

our graduates hold firm to this definition, or whether a majority tailor their practice to a narrower spectrum of care. Clearly, residents enter traditional family medicine practices, but they also opt for fellowships in geriatrics, obstetrics, and sports medicine and practices that embrace hospital medicine; they work in emergency departments, health departments, and Veterans' hospitals. Also, clearly, these graduates consider themselves family medicine physicians, although their career paths may not adhere to the strict definition as outlined in our founding documents.

There is no national database that answers the question, "where are our graduates, and what exactly are they doing?" Logically, we also cannot answer with complete confidence the question as to whether or not our residency programs prepared them for the world at large. The AMA collects physician data from specialty boards, state medical boards, and societies and publishes data on physician specialty and distribution, but does not drill down to the detail of practice profiles of family physicians.² Several states also track physician resources, but still leave crucial questions unanswered that address the need for feedback on our residency programs. Although we are required to survey our residents following graduation, we use no consistent instrument across all programs, nor do we know if a single instrument could be designed to embrace all variations of family medicine residency programs to help us answer these questions. Several publications deal with regional outcome data, and at least 1 P⁴ project attempted to grapple with the concept of a common post graduate survey instrument.³

It follows that we may need to ask ourselves, is it time for a universal survey that would help the discipline answer the thorny questions of our role and worth in the healthcare system. Do we need to expand the definition of the family physician to include alternate types of practice? And, lastly are our values antiquated, are our visions of ourselves valid, or should we change?

Karen Hall, MD; Stoney Abercrombie, MD; Sandra Carr, MD; Joseph Gravel, Jr, MD; Grant Hoekzema, MD; Stanley Kozakowski, MD; Djing Lindsay, MD, MPH; Elissa Palmer, MD; Todd Shaffer, MD, MBA; Martin Wieschhaus, MD

References

1. Association of Family Practice Residency Directors. *Leadership in Education, The First Five Years of the Association of Family Practice Residency Directors*. New York, NY: Greenwich Press; 1996.
2. American Medical Association. *Physician Characteristics and Distribution in the U.S.* Chicago, IL: American Medical Association; 2008.
3. Eiff M, Garvin R, Fogarty C, et al. A model for a standardized national family medicine graduate survey. *Fam Med*. 2009;41(5):337-341.



From the North American
Primary Care Research Group

Ann Fam Med 2009;7:568-569. doi:10.1370/afm.1065.

RESEARCH CAPACITY BUILDING IN FAMILY MEDICINE: THE IMPACT OF THE GRANT GENERATING PROJECT

Background

Leading family practice research often involves interdisciplinary teams, multi-method approaches, and the collection of resource-intensive primary data in the practice setting. However, the cost structures of most medical schools, community residency programs, and practices do not provide salary support for family physicians or family medicine researchers from other disciplines to engage in research or scholarship. As a result, the biological, behavioral, health services, and medical sciences depend primarily on external grant support for sustained productivity. For family practice to significantly grow its research capacity, investigators in the discipline must be able to apply for and obtain major research grants from one of 3 primary sources—the pharmaceutical industry, the federal government, and foundations.

This medical research funding is by far the largest level in the history of the world, yet family medicine researchers have not tapped into this resource. To develop successful research grant applications, family practice researchers need consultation, time, peer review, and technical assistance. One or more—or all—of these resources often are lacking in their institution, department, division, residency program, practice, or other organization.

The Grant Generating Project (GGP) has successfully brought together many of these components into a "fellowship without walls" for family practice researchers who lack them in their home environments. The GGP fits with the research and scholarship capacity-building needs of various organizations in the "Family of Family Medicine Organizations"—including the American Academy of Family Physicians' Plan to Enhance Family Practice Research, North American Primary Care Research Group's Committee on Building Research Capacity, the Society of Teachers of Family Medicine, and the Foundation of the American Academy of Family Physicians.

Established during the 1995-1996 academic year through the efforts of the NAPCRG Committee on Building Research Capacity (BRC), the GGP seeks to equip family medicine researchers with the skills

they need to successfully develop and submit grants for research funding. Once learned, these skills continue to help generate new funds for family medicine research and training, year after year.

From 1995 to 1999 the program was launched and developed under the directorship of David Katerndahl at the University of Texas-San Antonio. Katerndahl relinquished the directorship role at the conclusion of the class of 1998-1999 after 4 years of volunteer service.

The BRC committee considered suspending GGP for 1999-2000 to allow time for evaluation, assessment of support, and some redesign of the program. However, an informal survey of department chairs, conducted by Frank deGruy of the Association for Departments of Family Medicine and David Moores of the Canadian College of Family Physicians indicated strong support for the program and a willingness on the part of several chairs to invest additional financial resources. Additionally, the AFMO Steering Committee endorsed GGP and the NAPCRG Board expressed its support for continuation of the program. A further encouragement was the suggestion by William R. Phillips, the AAFP Task Force liaison to the BRC and AFMO Research Subcommittee, that the GGP fellowship might be a good opportunity for the Advanced Research Training fellows funded by the AAFP. With that feedback, Bernard Ewigman, Daniel R. Longo, Frank deGruy, and Katerndahl agreed to develop a proposal to continue the program with no interruption.

From fall 1999 through spring 2007 the program was housed in the Department of Family and Community Medicine at the University of Missouri-Columbia, under the direction of Longo, an experienced researcher and professor. In March 2007, Longo joined the Virginia Commonwealth University (VCU) faculty and in 2008 the program was moved to continue under his directorship at VCU.

Benefits

In addition to the potential for major research grant funding, participation in GGP has other potential benefits to the home department of participating GGP

fellows. Family medicine researchers who wish to learn to write successful research grants as part of their development and training can take advantage of the GGP fellowship. With its emphasis on critical thinking, analysis and writing, the skills learned in GGP can be generalized to other grant-writing projects and scholarly writing activities. Such training should have long-term benefits in preparation for future grant development activities.

Funded Grants

Grant Generating Project Fellowship alumni have obtained to date \$208,318,387 in external funding since GGP was launched in the 1995-1996 academic year clearly making a major contribution to research capacity building in family medicine. Sources of funding include the National Institutes of Health, various state and local government entities, pharmaceutical companies, charitable organizations such as the American Cancer Society and United Way, and numerous private foundations. Examples of funded projects include:

- R01 from the National Library of Medicine for \$661,500
- 3 fellows received major awards from the Robert Wood Johnson Foundation's Generalist Physician Faculty Scholars Program
- A state foundation grant of \$2.6 million
- K08 Mentored Clinical Scientist Award from AHRQ for \$616,000

GGP currently is funded by the North American Primary Care Research Group, the Society of Teachers of Family Medicine, and the Foundation of the American Academy of Family Physicians. Past Funders have included American Academy of Family Physicians and the Canadian College of Family Physicians.

*Daniel R. Longo, ScD
Professor, Director of Research, and
Co-Director, Virginia Ambulatory Care
Outcomes Research Network (ACORN)
Director of the Grant Generating Project
Fellowship Department of Family Medicine Virginia
Commonwealth University School of Medicine*