



EUROPEAN GENERAL PRACTICE
RESEARCH NETWORK

CELEBRATING 50 YEARS OF EGPRN

A Legacy of Excellence in General Practice Research



100 Meetings
50 Years

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Foreword

For five decades, the European General Practice Research Network (EGPRN) has stood as a cornerstone of primary care research in Europe. What began as a small group of committed researchers sharing ideas and experiences has grown into a vibrant international community dedicated to advancing knowledge, strengthening research capacity, and improving patient care through scientific collaboration.

Since its early beginnings in the 1970s, EGPRN has provided a unique platform where clinicians, researchers, educators, and young investigators come together to exchange ideas, develop research projects, and support one another in advancing the field of general practice and family medicine. Through its regular meetings, collaborative research initiatives, and mentorship activities, EGPRN has played a key role in shaping the research culture within European primary care.

Over the past fifty years, the network has contributed significantly to the development of research methodologies in general practice, promoted international collaboration, and supported generations of researchers at different stages of their careers. EGPRN has also fostered an environment where new ideas are welcomed, young researchers are encouraged, and scientific dialogue thrives.



This commemorative volume celebrates the achievements of EGPRN over the past five decades. It reflects not only on the history and milestones of the network, but also on the people, collaborations, and scientific contributions that have shaped its journey.

As we look back on fifty years of EGPRN, we also look forward with optimism. The challenges facing healthcare systems across Europe continue to evolve, and strong primary care research has never been more important. EGPRN remains committed to supporting innovation, strengthening research capacity, and contributing to the advancement of general practice for the benefit of patients and communities.

This book is both a celebration of the past and an invitation to the future.

May 2022 - May 2025



Tiny van Merode
Chairperson
Netherlands



Thomas Frese
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Ana Luisa Neves
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Message from the President: A welcome note and reflection on the journey

Lieve Peremans

Chair of EGPRN

In an era of constant change in healthcare, the role of general practice as the cornerstone of health systems has never been more vital. Within this evolving landscape, the European General Practice Research Network (EGPRN) plays a unique and essential role in strengthening the scientific foundation of primary care.

EGPRN's story began in 1974, when it was known as EGPRW (European General Practice Research Workshop). At that time, primary care research was still in its infancy. A dedicated group of enthusiastic general practitioners came together to exchange ideas and addressed the lack of structured research in general practice. The members of the workshop established rules and criteria for conducting systematic research in this new field. The initial focus was not on presenting results, but on developing problem solving techniques and discussing appropriate methodologies. Much of the early research was descriptive, aimed at defining the problems and concepts that were, until then, poorly understood or undefined.

Since its founding in 1974, EGPRN has provided a platform for general practitioners, researchers, and policymakers across Europe to connect, collaborate, and strengthen the scientific foundations of primary care. In 2003 the name changed from EGPRW to EGPRN stressing the importance of a network to stimulate and support collaborative studies in Europe. Collaborative studies are faced with new challenges – from differing healthcare systems and cultural contexts to variations in clinical practice and patient populations. Moreover, society is becoming more multicultural implying complexity with patients showing wide differences in health literacy and health beliefs

Today, EGPRN is more than just a research network – it is a vibrant community that transcends borders, unites disciplines, and transforms innovative ideas into meaningful research. Over the decades, it has empowered general practitioners to engage in high-quality research, fostered international partnerships, and contributed significantly to the development of evidence-based primary care.

Looking ahead, the future in primary care research will require innovative methodologies to tackle new and complex research questions – especially in areas like AI and digital health. How accurate is AI-assisted triage? How can GPs implement AI-tools safely and effectively in their daily practice? Other emerging domains include mental health, care for multicultural and vulnerable populations, and task shifting within primary care teams. How do these changes affect efficiency? How can GPs be supported? What are the perspectives of patients and healthcare providers? To address these questions, methods such as mixed method research, action research, implementation and participatory action research will become increasingly important. While developing advanced research capacity is crucial, there remains a pressing need to support young researchers in building basic skills, especially those with limited access to mentorship and resources. EGPRN must remain responsive for this evolution in future.

This book explores the origins, evolution, and impact of EGPRN. It tells the story of how a small workshop grew into a network shaping the identity of general practice research in Europe. Through interviews, case studies, historical insights, and personal reflections from members, we reveal how EGPRN became a driver of academic excellence and practical innovation in primary care.

Whether you are a general practitioner, researcher, policymaker, or student, this book invites you to discover the mission, the people, and the future vision of EGPRN – because the strength of good care begins with shared knowledge and solid research evidence.

History of EGPRN: An Overview of Its Founding, Mission, and Evolution

The European General Practice Research Network (EGPRN), originally established as the European General Practice Research Workshop (EGPRW), traces its origins to an informal meeting held in Leusden, the Netherlands, in October 1971. At that time, representatives from organisations engaged in academic and research activities in general practice came together with a shared ambition: to strengthen international collaboration in primary care research. From this initial gathering, two complementary directions emerged. Those primarily interested in education contributed to the development of what later became the European Academy of Teachers in General Practice (EURACT), while those focused on research initiated the EGPRW, laying the foundation for what is today known as EGPRN.

In its early years, EGPRW was a loosely structured network of enthusiastic general practitioners, united by a common interest in research and sustained through informal communication and collaboration. Meetings were organised collectively, often supported by national colleges, academic departments, and committed individuals, with participants covering their own expenses. Despite these modest beginnings, the network quickly became an important platform for intellectual exchange and methodological development.

Gradually, National Representatives were appointed from among active participants, forming the basis of a more structured governance model. Initially centred in Northern Europe, the network rapidly expanded to include Southern and later Eastern European countries. Since November 1974, EGPRN has maintained a continuous tradition of biannual scientific meetings, held each spring and autumn in different European countries.

Early development: defining a research discipline

In its formative phase, EGPRW functioned primarily as a forum for exchanging ideas and reflecting on the emerging challenges of research in general practice. At that time, the role of the general practitioner within healthcare systems was still evolving and not yet fully conceptualised, even within the profession itself.

A central focus of early EGPRN activity was the identification of core problems in primary care and the development of appropriate methodological approaches to study them. The Workshop adopted a strongly dialogical format, often described as a “Socratic” approach, where constructive and creative debate among peers played a central role.

Given the absence of standardised definitions, classifications, and research frameworks, early work relied heavily on descriptive methods. Participants explored how the “problem-action” orientation of general practice could be systematically investigated – often beyond the limits of traditional hypothesis-driven biomedical research. While this occasionally led to frustration among those expecting more conventional forms of research output, it proved essential in establishing the conceptual and methodological foundations of the discipline.

During the first decade, the emphasis was placed less on presenting completed studies and more on developing research methods, refining research questions, and critically discussing ongoing work. This contributed to the emergence of a shared research culture within European primary care.

From methodological exploration to international collaboration

Over time, the initial descriptive work evolved into more rigorous, standardised, and collaborative research. A key development was the increasing focus on the interface between primary and secondary care.

One landmark example was the European Study of Referrals from Primary to Secondary Care, which introduced standardised definitions and measurements across countries. This enabled, for the first time, meaningful international comparisons and demonstrated the potential of multinational collaboration within the network.

EGPRN also contributed to broader European research initiatives, including projects supported by the European Commission (e.g. COMAC HSR). In parallel, developments in health information systems – such as sentinel surveillance networks for infectious diseases in countries like the United Kingdom and the Netherlands – were gradually extended across Europe, contributing to coordinated initiatives such as the Eurosentinel Concerted Action.

Another important methodological challenge addressed by EGPRN was the so-called “denominator problem” – the difficulty of defining populations at risk in healthcare systems without patient registration. While no definitive solution has been established, the network and its members have made important contributions to advancing this field.

Numerous international studies have been initiated through EGPRN collaborations, including the Home Visit Study, the International GP Burnout Study, and the Eurostacle Study, which explored barriers to treatment adherence among patients with chronic conditions.

Methodological maturation and the emergence of evidence-based practice

As understanding of general practice deepened, so too did awareness of the methodological challenges inherent to research in primary care. Increasing attention was given to variability between practitioners and across healthcare systems, as well as to the need for more appropriate analytical approaches.

This period was marked by the gradual integration of advanced statistical methods and the growing recognition of qualitative research as an essential component of primary care research. Together, these developments contributed to a more robust and context-sensitive scientific framework.

At the same time, the emergence of evidence-based medicine reinforced the importance of research in informing clinical and preventive care. However, evaluating diagnostic and therapeutic interventions in the context of primary care – characterised by complexity, uncertainty, and relatively low-risk populations – remained challenging.

Expansion, recognition, and institutional development

Over the years, EGPRN has experienced significant growth, both in membership and geographical reach. A new generation of researchers—motivated, academically engaged, and increasingly diverse – has contributed to shaping the network’s development, with strong participation from Southern and Eastern Europe alongside traditional centres in Northwestern Europe.

A major milestone was reached in 1995 with the establishment of the European Society of General Practice/Family Medicine (WONCA Europe), which recognised EGPRN as the leading European research network in general practice and family medicine.

In 2003, during the Ankara meeting, the organisation formally adopted the name European General Practice Research Network (EGPRN), replacing “Workshop” to reflect its broader scope and ambition. This transition marked a shift towards a more structured European network, capable of supporting multinational research collaborations, training programmes, and strategic initiatives in primary care research.

At the same time, several organisational developments were introduced, including pre-conference workshops, parallel sessions, a clearer role for National Representatives, and the establishment of formal subcommittees. These changes enhanced the scientific quality and organisational capacity of EGPRN while preserving its distinctive collegial and supportive atmosphere.

Collaboration and international role

Although EGPRN operates as an independent organisation, it has consistently collaborated with academic institutions, professional bodies, and research networks across Europe and beyond. Its close relationship with WONCA Europe, as well as its interactions with networks such as EURACT, EQuIP, Euripa, EUROPREV, EYFDM, IFPCRN, and NAPCRG, have strengthened its role in building research capacity in family medicine.

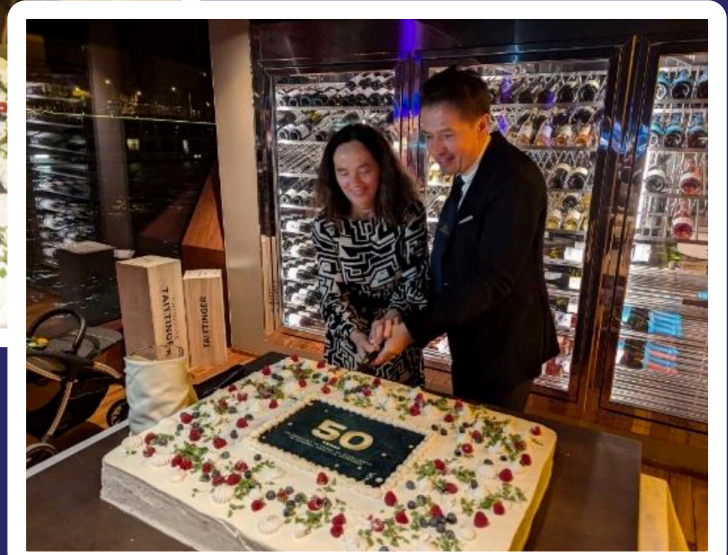
Today, EGPRN represents one of the most important platforms for research collaboration in primary care in Europe, bringing together clinicians, academics, and policy-oriented researchers committed to strengthening the evidence base of general practice and improving health systems through high-quality research.

- 2022 - 2025
DR. TINY VAN MERODE, THE NETHERLANDS
- 2019 - 2022
DR. DAVORINA PETEK, SLOVENIA
- 2016 - 2019
DR. MEHMET UNGAN, TÜRKİYE
- 2013 - 2016
DR. JEAN KARL SOLER, MALTA
- 2012 - 2013
DR. MEHMET UNGAN, TÜRKİYE
- 2010 - 2012
DR. EVA HUMMERS-PRADIER, GERMANY
- 2004 - 2010
DR. PAUL VAN ROYEN, BELGIUM
- 1998 - 2004
DR. JAN-JOOST E. RETHANS, THE NETHERLANDS
- 1995 - 1998
DR. PAUL WALLACE, UNITED KINGDOM
- 1991 - 1995
DR. JUAN J. GÉRVAS, SPAIN
- 1989 - 1991
DR. MICHAEL KOHLE, WEST GERMANY
- 1984 - 1989
DR. DAG BRUUSGAARD, NORWAY
- 1982 - 1984
DR. DONALD L. CROMBIE, UNITED KINGDOM
- 1974 - 1982
DR. EKKERHARD V. KUENSSBERG, UNITED KINGDOM

Reflections from Former Chairs

To complement the historical overview of EGPRN, former Chairs were invited to share brief reflections on their experiences of leading the network. Their contributions offer personal perspectives on key milestones, challenges, achievements, and the unique spirit of EGPRN across different

periods of its development. While presented in a broadly unified format, each reflection retains the individual voice and emphasis of its author. For Chairs who are no longer with us, a short commemorative note has been included in recognition of their contribution to the history of EGPRN.



Budapest, May 2025

Celebrating 50 years of EGPRN – bringing together generations of researchers



Tiny van Merode, The Netherlands Chair of EGPRN, 2022 – 2024

I had been a member of the Executive Board for nine years when I took on the role of Chair. At that moment, an experienced chair was needed. I did it for EGPRN, not because I wanted it for myself.

Among the most memorable moments of my time so far are the 50th anniversary of EGPRN in Budapest and the 100th meeting in Gothenburg – two milestones that reflect both the history and the continuity of our network.

One of the biggest challenges I faced came from changes in Dutch legislation related to financial transparency and anti-money laundering regulations. These made it very difficult for foundations such as EGPRN.

We had to adapt our bylaws, and at one point even our bank account was closed because of concerns about the international composition of our governance. There were also questions about VAT obligations. With the help of a Dutch notary and accountant, we managed to resolve most of these issues.

It is still too early for me to speak about achievements or lasting impact. Others should decide that.

My main goal has been to ensure that EGPRN remains a relevant research community for general practice, with a welcoming atmosphere. I hope that research and collaborative studies will continue to form the foundation of EGPRN in the future, and that this positive and open spirit will remain at its core.

We cannot foresee the future, so each chairperson has to react to the situation at that moment. *Keep calm and carry on!*

Looking ahead, I see important developments in AI and further digitalisation, but also the risk of losing focus on human relationships and person-centred care.

All of my time with EGPRN has been special. Meeting colleagues from different cultures has been central to this experience. And we should not forget: EGPRN is also a wonderful travelling club – Timisoara, Dublin, Sarajevo, Heraklion, Vigo, Plovdiv, Halle...

As for legacy – this is not for me to say. I could not have done my part without the trust of the EGPRN community.





Davorina Petek, Slovenia **Chair of EGPRN, 2019 – 2022**

I remember my first EGPRN conference in Bled, Slovenia, where I gave my very first presentation. During a break, Jean Karl Soler approached me and offered thorough and constructive feedback. At the next meeting, I once again received invaluable and deeply insightful advice – for only “5 minutes, 1 slide”. From that moment onward, EGPRN won my heart, and I became a regular and loyal participant at every conference.

