

# A view from the other side: SAPC conference 2006

A month after attending the Society for Academic Primary Care (SAPC) 2006 Conference at Keele University, some of my impressions have begun to sort themselves out. Others, formed in a flash during the conference, have remained strong, most prominently the gracious welcome that UK primary care researchers extended to those of us from elsewhere.

In addition, hallway conversations, discussions with poster presenters, and exchanges during the question periods clearly showed that UK primary care researchers have a deep commitment to improving health care and advancing knowledge through research.

It was also immediately clear to me that the organised 'walk throughs' during poster sessions deserve widespread adoption. Organised walk throughs promote subsequent one-to-one interaction with the presenters, and also effectively provide the chance for interactive group discussion with give and take among audience members themselves as well as with the presenter. This is seldom feasible after podium presentations.

I was also impressed with the high level of conference participation by senior researchers, as co-authors with more junior researchers who presented, as presenters themselves, and as active participants in the question periods that followed scientific presentations. This observation if accurate, contrasts with my sense of US meetings. There, senior faculty staff may be prominent participants in policy, leadership, and plenary discussions but appear to me to be less likely to present their best work or to attend presentations of others unless the speaker is from their home department.

The preceding comments have concerned the conference process. The conference content had important lessons for me as well. There is a critical area where British researchers can inform clinicians, researchers, and policy makers from elsewhere, especially the US. Will the current Quality and Outcomes Framework (QOF),

that bases a substantial proportion of GP compensation on quality measure performance, achieve its aims? Will quality really improve or will overall quality decline as the focus of practice follows the money, pointing laser-like to the established measures and away from other clinical matters that are equally or even more important but harder to measure? Will practices play the system by patient selection or narrowly focus on those measures that are easiest to achieve while excluding patient populations that present special challenges for scoring points or aspects of care that earn fewer? How will the scheme evolve or be re-invented informed by experience?

Looking ahead, now is the time for researchers to think about presentations they could submit for NAPCRG 2007 in Vancouver.

With some trepidation as an outsider and guest, I offer three observations that may be of use to the SAPC for the future. I apologise in advance that these may be 'off base' (the baseball equivalent of chucking a wobbly):

- At SAPC 2006, I tried to seek out junior researchers or those in training but found only a few. I also looked for community-based clinicians who were not formal members of academic faculties and found even fewer. Perhaps they were in attendance but I missed them? If so, researchers in training and community-base clinicians need special name tags or others ways to be identified. If their numbers were small at the conference, I urge the SAPC leadership to be sure both groups attend in force next year! Researchers in training need the nurturing environment of the SAPC. Community clinicians participating in research need validation about the critical importance of their contributions as participants in research, and for their practically based intellectual contributions.
- There also appeared to be few international attendees. I may have

missed them as well and I understand the WONCA Europe presents a lively research forum, but NAPCRG meetings have been increasingly enriched by strong representations from the UK, the Netherlands, Australia, New Zealand, and growing representations from elsewhere. SAPC may be enriched as well.

- Finally, I thought the recent meeting missed an opportunity. QOF is of immense importance to UK primary care. There was a plenary session and a few outstanding presentations on it. However, QOF deserved an interactive plenary forum or panel discussion that provided a venue for several presentations and discussion about current experience, emerging research and evolving policies.

Thanks to the SAPC staff for a wonderful meeting, to attendees for the warm welcome, and to NAPCRG for making my visit possible.

**Allen Dietrich**

## RESPONSE FROM THE SAPC

The SAPC's aim is to promote excellence in research, education and policy development in general practice and primary health care. The annual conference is our main showcase for this, and it is important that we strive to make it of the highest possible quality. This effort is given welcome stimulus by Allen Dietrich's kind and constructive comments — our thanks to him for taking the time to provide this view from the outside. The exchange visits between NAPCRG and SAPC are a very positive feature of the primary care conference scene. One challenge that Professor Dietrich lays down, is how to enhance and enlarge the international content of the SAPC meeting without losing its intimacy and scientific quality. It is a debate familiar to other specialties — the US has led the way in international showpiece medical scientific conferences, but European and other