

COMMENTARY

Research Activity in Family Medicine: The “Best of Times” or “Can I Have More, Please”?

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The article by Pathman et al¹ in this issue of the *Journal of American Board of Family Medicine* continues a decades-long analysis of research in family medicine. It almost seems that doing research about doing research is nearly as old as the discipline itself. The article in this issue of the *Journal* shows that the number of publications authored by family physicians has grown considerably in a short period of time. Also of note is that research productivity seems to be centered in academic departments, which produced 89% of all papers. According to Pathman’s article, even in academic family medicine, research activity has become concentrated in a small number of departments.

One of the enduring intellectual struggles in discussing research in family medicine is whether research should be entrusted to a few well-trained professionals located in a select number of academic institutions (the “professional researchers” model) as opposed to a broad approach whereby all family physicians should be engaged in a quest for additional knowledge (the “egalitarian” model).² Even in academic circles, there is conflict about whether it is desirable to have research activities concentrated in a minority of departments that have developed the research infrastructure and attracted a critical mass of researchers as compared with every department being engaged in research.

One reason for the debate is that both models have some merit. For example, research professionals who reside in academic departments of a few institutions are more likely to attract funding from

federal agencies such as the National Institutes of Health. An analysis by Rabinowitz et al,³ which discusses data from the same year that Pathman et al¹ considered in their study, showed that few family medicine researchers are receiving any funding from the NIH. Acquiring funding from NIH is not an easy task; it is a long process requiring mentoring and years of laying the groundwork for success. In 2002, the average age of physician researchers at their first NIH award was 44; most people have had academic appointments for 6 years before securing their first grant.⁴ Clearly, if family medicine researchers are going to become competitive for NIH grants, a dedicated approach to developing and nurturing dedicated professional researchers is essential.

However, focusing only on the types of problems relevant to receiving NIH grants overlooks many important issues that practicing family physicians face on a daily basis. By concentrating solely on NIH-funded research, our discipline may not serve the needs of our clinicians or patients. This sentiment is echoed in the Future of Family Medicine Report, Recommendation number 5.⁵ Yet it is unreasonable to believe that most family physicians, even those teaching in settings such as residency programs, are skilled at conceiving, designing, and conducting research projects. Even clinical researchers who are successful at publishing their work state their research training during residency was very weak.⁶ Consequently, for people outside of university settings, the ability to conduct a project independently may be beyond their expertise.

Overall, we can take away many positive points from Pathman’s data. Our discipline is publishing more, in more places, and with more collaborators. In some ways, it is Dickens’ “best of times.” But, as pointed out in Pathman’s article, the number of publications per physician (or patients) is low in family medicine compared with other disciplines,

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such as cardiology. In some ways we resemble the waif Oliver asking “please, sir, can I have some more?” But we will not generate more research just by asking; we must understand what we need to do to produce more. The discrepancy in publication volume between family medicine and cardiology offers an additional clue: the greater publishing rate in cardiology is probably a direct result of differences in NIH funding between the 2 disciplines. To publish more, family medicine needs to attract more NIH funding. The dilemma is how to do this and how to maintain the connection between research and the community.

Fortunately, this is one instance when the NIH seems to agree with our discipline’s approach to research. The NIH Roadmap and the funding of Clinical Translational Science Awards offer a rare opportunity for family medicine researchers to become central in linking research and the community. The Clinical Translational Science Award program hopes to transform traditional ways of conducting research by changing relationships within and across communities, exactly what family medicine researchers have been trying to do for 3

decades. Family medicine researchers cannot let this opportunity to go by. It is an opportunity for the discipline to have the best of times and more, please.

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