

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

SECTION OF RESEARCHERS • SECTION DES CHERCHEURS

Section of Researchers' Blueprint 3 2024 – 2029

Family medicine research for health and health care

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Introduction

Background

Founded in 1995, The College of Family Physicians of Canada's (CFPC) Section of Researchers (SOR) represents CFPC members with an interest in family medicine and primary care research. The SOR is comprised of over 3,000 family physicians and Associate Members of the CFPC, each with a unique engagement in research and at different career stages. The SOR is governed by a diverse SOR Council, bringing perspectives from clinician and non-clinician scientists, learners, university-based Departments of Family Medicine, and communities with interests in family medicine/primary care research. Council members are respected leaders in their fields, sharing a commitment to the advancement of family medicine and primary care research as a critical resource to improve the health of Canadians.

Family medicine is the cornerstone of the health care system in Canada. Family practices/clinics are the principal place for primary care. Family physicians work in emergency departments, hospitals, long term care, community clinics and elsewhere throughout the health care system. Nevertheless, there is a long-standing lack of support for research within the various family medicine contexts. This research is needed to guide practice and to strengthen the health system where most care is delivered, in family practices.

The lack of investment in, and support for, family medicine and primary care research has contributed to Canada's crisis in health care. Family physician workforce undersupply, poor access to primary care, administrative burdens in family practice and family physician burnout are among the root causes of the health system crisis. The SOR plays an important role in providing the evidence to address this crisis and in evolving the discipline of family medicine through research.

Ongoing family medicine research is critical to providing the "coherent and evolving body of knowledge" that the discipline needs to exist and evolve.¹ Family medicine research contributes to how the health system adapts and responds to today's most pressing health and social concerns, such as climate change and pandemics. Research contributes to the creation of family medicine's body of knowledge and underpins two other crucial areas of family medicine scholarship: quality improvement in family practice and fostering a learning health care system. The SOR supports its members in their scholarship roles and, in so doing, further embeds research as part of the profession.

Since 2012, the SOR has been guided by a series of five-year Blueprints. Blueprint 1 covered the period 2012—2017 and Blueprint 2 from 2018—2023. Blueprint 3 provides a new roadmap for the Section's efforts from 2024—2029. It focuses on two key activity areas: building research capacity and advocating for the importance and application of family medicine research, including the role of family practice in primary care.

Methods

The development of Blueprint 3 drew upon information gathered during an extensive consultation and data collection process the CFPC carried out in 2022—23 with input from many individuals and organizations involved in family medicine research in Canada. The process was conducted to help define and guide the CFPC's role in supporting family medicine research in Canada. It included an environmental scan (a review of academic and grey literature and interviews with international key informants) and a consultation that involved interviews, focus groups, and a survey that gathered input from over 350 people across Canada. This process culminated in a final report, [*“Advancing Family Medicine Research in Canada: A Guidance Report for the CFPC’s Future Role and Action”*](#)² Blueprint 3 was developed using the CFPC Research Guidance Report and other key inputs, including the content and evaluations of past Blueprints, SOR meeting minutes, and developmental feedback from the SOR Council. The “Advancing Family Medicine Research” and “Blueprint 3” reports were developed with the intention of exploring all possible strategies and actions for the CFPC and Section of Researchers. Looking forward, actions will have to be prioritized and pursued within the financial and human resource capacity constraints of the CFPC and SOR leadership.

Vision and Mission

Activities of the SOR are aligned with the CFPC’s vision and mission.

Vision:

Leading family medicine. Improving lives.

Mission:

Leading family medicine to improve the health of all people in Canada, by setting standards for education, certifying and supporting family physicians, championing advocacy and research, and honouring the patient-physician relationship as being core to the profession.

The SOR participates in this vision and mission by advancing the growth of research capacity and capability within family medicine and primary health care. Focusing on the unique aspects of research and practice improvement, the SOR takes action through leadership, education, and advocacy, aiming to improve the health of the people of Canada through research, including, but not limited to, practice improvement, health systems and policy improvement, and the use of local data.

