



Association of
Departments of
Family Medicine



Infrastructure and Support for Research in Family Medicine Departments

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Introduction

Building a sustainable and effective research infrastructure within academic family medicine departments requires intentional planning, alignment of goals, and strategic use of institutional and external resources. This white paper provides guidance for department chairs and research leaders to assess existing capacities, define actionable goals, and develop systems that foster research productivity, collaboration, and scholarly growth. It emphasizes practical steps for aligning departmental goals with promotion and tenure criteria, establishing mentorship and training pathways, and leveraging the inherent strengths of primary care research to secure institutional support.

Understanding Your Department and Defining Research Goals

The first step in developing a research infrastructure is understanding your department's unique goals. Departments vary widely—from those pursuing federally funded research with career investigators to those supporting clinician-scholars engaged in local scholarship or quality improvement. Infrastructure must be designed to fit these differing aims.

A comprehensive review should include current research capacity and needs among faculty, departmental strengths and alignment with institutional priorities, internal and external resources such as grant-writing assistance and mentorship, and metrics to track and sustain success. Where a research vision does not exist, leaders should collaborate with faculty to define one. This shared vision should include actionable objectives, a realistic timeline for implementation, and integration with promotion and tenure pathways. Faculty buy-in is critical—communicating the value of research as part of the department's identity fosters engagement and sustainability.

Assessing and Building Research Infrastructure

Chairs should conduct a structured assessment using tools such as the PACER tool to evaluate research productivity, staffing, and partnerships. Key considerations include internal and external resources, pre- and post-award infrastructure, and collaborations across disciplines. Departments should also consider mentorship structures, such as pairing junior faculty with senior researchers, and defining clear pathways from residency to faculty-level research independence.

Methods and Analysis Support

Robust methodological support is essential. Departments should ensure access to expertise in quantitative, qualitative, and mixed methods research. Early engagement with PhD-level methodologists and informaticians enhances study design and analysis quality.

Infrastructure should include data management and extraction capabilities, centralized informatics systems, statistical expertise, and collaborative partnerships across departments for consulting. Learn what resources are centralized in your institution and if there is a cost to access them.

Academic and Research Time (FTE) Allocation

Adequate and clearly defined research time is foundational to achieving research goals. Chairs must define expected research FTE relative to clinical load, ensure 'protected time' is embedded within job descriptions, and pair time allocation with mentorship, research staff support, and administrative assistance. Providing access to necessary tools and defining expectations for output helps ensure accountability and return on investment.

Leveraging the Strengths of Primary Care

Primary care offers distinctive strengths that can attract institutional support: community engagement, team-based care, shared decision-making, mixed-methods expertise, implementation science, and integration with learning health systems. Departments can build infrastructure for less intensive but impactful scholarly activities while supporting higher-level research initiatives.

Mentorship and Training Programs

A culture of mentorship strengthens research productivity and career development. Departments should formalize resident scholarship support, allocate time for mentors and mentees, and create cross-departmental mentoring partnerships. Training in team science and collaborative methods should be included to foster sustainable growth in research culture.

Conclusion

Establishing and maintaining research infrastructure within family medicine departments requires clarity of vision, alignment with institutional goals, and systematic support structures. By assessing departmental needs, securing methodologic and administrative support, and nurturing mentorship and collaboration, departments can expand research capacity while reinforcing the central role of primary care in academic medicine. Through deliberate planning and engagement, research in family medicine can thrive—advancing both institutional missions and community health.