

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

Advancing Family Medicine Research in Canada

A guidance report for
the CFPC's future role
and action



Finding the solution is simple, when you know how.



DALHOUSIE
UNIVERSITY

DEPARTMENT OF
FAMILY MEDICINE



© 2024 The College of Family Physicians of Canada.

All rights reserved. This material may be reproduced in full for educational, personal, and non-commercial use only, with attribution provided according to the citation information below. For all other uses permission must be acquired from the College of Family Physicians of Canada.

How to cite this document:

College of Family Physicians of Canada. *Advancing Family Medicine Research in Canada: A guidance report for the CPFC's future role and action*. Mississauga, ON: College of Family Physicians of Canada; 2024.

Table of Contents

Executive summary	1
Introduction	3
Background.....	3
Methods.....	4
What is family medicine research?	6
Levels of engagement in research.....	7
A framework for the CFPC’s role in supporting family medicine research	9
A vision for the CFPC’s role in supporting family medicine research	11
Actions to support family medicine research	11
Advancing equity, diversity, and inclusion	13
1 CFPC members.....	13
1.1 Lead the development of opportunities to enhance knowledge and skills among those who are interested in building their competence in family medicine research across the continuum, from learners to those seeking CPD.	13
1.2 Advocate to make sure family medicine researchers, practices, and family physicians have access to their own practice data.	14
1.3 Advocate to make sure family practices are supported to participate in practice based research and learning networks.....	15
2 Discipline/profession of family medicine.....	15
2.1 Provide enhanced support for new and early career researchers through mentorship and training opportunities (e.g., around topics such as writing proposals, obtaining research grants, and producing scientific manuscripts).....	15
2.2 Implement strategies to increase the use of CFPC data to support family medicine research both internally and externally.....	16
2.3 Coordinate and build partnerships to identify research topics and conduct research that informs and aligns with the CFPC’s mission and objectives.	16
2.4 Support departments of family medicine to advocate for research career pathways and funding for infrastructure to support family medicine research.....	17
3 Society.....	18
3.1 Capitalize on research to inform health care planning and decision making, using science to advance family medicine’s role in health care and societal health.	18
3.2 Fundraise and advocate to support funding to support family medicine research.....	19
Conclusion and next steps	20
Appendix A: Advisory Group Membership	21
Appendix B: Methods	23
Appendix C: List of all Identified Actions	25
References	27

Executive summary

This guidance report outlines the specific roles and concrete actions that the College of Family Physicians of Canada (CFPC) can consider and pursue as a champion of family medicine research. Research helps define disciplines and can serve as a resource to the CFPC in its efforts to lead family medicine into the future. Rooted in family medicine, research is a tool for practice improvement and helps inform education and health system reform for CFPC members and family practice patients. The challenges faced by family medicine and family physicians makes it essential to engage researchers and employ science and evidence as a resource for advocacy.

As a leader of family medicine in Canada, the CFPC is uniquely positioned to support family medicine research. The proposed roles and actions outlined in this guidance report were informed by organizations, both within Canada and abroad, that support family medicine research, and by the robust advice and perspectives of almost 400 CFPC members, leadership, and family medicine research interest holders from across the country. The report will inform the CFPC's future work to support research and provide guidance for the organization's strategic planning processes.

Through the information gathering process to develop this guidance report, a planning framework was developed with four key areas: 1) building knowledge

and skills, 2) facilitating research collaboration and coordination, 3) advocating for support for family medicine research, and 4) promoting family medicine research and its value. Advancing equity, diversity, and inclusion (EDI) is a cross-cutting theme in each area. The CFPC's work to strengthen family medicine research will benefit its key constituencies and interests: CFPC members, the discipline of family medicine, and society, including patients and communities throughout Canada.

Across the four key areas, 36 potential CFPC action areas were identified. The actions are intended to support family physicians and family medicine researchers to participate in research across different levels of engagement, including staying informed about and evaluating research, engaging in quality improvement (QI), participating in formal research projects, and working as a professional researcher (i.e., leading research projects, programs, and teams). While all 36 actions could help to improve family medicine research in Canada, providing focus and identifying priorities was an important part of the process. Nine actions were prioritized, with EDI incorporated into each action. Depending on the action, the CFPC may play either a leadership role or more of an enabling or supporting role. The actions are organized based on the following three key CFPC constituencies and interests.

1. CFPC members

- 1.1 Lead the development of opportunities to enhance knowledge and skills among those who are interested in building their competence in family medicine research across the continuum, from learners to those seeking continuing professional development
- 1.2 Advocate to make sure family medicine researchers, practices, and family physicians have access to their own practice data
- 1.3 Advocate to make sure family practices are supported to participate in practice-based research and learning networks

2. Discipline/profession of family medicine

- 2.1 Provide enhanced support for new and early career researchers through mentorship and training opportunities (e.g., topics such as writing proposals, obtaining research grants, and producing scientific manuscripts)
- 2.2 Implement strategies to increase the use of CFPC data to support family medicine research both internally and externally
- 2.3 Coordinate and build partnerships to identify research topics and conduct research that informs and aligns with the CFPC's mission and objectives
- 2.4 Support departments of family medicine to advocate for research career pathways and funding for infrastructure to support family medicine research

3. Society

- 3.1 Capitalize on research to inform health care planning and decision making, using science to advance family medicine's role in health care and societal health
- 3.2 Fundraise and advocate to support funding to support family medicine research

In December 2023 the CFPC Board of Directors accepted the report as guidance for the CFPC's future work to support family medicine research. As an immediate next step, the guidance report will be used to help develop the CFPC's new strategic plan as well as the Section of Researchers' Blueprint.¹ Family medicine research can leverage CFPC roles and actions in addressing the crisis in primary care and family medicine, serving members, and helping the organization to lead family medicine into the future. This guidance report identifies priorities that intersect with the SOR Blueprint and outlines roles and actions that can support the CFPC in its strategic mission.

Looking beyond immediate next steps, ongoing engagement and collaboration with the family medicine research community will be critical. Further exploration

and definition of CFPC research roles and actions will produce a detailed implementation plan to advance priorities identified in this guidance report. This process will include a more in-depth gap analysis to identify areas of need, both in terms of focus for family medicine research and strategies and mechanisms to support CFPC research members. The detailed implementation plan will outline the specific tasks and steps necessary to advance the work, along with timelines, accountabilities, and required resources. The resulting plan will serve as a further guide to the CFPC and others, making sure that family medicine research has its optimal impact in improving the health system for family practices, family physicians, and for the health of all people in Canada.



Introduction

The College of Family Physicians of Canada (CFPC) has taken steps to better understand the role it can play to support family medicine research, including the role of family medicine in primary care and throughout the health system. Research “creates the evidence that forms the foundation of our discipline, guides care, and informs health services planning and education. The ability to identify, study, and cite our own evidence is essential to reaffirm the value and impact of primary care, including family medicine, on Canadians’ health and the Canadian health care system.”² Research and evidence are also critical in helping address the current challenges in family medicine and for family physicians. It is a key component of a successful and informed health care system.³ It is important that the value of family medicine be articulated through research, and that the message be heard by government, the public, medical students, CFPC members, and all who are impacted by family medicine.

The purpose of this guidance report is to outline the proposed roles and key actions that the CFPC could take to strengthen family medicine research in Canada. In December 2023 the CFPC Board of Directors accepted the report as guidance for the CFPC’s future work to support family medicine research.

Background

In September 2020 the CFPC Board decided to explore establishing a family medicine/primary care research centre in Canada. The intention was to better understand how such a centre could improve health and health care by bringing an evidence-informed family medicine/primary care perspective to health policy decision making. Initial consultation about the idea suggested the need to first broadly explore and better understand the role that the CFPC could play in Canada’s family medicine research environment. While exploring the potential of a centre remained an element of the work, the focus was broadened to consider all the potential roles that the CFPC could play to support and advance family medicine research in Canada.

To support this work, the CFPC began by engaging an advisory group consisting of researchers from departments of family medicine from across Canada, CFPC Board members, leaders from the CFPC’s Chapters, representatives from practice based research and learning networks (PBRLNs), and senior CFPC staff (see [Appendix A](#) for a list of the Advisory Group members). To move the initiative forward, a collaborative partnership was formed with the consulting team of

Research Power Inc. (RPI) and Dalhousie University's Department of Family Medicine (DFM). This partnership was designed to carry out a comprehensive process of discovery and broad consultation and was made possible through support from the Foundation for Advancing Family Medicine (FAFM).