Guiding Principles

The work of the SOR is guided by the following principles:

Equity, Diversity, Inclusion, and Accessibility (EDIA): Family medicine scholarship should benefit all members of society equitably and recognize that equal is not necessarily equitable. Some members of society, especially those who are marginalized or poorly served, require increased attention to ensure equity. The activities of the SOR should be broadly inclusive across social, economic, ethnic, and cultural groups.

Reconciliation: In addition to commitment to diversity and inclusiveness broadly, the SOR must ensure that their actions respond to the Calls to Action of the Truth and Reconciliation Commission of Canada, where relevant, and address the harms of colonization and ongoing racism in health care. For more information, please refer to TCPS2 Chapter 9.³

Partnership and Collaboration: Family medicine and primary care research is conducted, wherever possible, in collaboration with those from whom and for whom knowledge is sought. This collaboration produces research teams that include, as genuine partners and not merely as representatives, a wide range of people beyond researchers. Partnership and collaboration engages patients, community leaders, health system policy makers, and those who are vulnerable to the adverse effects of research conducted without them, such as First Nations, Inuit, Métis, the economically disadvantaged, and newcomers to Canada.

Adaptive Expertise: The practice of family medicine depends heavily on the use of adaptive expertise. This expertise is an enabling factor for health workers in primary, tertiary, and other care settings, serving diverse populations and responding to a broad range of health care needs. Family medicine and primary care research should explore and generate knowledge about adaptive expertise in response to health system and population health needs.

Community-engaged Research and Scholarship: Family medicine and primary care research addresses outcomes and issues of importance to people and communities. It may include disease-specific, organ-system-specific, or organization-specific data as a primary or secondary focus.


Priority Areas and Objectives

Blueprint 3, 2024-2029 includes two priority areas, Capacity Building and Advocacy. Each priority area includes a set of objectives.

Guiding Principles



Equity, Diversity, Inclusion, and Accessibility (EDIA)



