Reviewer's report

Title: Building research capital to facilitate research

Version: 1 Date: 18 January 2013

Reviewer: Stephen Robert Hanney

Reviewer's report:

This is a most interesting, well written Commentary on a topic that, as far as I aware, has not been addressed in this way before. It will therefore be good to see it published. However, there are a couple of points that I think should be addressed out first.

Major Compulsory Revisions

1. I think it would be important to give a little more context, especially for an international audience. The Commentary refers to three different groups and also states that While specific health research expertise and knowledge is held in each of the five Universities and NHS Trusts, it is the complex network of staff and organisational relationships which spans across and through the RDS EoE partnership which enables the building of bridges across structural holes. There should, though, be a much firmer statement that makes clearer that quite a lot of clinicians and university researchers in the East of England already had a successful research career prior to the development of the RDS. Perhaps such a statement should come towards the end of the Introduction. Then the RDS can be seen as a valuable addition to what was already there. (Along similar lines, it might be useful to indicate which of the three groups seem to benefit most. I know, for example, various medical academics who could easily be placed in the central position held by the RDS Advisor in Figure 2, but on the other hand there are indeed lead researchers from parts of the NHS that are not research-active who might well be in the position of the Lead Researcher shown on Figure 2).

2. As this is a Commentary it is quite correct that there is not a Methods section, but that does mean that there is no indication of the source of the data for the specific example given, and in particular whether permission has been sought to use information that might, possibly, enable the individual ophthalmic surgeon to be identified. I suggest either it be changed to something like a hospital consultant, or indicate in an End Note clarify that permission has been given to refer to the example.

Minor Essential Revisions

3. Again thinking of the journal's international audience I think it would be useful to refer in the second sentence to the NIHR being set up by the Department of Health in England.

Discretionary Revisions

4. It would be interesting, and extremely topical, to add a brief note towards the
end about what role the RDS might play in relation to the new AHSNs, but perhaps this is not yet sufficiently clear to allow a comment to be made.

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

**Quality of written English:** Acceptable

**Declaration of competing interests:**

'I declare that I have no competing interests'