

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 2

Improving lives through research and quality improvement

2018-2023

Membership

Capacity
Building

Advocacy

Partnerships

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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 our profession.

The Section of Researchers (SOR) embraces the College of Family Physicians of Canada (CFPC) vision and the mission. Within this vision and mission, the SOR contributes by building the research capacity and capability of family medicine and primary health care through leadership, education, and advocacy.



Introduction and Background

The SOR Blueprint 2018–2023 builds on the successes of the original Blueprint (2012–2017). This updated five-year plan is the culmination of an extensive process that sought input from multiple sources and stakeholders from across the country. It also involved activities such as an external, commissioned evaluation of the previous Blueprint, retreats, and meetings. The new Blueprint was developed by the SOR Council, working with a core writing team and members of the CFPC's Research Department.

Primary care¹ is the cornerstone of the health care system in Canada and family physicians make a significant contribution to it. Research is an element of practice as outlined in the CFPC's Professional Profile.² It 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.

In this Blueprint, primary care refers to the element within primary health care that focusses on health care services, which includes health promotion, illness and injury prevention, as well as the diagnosis and treatment of illness and injury.³ Family medicine plays a considerable role in this. Primary health care, in turn, refers to an approach to health and a wide variety of services that play a part in health, including social determinants and social service supports.^{3,4}

Research is not the prerogative of only researchers and clinician-scientists. It is true that they are critical to undertaking robust and credible research across many different areas. It is also true that we need more of them in primary care research and they, in turn, need more resources and support. This is recognized in this Blueprint. However, many more clinicians who do not have these in-depth skill sets, or time or resources, can participate in and contribute to research.

Research represents a broad spectrum of activities that has opportunities for all. These include searching for evidence for questions from everyday practice; critically appraising evidence; developing clinical guidelines, knowledge syntheses, case reports, and case studies; contributing data to practice-based research and quality improvement (QI) networks; recruiting patients to studies; and participating in or leading research using a variety of methods (quantitative and qualitative) and various designs (from retrospective studies to randomized controlled trials).

This Blueprint recognizes the contributions and importance of all these activities as they all, in their own ways, contribute to our discipline's evidence and to patient care and practice improvement. It particularly emphasizes an opportunity for many more clinicians to make more use of their practice data

for the purposes of practice improvement and to connect with research networks such as practice-based research networks (PBRNs) and the Canadian Primary Care Sentinel Surveillance Network (CPCSSN). These networks can provide very useful feedback to individual clinicians and practices for practice improvement, while also adding research capacity.

Research covers many domains, including clinical care, and health services research and education. There is something there for everyone.

Practice improvement and the use of data and QI methods, alongside research, is underscored in this Blueprint. Research and QI both contribute to improvements in care. While research and QI represent two different approaches, they have several areas in common and are complementary. For example, both aim to improve care and they both nurture a culture of curiosity and reflective practice. Moreover, both are best conducted by interprofessional teams.

The SOR Blueprint 2018–2023 particularly emphasizes research and QI that emanates from the realities of everyday practice and is rooted in everyday work. This includes the questions faced by family physicians and their primary care colleagues at the front lines of care and research and QI conducted in the front lines. Patient- and community-oriented approaches are at the core, while contributing to attaining the Quadruple Aim (continually improve care, the patient experience, efficiencies, and the work experience of health care providers). This involves improving the patient experience, and improving the quality and safety of care, improving the efficiency of the services we provide, while also ensuring a positive work experience for the health care providers and bringing joy to our work.

This Blueprint was guided by the CFPC's new overall strategic plan and is aligned with it. This includes an emphasis on more added value for members, the use of data and QI methods at the practice level, and the capacity to leverage large data.

Blueprint 2018–2023 incorporates four strategic priority areas, each supported by objectives and activities. The strategic priority areas include:

- Membership
- Advocacy
- Capacity Building
- Partnerships

An evaluation framework, including outcome measures and indicators for each domain, will complement this Blueprint and help the SOR monitor the progress and impact of the strategic plan. The SOR appreciates that health care is an ever-changing complex environment, and new opportunities and challenges arise on an ongoing basis. A certain amount of flexibility is often needed in such situations, without steering too far from the vision.

Priority Areas and Overall Objectives

The overall goal of Blueprint 2018–2023 is incorporated into four strategic priority areas. Each priority area includes several objectives and actions.

Membership

1. Increase awareness of SOR activities among the CFPC membership at large.
2. Increase the recruitment to and the value of SOR membership.