Reconciliation



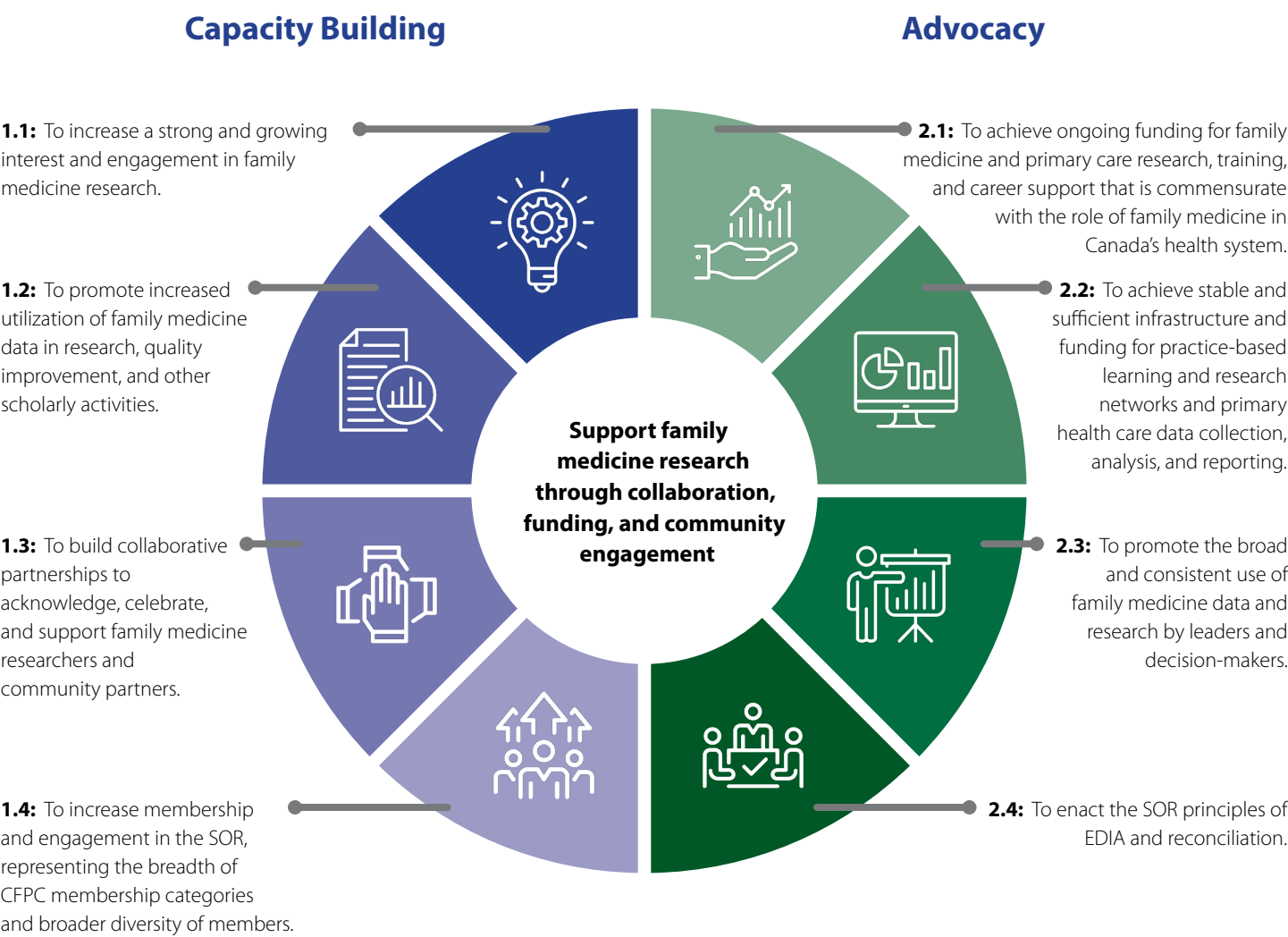
Partnership and Collaboration



Adaptive Expertise



Community-engaged Research and Scholarship



1. Capacity Building

Building, maintaining, and expanding capacity for family medicine and primary care research is a key area of focus for the SOR. Capacity building focuses on the knowledge, skills, protected time, and infrastructures that researchers require to fully engage in scholarly activity. This extends from the basic skills required to understand and critically appraise the literature to the more advanced skills needed by clinician scientists who design and lead research projects.

The SOR's goal for capacity building is to further grow a cadre of people with the knowledge, skills, and supportive infrastructures to enable them to fully engage in family medicine research and other scholarly activities.

Objectives

Actions

Objective 1.1: To increase a strong and growing interest and engagement in family medicine research.	Action 1.1.1: Support and promote research training and capacity building programs, such as TUTOR-PHC, the Clinical Scholar Program, and the Grant Generating Project, and other advanced research and scholarly training and degrees in relevant areas, such as family medicine, epidemiology, and health sciences.
	Action 1.1.2: Engage learners early in their careers and demonstrate that research is a unique area of opportunity within family medicine, to inspire and grow a passion for research among medical students, family medicine residents and graduate students.
	Action 1.1.3: Continue to support a research community of practice and a virtual knowledge and innovations hub that connects SOR members with similar research interests, supporting them and facilitating peer mentoring and coaching, especially for early and mid-career researchers.
Objective 1.2: To promote increased utilization of family medicine data in research, quality improvement, and other scholarly activities.	Action 1.2.1: Collaborate with CFPC leaders and management to provide Mainpro+® credits for activity that involves the use of data to support research and quality improvement at the practice level.
	Action 1.2.2: Collaborate with and advise CFPC leaders and management as they strive to increase the utilization of CFPC data and other relevant data to support family medicine research.
Objective 1.3: To build collaborative partnerships to acknowledge, celebrate, and support family medicine researchers and community partners.	Action 1.3.1: Enhance research- and QI-related awards in collaboration with the Foundation for Advancing Family Medicine (FAFM).
	Action 1.3.2: Partner with provincial and national organizations and funders, such as CIHR, Canadian Institute for Health Information (CIHI), Canadian Primary Care Sentinel Surveillance Network (CPCSSN), Practice-Based Learning and Research Networks (PBLRNs, Health Data Research Network (HDRN) Canada, and Canada Health Infoway, to advance studies focused on family medicine.
	Action 1.3.3: Pursue and create opportunities to involve community and patient partners in SOR Council, Action Groups, and activities.
Objective 1.4: To increase membership and engagement in the SOR, representing the breadth of CFPC membership categories and broader diversity of members.	Action 1.4.1: Enhance communication with CPFC members and Chapters, raising awareness of the value of SOR membership.
	Action 1.4.2: Develop strategies and targeted communications that speak to potential new SOR members from all CFPC member categories, including Practising, Associate, Learner, and Non-practising members.
	Action 1.4.3: Promote and encourage individuals with diverse research experiences, interests, and backgrounds to participate in SOR Council, Action Groups, and activities.