In the years that followed, I was elected to the Executive Board, where I served in several roles: three years as Chair of the Research Strategy Committee, six years as Honorary Secretary, two years as Vice-Chair, and finally three years as Chair. Together with local organisers, we made a strong effort to engage local researchers and encourage their participation. One of the best examples was our conference in Tampere, where every activity was “fully booked”.

We provided financial support to young colleagues and, thanks to our strong financial position, were able to fund several collaborative studies. These brought not only research achievements, but also strengthened collaboration, built research capacity, and reinforced our network.

The greatest challenge during my mandate was the Covid-19 pandemic. It interrupted our work for only half a year, but created significant uncertainty. A conference had been planned in Sweden—the only country that did not fully close down—and cancelling it without major financial consequenc-

es was difficult. With the help of Hans Thulesius, we managed to postpone the meeting without financial loss.

EGPRN responded to the pandemic in the best possible way. Already in spring 2020, we held a council meeting. It was emotional to see each other from different parts of Europe alive and well. By autumn 2020 and spring 2021, we had successfully organised online conferences—among the first within WONCA networks. We ran pre-conference workshops and welcomed 145 participants. In those difficult times, it gave us a sense of continuity and normality.

Although some projects slowed down, we still achieved important milestones. Most notably, we completed the EGPRN Research Strategy – developed entirely online – which now sets the direction for primary care research. I consider this one of the greatest achievements of my mandate, and I would like to acknowledge the outstanding leadership of Esperanza Diaz in this process.

We also modernised our Statutes, maintained stable – and even slightly growing – membership, and ensured a sound financial position. In October 2021, we courageously organised our first in-person meeting again and held elections for a new Chair.

We actively explored opportunities within European projects and created space for international collaboration within our own network. This has

proven to be an excellent learning environment for young researchers at the beginning of their careers.

At the same time, the teaching of research flourished. The Educational Committee, led by Michael Harris, generated an abundance of ideas and enriched our meetings with new formats such as Research Café and Elevator Pitch sessions. We also established a professional secretariat with Mine and developed strong IT support.

I am convinced that EGPRN will continue to connect researchers across borders, create opportunities for young colleagues, stimulate research, and leave a meaningful impact on the local environments where our conferences take place. Its openness to new ideas and contemporary topics will continue to reflect our mission: research in the service of better healthcare.

None of this was my work alone. Not even my merit. A wise person, who once served for many years as President of the Slovenian Medical Chamber, told me:

"The leader has one fundamental task—to create a calm and creative environment in which people

can realize their ideas, and to support them so that they bring their energy and creativity to the purpose we embody through EGPRN."

As for my personal growth, leading in an international context allowed me to test myself and understand how essential vision is in leadership. I grew as a researcher, discovering qualitative methodology through my first collaborative study, Eurostacle, in 2012. I listened to presentations of incredibly imaginative – and sometimes truly witty – studies. I met people who research with passion. I realised that research in primary care is constantly evolving, and that developing research strategies is crucial for our field.

For my inaugural lecture as a full professor, I chose the title: "Research – Salt or Pepper in Family Medicine?" Because I truly believe that research is not an optional extra – it is what brings vitality and meaning to our discipline.

And finally – perhaps most importantly – through EGPRN I have found not only colleagues, but life-long friends.





Mehmet Ungan, Türkiye Chair of EGPRN, 2012 – 2013; 2016 – 2019

I have been participating in EGPRN since 1998.

For a long time, I served on the Executive Board as a member, and after experiencing the sometimes heated debates and tensions of earlier years, I was very happy during my chairmanship to see our gatherings become more peaceful, constructive, and truly collegial. This atmosphere gave me great motivation and satisfaction as Chair.

Already in the late 1990s, I observed that research priorities in more developed countries were not always aligned with those in developing countries within general practice and family medicine. This imbalance influenced abstract acceptance rates in ways that could not be explained solely by quality, but rather by differing priorities. To address this, I introduced a transparent abstract system and began presenting statistical summaries of submissions, acceptance, and rejection rates by country in the Chair's report at each meeting—openly shared with all participants. Transparency was a crucial motivation for me.

Another strong motivation came from realising that the EGPRN office was not functioning efficiently and was too costly, limiting our ability to invest in research activities. I felt a responsibility to find a solution. At the same time, I was inspired by the idea – originally suggested by my dear colleague Davorina – to convert the work presented at our conferences into a publication with an ISBN number. During my chairmanship, we made this a

reality, giving our collective efforts a permanent scholarly form.

Perhaps my strongest personal motivation, however, was to create a basic research course that would be freely and permanently accessible to anyone interested in research in family medicine. I believed that such training should be available without cost, in an accessible and sustainable format. To achieve this, I worked intensively together with our IT expert Burak and a dedicated group of Turkish and Bulgarian family doctors who joined me several times in Edirne to develop and test the platform. I would like to warmly thank them, as well as the Department of Family Medicine in Edirne for hosting us, and Radost and her colleagues from the GP Department in Plovdiv for helping turn this vision into reality. My thanks also go to Ferdinando and Shlomo, who supported and ensured the continuity of the course at each meeting.

Many of my most memorable experiences as Chair are linked to these initiatives and to the spirit of collaboration that defines EGPRN. Conferences such as Porto and Sarajevo are unforgettable—not only for their scientific value, but also for the sense of unity they inspired.

I also recall with particular warmth the Ankara meeting in 2003, when EGPRW became EGPRN and I first met Mine, then a young and enthusiastic helper; as well as Antalya in 2008 and Edirne in

2015, each leaving a deep mark on me and on our community.

During my tenure, EGPRN achieved milestones that I believe had lasting impact: strengthening transparency in abstract evaluation, establishing the free research course, ensuring that conference outputs were published with ISBN numbers, and promoting inclusivity by involving young doctors and colleagues from new member countries. Challenges such as funding, harmonisation of methodologies, and engagement were real, but they were overcome through determination and teamwork.

Serving as Chair deepened my understanding of the central role of research in family medicine and provided invaluable leadership experience. EGPRN has influenced my career profoundly and

has given me lifelong friendships. My goals were to increase visibility, inclusivity, and sustainability of our network – and I am proud that we took important steps toward all three.

Looking forward, my advice to future leaders of EGPRN is to preserve this spirit of inclusivity, transparency, and innovation. I hope EGPRN will continue to lead in areas such as digital health, planetary health, and artificial intelligence, while always remembering the human side of science.

One story captures the essence of EGPRN for me: a young researcher, nervously presenting her first project, gradually growing – with the encouragement of colleagues – into a confident academic leading a national research group. This, for me, is the true legacy of EGPRN: empowering people and ideas to flourish.





Jean Karl Soler, Malta Chair of EGPRN, 2013 – 2016

My motivation to take on the role of Chair of EGPRN came from my love for the organisation and its members, and from a desire to preserve the original flavour of a research-oriented network.

Among the most memorable moments of my tenure were the meeting in Malta, including the joint conference with EURIPA, and the celebration of former Chairs at the Edirne meeting as part of the “Quo Vadis” rejuvenation project led by the Executive. These moments reflected both the continuity and the renewal of EGPRN.

One of the main challenges I faced was managing time and workload, particularly during meetings, as well as navigating organisational politics, which is not my natural inclination. Nevertheless, these challenges were part of the responsibility of leadership.

Looking back, I consider the rejuvenation of EGPRN through the “Quo Vadis” project, as well as the reorganisation of the relationship with the Maastricht office, among the most important achievements of that period. There were also many valuable research initiatives; among them, the TransForm project stands out as an experience that helped us grow and become more open to participation in EU-funded projects.

EGPRN also strengthened its role as a collaborative network. We organised a joint conference with EURIPA in Malta and invited leaders from oth-

er WONCA networks to engage more closely with our meetings. I believe that during this period the relationship with WONCA improved significantly, and it is notable that several WONCA Europe Presidents have emerged from within EGPRN.

Serving as Chair helped me grow as a leader, which was not my usual role. EGPRN also played an important part in my own academic development. Through the network, I learned research methods and built connections that guided me toward the right academic path, including my MSc and PhD studies.

My goal as Chair was to ensure continuity within the leadership team, while moving forward with a clear appreciation of EGPRN’s role as a research network. I believe this was achieved. I have always seen EGPRN as both a research network and a research conference – and I am pleased that it continues to fulfil both roles.

EGPRN has contributed to general practice research by supporting young researchers, particularly through research methodology courses, and by helping improve the quality of research for publication. Its impact on patient care is perhaps indirect, but meaningful – through the research it fosters and through initiatives such as the Research Agenda.

Looking ahead, my advice to future leaders is to be humble, to listen carefully to others, and to

work closely with their team. I see EGPRN continuing to grow in importance, particularly in areas such as research based on electronic medical records, including patients' symptoms and expectations.

One of my earliest EGPRN meetings, in Crete, remains especially vivid in my memory – not only for the scientific discussions, but for a social event

that ended with dancing, swimming, shared stories, and the beginning of friendships that have lasted for many years.

If there is a legacy I hope to have contributed to, it is a sense of how to move forward without losing connection to the past – and to remain, above all, an organisation of friends.





Eva Hummers-Pradier, Germany Chair of EGPRN, 2010 – 2012

I had been active in EGPRN for many years before becoming Chair, serving as a national representative and working within the Research Strategy Committee and Executive Board. Through this involvement, I came to deeply appreciate both the concept of EGPRN and the people within it. My motivation was to contribute to its future and to share the positive experiences I had gained. I felt encouraged by the support of many colleagues, and after initially serving as Vice-Chair alongside Paul van Royen, I later became Chair, as the first woman in this role.

Among my most vivid memories are not only the scientific programmes, but also the moments around them – the conversations, the encounters, and the shared experiences across countries. I remember being warmly welcomed and guided through Plovdiv and its surroundings, as well as the uncertainty caused by the Icelandic volcano eruption, when many participants were unsure how they would return home. I recall the remarkable setting of the Kraków City Hall and the lively atmosphere of meetings such as Kuşadası, where I attended with my young son and experienced a particularly dynamic and international exchange.

When I became Chair, EGPRN was at a point of reflecting on its identity and future direction. A central challenge was to maintain its attractiveness for experienced researchers while continuing to offer a supportive and encouraging environment for junior colleagues and those from countries with emerging research capacity. I sought to ad-

dress this balance by promoting high-quality keynote contributions and strengthening research capacity-building activities, including courses organised in different countries.

A particularly meaningful contribution to EGPRN dates back to my earlier role as Chair of the Research Strategy Committee. I had the opportunity to lead the development of the first EGPRN Research Agenda, commissioned by WONCA Europe. This involved defining the methodology, coordinating the author group, and, together with Paul van Royen, finalising the work that was later published as a series of articles in the European Journal. This process helped shape a more structured and forward-looking approach to research in general practice.

Serving as Chair broadened my perspective beyond research content and methods, allowing me to better understand the strategic and policy dimensions of developing research within an international network. It also taught me how to lead discussions, navigate differing viewpoints, and support colleagues working in a voluntary capacity. These experiences proved valuable for my further professional development.

I have always considered myself an “EGPRN child.” Early in my career, EGPRN offered me access to an international research community at a time when such opportunities were still limited in Germany. It allowed me to observe, learn, and gradually develop my own research skills. It was also reassuring to discover that researchers across different

countries face similar challenges. Importantly, EGPRN connected me with mentors such as Igor Švab and Paul Wallace, who played an important role in my development.

My goal as Chair was to ensure that EGPRN remained both sustainable and attractive, for experienced and early-career researchers alike, while maintaining a high scientific standard. This included supporting collaborative studies, strengthening research capacity, and preserving the open and welcoming atmosphere that characterises the network. Looking back, I believe that many of these elements have been sustained and further developed by the EGPRN community.

I have always seen EGPRN as a unique and special network – open, inclusive, and willing to explore new ideas and new places. At the same time, it needs to continue adapting to a changing world, including new forms of communication, evolving expectations, and emerging research topics. Today, I am encouraged to see both experienced and young researchers actively participating, although it remains important to ensure that younger colleagues feel heard, valued, and motivated to engage further.

During my time, collaboration within EGPRN and with other organisations was strengthened, particularly with WONCA Europe and other European networks. Joint meetings, workshops, and collaborative studies demonstrated the network's ability to bring people together and generate meaningful research partnerships.

The impact of EGPRN on general practice research is significant, even if often indirect. It creates a space where researchers can exchange ideas across borders, learn from different health systems, and receive constructive feedback. This is particularly valuable for colleagues from countries where research infrastructure is still developing. Beyond individual careers, EGPRN fosters critical thinking and supports evidence-based practice, ultimately benefiting patient care.

For future leaders, I would emphasise the importance of preserving what makes EGPRN unique. It should not become just another conference, but

remain a space for genuine exchange, curiosity, and collaboration. Welcoming young researchers and encouraging their perspectives is essential, as they represent the future of the network. And perhaps most importantly, we should continue to ask the key question that lies at the heart of EGPRN discussions: "What exactly is your research question?"

Looking ahead, EGPRN should continue to engage with emerging topics such as digital health and artificial intelligence, new models of care in response to workforce challenges, and the broader impact of societal and environmental changes on primary care. At the same time, it should remain grounded in its core mission – advancing research that is relevant to everyday general practice.

One memory that has stayed with me dates back to my very first international conference, when a keynote speaker suggested that what is truly unique about general practice cannot be researched. Over the years, EGPRN has demonstrated the opposite – that with the right questions and appropriate methods, the essence of general practice can indeed be explored, understood, and strengthened through research.

I continue to value EGPRN not only as a professional network, but also as a community. It has been a place of learning, collaboration, and lasting connections, and I remain grateful to be part of it.





Paul van Royen, Belgium Chair of EGPRN, 2004 - 2010

My decision to take on the role of Chair of EGPRN was driven by the strong connection I had developed with the EGPRW/EGPRN community since 1994. It was a group of dedicated general practice and family medicine researchers who became not only professional colleagues, but also friends. Recognising the essential role of research in strengthening primary care and the discipline of general practice/family medicine, I was motivated to contribute to a broader, network-based vision for supporting research across Europe.

A key step in this direction was the submission of a Marie Curie grant proposal in 2005, aimed at supporting conferences and training activities. The ambition was to position EGPRN as a true “network of networks” and a clearing house for GP/FM and primary care research in Europe. Although the proposal was highly evaluated, it was not funded. Nevertheless, it served as a catalyst for further capacity building and helped shape many of the initiatives that followed.

During my tenure, we made a conscious effort to organise meetings in countries with developing research capacity, including Greece, Lithuania, Croatia and Bulgaria. These conferences were not only scientific events, but also opportunities to strengthen local engagement and build research communities. At the same time, we expanded collaboration with other networks, both within and beyond Europe, including WONCA Europe, NAPCRG, EURACT and EQuIP. For the first

time, EGPRN became more visible within WONCA Europe conferences, and we initiated joint activities and research courses with partner networks.

One of the most important achievements of this period was the development of the European Research Agenda for General Practice/Family Medicine and Primary Health Care. This work identified key research priorities and gaps, structured around the six core competencies of the European definition of GP/FM, and proposed strategies to support research development – particularly in countries with limited capacity. In parallel, several collaborative studies were successfully completed, including the EUROBSTACLE and Burnout projects, which led to international workshops, publications and new research partnerships.

