



Strengthening research through WONCA *Filling a tall order*

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Taking research seriously: *Attendees at the WONCA conference earlier this year in Kingston, Ont, discussed strategies to increase research in family medicine.*

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In early March of this year, 80 family physician researchers from around the world met in Kingston, Ont, under the auspices of WONCA (World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians, now the World Organisation of Family Doctors) in order to discuss the state of research in family medicine. The meeting was led by Drs Chris van Weel from the Netherlands and Walter Rosser from Queen's University. Its goal was to "strengthen family/general practice research around the world"—a tall order, indeed.

There were background papers, plenary sessions, and workshops to discuss issues from the plenaries, and out of all the talk a number of themes emerged. Delegates spent considerable time trying to decide whether family medicine had a unique domain of research, whether it could lay claim to some areas of expertise that only family physicians should

research. This issue was not entirely resolved during the conference, but the consensus was that, although family physicians do not claim expertise in a particular body system, they do see health problems from a unique perspective within the family context and community. The kinds of questions family physicians need addressed cannot be answered by studies done in tertiary centres. Many of the practices carried out in primary care do not have good evidence behind them, so there is vast potential for family medicine research to answer these questions. The key for family medicine researchers is to ask the right questions and develop an infrastructure to answer them.

No respect

Another theme heard repeatedly was "we don't get no respect" in the world of scientific publishing. Family medicine is seen by other specialties as



definitely junior in terms of scientific achievements and is not really taken seriously by funding bodies. This perception is partially inaccurate, because many family physicians have done high-quality work that has been published in top-level journals. Their research is not identified as “family practice,” however, and is not counted in the scientific league tables. In addition, although several indexed family medicine journals publish research, they are not generally read by people in other specialties, and because they have less prestige, high-level family medicine researchers do not publish in them. This means there is no obvious repository of the best family medicine research that other specialties can see. As a result, WONCA saw a role for itself in promoting the successes of family medicine researchers to health planners, academics, and practising physicians.

Another problem, however, is that much of current family medicine research is at the adolescent stage of development: growing fast, somewhat awkward, showing promise, but not really mature. Much of the research published in family medicine journals is surveys of practice, often comparing family physicians’ performance against guidelines (usually developed outside primary care). This navel-gazing research does little to change practice, and most practising family physicians do not look to their researchers for answers to their clinical questions. Thus, I believe that part of family medicine’s problem is that their researchers are not asking the right questions. We need to raise our sights to more clinically important questions.

Despite this, the importance of family medicine research was emphasized. Research can change practice, can improve the health of communities, and naturally complements the science developed in tertiary care centres. Good research also can boost the scientific self-confidence of the discipline, gain respect from other specialties, and offer intellectual challenges to its members. A research path is a definite attraction to new graduates who want a challenging career, and family medicine should provide this option, as other disciplines do.

Strategies that work

The conference noted several strategies that have increased family medicine’s success with research. One is the development of practice-based research networks that has proven a powerful way to link academic methods and community access to patients. It can also further the transfer of knowledge from studies to practice. Mentoring of young researchers by senior ones has also proven successful, even across

international borders. Adequate funding to carry out the research and freeing researchers from clinical duties was also seen as crucial. Several countries (such as the United Kingdom, the Netherlands, and the United States) have boosted funding for primary care research in the past few years.

Research activity around the world

Several countries have a long-standing research culture and contribute greatly to the literature. The Netherlands and United Kingdom have a long history of primary care research. Countries with more recent contributions include the United States, Australia, and Canada. Other countries, such as those in eastern Europe, are just in the process of remodeling their health care systems to include family medicine but are determined to build research capacity. Developing countries, such as South Africa, struggle with delivering basic medical care amid a chaotic health care system, and traditional “family practice” is available only to a few people. The problems around the world were widely different, but there was a genuine desire to address the issues raised by developing countries.

The most interesting aspect of the conference was the reporting of individual research groups’ activities around the world. These were genuine success stories of research capacity being built up and answering questions of direct relevance to local communities. For example, the Scottish School of Primary Care was established in 2000 as a “school without walls” to create a critical mass of research and methodologic skills that anyone interested in primary care research could join. It managed to pool money from every health board in Scotland to create a fund of more than \$1.2 million (US) that has been used to support primary care research and answer questions for the National Health Service.

The Scottish School was modeled after the Netherlands School of Primary Care Research, recognized as a true centre of excellence by the Royal Netherlands Academy of Sciences. It was founded in 1995 by three universities, and it focuses on studies of effectiveness and quality of care. In addition, the Dutch College of General Practitioners has developed evidence-based guidelines for the most common health problems in primary care. The guidelines also point out where there is inadequate information about these conditions. This lack of knowledge is fed back to primary care researchers, establishing a research agenda that has a direct relevance to practice. For example, in a critical analysis of 68 guidelines, more than 800 important diagnostic or therapeutic decision areas were

poorly supported by good evidence—fertile soil for researchers for years to come.

A most original example is in Italy, where a family practice research network was established through a working relationship with a private research institute, outside university connections. This group has been very effective and is best known for trials using low-dose acetylsalicylic acid and vitamin E to prevent cardiovascular events, proving that good research does not have to come from an ivory tower.

In Australia, the Brisbane Initiative aims to recruit the most talented family physicians and train and retain them for senior research careers. It offers advanced methodology training while encouraging participants to maintain some involvement in patient care to keep them properly grounded.

An inspired example is in South Africa, where, despite a daunting challenge of infrastructure failings and an overwhelming burden of illness, a group of family physicians has formed a research network. The researchers contributed a small amount of their salary to develop a research fund; build a practice network; and answer questions on conditions that are most pressing there, such as HIV and AIDS.

Canada has not been on the sidelines but is helping to build primary and research infrastructure overseas. Two examples include Queen's University's support of family medicine in Bosnia and the collaboration between public health departments in Brazil and the Department of Family and Community Medicine at the University of Toronto.

Show us the money

There have also been encouraging developments in funding of primary care research. Examples noted in Scotland and the Netherlands are echoed by the formation of the Canadian Institutes of Health Research where family medicine researchers have been successful in obtaining large grants to answer questions

in primary care. Similarly in Australia, there has been a marked commitment at the national level to fund primary care research in substantial terms. And in the United States, the Agency for Health Care Policy Evaluation has committed funds to address primary care issues. For family medicine researchers, opportunities have never been greater.

In the end, WONCA developed several recommendations to promote family medicine research around the world. It is committed to develop strategies to showcase research achievements of family physicians; to set up a clearing house to encourage building links between researchers: mentoring, training, and funding; to establish more practice-based networks; to develop sentinel practices in all countries to determine the areas of greatest morbidity and mortality; and to set ethical standards for research in primary care.

The bottom line is, however, that family medicine researchers will be taken seriously only when they answer family medicine questions. Richard Horton, editor of *The Lancet*, attended the conference and asked, "Is primary care research a lost cause?"¹ Based on the conference, I do not think so, but to be successful we must "formulate testable questions, the answers to which will make a difference to patients."¹

For more details on the conference, visit the WONCA website www.globalfamilydoctor.com. ♣

Dr Reid is *Scientific Editor* of Canadian Family Physician.

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Reference

1. Horton R. Is primary-care research a lost cause? [editorial] *Lancet* 2003;361:977.