



Expanding research capacity in primary care in Portugal: a modest proposal

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It is time for a new 'age of discoveries' in family medicine research. This is not an easy task but we have the tools. This is worthy of closer examination. Careful readers of this journal will note that our previous edition appeared without a contribution in the original research section. This is the first time this has happened with the current editorial board, since receiving our mandate from the last board two years ago. We need to reflect on this in order to find ways to increase our research output. A SCOT analysis (strengths, challenges, opportunities and threats) can help this process.

The main strengths of family medicine in Portugal are the strong minds and willing spirits of the 5,000 family doctors working here. Our basic medical education is world class. Family doctors are well trained, with four years of specialty training in family medicine. Family doctors are dedicated to the profession and have a strong record of public service. Opportunities for continuing medical education and professional development are numerous.

Despite these strengths, the research output from the profession has not been overwhelming. There are many challenges faced by professionals that explain this. Barriers to family medicine research have been well described in the world literature.¹⁻² Family doctors working in the National Health Service have a primary responsibility for full-time patient care. There is little protected time for research or other academic activities. Very few family doctors have part-time clinical appointments that would allow them to engage in research. This is common in other countries. While the number of PhDs in family medicine is increasing rapidly in recent years, there are still insufficient mentors and role models for

new researchers. Economic resources for research support are also scarce. There is little incentive for the publication by individual doctors, as career advancement does not depend on research output. Few points are given to family doctors for published research when their CVs are evaluated for promotion.

Three factors can help promote future development of family medicine research in Portugal. These are individual capacity building, development of organizational support networks, and support for research dissemination.

Individual capacity building begins with the teaching of basic research skills in medical school. In my experience at the University of Minho, there is an innovative program that spans over six years of undergraduate medical education. This exists in other medical schools as well. This culminates in the performance of high quality research projects in the final year that often leads to publishable papers. Graduates who go on to choose family medicine as a career have solid research training in the background.

Family medicine residency training in Portugal also has a strong research component. Courses in research methods are the driver for the majority of research projects we see presented and family medicine congresses. The final assessment formula for trainees also gives points for original research papers, review articles, and case studies. Although some trainees may be accused of 'CV chasing', by engaging in these activities, the positive effects of involvement in research are undeniable.

Where capacity building appears to be lacking is in the long period after completion of residency training, when doctors are engaged in their clinical careers. There is little incentive for family doctors in Portugal to leave their busy practices, with the heavy demands of the new pay-for-performance schemes and the pressures of indicator based medicine, to take courses to impro-

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ve their research skills, let alone to engage in independent research. This can also explain the relatively smaller proportion of presentations by active senior family physicians at family medicine conferences, compared to the output of their trainees. Protected time for research and credit points for career advancement based on courses taken and the number of research studies completed may help. However most GPs will participate simply for the pleasure of engaging in research, for their interest in the subject under study, for satisfying social contact with their peers, and for the immunity from professional burnout that this activity confers.

The development of organizational support networks is possible too. As mentioned, the universities, training schemes, and professional organizations, like the APMGF, have a role to play. Increased communication between university departments of family medicine and rank and file family doctors in the community is needed to promote GP research. New organizations like the USF-AN have also shown their willingness to support research, as evidenced by the presentation of primary care based research at their recent conferences. Other supportive organizations include Ministry of Health initiatives like the Sentinel Practice Network in Primary Care. These organizations play an important role in stimulating relevant and feasible research questions, providing guidance in the choice of appropriate methods, providing logistic support for data collection and analysis, and help with dissemination of findings.

Another role of organizational support networks could be the coordination of a national research agenda. The European Research Agenda published by EGPRN is one example to follow.³ We now need to set our own national research agenda for family medicine research on Portugal. There are growing centres of expertise in several places. Primary care respiratory research is the special interest of the researchers in Community Health at the University of Minho, as research on prevention and cardiovascular risk factor is in the Porto faculties, and research on chronic disease, multi-morbidity (UNL), addictions and pharmaco-epidemiology (FML) is in Lisbon. Centres of excellence can support novice researchers. Concentration of forces is also a wise way to use limited resources.

Support for research dissemination is the third arm

in the strategy to increase research output. The first two arms of individual capacity building and organizational support are also linked to this. Research does not count if it is not presented and published. The RPMGF has a pivotal role to play here. There is pressure to publish in indexed journals with an impact factor. However there is also a bias against the publication of research from non-English speaking countries. Linguistic editing is crucial in getting local papers into shape for international publication. This was explored in a previous editorial.⁴

Institutional support is necessary for this. Recent experience with presentation of research protocols at APMGF conferences has been encouraging. New researchers benefit from the critique of more experienced colleagues and an interested public. This forum deserves to be expanded. Locally, a university department or postgraduate training research forum can fill this function. The Portuguese National Health Service also needs to recognize and reward research by family doctors when career advancement is considered.

There is much work to be done to develop family medicine research in Portugal. All readers of this journal can play an active role in this process. We look to you for ideas, energy and inspiration. Our pages are open to you to help promote this worthy endeavour.

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CONFLICT OF INTEREST

None

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