An important anchor for this work is the CFPC's vision, mission, and strategic plan. The CFPC's role in supporting family medicine research must be well-aligned with these elements, as well as with the needs and priorities of its members. While developing this guidance report, the CFPC was in the process of updating its strategic plan and the CFPC Section of

Researchers (SOR) would soon renew its 2018–2023 Blueprint. The work that has been completed to develop this guidance report will help inform the CFPC's new strategic plan, as well as the new SOR Blueprint. In a consultation session with the CFPC Board, Board members emphasized the importance of making sure that the CFPC's role in supporting family medicine research builds on and enhances work already under way, advances the CFPC's key priorities, and works toward improving family medicine, including understanding and addressing the current crisis in family practice/primary care.

Methods

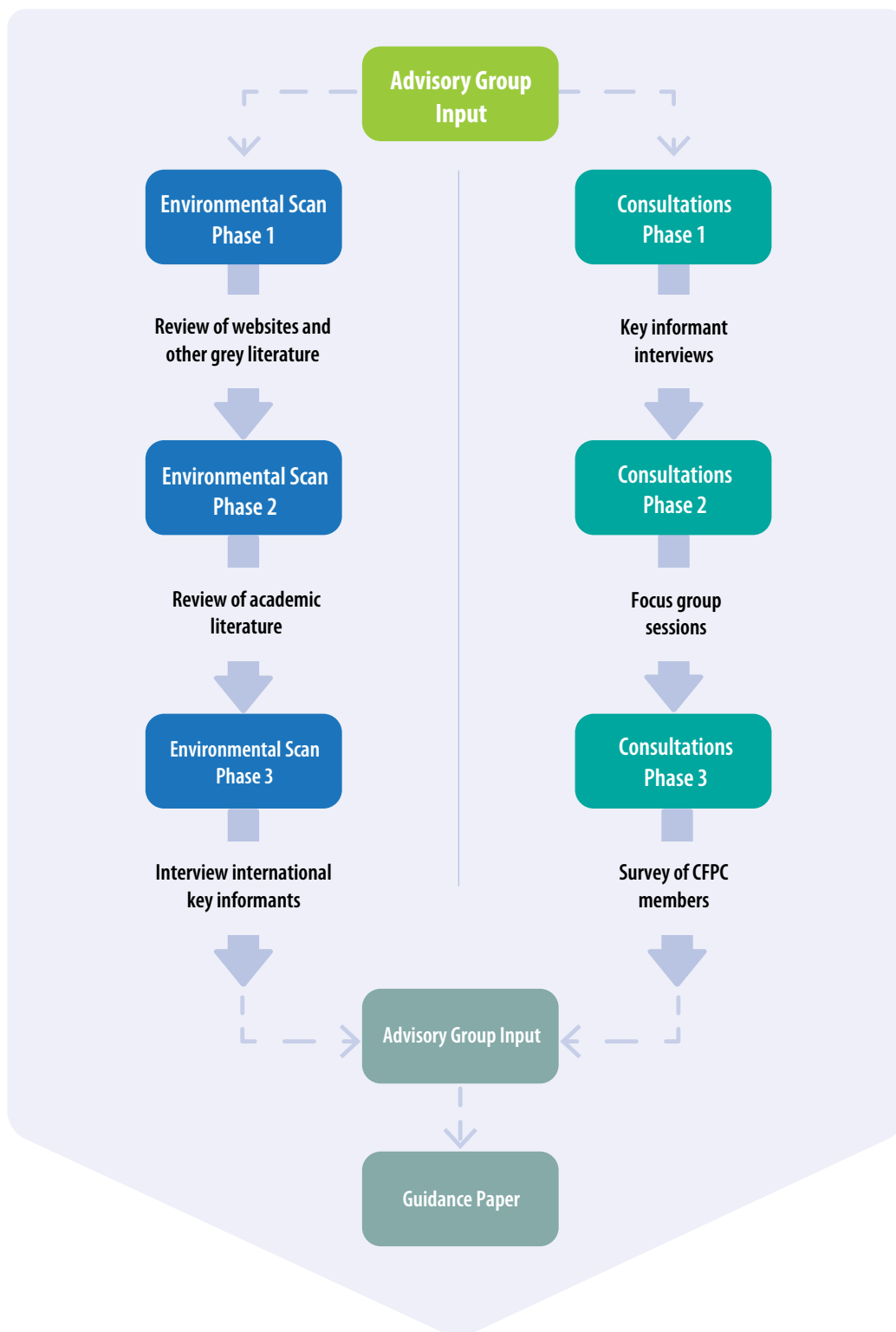
The process to develop the guidance report began in August 2022 and included engaging many individuals and groups through a phased approach with various methods. This iterative approach allowed the team to continually clarify and refine potential opportunities and areas of action for the CFPC to support family medicine research.

The research methods (as depicted in Figure 1) included the following:

- Interviews with 12 Canadian key informants to help scope and inform the work (Consultations Phase 1)

- An environmental scan (review of grey and academic literature, interviews with key informants from other jurisdictions) to identify potential actions and roles from other jurisdictions
- Focus group consultations with over 50 individuals from across Canada (Consultations Phase 2)
- A survey administered to a stratified sample of CFPC members and Board members; 303 responses received (Consultations Phase 3)

Figure 1. Consultation and environmental scan methods and process



More detailed information about the methods is provided in [Appendix B](#). The Advisory Group provided important direction and input throughout the process, and the group’s role in identifying the priority actions included in this guidance report is further described in the section [A framework for the CFPC’s role in supporting family medicine research](#).



What is family medicine research?

The purpose of this section is to provide some of the context and thinking around understanding family medicine research and how it informed the work to develop this report. Webster's dictionary defines research as "critical and exhaustive investigation or experimentation, having for its aim the discovery of new facts and their correct interpretation, the revision of accepted conclusions, theories, or laws in the light of newly discovered facts, or the practical application of such new or revised conclusions, theories, or laws."⁴ CFPC frameworks outline the elements of research and scholarship in a family medicine context. CanMEDS-Family Medicine (CanMEDS-FM)⁵ speaks of the family physician's contributions "to the creation, dissemination, application, and translation of new knowledge and practices." The Family Medicine Professional Profile⁶ emphasizes evidence-informed practice and acknowledges the family physician's role in advancing "the knowledge of the discipline through a continuum of research activities." The CFPC Residency Training Profile⁷ defines core professional activities (CPAs) that family medicine residency training should enable, including CPAs related to research. These frameworks ground, and broadly outline, research within family medicine and as being part of the family physician's professional role.

During the first phase of consultations (interviews with Canadian key informants), key informants were asked to define family medicine research in the context of this work. Key informants noted that family medicine research can be challenging to define because of the wide range of topics that could be included. The diversity is informed by the broad and varied care that family physicians provide, as opposed to other health research domains that focus on a specific organ, body system, or disease/condition.⁸ Some scholars have proposed the following four categories as a framework for understanding the different ways of knowing that might inform how family medicine research is conducted:^{8,9}

- Knowledge of the clinician (i.e., understanding the clinician)
- Disease-specific knowledge of clinical phenomena (i.e., understanding of medical concerns and conditions and treatments that address these)
- Knowledge of the patient in context (i.e., the voices of patients, families, and communities)
- Knowledge of systems (i.e., linking to the overall context and systems of government and policy within which family medicine operates)

Topics most frequently mentioned by key informants include: the clinical care family physicians provide to individual patients (e.g., health promotion/prevention, screening, diagnosis, treatment) in primary care and other settings across the health system; how family physician care is organized and delivered (e.g., use of teams, different payment models); and family physician education and training. Family medicine research is closely connected to primary care research but is focused more specifically on the family physician as a member of the primary care team. While the work to develop the guidance report focused primarily on family medicine research in alignment with the CFPC's membership base of family physicians, it is important to acknowledge the close links and overlap between family medicine and primary care research. Key informants noted that research could be conducted by family physicians but also by others (e.g., other health disciplines, other types of researchers such as social scientists or data scientists).

