

## Family doctor as scholar

The study by Koo and colleagues, published in the June issue of *Canadian Family Physician*,<sup>1</sup> is an interesting, small study of opinions regarding whether the requirement for a formal research project contributes to the competency of a family physician as a scholar. Some respondents affirmed the utility of projects that were clearly connected to quality improvement in practice, while some questioned the limited exposure within residency training to the broader aspects of the scholarly role, beyond that of researcher. When I was Chair of the National Research Committee of the College of Family Physicians of Canada in the late 1980s (since replaced by the Section of Researchers), we struggled with the question of how best to inculcate a culture of questioning the dogma in the existing literature that did not reflect the practice experience of family doctors. We argued for the requirement for critical appraisal and audit skills for all graduates, as well as for resident projects that might involve original data collection but that could just as well involve critical review of the literature or creative work. The core requirement of the project was that the learner demonstrate the ability to question assumptions about “truth” and learn something about the process of knowledge creation.

We hoped that a few graduates each year might be “turned on” to become researchers, as has been the experience in many programs, but that all graduates would learn the skills to be critical users of knowledge. I still believe those core requirements for all graduates of family medicine programs are sound.

—Carol P. Herbert MD CCFP FCFP  
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### Competing interests

None declared

### Reference

1. Koo J, Bains J, Collins MB, Dharamsi S. Residency research requirements and the CanMEDS-FM scholar role. *Can Fam Physician* 2012;58:e330-6. Available from: [www.cfp.ca/content/58/6/e330.full.pdf+html](http://www.cfp.ca/content/58/6/e330.full.pdf+html). Accessed 2012 Jul 9.

## Response

We appreciate Dr Herbert’s reflections and support her conclusions. Her words remind us all that research is not an end in itself. Following Dr Herbert’s leadership in the late 1980s and since in championing the importance of research in family practice, we must continue to explore how to enable residents “to question assumptions about ‘truth’ and learn something about the process of knowledge creation.”<sup>1</sup> That is, we must continue to question how residency programs can best prepare physicians to connect what is known across disciplines that affect health; to appraise and translate that knowledge; to create new knowledge at both micro (practice and practitioner) and possibly macro levels; and even to apply knowledge responsibly to consequential societal problems.

Our paper<sup>2</sup> raises the possibility that some learners experience an important component of the residency curriculum as weighted too heavily on investigative perspectives, with insufficient focus on developing the multidimensional nature of scholarship.

This “small study of opinions”<sup>1</sup> was a conscientious, qualitative research inquiry by 2 residents (the first 2 authors). The back story is that these resident colleagues were honest and constructive in voicing their initial lack of enthusiasm for the “core requirement,” and they are to be lauded for finding a means to become “turned on.” That process started with choosing a topic that concerned them, which is what researchers tend to do. Their supervisors (authors of this response) did their best to support a scholarly process. And together, acknowledging reviewers’ and editors’ input, we have brought the voices of residents and recent graduates (the study participants) to a wider audience. It is our opinion that the first 2 authors have achieved Dr Herbert’s original objectives: “demonstrate[ing] the ability to question assumptions about ‘truth’ and learn[ing] something about the process of knowledge creation.”<sup>1</sup>

What remains to be seen is how the rest of us respond to learners’ perspectives.

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### Competing interests

None declared

### References

1. Herbert CP. Family doctor as scholar [Letters]. *Can Fam Physician* 2012;58:829.
2. Koo J, Bains J, Collins MB, Dharamsi S. Residency research requirements and the CanMEDS-FM scholar role. *Can Fam Physician* 2012;58:e330-6. Available from: [www.cfp.ca/content/58/6/e330.full.pdf+html](http://www.cfp.ca/content/58/6/e330.full.pdf+html). Accessed 2012 Jul 9.

## Another hypertension visit

In their response to our letter,<sup>1</sup> Campbell et al state why they do not agree with our opinions<sup>2</sup> regarding intensive blood pressure treatment in patients with type 2 diabetes. Our opinions were first presented in response to

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