2. Advocacy

Advocacy is needed to promote the methods and findings of family medicine research, to influence and improve the care of patients, the health care system, health policy, and health professions education. Investment in family medicine research is not commensurate with the central role that family medicine plays in achieving societal health. Advocacy is needed to support increased infrastructure and resources for family medicine research, making it easier to build capacity and increase engagement and interest in family medicine research.

The SOR's advocacy goals aim to enhance the impact of family medicine research and scholarly activity. This includes increasing funding and non-financial support for family medicine research grants, training, infrastructure, and patient-/community-oriented family medicine scholarship. SOR advocacy aims to amplify the impact of family medicine research on practice, policy, and teaching.

Objectives

Actions

Objective 2.1: To achieve ongoing funding for family medicine and primary care research, training, and career support that is commensurate with the role of family medicine in Canada's health system.	Action 2.1.1: Explore opportunities for increased funding and support for family medicine research, training, and career pathways from organizations such as CIHR, health charities, universities and faculties of medicine, and government.
	Action 2.1.2: Support Faculties of Medicine and Departments of Family Medicine to advocate for research career pathways and funding for infrastructure to support family medicine research.
	Action 2.1.3: Work with CIHR and other research funders to develop systematic tracking and annual reporting of family medicine research funding, including funding for clinical, health services, and education research, training and career development, and research infrastructure.
	Action 2.1.4: Identify barriers to participating in and/or leading research for community-based family physicians and explore resources to address these barriers.
Objective 2.2: To achieve stable and sufficient infrastructure and funding for practice-based learning and research networks and primary health care data collection, analysis, and reporting.	Action 2.2.1: Compile evidence to support advocating for sustainable infrastructure support for PBLRNs. Target potential funders such as the Public Health Agency of Canada (PHAC), quality improvement (QI) organizations, public health entities, and research funding organizations.
	Action 2.2.2: Compile evidence regarding the benefits of participating in a PBLRN for community-based family physicians, clinician-scientists, and researchers from other fields and disciplines. Highlight the advantages for sentinel practices, patients, and the broader community.
	Action 2.2.3: Work with relevant partners to advocate for family medicine/primary care researchers, practices, and family physicians to have access to their own practice data for research and quality improvement activities. Compile evidence on the benefits of the network and data access for clinician-scientists, researchers, and QI directors.
Objective 2.3: To promote the broad and consistent use of family medicine data and research by leaders and decision-makers.	Action 2.3.1: Develop tools to support knowledge translation and exchange of family medicine/primary care research to inform health care planning and decision-making.
	Action 2.3.2: Expand involvement of the SOR on committees, working groups, task forces and initiatives (both within and outside the CFPC) to integrate practice improvement into training, practice, policy, and education.
Objective 2.4: To enact the SOR principles of EDIA and reconciliation.	Action 2.4.1: Increase inclusion of family physicians, researchers, and individuals from historically disadvantaged and under-represented communities, including Indigenous Nations on the SOR Council, in groups and activities, and on committees.
	Action 2.4.2: Build appropriate partnerships to advocate for increased support for equity-focused research and access to EDIA-related data.
	Action 2.4.3: Work with appropriate partners, including FAFM and Departments of Family Medicine, to promote and support equitable, inclusive, diverse, and accessible approaches to research and QI, including patient and community engagement.



References

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