Ultimately, ongoing family medicine research is critical to providing the “coherent and evolving body of knowledge” that the discipline of family medicine needs in order to exist.⁹

Levels of engagement in research

Throughout the consultation process, participants repeatedly emphasized that clinicians, including family physicians, have a key role to play in supporting family medicine research and this was confirmed through the environmental scan.^{10,11,12,13} Family physicians working in practices are in frequent contact with their patients, giving physicians ongoing first-hand experience and knowledge of emerging questions and challenges in family medicine and/or primary care.¹⁴ However, when building research capacity and supporting family medicine research it is important to recognize that family physicians participate in research in various ways.^{10,11,12,14}

Research is part of the fabric of family medicine. It is a key element of CFPC educational frameworks, as well as the CFPC's vision of a Patient's Medical Home.¹⁴ As part of its corporate purposes, the CFPC aims to “conduct, direct, encourage, support, or provide for

research in matters relating to family medicine.”¹⁵ Perhaps most importantly, as observed throughout the consultation process to develop this report, research is a source of professional satisfaction for family physicians and others who wish to advance the discipline of family medicine through science.

To a greater or lesser extent, research is part of every family physician's professional life. At a minimum, a measure of research acumen is required to undertake evidence-based practice. All family physicians should have the ability to read and understand research literature (including qualitative and quantitative findings) and apply learnings to their own practice.^{10,11,12,13,14} Some family physicians pursue more in-depth and robust training to take on leadership roles as professional family medicine researchers. In a July 2023 commentary, a research group suggested that “the educational pathway to becoming a physician researcher is a continuum that must allow not only for the achievement of specific research competencies, but also for the professionalization of these physicians and their unique profile, which requires them to integrate clinical practice and research throughout their entire careers.”¹⁶ Here again, we see research in the fabric of family medicine, serving as a resource to guide day-to-day practice as well as a career path for those who wish to advance family medicine and family practice through science.

Family physician engagement in research has been described in terms of “levels” and findings from the literature present various elements of engagement and/or research capability.^{10,11,12,13,14} Participants in the consultation process also discussed the variety of ways in which family physicians can and do contribute to research.¹³ The following points summarize the ways in which family physicians may engage in research based on the literature and input provided through the consultations:

- **Leading or co-leading research programs and teams as a professional family medicine researcher**, including planning and conducting large-scale (e.g., randomized control trials, community-based participatory research) projects and generating new knowledge. This might involve writing project and grant proposals and competing for major research funding, developing data collection tools, collecting data, analyzing data,

writing publications, and training/mentoring future researchers. This highest level of engagement requires deliberate and robust training and support.

- **Engaging in research projects** as a research collaborator (e.g., providing clinic data for large-scale research, recruiting participants, helping to circulate data collection tools, contributing to the conception of a project as a clinician) by partnering with or participating in research organizations, university departments, and networks (including PBRLNs) that are leading research projects. This kind of engagement can be episodic, according to the interest or relevance of the project, and may not need to be sustained over time.
- **Engaging in quality improvement (QI)**, which follows a process that has some similarities to research, particularly as data access and management are concerned and supports family physicians to systematically assess and improve their quality of care. The competence to conduct QI is part of the CanMEDS-Family Medicine (CanMEDS-FM) competencies and is expected of all family physicians.
- **Staying informed about and evaluating** clinical practice guidelines and clinical research (e.g., about new therapies or clinical management approaches). To be able to effectively apply research in their practice, it is important for family physicians to be

able to both understand research and critically appraise evidence. This too is expected of all family physicians.

Consultation participants noted that the CFPC should support family physicians at various levels of engagement/participation and make sure that family physicians are aware of the different ways to contribute to research. For example, those who are interested in becoming professional family medicine researchers need specialized training (e.g., graduate education completed before, concurrently with, or after medical school), and it is important for them to consistently have opportunities to practise research throughout medical school.^{16,17} Researchers have discussed the importance of expanding opportunities for medical students and residents interested in pursuing a family medicine research career beyond current fellowship programs and to help accelerate the growth of research capacity.¹⁷ Those interested in less engagement, such as staying informed about and/or participating in research and QI, might benefit from opportunities to improve their research literacy skills. It is important to understand the training needs of learners and family physicians based on their desired level of engagement. Building research capacity at all levels is essential to create a culture for family medicine research including fostering the generation of new knowledge that benefits and improves the discipline of family medicine.



A framework for the CFPC's role in supporting family medicine research

Through the consultation process the consulting team and CFPC staff, with input from the Advisory Group, developed a planning framework with four key areas. Advancing equity, diversity, and inclusion (EDI) is a theme that should be addressed in all four areas. The four areas are:

- **Building knowledge and skills:** Supporting family medicine researchers, practising family physicians, and learners to develop research-related knowledge and skills in a variety of ways to meet the needs of different levels of interest in engaging in research among family physicians (e.g., from basic ability to assess or critically appraise research to more advanced skills needed to lead research projects).
EDI considerations: Access to research instructors, supervisors, and mentors who reflect diversity; curricular content regarding principles and practices related to EDI in research (e.g., aligned with the *CanMEDS-FM Indigenous Health Supplement*¹⁸).
- **Facilitating research collaboration and coordination:** Coordinating research activities and supporting collaboration in research are

important for the effective and efficient use of resources and help facilitate policy and practice-relevant research.

EDI considerations: Engagement and partnership with patients and communities as precursor to research development; EDI embedded in terms of reference for, and membership of, research governance structures.

- **Advocating for support for family medicine research:** Engaging in advocacy can help support increased infrastructure and resources for family medicine research, as well as access to critical data to help answer important research questions.
EDI considerations: Research funding that targets EDI as an area of study and as criteria for scientific review; support for family medicine research, which is uniquely embedded in diverse communities.
- **Promoting family medicine research and its value:** Promoting the value and contribution of family medicine research at all levels (e.g., clinical practice to government policy) as well as disseminating research and supporting its use to

inform policy and practice is key to the vitality and advancement of the discipline of family medicine. This key area includes activities that make the value of family medicine research more visible, as well as harnessing research to articulate the value of family medicine to broad constituencies.

EDI considerations: Formal recognition of EDI research through awards; prominence of EDI research in mechanisms like FMF and CFPC communications.

This framework is aligned with a similar framework in the literature. Research proposed a framework to help evaluate research capacity building in health care that includes four structural levels of developmental activity (individual, team, organizational, and the network or supra-organizational support level), as well as six principles of capacity building.¹⁹ The six principles presented align with the action areas presented above, which helps validate that the four proposed areas of action provide a comprehensive and useful framework for the CFPC.

Across the four areas of the CFPC framework, 36 potential actions were identified based on input received through the consultation process and informed by the environmental scan. A complete list of all identified actions is available in [Appendix C](#). While all 36 actions could help improve family medicine research in Canada, consultation participants, Advisory Group members, and the CFPC Board all noted the importance of prioritizing the actions and areas of focus. The Advisory Group played a key role in reviewing, discussing, and prioritizing the potential actions. Nine priority actions were identified across all four areas of the CFPC framework (two to three actions per area).

In addition to identifying priority actions, Advisory Group members also suggested examining the actions in terms of key CFPC constituencies and interests that would be affected by or benefit from the actions. The three constituencies/interests that were identified are:

- **CFPC members:** One of the CFPC's primary areas of focus is serving and supporting its members. The CFPC's roles and activities are multifaceted with respect to members. Research serves as an essential resource for strong advocacy in support of members. The CFPC is uniquely positioned to raise awareness among members about the value of research as a resource to strong advocacy. As well, many CFPC members lead and/or are involved in research. The actions identified for this constituency are actions that could directly benefit or affect all members.
- **The discipline/profession of family medicine:** As noted earlier, a strong body of knowledge is a key aspect of any discipline. Therefore, supporting and advancing family medicine research is critical to maintaining the discipline. The actions identified for this interest area encompass support for family medicine researchers themselves as well as efforts to make the value of family medicine known through research.
- **Society:** All of the CFPC's work is ultimately in support of its vision "Leading family medicine. Improving lives." The actions identified for this constituency focus on supporting efforts to improve care and the health of patients and communities. Research sheds light on how family medicine positively impacts societal health and how to support family practices to improve the health of patients and communities.

It is important to note that these constituencies and interest areas are not mutually exclusive. For example, while appropriately and adequately supporting early career researchers is important to maintaining a skilled research workforce to continue advancing the discipline, early career researchers could also be members of the CFPC, and the research they complete can contribute to advancing the health of patients and communities (i.e., society).

