Family Medicine research revisited in Kingston

Lee Gan GOH

Wonca Regional Vice President for Asia Pacific

Introduction

In this issue of the journal, I report on the Wonca Invitational Conference on Research held in Kingston, Ontario, Canada from 8 to 11 March 2003. The venue was in the Donald Gordon Center of Queens University. Thanks are due to Professor Walter Rosser and Professor Chris van Weel, the co-chairs of the meeting. The meeting was attended by 74 family medicine teachers, researchers, practitioners and leaders from 36 countries.

Aims and objectives of the Kingston meeting

The aim of the Invitational Conference was to examine the subject of Family Medicine/General Practice research and how it could be promoted. The objectives of the Kingston conference were to result in a document stating the position of research in family medicine, ways to build a global scientific capacity and research infrastructure and possibilities to promote family medicine research around the world.

The projected outcomes of the conference were:

- Development: research and general practice development in developing countries
- Role: the role of Wonca in promoting research in family medicine around the world.

The background

This Wonca Invitational Conference was a follow-up to the research forum at the 2001 Durban Wonca world conference – Research In Family Medicine, where it was stated that in reviewing the status of research at the 2001 Durban world Wonca conference, three universal needs were emphasized for family medicine around the world:

1. There is a substantial research need in family medicine, to develop evidence-based practice. This research field includes a substantial part of illness and disease presenting to health services and behavioral aspects (changing lifestyle and patient empowerment), multidisciplinary cooperation and teamwork, and the effectiveness of the structure of healthcare should also be taken into consideration.

2. An important aspect of the development of primary care and family medicine is the implementation of effective models and strategies of care: implementation research. But this is by no means the only type of research. To pursue evidence-based family medicine the full scope of research must be applied, from efficacy and effectiveness studies to the assessment of cost-effectiveness, efficiency and implementation.

3. There are, however, marked differences in the development of research in the various Wonca regions. In particular in Europe, North America and Asia Pacific research is well developed. The greatest needs are in Africa, South Asia and Latin America. From this, it can be concluded that Wonca already possesses substantial expertise that it can recruit for research development.

Format

The format of the Invitational Conference consisted of a set of eight background papers sent to participants.
before the conference; plenary sessions where the background papers were presented; small group discussions with specific questions related to the background papers with feedback to the plenary after each small group discussion; daily summation; and a final report which is being finalized.

The background papers were

- Why research in Family Medicine? by Jan M D Maesenner and An De Sutter
- About the research domain of family medicine by Larry A Green
- Family Medicine: styles and methods by Allen Hutchinson
- Building practice research capacity by Chris Del Mar and Deborah Askew
- The changing research culture by Igor Svab
- The twenty-first century: the age of family medicine research by Cindy LK Lam
- Research in family medicine in developing countries by Shatendra K Gupta
- Family Medicine research: implications for Wonca by Niels Bentzen.

Together the background papers gave participants an up-to-date review of the family medicine research situation in the world today.

The process

The small group discussions were animated occasions where much was exchanged, expounded and summarized on the various aspects of family medicine research. Clearly there was a lot to share but the task of summarizing what was shared was Herculean. Nevertheless, the meeting did come up with a report carrying nine recommendations. There was unanimous agreement that through Family Medicine research the effectiveness and efficiency of health care in all countries can be improved. Family Physicians are at the interface between community and the health care system, treat the majority of health problems in their own clinical settings, and coordinate with other sectors of the health care system for the management of an important minority of health problems. There is a need for Family Medicine research to provide answers to problems encountered in such settings.

Strengthening Family Medicine research is essential to promote the role of Family Physicians in health care systems and to preserve optimal functioning of health care systems to improve the health of populations.

The recommendations

The full report is in the final stages of collation.

Thanks are due to the two Herculean workers Professor Walter Rosser and Professor Chris van Weel. A total of nine recommendations were arrived at for Family Physician Colleges and Family Physicians worldwide:

1. Wonca must develop a strategy to display research achievements in Family Medicine to policy makers, health (insurance) authorities and academic leaders.
2. Wonca should seek the development in all its member countries of sentinel practices to provide surveillance reports on illness and diseases that have the greatest impact on patients’ health and wellness in the community.
3. Wonca should organize a clearinghouse for research expertise, training and mentoring.
4. Wonca should stimulate the development of National Research Institutes and University Departments of Family Medicine with a research mission.
5. Wonca should organize an expert group to provide advice for the development of practice based research networks (PBRN) around the world.
6. Wonca should promote research journals, conferences and websites for the international dissemination of research findings.
7. Wonca should facilitate funding of international collaborative research.
8. Wonca should organize international ethical standards for international research cooperation and develop an international ethical review process.
9. Wonca should address in any recommendations for Family Medicine research the specific needs and implications for developing countries.

Mentoring aspiring researchers or research organizations, is increasingly driven by international organizations and provides a practical strategy for building research capacity. The PBRN are providing more information on the health problems in the communities around the world how these can be solved, and their development is also supported by international collaboration.

Mentoring of Family Physician researchers and PBRN promote a ‘bottom-up’ research grounded in problems experienced in practice. At the same time the link of Family Medicine research and researchers with University Departments and Research Institutes is important to enhance rigorous methodology of studies.

Personal reflections

The research conference provided many insights on how family medicine research can be developed in Asia Pacific region:

- Family Medicine research needs to find an organic place in the family doctor’s day-to-day work in the Asia Pacific region. One way is to concentrate on answering the clinical questions that arise in the
course of the day. The TRIP database provides some
answers, Info Poems have led the way in providing
the kind of answers we need (To find the website
URL you can do a Google search and once you find
it, you can save the URLs in your favorites). A lot
more clinical questions encountered at the General
Practice setting still have no answers, for example, is
a COX2 inhibitor worth the price one pays for it
compared to the usual non-steroidal anti-
inflammatory drug?
• Larry Green’s paper has a classification of family
medicine research that is refreshing. He groups
them into four quadrants on ‘why’. Quadrants:
(I) ‘I’ knowledge – understanding the clinician is
essential to family practice; (II) ‘We’ knowledge –
the voices of patients, families, and communities
are central to the goals and effectiveness of family
practice; (III) ‘Disease’ knowledge – understanding
natural phenomena and intervention to affect them
is the biological basis of medical practice; (IV)
‘System’ knowledge – Family Practice operates
within a systems context, which must be
understood to enhance its effectiveness. May be
more thought could be devoted into this way of
classifying Family Medicine research.
• Capacity building, mentoring and practice based
research are the keys into the future to bring
research into the doctor’s professional life in the
Asia Pacific. Towards this end, I was trying to
organize an Asia Pacific Post Conference Workshop
on Research capacity building in Beijing but the
epidemic of severe acute respiratory system caused
some derailment. May be when the epidemic dust
settles in Asia Pacific, I will pick up the pieces again.