The conferences themselves were an essential part of this journey. I particularly remember the 2006 meeting in Kavala, held in a hotel that was closed and demolished shortly afterwards – a striking reminder of how contexts change, while the work we build together continues. Another important milestone was the introduction of the current conference structure at the Antwerp meeting in 2004. By creating a pre-conference day for workshops, Council and committee meetings, followed by plenary and parallel sessions, we strengthened engagement, encouraged participation of national representatives, and supported the growth of the network.

We also revised the membership and fee system, introducing a clearer distinction between conference participation and institutional membership. This contributed to a steady increase in membership, which exceeded 400 by 2008, reflecting the growing relevance of EGPRN across Europe.

Serving as Chair reinforced my belief in the importance of collaboration and shared learning in research. EGPRN provided a platform where ideas could be exchanged openly, where researchers from different backgrounds could learn from each other, and where new collaborations could emerge. It also highlighted the importance of building capacity in a structured and inclusive way.

Looking ahead, I believe EGPRN should continue to evolve as a “network of networks” and a central platform for GP/FM and primary care research in Europe. It should remain a vibrant space for presenting and discussing research, with a strong emphasis on methodology and impact, while also embracing new directions. These include longitudinal and mixed-method research, implementation science, complexity science, pragmatic trials, realist evaluation, network analysis, and the integration of artificial intelligence into research design.

By continuing to explore these areas while maintaining its collaborative and open spirit, EGPRN can further strengthen its role as a leading force in advancing general practice and primary care research across Europe.





Jan-Joost E. Rethans, The Netherlands **Chair of EGPRN, 1998 – 2004**

Taking on the role of Chair of EGPRN was a natural step in my professional journey, following many years of involvement as Honorary Treasurer. Over time, EGPRN had become an important part of my academic and professional life, and I felt ready to contribute further to its development.

Among the most memorable moments of my tenure was the transition from EGPRW to EGPRN in 2003. This change followed many long and thoughtful discussions and represented an important step in the evolution of the network. Another highlight was the celebration of the 50th EGPRN meeting in May 2000 in my hometown of Maastricht, which brought together colleagues from across Europe in a truly special atmosphere.

One of the main challenges I faced was precisely this transition from EGPRW to EGPRN. It required extensive dialogue and careful engagement with members, as not everyone was immediately convinced of its value. My approach was to listen, to discuss openly, and to build consensus step by step, with the belief that this change would benefit the organisation in the long term.

During my time as Chair, I also focused on strengthening the internal functioning of the network. One of my goals was to make Executive Board meetings more structured and efficient, with clear agendas, defined action points, and better time management. This brought a more professional approach to governance and was well received by colleagues.

Another important contribution was fostering a welcoming and inclusive environment within EGPRN. Initiatives such as the “blue dots and blue notes” helped new members feel integrated and encouraged participation. At the same time, I supported the involvement of colleagues from different countries, including strengthening the role of Turkish researchers within the network. We also took steps toward developing more international collaborative projects.

The conferences during this period were central to EGPRN’s development. In addition to the Maastricht meeting, I also remember having to take the difficult decision to cancel a planned meeting in Tel Aviv at short notice due to safety concerns—an example of the complex responsibilities that come with leadership.

Serving as Chair provided me with valuable experience in leading international meetings and deepened my understanding of cultural diversity across European countries. It also gave me insight into the different ways general practitioners work in their daily practice across health systems. Through EGPRN, I built a wide network of international contacts and, more importantly, lasting friendships.

Looking ahead from that time, I hoped that EGPRN and its members would play a stronger role within the broader European primary care community. Today, I believe this has indeed been achieved,

with EGPRN recognised as an important and influential network.

EGPRN has contributed to general practice research primarily by bringing people together—creating opportunities to exchange ideas, discuss research, and learn from one another. The introduction of pre-conference workshops also played an important role in strengthening research skills and supporting mutual learning among members.

For future leaders, my advice is simple: listen carefully to others, remain modest, and always be yourself. These principles are essential for leading a collaborative and international network such as EGPRN.

I hope that EGPRN will continue to thrive, inspiring young colleagues and supporting the development of research in general practice across Europe. One of my earliest memories dates back to my first EGPRW meeting in London in November 1985, where I met Paul Wallace — who became not only a colleague, but a lifelong friend.

As for my legacy, I would hope to be remembered as a friendly colleague who worked with dedication for EGPRN and contributed, in my own way, to its development.





Paul Wallace, United Kingdom Chair of EGPRN, 1995 – 1998

Paul Wallace was a respected academic and leader in general practice who played a significant role in the consolidation and development of EGPRN during a period of growing recognition of primary care research in Europe. He contributed to strengthening the scientific profile of the network and supported its closer alignment with emerging European structures in general practice and family medicine.

His work helped reinforce EGPRN's role as a platform for methodological development, collaboration, and the advancement of research capacity across countries. He is remembered by colleagues not only for his intellectual contribution and commitment to the discipline, but also for his openness, collegiality, and his ability to bring people together across borders and backgrounds.





Juan J. Gérvas, Spain Chair of EGPRN, 1991 – 1995

My main aim, together with the Executive Board, was to give EGPRN meetings a more formal, scientific and professional structure, while preserving their unique and friendly atmosphere. This included introducing elements such as a structured pre-programme and clearer organisation of presentations and discussions. What pleased me most was how naturally this was accepted – what had initially seemed unusual quickly became the norm.

One of the most meaningful achievements of that period was laying the foundations for meetings that combined scientific rigour with openness and collegiality. At the same time, we supported important lines of research, including the work of Igor Švab on consultations, and strengthened key institutional collaborations, particularly with the University of Maastricht and with the European Journal of General Practice.

For me personally, EGPRN confirmed the importance and feasibility of researching everyday clinical practice – from antibiotic prescribing to home-based palliative care. It also contributed to conceptual developments, such as distinguishing between longitudinality and continuity in general practice, helping to better understand the nature of patient care over time.

Working within EGPRN also meant learning to communicate across cultures. On a personal level, one of the challenges I faced was expressing myself in English, which I always felt was imper-

fect. However, this never became a barrier, and I experienced great generosity and understanding from colleagues.

Looking back, it is satisfying to see that what once required effort – structured programmes, defined time for presentations and discussions – has become standard practice. Together with colleagues such as Paul Wallace and Jan-Joost Rethans, we envisioned a network that would endure, inspire young researchers, and promote research in general practice across Europe. I believe this vision has been realised.

Collaboration was central to this development, particularly through strong links with academic institutions such as the University of Maastricht and through connections with scientific journals. EGPRN has always worked through steady, consistent effort rather than through high-profile moments – a quiet but effective way of passing knowledge and responsibility from one generation to the next.

Its impact lies precisely in this continuity: a simple but persistent model of collaboration, exchange, and shared learning, which serves as an example beyond Europe.

My advice to future leaders would be to remain patient and trust their colleagues. People are willing to improve, even if they do not always know how. Leadership requires calm example rather than imposition. It is important to allow young

colleagues to make mistakes – and older ones even more so – while maintaining rigour in scientific discussion. We should avoid reinventing the wheel and focus on transmitting values, not only knowledge.

For the future, I hope EGPRN will continue to maintain its scientific and professional standards, while preserving kindness and a sense of human connection. There is also a need for further research in areas such as managing uncertainty in clinical practice, home visits, and the important challenge of “doing well what should not be done” – a frequent and complex reality in general practice.

One moment that reflects the spirit of EGPRN for me was when I once said during a discussion: “I did not understand anything, but I would like to ask you...” The room filled with laughter, yet this did not diminish either scientific credibility or personal respect. It captured the openness and humility that define the network.

If there is a legacy I hope to have contributed, it would be a simple motto that I share with my wife, Mercedes Pérez-Fernández, also a general practitioner: science, conscience and courage.



Michael Kohle, Germany Chair of EGPRW, 1989 – 1991

During my time in EGPRW, several important themes began to emerge and increasingly shape research in general practice. Among the most influential were quality assurance and the doctor-patient relationship, both of which became central areas of scientific interest.

In particular, in German-speaking countries, a number of research projects developed focusing on doctor-patient interaction, including the use of video recordings to explore communication in clinical practice. These studies contributed to examining and further developing concepts such as those proposed in Bálint's work on the doctor-patient relationship.

Other areas of interest included referral processes, as described by Douglas Fleming, as well as the management of chronic conditions such as hypertension and diabetes. At the same time, attention was growing around the risk of burnout among general practitioners—an issue that would become increasingly relevant in later years.

Research during this period also benefited from interdisciplinary collaboration, particularly with departments of psychosomatic medicine. This helped to broaden perspectives and deepen the un-

derstanding of patient care beyond purely biomedical aspects.

Another important theme was the role of general practitioners in addressing depression and contributing to suicide prevention, with increasing awareness of the importance of GP involvement in early recognition and support.

Looking back, this was a period in which key research directions were beginning to take shape—many of which have continued to influence general practice research to this day.





Dag Bruusgaard, Norway **President of EGPRW, 1984 – 1989** **(Founding member)**

Around 1970, the importance of high-quality primary health care, including general practice, was increasingly recognised worldwide. Despite this, general practice was not yet accepted as an academic discipline in most countries. Establishing university departments required significant effort, and even when successful, it was another challenge to integrate general practice into medical curricula. Research funding bodies rarely recognised general practice as a legitimate field of research.

In this context, a group of general practitioners with a shared interest in research and teaching—mainly from north-western Europe—met in Leusden, the Netherlands, in 1971. They recognised the need for European collaboration. This marked the beginning of two important networks: EGPRW, focused on research, and EURACT, focused on education. Their origins closely follow the early development of academic general practice in Europe.

The formal beginnings of EGPRW took shape in November 1974 at the Royal College of General Practitioners in London. General practitioners from eight countries—The Netherlands, Belgium, France, West Germany, Denmark, Sweden, Norway, and the United Kingdom—came together, inspired in part by Ekke Kuenssberg. The group was small and, as later described, somewhat loosely organised, held together mainly by a shared interest and informal structures.

At that time, research experience among participants ranged from very limited to modest, with most established research activity concentrated in the United Kingdom. Many countries lacked national structures to support general practice research. I myself had just taken up a full-time position in a small academic unit at the University of Oslo, with very limited research experience.

Despite these limitations, the group set itself ambitious goals: to encourage research, to foster and coordinate multinational studies, to exchange experiences, and to develop a scientific foundation for general practice. Over time, EGPRW expanded to include more countries, particularly from southern and eastern Europe, even though research capacity in many of these settings was still developing.

Nevertheless, important progress was made. Regular biannual meetings were established across Europe, helping to stimulate national activity. International research courses were organised, and several collaborative projects were initiated, including multi-practice and multinational studies, as well as a large referral study.

Looking back, early descriptions of EGPRW as an “ill-defined” and “oddly unstructured” group may have contained some truth, but they also underestimate what was achieved under those circumstances. For those involved, it was a period

of building something new, often without precedents or established models.

It has been a privilege to witness the development of academic general practice over the past fifty years, particularly in the field of research. Comparing the EGPRN of today with what began in London in 1974 shows a level of growth and

achievement that we could hardly have imagined at the time.

The evolution of EGPRN reflects the broader development of academic general practice itself—starting slowly, but over the decades achieving a remarkable and lasting impact.





Donald L. Crombie, United Kingdom Chair of EGPRW, 1982 – 1984

The British Journal of General Practice

Donald L. Crombie was a distinguished figure in the development of general practice research and among the early contributors to the scientific foundation of primary care. Widely recognised for his work in epidemiology and research methodology, he played an important role in promoting a more structured and rigorous approach to research within general practice.

During his time as Chair of EGPRW, the network continued to strengthen its focus on methodological development and international collaboration, at a time when primary care research was still emerging as an academic field. He is remembered for his commitment to high research standards and for his contribution to shaping general practice as a discipline grounded in scientific enquiry.

Donald Crombie — An Appreciation

Donald Crombie died aged 77 years on 26 January 2000. His death was sudden; only two days before he contributed to a film about the early days of the College.

Donald entered Glasgow University on a foundation mathematics course at only 15 years of age. A family move in 1940 prompted a career move to medicine at Birmingham where he qualified in 1945. He was greatly stimulated by Lancelot Hogben (Professor of Medical Statistics at Birmingham), and in 1955 gained an MD on the basis of work in general practice.

In 1957, he established the Research Unit (later the Birmingham Research Unit). At the time, Robin Pinsent was Chairman of the College Research Committee and Donald was the local



activist and intellectual driving force. Together they established a platform on which much of primary care research activity has been built. He served on the College Council for 27 years (1953-1980), and had an impressive list of publications in major medical journals. In 1964, he was appointed to the Fraser Working Party on General Practice, whose recommendations led to the new contract that revitalised general practice. In 1968, he was awarded the OBE in public recognition of his services to medicine.

Donald was committed to all institutions to which he belonged; foremost for me was his commitment to the Research Unit. He retired as Director in 1990 but remained as consultant advisor. This was no nominal role; his intellectual input and practical comments were always valuable. Throughout his professional life he worked in a large group practice in Harborne and was personally instrumental in acquiring the very fine premises. The Research Unit is housed here and his name lives on in our accommodation, now named the Donald Crombie Suite. He served as the chairman of governors to Hallfield School for 10 years and was a member of the Harborne Society.

He was a *bon viveur*, a wonderful host, and a skilled conversationalist from light-hearted banter to the most serious topics. His knowledge extended beyond medicine with appreciation of architecture and design and he was particularly well informed on evolution and historical events

Donald's professional life has spanned the development of the College from its inception. He has fathered operational research in general practice. The international standing of the College today owes much to his foresight and perseverance.

Douglas Fleming



Ekkehard V. Kuenssberg, United Kingdom **Chair of EGPRW, 1974 – 1982**

Ekkehard V. Kuenssberg was one of the leading figures in European general practice and played a key role in the formative years of EGPRW. As a founder member and later Chairman, as well as President of the Royal College of General Practitioners, he contributed significantly to the academic and professional development of general practice.

His leadership combined vision, authority, and a strong commitment to international collaboration at a time when research in primary care was still establishing itself as a recognised field. He is remembered not only for his professional achievements, but also for the warmth, openness, and encouragement he brought to colleagues and to the wider general practice community.

Milestones and Key Achievements of EGPRN (1970s-2020s)

Over the past five decades, the European General Practice Research Network (EGPRN) has played a pivotal role in shaping the scientific landscape of general practice and family medicine in Europe. Its development reflects both the evolution of primary care research and the growing recognition of general practice as a fundamental academic discipline. Throughout this journey, EGPRN has been characterised by a strong culture of collaboration, methodological reflection, and mentoring..

1970s – Foundation and Early Collaboration

The origins of EGPRN lie in the early 1970s, when general practitioners across Europe began recognising the need for structured research within primary care.

In 1971, the first informal meeting took place in Leusden, the Netherlands, marking the birth of what would become the European General Practice Research Workshop (EGPRW).

By 1974, the first official workshop was organised, establishing the tradition of biannual meetings that remain central to EGPRN activities today.

