Dear Colleagues,

Previous physician surveys show that a relatively small percentage of members are actively involved in research. Yet, so many questions that arise from our everyday practice and the health care system we work in beg for answers! The 2013 National Physician Survey data show that 10.1% of FP respondents are involved in research on a weekly basis, compared with 30.7% for other specialists. In contrast, 29.1% of FP respondents and 50.4% of other specialists are involved in teaching weekly.

Why such differences? Multiple factors are at play: graduate research training has long been an accepted component of residency in other disciplines; historically, community-based (relative to hospital-based) research has not been a priority for funding; FP researchers have traditionally not been well supported in doing research (eg, protected time, remuneration), while dedicated research time is a funded expectation of full-time academic faculty in other disciplines; and there has not been funding for building capacity in family medicine research to effectively involve FPs.

It has been said that we can measure the maturity of a discipline by the degree to which it contributes to the eviderntiary base underpinning the practice in a given field. Several important developments are under way.

• Celebrating and showcasing the best of family medicine residents’ scholarly work at Family Medicine Forum (FMF). The top-ranked family medicine resident paper and the 2 top resident research projects are recognized, and the authors present summaries of their work at FMF.
• Building capacity by encouraging graduates to pursue research opportunities and postdoctoral degrees through funded third-year residencies, CFPC Janus awards, or funding from other sources such as the CFPC-supported Grant Generating Project (www.familymedicine.vcu.edu/research/ggp/index.html). There are many degree opportunities at various Canadian universities.
• Increasing external support for family medicine research. Through the Community-Based Primary Health Care grants and Strategies for Patient-Oriented Research funding in 2013, the Canadian Institutes of Health Research gave a clear signal about the importance of primary care research. We need to be more deliberate in advocating for research funding in family medicine to increase our capacity to respond to these opportunities and produce high-quality research to guide our practice.

Our practice context has evolved considerably. Many of us are now engaged in quality improvement initiatives. Sixty-two percent of us are using electronic medical records—important tools to measure what we do. In most provinces, practice-based research networks provide the capacity for clinicians to contribute to the research process by asking relevant questions or contributing data from their own practices to answer questions they believe are important. Your College is closely associated with the Canadian Primary Care Sentinel Surveillance Network (http://cpcssn.ca), in which research networks from 8 provinces contribute to large-scale data collection to determine what really happens in family practice in the diagnosis and ongoing management of 8 chronic conditions that strongly affect quality of life for Canadians. Past President Dr Marie-Dominique Beaulieu reminded me on a few occasions during my first year in office that the Section of Researchers (SOR) was created by the College to connect what was initially a small cadre of researchers, to create opportunities for professional development, to share best practices, to build a forum for dissemination of new knowledge in family medicine, and to celebrate successes and excellence in family medicine research. There is no equivalent in any other medical discipline in Canada.

How do we move forward? How do we take family medicine research to the next level? Here are some ideas.

• Build a research culture within departments of family medicine and “see research in everything we do.” For example, in Quebec the government is providing funding to connect the 4 university-based, practice-based research networks, thereby linking all family medicine researchers and supporting large-scale data collection.
• Advocate to better support FP researchers financially—one cannot do substantive, meaningful research from the corner of one’s desk on the 25th hour of the day.
• Develop and implement a research training strategy.
• Engage our provincial Chapters (in connecting academic research directors and facilitating professional development opportunities in research; building research into annual scientific assemblies; and including a family medicine research page on each Chapter website).
• Championing internal and external collaboration.
• Measuring our progress.

The SOR and the CFPC Research Department have created a blueprint to articulate our vision and plan. We are excited to work with the Chapters, departments of family medicine, and health authorities to continue building research excellence in family medicine. Let’s congratulate the SOR and celebrate its 10th anniversary on Research Day at FMF in Quebec city, Que, on November 12, 2014!

Acknowledgment
I thank Inese Grava Gubins, Cheryl Levitt, and Alan Katz for their input on this article.

Reference