A vision for the CFPC's role in supporting family medicine research

The broad consultation and information gathered through this initiative confirms that the CFPC has an important role to play supporting and championing family medicine research in Canada. The challenges faced by family medicine and family physicians make it essential to engage researchers and employ science as a resource for advocacy, including broad and deep understanding of the value of family medicine and family practice within society and the health care system. The CFPC's work in this area must align with the organization's vision, mission, and strategic objectives. The CFPC is uniquely positioned to champion family

medicine research in the areas of building knowledge and skills, facilitating collaboration and coordination, advocating for support for family medicine research, and promoting family medicine research and its value. Action taken by the CFPC should consider and respond to the needs of family physicians across the levels of engagement in research, as well as the different constituencies that the CFPC serves (members, the discipline, and society). In keeping with its values, principles of EDI will guide the CFPC's role and actions to support family medicine research.

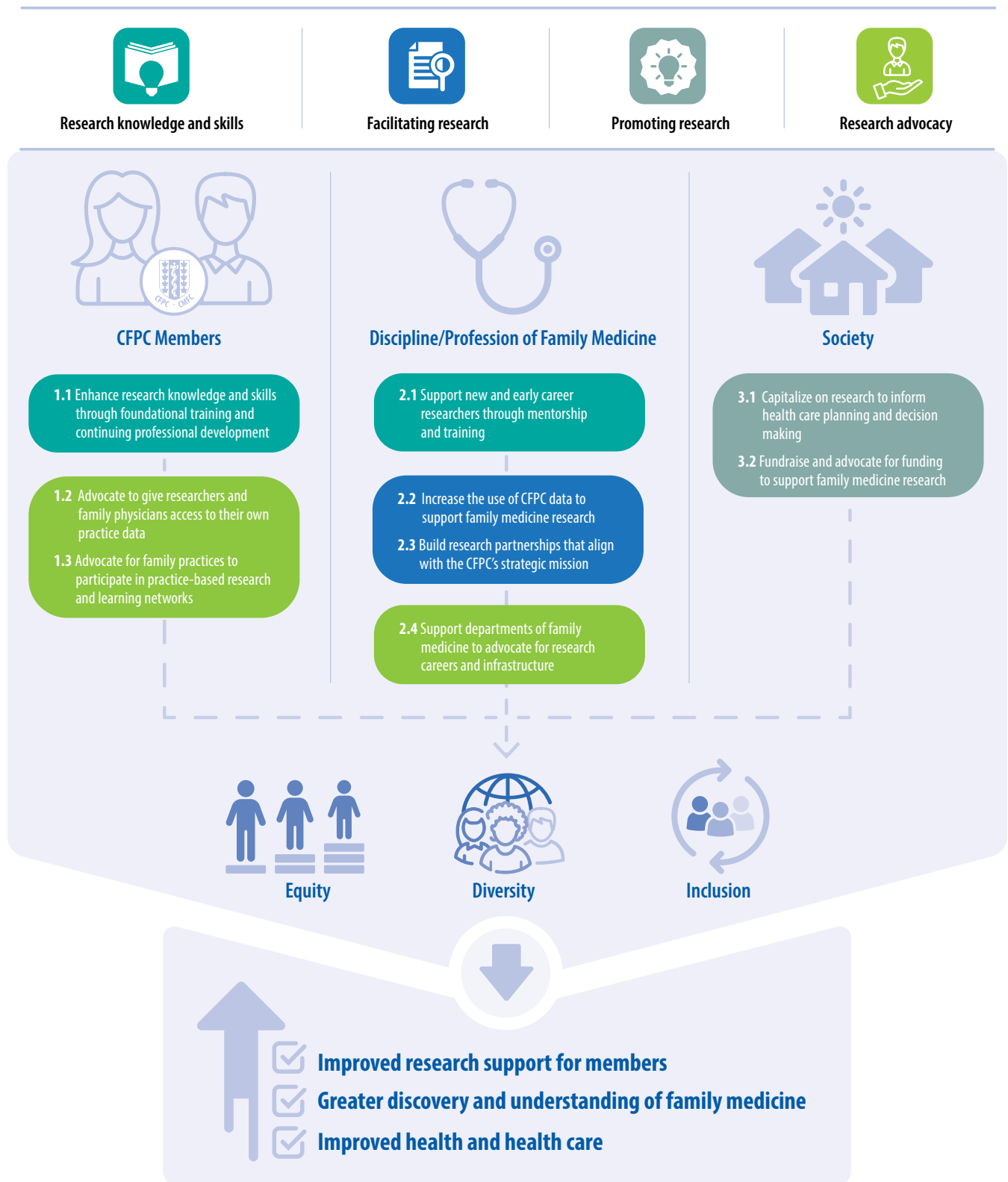
Actions to support family medicine research

Figure 2 provides an overview of the nine prioritized actions and organizes them according to the three constituencies and the four areas of the planning framework previously described. Following the visual, each proposed action is described in more detail. As with the constituencies, there can be overlap between the actions and the areas they represent. Depending on the action, the CFPC may play either a leadership role or more of an enabling or supporting role. The actions are described at a relatively high level, and additional work will be needed to develop a detailed implementation plan with specific tasks and steps to advance the work, along with timelines, accountabilities, and required resources. In developing further action plans it will be important to continue to assess how these actions fit with one another and can be implemented together

as part of a coherent plan to support family medicine research in Canada.

While the actions in Figure 2 were prioritized by the Advisory Group, they are not meant to confine or limit the CFPC's future role in family medicine and primary care research. The complete list of actions presented in [Appendix C](#) were identified through the broad consultation process carried out for this initiative. The people we spoke with identified them as being relevant and potentially actionable by the CFPC. They are retained for future reference as they were brought forth by Canada's family medicine researchers and interest holders. They may serve as a validating resource as the CFPC, FAFM, and SOR continue to develop their roles and priorities in family medicine and primary care research.

Figure 2: Priority actions for CFPC support for family medicine research



Advancing equity, diversity, and inclusion

As noted above, EDI is an important theme across all the constituencies and areas of action discussed in this report. The CFPC has identified EDI and anti-racism as priorities across the organization, and the CFPC's current strategic plan includes the objective "Contribute to equitable health outcomes and challenge systemic racism across the functions of the CFPC." The SOR Council and CFPC Board include members who bring Indigenous perspectives, and the CFPC Indigenous Health Committee advises the organization on matters related to Indigenous peoples. The CFPC has contracted anti-racism consultants to guide its work and will be striking a task force focused on EDI and anti-racism initiatives. Following discussion at Council, the SOR planned and delivered EDI sessions at FMF in 2021, 2022, and 2023. As part of its ongoing discussion and action related to EDI, the SOR Council is developing a statement on patient engagement in research. The CFPC will use outcomes of the current research guidance effort to inform future action related to EDI and anti-racism.

Consultation participants and Advisory Group members highlighted the importance of supporting EDI in family medicine research, and EDI considerations should be integrated into all of the actions identified previously. Specific actions and considerations related to EDI are integrated into each action below.

1. CFPC members

1.1 Lead the development of opportunities to enhance knowledge and skills among those who are interested in building their competence in family medicine research across the continuum, from learners to those seeking CPD

Rationale for selection:

Having family physicians with the knowledge and skills they need to engage in research across the continuum was consistently identified as an important area that

the CFPC could support. This includes family medicine residents, practising family physicians, and family medicine researchers at various stages of their career. Opportunities to enhance skills and knowledge should address the different needs and priorities of family physicians across the continuum. The CFPC Board and the Advisory Group rated highly the need to provide learning opportunities specifically for family medicine residents with an interest in research. It aligns well with objectives in the current SOR Blueprint as well as the CFPC's *Residency Training Profile*⁷ and *Preparing Our Future Family Physicians: An educational prescription for strengthening health care in changing times*.²⁰ This action could also include enhancing understanding and recognizing the value of family medicine research among all CFPC members (research helps define the discipline, is more relevant when led by family physicians, and generates knowledge that empowers advocacy on behalf of members).

Considerations for implementation:

Some of the specific ideas for how this action may be implemented include:

- Sustain and/or expand existing training programs that support developing clinician-scientists such as TUTOR-PHC (Transdisciplinary Understanding on Training and Research – Primary Health Care), the Clinical Scholars Program (CSP), and NAPCRG's Grant Generating Project (GGP). This might include exploring opportunities for CSP as a Category 1 enhanced skills program in family medicine. The Physician Scientist Pathway (PSP) offered in the United States may serve as a helpful example here as it provides up to five years of integrated clinical and research training during residency, including rigorous methodological training in quantitative and qualitative research and scientific writing leading to high-quality, peer-reviewed publications and competitive grant applications.¹⁸
- Provide additional CPD opportunities on research-related topics; support and provide incentive for participation with MainPro+® credits
- Offer opportunities to complete small-scale research projects with support and mentorship.

