

Appendix D

Study of the publication of EGPRN 2010

In 2010, Carsten Kruschinski, Maaïke Lange, Christos Lionis, Chris van Weel and Eva Hummers-Pradier on behalf of the European General Practice Research Network (EGPRN) have studied the content of EGPRN conferences abstracts under the title *Themes and methods of research presented at European General Practice Research Network conferences*.

The author of the EGPRN 2010 study, referring to 2007 work, stated that ; *“The EGPRN study was performed as a part of the project on developing a Wonca/EGPRN research agenda. It analyzed the research themes covered within recent EGPRN conferences with a focus on study design and methods that were used. Abstracts of past EGPRN conferences were classified on the basis of content and methodology by content analysis. This study revealed a broad range of research themes that had been addressed.”* (Kruschinski, Lange et al. 2010).

Quoting the Wonca 2007 e-archive proposal (Jamouille and Dekeuster 2007), they stated also that their result was similar. Through the careful analysis of this work, the research domain (QR) has been revised. The proposals of the EGPRN study authors to classify the abstracts presented during EGPRN conference have been numbered. It has been possible to identify in this publication 57 entries of which 22 classed in categories and subcategories in the research domain (see also fig 1.38, page 65).

The results of the study are published below.

Study of the publication of EGPRN 2010

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Themes and methods of research presented at European General Practice Research Network conferences

Carsten Kruschinski, Maaike Lange, Christos Lionis, Chris van Weel, Eva Hummers-Pradier and EGPRN Family Practice 2010; 0; 1-9; doi: 10.1093/famppra/cmz023

The publication has been read carefully and proposals of the authors to classify the abstracts presented during EGPRN conference have been carefully numbered (left column of the table)

Corresponding Q-Codes have been searched for in the Q-Codes version 2.2.

EGPRN 2010	Q-Codes ver 2.3	Rem
1. Guidelines:	QT32	guidelines
1.1. Adherence	QT32	guidelines
1.2. Implementation	QT32	guidelines
1.3. development	QT32	guidelines
2. Clinical:	QD	Doctor issue
2.1. Therapy	*50	ICPC Process codes
2.2. Diagnosis	*30 to 49	ICPC Process codes
2.3. Prevention	QD4	
2.4. Risk factors	QD31	
2.5. Disease	ICPC	ICPC rubrics
2.6. prognosis	QD33	
3. Epidemiology:	QR2	
3.1. epidemiological	QR2	
4. GP/Health service (HS):	Q5	
4.1. Organization	QS11	
4.2. Quality of care	QP3	
4.3. Undergraduate	QT21	
4.4. Attitudes, opinion	QD28	
4.5. Prescribing behavior	QD32	included in health issue management
4.6. Performance	QT13	included in competence
4.7. Vocational ; CME	QT22 ; QT23	Vocational training Continuous med ed.
4.8. Doctor patient relationships	QD12	
4.9. Hygiene	QP53	
4.10. Medical errors	QD31	included in health risk assessment , consider QD44 quaternary prevention
4.11. Health care utilization	QS11	
4.12. Health care access	QP21	as the patient is at the core of the system, accessibility and quality are seen from patient side
5. Patient:	QP	Patient issue
5.1. Attitudes	QP4	
5.2. Sociodemographic characteristics	QC	Category of patients
5.3. Compliance	Z11	compliance is included in ICPC
5.4. Quality of life	QP4	
5.5. Participation	QP6	
5.6. Education	QP42	
5.7. Lifestyle/health behavior	QP53	
6. Research:	QR	Research issue
6.1. Electronic patient records	QS13	
6.2. Primary care	QS1	
6.3. Evidence based medicine	QT31	
6.4. Research methods	QR3	
6.4.1. Report for example the development of a guideline	QT32	Guideline is in the Q-Codes

6.4.2. Original study	-	this approach not considered in Q-Codes and could hardly be considered as it is a temporal judgment
6.4.2.1. Qualitative	QR31	
6.4.2.2. Quantitative	QR32	and subcategories of QR32
6.4.2.2.1. Intervention study	QR325	
6.4.2.2.1.1. with randomization	QR325	Included in QR325 this approach was not considered in Q-Codes ver2.2, included in entry term on HeTOP
6.4.2.2.1.2. without randomization	QR325	Included in QR325 this approach was not considered in Q-Codes ver2.2, included in entry term on HeTOP
6.4.2.2.2. Observational study.	QR321 to QR323	Observational is Implicit in the four following this approach was not considered in Q-Codes ver2.2 included in entry term on HeTOP
6.4.2.2.2.1. cross-sectional surveys	QR323	
6.4.2.2.2.2. case-control studies	QR321	this approach was not considered in Q-Codes ver2.2
6.4.2.2.2.3. cohort studies (both prospective and retrospective)	QR322	
6.4.2.2.2.4. longitudinal (prospective data collection without control group)	QR324	
6.4.2.2.2.5. other, for example case reports	QR36	Assuming other means other quantitative. Only case report taken in account
6.4.2.3. Qualitative and quantitative	QR33	Qualitative and quantitative = Mixed study
6.4.2.4. Instrumental research. validation and reliability questionnaires	QR52	QR52 includes scale and questionnaire
6.4.3. Systematic review / Meta-analysis	QT33	Systematic review included in QT33
6.4.4. Other. lacking information on the exact study design.	QO	
7. Remaining:	QO	