



## Lifeblood of a discipline

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Championing research is at the core of the College's mission of leading family physicians to improve the health of all Canadians.<sup>1</sup> Research is fundamental to defining, refining, and advancing the knowledge and techniques our discipline is based on.

Most family physicians are not oriented to research. Residents in our training programs have less interest in research than those in other specialties do.<sup>2</sup> I chose family medicine because I wanted to help people by curing or alleviating illness. The challenges of residency and early practice were to learn and apply enough knowledge of our broad discipline to be competent. Gradually, I realized that many problems I encountered and effective solutions were not well described in textbooks or addressed in research.

This conundrum became more pronounced as I began teaching. Not only was there a lack of evidence on which to base instruction, but common problems, such as viral upper respiratory tract infections or patients' difficulty with treatment regimens, were denigrated in the curricula as unimportant or disparaged as "noncompliance."

Family medicine is a young discipline, and its progress has relied on research pioneers who addressed its unique challenges. Outstanding examples are highlighted in the CFPC publication *The Seven Wonders of Family Medicine Research*, including studies showing the value to the health care system of having a family physician, the effect of patient-centred care on outcomes, and the effectiveness of community engagement in research.<sup>3</sup>

Despite evidence of the importance and effect of family medicine research,<sup>4</sup> research growth is hampered by systemic challenges. Funding and institutional support largely favour non-family medicine specialty-oriented research and hospital-based care. Industry-sponsored funding normally goes to other specialists; most family physicians are appropriately guarded about engaging in such research and about its results.<sup>5</sup> The Canadian Institutes of Health Research lack an institute for primary care. Emerging opportunities can be impeded by new threats. For example, widespread adoption of electronic medical records (EMRs) in Canada has created an opportunity for the study of primary care. However, EMR vendors are proposing financial and technical barriers to accessing these data.

Past President Tom Bailey wrote of these challenges a decade ago<sup>6</sup> and it can seem that little has changed. However, family medicine research is gaining strength.<sup>7</sup> The Canadian Institutes of Health Research has launched a Strategy for Patient-Oriented Research and family physician researchers are deeply involved in

several of its national networks, including one for Primary and Integrated Health Care Innovations.<sup>8</sup> The Canadian Primary Care Sentinel Surveillance Network, Canada's first multidisease EMR surveillance system, launched in 2008 and was developed with College support. It grew to almost 1200 sentinels who contributed secure, anonymized data from more than 1.5 million patients.<sup>9</sup> Five years ago, the CFPC's Section of Researchers set a stretch goal of 1500 members by 2017. We reached 1556 in August.

Family physicians recognize that contributing their patients' data to regional networks within national enterprises builds the research base and supports quality improvement in practice. The importance of this collaborative, broad engagement cannot be overstated. For years, the randomized controlled trial was the criterion standard for evidence. A recent review emphasized the value of other research, especially longitudinal care studies that primary care networks are ideally suited to produce.<sup>10</sup>

My research role has evolved from consumer to critic, to contributor of data, to member of research teams. I am a small player on these teams. People with extensive training and experience do the heavy lifting; I contribute a "front-line clinician" perspective. In administrative roles, I have been an advocate for and builder of research capacity. Pimlott and Katz describe ways in which family physicians can engage in research as an "ecology."<sup>7</sup> I strongly support their message in encouraging all family physicians to contribute in some way, however large or small.

We follow our path as family doctors to help people with illness, injury, and disability. In a professional lifetime, a family doctor helps thousands of people. When we contribute to research that improves health, we help people beyond our personal reach and long after we cease practice. This message outlines notions and challenges that motivated me. Along the way I discovered, in the words of my colleague, Michelle Greiver, "Research is a team sport—and it's fun!"

### References

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