Asian perspectives on NAPCRG

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ABSTRACT
This is a short communication to reflect on experiences at North American Primary Care Research Group (NAPCRG) conference from the perspective of Asian family physicians. They feel that NAPCRG can play an important role to level up the skills and talents in countries with less-established primary care research capacity and capability. NAPCRG should not be restricted to networking functions only in North America, Europe and Oceania but should include Asia, South America and Africa. These international academic networks will strengthen primary care research in the world.

We attended our first North American Primary Care Research Group (NAPCRG) in Colorado Springs in 2016 (Tesshu), Montreal in 2017 (Eng Sing) and Chicago (Makoto) in 2019. All of us were recommended and encouraged by colleagues, supervisors and mentors both in our home countries and from Western University to attend NAPCRG. NAPCRG was described to us as the top and internationally renowned primary care research conferences in the world where high-quality primary care research was presented.

We had very good impressions of the first NAPCRG that we attended. We were awed and inspired by the ebullience of novice and established primary care researchers alike. There was a strong camaraderie observed as all participants were learning, questioning, guiding and sharing collaboratively.

We were particularly amazed at how the poster presentations were done. It was noisy and crowded, just like a market! But that is where the beauty lies! We found many good research questions and attractive research plans. The experienced researchers also read the posters carefully and asked important questions, then provided very insightful advice to the presenters. In the midst of all the commotion, we met a lot of great researchers and made friends with them. One feels motivated to do more in primary care research for weeks after the event!

Makoto met up with Dr Felicity Anne Goodyear-Smith and translated her book on ‘How To Do Primary Care Research’ to Japanese. He also developed a Japanese version of Prof Kurt Stange’s ‘Person-Centred Primary Care Measure’. Tesshu has also emulated the NAPCRG model in Japan and returned yearly to collect and refresh his ideas. Eng Sing has invited renowned researchers from NAPCRG to Singapore as guest speakers.

We continued to participate in NAPCRG to present our own research work, obtain valuable feedback, gather new ideas and get recharged. The annual NAPCRG is also a great opportunity to reconnect and build new friendships with like-minded international researchers in the same field of work. We feel that the networks made have helped to develop our individual careers.

Perspectives from the Western culture can shed new light on primary care research in our home countries. Good evidence from robust primary care research work shared with stakeholders such as the government and other medical associations will support the advancement of primary care in each country. Moving towards the future, we feel that NAPCRG can play an important role to level up the skills and talents in countries with less-established primary care research capacity and capability. NAPCRG should not be restricted to networking function for only North America, Europe and Oceania but should include Asia, South America and Africa. These international academic networks will strengthen primary care of the world. For Asia, it will be great to create a similar version of NAPCRG happening 6 months away from the actual event.

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