- Develop and offer visiting scholar and/or fellowship programs (similar to many other research institutes such as Robert Graham Center, NAPCRG, the American Board of Family Medicine). The CFPC is registered as a host partner organization in the Canadian Institutes of Health Research (CIHR)'s Health System Impact (HSI) Fellowship program.
- Support the development and expansion of training and capacity building tools that expose learners to equity-focused research and approaches. This support could include training in participatory research, developing/using tools that facilitate learners being assessed through an EDI lens in their delivery of care (e.g., aligned with the *CanMEDS-FM Indigenous Health Supplement*), and addressing bias in research instruments and processes. There are generic (beyond family medicine) training modules about how to use an equity-focused approach in research, and the CFPC could adapt these tools/resources so that they are specific to family medicine.

1.2 Advocate to make sure family medicine researchers, practices, and family physicians have access to their own practice data

Rationale for selection:

The need for and importance of family medicine researchers and family physicians having access to their own practice data was consistently identified during the consultations. Access to data is critical to support research as well as QI and practice improvement. Consultation participants discussed challenges they face accessing their own practice data from electronic medical record (EMR) vendors as there is a cost to do so. This action aligns with the CFPC's current engagement/partnership and advocacy work (e.g., engagement with the Primary Care Research Network

and Health Data Research Network; position papers developed around access to data in EMRs for QI and research,²¹ and developing digital infrastructures that support primary care research and practice improvement). Building on this advocacy work and focusing efforts in this area was identified as one of the top priority areas for action by the Advisory Group and through the survey.

Considerations for implementation:

All actions related to advocacy (this action, as well as 1.3 and 2.4) need to be coordinated and integrated with the CFPC's broader advocacy scope and strategy. Advocacy efforts should focus in a way that is targeted and purposeful, focusing on individuals and organizations with direct control/involvement in each issue.

Some of the specific ideas for how this action could be implemented include:

- Engage with government, health organizations, and major funders to support family medicine research, including advocating for custodial ownership of EMR data, more practice facilitators to support QI and use of information technology, and development and use of data analysis tools
- Connect advocacy efforts for family physicians and practices to access EMR data with the CFPC's strategic plan and the SOR's Blueprint to guarantee the credibility of advocacy work and that resources are allocated to move the action forward
- Improve access to practice-level data, which could enhance access to data to inform EDI-related research (e.g., provide data about primary care needs or health outcomes in various communities and populations that are underrepresented in other health data). It is important to make sure that patients/community members consent to their data being shared, and that consent is sought in a culturally appropriate way.

1.3 Advocate to make sure family practices are supported to participate in practice-based research and learning networks

Rationale for selection:

Practice based research and learning networks (PBRLNs) play a critical role helping practising family physicians to engage in research. PBRLNs link and create communities of learning for those with an interest in research, that support QI, and help practising family physicians participate in research. PBRLNs are also strongly connected to local communities and have the potential to connect academic and community-based researchers. The importance of and need for more funding for PBRLNs was consistently discussed through the consultation process. Practices should be encouraged, motivated, and supported to participate in PBRLNs. The CFPC could support current PBRLNs and their expansion through advocacy that aligns with objectives in the current SOR Blueprint. Advocacy for PBRLNs is also connected to advocacy for practices to have access to their own data (Action 1.2), as both are critical for quality improvement and practice improvement, as well as family medicine research.

Considerations for implementation:

Some of the specific ideas for how this action could be implemented include:

- Engage, as noted in [Action 1.2](#), with government, health organizations, and major funders on this issue and connect advocacy efforts with the CFPC's strategic plan and the SOR Blueprint
- Advocate for more funding to support PBRLNs including for infrastructure (such as staff; e.g., research nurse, data analyst), for mechanisms/ opportunities to bring PBRLNs together to network and share, and to expand the number of PBRLNs
- Advocate for the development of policy and/or funding for protected time for family physicians to participate in PBRLNs and research and QI activities
- Consider EDI in advocating for changes to infrastructure and policies that will support PBRLNs

- Work with PBRLNs so the networks' membership and leadership include representation from Canada's diverse population. Collaborate to support and engage networks that are focused in areas related to EDI (e.g., Indigenous Primary Health Care and Policy Research (IPHCP) Network in Alberta,²² and the CIHR's Network Environments for Indigenous Health Research).

2. Discipline/profession of family medicine

2.1 Provide enhanced support for new and early career researchers through mentorship and training opportunities (e.g., topics such as writing proposals, obtaining research grants, and producing scientific manuscripts)

Rationale for selection:

Providing mentorship and training to early career researchers was identified as a priority for action by multiple sources. Consultation participants, Advisory Group members, and the academic literature highlighted that early career researchers have a particular need for mentorship and training for writing proposals, obtaining research grants, producing scientific manuscripts, managing manuscript review, disseminating research findings, and so forth. Because family medicine researchers are typically based in community clinics as opposed to large academic hospitals, they have less access to mentorship and other supports. Survey respondents ranked enhancing mentorship opportunities for early career researchers to connect with more experienced researchers, and supporting researchers in developing skills, highly. These priorities align well with objectives in the current SOR Blueprint and in the CFPC strategic plan, as well as with the CFPC's support of TUTOR-PHC and the Grant Generating Project (GGP), both of which create important mentorship opportunities.

Considerations for implementation:

Some specific ideas for how this action could be implemented include:

- Partner with departments of family medicine to support mentorship initiatives and engage faculty and staff at Canadian medical schools as mentors

- Use existing resources (e.g., use existing platforms and networks to connect mentors and mentees, fund mentorship through existing grants) and develop a database or coordination system to better connect mentors and mentees
- Encourage mentees to choose their mentors and make certain that mentorship programs leave enough time for the development of a strong relationship between the mentor and the mentee
- Continue and expand efforts to create a community of practice for researchers including new and early career researchers to support networking and sharing and to facilitate mentoring opportunities
- Consider how early career researchers from equity-deserving groups can be supported and how their needs may differ; for example, connect early career researchers to mentors with similar backgrounds. It is also important to offer specific mentorship and educational opportunities in areas related to EDI (as described in [Action 1.1](#))

—

2.2 Implement strategies to increase the use of CFPC data to support family medicine research both internally and externally

Rationale for selection:

During the consultation process participants agreed that the CFPC has an important role in improving access to and increasing use of CFPC data. This was rated as a high priority by both the CFPC Board and the Advisory Group. This could include organizing and analyzing CFPC data internally as well as developing processes and methods to expand access to CFPC data for family medicine researchers across Canada. Improving access to CFPC data was rated as a high priority in the survey, and it reflects key objectives in the current CFPC strategic plan, as well as SOR Blueprint. In the future, the CFPC could have a role in expanding access to other data in addition to current CFPC data (e.g., advocating for databases that compile EMR data across practices, compiling secondary data held by CIHI and Statistics Canada, creating quantitative indices or measures). However, it would be important to work with partners and build on, rather

than duplicate, this work (e.g., Canadian Primary Care Sentinel Surveillance Network and PBRLNs).

Considerations for implementation:

Some of the specific ideas for how this action could be implemented include:

- Build on past efforts to enable requests and share CFPC data through formal data sharing agreements (e.g., Family Medicine Longitudinal Survey (FMLS) Data Oversight Committee, data-sharing with ICES), and build awareness among staff of what data can be shared
- Expand activities to compile and integrate internal CFPC data (e.g., FMLS, membership database, Mainpro+) for research and evaluation, including compiling data on workforce trends in family medicine
- Continue with existing data collection and explore opportunities to expand data collection, analysis, and reporting to support the discipline of family medicine.
- Consider how internal CFPC data can be used to address and advance issues related to EDI and anti-racism, in line with the CFPC's commitments
- Once CFPC internal data are more comprehensively analyzed and used, explore partnerships to compile and integrate other datasets that align with CFPC data through data sharing and links (e.g., universities, CPCSSN, CIHI, Canada Health Infoway)

—

2.3 Coordinate and build partnerships to identify research topics and conduct research that informs and aligns with the CFPC's mission and objectives

Rationale for selection:

Family medicine research is a broad area with many different potential research questions and topics. Advisory Group members noted that it is not the CFPC's role to identify priority topics across the entire discipline of family medicine research. However, there are specific research topics that could be identified that would help support and advance the CFPC's mission and objectives and its advocacy work. The importance of building partnerships to identify topics of greatest

interest and to promote research on these topics was consistently noted as a potential role for the CFPC. The work could include developing and supporting partnerships between research organizations, and facilitating collaboration between academic researchers and clinicians. Building partnerships for and supporting coordination of family medicine research was identified as a priority for action by survey respondents, which aligns with several objectives in the SOR Blueprint. Based on the topics selected, this could also help to advance specific priorities in the CFPC strategic plan. For example, research could contribute to better understanding continuity and comprehensiveness of care delivered by family physicians, which aligns with Objective 1 under Goal 1 of the CFPC's current strategic plan (i.e., promote a definition of comprehensiveness delivered at three levels: that of an individual family physician, a practice, and a local/regional health system).

