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ESSAYS

Research applied to the territory from Family Medicine

Investigación aplicada al territorio desde la Medicina Familiar

Pesquisa aplicada ao território desde a Medicina Familiar

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Abstract

In the context of the pre-summit and the VII Ibero-American Family Medicine Summit, held in Cali, Colombia on March 13 and 14, 2018, the research group and the Ibero-American Family Medicine Network (IBIMEFA) with the objective of identifying the perceptions of family doctors graduated and in process of formation of Ibero-America, on the conditions they have to develop applied research to the territory, carried out an exploratory, descriptive, cross-sectional study in the member countries of the Ibero-American Confederation of Family Medicine (CIMF)). For the collection of information, a survey was designed with 51 items, whose content was validated by the working group. The instrument was stored in Google Drive and its dissemination through virtual media. A response was obtained from 277 people, representatives from 16 countries of Ibero-America in which it was found that there is interest and potential within the group of the IBIMEFA Network, to carry out studies with the research focus applied to the territory, although time difficulties must be overcome and funding to achieve it, as well as finding strategies that allow cooperative work to consolidate the Network.

Keywords: Family Practice; Health Determinants; Territory; Research

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Resumen

En el contexto la VII Cumbre Iberoamericana de Medicina Familiar, efectuada en Cali, Colombia el 13 y 14 de Marzo de 2018, el grupo de investigación y la Red Iberoamericana de Medicina Familiar (IBIMEFA) con el objetivo de Identificar las percepciones de médicos familiares graduados y en proceso de formación de Iberoamérica, sobre las condiciones que tienen para desarrollar investigación aplicada al territorio, realizaron un estudio exploratorio, descriptivo, de corte transversal en los países miembros de la Confederación Iberoamericana de Medicina Familiar (CIMF). Para la recolección de información, se diseñó una encuesta con 51 items, cuyo contenido fue validado por el grupo de trabajo. El instrumento se almacenó en Google Drive y su divulgación se efectuó a través de medios virtuales. Se obtuvo respuesta de 277 personas, representantes de 16 países de Iberoamérica en los que se encontró que existe interés y potencial dentro del grupo de la Red IBIMEFA, para realizar estudios con el enfoque de investigación aplicada al territorio, aunque se deben superar dificultades de tiempo y financiación para lograrlo, así como encontrar estrategias que permitan hacer un trabajo cooperativo que consolide la Red.

Palabras clave: Medicina familiar y Comunitaria; Determinantes sociales; Territorio; Investigación

Resumo

No contexto da pré-cúpula e da VII Cúpula Ibero-Americana de Medicina de Família, realizada em Cali, Colômbia, em 13 e 14 de março de 2018, o grupo de pesquisa e a Rede Ibero-Americana de Medicina Familiar (IBIMEFA) com o objetivo de identificar as percepções de médicos de família formados e em processo de formação da Ibero-América, sobre as condições que têm para desenvolver pesquisa aplicada ao território, realizaram um estudo corte-transversal, descritivo, e exploratório, nos países membros da Confederação Iberoamericana da Medicina Famíliar (CIMF)). Para a coleta de informações, foi elaborada um questionario com 51 itens, cujo conteúdo foi validado pelo grupo de trabalho. O instrumento foi armazenado no Google Drive e sua divulgação foi feita através de mídia virtual. Foi obtida resposta de 277 pessoas, representantes de 16 países da Ibero-América e se verificou que há interesse e potencial dentro do grupo da Rede IBIMEFA, para realizar estudos com o foco de pesquisa aplicada ao território, ainda que se deva superar dificuldades relacionadas ao tempo e ao financiamento para conseguir realiza-la, bem como encontrar estratégias que permitam o trabalho cooperativo para consolidar a Rede.