Advocacy

To advocate for:

1. Ongoing funding for family medicine and primary health care research, training, and career support that is commensurate with the role of primary health care in Canada's health system.
2. A visible and continuing presence of primary care in the Canadian Institutes of Health Research (CIHR).
3. Stable infrastructure funding for practice-based primary care research networks and primary health care data collection, analysis, and reporting.
4. Engaging patients, communities, and clinicians in research and QI activities and setting priorities in these areas.
5. Interprovincial/territorial and international collaboration in primary health care research.

Capacity Building

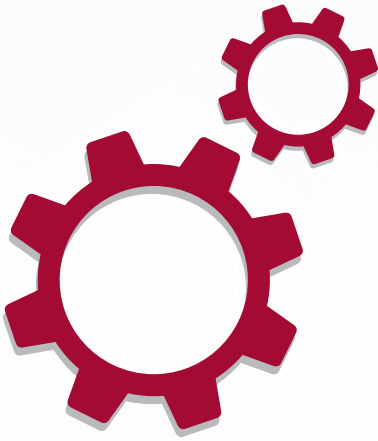
1. Strengthen family medicine and primary care research support for early and mid-career clinician-scientists and researchers.
2. Promote the value of practice-based research and advance the growth and sustainability of practice-based research networks (PBRNs).
3. Strengthen the CFPC's capacity to capture, link, use, and share large data with researchers.

Partnerships

1. Sustain the SOR's role and visibility in the College's priorities, activities, and committees, so that research is a core component of family medicine and primary care.
2. Strengthen the collaboration between the SOR and the CFPC's committees and Sections, the CFPC's Chapters, external academic institutions, funding agencies, the Primary and Integrated Health Care Innovations (PIHCI) national coordinating office, Indigenous and rural communities, and international primary health care research organizations.
3. Strengthen the participation of patients in the activities undertaken and supported by the SOR.

Strategic Priority Areas

Strategic Priority Area 1:



Membership

Growing the membership base and increasing awareness of primary care research and the SOR among family physicians, residents, and primary care colleagues remain strategic priorities. Building on the successes of the initial Blueprint, which saw a major increase in the number of members in the SOR, the focus is now to increase the added value of membership in the SOR.

Objectives

1. Increase awareness of SOR activities among the CFPC membership at large.
2. Increase the recruitment to and the value of SOR membership.

Actions

1. Increase the presence of the SOR on social media, on the CFPC website, and in *Canadian Family Physician*. (Objective 1)
2. Enhance communication with the members. (Objective 1)
3. Invite membership from groups and organizations involved in primary health care research, including graduate programs training family medicine and primary health care researchers. (Objective 2)
4. Review and enhance the benefits for all categories of membership in the SOR. (Objective 2)
5. Enhance research- and QI-related awards in collaboration with the Foundation for Advancing Family Medicine (FAFM). (Objective 2)

Strategic Priority Area 2:

Capacity Building



Research and practice improvement are not possible without building capacity. The previous Blueprint saw successes in a number of areas in this domain, including increasing research content in family medicine residency curricula, making research more explicit in the accreditation of residency programs, and making research a cornerstone activity in the annual Family Medicine Forum.

The new Blueprint will build on these successes and encourage engagement in research activities earlier in members' careers, promote research and the use of data for research and QI at a practice level, and advance large data research.

Objectives

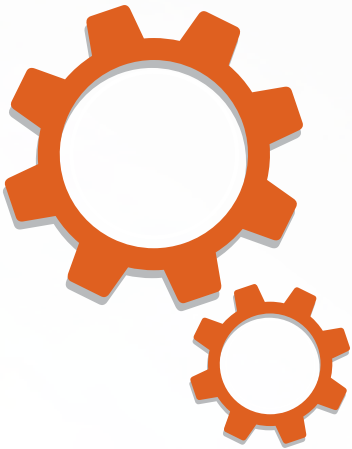
1. Strengthen family medicine and primary care research support for early and mid-career clinician-scientists and researchers.
2. Promote the value of practice-based research and advance the growth and sustainability of PBRNs.
3. Strengthen the CFPC's capacity to capture, link, use, and share large data with researchers.

