



Golden age of family medicine research

Nicholas Pimlott MD CCFP, SCIENTIFIC EDITOR

If I have ever made any valuable discoveries, it has been owing more to patient attention, than to any other talent.

Isaac Newton

This month marks the 20th anniversary of the Section of Researchers (SOR) of the College of Family Physicians of Canada and an opportunity for real celebration.

During these 20 years the family medicine research enterprise in Canada has grown enormously and arguably is now coming of age. Before the 1990s family medicine research was mainly a cottage industry, with a handful of professional researchers and a small, but still substantial, minority of family physicians carrying out research “around the kitchen table.”¹ With the creation of the first research career-track programs in the larger academic family medicine departments, family medicine has been able to establish a national and internationally recognized group of professional researchers able to compete at the highest levels for research grants and publication in prestigious peer-reviewed journals.²⁻⁴ The SOR has been instrumental in this success.

Although they might not realize it, all family physicians engage with and contribute to research on many levels, even if they are not professional researchers themselves. A fundamental way that family physicians engage with research is as consumers of its products—the results of randomized controlled clinical trials of therapies and screening tests, the appropriate use of new and more accurate diagnostic tests, and the implementation of recommendations from clinical practice guidelines, to name but a few.

For busy family physicians, maintaining the skills of acute clinical observation in combination with the ability to write and publish case reports is one of the most meaningful ways to engage in research and contribute to the “database” of family medicine. This remains an important part of the research continuum in family medicine and one of the most accessible ways that the average family physician can contribute to research in our discipline.⁵ The most useful and practical case reports published in this journal have been those contributed by family physicians.⁶

The growth of the quality improvement movement has provided opportunities for all family physicians to engage in a microcosmic research experience. Although research might be defined as the generation of generalizable knowledge, the process of studying one’s own practice and behaviour with a view to improving the

end product follows a very similar process and is crucial to improving patient care.

There are many problems with current models of clinical practice guideline development and implementation,⁷ but they represent a tremendous opportunity for greater family physician engagement and influence on both research and knowledge translation.

Although Canada has been slow off the mark compared with other countries, one of the most exciting recent developments in family medicine research has been practice-based research networks, the largest of which is the Canadian Primary Care Sentinel Surveillance Network.⁸ Practice-based research networks will provide unprecedented opportunities for family physicians who make important new clinical observations and who are practising as part of larger practice-based research networks to leverage the expertise of both their research colleagues and the collective clinical data available through the networks. Using evolving information technology to create virtual observatories where clinical observations can be shared and approaches to patient management compared is truly an innovation whose time has come.⁹

These are exciting times in family medicine research in Canada. If the past 20 years have seen a coming of age of research, surely the years ahead have the potential to be a golden age in which all family physicians—from the community-based family physician to the professional researcher—are fully engaged in the research enterprise of family medicine. The SOR will undoubtedly continue to play a crucial role as we usher this golden age in. 🌿

References

1. Falk WA. *The curious family doctor. Research by family doctors in Canada in the early years*. Bloomington, IN: Trafford Publishing; 2001.
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.pdf+html. Accessed 2015 May 7.
3. Talbot YR, Rosser WW. Taking the first steps. Research career program in family medicine. *Can Fam Physician* 2001;47:1254-60.
4. Rosser W, Godwin M, Seguin R. Family medicine research capacity building. Five-weekend programs in Ontario. *Can Fam Physician* 2010;56:e94-100. Available from: www.cfp.ca/content/56/3/e94.full.pdf+html. Accessed 2015 May 7.
5. Pimlott N. Two cheers for case reports. *Can Fam Physician* 2014;60:966 (Eng), 967 (Fr).
6. Majerovich JA, Cauty A, Miedema B. Chronic vulvar irritation: could toilet paper be the culprit? *Can Fam Physician* 2010;56:350-2.
7. Allan GM, Kraut R, Crawshay A, Korownyk C, Vandermeer B, Kolber MR. Contributors to primary care guidelines. What are their professions and how many of them have conflicts of interest? *Can Fam Physician* 2015;61:52-8 (Eng), e50-7 (Fr).
8. 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).
9. Garies S, Irving A, Williamson T, Drummond N. Using EMR data to evaluate a physician-developed lifestyle plan for obese patients in primary care. *Can Fam Physician* 2015;61:e225-31.

Cet article se trouve aussi en français à la page 490.