Palavras-chave: Medicina de Família e Comunidade; Determinantes Sociais; Territorio; Pesquisa

Introduction

The strengthening of research in Family and Community Medicine has been one of the axes of work in all the summits convened by the Ibero-American Confederation of Family Medicine (CIMF).[1,2] On the occasion of the VII Ibero-American Summit - “Forty Years of Alma-Ata. Family Medicine and Family Health - A Path for Peace” in Cali-Colombia (2018), *the concept of Research applied to the territory* was *integrated* as one of the six topics under analysis. The topic is new and it is not clearly defined, although it can be characterized as giving relevance to the territorial context and the population in different social processes, including health. Initially, in order to have a conceptual background that allows readers a similar understanding of the term “Territory”, some definitions related to the subject are exposed.

Territory is understood as the geographic space that has limits and identity, politico-administrative dimensions.[3] Natural and social subsystems that modify one to another coexist in them.[3] On the other hand, the social determinants in health are “the circumstances in which people are born, grow up, live, work and get old, including the health system”.[4] Relating these two concepts, it is expected that beyond geographical dimensions, the subject-object interaction is recognized, the relation of the health-disease dimension, as well as the interactions of the social determinants of health with the territory.[3-5] In this way, applied research to the territory poses the challenge of defining problems, objectives, methodology, data collection and analysis that allow us to document this relation. Ideally research should seek to develop these processes with the community in order to allow the empowerment of their territory and recognize the transforming nature of the reality that all interventions entails and their commitment with life care.

Taking into account this broad concept of territory that includes the conditions of life and of course the sum of these as a fabric within which there are inequalities and inequities that affect the health of individuals, families and communities,[6] the family doctor must recognize these contexts for the development of models of attention, management and participation of the community. The valuation of studies oriented to the territory and the context can deepen the analysis from an integral (biosychosocial) approach and encourages us to overcome the barriers to research from this perspective.[7]

Relation between Family and Community Medicine and the population and territory contexts

Primary Health Care (PHC), understood as a strategy "to organize health care systems and society"[8] includes not only health services, but also intersectoral work and community participation. Within the characteristics of the organization for the implementation of PHC,[9,10] one must have a resolutive entrance door where the main stage of action of the specialist in family medicine is; on the other hand, as well as Anderson et al.[11] expressed in the framework of the V Ibero-American Family Medicine Summit:

> "*Family doctors are specialists in the provision of personalized and continuous health care, focused on the person, regardless of age, sex or condition, integrating the physical, psychological, social, cultural and existential factors involved in the health-disease process. They provide care to individuals according to their family, community, and cultural context, and have a professional responsibility for their community. They play their role in promoting health, preventing illness and providing care, clinical accompaniment, palliative care, and do so according to health needs and resources available in the community. They must still be responsible for the development and maintenance of their personal skills, values and balance, as a basis for the provision of effective and safe care. Primary Health Care (PHC) is the fundamental field of action of the Family Physician, while Family Medicine is the key tool for the full development of PHC*."[11]

Barbara Starfield has defined *some* characteristics that must be met by the entry door of the *health* system*,* to be coherent with a service organization based on APS[10] that includes four essential attributes: first contact, continuity, integrality (or extension) and coordination; and three secondary attributes are the family focus, community orientation and cultural competence.[12] These characteristics are coherent with the concept expressed by Anderson et al.[11] on the way of acting of family doctors, in which they relate the person-centered service with the family, community and cultural context and the professional responsibility for their community.

Thus, the concern about the possibilities that the specialist in family medicine can have to carry out research applied to the territory shows up and how it can be related to three areas in which these professionals operate, such as: clinical, management and human talent training.

General purpose

Identify the perceptions of graduated family doctors and in process of formation of Ibero-America, on the conditions they have to develop applied research to the territory.

Method

To achieve the proposed objective, an exploratory, descriptive, cross-sectional study was conducted in which family doctors (graduated and in-training) from the member countries of the Ibero-American Confederation of Family Medicine (CIMF).

The data collection was carried out between January 01 and 31, 2018, by a self-administered online survey tool, designed by researchers and with the contents validated by the working group, collecting 51 items grouped as follows:

- First group; eleven items aimed to establish demographic data of the respondents.
- Second group; seven items aimed to establish the capacity that the group can have to participate in research.
- Third group; seventeen items aimed to establish within the group the relation of their clinical practice with the determinants of health and clinical research that relates the information of the clinical practice of the family physician with the biopsychosocial approach that the specialty does.
- Fourth group; nine items aimed to establish the population ascription and responsibility of specialists in family medicine as an indirect way of looking at the possibility of conducting health management research.
- Fifth group; seven items aimed to relate practical training experiences from a biosychosocial approach, which allows inferring training in applied research in the territory.

