

## The Importance of Support Staff to Research Capacity

### TO THE EDITOR:

We appreciate the ongoing research studies of the role of science in family medicine. Recently, Weidner and colleagues<sup>1</sup> surveyed department chairs to assess factors associated with departments classified as having minimum, moderate, and high capacity for research. While we agree with the model used to assess domains related to research capacity, there was a major gap in measuring this concept. A faculty member is rarely a successful, funded investigator without the support of a highly trained and dedicated support staff. The key role of research assistants, biostatisticians, grants administrators, and business managers was not addressed in this study. These staff members are the infrastructure that enables faculty to efficiently submit grants, manage grants, field studies, and disseminate research findings. Notably, Weidner et al indicated that minimal capacity departments were less likely to use secondary data. While we agree that using secondary data is an effective means of conducting research with less cost, the ability to correctly analyze complex secondary data from medical records or national survey data with complex sampling weights, depends on having a highly skilled biostatistician.

Weidner et al<sup>1</sup> measured research capacity using the Bland model. However this model queries access to numerous types of support in a single item that does not allow distinguishing the role of secretarial support, research assistants, computers, library materials, data analysis, and technical support, etc toward building research capacity.<sup>2</sup>

The focus on recruiting experienced investigators and mentors was previously identified by the North American Primary Care Research Group and the Academic Family Medicine Organizations Research subcommittee's report that mentions grant management and grant administration as a key component to research infrastructure but fails to highlight the need for biostatistical support, highly educated and trained research assistants, and access and expertise to utilize secondary data.<sup>3</sup>

The Research Capacity and Culture (RCC) tool,<sup>4</sup> has a high degree of precision and includes items to measure access to an institutional review board and queries individual quantitative and qualitative analytic skills. The RCC has been used to identify lack of individual research skills as a barrier to research capacity.<sup>5</sup> We believe measuring clinical faculty research analytic skills is off target because building research capacity involves creating a team of staff members that includes experts in statistics and methods, project management, and grants administration. These diverse skill sets are not usually developed in clinical training, and are not typically mastered by a single person. New assessment instruments are warranted to adequately measure access to research staff and to assess the ability of faculty to successfully collaborate with specific types of support staff to generate high quality research studies.

Academic family medicine departments should all be engaged in research as an integral component of the medical school mission. However, before a department can grow the number of funded investigators, significant financial investment is necessary to recruit and retain highly skilled and knowledgeable research staff. We hope future surveys of research capacity will include detailed assessment of support staff to improve our understanding of how to increase research productivity in family medicine.

doi: 10.22454/FamMed.2019.494249

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## Response to “The Importance of Support Staff to Research Capacity”

### TO THE EDITOR:

In their letter regarding the importance of staff support to family medicine department research capacity in response to our publication, “The Current State of Research Capacity in US Family Medicine Departments,”<sup>1</sup> Dr Scherrer and Mr Secrest highlight the fact that “a faculty member is rarely a successful, funded investigator without the support of a highly trained and dedicated support staff” who are “the infrastructure that enables faculty to efficiently submit grants, manage grants, field studies, and disseminate research findings.” We could not agree more with these comments (and note, incidentally, that the lead author on our work is in fact a research staff person).

Our survey tool was a first attempt to systematically measure components of departmental research capacity on a national scale following a well-documented theoretical model (the Bland model).<sup>2</sup> We limited the number of items in this survey to minimize response burden and prioritized the validation of a single-item measure of research capacity (self-assessed research capacity). The research capacity elements we chose to measure (trained research faculty, “laboratory” infrastructure, research leadership, and funding) provided both a baseline of those elements in 2015 as well as empirical validation of the single-item measure.

We plan to repeat this survey of US Departments of Family Medicine for the year 2020, and will seriously consider measuring important elements of research support staff that are so essential to research productivity in lieu of other items included in the 2015 survey.

We thank the authors for raising this important point and look forward to learning more in the future about departmental structures for the key staff roles that help support the family medicine research enterprise.

doi: 10.22454/FamMed.2019.332787

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