These early meetings focused on descriptive research, methodological discussions, and the development of conceptual frameworks for studying primary care practice. Importantly, they also laid the foundations for a unique research culture based on open discussion, constructive feedback, and international exchange.

1980s – Expansion of International Collaboration

During the 1980s, participation expanded rapidly, with researchers from an increasing number of European countries joining the network. EGPRW became a key platform for exchanging ideas, sharing methodological approaches, and initiating multinational comparative studies.

Research during this period addressed topics such as morbidity patterns, referral processes, patient management, and the organisation of health systems. Practice-based epidemiology and the development of sentinel practice networks gained prominence.

At the same time, EGPRW developed a distinctive culture of critical yet supportive discussion, helping to build research capacity and shape generations of general practice researchers across Europe.

1990s – Academic Recognition and Integration with WONCA Europe

The 1990s marked a period of institutional consolidation and growing academic recognition. In 1995, EGPRW was formally recognised as the official research network of WONCA Europe, strengthening its position as the central European platform for family medicine research.

During this period, EGPRW expanded its educational role. Workshops increasingly incorporated mentoring activities, methodological training, and opportunities for early-career researchers to present their work and receive structured feedback.

JOINT MEETING OF THE EXECUTIVE COMMITTEE OF ESGP/FM
- WONCA REGION EUROPE
AND MEMBERS OF THE GROUP OF EIGHT

SUNDAY 8TH OCTOBER 1995
STRASBOURG

MINUTES

Initial co-chairmen:
Subsequent chairman:

Dr Lotte Newman and Dr Fons Sips
Dr Frede Olesen

Dr Anna Kallkvist
Prof Jan Heyrman
Prof Paul Wallace
Dr Philip Evans
Dr Michael Boland
Dr Ole Olsen
Dr Vaclav Benes
Prof Dag Bruusgaard
Dr Kurt Zehnder
Dr Eberhard Hesse

3. European Journal of General Practice

Dr Olesen expressed the view that progress had been made in establishing the new Journal during the current year. It was important that the Executive Committee of the new Society addressed the question of how the editors of the Journal should be appointed in future and the role of the editorial board. It was also necessary for the new Society to develop a new agreement with the publishers, Medisect, for the future.

Dr Fons Sips commented that the Journal was receiving a large number of scientific papers and these were being well refereed by general practitioners throughout Europe and elsewhere for the Journal. There were pressing needs for an increased number of subscribers and advertisers for the Journal. It was also going to be important to profile and obtain full details of the readership of the Journal and, if possible, it would be important to involve national colleges and the three network organisations in the support of the Journal. He welcomed the fact that the European Council meeting had accepted the resolutions to link the ESGP/FM with the European Journal.

Professor Wallace (EGPRW) commented that the research organisation hoped to be able to develop a benefit package for its members, whereby the Journal could be distributed to all members at a reduced rate.

Dr Evans commented that it was important to identify postgraduate training schemes, university departments and other groups of doctors, including those associated with the three network organisation, who would be likely to be willing to subscribe to the Journal.

The question of the support of national colleges was discussed and it was accepted that there needed to be an individual flexible approach to national colleges. Such approaches should follow informal soundings as to how national colleges might be in a position to support the new Journal.

Dr Sips commented that the Dutch college had sent copies of the Journal to three hundred individual members, asking for their comments as to whether it would be appropriate for the Dutch college to provide the Journal at a subsidised price for its members. It had been agreed that, in the first year, the Journal would be provided to four hundred members of the Dutch college. A number of suggestions were put forward as to how the three network organisations might be able to support and make use of the journal, and it was agreed that this issue should be discussed by the Executive at the next meeting.

The question of the logo of the European Society WONCA Region Europe was discussed and it was agreed that this would need to be considered further by the Executive Committee, and also how the logo would be used, not only by the new Society, but also by the three network organisations and the European Journal. It was pointed out that due care needed to be taken with regard to possible legal difficulties in relation to the Oxford University Press and their use currently of the WONCA logo.

2000s – Transformation into EGPRN and Strategic Development

A major transformation occurred in 2003, when the organisation officially adopted the name European General Practice Research Network (EGPRN) during the Ankara meeting. The new name reflected a broader vision of a coordinated and sustainable European research network.

During this decade, EGPRN evolved into a “network of networks”, connecting researchers, institutions, and organisations across Europe. Governance structures became more formalised, with defined roles for national representatives, committees, and working groups.

A structured conference format was introduced, including pre-conference workshops, Council meetings, and parallel scientific sessions. This significantly enhanced participation, engagement, and the educational value of meetings.

One of the most important achievements of this period was the publication of the *Research Agenda for General Practice / Family Medicine and Primary Health Care in Europe* (2009).

This landmark document defined key research priorities and provided strategic direction for primary care research across Europe.



2010s – Strengthening Research Capacity and International Collaboration

During the 2010s, EGPRN expanded both its scientific impact and its role in capacity building.

The network increased its engagement with European health policy discussions and strengthened collaboration with other WONCA Europe networks, including EURACT (education) and EQuIP (quality improvement).

EGPRN further established itself as a mentoring network. Meetings increasingly served as platforms where early-career researchers could receive both formal and informal feedback from experienced colleagues, fostering a supportive learning environment.

The introduction of awards and scholarships for young researchers helped support the next generation of primary care academics. Participation also broadened geographically, with increasing involvement from Central, Eastern, and neighbouring countries.

2020s – Fifty Years of EGPRN and a New Strategic Vision

In 2024, EGPRN celebrated its 50th anniversary, marking half a century of collaboration and scientific development in general practice research. This milestone builds on earlier strategic efforts, including the publication of the *EGPRN Research Strategy in 2021*, which outlines key priorities for the future of general practice research:

- strengthening research capacity in primary care
- supporting leadership and mentorship in general practice research
- promoting patient and public involvement in research
- enhancing multinational collaboration and research funding opportunities

During the COVID-19 pandemic, EGPRN successfully adapted its meetings to online and hybrid formats, ensuring continuity of scientific exchange and collaboration.

Overall Achievements of EGPRN

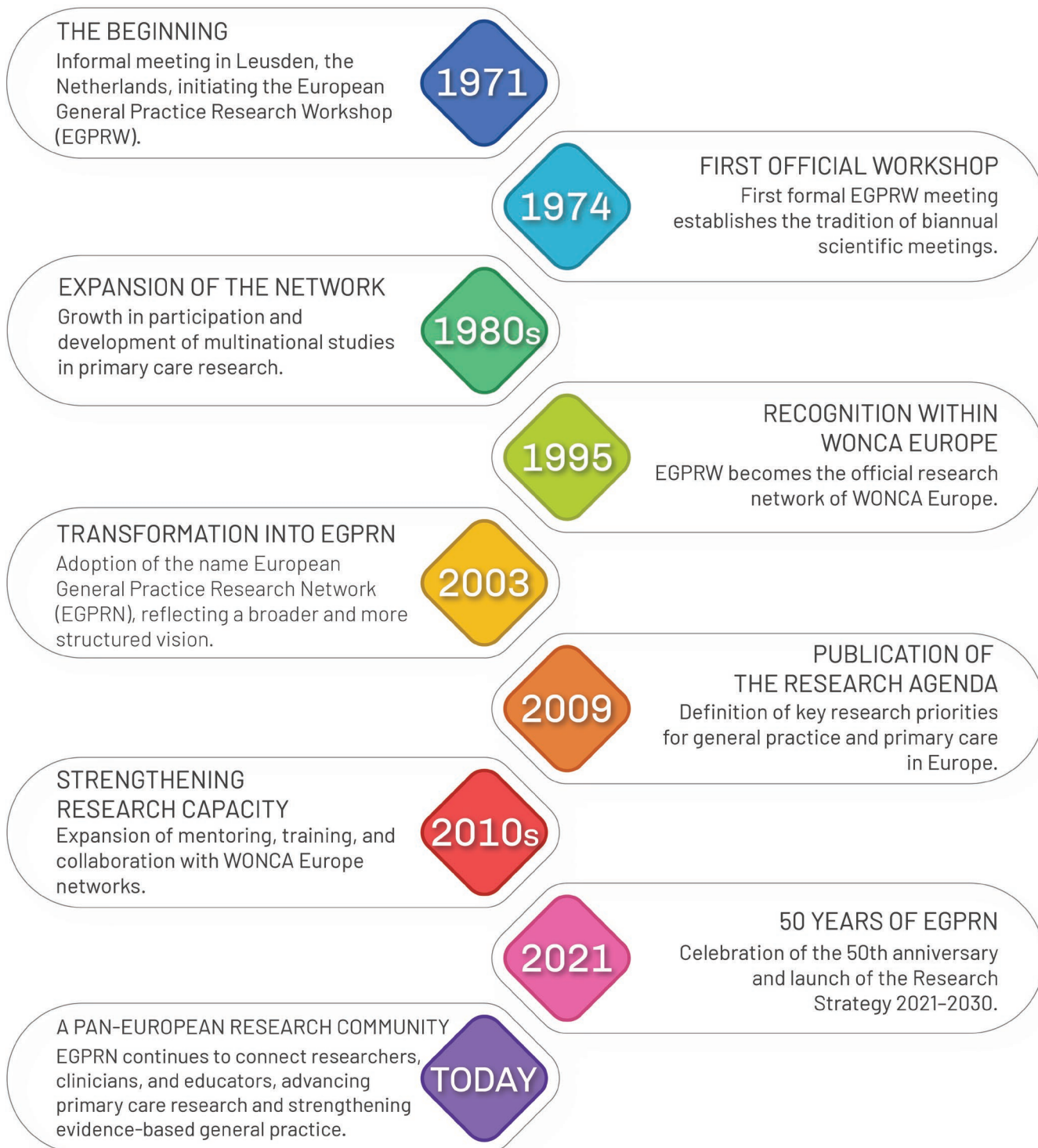
Across five decades, EGPRN has achieved several lasting contributions to general practice and family medicine research:

- Creation of a sustainable international community of primary care researchers
- Organisation of more than one hundred scientific meetings across Europe
- Development of strategic documents guiding research priorities in primary care
- Training and mentoring of generations of young researchers
- Strengthening the academic identity of general practice / family medicine as a scientific discipline in Europe

Through its collaborative spirit, methodological innovation, and strong culture of mentorship, EGPRN has played a central role in shaping general practice as an academic discipline. It continues to connect generations of researchers and to advance primary care research across Europe.

Visual Timeline of EGPRN (1971 – 2025)

The history of EGPRN reflects the evolution of general practice research across Europe. Over more than five decades, it has grown from a small group of committed practitioners into a dynamic international research community.



The Evolution of EGPRN Meetings

From its earliest days, EGPRN meetings have been at the heart of the network. Held twice each year in different European countries, they provide a unique forum where researchers come together to exchange ideas, present work in progress, and develop collaborative projects.

The format of EGPRN meetings has always been distinctive. Unlike many scientific conferences, these meetings place strong emphasis on discussion, mentorship, and methodological reflection, rather than solely on presenting completed research. This workshop-based approach has become a defining characteristic of EGPRN.

Each presentation traditionally includes dedicated time for discussion, allowing participants to provide constructive feedback and support researchers in refining their questions, methods, and interpretations. This creates a supportive and intellectually engaging environment, where both experienced academics and early-career researchers can participate in meaningful scientific dialogue.

Over time, the meetings have evolved to include a range of complementary formats, such as:

- themed research sessions addressing key topics in primary care
- free-standing scientific presentations
- one-slide / five-minute presentations introducing new research ideas
- structured poster discussions
- pre-conference workshops focusing on research methodology and skills
- mentoring sessions supporting early-career researchers

EGPRN meetings have been hosted across Europe, organised by national representatives and supported by local academic institutions and professional organisations. Beyond their scientific value, they have played an essential role in building a strong sense of community, fostering long-term professional relationships, and creating lasting collaborations.

Today, these meetings remain a cornerstone of EGPRN's mission – continuing to inspire collaboration, innovation, and the advancement of general practice research across Europe.

The Spirit of EGPRN

Beyond its scientific achievements, EGPRN is known for something equally important: its distinctive community spirit.

From the very beginning, EGPRN meetings were designed to create an environment in which researchers could present ideas openly, receive constructive feedback, and learn from one another in a supportive and respectful atmosphere. This culture of collegiality and trust has remained a defining characteristic of the network.

Members often describe EGPRN as more than a research organisation. It is a community where experienced researchers mentor younger colleagues, where international collaborations are initiated, and where professional relationships often grow into lasting friendships.

Many early-career researchers have presented their first ideas at EGPRN meetings and later developed into leaders of national and international

research projects. The network has played a key role in supporting these trajectories by providing mentorship, training opportunities, and access to an engaged international research community.

Another essential aspect of the EGPRN spirit is its openness and inclusivity. Researchers from diverse countries, with different research traditions and resources, are welcomed and encouraged to participate. This diversity enriches discussion, broadens perspectives, and strengthens the network's ability to address the complex realities of primary care across Europe.

Over time, EGPRN has become recognised not only for its scientific contribution, but also for its warm and collaborative atmosphere. It is a place where ideas can develop, where researchers support one another, and where the shared commitment to improving patient care through research remains at the centre of all activities.







WONCA Europe – The Umbrella

EGPRN works within the broader framework of WONCA Europe, in close collaboration with its thematic networks, including EURACT (education), EQuIP (quality and safety), EURIPA (rural practice), EUROPREV (prevention), and the European Young Family Doctors Movement.

These collaborations are not separate or independent. Each network contributes a specific perspective – research, education, quality, prevention, or professional development – while EGPRN provides the scientific foundation that supports and connects these areas.

The reflections that follow, shared by representatives of these networks, illustrate how this collaboration functions in practice. They show that the development of family medicine in Europe depends on the continuous interaction between research, teaching, quality improvement, and clinical practice.

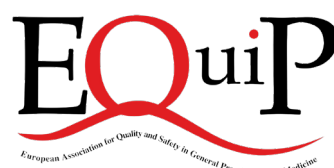
Through this collaboration, EGPRN plays a central role – not only by generating evidence, but also by supporting shared initiatives and connecting colleagues across countries and disciplines. At the same time, its partnership with other WONCA Europe networks ensures that research findings are translated into education, applied in clinical practice, and aligned with the evolving needs of patients and health systems.

In this sense, WONCA Europe provides a common framework that brings these different contributions together, while EGPRN remains one of its key pillars – supporting a shared vision for the development of primary care across Europe.



World family doctors. Caring for people.

EUROPE





Mehmet Ungan, Türkiye

***Former President of WONCA Europe
(2019 - 2021)***

***First EGPRN Chair to serve as WONCA
Europe President***

My journey with EGPRN has been closely intertwined with the broader development of family medicine in Europe and beyond. Looking back, what stands out most is not only the work we have done within the network, but the pathways that have emerged from it – pathways that have connected research, leadership, and international collaboration.

EGPRN has always been a place where ideas are not only discussed, but where people are given the opportunity to grow. Over time, I began to see how involvement in the network could open doors – encouraging colleagues to take on new roles, to step into leadership, and to contribute to the wider development of family medicine. In this sense, EGPRN has played an important role as a bridge between research and leadership within WONCA.

