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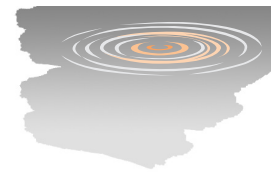
Building clinical research capacity in the Pacific Islands

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Contextualised clinical research evidence is essential for an informed health system and achieving Millennium Development Goals in developing countries; yet there has been minimal reproductive health research conducted in the Pacific Islands in the past 12 years.¹ All Pacific Island countries lack robust health research systems to varying degrees,² which includes the lack of research governance policies and processes, infrastructure, and personnel.

In 2007, the Pacific Society for Reproductive Health (PSRH) Charitable Trust (membership of doctors, midwives and nurses) declared clinical research and audit as a measurable outcome for its members. The evidence gap has the potential to close if every clinician becomes a researcher. A systematic review of interventions to build research capacity amongst clinicians in developing countries found only four papers, none of them for an intervention longer than a week.³ A researcher development programme for general practitioners funded federally in Australia failed because, amongst the many barriers encountered, the programme failed to change the thinking processes of clinicians.⁴

The BRRACAP study was designed to pilot a series of interventions to Build Reproductive health Research and Audit Capacity and Activity in six Pacific Islands. A collaborative effort with funders and the Ministries of Health in Vanuatu, Samoa, Tonga, Solomon Islands, Cook Islands, and the Fiji National University (FNU) resulted in 28 clinicians and academics with diverse experience and educational backgrounds attending a week-long research workshop in Auckland in March 2013. The workshop covered an array of topics confirmed from a survey undertaken by the participants and stakeholders as comprising the research needs of Pacific clinicians. Most of the presenters at the workshop were researchers from the Faculty of Medicine and Health Sciences (FMHS) of The University of Auckland who were either Pacific or had research experience in the Pacific. The feedback from the clinicians was that they found the workshop mostly relevant to their research needs, a thoroughly enjoyable learning experience, and that they were enthused by the workshop to start a research or audit project. They reported being motivated by the words of Professor Andrew Hill



VAIKOLOA

Pacific Primary Health Care Treasures

Vai (water) is a symbol of 'life-source' and koloa (treasures) to share

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who said that ‘doing research makes you a better doctor and a better midwife’ and by Professor Shanthi Ameratunga who stated, ‘you are an expert in your space and you have to share your stories with us’.

Within the monitoring and evaluation framework of the project is a research-mentoring scheme for the 28 clinicians. This was developed in collaboration with identified and willing researchers in the FMHS, FNU, Auckland University of Technology, University of Technology Sydney and the University of New South Wales. Research performance indicators developed by the clinicians, in consultation with stakeholders, will be used to monitor progress, with participants assessing the quality of mentoring through a participatory action-learning journey. Besides assigning each clinician a research mentor, ‘shared mentoring’ has also been created, using social media websites Research Gate, LinkedIn, and Facebook.

The PSRH research biennial workshops provide a platform for Pacific clinicians to critique their research proposals, disseminate their research findings and to share their stories. The most recent PSRH workshop was held in Samoa, 9–12 July 2013. Clinicians who attended are aware that their sponsors, ministries and mentors are counting on them to make a difference in closing the evidence gap in reproductive health in their countries.

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LETTERS TO THE EDITOR

Opportunity for GP couples to help save the planet—and College \$\$

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