Considerations for implementation:

Some of the specific ideas for how this action could be implemented include:

- Engage and coordinate varied audiences and interested parties (e.g., the CFPC's membership, patients, community partners, funding agencies, universities, research organizations, governments) to support identifying potential research topics/priorities aligned with the CFPC's mission and objectives
- Support research in the priority topic areas by providing or advocating for research funding specific to these areas, and through developing a strategic plan for family medicine research
- Map the landscape of family medicine research in Canada on the topics of interest including conducting environmental scans, creating a committee to coordinate research, and developing a bibliography of key publications and sharing it on the College's website
- Explore partnerships to conduct family medicine research including facilitating a task force (or other structure) to coordinate research on specific topics
- Partner with others to promote and support equity-focused research (e.g., health inequities,

primary care needs of underserved communities, Indigenous health, accessibility in primary care, social determinants of health, awareness of how rural and remote communities understand and practice medicine). When supporting research related to EDI, it is imperative to engage and collaborate with leaders and organizations facilitating equity-deserving communities (e.g., representatives from the leadership of Indigenous nations). Researching equity-focused topics requires working with local communities using participatory methods (e.g., collaboratively identify research topics, co-create knowledge), and often adopting an interdisciplinary approach

2.4 Support departments of family medicine to advocate for research career pathways and funding for infrastructure to support family medicine research

Rationale for selection:

The need for infrastructure and research career pathways for family physicians was consistently noted in the consultations and through the environmental scan. Research cannot occur only out of interest or altruism. Having appropriate infrastructure and supportive pathways in place will encourage all family physicians to participate according to the levels of research engagement described above. Research infrastructure could include protected time for physicians to participate in research, supporting research positions (e.g., data analysts, research assistants, etc.), structures (e.g., funding for PBRLNs, targeted grant programs of the CIHR and other funding), and information technology (digital infrastructure).

Also, opportunities are needed for learners and family physicians interested in pursuing family medicine research to acquire the skills necessary for an independent research career and academic leadership including through mentorship, formal research training, and structured leadership development. Departments of family medicine across Canada are actively working to develop research infrastructure and research career pathways. The Advisory Group identified supporting departments of family medicine in their work through

advocacy as a high priority, and it was also identified as a priority in the survey. This action also aligns with objectives in the SOR Blueprint.

Considerations for implementation:

Some of the specific ideas for how this action could be implemented include:

- Consult with departments of family medicine and others to identify advocacy support required and provide support based on departments' needs and context. For example, advocacy for infrastructure support including staff to help academic researchers and family physicians in practice conduct research, dedicated time or salary support to allow family physicians to engage in research, and advocacy to track funding for family medicine research
- Raise awareness about existing career paths among medical students, residents, and family physicians, including providing information on the CFPC website to encourage more learners and family physicians to pursue careers in research
- Consider supporting those from equity-deserving groups when planning for infrastructure funding and career paths. Advocate for selection criteria for representation from equity-deserving communities, and support researchers from equity-deserving communities trying to attain leadership positions (e.g., through designated positions, accreditation standards that guarantee representation among the faculty and staff of academic teaching institutions)

3. Society

3.1 Capitalize on research to inform health care planning and decision making, using science to advance family medicine's role in health care and societal health

Rationale for selection:

The ability to contribute evidence and be a recognized source of information that can inform effective health care planning was consistently noted in the consultations and identified as a high priority in the

survey, particularly by the Advisory Group, CFPC Board, and SOR survey respondents. This action links well with [Action 2.3](#) to identify priority topics and support research in these areas. Those topics should advance the CFPC's mission and goals, support improvement in daily practise for family physicians, and align with health care planning needs. This aligns with the objective in the current CFPC strategic plan²³ to enhance the contribution of family medicine to health services planning. Examples of past CFPC efforts include *Family Physicians: The foundation of Canada's health care system*,²⁴ *Family physicians: At the front of the line of primary care in Canada*,²⁵ and the CFPC's continually-updated [library of evidence for the Patient's Medical Home \(PMH\)](#).²⁶ Knowledge transfer is an important aspect of this work. This could be done through publishing more research to move it into the public domain, as well as by more effectively sharing existing research that may help to address topics of interest (e.g., through conferences or webinars sharing key findings).

Considerations for implementation:

Some of the specific ideas for how this action could be implemented include:

- Expand or enhance existing forums for sharing research findings (e.g., *Canadian Family Physician (CFP)*; Family Medicine Forum; the webinar series *Practical Talks for Family Docs*) so that the information that is shared has the potential for greater impact (e.g., connecting to policy makers and health care planning needs)
- Work with the *CFP* editorial Board to explore opportunities to increase the volume of family medicine research that is published in *CFP*
- Build relationships and engage directly with policy makers and decision makers to identify areas where research and evidence could help to better inform planning
- Expand the number of research reports and other content (e.g., position papers, one-pagers, blog posts, briefing reports) that are developed, working in partnership with CFPC government relations staff and policy makers to ensure topics are relevant to inform health care planning.

- Develop and share best practices in knowledge translation with those involved in family medicine research
- Consider how knowledge translation activities can be used to address and advance issues related to EDI and anti-racism in informing health care planning

3.2 Fundraise and advocate to support funding to support family medicine research

Rationale for selection:

Increasing the investment in family medicine research was prioritized highly in the survey and was mentioned consistently by most consultation participants. Participants noted that because the CFPC is connected to governments, health organizations, and major funders, it is well positioned to encourage these organizations to better support family medicine research. The two organizations that were mentioned most frequently as sources of funds are the CIHR and FAFM. Advocacy for funding support is also an important priority in the SOR Blueprint. Funding support could link to other identified actions (e.g., support departments of family medicine in advocating for funding for research career pathways and infrastructure).

Considerations for implementation:

Some of the specific ideas for how this action could be implemented include:

- Build and enhance connections and relationships with potential funders (e.g., the CIHR, Canadian Medical Association, Public Health Agency of Canada, the provincial and territorial governments, the non-profit sector, corporations) and encourage them to invest in family medicine research. Advocate for sustainable funding beyond a given funding cycle and include streams for non-academic researchers (e.g., clinicians in community practices)
- Review the possibility of expanding some grants already provided (e.g., Janus Research grants). Most consultation participants noted that the CFPC likely does not have the financial resources for significant research funding. Access to small pockets of funding can be particularly helpful for those newer to research or who wish to pursue smaller-scale projects
- Continue to engage with the CIHR to ensure that family medicine is represented in research funding opportunities and granting processes
- Be aware of gaps, in advocacy efforts for funding, related to EDI such as under-representation from certain communities among funding recipients. Funding competitions should have representation from equity-deserving communities among recipients and should support and promote equity-focused research

Conclusion and next steps

This guidance report describes the areas identified as priorities for the CFPC to take action to support family medicine research in Canada, based on evidence from an extensive research and consultation process. These action areas are described at a relatively high level, and more work is needed to map out the CFPC's action plan and to proceed with implementation.

