Out of Hours

NAPCRG 2012:

reflections from across the pond

The 40th annual meeting of the North American Primary Care Research Group (NAPCRG) was held in New Orleans from 1–5 December 2012. As early-career family doctors from the UK we were keen to explore primary care research from around the world. With delegates from North America and Europe to the antipodes and Ethiopia, attending this conference far exceeded our expectations.

The host city perfectly reflected the energy, diversity, and warmly receptive nature of the conference, which gave us a real feel for the enthusiasm to drive primary care forward in the US and Canada. We were impressed by the support shown by senior researchers to their junior colleagues, particularly during oral and poster presentations. The lack of pharmaceutical displays[1] was welcome.

The plenary sessions were inspirational. The opening plenary, 'The Healing of America. A Global Quest for Better, Cheaper, and Fairer Health Care' was given by former Washington Post journalist turned 'healthcare expert' TR Reid, who provided an engaging overview of healthcare systems around the world. It was fitting that he paid particular tribute to Lord Beveridge on the 70th anniversary of his landmark report. The design of a country's healthcare system is a moral decision that requires clear commitment from the whole population: no system is perfect, but if the goal is to achieve an equitable health service with universal coverage, some systems significantly outperform others.

Day three brought one of the highlights of the conference: seven presentations each on a topic of research that has changed (or may change) primary care, delivered in a Pecha-Kucha format, with 20 slides auto-advancing every 20 seconds.[2] The presenters charted the history of NAPCRG-related primary care research from 1972 to the present day, reminding us of the huge contributions made to primary care research by the much-missed Ian McWinney and Barbara Starfield. The conference paid a heart-warming tribute to Maurice Wood, a founding father of NAPCRG; the camaraderie in NAPCRG was something to behold. Michael Klein's dedication to best obstetric practice in the use of episiotomy was wonderfully captured in a poem by Jerry Kruse which will serve as a constant reminder of the commitment and perseverance necessary to follow research convictions through challenging times.

Chris Dowrick proposed two polarities for consideration in his plenary: 'knowledge/compassion' and 'individual/community'. He argued that the medical establishment gives undue prominence to knowledge while undervaluing compassion, while an emphasis on the individual patient understates communal understandings and neglects communal solutions. These two polarities were beautifully brought together in a call for compassionate communities supporting compassionate doctors. In doing so he strongly praised Kim Griswold's work on 'communities of solution' and argued that New Orleans had demonstrated the strength of this approach in the wake of hurricane Katrina.[3]

Kelsey Hegarty's distinguished paper on intimate partner violence served as a timely reminder of its prevalence and consequences, and the role of primary care.[4] The Society of Academic Primary Care presentation by Hazel Everitt was an excellent example of how to conduct a pragmatic randomised controlled trial in primary care.[5] Her team's feasibility study found that a web-based self-management cognitive behavioural therapy programme for irritable bowel syndrome developed in partnership with patients has the potential to benefit large numbers of patients at a low cost.[6]

The poster sessions were another NAPCRG highlight. The noise from excited chatter generated by poster topics was incredible, and the conference organisers had thoughtfully scheduled them without competing parallel sessions; the strategic placement of coffee at the end of the viewing room also ensured good attendance.

The oral presentations included clinical and health services research, health policy, education and training, health informatics, and public involvement. Presenters were encouraged to upload their presentations to the Family Medicine Digital Resources Library at www.fmdrl.org, which facilitates dissemination to a wider audience. We were particularly inspired by a presentation describing work from the Community and Students Against Healthcare Racism (C-STAHRS) group.[7] The emotional, honest account of personal healthcare experiences told by a community member was an important reminder to embrace cultural diversity and conduct our practice free from prejudice and stereotyping.

Workshop topics included research methodology (from meta-analyses to multi-level models) and a series on 'evaluating practice transformation'. The 3-hour forums covered interventions for multimorbidity, practice-based research networks, and exploring complex systems.

Twitter conversations started several days before the conference and continued for several months. Eighty people Tweeted using the #NAPCRG2012 hash tag. On average, each person made six Tweets, with content covering key messages of presentations, plenary sessions, and the general conference

The French Quarter, New Orleans.

atmosphere. A total of 463 Tweets were made, resulting in 619 044 impressions. The NAPCRG Facebook page was also active before and during the conference.

Opportunities available to family physicians in training in the US include the Robert Johnson Fellowships, The Robert Graham Center, which was particularly welcoming, and the Larry A Green Visiting Scholars Program,[8] which is a good model for developing research visit programmes overseas.

The multidisciplinary backgrounds of attendees created an interesting mix of research. Jagosh and colleagues' realist review of participatory research programmes demonstrated a range of potential benefits of this approach,[9] and there were interesting discussions around researching complex systems, a task more difficult in the US due to the lack of a unified data recording and retrieval system, one of the original goals of NAPCRG.[10] Despite these challenges, the wrap-up session ended positively with agreement that the knowledge and expertise of individual groups should be harnessed and brought together to develop this research field.

NAPCRG 2012 provided a perfect platform to meet colleagues with shared passions and research interests in primary care. The openness to potential exchange visits and collaborations was particularly welcome. There is clearly a real impetus to drive primary care research forward in Canada and the US and both countries have much that they can learn from others. We left New Orleans with our heads full of ideas, our diaries full of future collaborative possibilities, and our hearts full of enthusiasm for primary care. We hope to see you in Ottawa for NAPCRG 2013 (http://www.napcrg.org/meetings/conference.cfm).

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Out of Hours Poem

THE PHARMASHOCK

Twas lunching, and the pharmatoads
Came sniffling with their pseudobabes:
All flimsy were their datagroves,
And their freebles were all outgave.

'Beware the Pharmashock, my son!
Their graphs that lie, the stats that catch!
Beware the freesome lunch, and shun
Their heinous wonderpatch!'
He worked out NNT as planned:
The truth of intervention sought —
So argued he, statistically,
And for the truth he fought.
And, in triumphal truth he stood,
The Pharmashock, took on his game,
Whimp'ring relative risks; she would,
Then slurbled something lame!
Their trial was spash! Dud through and through.
Our hero tore their pharmastats!
He left her done, and took her pens
And calmly gave them back.
'And, have you beat the Pharmadoc?
Come now, no need to be so coy!
Untainted now by pharmastain!'
He chortled in his joy.

Twas lunching, and the pharmatoads
No longer called with pseudobabes:
We let them keep their datagroves,
And freebles not outgave.

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