

## **Editorial**

## Family medicine research and CFP

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Research is to see what everybody else has seen, and to think what nobody else has thought.

Albert Szent-Gyorgy

or more than a decade now, the science of family medicine in Canada—family medicine research—has taken off. There are family medicine researchers and research groups in all of the departments of family medicine across the country. Although successful larger research programs might garner more attention, 1,2 practice-based research networks have sprung up across the country in both cities and rural areas (eg, North Toronto Research Network and the Atlantic Practice-Based Research Network, to name but 2); together they have formed the Canadian Primary Care Sentinel Surveillance Network (CPCSSN).

The CPCSSN initiative is funded by the Public Health Agency of Canada in collaboration with the College of Family Physicians of Canada on behalf of 9 practicebased research networks associated with departments of family medicine across Canada. The CPCSSN also works together with the Canadian Institutes of Health Information

Although the model of family medicine research in Canada might be moving toward developing a core group of family physicians who are primarily involved in research, much important research continues to be done by those who are still primarily involved in clinical practice, ensuring that it will continue to be grounded. It is clear from the Rosser et al<sup>3</sup> article in this month's Canadian Family Physician (CFP) that there is a strong interest among practising family physicians to learn more about and participate in research. There is an important place for both types of researchers in family medicine and in CFP.

Canadian Family Physician has been, and continues to be, very committed to supporting the growth of family medicine research in Canada. Over the years, CFP has published some excellent practice-based research aimed at changing clinical practice, as well as broader health services research with the potential to influence health policy and change practice on a broader scale. There are several examples I could choose, but among the former is the work of Munoz et al,4 a real-world, randomized controlled trial of

canalith repositioning for the treatment of benign positional vertigo, which family physicians can readily do in their offices with substantial benefits to patients. Among the latter type of research is the recent work of Tu and colleagues,5 which showed that hypertension care in the new family health teams in Ontario was superior to that in fee-for-service and community health centre practices.

In addition to publishing relevant, high-quality family medicine research, CFP has also responded to the need for our discipline to publish more of its research. Over the past 2 years, the average number of research articles published has almost doubled, from 2.9 to more than 5 articles per issue. Although this increase might seem small, it is substantial for a small journal like ours.

While we at CFP are proud of these changes, there is more to be done. The 2 excellent studies mentioned earlier have been neither highly accessed on our website nor highly cited in the medical literature; but they should be. A journal's impact factor is but one metric by which its success is measured. Although CFP's impact factor of 1.06 is small compared with large journals like the New England Journal of Medicine, it is competitive with most other family medicine journals. Henceforth CFP will post its impact factor on the journal website so that researchers can compare.

Readers of CFP will soon be able to earn Mainpro-M1 continuing education credits for reading and reflecting on articles published in the journal. The first few will be Clinical Review articles, but in the future we will also direct readers to research articles that we think will be relevant to their practices.

Finally, we will continue to highlight to readers on these editorial pages interesting, relevant, and highquality research published in each issue of CFP.

## Competing interests

None declared

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Cet article se trouve aussi en français à la page 215.