**Meeting Highlights: Section of Researchers Council (SORC)**
Date of Meeting: February 5-6, 2018

**SORC Blueprint 2018-2023**
The Blueprint 2018-2023 is being developed by the Blueprint writing group. A draft of the Blueprint was presented to the council to review the strategic priority areas and to identify activities to support these and indicators of success.
The Strategic Priority Areas are:
- Membership
- Capacity Building
- Advocacy
- Partnerships

The council provided feedback which would be taken back to the Blueprint writing group for further development of the SOR Blueprint. The goal is to launch Blueprint 2018-2023 at FMF 2018.

**CIHR Primary (Health) Care and Community Research Institute**
There may be a window of opportunity to advocate for the establishment of a Primary Health Care Institute within CIHR given the pending appointment of a new CIHR president, the recent appointment of several new members of the governing council, and the government’s plan to inject additional funding into CIHR.
The CFPC Board approved and supports the idea of advocating for a research institute within CIHR. A case statement to support this initiative is currently being developed by the Action Group for Advocacy in Research (AGAR) and the Research department. The initiative will be a coalition of stakeholders and partners to have a stronger voice and to re-orient the competition towards primary care.

**Practice Improvement Initiative (Pii)**
Pii is well into phase 1. The Pii advisory group as well as the QI workshop development group have been activated, have met and have already provided excellent input. A development of introductory QI workshop, using materials from several sources, including the HQO IDEAS program and the RCGPs’ QI Wheel (both with permission), is underway. The curriculum team includes QI and research experts from across the country and DFMs and also some frontline end users. The pilot courses will be held in Manitoba and are being organized. There has also been a request by the McGill Family Medicine group to pilot the workshop there. A practice facilitator/Coordinator is being hired in Manitoba. The work on developing QI, measurement (data) and research learning objectives to support the CANMEDs and Red Book competencies in these areas has also started.

**Building research capacity (BRC)**
A request for funding support for BRC was brought forward for discussion. The Association of Canadian Chairs of Family Medicine (ACCFM) was not enthusiastic towards the program because it was more tailored to US needs. (Some SOR members however stressed that a BRC Canada approach could be helpful). The Chairs suggested that perhaps the CFPC or SOR could be research consultants providing consultation to the departments.
The Council agreed that BRC provides an excellent opportunity for an objective and experienced third-party group (BRC team) to assess a Canadian FM department’s research capacity and output and to make constructive recommendations on how to strengthen it even further. However, enormous effort was put into developing BRC and ensure it can be binational. It would be inefficient for the College or SOR to re-create the same structure.
Lee Green will take the feedback to ACCFM. At this time, NAPCRG would need to fund the development of a BRC-Canada type program if it were to come into being. Council asked if The College could explore the possibility of approaching the CFPC Board with a proposal for one-time funding from reserve funds if the Chairs identified a useful and impactful role for BRC, or a modified form of it for Canada. The Department will look into this.

**Funding for TUTOR PHC & Grant Generating Project (GGP)**

- **TUTOR**: SOR is currently supporting TUTOR-PHC with $20,000 per year for a period of 3 years, ending in 2019. It was felt that TUTOR-PHC has made an impact and has been very successful in building research capacity in Canada. It was mentioned that the TUTOR metrics will be sent to the College in July 2018 and the metrics will determine if the section will continue to support the program.

- **GGP**: NAPCRG made a request for funding support for GGP. The Council had supported GGP in the past (for about 10 years until 2015) but funding was stopped because feedback indicated that it was very American-centric and had little or no Canadian content. However, in the last year, the program was revamped to address the various concerns. The GGP curriculum committee is now chaired by a Canadian (Gillian Bartlett), more Canadian content and more Canadian faculty. The research department is considering sending a backgrounder to the Board for ongoing support of $10,000 to $20,000 per year for GGP.

**SORC Action Groups**

- **Research Community of Practice (RCOP) Action group**: Matt Menear, Chair of RCOP and the research department had some exploratory conversations and collaboration with NAPCRG about using *NAPCRG Connects* for RCOP platform. NAPCRG is positive on accommodating the requirements from RCOP, which includes access for Canadians to the RCOP platform without requiring NAPCRG membership. There are some technical issues that NAPCRG is working to resolve in order to finalize the contract.

- **Family Medicine Forum Research Committee (FMFRC) Action Group**: Some changes were made to FMF scheduling for research. FMF 2017 - Wednesday has grown in size. The FMF Committee have now changed the Wednesday so that it is no longer the “Research and Education” day, but will now be shared FMF day between educators, researchers and the communities of practice group. While this presents opportunities for networking, it does pose a challenge in that there is a danger that research may again be relegated to the side lines.

  Exciting new activities will be introduced for FMF 2018 Research and Education Day, including a Dragon’s Den concept where presenters will vie to attract the support of research experts to be their coaches on their proposed research projects.

- **Action Group for Advocacy in Research (AGAR):**

- **PBRN Action Group**
  - A teleconference of key stakeholders related to research in rural communities was convened to explore whether there is a need to establish a PBRN with a rural focus (including primary care research related to Indigenous Populations) or whether rural clinicians could register more with existing PBRNs in their various jurisdictions. Participants included Drs Roger Strasser (NOSM), Michelle Greiver, Stefan Grzybowski, David Snadden, Jim Rourke, Jose Pereira. The group will continue to explore this idea.
  - EMR data access: The issue of barriers being placed by EMR vendors on access to EMR data was discussed at length. Ongoing concerns remain. It was mentioned that TELUS’s most recent proposal to a PBRN was still too expensive and unaffordable. There is a need to have a contract and a proper negotiation with the private sector.

  It was suggested that perhaps CFPC could convene a working group to set out the principles on access to EMR data to ensure it is not shared for profit with different stakeholder groups such as device
manufacturing companies, pharmaceutical companies, etc. The idea of establishing another working group for advocacy work for EMR data access will be taken to CFPC’s executive for a final decision.

**Key Issues with related Backgrounders attached**

**Indicate the date(s) and locations of next meeting(s):** September 17-18, 2018 at CFPC

Submitted by:

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