

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,<sup>8</sup> 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,<sup>9</sup> 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.<sup>10</sup> 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.napcr.org/meetings/conference.cfm>).

**Victoria K Welsh,**

Arthritis Research UK Primary Care Centre, Keele University, Keele.

**Greg J Irving,**

Department of Health Services Research, University of Liverpool, Liverpool.

**David N Blane,**

General Practice & Primary Care, University of Glasgow, Glasgow.

DOI: 10.3399/bjgp13X670778

**ADDRESS FOR CORRESPONDENCE**

**Victoria Welsh**

Keele University, Arthritis Research UK Primary Care Centre, Primary Care Sciences, Keele University, Staffordshire, ST5 5BG, UK.

**E-mail: v.welsh@keele.ac.uk**

**REFERENCES**

1. Horton R. Offline: why (some) medical conferences make sense. *Lancet* 2012; **379(9824)**: 1376.
2. Pecha Kucha. *Frequently asked questions*. <http://www.pecha-kucha.org/what> [accessed 24 Jun 2013].
3. Folsom Group. Communities of solution: the Folsom Report revisited. *Ann Fam Med* 2012; **10(3)**: 250–260.
4. Hegarty K. *Women's evaluation of abuse and violence care in general practice: a cluster randomised controlled trial [abstract]*. North American Primary Care Research Group Annual Meeting, New Orleans, LA, 1–5 Dec 2012: DP31.
5. Everitt HA. *Management of irritable bowel syndrome in primary care: feasibility randomised controlled trial of mebeverine, methylcellulose, placebo and a patient self-management cognitive behavioural therapy website (MIBS Trial)*. North American Primary Care Research Group Annual Meeting, New Orleans, LA, 1–5 Dec 2012.
6. Everitt HA, Moss-Morris RE, Sibelli A, et al. Management of irritable bowel syndrome in primary care: feasibility randomised controlled trial of mebeverine, methylcellulose, placebo and a patient self-management cognitive behavioural therapy website. [MIBS trial]. *BMC Gastroenterol* 2010; **10**: 136.
7. Farley T, Rudolph M, Heuser L, Bailey J. *Community members' perceptions of discrimination by health care providers: a report from the C-STAHRS (Community and Students Against Healthcare Racism) [abstract]*. North American Primary Care Research Group Annual Meeting, New Orleans, LA, 1–5 Dec 2012: BP28.
8. Robert Graham Center. *Larry A. Green Visiting Scholars Program*. <http://www.graham-center.org/online/graham/home/visiting-scholars/visit-scholars-info.html> [accessed 24 Jun 2013].
9. McGill University. *Participatory research at McGill*. <http://www.pram.mcgill.ca> [accessed 24 Jun 2013].
10. Wood M. The Genesis of the North American Primary Care Research Group. *Ann Fam Med* 2003; **1(4)**: 247.

**THE PHARMASHOCK**

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

**Samir Dawlaty,**

GP Partner in Birmingham, UK.

**E-mail: samir.dawlaty@gmail.com**

DOI: 10.3399/bjgp13X670787