidence for some additional insights on challenges in the dissemination process. (Innvaer et al 2002 Journal of Health Services Research and Policy 7(4): 239-244.) It might be helpful to emphasise even more than you do that the nature of such communication is a two way process and there may be significant time delay before any impact can be seen. Indeed this issue of the timespan for the evaluation of the benefits of developing research capacity is clearly important as the less traditional outputs may take much time to really take effect. This could be discussed.

In the discussion of the social impact of research you may want to refer to texts which look at ways in which social capital might be measured and indeed other outputs. I would be a bit worried if the only outcomes of interest were related to health improvements, in addition to social capital community development for instance may be another issue, or the focus may be more about reducing distributional inequalities in access to services etc. Reducing such inequities may be an appropriate outcome in their own right, and research may contribute to such change.

In your conclusion you might also want to consider the demand for research – if research models and protocols such as those that are advocated here are not high on the agenda of those who fund research this is clearly an issue. There is also the important question of whom research is for which again goes back to the issues of dialogue and linkage and exchange between knowledge providers and knowledge purveyors.

Finally in wonder whether the title should in fact read research capacity building in primary health care as the paper really is concentrating on this particular aspect of health services research?
**What next?:** Accept after discretionary revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No

**Declaration of competing interests:**

'I declare that I have no competing interests'