Being the first EGPRN member to serve as President of WONCA Europe was not only a personal milestone, but also a reflection of the maturity and strength of the network itself. It showed that research in general practice is not separate from leadership – it is one of its foundations. I have always believed that strong primary care systems depend on both: solid scientific evidence and committed individuals willing to take responsibility at a broader level.

What I value most is how EGPRN creates continuity between generations. Experienced researchers support those at the beginning of their journey, often in subtle but powerful ways. Over time, many of these colleagues grow into leaders within their countries and within WONCA. Seeing this development has been one of the most rewarding aspects of my involvement.

From this perspective, EGPRN is not only a network – it is a starting point. It provides the environment in which people can discover their potential, develop confidence, and move forward. If today many voices from our community are present at different levels of WONCA, it is because this journey has been made possible within EGPRN.

Looking back, I see EGPRN as a place that has helped shape not only research, but also people. And perhaps this is its most lasting contribution: creating opportunities, opening paths, and allowing others to continue the journey further.

Shlomo Vinker, Israel

President of WONCA Europe (2022 - 2025)



My connection with EGPRN goes back many years, to the time when I was still a resident and developing a strong interest in research. I remember asking my professor – who has since passed away – for advice on which international organisation I should join. Without hesitation, he told me that EGPRN was the best choice. Looking back now, more than twenty years later, I can say that he was absolutely right.

Over the years, EGPRN has become much more than a professional network for me – it has become a community. I often say that I meet my EGPRN colleagues more regularly than some of my relatives. The twice-yearly meetings create a continuity that fosters not only professional collaboration, but also strong personal connections. In many ways, EGPRN feels like a family.

One of the most valuable aspects of EGPRN is the opportunity to experience primary care across different countries. Visiting local practices during meetings provides a unique insight into how family medicine is organised and delivered in diverse healthcare systems. This kind of learning cannot be achieved through publications alone – it comes from direct observation and shared experience.

At its core, EGPRN is about research. It is a place where ideas are developed, discussed, and refined. Researchers receive constructive feedback, practical advice, and support in shaping their work. Over time, this culture has evolved into one that encourages thoughtful discussion and meaningful guidance, helping to improve both the quality and relevance of research.

Collaborative studies are among the highlights of EGPRN's work. These projects not only lead to scientific publications, but also create long-term partnerships, bringing people together to work closely on shared research questions over many years.

For me, EGPRN represents a unique combination of scientific excellence, collaboration, and human connection. It is a network that supports both professional development and a sense of belonging.

I would strongly encourage colleagues to join EGPRN and become part of this vibrant and supportive community.



Thomas Frese, Germany

President-Elect of WONCA Europe (2021 - 2025)

My involvement with EGPRN has been an important and inspiring part of my professional journey over the past years. I joined the network more than a decade ago, and I still clearly remember my first meeting in Malta in 2013. At the time, I expected a typical scientific conference – but what I experienced was something entirely different.

EGPRN immediately stood out as a dynamic and engaging community, where discussions extended beyond formal presentations and where collaboration and shared ideas were at the centre of every activity. That first experience was truly inspiring and shaped my continued involvement in the network.

Over the years, EGPRN has provided not only opportunities for professional development, but also a space where meaningful initiatives and collaborations have emerged. Many activities and projects have grown out of these interactions, contributing to the advancement of quality and safety in primary care.

Equally important are the personal connections built within the network. I have had the privilege of meeting colleagues who have become friends and of working together in a spirit of openness and mutual support.

Looking back, I am grateful to be part of EGPRN and to have contributed to its work over the years. It is a network that brings people together, inspires ideas, and supports the continuous improvement of primary care.

Radost Asenova, Bulgaria

Executive board member of WONCA Europe - EGPRN Representative (European General Practice Research Network) (2022 - present)



My journey with EGPRN spans almost a quarter of a century – a journey shaped by both friendship and leadership. Over the years, EGPRN has given me far more than I could have imagined: knowledge, experience, inspiration, and a strong sense of belonging to an international community.

What I have learned through EGPRN, I have brought back and implemented in Bulgaria – both in academic development and in strengthening general practice as a discipline. This exchange between international collaboration and local impact is, for me, one of the greatest values of the network.

EGPRN is not only a place where research is discussed; it is a space where people grow. It nurtures future leaders, often in a natural and almost invisible way – through collaboration, mentorship, and shared responsibility. Many colleagues who have been active within EGPRN have gone on to take on important leadership roles within WONCA Europe and beyond.

This continuity is reflected in the people who have shaped the network and its wider influence – leaders who have contributed at different levels across WONCA Europe networks and structures. It demonstrates how EGPRN serves as a foundation for developing not only research, but also leadership within European primary care.

For me, EGPRN has always been more than a scientific network. It is a community built on trust, shared values, and long-standing relationships. It is a place where professional collaboration evolves into friendship, and where ideas are developed together with mutual respect and support.

Looking back, I feel grateful for everything I have received through EGPRN. Looking forward, I remain confident that this unique combination of scientific excellence, mentorship, and human connection will continue to inspire future generations.



Adam Windak, Poland

Executive board member of WONCA Europe - EURACT Representative (European Academy of Teachers in General Practice / Family Medicine) (2022 - 2025)

On behalf of EURACT, the European Academy of Teachers in General Practice/Family Medicine, I would like to warmly congratulate EGPRN on its long and remarkable history, including the celebration of its 50th anniversary and its 100th meeting.

EGPRN represents a truly unique and well-established network within the WONCA Europe family. Its contribution to the development of research in general practice has been fundamental, and its collaboration with other European networks, including EURACT, has been of great importance – particularly in the field of educational research and the advancement of teaching in family medicine.

The relationship between research and education is essential. High-quality scientific research provides the foundation for evidence-based practice, while strong educational frameworks ensure that this knowledge is effectively transferred to future generations of general practitioners.

From this perspective, the collaboration between EGPRN and EURACT plays a key role in supporting the future development of family medicine in Europe. By combining scientific inquiry with excellence in education, we can strengthen both the discipline and its impact on patient care.

Zalika Klemenc-Ketis, Slovenia

Executive board member of WONCA Europe - EQuIP Representative (European Association for Quality and Safety in General Practice / Family Medicine) (2022 – 2025)



EGPRN plays a vital role in the development of primary care and family medicine. By generating new evidence, it supports the promotion, growth, and continuous advancement of the discipline. Without EGPRN, we would not have the same depth and breadth of data to inform clinical practice and guide decision-making in primary care.

From the perspective of EQuIP, this contribution is particularly important, as high-quality care depends on strong evidence and its effective implementation in everyday practice. EGPRN not only produces knowledge, but also creates a platform where this knowledge can be discussed, refined, and translated into meaningful improvements in patient care.

Equally important is its role in connecting researchers across countries, fostering collaboration, and supporting the development of new ideas and projects. In this way, EGPRN contributes not only to research itself, but also to strengthening the wider primary care community in Europe.

I am very pleased to see EGPRN reaching its 100th meeting – an important milestone that reflects its continuity, impact, and commitment to advancing primary care. Congratulations on this remarkable achievement.



Ferdinando Petrazzuoli, Italy

***Executive board member of WONCA
Europe - EURIPA Representative
(European Rural and Isolated
Practitioners Association)
(2023 – present)***

As a general practitioner in Italy and a long-standing member of EGPRN, my connection with the network spans more than two decades. Since 2002, I have attended almost every EGPRN meeting, and this continuity has made it an essential part of my professional and personal journey.

My involvement has also included serving on the EGPRN Executive Board for several years, culminating in the role of Vice-Chair. Through this experience, I have seen the network from both a participant's and a leadership perspective, which has deepened my appreciation of its value.

Attending EGPRN meetings has had a significant impact on my development, particularly in strengthening my research knowledge and skills. The meetings provide a unique environment where scientific content is discussed in depth, while maintaining an open, supportive, and friendly atmosphere.

For me, EGPRN is not only a research network, but also a community of colleagues and friends who work together to advance primary care research. This combination of scientific rigour and human connection is what makes the network truly special.

Looking ahead, I sincerely hope that this spirit will be preserved. Maintaining this balance between academic excellence and collegiality will be essential for the continued success of EGPRN.

Serdar Öztora, Türkiye
Executive board member of WONCA
Europe – EUROPREV Representative
(European Network on Prevention
and Health Promotion in Family
Medicine and General Practice)
(2024 – present)



My involvement in EUROPREV has always been driven by a strong belief in the central role of prevention in primary care. Over the years, I have come to see that general practice is uniquely positioned to influence health outcomes not only through treatment, but through early intervention, risk reduction, and long-term patient relationships.

Serving as President of EUROPREV provided an opportunity to further strengthen this vision at a European level. One of the key priorities has been to promote prevention as an integral part of everyday clinical practice, rather than as a separate or additional task. This includes supporting general practitioners in integrating preventive strategies into routine consultations, while maintaining a person-centred approach.

EUROPREV has played an important role in bringing together professionals from different countries, creating a platform for sharing knowledge, experiences, and best practices in prevention. Through collaboration with WONCA Europe and other networks, EUROPREV has contributed to raising awareness of preventive care and its impact on population health.

A particular focus has been on addressing common challenges across countries, such as the implementation of screening programmes, lifestyle interventions, and the prevention of chronic diseases. At the same time, there is growing recognition of the need to balance evidence-based recommendations with the realities of clinical practice.

Looking ahead, prevention will remain a key priority in primary care, particularly in the context of ageing populations and multimorbidity. Digital tools and new technologies offer important opportunities, but should always support – rather than replace – the doctor-patient relationship.

EUROPREV will continue to advocate for prevention as a core component of general practice, supporting clinicians in delivering effective, evidence-based, and person-centred care.



Aaron Poppleton, UK

***Executive board member of WONCA Europe
- EYFDM Representative (European Young
Family Doctors Movement)
(2022 – present)***

From the perspective of a young doctor, collaboration and learning from different experiences are essential for professional development. Networks such as EGPRN provide a unique opportunity to connect with colleagues from diverse backgrounds, exchange ideas, and gain insight into different ways of working in primary care.

For early-career family doctors, this environment is particularly valuable. It offers not only exposure to research, but also a space to explore new ideas, receive feedback, and understand how to improve both clinical practice and research approaches.

EGPRN plays an important role in bringing people together and fostering this exchange. It creates opportunities to learn, to collaborate, and to be inspired by the work of others – something especially meaningful at the beginning of a professional career.

Looking ahead, networks like EGPRN will continue to be important drivers of innovation in family medicine. By supporting collaboration across generations and countries, they contribute to the ongoing development of primary care in Europe.

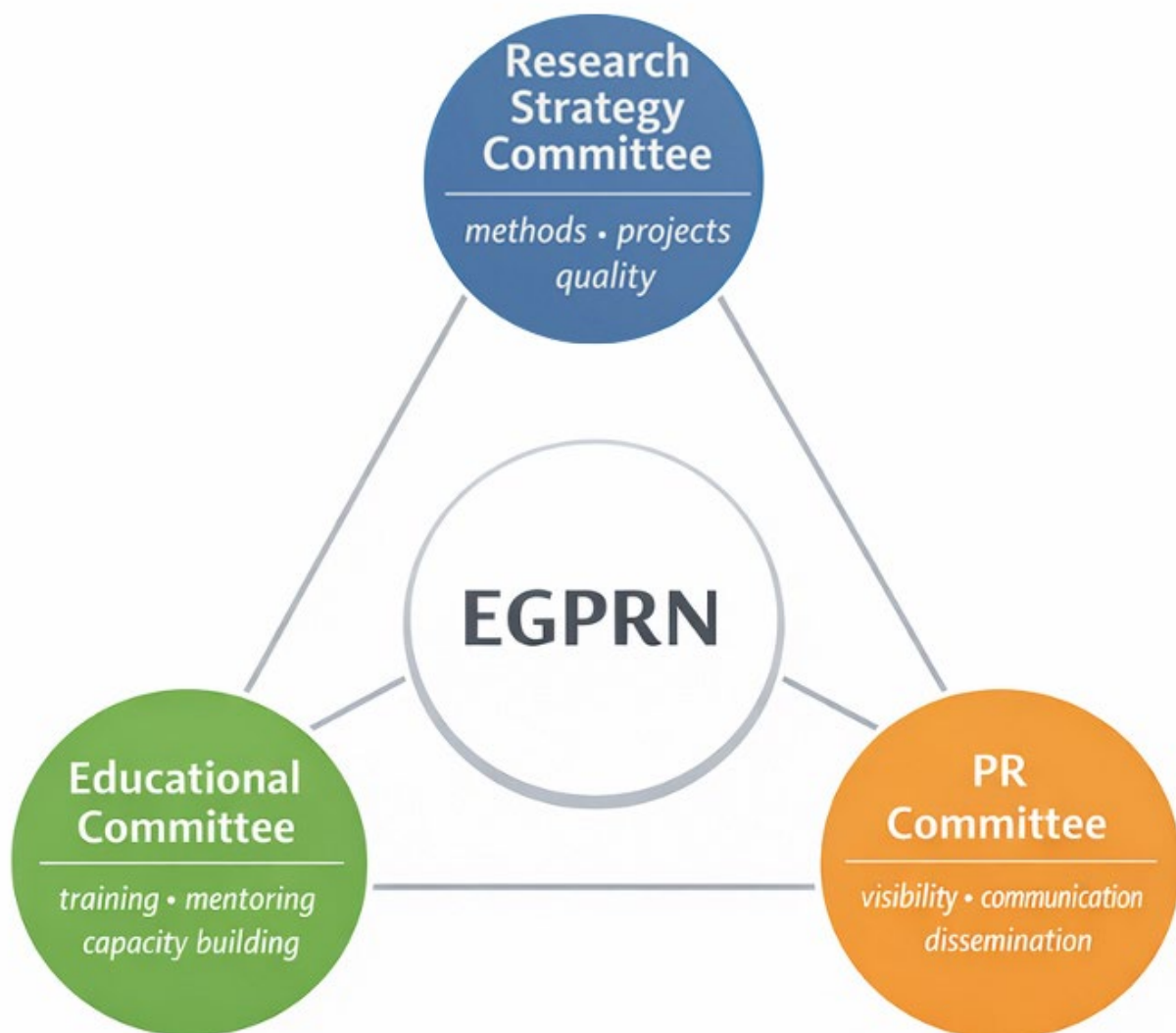
I am confident that by the time EGPRN reaches future milestones, there will be even more ideas, experiences, and achievements to share.

Core Committees Driving EGPRN Activities

The activities of EGPRN are supported by three key committees, each contributing to the network's mission from a different perspective. The Educational Committee focuses on developing research capacity through courses, mentoring, and training initiatives; the Research Committee drives the scientific agenda by supporting study development, methodology, and academic quality; and

the PR Committee ensures visibility, communication, and dissemination of EGPRN activities and achievements. Together, these committees create a balanced structure that integrates education, research, and outreach, strengthening both the internal development and external impact of the network.

