As noted by Young et al in their article in this issue of *Family Medicine*, the Future of Family Medicine project concluded that family medicine needed “to contribute more substantially to the body of medical and health systems knowledge” and that to do this, “growth of research and a greater commitment to a culture of inquiry in family medicine” is needed. The article by Young et al appears to interpret this to mean that more individuals should be doing research in family medicine. However, there is another interpretation that should be considered, which is that the discipline needs to focus its resources on doing research of greater significance. To accomplish this, the discipline may not need a great many more part-time researchers but may need a change in orientation to embrace the concept of having more professional (majority time) researchers.

The findings presented in Young et al's article are similar to those presented in other studies focusing on research productivity in family medicine. These studies document that productivity is low and suggest appropriately that as a discipline it is imperative that developing research be seen as a critically important task.\(^2\)\(^3\)\(^4\)

Their paper again focuses on the symptoms of the problem without diagnosing the reason(s) for the shortage of research productivity in the discipline. Importantly, the paper does not include an assessment of research funding in their measures of research productivity. This decision not to assess research funding is crucial because it may indicate an underlying belief that research funding is not necessary to the production of research.

Unfortunately, observations of research success in family medicine as well as other specialties suggest that the best way for family medicine to improve the quality and quantity of our research is to encourage family medicine researchers to acquire National Institutes of Health (NIH) or similar national-level peer-reviewed research funding. Many other disciplines in medicine have come to the conclusion that to develop the discipline's research base and its corresponding credibility they must be successful at the kinds of studies that attract NIH or similar national-level research funding. Some may see applying for NIH-level research as capitulating to the status quo and not being true to the unique nature of family medicine, but it acknowledges the reality of funding.

There are two strategies that need to be considered in planning to move the discipline from unfunded research to funded research. First, we need a cadre of professional researchers rather than a multitude of faculty members whose major focus is on teaching or clinical care and who have received (at best) haphazard training in research. And second, we need to address the lack of a critical mass of researchers at most institutions by encouraging collaboration and sharing of expertise and resources.

The only sure-fire way to have protected time for research, especially during lean financial times, is to bring in the salary support that pays for that time. That means developing professional researchers who can compete successfully for funding on a national playing field. Leaders in family medicine have discussed the importance of NIH funding.\(^5\) Although still numbering fewer than 100 individuals, more and more family medicine investigators have a track record of success in tapping into NIH funding by focusing their research on topics such as cancer control, management of mental health problems in primary care, and cardiovascular disease prevention. Rather than being distant from primary care with findings of little relevance, these rigorous and well-funded studies can and are serving as the intellectual base for the discipline.

The ability to conduct these studies is dependent on the acquisition of substantial monetary resources.

The game of golf provides a good analogy. Anyone can go and play a round of golf, but only a select few can make their living by playing golf. Similarly, everyone may want to participate in research, but not

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See related article on pages 341-8.

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everyone will compete successfully to pay for the majority of their professional time through extramural funding to do research. Many great questions can come from faculty in community residencies and practice, but the ability to turn those questions into large-scale studies that have the ability to change and improve practice throughout the discipline requires resources.

The NIH offers career development awards to develop young faculty members into independent investigators who will be competitive in acquiring the funds needed to conduct these studies. These career development awards are commonly called K awards. These award programs require the applicant to devote a minimum of 75% full-time professional effort to the conduct of research and research career development. Additionally, large foundations like The Robert Wood Johnson Foundation and the American Cancer Society also offer awards for development of independent investigators and require substantial time committed to research. Other disciplines, including other primary care disciplines like general internal medicine and general pediatrics, expect that clinician investigators will be spending 75%–80% time doing research.

Should all residencies and medical school departments have a staff of professional researchers? At this point in time, the answer is “probably not.” Unfortunately, rather than having a staff of professional researchers, a common scenario in many programs and departments is to have only one professional researcher or several part timers. We suggest rather than expecting a commitment from departments and residencies to hire a large staff of researchers, to instead consider a “hub and spoke” model of virtual research centers that link family medicine departments that have existing infrastructure and seasoned, successful researchers to other family medicine departments or residencies that have limited experience and fewer resources. This would be a first step to expanding the amount of significant research performed in our discipline by helping to develop a critical mass of professional researchers who collaborate and communicate. This model would share intellectual and other resources and provide a stronger application for research funding than might be gained by having each individual “go it alone.”

The article by Young et al looks at our cup and points out it is half empty—or maybe even 80% empty. But even in the most productive disciplines, most research is done by only a minority of the faculty members who are essentially professional researchers. We need to concentrate our energy on growing this segment of professional researchers but also recognize that those who are trained and are experts at teaching and providing clinical care are doing exactly what they should be doing.

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