Author's response to reviews

**Title:** Setting directions for capacity building in primary health care: a survey of a research network

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**Author's response to reviews:** see over
Dear BioMed Central Editorial Team,

We would like to thank the reviewer for her very helpful and detailed comments which we believe have enhanced the paper. We have attended to every suggestion and made the relevant changes or clarifications. Our response to the reviewer’s comments are given in detail below:

1) As requested by the reviewer under point 4 we have added the aims and objectives of SARNet and an explanation for the ‘whole system approach’ in the background section and added Box 1 (aims and objectives) and Box 2 (categories of research experience) for further illustration.

“In Australia, the Flinders University PHCREd program began research capacity building by developing a conceptual model upon which to build its strategies with defined purpose [3]. The Flinders model defined research capacity building as a whole system approach, which promotes participation of new researchers through to more experienced practitioners. The model also emphasises accommodating diversity amongst primary health care practitioners, enabling collaboration and reducing barriers to participation, as well as facilitating and promoting mentoring and networking. Building on the model, the Flinders PHCREd team developed a multidisciplinary collaborative research network aimed at participants with diversity of skills and experiences, and called it the South Australian Research Network for primary health care, shortened to ‘SARNet’.

The aim of SARNet is to expand the pool of research-aware and research-oriented primary health care practitioners in South Australia and interstate. SARNet’s aims and objectives are summarised in Box 1. SARNet provides a practical strategy to build capacity at all levels of research and evaluation experience. The levels of research skills and experience can be divided in four, simple, logical categories of research involvement: Non-participants, participants, research managers and trainers, and academics, as illustrated in Box 2.”

The survey examines the research experience, skills and interests in research skill development of the network’s membership. Survey outcomes therefore provided the basis to address the aim of the network to raise research awareness and orientation through tailored training and network activities.

2) Re point 5 in the reviewer’s report:
The survey outlined in the article is a descriptive, hypothesis-generating study. It captures the baseline data of interested individuals actively seeking capacity building in research. Membership was completely open and could not be estimated, the authors did not test a hypothesis. Therefore sample-size and power calculations were not required.
To highlight the descriptive nature of the study, we amended the last sentence of the background paragraph in the abstract with:

“We undertook a descriptive baseline survey in order to understand the background and needs of SARNet members and to tailor network activities towards those needs.”

3) As requested by the reviewer under point 6, we addressed the data collection methodology in more detail in the methods section.

“All 229 members were posted a survey questionnaire, information about the study, and a reply paid envelope within 2 weeks of joining the network. An individual reminder email was sent within 2 weeks of posting the questionnaire. A general reminder email was sent to all members 2 months before final date of data collection. If requested, a second questionnaire was posted to the individual. No additional incentives other than access to and regular information about all network activities were given for participation in the study.”

4) As suggested by the reviewer under point 7, we added a table comparing respondents and non-respondents demographics on profession, location, and gender in relation to all members and response rates within the subgroups (New Table 1). The Figure 1 pie chart has been replaced with the Figure 1 bar graph for illustration of professional groups.
We amended Figure 1 legend as follows:

“Figure 1 – Professional area of SARNet members 2002/03

\textit{a)} Variation in respondents by professional area
\textit{ab)} Variation in response rates by professional area

Figure 1a illustrates the professional areas of survey respondents in comparison to non-respondents, and all members. SARNet members were from diverse primary health care professions. The majority of respondents (55%) worked in allied health and general practice. ‘Allied health’ included consumer/community health, aged care, child, youth and women’s health, chronic illness, mental health, nutrition, occupational therapy, pharmacy. General practice included divisional staff. Other professional areas were nursing, health services including coordinators, managers and information technologists, medical specialists, and academics. Figure 1b summarises the variation in response rates of each professional group.”

5) Re reviewer’s comment under point 8:
We added confidence intervals and standard divisions as appropriate in the results section.

6) Re reviewer’s comment under point 9:
We added a section in the discussion on the response rate and limitations of data collection.

“We acknowledge that survey results are representative of only a proportion of members’ background, skills and needs. However, these 89 members actively contributed to shaping network activities by taking part in the study. It could be speculated that some professional groups, such as the health service employees, had joined the network to observe upcoming PHCRED program activities, and were not necessarily actively seeking personal capacity building in research at this time. This hypothesis could explain, for example, the very low response rate of health service employees. In fact, networks like SARNet are dynamic in nature, offering multiple sites of learning at any time, which members can choose from in any combination according to their needs. Longer term analysis of the network and its members as well as longitudinal tracking of researchers at different levels will provide a measure of the success of various capacity building strategies and of the research network as a whole. One area of particular need in Australia is the support for practitioners in geographically isolated locations.”

7) Re reviewer’s comment under point 10:
To highlight what we’ve done based on the survey findings we added the following sentences to the discussion:

“The Flinders PHCRED program seeks feedback on its SARNet activities from members and undertakes structured evaluations of key components of network activities on a regular basis. The survey results presented here provided the basis for planning and development of network activities for its early years.”

8) Additional amendments:

Table 1 in the previous manuscript version is now changed to Table 2 “Interest in network activities”. To assist with comprehension of the data in Table 2 we added Figure 4:

“Figure 4: Interest in network activities of all survey respondents

Interest in network activities was generally high. Percentages of all survey respondents indicating moderate (score=4) to high interest (score=5) are illustrated for suggested research training events (blue), networking opportunities (yellow) including interest in mentoring (orange), and website links including research resources (red). The most popular activities with more than 60% of all respondents indicating moderate to high interest were short training courses of 2-3 hours and access to research related website links.”

9) In light of the changes made we have also restructured the background section and the discussion to flow more logically.