The questionnaire was edited in Google Drive and its dissemination was done through email and social networks of family doctors representing the twenty countries that integrate the CIMF. The univariate statistical analysis was performed through SPSS version 25.0. The conclusions and recommendations were consolidated during the VII Summit.

Results

1. Characteristics of the respondents

The response of 282 respondents was obtained, 5 surveys that reported level of undergraduate training or training in another field different from family medicine were excluded. The remaining 277 were family doctors (graduates and in-training), representing 16 countries of the Ibero-American region: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, Spain, Mexico, Panama, Paraguay, Peru, Dominican Republic, Uruguay and Venezuela (Table 1). According to their origin by subregions of the CIMF, they were distributed as follows: Andean Region 147 (53.06%), Southern Cone 72 (25.99%), Mesoamerica 57 (20.57%) and Iberian Peninsula 1 (0.4%). The number of collaborators per country was very dissimilar. On the one hand, Colombia registered 36.8% of respondents, followed by Mexico and Chile, around 10.5% each, while Spain, Panama and Cuba had less than 1% participation, followed by Paraguay, Peru and the Dominican Republic with less than 2%. In the remaining countries, the contribution ranged from 3.5% to 7.1%.

Table 1. Characteristics of the respondents: Country of residence, age and sex.

	Participants	
	No.	**%**
Country of origin		
Argentina	20	7.2
Bolivia	20	7.2
Brazil	9	3.2
Chile	29	10.5
Colombia	102	36.8
Costa Rica	15	5.4
Cuba	2	0.7
Ecuador	10	3.6
Spain	1	0.4
Mexico	29	10.5
Panama	1	0.4
Paraguay	5	1.8
Peru	5	1.8
Dominican Republic	5	1.8
Uruguay	14	5
Venezuela	10	3.6
Total	277	100
Age		
25-29	25	9.02
30-34	67	24.1
35-39	71	25.63
40-44	41	14.8
45-49	22	7.9
50-54	24	8.7
55-59	16	5.8
60-64	11	4.0
Total	277	100
Gender		
Male	92	33.2
Female	184	66.4
Other	1	0.4
Total	277	100

Source: Survey of the authors.

The ages of the participants were between 25 and 64 years old, with an average of 34.63 and 36 years of mode. 50% of the respondents were in the group of 30 to 39 years old. The participation of people of the female gender predominated (66.4%). There was considerable participation of residents (17%), which are included in the data analysis, considering that they are medical professionals working in the PHC, and that despite being in formation, they are in contact with the community, the systems of health and carry out research in the territory (Tables 1 and 2).

Table 2. Characteristics of the respondents: Professional role, level of training.

	Participants	
	No.	**%**
Professional role		
Assistance	86	31
Administrative	11	4
Teacher	19	6.9
In training	47	17
Teaching/researcher	4	1.4
Assistance, Administrative.	13	4.7
Assistance/teacher	63	22.7
Assistance/Teacher/Lawyer	32	11.5
Others	2	0.8
Total	277	100
Level of education		
Family Doctor	230	83.0
Resident	47	17.0
Total	277	100

Source: Survey of the authors.

In relation to the professional role played by the respondents (Table 2), 41.9% selected an exclusive role, being distributed as follows: 31% care, 4% administrative and 6.9% teaching. On the other hand, we found 40.3% of doctors with mixed roles, among which the care/teacher stands out with 22.7% and 11.5% who exercises the three roles of care/teaching/administrative. When the exclusive and mixed roles were added, the care role prevailed with 70%, followed by the teacher with 42.2% and the administrative with 19.9%. The investigative role was only reported by 1.4% of the participants and they came from Argentina, Colombia, Mexico and Uruguay.

Among those who answered the survey, 62% answered being linked to the scientific society of their country, of which 7% are also part of another national or international scientific society. 53% of the respondents only speak the Spanish language; 43% have some proficiency in English and 10 in Portuguese. Only 2.8% reported proficiency in the use of native languages.

