



Celebrating family medicine research

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Once we believe in ourselves, we can risk curiosity, wonder, spontaneous delight, or any experience that reveals the human spirit.
e.e. cummings

In this issue of *Canadian Family Physician (CFP)* we celebrate the growth and diversity of family medicine research in Canada. In the past 2 decades, Canada's family medicine research enterprise has grown remarkably. Many academic family medicine departments across the country have developed strong core groups of funded family-physician and allied-health researchers with stable infrastructure and administrative support.^{1,2} These researchers are successfully competing for grants and are publishing their research in reputable journals, such as *CFP* and *Annals of Family Medicine*, high-quality, high-impact factor family medicine journals dedicated to publishing excellent research in the discipline.

Dr William Hogg's commentary (page 1121) celebrates the increasing recognition of and opportunities for research in family medicine through the Canadian Institutes of Health Research Primary Health Care Research Initiative.³ Also in this issue (page 1219) is an overview of the structure and goals of the Canadian Primary Care Sentinel Surveillance Network (CPCSSN), the first article in an ongoing series about CPCSSN under the title Sentinel Eye.⁴ Canada has lagged behind many other countries in creating such a primary care, practice-based research network, so CPCSSN, developed in collaboration with the Public Health Agency of Canada, is a welcome addition to the research landscape.

The issue also includes an article by Jyoti Kotecha and other members of CPCSSN (page 1165) examining the challenges that institutional research ethics boards present to carrying out research in such a practice-based network.⁵ Accompanying this study is a critical commentary (page 1113) by Dr Ross Upshur, family physician and Chair of the Joint Center for Bioethics at the University of Toronto, in which he presents useful suggestions for helping researchers and institutional review boards work together.⁶

As luck would have it, this month's cover features a family physician researcher, Dr Margaret McGregor, recipient of an award from the University of British Columbia's Community-Based Clinician-Investigator program. This program allowed family physicians to dedicate up to half of their time to research for 3 years, with a special focus on projects targeting vulnerable populations. In Dr McGregor's case, that has meant examining and evaluating health policy and how it affects people in nursing homes across British Columbia.^{7,8}

Cet article se trouve aussi en français à la page 1112.

While there is much to celebrate, there might also be a "wallflower" at this research party. Looking back and analyzing the first 2 years and 110 research articles published in *Annals of Family Medicine*,⁹ the editors lamented that "[d]espite the diversity of ways of knowing represented, the small percentage of studies that represent clinical topics from a unique primary care perspective suggest an overly tight connection to the dominant reductionist paradigm of a health care system that is widely seen to be failing."⁹

For more than a decade,^{10,11} Dr Ian McWhinney has tried to draw our attention to the fact that family physicians in practice, and not only researchers, are uniquely positioned to "ask [and answer] questions from the perspective of the way health and illness actually manifest in relatively unselected individuals, families, and communities."⁹ He has suggested that the clinical discoveries and insights that come from practice should have a category of their own in family medicine journals, called perhaps *Discoveries*.¹² He has also asked, "How should this work be judged?" He suggests "4 criteria: plausibility, support from the basic sciences and appropriate literature, clarity of the concepts, and reproducibility of the procedures."¹²

In the past, *CFP* has published just this kind of practice-based, descriptive work by family physicians in clinical practice,¹³ but we need to encourage more such work to be done. To that end we are soliciting submissions for just this kind of research under the title Clinical Discovery. For more information, visit www.cfp.ca. 🌿

Competing interests

None declared

References

1. Talbot YR, Rosser WW. Taking the first steps. Research career program in family medicine. *Can Fam Physician* 2001;47:1254-60.
2. Hogg W, Donskov M, Russell G, Pottie K, Liddy C, Johnston S, et al. Riding the wave of primary care research. Development of a primary health care research centre. *Can Fam Physician* 2009;55:e35-40. Available from: www.cfp.ca/content/55/10/e35. full. Accessed 2011 Sep 9.
3. Hogg W. Rebuilding the primary care infrastructure one research project at a time. *Can Fam Physician* 2011;57:1121-2 (Eng), e354-5 (Fr).
4. Birtwhistle RV. Canadian Primary Care Sentinel Surveillance Network. A developing resource for family medicine and public health. *Can Fam Physician* 2011;57:1219-20 (Eng), e401-2 (Fr).
5. Kotecha JA, Manca D, Lambert-Lanning A, Keshavjee K, Drummond N, Godwin M, et al. Ethics and privacy issues of a practice-based surveillance system. Need for a national-level institutional research ethics board and consent standards. *Can Fam Physician* 2011;57:1165-73.
6. Upshur REG. Ask not what your REB can do for you; ask what you can do for your REB. *Can Fam Physician* 2011;57:1113-4 (Eng), 1115-7 (Fr).
7. McGregor MJ, Tate RB, McGrail KM, Ronald LA, Broemeling AM, Cohen M. Care outcomes in long-term care facilities in British Columbia, Canada: does ownership matter? *Med Care* 2006;44(10):929-35.
8. McGregor M, Pare D, Wong A, Cox MB, Brasher P. Correlates of a "do not hospitalize" designation in a sample of frail nursing home residents in Vancouver. *Can Fam Physician* 2010;56:1158-64.
9. Miller WL, Phillips WR, Acheson LS, Crabtree BF, Zyzanski SJ, Nutting, PA, et al. New knowledge for and about primary care: a view through the looking glass of the *Annals of Family Medicine*. *Ann Fam Med* 2005;3(3):197.
10. McWhinney IR. Why are we doing so little clinical research? Part 1. Clinical descriptive research. *Can Fam Physician* 2001;47:1701-2 (Eng), 1713-5 (Fr).
11. McWhinney IR. Why are we doing so little clinical research? Part 2. Why clinical research is neglected. *Can Fam Physician* 2001;47:1944-6 (Eng), 1952-5 (Fr).
12. McWhinney IR. Assessing clinical discoveries. *Ann Fam Med* 2008;6(1):3-5.
13. Worrall G. One hundred coughs. Family practice case series. *Can Fam Physician* 2008;54:236-7.