

## Transdisciplinary Understanding and Training on Research – Primary Health Care 2013-14

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I was delighted to be awarded the NIHR School for Primary Care Research (SPCR) place on the Transdisciplinary Understanding and Training on Research – Primary Health Care (TUTOR-PHC) programme last year. TUTOR-PHC is a one year, structured programme funded by the Canadian Institute for Health Research and the Canadian Health Sciences Research Foundation to support upcoming primary care research trainees at doctoral or post-doctoral level. There are around 12 places for Canadian trainees each year and one additional place for a New Zealand and a UK primary care researcher. Places are very competitive with around a 1 in 10 success rate. The programme aims to improve the evidence base for primary health care by 'building a critical mass of skilled independent researchers and increasing transdisciplinary focus in primary health care research'.

The first part of the programme is an intensive 3 day symposium in King City, an hour from Toronto, Ontario. Trainees attend with their supervisors whose role is to facilitate some of the workshops and, to some extent, observe their own trainee at work. In addition, each trainee is allocated a mentor to act as a guide and sounding board, independent of the trainee's everyday working environment, for the duration of the programme and beyond. The supervisors and mentors are some of Canada's finest primary care researchers with many leading internationally in their field.

I met the other trainees at the meet and greet on the first evening. Nearly everyone I met commented on my English accent, which made me feel different, but as we started to chat I realised we had so much in common. The Canadian and UK healthcare systems are similar in putting primary care at their centre. And the research questions and methodologies used in Canada are, of course, the same as here. On day one we explored the definition of primary health care, and the role each member of the interdisciplinary team can play within the research team. The trainees were from a variety of backgrounds including nursing, psychology, social work, policy and family medicine. We were split into two groups and in our team strengths varied from clinicians with direct patient experience to healthcare scientists with a better grasp of research methodologies, particularly qualitative methods. On day two we explored mixed methodologies and knowledge translation in some depth through lectures and interactive workshops. On the final day we met in our groups again to agree a plan for the mock grant proposal, to be continued during the online workshop in the final semester. The symposium was intense but fantastic. We had breakfast, lunch and dinner together and even worked on our grant proposal after hours. Even though it was only just over 3 days, I left King City feeling like I knew the other trainees well, and inspired to come home and continue learning how to be a better primary care researcher.

The rest of the year involved four online workshops. Two of these workshops, 3 weeks each, were in areas that trainees had requested specific training on during the pre-course needs assessment. I chose the 'In-depth interviews and coding qualitative data' and 'How to incorporate mixed methodologies in primary care research' workshops. These were directly relevant to my thesis work and helped to clarify particularly the interaction between my qualitative and quantitative components, and which qualitative methods would be most suitable for answering my research question

The two other online workshops spanned the autumn and spring terms and we were in our original groups from King City. In the autumn term we spent a week critiquing the research project plan for each trainee in the group. The mix of experience and skills meant that new approaches to the research question and methodologies were often suggested. I am new to qualitative research and found the expertise in my group particularly helpful for this aspect of my project. The final spring workshop was the most challenging. We had 8 weeks to work up a mock research grant proposal. We each facilitated a week with a specific area such as 'research

question', 'background', 'methods', 'statistical analysis plan', 'knowledge transfer'. The differences between the Canadian and UK healthcare systems became more obvious at this point; I needed to both understand the Canadian system and be able to explain how the NHS works to the rest of the group. That in itself was a useful exercise. We worked well as a team and the grant proposal came together due to a lot of work from everyone involved. We went the extra mile, including organising videoconferences through Google+, to achieve a grant proposal we were proud of. The online communication worked surprisingly well largely, I think, because the 3 days we spent together in King City meant we weren't just communicating online as relative strangers, but more as colleagues and friends.

The whole experience was a real privilege and I would highly recommend the programme to all SPCR trainees. The time commitment is not inconsiderable but the learning format is unique and the connections you make may well turn into fruitful collaborations. Spending time with skilled and motivated international researchers, and learning from their experience and expertise is the thing that sets TUTOR-PHC apart from most other courses or training programmes for early career researchers.