Core Committees Driving EGPRN Activities



Research Highlights

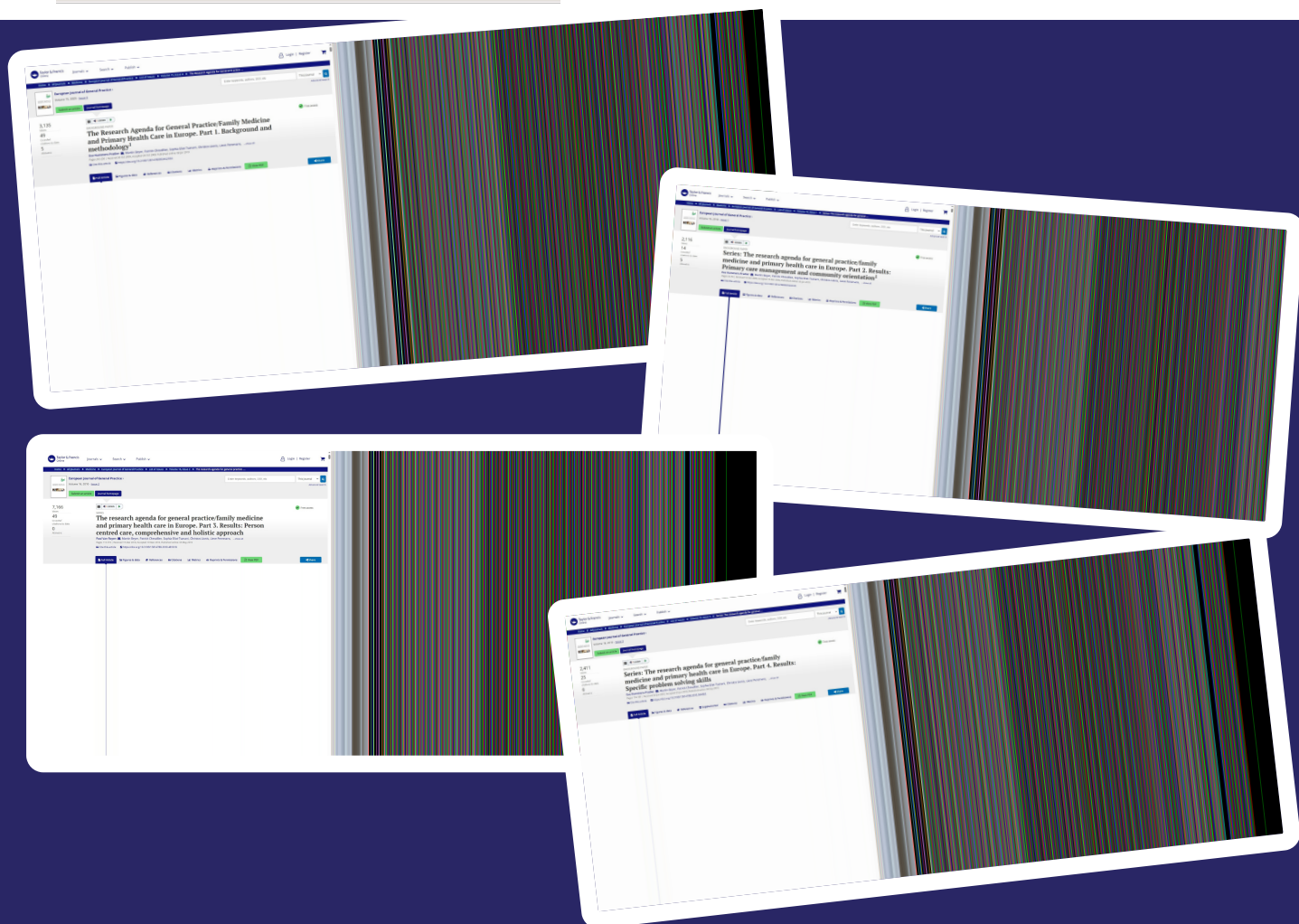
European Research Agenda for General Practice / Family Medicine (2009)



This landmark publication represents a defining moment in the development of primary care research in Europe. It established a coherent framework of research priorities aligned with the core competencies of general practice, providing both direction and structure for the discipline.

Beyond outlining key thematic areas, the agenda has played a crucial role in strengthening research capacity, particularly in countries where primary care research was still emerging. By offering a shared vision and common language, it has supported collaboration, guided funding strategies, and influenced academic development across Europe.

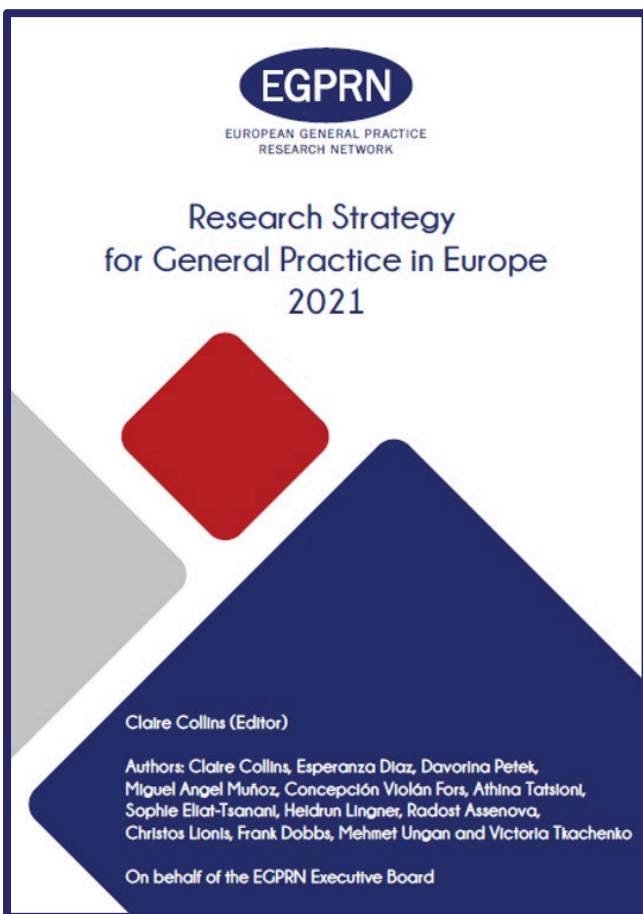
More than a decade later, it continues to serve as an essential reference point for strategic planning and a foundation for ongoing innovation in general practice and family medicine research.



EGPRN Research Strategy 2021

Building on decades of collaborative work and the foundations laid by earlier initiatives, the EGPRN Research Strategy 2021 marks a significant step in the evolution of the network as a mature, forward-looking scientific community. It articulates a shared vision for the coming decade, positioning EGPRN not only as a platform for research exchange, but as a driver of innovation and capacity building in general practice and family medicine.

The strategy places strong emphasis on strengthening research capacity across Europe, particularly in regions where primary care research is still developing. Through structured support, training initiatives, and the promotion of inclusive participation, EGPRN continues to empower both early-career and experienced researchers.



Equally central is the focus on leadership and mentorship, recognising that sustainable research development depends on nurturing future leaders and fostering a culture of guidance, collaboration, and mutual support. This is closely linked to the growing importance of patient and public involvement, ensuring that research remains grounded in real-world needs and aligned with the values of person-centred care.

International collaboration remains at the heart of the strategy, reinforcing EGPRN's role as a bridge between countries, disciplines, and generations. By encouraging cross-border partnerships and shared learning, the network strengthens its impact and relevance within the broader European and global context.

Altogether, the EGPRN Research Strategy 2021 reflects a confident and evolving organisation—one that builds on its legacy while actively shaping the future of primary care research.

Summaries of Key Studies and Projects Led by EGPRN Members

Over the years, EGPRN has served as a platform for the development of collaborative, multinational research projects addressing key questions in general practice and primary care. Many of these initiatives have contributed to advancing both methodology and content in the field.

EUROBSTACLE Project

One of the most recognised collaborative studies, EUROBSTACLE explored barriers to research in general practice across European countries.

The project identified structural, educational, and organisational challenges that limit research capacity, particularly in countries with less developed academic infrastructure.

Its findings have informed strategies for capacity building and highlighted the importance of international collaboration.

Burnout in General Practice

Several EGPRN-linked studies have addressed physician burnout, examining its prevalence, determinants, and consequences across different healthcare systems.

These studies have contributed to a better understanding of workload, organisational factors, and professional well-being, positioning burnout as a key issue in workforce sustainability.

Practice-Based Research and Methodology Development

EGPRN has played a significant role in developing methodologies suited to primary care research, including:

- practice-based research approaches
- mixed-methods designs
- qualitative research in clinical settings

This work has helped define how research can be conducted in real-world primary care environments, where complexity and context are essential.

Research on Doctor–Patient Interaction

Early and ongoing work within EGPRN has explored communication and relationships in primary care, including consultation analysis and patient-centred care.

These studies have contributed to understanding the complexity of clinical encounters and their impact on outcomes.

Health Systems and Comparative Research

Multinational studies within EGPRN have examined differences in:

- referral systems
- organisation of primary care
- management of chronic conditions

These comparative perspectives have helped contextualise general practice within broader health systems.

Influential Publications

Notable Papers and Their Impact on General Practice

EGPRN has contributed to a range of influential publications that have shaped research and practice in general practice / family medicine.

Publications from Collaborative Studies

Research arising from EGPRN collaborations has been published in leading journals, including:

- *European Journal of General Practice*
- *Family Practice*
- *BMC Family Practice / Primary Care*

These publications have contributed to:

- strengthening the evidence base in primary care
- improving research methodology
- informing policy and education

Methodological Contributions

EGPRN has also contributed to advancing research methodology in general practice, particularly in:

- qualitative research
- mixed-methods approaches
- cross-national comparative studies

These contributions have helped establish general practice as a scientifically robust academic discipline.

The collage features several screenshots of academic articles and journal pages:

- Evidence-Based Complementary and Alternative Medicine:** A research article titled "Self-Care for Common Colds by Primary Care Patients: A European Multicenter Survey on the Prevalence and Patterns of Practices—The COCO Study" by Anika Thielmann, Biljana Gerasimovska-Kitanovska, Krzysztof Buczkowski, Ty Vildan Mevsim, Slawomir Czachowski, Ferdinando Petrazzuoli, Marija Petek, Robert D. Hoffman, Selma Tekiner, Juliette Chambe, Tamer Edirne, Kathryn H. Aysegül Uludağ, Hülya Yikilkan, Sandra Kreitmayer Pestic, Andrzej Zielinski, C. Birgitta Weltermann, and others. Published 21 September 2016.
- General practitioners' perceptions of using virtual primary care during the COVID-19 pandemic:** An international cross-sectional survey study by Edmond Li, Rosy Tsopra, Geronimo Jimenez, Alice Serafini, Gustavo Gusso, Heidrun Lingner, Maria Jose Fernandez, Greg Irving, Davorina Petek, Robert Hoffman, Vanja Lazic, Ensieh Memarian, Tuomas Koskela, Claire Collins, Sandra Milena Espitia, Ana Claveria, Katarzyna Nessler, Braden Gregory O'Neill, Kyle Hoedebecke, Mehmet Ungan, Liliانا Laranjo, Saira Ghafur, Gianluca Fontana, Azeem Majeed, Josip Car, Ara Darzi, Ana Luisa Neves, and others. Published 16 May 2022.
- News from EGPRW:** A report of the meeting of the EGPRW's Research Strategy Committee, held in London on 30-31 January 2023, published online 11 July 2023.
- ESC Heart Failure:** An original article titled "Risk stratification in heart failure decompensation in the community: HEFESTOS score" by José-Maria Verdú-Retellari, Rosa Abellana, Helene Vaillant-Roussel, Lea Grill Iovsek, Radost Assenova, Djurdjica Kasuba Lazić, Peter Torszta, Liam George Glynn, Heidrun Lingner, Jacopo Demurtas, Hans Thulesius, Miguel Angel Muñoz, and the HEFESTOS group. Published 22 November 2021.
- BMC Primary Care:** A study protocol titled "Exploring the accessibility of primary health care data in Europe's COVID-19 response: developing key indicators for managing future pandemics (Eurodata study)" by Sara Ares-Blanco, Marina Guisado-Clavero, Charilaos Lygidakis, María Fernández-García, Davorina Petek, Shlomo Vinker, Donald Li, Anna Stadval, José Joaquín Mira Solves, Lourdes Ramos Del Río, Ileana Gefaell Larrondo, Louise Fitzgerald, Limor Adler, Radost Assenova, María Bakola, Sabine Bayen, Elena Brutskaya-Stempkovskaya, Iliana-Carmen Busneag, Asja Čosić Divjak, Maryher Delphin Peña, Philippe-Richard Domeyer, Dragan Gjorgjievski, Mila Gómez-Johansson, Miroslav Hanževački, and Pilar Astier-Peña. Published 20 June 2024.

EGPRN Collaborative Studies

Over the years, EGPRN has established itself as a leading platform for the development of a large number of collaborative, multinational research projects in general practice and primary care. These studies bring together researchers from diverse healthcare systems and academic traditions, creating a unique environment for cross-country comparison, methodological innovation, and shared learning. The scope of these collaborations is broad, addressing clinical, organisational, educational, and societal aspects of primary care. Many of the projects involve multiple European countries, reflecting the diversity of contexts while also identifying common challenges and opportunities within the discipline. Through these collaborative efforts, EGPRN has not only contributed to the generation of new knowledge, but also to strengthening research capacity, fostering international partnerships, and advancing the scientific foundation of general practice.

A graphic with a blue and white arrow pointing right, set against a light grey background with a subtle dot pattern. The text is centered and right-aligned.

EGPRN Research Grant

Application Due Date: 1 April

Proposals should be submitted to the EGPRN Office before 1st of April for the subsequent meeting in May.

Rules of Research Funding can be found on <https://www.egprn.org/page/project-funding>

1. HEFESTOS Study (HEart Failure European Stratification and OutcomeS)
2. Gut-Feelings/Cogita Project.
3. Manpower Project.
4. Study of health-insured individual's compliance in CRC screening using iFOB Test.
5. A Systematic Review of the Psychometric and Edumetric Properties of Assessment Tools for Communication in and Consultations in for Undergraduate Medicine (BEME)
6. Correlations between cognitive tests, quality of life and functional tests in elderly primary care patients in Northern and Southern Europe.
7. Which self-medications and home remedies do patients use for common colds? Are these associated with a potential health risk in chronic care patients? A cross-sectional study at several European primary care sites.
8. The EConGP-Migration Study. A multi-country European Qualitative study on General Practitioners' migration. Is the grass really greener on the other side?
9. The FPDM Study.
10. The PROCOPD Study.
11. The TATA Study
12. The PIPE Study
13. The Örenäs Study
14. The LESS Study
15. The ABC of family medicine research Study. An action research model for an EGPRN-supported international training course for early career family doctor researchers
16. The IMOCASFV Study. Improving Opportunities for Primary Care and Advocacy for Family Violence
17. Quality of care and patient safety in general practices in times of a pandemic
18. Impact of COVID-19 on the Adoption of Digital-First Models in Primary Care
19. What are the views of people without a health-care qualification on COVID-19 vaccination in Europe? (PuV-CoVa Group)
20. European general practitioner's attitudes towards person-centered care and factors that influence its implementation in everyday practice
21. Learning Healthcare System (LHS) project
22. Primary Health Care data on COVID-19 Pandemic in Europe (PHC-Eurodata-Covid19)
23. What is the prevalence of anxiety and depression in internally and externally displaced Ukrainian refugees? A European survey.
24. Personality Type and their clinical diagnosis. A cross-sectional survey. GP Personality Type study.
25. Cancer Screening in Europe and the role of Primary Care Physicians (CaSEPriCaP) Study
26. Recipes for successful approaches to social prescribing in primary care: A Delphi study on best practices in Europe
27. What are the effects of open-label placebo in managing major depressive disorder? A randomised controlled trial.
28. Perspectives of the impact of primary health care on the climate in Europe: A collaborative study on environmental Sustainability
29. Co-design of a checklist for evaluation and monitoring of the implementation of virtual consultations in Primary Care
30. Evaluation of different aspects of hypertension care in the mirror of time needed to treat: how clinicians prioritize?"
31. Family Medicine (FamM) Training in European Universities (EU) – FaMedEu. Presence and Importance of Family Medicine Education in European Medical Schools"
32. The EGPRN Grant Funding Approval for the "Clinicians' perspectives on routine screening for intimate partner violence during antenatal care. A European qualitative study"
33. Prescriptions of long-term beta blockers after myocardial infarction in European primary care settings (PRACTITIONER study) – a case vignette study

Education Highlights

International Primary Care Research Training Curriculum

A Long-Standing European Educational Initiative

The **International Primary Care Research Training Curriculum**, founded in **1993**, represents one of the earliest structured European initiatives dedicated to research training in general practice.

