**The Brisbane Initiative**

Pursuing advanced research training and the establishment of a future research leadership for primary care.

In 2002 a group of experts met in Brisbane to review strategies of advanced research training for primary care. The meeting was an initiative of the Department of General Practice and Primary Care, University of Queensland Australia, the Netherlands School of Primary Care Research (CaRe) and the Scottish School of Primary Care (SSPC). It also involved the Department of General Practice, Oxford University UK and the Department of Family Medicine, University of Wisconsin US. All of these groups were involved in the training and supervision of primary care researchers and responsible for a substantial primary care research output. A common concern was the recruitment -and especially the retention - of the most talented researchers for primary care. Research in primary care is becoming well established, as is its practice and care for patients. A key characteristic of primary care is its focus on the needs of the particular local community that it serves, and as a consequence primary care research has not benefited as much from the international expertise, international exchange and collaboration as other areas of health care and medicine have.

The Brisbane meeting confirmed the potential of international co-operation and did lead to the founding of the Brisbane International Initiative (BII). In April 2003 the group met again at a meeting hosted by the Scottish School of Primary Care in Dundee, where the European General Practice Research Workshop (EGPRW), the Department of General Practice of the University of Göttingen Germany, and the Department of General Practice and Primary Care of the University of Ghent Belgium joined the group.

This second meeting allowed the group to focus more clearly on the aims and objectives of the BII. The aims of the BI are to build a future research leadership and to structure career paths in order to retain the greatest talents for primary care research. This requires spotting talented researchers, training in advanced research skills, , supervision during 'hands-on' research activities, and the introduction to the primary care research community.

This requires a set of activities over time, tailored to individual needs, including formal courses, international exchange visits and mentoring, resulting in sustained networking and research collaboration to :
· develop strategies for the building of future leaders of primary care research.
· explore the value of advanced research courses, international exchange visits, mentoring and collaboration in primary care research.
· share this experience with others involved in primary care research.

These activities were well aligned with the outcome of the recent WONCA Kingston Invitational Conference of research in family medicine, held in March 2003. That is, in addition to building an overall research capacity for family medicine around the world as that conference set-out to do, there is the additional need to develop a leadership of future researchers. Evidence-Based Practice (EBP) in the primary case setting, Practice-Based Research Networks (PBRN) and multidisciplinary research methodology (in particular qualitative and participatory research) generic primary care research needs identified at the Kingston conference present excellent opportunities on which to focus the advanced courses, exchanges, mentoring and collaboration.

The target group for the programme was defined as:
- talented students to be recruited for a research track: undergraduate medical or other health care students
- promising junior researchers to be groomed for a research career: PhD students
- researchers with an established track record in research to be retained for a senior career: post docs.

Challenges and restrictions were identified in both clinical and research settings. There is a need to bring primary care clinicians into the leadership of primary care research. The combination of clinical work with research is a challenge throughout health care, but a feature of primary care is the personal involvement of the family physician or other primary care practitioner in his/her practice. As a consequence, primary care clinicians can only be involved in international exchanges and visits, when these involve limited periods of time. For that reason the group will focus on programmes with short periods of visits.

A second point is the multidisciplinary nature of primary care research. Although many of the current activities are related to family physicians, the BII is committed to a multi disciplinary and multiprofessional approach to the advancement of primary care research. This requires further discussions before it is progressed, but for the time being, the family medicine directed experiences will be focussed on initially prior to a more generic application of the initiative to primary care researchers at large.

As activities for the coming period the BII is piloting a number of exchange visits for promising undergraduate students, PhD students and post docs. In particular the costs and benefits of short visits will be critically reviewed. Other activities include the collation of courses taught at postgraduate level that are suitable for, and would benefit from, being undertaken by a multi-national group of students and the occasional provision of short courses for post-doctoral researchers. At the same time the BII is most interested to share its work with others involved in the building of primary care research capacity. The BII is currently preparing workshops in the context of a number of primary care conferences and is eager to be contacted by like-minded groups.

**The Brisbane Initiative:**

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