Key next steps that support the work are:

- Determine, support, and implement **processes and structures** for the family medicine research community to provide ongoing guidance, leadership, and support for the CFPC's work
- Conduct a **gap analysis** to identify existing initiatives or those being developed that align with the actions and priorities identified through this process. This will help inform the development of the implementation plan, as a phased approach is designed to address priorities. Engagement will include interest holders, both internal (e.g., CFPC staff, Sections) and external (e.g., partner organizations) to the CFPC
- Continue to **collaborate and partner** with other organizations and individuals across Canada. In implementing the actions, it will be critical to consider how the CFPC's work can leverage and support existing work, build on opportunities, and help to address identified gaps
- Develop a **detailed implementation plan to support each action area**. This includes identifying the specific tasks and steps needed to advance the work, along with identifying timelines, accountabilities, and required resources. This implementation plan can draw on the information already gathered through the research and

consultation process. Further information required includes details of how other jurisdictions and organizations support family medicine research and the benefits that accrue from that support

- Make sure, as the work evolves, that there is **continued alignment with the SOR's refreshed Blueprint, and alignment with the CFPC's new strategic plan**
- **Raise awareness of the CFPC's commitment to family medicine research**. The relevance and value of family medicine research must be shared with CFPC members and better understood by health system stewards
- **Implement the actions** as outlined in the implementation plan

The actions outlined in this guidance report will help to position the CFPC as a leader in supporting family medicine research. Family medicine and primary care are in crisis, partially due to a lack of support for research that exposes pressure points and points to solutions that have impact. The CFPC leads the discipline and is uniquely positioned to help ensure that family medicine research is supported to address the current challenges and improve the health system for family practices, family physicians, and for the health of all people in Canada.

Appendix A: Advisory Group Membership

The table below lists the Advisory Group members who guided this work throughout the planning and development process.

Table 1: Advisory Group members

Name	Role and Institution
Katherine Stringer, MBChB, CCFP, FCFP, MCISc(FM) (Chair)	Professor and Department Head, Family Medicine, Dalhousie University (consulting team)
Marie-Dominique Beaulieu, CM, CQ, MD, FCMF	Professor Emeritus, Department of Family Medicine and Emergency Medicine, University of Montreal
Judith Belle Brown, PhD	Professor, Chair MCISc and PhD Programs in Family Medicine, Department of Family Medicine, Schulich School of Medicine & Dentistry, Western University
Nancy Fowler, MD, CCFP, FCFP	Executive Director, Academic Family Medicine, CFPC
Mike Green, MD, MPH, CCFP, FCFP, FCAHS	Professor, Department of Family Medicine and Public Health Sciences, Queen's University CFPC President
Margo Greenwood, OC, PhD, FRSC	Professor, First Nations Studies and Education programs at the University of British Columbia; Academic Leader, National Collaborating Centre for Indigenous Health
Tara Kiran, MD, MSc, CCFP, FCFP	Fidani Chair in Improvement and Innovation and Vice-Chair Quality and Innovation, Department of Family and Community Medicine, University of Toronto
M. Ruth Lavergne, PhD	Associate Professor and Tier II Canada Research Chair in Primary Care, Department of Family Medicine, Dalhousie University
Dee Mangin, MBChB, FRNZCGP, DPH	Professor, Department of Family Medicine, McMaster University
Nikita McEwan	Manager, CPD Programs, Alberta College of Family Physicians
Ivy Oandasan, MD, MHSc, CCFP, FCFP	Director, Education, CFPC
Dima Omar	Manager, Research Special Projects, Research, CFPC

Table continued on page 22

Table continued from page 21

Name	Role and Institution
Helena Piccinini-Vallis, MD, PhD, CCFP, FCFP	Associate Professor, Research Director, Department of Family Medicine, Dalhousie University (consulting team)
Vivian R Ramsden, RN, PhD, MCFP (Hon.), FCAHS	Professor & Research Director, Department of Academic Family Medicine, College of Medicine, University of Saskatchewan Chair/Past-Chair, Section of Researchers, CFPC
Artem Safarov	Director, Health Policy and Government Relations, CFPC
Steve Slade	Director, Research, CFPC
Claudia Zuccato Ria	Executive Director, Foundation for Advancing Family Medicine

Appendix B: Methods

This appendix provides a detailed description about the data collection methods and sources that informed the work. It provides additional information about each phase of the work as depicted in Figure 1 (see page 5).

Phase: Consultation Phase 1

Date: August to October 2022

Method: Canadian key informant interviews (n = 12)

Source: Leaders from across Canada with expertise in family medicine research. Key informants were identified by the CFPC and Advisory Group members.

Purpose: To explore the current family medicine research landscape, existing gaps, and opportunities for change to guide next steps in the consultation process.

Results/output: A summary of findings from the interviews was developed. Based on the findings, opportunities for improvement were identified and grouped into thematic areas for action including: building research knowledge and skills; engaging practices in research; facilitating access to data; using research to inform practice/policy; supporting coordination and communication; funding for research; identifying national research priorities; addressing equity, diversity, and inclusion (EDI).

Phase: Environmental Scan Phase 1

Date: October 2022 to January 2023

Method: Grey literature review

Source: Review of relevant grey literature, including reviewing websites of Canadian and international organizations that support family medicine research. Organizations/websites of interest were identified by the CFPC and Advisory Group members.

Purpose: To explore some of the opportunities for change identified by the Canadian key informants (consultation phase 1), including best practices and/or evidence in these areas.

Results/output: The findings from all phases of the environmental scan (grey literature, academic literature, and international key informant interviews) were compiled into a summary report.

An extensive document with all of the detailed findings from the grey literature review was developed and shared with the CFPC.

Phase: Environmental Scan Phase 2

Date: November 2022

Method: Academic literature review

Source: Review of related academic literature (identified through PubMed and Embase databases searches).

Purpose: To explore some of the opportunities for change identified by the Canadian key informants, including best practices and/or evidence in these areas.

Results/output: The findings from all phases of the environmental scan (grey literature, academic literature, and international key informant interviews) were compiled into a summary report.

Phase: Consultation Phase 2

Date: December 2022 to February 2023

Method: Focus group consultations (n = 9 focus groups, 52 individuals)

Source: Selected stakeholder groups involved in or connected to family medicine research. Consultation participants were identified and invited by the CFPC to participate in the sessions and included representatives from CFPC Chapters, research directors from departments of family medicine across Canada, research organizations, government, CFPC staff and Board members, and learners and early career researchers.

Purpose: To further explore the opportunities for change identified through the Canadian key informant interviews and refined through the environmental scan, with a focus on potential actions in each area.

Results/output: A report of the findings from the consultations was developed. The findings were used to further refine the thematic areas identified in the Phase 1 consultation into four key areas: Building Knowledge and Skills, Facilitating Research Collaboration and Coordination, Advocating for Support for Family Medicine Research, and Promoting Family Medicine Research and Its Value. Potential actions and roles for the CFPC identified through the Phase 2 consultations were grouped into these four areas.

Phase: Environmental Scan Phase 3

Date: March 2023

Method: International key informant interviews (n = 4)

Source: International leaders with expertise in family medicine research representing NAPCRG, Robert Graham Centre, Royal College of General Practitioners (United Kingdom), and the American Board of Family Medicine. Key informants were identified by the CFPC and Advisory Group members.

Purpose: To explore how organizations from other jurisdictions support family medicine research

Results/output: The findings from all phases of the environmental scan (grey literature, academic literature and international key informant interviews) were compiled into a summary report.

Phase: Consultation Phase 3

Date: March 2023

Method: Online survey (n = 303)

Source: CFPC members and Board members (members of the SOR are the key demographic of interest)

Purpose: To gather input on potential priorities for action for the CFPC to support family medicine research. The survey was developed using the potential actions identified in the phase 1 and 2 consultations.

Results/output: A report of the survey findings was developed. Survey findings were also shared with Advisory Group members to inform prioritization of actions/roles for the CFPC that were included in this final guidance report.

Appendix C: Identified Actions

This appendix provides the complete list of 36 actions that were reviewed and prioritized in the survey and by the Advisory Group.

1. Building knowledge and skills

- 1.1 Provide greater opportunities to enhance knowledge and skill among family medicine residents who are interested in building their competence in family medicine research.
- 1.2 Use the transition to three-year family medicine residency training as an opportunity to enhance research knowledge and skills for family medicine residents.
- 1.3 Support extended research skills training programs, such as the Clinician Scholar Program.
- 1.4 Strengthen accreditation standards related to research in family medicine residency.
- 1.5 Support faculty development to build research competence for effective support/supervision of learners in research.
- 1.6 Work with programs to co-develop educational strategies and assessment tools for residents, focusing on approaches to family medicine research and how care is affected by family medicine research.
- 1.7 Advance research training programs, such as TUTOR-PHC (Transdisciplinary Understanding on Training and Research – Primary Health Care).
- 1.8 Develop new CPD opportunities in specific areas of research knowledge and skills.
- 1.9 Support and enhance mentorship opportunities for new/early career researchers to connect with more experienced researchers.
- 1.10 Enhance Mainpro+ credits in research to encourage building competency and research skills through CPD.
- 1.11 Facilitate participation in existing research learning opportunities outside of residency training (both in Canada and internationally).
- 1.12 Support researchers (early career and established) in research activities such as writing proposals, obtaining research grants, and producing scientific manuscripts.

