The impact of research in primary care and family medicine: the Thomson Reuters Web of Science Subject Category ‘Primary Health Care’

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This year (2011), Thomson Reuters Web of Science (http://thomsonreuters.com/products_services/science/science_products/a-z/web_of_science/) introduced in its database a Subject Category ‘Primary Health Care’ and brought 14 journals that were previously included under other categories, under this heading (Table 1). This marks an important development. The primary health care category includes family medicine and general practice. With this, Thomson Reuters followed the National Library of Medicine, which in 2009 had grouped primary care journals under a title in its own right.

The coming of age of research in primary care and family medicine has been a slow and agonizing process. And even amidst a growing awareness of the importance of a sound scientific basis of primary care for society,1,2 this agonizing will continue to be the case in the years ahead. In 2004, Mendis and Solangarachchi3 concluded that family medicine research was virtually invisible in PubMed compared to other health care disciplines. Their findings and those of others4 have been explained as a lack of interest in, and affinity with research, among family physicians (FPs) and other primary care professionals, with their orientation for pragmatic practical solutions of patient problems.

There is no denying that FPs are primarily motivated as a profession by the need to solve problems of patients and that their ability to do so with limited resources is a strength: this is the underpinning of most health care systems. Research—and education and teaching—has to obtain solid footing in this busy and often overburdened environment of patient care. From this environment, research capacity has to be built with the leadership of FPs with practice and research skills, with an infrastructure to link practice and science, and above all in a culture in which the benefits of scholarly insights for daily practice can come to fruition.5 In the past decade, there has been steady progress in this structuring process, and though there remains much to be desired, there are also important achievements.

After many years of advocacy, practice-based research networks are becoming a generally accepted structure to connect researchers and practices.5 Compared to even 5 years ago, presentations at international primary care conferences are much more often based on empirical data from primary care.7 The glass of research capacity building is at least half full. And that brings us back to publications.

Bibliographic analysis of published work is an established method to value the scientific status of disciplines, research institutes and scientists. Unless this is the platform where its research output has an impact, a discipline is liable of being regarded a ‘lost cause’.8 PubMed and Thomson Reuters Web of Science are the main databases through which this visibility comes about. Primary care has long since been aware of its difficult position in these databases: with their subject categories, these databases organize and highlight publications in a manifold of medical (sub)specialties, but until now, no subject category organized primary health care, family medicine or general practice. A related problem is that family medicine, as a specialty ‘in breadth’, frequently links in its research to other, in depth specialties. More often than not, publications that flow from this collaboration end-up under subspecialty headings, acknowledging the organ but not the professional expertise and collaboration involved. The method of bibliographical analysis not only measures the research output but also influences the publication input: there are indications that researchers in primary care ‘go with the flow’ and focus their publications on (sub)specialty journals at the expense of primary care and family medicine journals. And related to this comes a focus of citations to that (sub)specialty field, away from the primary care domain.9,10

These trends stress the importance of the recent developments in the two large databases, Index Medicus and Thomson Reuters Web of Science, and their Subject Category Primary Health Care now bring here together the journals with a mission in the domain.
This will make it possible to distinguish the primary care journals with the highest impact (Table 1). Thus, it will now be possible to analyse the research performance of the field in its own right and compare and rank research groups and individual scientists. This is more important as family medicine performance compares positively against other disciplines—as came forward, for example, in the recent UK research assessment exercise.11 One of the 14 titles in the Subject Category Primary Health Care is a Spanish language journal, Atencion Primaria. Given the importance of Spanish as a language, this is a positive development. It may also stress the relevance of the ‘local’ (national or regional) practice setting for research, including the need to communicate research findings to local practitioners. This, as much as the quest for universal applicability, is a feature of primary care and its science.

But with a Subject Category in its own right, only the conditions for a better scientific visibility are created. It is up to the primary care research community to exploit this opportunity and revalue the specialty journals of primary care and family medicine for their publications. This, with a better culture of citing within primary care in studies on various health problems, would do what has been for long the perceived need of primary care: to be better visible with its scientific performance.

References


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