The programme was developed as a joint effort between the Departments of General Practice of the universities of **Maastricht and Amsterdam** in the Netherlands and **Leuven, Antwerp, Brussels, and Ghent** in Belgium. In later years, universities from **Düsseldorf, Rostock, and Marburg** in Germany joined, further strengthening its international scope and academic collaboration.

The curriculum was designed to equip participants with the knowledge, understanding, and practical skills required to conduct original scientific research in primary care, analyse data, and report findings at a level suitable for publication in peer-reviewed journals.

Structured as a **two-year programme**, it combines introductory and advanced training. The

initial component focuses on core competencies such as identifying relevant research topics, formulating research questions, conducting literature reviews, selecting appropriate methodologies, and applying basic statistical principles. The advanced component addresses more complex aspects, including intervention study design, randomisation, sample size calculation, qualitative research methods such as focus groups, data management, and scientific writing.

The programme is intended for general practitioners and primary health care professionals interested in developing research skills relevant to their clinical practice. A distinctive feature is the strong involvement of teaching staff who are themselves experienced researchers in primary care, ensuring a close connection between academic training and real-world clinical contexts.

Over the years, the curriculum has supported a large number of participants from across Europe. Many have continued to engage in research activities, contributing to the development of primary care research within their countries and internationally.



From the Idea to a Detailed Proposal

The **EGPRN Research Course held in Nice, France, from 16 to 18 May 2011**, under the title "*From the idea to detailed proposal*," represents a practical and focused educational initiative aimed at supporting the development of research projects in primary care.

The course was designed for **primary health care professionals considering the initiation of a research project**, particularly those at an early stage of their research experience. Its central objective was clear: participants were expected to return home not only with enhanced understanding and skills, but also with a **written detailed protocol based on their own research idea**.

Participants' ongoing or planned projects formed the core of the training. The course guided them through the process of transforming initial ideas into scientifically sound and feasible research designs. Key components included literature search, formulation of research questions, selection of

appropriate methodologies, and understanding the paradigms of qualitative and quantitative research.

The curriculum also addressed fundamental concepts in statistics, sampling strategies, sample size determination, bias, and the practical considerations involved in designing a feasible research project. Emphasis was placed on applicability and relevance to real-world primary care settings.

The course structure balanced theoretical input with practical work. Teaching sessions were complemented by small group discussions, allowing participants to receive feedback and refine their projects in an interactive and supportive environment. The teaching faculty included experienced primary care researchers, among them **Teresa Pawlikowska, Kristin Hendrickx, Caroline Huas, and Denis Pouchain**.

This course reflects a strong commitment to hands-on, practice-oriented research training, supporting clinicians in taking concrete steps from research ideas toward implementation.



EGPRN Web-Based Research Course

Building Capacity Through Accessible Education

One of the most impactful educational initiatives developed within EGPRN is the web-based research course, designed to support capacity building in general practice research across Europe.

The idea for the course originated from Mehmet Ungan, who recognised the need for accessible, structured training in research methodology, particularly for colleagues working in settings with limited academic infrastructure. His vision was to create a freely available course that would provide essential research knowledge and skills to a wide audience, without financial or geographical barriers.

This vision was successfully realised through close collaboration with Ferdinando Petrazzuoli and Shlomo Vinker, whose support and continued engagement helped to further develop, sustain, and integrate the course within EGPRN activities. The course was built through a collective effort, involving contributors from different countries, and reflects the collaborative spirit of the network.

The web-based format allows participants to engage with core research concepts at their own pace. The curriculum covers key areas such as:

- fundamentals of research design
- qualitative and quantitative methods
- data analysis and interpretation
- academic writing and publication

Importantly, the course is closely linked to the practical environment of general practice, ensuring that the content is relevant, applicable, and grounded in real-world clinical settings.

Over the years, the course has become an integral part of EGPRN's capacity-building activities. Each year, new participants complete the programme and receive certification, contributing to a growing community of trained researchers in primary care. For many, the course represents a first step into research, often followed by active participation in EGPRN meetings and collaborative projects.

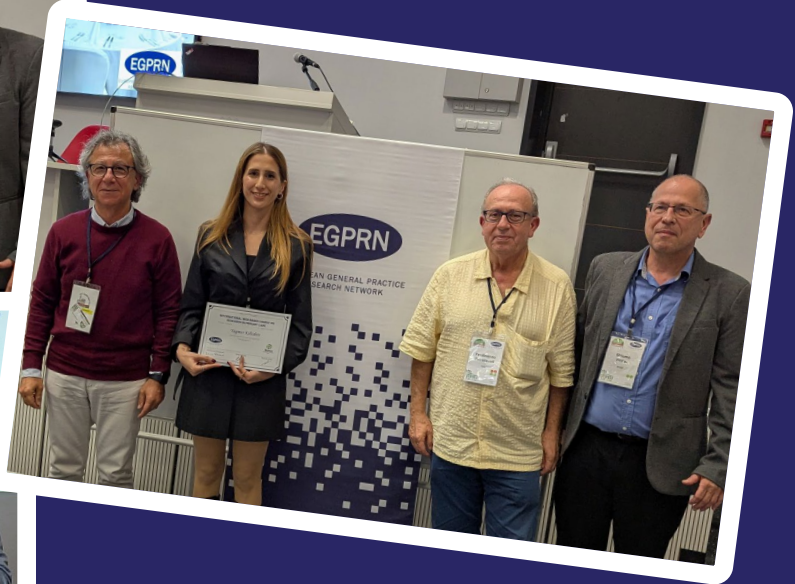
Beyond its educational value, the course reflects a broader philosophy: that research in general practice should be inclusive, accessible, and supported across all countries, regardless of existing resources. In this way, the EGPRN web-based research course has played a key role in strengthening research capacity, fostering engagement, and opening opportunities for future generations of researchers.



Edirne – where the platform was developed and tested







EGPRN Meetings: Collaboration, Learning and Scientific Exchange

Conferences and Workshops: Advancing Research Through Interaction

EGPRN conferences and workshops are at the core of the network's activities. Held twice each year in different European countries, these meetings provide a dynamic platform for presenting research, exchanging ideas, and fostering collaboration across borders.

Unlike traditional scientific conferences, EGPRN meetings are designed as interactive and participatory events. Presentations are not limited to reporting results; they are opportunities for discussion, critical reflection, and methodological development. Each contribution is followed by dedicated time for feedback, allowing participants to refine research questions, improve study design, and strengthen the overall quality of their work.

A defining feature of EGPRN meetings is their strong emphasis on research in progress. This creates a supportive environment where early-stage ideas can be shared openly and developed collectively, benefiting from the experience of an international community of researchers.

Workshops and Capacity Building

Pre-conference workshops play a key role in strengthening research capacity. These sessions focus on essential research skills, including:

- study design and methodology
- qualitative and mixed-methods research
- academic writing and publication
- presentation and communication of research

Workshops are often interactive and practice-oriented, encouraging participants to apply concepts directly to their own projects.

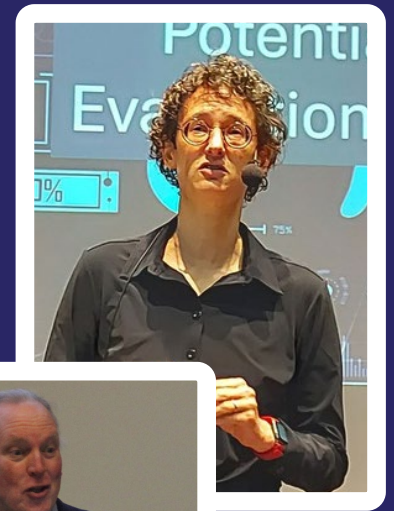
Innovative Formats and Scientific Exchange

Over time, EGPRN has introduced a variety of formats to enhance scientific exchange and engagement, including:

- themed sessions addressing priority topics in primary care
- short "one-slide / five-minute" presentations for new ideas
- structured poster discussions
- mentoring sessions for early-career researchers

These formats support different stages of research development and allow for broader participation.

Keynote Speakers

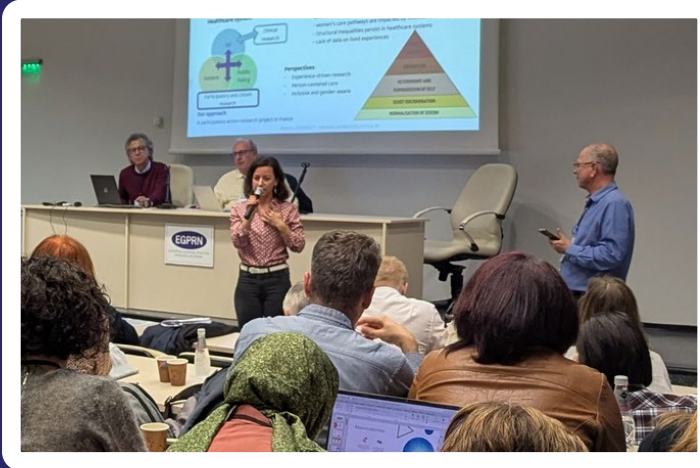


89th EGPRN MEETING
17-20 October 2019
Vigo Spain

90th EGPRN MEETING
Virtual Conference
16-17 October 2020

92nd EGPRN MEETING
30 April - 1 May 2021
Virtual Conference

One Slide / Five Minutes Presentations



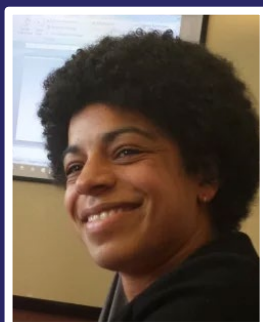
Poster Sessions



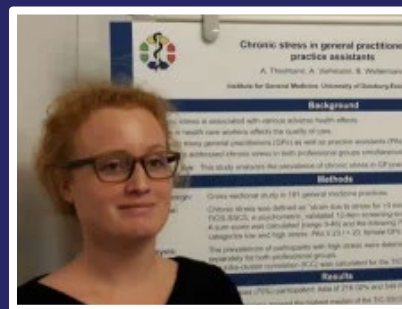
Poster Prize Winners



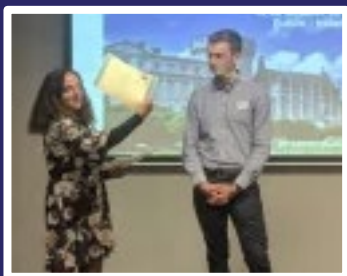
Heraklion 10/2014



Timisoara 05/2015



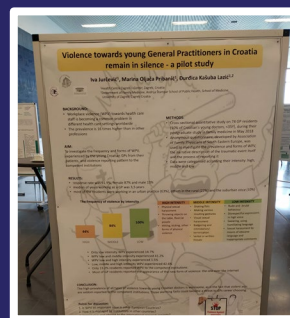
Leipzig 10/2016



Dublin 10/2017



Lille 05/2018



Tampere 05/2019



Vigo 10/2019



Halle 10/2021



Antwerp 10/2022



Split 05/2023



Prague 10/2023



Porto 05/2024



Budapest 10/2024



Gothenburg 05/2025



Plovdiv 10/2025

Expanding Formats: Supporting the Next Generation of Researchers

In recent years, EGPRN has further expanded its activities by introducing new formats aimed at supporting researchers at different stages of their development and strengthening the sense of community within the network. A key role in the development and implementation of these initiatives has been played by Michael Harris, whose sustained contribution has supported the expansion of educational and collaborative activities within EGPRN.

A key initiative in this direction is the EGPRN Fellowship Programme, which recognises sustained engagement and contribution to the network. The Fellowship not only acknowledges academic and professional development, but also reinforces continuity within the EGPRN community by encouraging long-term involvement and leadership.

Closely linked to this is the Mentoring Programme, designed to support early-career researchers through structured guidance and personal interaction. By connecting less experienced colleagues with established researchers, the programme fa-

cilitates knowledge transfer, builds confidence, and supports both methodological development and career progression in research.

Digitalisation has also played an important role in expanding access to learning opportunities. In addition to the well-established web-based research course, EGPRN has developed a range of online courses and educational activities, further strengthening continuous learning within the network. These initiatives extend the reach of EGPRN beyond its biannual meetings, enabling continuous engagement, learning, and exchange throughout the year.

At the same time, new interactive formats have been introduced to stimulate informal exchange and idea generation. The Research Café offers a relaxed and open environment where participants can discuss emerging ideas, share experiences, and explore research questions in a supportive setting. The Elevator Pitch format, in turn, encourages participants to present their ideas concisely and clearly, fostering focus, creativity, and constructive feedback within a short time frame.



Join the New EGPRN Mentoring Programme



EGPRN

How to understand sampling and sample size

Dr Ileana Gefaell
Prof Michael Harris
Prof Gordon Taylor

20 January 2026
Tuesday

Online Workshop

Duration: 100 minutes

* The workshop is free for EGPRN members.

16:00 GMT, 17:00 CET
18:00 EET & IST, 19:00 TRT



EGPRN

How to Organise International Collaborative Research

Prof. Michael Harris - Dr Sara Ares Blanco - Dr. Ileana Gefaell

Online Workshop

4 February 2025, Tuesday

17.00 GMT | 19.00 EET&IST
18.00 CET | 20.00 TRT

* The workshop is free for EGPRN members, and €25 if you are not a member.



EGPRN

Presenting your research - how to give an oral presentation.

Prof. Michael Harris - Dr Sara Ares Blanco - Dr. Ileana Gefaell

Online Workshop

15 April 2025, Tuesday

17.00 BST - 18.00 CEST - 19.00 EEST/IDT/TRT
Duration: 90 minutes

* The workshop is free for EGPRN members.



