

# Networking

## Report from Amelia Island, Florida

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On Sunday 5 November 2000, 440 delegates gathered in the conference centre of the Amelia Island Plantation resort off the coast of Jacksonville, Florida for the 28th Annual Meeting of the North American Primary Care Research Group (NAPCRG). For the next two and a half days we participated in 350 presentations, in between which we enjoyed the sweeping sandy beaches and warm sunshine. NAPCRG is an intense but informal meeting where those new to research in primary care can present their work in a supportive atmosphere, with well-established and novice researchers mingling to discuss their ideas. No longer solely North American, this NAPCRG meeting hosted 300 US and 100 Canadian delegates as well as 40 international delegates from the UK, The Netherlands, Belgium, Bahrain and South Africa.

Dr Barbara Starfield, Director of the Primary Care Policy Center at Johns Hopkins University, set the tone with her opening keynote talk, entitled 'Primary Care: 21st Century Challenges to Quality'. She presented evidence from a recent WHO report which showed that having a primary care orientation is an independent predictor of better health outcomes for total, stroke and post-neonatal mortality. The effect was independent of income inequality in the countries concerned. She also described a startling analysis of potential negative effects of overuse of medical technology. In a decision-analysis scenario, the evaluation of two million new joggers for cardiovascular disease risk would cost \$15 billion and lead to 40 000 deaths from coronary artery bypass graft (CABG) surgery – far more deaths than would occur if the joggers were not evaluated at all.

On day two, Dr Dumo Baqwa, Chair of the Department of Primary Health Care at the University of Cape Town, provided the keynote, giving insights into how the government of South Africa is transforming its health care education and deliv-

ery systems. The goal is to provide adequate primary care for the whole population whilst conserving the well-developed biomedical research resources (e.g., in cardiovascular medicine).

Tuesday morning dawned, the date of the US Presidential Election, and Professor Carol Herbert, Dean of the Faculty of Medicine at the University of Western Ontario and past NAPCRG President, gave a talk on 'The Future of Family Medicine Research'. The University's first Dean with a family medicine background, she noted that her family medicine consultation skills were just right for the job. Professor Herbert discussed opportunities and threats, the role of the genome revolution, and the impact of social, environmental and economic issues on primary care.

Following each day's stimulating keynote talk, delegates attended research sessions on topics such as practice-based and health services research, patient education, alternative and complementary medicine and clinical issues (e.g., mental health in primary care). Presentations took the form of brief papers, posters and workshops. Most were very well presented and the questions demonstrated a great enthusiasm for research among those attending. Conversations continued during the breaks, with opportunities for walks along the beach or relaxing by the pool.

Practice-based research networks were quietly in evidence. There is no formal national movement for primary care research networks similar to that in the UK, but several do exist, and there is a Federation of Practice-Based Research Networks with 27 US members or affiliates, and four international affiliates, from Canada, The Netherlands, South Korea and the UK. Please contact Tom Stewart at [tstewart@aafp.org](mailto:tstewart@aafp.org) for details and a copy of their *Directory*.

NAPCRG is a valuable forum for primary care research, and it is increasingly aware of its inter-

national flavour. This year's NAPCRG meeting is in Halifax, Nova Scotia (only 4 hours from UK airports), and in this delegate's view it will be well worth the trip. I am grateful to the UK Federation of Primary Care Research Networks for support to attend last year's meeting.

### **Networking page submissions**

If you are part of a Primary Health Care Research Network, or if you would like to comment on such networks, you are encouraged to submit a commentary of up to 300–400 words to Muriel Lee at the address below. Longer pieces may also be considered in consultation with the co-ordinator.

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