



A perfect family medicine storm

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Research has, historically and arguably, been an “issue” for family medicine. Although the preponderance of Canadian clinical activity occurs in the family medicine primary care world, most published medical research continues to arise from non-family physicians, most often involving highly selected populations. But there is a “perfect research storm” brewing in family medicine.

While we have many members who are interested in and knowledgeable about research, we seem to struggle to grow beyond a smallish member cohort that is simultaneously passionate about and involved in research *and* successful with publication. Although residents are expected to acquire research skills and acumen, it is fair to say that many of them remain ambivalent.

Dollars to support and, perhaps more important, *time to do* research are particular challenges for family medicine. Research has certainly been a challenge for me. I spent a number of years as a full-time university-teaching family physician, and my research involvement was, to my mind, marginal. Research “precipitants” for me tended for the most part to come from 2 sources: resident research projects, which provided viable and convenient opportunities, or requests for collaboration from “outside” researchers, who wanted a family physician voice on a project or access to patients. Such requests would trigger my involvement largely because “someone else” was doing the bulk of the work, and my clinical work would be minimally affected. I justified my relative disengagement by rationalizing that research was at the bottom of the list of competing demands—particularly clinical ones. I certainly did not avoid it out of lack of interest or for any shortage of potential research questions generated from clinical work.

The “research imperative” for family doctors has fundamentally changed and this might forecast a new era of family physician participation. Several forces now at play serve to create the perfect storm to augment interest in, opportunities and support for, and the abilities and capacities of family doctors to actively participate in research.

- The Canadian Institutes of Health Research—an important funder—now “gets” that not all valuable research is done in a laboratory on a bench. Additionally, it has begun to more fully appreciate the value of patient input. The resultant Strategy for Patient-Oriented Research presents “big” research opportunities for family medicine that are unprecedented but that require cross-jurisdictional collaboration and organization.
- The recent CFPC acknowledgment of the Top 20 Pioneers in Family Medicine Research highlights the

power of family medicine research and serves as encouragement to us all.

- Our CFPC Section of Researchers has developed a cogent blueprint for family medicine research that includes outcomes.
- The increasingly prevalent Patient’s Medical Home models, with their adaptability and applicability, offer unprecedented research opportunities in terms of clinical outcomes and system redesign and performance.
- The CFPC intent to identify, host, and use metrics (similar to our US sister organizations) that can demonstrate training outcomes and family practitioner value to the health of Canadians will provide rich research territory.
- Increased member teaching and distributed programs provide more fertile ground in which to nurture clinical questions—and answer them through research.
- The Canadian Primary Care Sentinel Surveillance Network, now housed at Queen’s University in Kingston, Ont, is able to reach into participants’ electronic medical records, extract and anonymize data, and compare outcomes across Canada for certain sentinel conditions.
- System infrastructure support for primary care transformation can serve to support quality improvement activities and resultant research.
- System and funder interest in integration and “generalism” should stimulate more family medicine research.
- The CanMEDS–Family Medicine framework and the emerging continuing professional development continuum will undoubtedly lead to educational and translational research opportunities.

The question of how to encourage more family medicine research has been with us for decades. Progress, while real, has been incremental. The environments we work in today are more permissive, supportive, and now even inviting of research. Electronic medical records and communities of practice make for unprecedented research potential and might well be the “great enablers.” I finish my term as President feeling optimistic about the opportunities for family medicine research in Canada. Let’s make sure we take advantage.

There are “big, bold” research ventures out there, waiting to be defined, that we as a discipline could undertake to truly raise our research profile. For example, why not collaborate with all residents within a distributed training program to gauge interest in collectively asking a “system” question across that program? There are undoubtedly many ideas that simply need wider conversations and a bit of support to kick-start them to action.

The “storm” is here, and how we choose to navigate it is in our hands. Let’s call for “all hands on deck!” 🌿

Cet article se trouve aussi en français à la page 1014.