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On behalf of the EGPRN Research Agenda Group

The European Research Agenda for General Practice/Family Medicine





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General Practice/Family Medicine (GP/FM) research is generally acknowledged as necessary and important [1, 2]. However, research priorities remain to be identified within its large field, which includes clinical and educational research as well as health services organisation and delivery. The European definition of GP/FM [3] describes the essential characteristics of the discipline in six core competencies. While it has successfully shaped the discipline and outlined its content, it has not yet been systematically aligned with research evidence [4].

Using the European definition as a framework, the European General Practice Research Network (EGPRN, www.egprn.org), the research organisation of Wonca Europe, has developed the Research Agenda for GP/FM and Primary Health Care in Europe [5], which will be presented, for the first time, during the Basel Wonca Europe Conference. Based on comprehensive literature reviews and supported by international key informant surveys, the Research Agenda summarises the existing evidence on each core competency and its related tasks, and highlights evidence gaps and research needs.

The agenda for future research includes the following themes:

- Developing and validating instruments and outcome measures for each competency, taking into account their complexity and interactions.
- Developing methods of education and training for components of the different GP/FM competencies, and evaluating their effectiveness, including the impact on health care and health outcomes.
- Studying patients' and doctors' perceptions, perspectives and preferences regarding specific aspects of each research domain.
- Evaluating the effectiveness and efficiency of a person-centred approach, a comprehensive approach, a biopsychosocial care model, and community-orientated healthcare as compared to a biomedical and specialist approach.
- Developing Primary Care databases as a basic infrastructure for both health care and research.
- Performing high-quality longitudinal studies on Primary Care epidemiology and the development of illness over time.
- Conducting Primary Care clinical studies dealing with common, everyday complaints and illnesses in non-selected GP/FM patients. Such studies should address diagnostic reasoning as well as therapeutic trials.

• Exploring implications of multi-morbidity or curative and preventive aspects of care in the same patients.

Recommendations for appropriate research methodology are as follows:

- Studies should measure relevant health outcomes or assess quality of life, instead of focusing solely on patient satisfaction, service uptake, or surrogate (bio-)markers.
- Descriptive, cross-sectional questionnaire surveys or chart reviews will not add much knowledge in most settings.
- Qualitative studies are important to assess patient or doctor perspectives and preferences, to approach complex issues, to explore what the relevant health outcomes are and, as a first step, to develop measurement instruments.
- Randomised controlled trials provide high-level evidence on therapy or other interventions if they are original and externally valid. In intervention studies, the expected added value to "usual" General Practice care should be considered carefully.
- Prospective cohort studies or case control studies can be good
 options to assess risk or effects, or implementation of care
 models or educational programmes. Longitudinal studies are
 important to assess continuous, comprehensive care and the
 sustainability of intervention effects.
- Mixed methods are often helpful to study one theme from different angles or perspectives.

The Research Agenda provides an innovative overview, which can serve as a background paper and reference manual for family doctors, researchers and policy makers, and has implications for research organisations, scientific journals and patients.

References

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- 4 Svab I. Changing Research Culture. Ann Fam Med. 2004;2:30-4.
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