Actions

1. Promote the use of data that supports QI and research at a practice level and provide Mainpro+® credits for such activities. (Objective 1)
2. Support and promote research training and capacity building programs, such as TUTOR-PHC and the Grant Generating Project, and advanced research and scholarly training and degrees in family medicine. (Objectives 1 and 2)
3. Establish a research community of practice and a virtual knowledge and innovations hub that connects SOR members with similar research interests, supports them, and facilitates peer mentoring and coaching. (Objective 2)
4. Promote family medicine and primary health care research among medical students and family medicine residents. (Objective 2)
5. Promote and strengthen primary care PBRNs across Canada and increase membership in these and similar types of networks. (Objective 3)
6. Support the development of a primary care research institute and CFPC's the ability to make large data (e.g., Triple C, examination, and CPD data) available to its researchers. (Objective 3)

Strategic Priority Area 3:

Advocacy



Despite primary care, including family medicine, being a cornerstone of the health care system, research in this area has been underfunded and under-resourced in Canada. Advocacy remains paramount to raise awareness, visibility, and support. Under this strategic priority area, the new Blueprint will strengthen advocacy for increased funding and infrastructure for family medicine research and QI. The SOR will also continue earlier work conducted for ensuring access to EMR data in support of QI and research at the practice level.

Objectives

To advocate for:

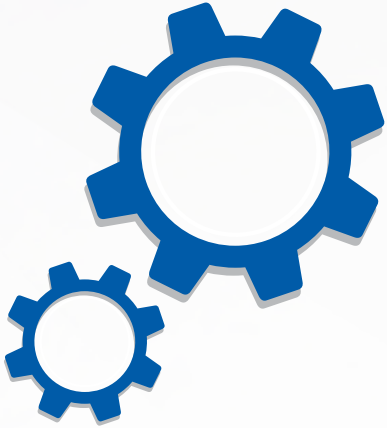
1. Ongoing funding for family medicine and primary health care research, training, and career support that is commensurate with the role of primary health care in Canada's health system.
2. A visible and continuing presence of primary care in the CIHR.
3. Stable infrastructure funding for practice-based primary care research networks and primary health care data collection, analysis, and reporting.
4. Engaging patients, communities, and clinicians in research and QI activities and setting priorities in these areas.
5. Interprovincial/territorial and international collaboration in primary health care research.

Actions

1. Develop and submit a proposal for a CIHR Institute of Integrated Primary and Community Health Care Research, in partnership with primary and community health care stakeholder organizations. (Objectives 1 and 2)
2. Advocate with CIHR and other research funders for systematic tracking and annual reporting of primary health care research funding, including funding for clinical, health services and education research; training and career development; and research infrastructure. (Objective 2)
3. Advocate for sustainable infrastructure support for primary care PBRNs and primary health care data collection, analysis, and reporting. (Objectives 1 and 3)
4. Promote and support patient and community engagement in research and QI. (Objective 4)
5. Advocate with CIHR, other research funders, researchers, and research organizations to support interprovincial/territorial and international primary health care research collaboration. (Objective 5)
6. Support provincial Chapters, department chairs, research directors, and SOR Council members to engage in advocacy efforts at the provincial/territorial level and, where appropriate, at the federal level. (Objectives 1 to 5)

Strategic Priority Area 4:

Partnerships



Primary care research is a collaborative effort. Collaboration occurs within and across teams, and across organizations and jurisdictions. Strengthening existing partnerships and establishing new links supports many of the other Blueprint objectives. Successful partnerships from the previous Blueprint will be strengthened and leveraged, including the SOR's contributions to CanMEDS-FM 2017 and the 2017 competencies in the Red Book⁵ related to research and QI, and the SOR's participation in the Canada-United States Invitational Cross-Border Symposium.

Objectives

1. Sustain the SOR's role and visibility in the College's priorities, activities, and committees, so that research is a core component of family medicine and primary care.
2. Strengthen the collaboration between the SOR and the CFPC's committees and Sections, the CFPC's Chapters, external academic institutions, funding agencies, the Primary and Integrated Health Care Innovations (PIHCI) national coordinating office, Indigenous and rural communities, and international primary health care research organizations.
3. Strengthen the participation of patients in the activities undertaken and supported by the SOR.

Actions

1. Continue being involved on various committees and task forces as a way of integrating various aspects of research/QI into training, education, scholarship, and practice. (Objective 1)
2. Further develop research partnerships with other primary health care profession organizations such as the Society of Rural Physicians of Canada, Canadian Nurses Association, the Canadian Home Care Association, and the Canadian Pharmacists Association. (Objective 2)
3. Further develop partnerships with provincial and national organizations and agencies that use big data, such as Canadian Institute of Health Information (CIHI), CPCSSN, PBRNs, Institute for Clinical Evaluative Sciences (ICES), and Canada Health Infoway. (Objective 2)
4. Include Indigenous family physicians and researchers, and individuals from Indigenous communities in the activities of the SOR, including on the SOR Council. (Objective 3)
5. Work with the CIHR, other research funders, researchers, research organizations, PIHCI, Chapters, and international partners to promote and support interprovincial and international primary health care research collaboration, particularly around PBRNs and similar networks. (Objective 1 and 2)

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