Regarding training in the field of research methodology (Table 3), the one obtained through non-formal training (37.5%) prevails as courses, diplomas, seminars among others, followed by the training obtained during undergraduate and specialty (43.7%), master's degrees (10.5%) and PhD (3.6%). 72.9% of the respondents reported that they have less than five years of experience in research, of which 34.7% have less than one year of experience. It is important to note that 7.9% said they had more than 15 years of experience. Regarding its role in research, of the 277 respondents, 18.4% answered that they only have the experience generated in their undergraduate program or that they have not participated in research activities in the last twelve months (Table 3). From the total of respondents (36.1%), researchers and teachers in research are considered 18.8%. The perception of the researcher in training stands out at 26.7%.

Table 3. Characteristics of the respondents: Type of training, years of experience and role in research.

	No	%
Type of training		
Degree-courses-seminars	104	37.5
Undergraduate and postgraduate training of MF	121	43.7
Training in some additional specialty	13	4.7
Masters	29	10.5
PhD	10	3.6
Total	277	100
Years of experience		
Less than 1 year	96	34.7
1 to 5	117	42.2
6 to 10	29	10.5
11 to 15	13	4.7
More than 15	22	7.9
Total	277	100
Role in the research		
With experience in undergraduate	41	14.8
Does not participate in the last 12 months	10	3.6
Professor in research	52	18.8
Researcher in training	74	26.7
Researcher	92	33.2
Career researcher	8	2.9
Total	277	100

Source: Survey of the authors.

Regarding the type of research in which they have participated, 43% report having participated in descriptive research, 33% in qualitative research, 16% in analytical research and 3% in experimental research. 76% of respondents had participated in more than one of these types of research.

On the other hand, we also explored information about the hours dedicated to research, finding that 10% of respondents spent 10 hours or more per week on research and there were people who reported having more than 10 publications in the last 10 years.

2. Opinion or perception about the conditions that would allow participating in research in the territory in Ibero-American countries

In this section we gathered the perception of how to integrate the actions of the specialist in family medicine, in which it requires not only relating to the individual, but also understanding the conditions of life within a context of inequalities and inequities in the territories that they inhabit.

The question asked: "*In your practice as a specialist in family medicine; the place of work and the organization to provide the service facilitates that in your clinical approach it integrates*: "The options included categories of the social determinants of health, and that these are both integrated into medical

care (Table 4). When taking into account those who agree or totally agree with this item, 67.1% consider that there are facilities for the integration of socioeconomic, environmental and cultural conditions in the medical act; 69.3% reported that family and social contexts are integrated into the clinic; 61.7% said that social determinants such as unemployment, work, housing, agriculture and food are integrated into the clinic and for 51.8% the physical environment, leisure and culture, social services and health care can be integrated into the clinic.

Table 4. Integration of determinants of health in clinical care.

Is there an integration between the following determinants of health and clinical care?												
Social determinants	**Strongly agree**		**Agree**		**Indifferent**		**In disagreement**		**Strongly disagree**		**Total**	
	No	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**
Socio-economic environmental and cultural conditions	61	22.0	125	45.1	16	5.8	34	22.0	41	14.8	277	100
Family and social contexts	84	30.3	108	39.0	21	7.6	21	7.6	43	15.5	277	100
Unemployment, work, housing, agriculture and food	64	23.1	107	38.6	30	10.8	39	14.1	37	13.4	277	100
Physical environment, leisure and culture, social services, health care	58	20.9	103	37.2	32	11.6	40	14.4	44	15.9	277	100

Source: Survey of the authors.

In relation to "…*if the organization of services facilitates the clinical integration with the habits of life and work"*, analyzing those who responded in agreement or totally in agreement, 73.29% perceive that the clinical relation with the life habits (food, alcohol, tobacco, drugs, sleep) is facilitated; 59.57% consider that the organization of services facilitates the clinical integration with the support and community networks; 71.84% estimated that the organization of services facilitates clinical integration with the *personal characteristics of individuals* (age, sex, genetic inheritance) (Table 5).

