

## LETTERS

### Integrating research and clinical care must include primary care

We thank Dr. Lamontagne and colleagues for their timely analysis.<sup>1</sup> We agree that Canada can and should do more to integrate research with clinical care.

Some of the most substantial opportunities for transformative research lie within primary care, the sector providing most of the care for most Canadians most of the time. By conducting clinical research in primary care, studies are more pragmatic and the findings are more generalizable to the real world.

To develop and sustain the infrastructure needed to grow clinical research in primary care, Canada should invest in primary care practice-based learning and research networks. These groups can be critical building blocks in constructing a pan-Canadian network that integrates knowledge production, dissemination and practice improvement. For more than 25 years, primary care practice-based learning and research networks have operated in many countries to connect primary care practices and academic researchers. More than 15 primary care networks are currently active across Canada; they manage data collected from electronic medical records<sup>2</sup> and support clinical research, ranging from randomized controlled trials to longitudinal cohort and qualitative studies. However, funding to support network operating costs is scarce. Training opportunities, protected time for clinician-scientists involved, and support for administrative and analytic activities are all limited.<sup>3</sup>

The College of Family Physicians of Canada and its provincial colleges are fostering a culture of curiosity in Canada's primary care practices, integrating quality improvement and research as part of care. Primary

care practice-based learning and research networks are an important part of the national effort. The United Kingdom provides examples of world-class primary care research, leveraging such networks and supporting them through the National Institute for Health Research Clinical Research Network, with substantial impact on care delivery in communities and influence on policy ([www.phc.ox.ac.uk](http://www.phc.ox.ac.uk)). Primary care researchers at the University of Oxford lead one of the world's largest randomized trials of community-based COVID-19 treatments ([www.principletrial.org](http://www.principletrial.org)). Data from primary care practice-based learning and research networks can be used to serve communities, including infectious disease tracking<sup>4</sup> and identifying priority populations<sup>5</sup> for interventions, such as vaccinations.

Achieving integration between primary care delivery and research requires strategic investment, vision, and sustained relationships between researchers, clinicians and communities. Canadians deserve no less.

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## References

1. Lamontagne F, Rowan KM, Guyatt G. Integrating research into clinical practice: challenges and solutions for Canada. *CMAJ* 2021;193:E127-31.
2. Birtwhistle R, Keshavjee K, Lambert-Lanning A, et al. Building a pan-Canadian primary care sentinel surveillance network: initial development and moving forward. *J Am Board Fam Med* 2009;22:412-22.
3. Weidner A, Peterson LE, Mainous AG III, et al. The current state of research capacity in US family medicine departments. *Fam Med* 2019;51:112-9.
4. RCGP RSC Workload Observatory. Available: <https://orcid.phc.ox.ac.uk/index.php/rcgprsc/workloadobservatory/> (accessed 2020 Aug. 6).
5. Tu K, Sodhi S, Kidd M, et al. *The University of Toronto Family Medicine Report: caring for our diverse populations*. Toronto: Department of Family and Community Medicine, University of Toronto; 2020.

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