2. Facilitating research collaboration and coordination

- 2.1 Identify, compile, and share research tools and resources that support family medicine researchers.
- 2.2 Conduct scans of current family medicine research, summarize, and disseminate.
- 2.3 Facilitate discussion to identify information gaps and potential priority topics for research.
- 2.4 Engage with organizations and institutes that hold data to improve access for family medicine researchers across Canada.
- 2.5 Compile CFPC data and internally analyze it to support the discipline of family medicine.
- 2.6 Develop processes to improve access to CFPC data for family medicine researchers across Canada.
- 2.7 Provide opportunities for research directors from university departments of family medicine to connect, plan, and strategize.
- 2.8 Provide opportunities for community-based and broadly distributed researchers to network and collaborate.
- 2.9 Engage those with an interest, but who are not yet involved, in research.
- 2.10 Provide opportunities for early career researchers to connect, share, and learn.
- 2.11 Develop partnerships across organizations to conduct family medicine and/or primary care research.
- 2.12 Support PBRLNs including, but not limited to, encouraging family physicians and practices to participate in PBRLNs across the country.

3. Advocating for support for family medicine research

- 3.1 Advocate for family medicine researchers, practices, and family physicians to have access to their own practice data.
- 3.2 Advocate to ensure family practices are supported to participate in PBRLNs.
- 3.3 Support departments of family medicine to advocate for funding for infrastructure to support family medicine research.
- 3.4 Support departments of family medicine to advocate for and develop career pathways and leaders in family medicine research.
- 3.5 Advocate for increased funding for family medicine and primary care research from organizations such as the CIHR, health charities, and government.

4. Promoting family medicine research and its value

- 4.1 Capitalize on research to inform health care planning and decision making, using science to advance family medicine's role in health care and societal health.
- 4.2 Communicate the value of family medicine research, showcasing its importance for health system improvement.
- 4.3 Share family medicine research findings through conferences, webinars, and other educational events.
- 4.4 Work with peer-reviewed and scholarly journals to increase the volume of published family medicine research.
- 4.5 Recognize CFPC members for their research achievements through honours and awards, such as those of the FAFM.
- 4.6 Expand fundraising efforts through the FAFM to support family medicine research.
- 4.7 Partner with the CIHR and other research funding agencies to increase investment in family medicine research.

References

- 1 College of Family Physicians of Canada. *Section of Researchers' Blueprint 2018–2023*. Mississauga, ON: College of Family Physicians of Canada; 2019.
- 2 College of Family Physicians of Canada. The need for family medicine and primary care research. Accessed January 26, 2024. <https://www.cfpc.ca/en/member-services/for-researchers>
- 3 College of Family Physicians of Canada. *A Prescription for Primary Care: A collaborative approach to a common challenge*. Mississauga, ON: College of Family Physicians of Canada; 2023.
- 4 Merriam Webster. *Webster's Third New International Dictionary, Unabridged*. Springfield, MA: Merriam Webster; 1993.
- 5 Shaw E, Oandasan I, Fowler N, eds. *CanMEDS-FM 2017: A competency framework for family physicians across the continuum*. Mississauga, ON: The College of Family Physicians of Canada; 2018. Accessed January 26, 2024. <https://www.cfpc.ca/CFPC/media/Resources/Medical-Education/CanMEDS-Family-Medicine-2017-ENG.pdf>
- 6 College of Family Physicians of Canada. *Family Medicine Professional Profile*. Mississauga, ON: College of Family Physicians of Canada; 018. Accessed January 26, 2024. <https://www.cfpc.ca/CFPC/media/Resources/Education/FM-Professional-Profile.pdf>
- 7 Fowler N, Wyman R, eds. *Residency Training Profile for Family Medicine and Enhanced Skills Programs Leading to Certificates of Added Competence*. Mississauga, ON: College of Family Physicians of Canada; 2021. Accessed January 26, 2024. <https://www.cfpc.ca/CFPC/media/Resources/Education/Residency-Training-Profile-ENG.pdf>
- 8 Green LA. The Research Domain of Family Medicine. *Ann Fam Med*. 2004;2(suppl 2):S23-S29.
- 9 Stange KC, Miller WL, McWhinney I. Developing the knowledge base of family practice. *Fam Med*. 2001;33(4):286-297.
- 10 Binienda J, Neale AV, Wallace LS. Future Directions for Practice-Based Research Networks (PBRNs): A CERA Survey. *J Am Board Fam Med*. 2018;31(6):917-923.
- 11 Girard A, Dugas M, Lépine J, Carnovale V, Jalbert L, Turmel A, et al. Strategies to engage family physicians in primary care research: A systematic review. *J Eval Clin Pract*. 2023;29(1):233-249.
- 12 Pimlott N, Katz A. Ecology of family physicians' research engagement. *Can Fam Physician*. 2016;62(5):385-390.
- 13 Symonds RF, Trethewey SP, Beck KJ. Building research capacity in primary care. *Br J Gen Pract*. 2020;70(693):168.
- 14 College of Family Physicians of Canada. Patient's Medical Home – Vision. Accessed January 26, 2024. <https://patientsmedicalhome.ca/vision>
- 15 College of Family Physicians of Canada. (2014). Certificate of Continuance, issued by Industry Canada in accordance with the Canada Not-for-profit Corporations Act. Accessed February 27, 2024. <https://www.cfpc.ca/CFPC/media/Resources/2014-06-01-Certificate-of-Articles-of-Continuance.pdf>
- 16 Beaulieu MD, Grad R, Légaré F, Touchette M. It is time to create a clinician scholar program—research profile. *Can Fam Physician*. 2023;69(7):453-455.
- 17 Doubeni CA, Davis A, Benson JL, Ewigman B. A Physician Scientist Pathway in Family Medicine Residency Training Programs. *Ann Fam Med*. 2017;15(6):589-590.
- 18 Kitty D, Funnell S, eds. *CanMEDS-FM Indigenous Health Supplement*. Mississauga, ON: The College of Family Physicians of Canada; 2020.
- 19 Cooke J. A framework to evaluate research capacity building in health care. *BMC Fam Pract*. 2005;6:44.
- 20 Fowler N, Oandasan I, Wyman R, eds. *Preparing Our Future Family Physicians. An educational prescription for strengthening health care in changing times*. Mississauga, ON: College of Family Physicians of Canada; 2022.
- 21 College of Family Physicians of Canada. *Position Statement: Supporting access to data in electronic medical records for quality improvement and research*. Mississauga, ON: College of Family Physicians of Canada; 2017. Accessed January 26, 2024. <https://www.cfpc.ca/CFPC/media/Resources/Health-Care-Delivery/CFPC-Position-Statement-Supporting-access-data-electronic-medical-records-EN.pdf>
- 22 Indigenous Primary Health Care and Policy Research (IPHCP) Network in Alberta. Accessed January 26, 2024. <https://www.iphpcr.ca/home>
- 23 College of Family Physicians of Canada. *CFPC Strategic Plan 2017–2022*. Mississauga, ON: College of Family Physicians of Canada; 2021. Accessed January 26, 2024. <https://www.cfpc.ca/CFPC/media/Resources/CFPCStratPlan-RevJUNE2021-ENG.pdf>
- 24 College of Family Physicians of Canada. *Family Physicians: The foundation of Canada's health care system*. Mississauga, ON: College of Family Physicians of Canada; 2020. Accessed January 26, 2024. <https://www.cfpc.ca/CFPC/media/PDF/HPGR-VFP-ENG.pdf>
- 25 College of Family Physicians of Canada. *Family Physicians: At the front of the line of primary care in Canada*. Mississauga, ON: College of Family Physicians of Canada; 2022. Accessed January 26, 2024. <https://www.cfpc.ca/CFPC/media/Resources/Health-Policy/HP-CFPC-Value-of-FP-2022-EN-web.pdf>
- 26 College of Family Physicians of Canada. Evidence Summary – Supporting Research Articles. Accessed January 26, 2024. <https://patientsmedicalhome.ca/why-pmh>