FRIDAY 20th MAY, 2010:

Location : St. Jean d'Angely Campus
In room: Amphi 4

09.00 - 09.20: 1st Keynote Speaker: *Prof. Dominique Huas* – France.

Theme: "When three was a crowd: the birth and rise of general practice research in France.
Yesterday, today and tomorrow "

The development of research in general practice (GP) in France is recent. Confirmation of this can be seen by lookingat the French participation in the EGPRW (now EGPRN) meetings since the first one in Paris (1979). The first meeting has no record of French GP participation. Between 79 and 91, one French GP participated. In May 1992, one French GP appeared and perpetuated the French attendance under the laughing eyes of the other European country delegations. Six months later, came the first French communication. In 1993 the meeting was organised in Paris with a notable French participation. A consistent flat engagement followed until 2003, with the number of attendees and communications at one or two per meeting. However, the new interest in research in GP in France is evident in the increased attendance and communication culminating in the conference in Nice in 2011. Several reasons explain this exemplary change:

Academic general practice is at last recognized in France. Specialization in GP, and of research in GP is now permitted. The number of people following training in research, at masters and PhD level, is growing. General practitioners wish to be involved as research investigators. The recently new chief residents and the research course in GP are probably the main reasons. The ability to collaborate with non-French and non-GP researchers is now also acceptable. English writing and communication is no longer a handicap. To become a full professor, the young general practitioners must get a MSc or PhD and while there are still few, many are in the process of obtaining these.

There are still two major difficulties to French research becoming internationally recognized: (1) publications, and particularly international ones, are rare - no more than ten/year. However, I anticipated this will increase due to the development of the MSc and PhD programme. (2) lack of funding.

Nevertheless, I am particularly optimistic because the advances are so important, that the remaining difficulties will not drive back the improvements obtained in the past five years.

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FRIDAY 20th MAY, 2010:

Location : St. Jean d'Angely Campus
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09.20 – 09.40: 2nd Keynote Speakers: *Dr. Frances Griffiths, PhD – United Kingdom*

Theme: "Primary Care Research into chronic disease: qualitative outcomes".

For chronic disease such as type 2 diabetes and low back pain, clinical trials of complex interventions often show a small mean benefit, if any. Yet these complex interventions build on decades of research and are often based on rigorously developed behavioural theory. The trials are well designed and use tried and tested assessment tools. For me, this situation prompted the question, what are we missing? We therefore returned to listen to patients' experiences of chronic illness.
We recruited and interviewed 15 people with chronic low back pain (6 men, 8 women; age range 35-69 years). Eleven follow up interviews were undertaken at three months and/or six months and 7 follow-up interviews at 12 months after recruitment. We also recruited and interviewed 22 people living with type 2 diabetes (13 men, 9 women; age range 25-80 years). As chronic illness refers to illness over time, for our analysis we focused on change over time. Although empirical studies and theoretical frameworks have addressed change over time in chronic illness, we considered there was a need for further understanding of how people experience the time between major changes, as this is often when complex interventions are offered. We analysed the interviews to understand the dynamic patterns experienced by people with chronic illness during the present phase (at the time of the interview). From our analysis of this emergent present, we developed categories to capture how this phase is experienced: (a) relatively calm at the moment but overshadowed by past experiences; (b) lots of activity but feeling stuck, held in place by internal or external forces; (c) not a lot of change but finding ways of living with pain or diabetes; (d) in a distressed state with no change and no expectation of change. These dynamic categories are in turn linked to processes of adjustment and adaptation to illness.
When listening to patients to discern how to tailor their treatment, clinicians might find it useful to consider these categories of dynamic patterns. Further research is ongoing to explore the use of these categories in the evaluation of complex interventions.

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SATURDAY 21th MAY, 2010:

Location : St. Jean d'Angely Campus
In room: Amphi 4

08.30 – 08.50: **3rd Keynote Speaker: *Professor J. André Knottnerus MD, PhD* – The Netherlands**

Theme: "Outcome measures in primary care research into chronic illness: principles and challenges"

First and foremost is the research question when choosing an appropriate instrument for measuring patient outcome in primary care research. A directly related issue is the choice between selecting an already existing instrument from a candidate population of tools on the one hand and developing a new one at the other. Important considerations are: making highly accurate measurements for the study at hand (specificity) versus comparability with other studies (external validity); keeping in pace with scientific progress versus continuity over time; and focus versus comprehensiveness in covering the key characteristics and concepts under study. Also (internal) validity should be addressed (including accuracy, internal consistency, reproducibility, reliability, and responsiveness), which is not an easy task. In addition, efficiency, feasibility, and degree of integration in routine practice should be incorporated into the decision-making, taking expected patient and doctor adherence into account. Performing a pilot study in a context that is comparable with the intended study setting will generally be useful.

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