Table 5. The organization of health services and the factors that facilitate clinical integration.

Is there a relation between the organization of services and the ease of integration of the following determinants of health in the clinic?												
Determinants of health	**Strongly agree**		**Agree**		**Indifferent**		**In disagreement**		**Strongly disagree**		**Total**	
	No	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**
Habits of life (food, alcohol, tobacco, drugs, sleep)	87	31.41	116	41.88	15	5.42	18	6.50	41	14.8	277	100
Support and community networks	55	19.86	110	39.71	38	13.72	38	13.72	36	13.0	277	100
Individual factors (age, sex, inheritance genetics)	84	30.32	115	41.52	19	6.86	18	6.50	41	14.8	277	100

Source: Survey of the authors.

It should be noted that 50% of respondents perceive that there is information on research related to health determinants, family, social and community contexts as part of the comprehensive approach. However, 52.63% consider that although there are policies in this area, they are not enough to support the execution of research aimed at social determinants or territories. It is noteworthy that only 30.3% of respondents have the perception that current policies in their countries support these investigative processes; In fact, the perception of the population surveyed of little to no support in this type of research is predominant in countries such as Bolivia (70%), Mexico (55%), Venezuela (90%), Paraguay (90%) and Colombia (55%).

Regarding the perception of factors that influence the strengthening of research that relates the determinants of health with the clinic, 51.27% strongly agree and agree that there are obstacles, only 36.46% agree or strongly agree that there is interest in carrying out this type of research (Table 6). Faced with the perception of factors that can influence the strengthening of research processes, it is found that 37.19% strongly agree and agree that there are groups aimed at this type of research in their respective countries.

Table 6. Perception of factors that influence the strengthening of research.

Influential factors	Strongly agree		Agree		Indifferent		In disagreement		Strongly disagree		Total	
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Obstacles to research	35	12.64	107	38.63	50	18.05	58	20.94	27	9.75	277	100
Interest in conducting research	18	6.50	83	29.96	62	22.38	87	31.41	27	9.75	277	100
Identifiable research groups	15	5.42	88	31.77	57	20.58	84	30.32	33	11.91	277	100

Source: Survey of the authors.

3. Family Medicine in the territory and health management

The perception of the existence of population ascription is mainly by political-administrative divisions, with an average of 40% for all countries, as well as the ascription by assurance of public-private entities that averages 35% (Table 7). However, there is an important perception that there is no population ascription, close to 20% on average. The perception of ascription by the political-administrative divisions is greater in Argentina, Brazil, Costa Rica, Cuba, Ecuador, Spain, Panama and Uruguay. The perception of ascription by assurance predominates in Bolivia, Colombia, Mexico and Peru. In Venezuela, the perception prevailed that there is no population ascription. This perception also had at least 20% or more in countries such as Bolivia, Colombia, Ecuador and Uruguay (Table 7).

4. Family Medicine in the territory and health management

Regarding the training, it was asked if the *training experiences for specialists in family medicine allow them to develop an integral, biopsychosocial, family and community approach*. In 85% of the respondents, the predominant perception was that it does allow for a comprehensive biopsychosocial approach, with slight variations between the different countries, only Mexico and the Dominican Republic were below 65% (Table 8). It was also questioned whether the *formative experiences (practice scenarios) facilitate this understanding.* In the region, the perception prevails that training does allow them to understand the context

Table 7. Perception of the type of population ascription.

Country	Total	Do not know/No answer		Assurance		Cultural distribution		Political-administrative divisions		There is no population ascription	
		Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Argentina	20	2	10	1	5	2	10	13	65	2	10
Bolivia	20	0	0	10	50	0	0	6	30	4	20
Brazil	9	0	0	0	0	0	0	9	100	0	0
Chile	29	1	3	1	3	1	3	24	83	2	7
Colombia	102	3	3	56	55	1	1	11	11	31	30
Costa Rica	15	0	0	2	13	0	0	13	87	0	0
Cuba	2	0	0	0	0	0	0	2	100	0	0
Ecuador	10	0	0	1	10	1	10	6	60	2	20
Spain	1	0	0	0	0	0	0	1	100	0	0
Mexico	29	0	0	16	55	1	3	7	24	5	17
Panama	1	0	0	0	0	0	0	1	100	0	0
Paraguay	5	1	20	0	0	2	40	2	40	0	0
Peru	5	0	0	3	60	0	0	2	40	0	0
Dominican Republic	5	0	0	2	40	1	20	2	40	0	0
Uruguay	14	0	0	2	14	0	0	9	64	3	21
Venezuela	10	0	0	2	20	0	0	2	20	6	60
Total	277	7	3	96	35	9	3	110	40	55	20

