

Hypothesis: The Research Page

One researcher, two researcher,
three researcher, four

Five researcher, six researcher, seven researcher, more!

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I seem to be forgetting things lately. I'm not sure when it started, but I'm worried this might be Alzheimer's. How likely is it?" After conducting a Mini-Mental State Examination on the 68-year-old (otherwise well) woman, I wondered about my true ability to answer her question accurately. Her score was still in the "normal" range, but I wondered how often such forgetfulness leads eventually to fulfilling the diagnostic criteria. It would be a great primary care prognosis study. Hers is a question commonly posed to many family physicians, I'm sure. But what capacity do we have to do such research? Without answers to questions like these in primary care, we "operate" in the dark.

Research is the only answer. But what is the state of research in family medicine in Canada? No one really knows, but I believe it is generally considered less than adequate, underdeveloped, and undersupported. In Nova Scotia alone, for example, 72% of all doctor-patient encounters are with family physicians (personal communication from Penneck M, Population Health Research Unit, Community Health and Epidemiology, at Dalhousie University in Halifax, NS, 2001). Although I have no data (embarrassing for a researcher), I will gladly write a retraction if family medicine receives 72% of the medical research funding in this country.

Instead we often look to research by others for answers to our questions. This means the clinical care we provide is based, much of the time, on studies of clinical situations similar to, but not necessarily the same as, our own.

To provide evidence-based care for primary care patients, we need research. Unfortunately we have a big problem. We have too few researchers. When was the last time you heard a university premedical

student say, "I want to go into medicine so I can be a family medicine researcher!" We have a classic chicken-and-egg problem: more successful established researchers are needed who can ask and answer clinically relevant family medicine questions and act as mentors for students and junior faculty. But methodologic ability and clinical experience are necessary. This country has a small cadre of methodologically capable researchers, but a substantial infusion of such capacity is needed if we are to succeed at this task. Not only do we need to establish and enhance research relationships with other research disciplines (such as sociology, epidemiology, nursing), we must also create a supply of family physician researchers.

Groups needing support

I believe there are five groups needing strategic support: current researchers, clinicians changing careers to research, new young investigators, residents, and undergraduate medical students.

First, we must provide true substantive career support for the few clinical researchers already in family medicine. At least 60% of their time needs to be focused on research to become and remain successful. And I mean 60% fully protected for this task, not eroded with committees, teaching, and so forth.

Then, for those with clinical experience but wishing a career change to research, we must substantially support their salaries while they take postgraduate research training. Bridge funding will also be required as they assume their new research positions after training. In addition, for clinicians wishing to generate research questions and participate in project development but not wishing to follow a substantial research career, we



need a category of salary support to allow their true and not token participation.

New young investigators (both university- and community-based) need funded and protected time. University departments of family medicine and faculties of medicine must offer human infrastructure support for these new researchers. Just as laboratory start-up funds and space are available to specialty researchers, new family medicine researchers need research associates who can help with grant development and data analysis.

For our residents, funded postgraduate years for research career paths must be made available. Faculties of medicine support research careers in specialty funding arrangements and should provide similar funding in family medicine.

Finally, undergraduate medical students need to have elective and other research experiences and exposure in family medicine. Funded summer internships are one opportunity to nurture this group. Family medicine researchers must also become visible to medical students in the research culture of each faculty of medicine.

How do we make these five groups grow and thrive? Partnerships will be needed to fund these activities. Such partnerships will link university departments and their faculties of medicine, our broad university research communities, non-profit charitable funding organizations (eg, Canadian palliative care associations, Canadian Cancer Society, Heart and Stroke Foundation), research funding agencies (Canadian Institutes of Health Research, provincial research funding agencies), the College of Family Physicians of Canada (Research and Education Foundation), and anyone else who is open

to realizing the opportunity and necessity of family medicine research.

Strategic funding

Not yet satisfied, I believe we need a strategic funding initiative like that undertaken by national research funding organizations elsewhere in the world. Recently, the National Health Service along with the Medical Research Council reviewed the state of primary care research in the United Kingdom and identified a need to focus substantially on building research capacity.^{1,2} In Australia the Department of Health and Ageing has also created such an opportunity.³ One of the five key elements of the Australian strategy is the establishment of primary health care research priorities. In the United States, the Agency for Health Care Research and Quality recently funded a series of primary care research networks as the research laboratory for primary care.⁴ I believe that, without similar Canadian initiatives, we will not realize the potential of primary care and family medicine to contribute to the health of Canadians. ❖

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