Reviewer's report

Title: The effectiveness of the Designated Research Team approach to building research capacity in primary care: A case study analysis

Version: 2 Date: 17 June 2007

Reviewer: Sara Shaw

Reviewer's report:

General

Whilst authors should be congratulated on the overall successes of the DRT approach, the paper needs major work to enable publication as a research paper. In particular, authors should more clearly state what they set out to achieve and include a more considered description of how they went about this. Whilst the following comments focus on these elements, an alternative might be to develop this as a short paper presenting strengths and limitations of the DRT approach.

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

MAJOR REVISIONS

1) A clear aim (or aims) would be helpful, beyond simply stating that the paper “describes the evaluation of...”

2) Authors draw attention to the high priority given to research capacity building in primary care, citing the important but rather dated Mant Report. There have been considerable changes in the past few years that have repositioned primary care research and reoriented capacity building (e.g. development of Local Research Networks and shift away from earlier network models). It would be useful for readers to have an up-to-date overview in the background and reflection as to implications of such changes.

3) The paper would benefit from some clarification around the issue of research capacity building itself. Whilst additional information is clearly cited, clarification on the following would be helpful:
   a) Capacity building is described as a process of individual and institutional development in the opening paragraph; and yet little emphasis is then given to organisational context. Exploring how internal and external contextual factors influenced capacity would be helpful.
   b) It would be helpful to clarify the difference (if any) between the six principles and the “specific objectives agreed with each practice at the beginning of the contract” (p5).
   c) The description of the shift from focusing on traditional outcomes to include more process oriented measures on RCB is useful (pps 5-6 and in discussion). However it would also be helpful to know more about how the areas drawn from the literature map on to the six principles used in evaluating the DRT approach (p6).
   d) Box 1 is a useful overview. It would be helpful to know how many other indicators exist (p6 currently states that Box 1 includes “examples of SOME indicators”) and, importantly, where they're drawn from? Also, whilst the final point in Box 1 suggests teams are measured in relation to project management, this is not then included in Table 8; though ‘strong links...’ is, but this is not under the same principle in Box 1.

4) The methods section would benefit from further work. It appeared that the evaluation is based on data recorded by the RDSU and analysed / presented in relation to pre-defined indicators. Whilst this might have merit, if it is the case, it needs to be clearly stated. I struggled to understand why the authors had decided that the ‘DRT approach’ was the ‘case’, particularly as much of the paper subsequently focuses at team level. I also struggled to appreciate how data were collected and by whom: the final two paragraphs of the methods section need much more work to tease this out. Authors must expand on how data were analysed.

5) Whilst findings might be of interest to some readers, overall they raise more questions about why certain areas have developed in certain teams and not others. Greater engagement with these would be valuable in advancing understanding of research capacity building (e.g. what is it about teams three and six that meant they found it difficult to formulate and progress new research ideas? or why one team was able to engage with ethnic minority groups in developing research questions and why others struggled with this?).
6) Findings would benefit from some illustrative examples drawn from the data (e.g. statements drawn from reflexive team sessions) and from reflecting on how context and organisational culture influenced success or otherwise of RCB interventions (as hinted at in discussion on pps 14 & 16).

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

7) The short paragraph in the discussion (page 14) acknowledging that the DRT model includes a range of interventions and so on might be more useful up front. As would a short description under each findings heading of what the DRT sought to achieve in relation to each principle.

8) I am unsure from the description what constitutes a team - this probably just needs teasing out.

9) Authors refer to ‘a contract with a Primary Care Trust’ and ‘mentorship from an RDSU coordinator’ and it might be useful for non-UK readers to have a very brief explanation of each of these (similarly ‘Teaching PCT’ later in the paper).

10) Table 1 is really helpful in setting the scene but asks a lot of readers if they want to get a feel for differences across teams. Perhaps less text would increase readability and maybe restructuring the table with e.g. teams on the vertical and some descriptive categories on the horizontal (e.g. ‘team members and location’; ‘how funds were used’ and so on).

11) It would be useful if authors could reflect on how recall bias might have affected their findings, rather than simply stating it as a risk (page 13).

12) Authors refer to feeding back findings to DRTs on page 14, as well as page 7. It might be useful to know who in each team was verifying this information?

13) The paper would benefit from general editing.

Discretionary Revisions (which the author can choose to ignore)

14) It would be useful if authors could clarify the difference between locum cover and backfill.

15) The inability of team six to develop a research idea even with the additional incentives of funding and support is an interesting finding and raises some pertinent questions about RCB. Hence whilst there is obvious merit to suggesting that the DRT model should engage with teams only when they have reached a stage of ‘concrete planning’ (page 16), it might also be worthwhile reflecting on how the DRT, or any other, approach might facilitate capacity building to enable ‘creative ideas’ and ‘concrete planning’ and help teams such as this to develop in the very early stages?

What next?: Reject because too small an advance to publish

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.