Family doctor as scholar

The study by Koo and colleagues, published in the June issue of *Canadian Family Physician*,[1] 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.

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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**. 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."[1] 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[2] 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"[1] 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."[1]

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

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Competing interests
None declared

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Another hypertension visit

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

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their recent update on the management of hypertension in patients with type 2 diabetes.[3]

It is interesting to note that no competing interests were declared by the authors of the recent letter by Campbell et al.[1] The authors might have not understood the question but, through a quick search of the Internet, it is clear that all the authors, except Dr Chockalingam and Ms Morris, have disclosed (in recent publications) perceived or actual conflicts of interest with several different pharmaceutical companies who manufacture antihypertensive medications.[3-7] We equate these conflicts with "competing interests" and think it is important for readers to be aware of this information while interpreting the work of Campbell et al. We strongly believe that readers could be misled by their original declaration and would respectfully suggest that a correction be published immediately.

—*Aaron M. Tejani* PharmD
—*Jacky T.P. Siu*
—*Jim M. Wright* MD PhD
—*Ken Bassett* MD PhD
—*Vijaya Musini* MD MSc
—*Barbara Mintzes* PhD
—*Tom Perry* MD
On behalf of the Therapeutics Initiative, University of British Columbia

Competing interests
None declared

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Correction

In the submission of the letter by Campbell and colleagues,[1] the authors provided statements of competing interests that were inadvertently omitted from the published letter. The competing interests statement should have read as follows:

Competing interests
Dr Gilbert has served on advisory boards, received research grant funding, and given lectures for AstraZeneca, Bristol-Myers Squibb, Merck, and Novartis. **Dr Leiter** has received research funding from, has provided continuing medical education on behalf of, or has acted as a consultant to AstraZeneca, Boehringer Ingelheim, Bristol-Myers Squibb, Merck, Novartis, Pfizer, Sanofi-Aventis, and Servier. **Dr Larochelle** has received support for continuing education and research grants from Amgen, AstraZeneca, Boehringer Ingelheim, Merck, Novartis, Pfizer, and Takeda. **Dr Tobe** has received research grants and speaker's honoraria from Abbott Laboratories, Bayer, Boehringer Ingelheim, Bristol-Myers Squibb, Janssen, Merck, Novartis, Pfizer, Sanofi-Aventis, and Servier. None of the other authors has any competing interests to declare.

Canadian Family Physician apologizes for any confusion this might have caused.

Reference

1. Campbell NRC, Gilbert RE, Leiter LA, Larochelle P, Tobe S, Chockalingam A, et al. Hypertension revisited [Letters]. *Can Fam Physician* 2012;58:635-6.

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