Source: Survey of the authors.

of the population and the territory in 57% of the cases, an opinion that prevailed in Argentina, Bolivia, Brazil, Chile, Costa Rica, Cuba, Ecuador, Spain, Paraguay, Uruguay and Venezuela. The countries that did not have this perception were Panama, Peru and the Dominican Republic. In Colombia and Mexico opinions were divided (Table 8).

Discussion and Conclusions

This is an exploratory research that continues a process that CIMF has followed through the different Summits, with their respective working groups (including IBIMEFA), with which they have sought to encourage the development of research networks and researchers of high level in the field of Family Medicine.[13,14]

Regarding the participation in the survey and the characteristics of the group, the following can be commented:

It was an open survey and it is important to mention that the participation of specialists in family medicine improved with respect to the 114 participants reviewed by Serrudo and others[14] in 2016. Most of the respondents have experience in research, as part of their functions as trainers in the specialty of family medicine and are linked in their work to universities; only 14.1% have master's and PhD degrees.

In the research of Fernández and others, they point out the difficulty of researching in Latin America, in 2011 the region had 3.8% of the full-time researchers of the world.[12] This proportion has not changed much, despite the increase in the global budget for research, in 2015 it oscillated at 3.9% and was financed mostly by universities. Investment in science and technology in Latin America is concentrated in three countries: Brazil, with 64%; Mexico, 17%, and Argentina, 7%.[15]

Table 8. Training experiences and development of competencies in integral approach.

Training experiences for specialists in family medicine allow them to develop an integral, biopsychosocial, family and community approach?									
Country	Total	The training allows comprehensive approach biopsychosocial				The training allows to understand the population in context with its territory			
		NO		Yes		NO		Yes	
		No	%	No	%	No	%	No	%
Argentina	20	0	0	20	100	7	35	13	65
Bolivia	20	1	5	19	95	7	35	13	65
Brazil	9	1	11	8	89	2	22	7	78
Chile	29	2	7	27	93	11	38	18	62
Colombia	102	19	19	83	81	49	48	53	52
Costa Rica	15	0	0	15	100	5	33	10	67
Cuba	2	0	0	2	100	0	0	2	100
Ecuador	10	0	0	10	100	4	40	6	60
Spain	1	0	0	1	100	0	0	1	100
Mexico	29	11	38	18	62	15	52	14	48
Panama	1	0	0	1	100	1	100	0	0
Paraguay	5	1	20	4	80	1	20	4	80
Peru	5	1	20	4	80	4	80	1	20
Dominican Republic	5	2	40	3	60	4	80	1	20
Uruguay	14	3	21	11	79	4	29	10	71
Venezuela	10	1	10	9	90	4	40	6	60
Total	277	42	15	235	85	118	43	159	57

Source: Survey of the authors.

In the survey, 76.9% reported having less than five years of experience in research and 26.7% were identified as researchers in training, which implies that the group has the potential to improve in this regard. There is a need to increase and improve training in research during residency and of formal researchers in the areas of Family Medicine and PHC, who can develop research in high-level territory and not only as training practices in research through the thesis of grade. Effective strategies must be promoted to improve the competences in this area for postgraduates, through continuous training and education programs, pre or trans congress research activities or even research internships referred by Serrudo and collaborators.[14] The fact that there are people in the group with more than 10 publications in the last decade is a strength, which may be related to the increase in publications observed in family medicine in recent years.[13]

