Reviewer's report

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

Version: 1 Date: 13 September 2005

Reviewer: Liz A farmer

Reviewer's report:

General

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

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
RDSU top page 5 should be RDSU
The National Information 'Services' should read 'Service' ie singular and is now called the PHCRIS
(Primary Health Care Research and Information Service)
p6 outcomes should be singular
p7 structural should be small s
p9 research 'training' is missing an i; indicators is missing an a
p10 Fenton et al suggests should be singular
table should be Table? if this is the journal practice
p11 sentence firstly in the quality.. is not a complete sentence
p13 experiences should be experienced
p15 add a before career escalator
p19 primary care either both in caps or neither?
table 6 cap o for organise
13th ref should be from not form?
there are various other typos in the reference list
the reference numbers are spaced differently in the text

Discretionary Revisions (which the author can choose to ignore)

Jo I enjoyed reading this article and you have put a lot of thought and reading into it. It would be useful if you reviewed the article assuming that the reader is not UK based and therefore give current practice in the UK as an example eg on page 4 when RDSUs are mentioned and on p16 when discussing the research governance

as found on p15 and p18 I suggest that the framework provides a tentative structure by which measuring impacts of RCB could be achieved

in the supra box; I suggest considering evidence of networking activities eg we have a searchable member database for our network and can measure posts and activity on our discussion forum as evidence of networking

on p7 Jo you suggest that practitioner skills such as critical thinking are developed by involvement in
research and this is indeed likely if doing a Lit review, grant application or similar: however would it not also be the case that practitioners could acquire these skills by attendance at learning workshops and application in everyday practice of patient care without necessarily doing research itself?

I'm wondering about the diagram having policy on one side and context on the other: that is not very clear as policy is itself a form of context? Perhaps it could be made more obvious what you intend there.

I guess my feeling as one who is involved directly in RCB is that if we were to do all or even most of the activities suggested in the proposed framework we would not have much time left to do the actual RCB work! I suggest some mention of how such a framework could actually be implemented in practice. In Australia we do this work on a small budget; we could be overwhelmed by the data collection required in the framework.

**What next?:** Accept after minor essential revisions

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

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No

**Declaration of competing interests:**

'I declare that I have no competing interests'