Among many attempts to define general practice (which in most European countries is the equivalent of primary care), Barbara Starfield's proposal is still the most plausible and appropriate: she described primary care as first-contact, continuous, comprehensive, and coordinated care provided to populations undifferentiated by gender, disease, or organ system. These elements are accepted by most professional organisations, agencies and commissions as concurrent attributes of the field. Definitions are, however, not sufficient to sustain primary care, and it was merely a matter of time before general practice established itself as an academic discipline (albeit with different growth stages) in most European countries. Despite this development and a realistic estimation on the strengths and deficits of primary care research within the discipline there are still some who seem to constantly call themselves and their work into question.

A recent editorial in *The Lancet* rightly criticised the confusing discussions at a WONCA conference in Kingston, Canada on why research in family medicine might be necessary and how to distinguish it from other areas of clinical practice. Despite this criticism (‘painful introspection’), the editorial emphasised that efforts to develop primary-care research deserve strong support. The question still remains about how best to successfully proceed. In this issue of the Journal, Jouke van der Zee and Madelon Kroneman from the Netherlands Institute of Health Services Research (Nivel) and Maastricht University and Bonaventura Bolíbar from Fundació Jordi Gol i Gurina in Barcelona identify five favourable conditions for research as part of the professional development of general practice - among them the existence of a scientific association, a peer-reviewed journal, a circumscribed population for having a population denominator for practices, a gatekeeping system and chairs and departments of general practice at universities. These conditions were then evaluated in the UK and the Netherlands (two countries with a well-established research tradition) and compared with Spain, where GP research development is still limited. The authors concluded that although most conditions for successful scientific progress in general practice (except the gap between the academia and general practice, and the lack of research organisation and support) are present in Spain, it nevertheless takes time to turn the existing focus in healthcare upside down and to ‘shift the balance’ to primary healthcare.

Although the authors have done their study well, it remains unclear whether it is indeed so simple to transfer...
experiences from a developed to an underdeveloped area, as their paper seems to imply. To underscore this scepticism it would be rewarding to add a description of the situation in Germany as fourth country in table 1. However, this would go beyond the scope of a space-limited editorial. Instead, I would like to emphasise another condition not fully expatiated in the study which in my mind might play a decisive role in developing excellent research (not only) in primary care: the education of research leaders and the support of excellence in an international context, which is the core objective of the ‘Brisbane International Initiative - advanced education for primary care research’.

A paper written after the first meeting of a group of scientists in Brisbane, Australia in March 2002 (and a second in Dundee, UK in April of this year) representing a broad range of experience in primary care research and research training mentions the widespread agreement that the international research base for primary care needs to be urgently expanded. However, the scarcity of advanced primary care research expertise in most countries, coupled with the traditionally regional or national orientation of primary care research training, severely limits the options for collaboration and further development. To create sufficient critical mass and quality the group deems it necessary to share available top expertise and to provide advanced primary care research training in an international educational context. A collaborative approach based on combining strengths should provide optimal opportunities to develop outstanding research expertise, and will provide students, the future research leaders, with an international orientation from the start. The Brisbane Initiative, focussing on the development of scientific leadership in international primary care research, agreed on two major strategies to address this objective: first, to combine the best expertise from primary care research and other relevant research fields to establish a comprehensive curriculum for primary care research training and secondly to create an advanced international training context for PhD and MSc research students in primary care (further information can be obtained from the chairman of the group, Professor Chris van Weel, the Netherlands School of Primary Care Research, Department of General Practice, University Medical Centre St Radboud, Nijmegen, e-mail c.vanweel@hag.umcn.nl).

To elaborate a little further on this important development I should also mention a yet unpublished paper from Edi Albert and Sharon Mickan (from the Centres for General Practice of the Universities of Tasmania and Queensland in Australia) responding to the initiative. Besides undertaking a survey of perceived learning needs related to aspects of research training in general practice and primary healthcare the authors ask whether the traditional PhD with its focus on skills such as literature searching, critical appraisal and research design is still appropriate for primary health-care professionals in the 21st century and whether the current PhD is sufficient to prepare them for their future roles. They cite published work from the educational literature in which is has been argued that ‘the PhD is no longer adapted to the realities of actual work to be performed by graduates’ (Culbertson RA) and that ‘transition from doctoral student to faculty member in a college or university cannot be assumed easily, and typically there is very little preparation for what they will face’ (Ketefian S). The developmental skills proposed by the authors include a range of competencies such as writing, facilitation, working in teams, selling your ideas, critical thinking, contingency planning, systems management, strategic planning, identifying needs/gaps, prioritisation, change management, leadership, innovation, creativity, education, project management and dissemination.

It goes without saying that changing research education is not a new idea. Campbell Murdoch, a GP from New Zealand (now living in Australia) wrote in a recent letter to the Editor of the British Medical Journal that ‘to become a professor of medicine or surgery now you have to be young, impossibly specialised to the point of non-functionality in any clinical reality zone, and skilled either in the treatment of rats or cats or in plagiarising other people’s research through meta-analysis. You then progress to deanship and the task of creating academics in your own image... What we need is for academic medicine to provide generic training in the education of students and postgraduates for the cream of those who have shown themselves worthy by surviving in the real world for a few years. The creation of such a community of scholars is an urgent task and needs to be well funded.’ Although I would not go as far in my wording it seems evident that we must change medico-political conditions (as implied by Van der Zee and colleagues’ paper) alongside a new educational mentality to foster and maintain the future productivity of primary care research.

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