Regarding the perception of the organization of health services in different countries, it allows the articulation of the determinants of the health of the population to the clinical, management and training roles of the family doctor. The perception was that around three quarters of the doctors (73.29%), considered that the clinical practice can be related to the determinants of health, mainly in relation to life habits (food, alcohol intake, tobacco, drugs, sleep) and 71.84%, with the personal characteristics of the individuals (age, sex, genetic inheritance). These findings are worrisome, since it would be expected that one hundred percent of family doctors have the perception (and skills) that social determinants cannot only be related to clinical practice, but should be integrated into the mentioned integral approach, biopsychosocial, holistic, etc., that

the family doctor performs, since it is part of the essential profile that cannot be lost. It will be interesting to deepen the characteristics of the training profile and the countries of origin of the professionals who did not consider it possible, in any case, to recommend some type of compensatory training activity for these deficiencies. On the other hand, these results also allow us to glimpse a potential to carry out research aimed at understanding better how family doctors can approach and impact the determinants of health and relate them to the territory.

It is possible that the perception of non-ascription of the population fixed by insurance, geographical area, affinity or by whatever mechanism, in addition to the lack of continuity of care for the same reason; they are limiting for the realization of investigation in territory. In addition to the limitations that a disorganized health model can entail and that is not generally based on Family Medicine or Family Health. The perception of the existence of these barriers to carry out research gives a clear idea of the effort involved in transforming this reality in many countries of the region.

In the work of Fernández and others, it is mentioned that there are three important limitations for conducting research in Latin America: lack of funding, the non-participation of family medicine as it is not considered as a subject in some countries and finally, the perception that research in family medicine has low impact, does not generate patents, innovations in pathologies of high economic impact, etc.[13] In this sense, the majority of respondents reported experiences in descriptive (43%) and qualitative (33%) research that are often considered low impact and very few in analytical (16%) and experimental (3%) research that have a better consideration.

The potential in the group and the identification of the limitations in the context, the importance of the contribution that our specialty can make to the research in the territory encourages us to continue exploring questions that arose in the working groups convened by CIMF during the VII Iberoamerican Summit of Family Medicine in Cali, Colombia and do not falter in efforts to achieve cooperative works that solve doubts such as the following: what clinical investigations can we perform that distinguish us and identify the integral conception of our specialty? How can we highlight the importance of population ascription for the management of resources in the territories in charge of the health teams? How can we improve the training experiences in this type of research for students? Are family doctors really empowered and can they contribute to research in the territory from family medicine?

During the analysis tables held during the VII Summit convened by CIMF, regarding the situational diagnosis presented in this document, the representatives of the participating countries determined by consensus to make the following general recommendations to promote research in the territory from the perspective of Medicine Family:

1. Contribute to the strengthening of the IBIMEFA Network for the integration of researchers from the Region, as well as in the identification and dissemination of training opportunities; financing; generation of information and periodic meetings for specific protocols.
2. Improve the communication channels of the theses/grade assignments/field work carried out by the students/residents for knowledge of the Region, in order to monitor the results and knowledge on the research applied to territory and establish thesis/research repositories and databases to define research lines.

3. Encourage and promote clinical and epidemiological research with a differential factor, with foundations and principles of family medicine (use of tools of Health and Family Medicine) and resume contact with the subgroups of previous summits, as well as with the coordinators of groups of the IBIMEFA Network, identifying concrete financing possibilities.

Limitations

The sample is not significant, however it denotes an increase in the participation in this type of surveys carried out in the Ibero-American Summits of Family Medicine and allows an approach to the interest and possibilities that we have on the subject. The registered perceptions have an important qualitative value since it is the first time that this topic is explored relating the concept of research in the territory and family medicine. It also expands the information available on family medicine in its relation to research in the territory and constitutes a baseline for the work to be carried out by the ICPM. The majority participation of Colombia, host country of the Summit, and therefore, with greater participation (36.5%), can bias the information to concepts that predominate in that country. The data recorded have internal validity for the group of people who completed the survey. Within the possibilities of improvement, is to promote that this type of information is valuable, so we must achieve a more meaningful participation of all the countries of the region and be more precise in the variables we want to study. This type of descriptive work can only show its worth as long as it has continuity to be able to compare its evolution over time.

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