EGPRN

Patient and Public Involvement in Research

Prof. Ana Luisa Neves - Prof. Michael Harris
Dr Sara Ares Blanco - Dr. Ileana Gefaell

Online Workshop

5 November 2025, Wednesday

17.00 GMT - 18.00 CET - 19.00 EET&IST - 20.00 TRT

Duration: 60 minutes

* The workshop is free for EGPRN members.



EGPRN

How to understand cohort and case-control study research

Prof. Michael Harris - Dr Sara Ares Blanco - Dr. Ileana Gefaell

Online Workshop

29 May 2025, Thursday

17.00 BST - 18.00 CEST - 19.00 EEST/IDT/TRT
Duration: 105 minutes

* The workshop is free for EGPRN members.



EGPRN

How to Understand Descriptive Statistics

Prof. Michael Harris - Dr. Ileana Gefaell

In this 60-minute workshop, we will cover:

- how we can measure of the mid-point of data: mean, median, mode, and when to use them;
- how we can describe the spread of data, for example: range, standard deviation and inter-quartile range;
- how we should use graphs to make our data easier to understand;
- how we can compare two sets of data; this includes scatter plots and correlation.

* As with all our teaching, this will be an interactive workshop, not a lecture. This time there will be no pre-course reading for you to do, but you will need to do some work in small groups.

Online Workshop

28 November 2024, Thursday

17.00 GMT | 19.00 EET&IST
18.00 CET | 20.00 TRT

* The workshop is free for EGPRN members, and €25 if you are not a member.



ONLINE WORKSHOP

EGPRN

How to understand screening programmes

The topics we will cover:

- The statistics used in screening and diagnostic tests.
- The principles of screening for illness.

Michael Harris & Ileana Gefaell

5 March 2024, Tuesday
18.00-19.45 GMT | 19.00-20.45 CET
20.00-21.45 EET/IST | 21.00-22.45 TRT

* The workshop is free for EGPRN members, and €25 if you are not a member.



Together, these initiatives reflect the evolving nature of EGPRN as a dynamic and inclusive network. They embody the EGPRN spirit – supportive, collaborative, and open – where researchers are encouraged not only to present their work, but to develop it together. By combining structured programmes with innovative and flexible formats, EGPRN continues to create opportunities for learning, collaboration, and professional growth across generations.



A Platform for Collaboration

EGPRN meetings are not only scientific events, but also starting points for collaboration. Many multinational research projects originate from discussions during conferences and continue as long-term partnerships.

Regular interaction between members strengthens professional relationships and facilitates the development of joint studies, publications, and educational initiatives.

Dissemination and Scientific Visibility

EGPRN meetings are accompanied by the publication of abstracts, ensuring wide dissemination and visibility of the research presented. While in earlier years all accepted abstracts were published collectively, current practice reflects a more structured approach to dissemination. A selection of abstracts is published in the *European Journal of General Practice (EJGP)*, while additional contributions are shared through the *European Journal of Family Medicine (EJFM)*, allowing for broader coverage of the scientific work presented within the network.

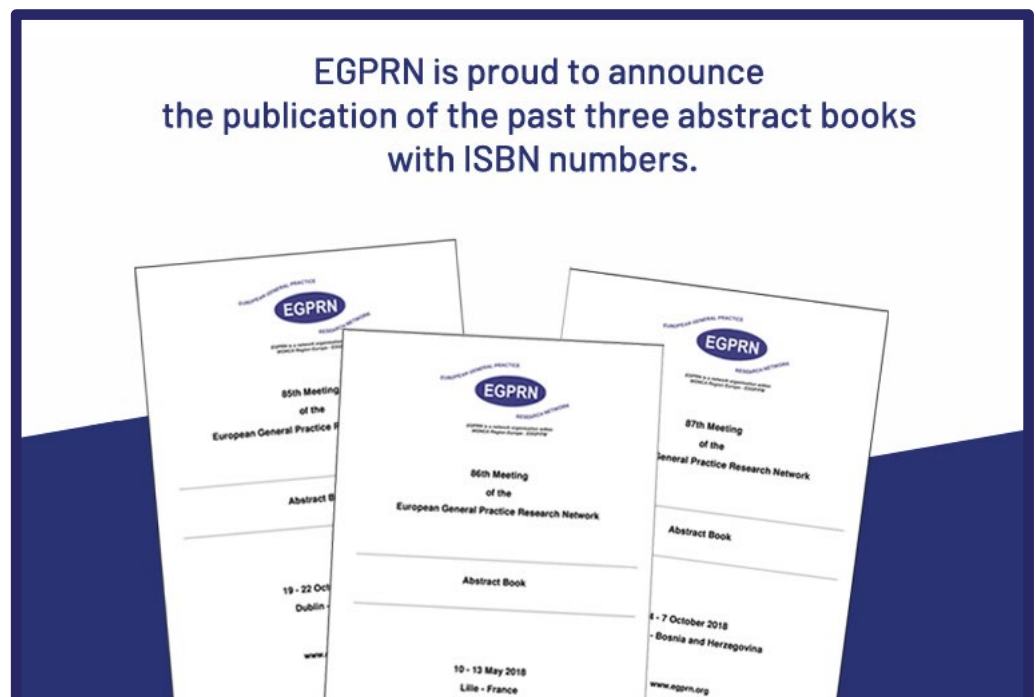
This development highlights both the growing volume and the increasing quality of research presented within the network, as well as the commitment to maintaining high academic standards and visibility.

In addition, EGPRN has further strengthened its academic presence by publishing abstract books with an ISBN, providing a permanent, citable record of its scientific output and reinforcing its role as a recognised contributor to the advancement of primary care research.

Beyond the Scientific Programme

An important aspect of EGPRN activities is the integration of local context. Meetings often include visits to primary care practices, offering insight into different healthcare systems and approaches to family medicine.

These experiences enrich scientific discussions and contribute to a deeper understanding of primary care across Europe.

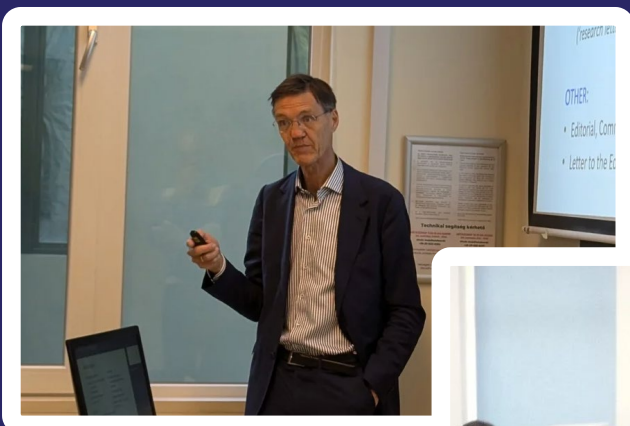




Jelle Stoffers



Jako Burgers



Past Meetings of EGPRN (EGPRW/EGPRN)

The following list presents the historical record of EGPRN (formerly EGPRW) meetings, reflecting more than five decades of continuous scientific exchange and collaboration across Europe.

1970s

- November 1974 – London, United Kingdom
- May 1975 – Antwerp, Belgium
- April 1976 – London, United Kingdom
- January 1977 – Amsterdam, The Netherlands
- May 1977 – Marburg, Germany
- January 1978 – Helsingør, Denmark
- May 1978 – Montreux, Switzerland
- February 1979 – Paris, France
- September 1979 – London, United Kingdom
- November 1979 – Oslo, Norway

1980s

- April 1980 – Antwerp, Belgium
- November 1980 – London, United Kingdom
- May 1981 – Vienna, Austria
- November 1981 – Göttingen, Germany
- April 1982 – The Hague, The Netherlands
- October 1982 – Stratford, United Kingdom
- April 1983 – Stockholm, Sweden
- October 1983 – Rheinfelden, Germany
- May 1984 – Antwerp, Belgium
- October 1984 – Frankfurt, Germany
- May 1985 – Porto, Portugal
- November 1985 – London, United Kingdom
- May 1986 – Florence, Italy
- December 1986 – Munich, Germany
- May 1987 – Amsterdam, The Netherlands
- September 1987 – Dublin, Ireland
- May 1988 – Dubrovnik, Yugoslavia
- October 1988 – Antwerp, Belgium
- May 1989 – Madrid, Spain
- November 1989 – Birmingham, United Kingdom

1990s

- May 1990 – Budapest, Hungary
- November 1990 – Vienna, Austria
- May 1991 – Porto, Portugal
- October 1991 – Varenna, Italy
- May 1992 – Nottingham, United Kingdom
- October 1992 – Leuven, Belgium
- April 1993 – Zichron Yaakov, Israel
- October 1993 – Paris, France
- May 1994 – Copenhagen, Denmark
- October 1994 – Ljubljana, Slovenia
- May 1995 – Porto, Portugal
- October 1995 – Dublin, Ireland
- May 1996 – Växjö, Sweden
- October 1996 – St. Andrews, Malta
- May 1997 – London, United Kingdom
- October 1997 – Barcelona, Spain
- May 1998 – Bergen, Norway
- October 1998 – Crete, Greece
- May 1999 – Palma de Mallorca, Spain
- October 1999 – Göttingen, Germany

2000s

- May 2000 – Maastricht, The Netherlands
- October 2000 – Zagreb, Croatia
- May 2001 – Tampere, Finland
- October 2001 – Gdynia, Poland
- May 2002 – Avignon, France
- October 2002 – Bled, Slovenia
- May 2003 – Ankara, Türkiye
- October 2003 – Verona, Italy
- May 2004 – Antwerp, Belgium
- October 2004 – Gozo, Malta
- May 2005 – Göttingen, Germany
- October 2005 – Tartu, Estonia
- May 2006 – Denmark – Sweden (joint meeting)
- October 2006 – Kavala, Greece
- May 2007 – Nijmegen, The Netherlands
- September 2007 – Vilnius, Lithuania
- May 2008 – Antalya, Türkiye
- October 2008 – Budapest, Hungary
- May 2009 – Bertinoro, Italy
- October 2009 – Dubrovnik, Croatia

2010s

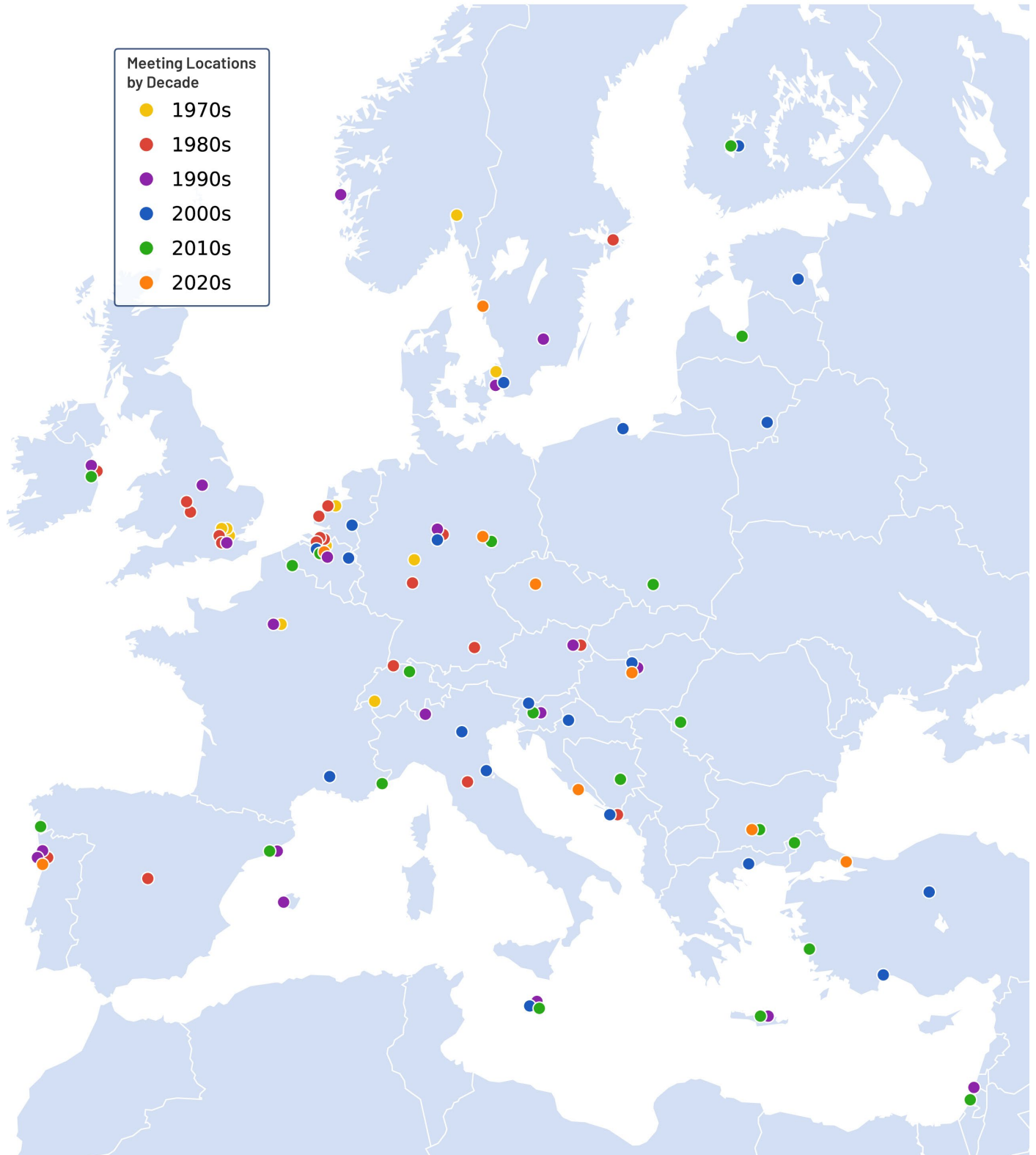
- May 2010 – Plovdiv, Bulgaria
- October 2010 – Zürich, Switzerland
- May 2011 – Nice, France
- October 2011 – Kraków, Poland
- May 2012 – Ljubljana, Slovenia
- October 2012 – Antwerp, Belgium
- May 2013 – Kuşadası, Türkiye
- October 2013 – Attard, Malta
- May 2014 – Barcelona, Spain
- October 2014 – Heraklion, Greece
- May 2015 – Timișoara, Romania
- October 2015 – Edirne, Türkiye
- May 2016 – Tel Aviv, Israel
- October 2016 – Leipzig, Germany
- May 2017 – Riga, Latvia
- October 2017 – Dublin, Ireland
- May 2018 – Lille, France
- October 2018 – Sarajevo, Bosnia and Herzegovina
- May 2019 – Tampere, Finland
- October 2019 – Vigo, Spain

2020s

- October 2020 – Virtual Meeting
- May 2021 – Virtual Meeting
- October 2021 – Halle, Germany
- May 2022 – İstanbul, Türkiye
- October 2022 – Antwerp, Belgium
- May 2023 – Split, Croatia
- October 2023 – Prague, Czech Republic
- May 2024 – Porto, Portugal
- October 2024 – Budapest, Hungary
- May 2025 – Gothenburg, Sweden
- October 2025 – Plovdiv, Bulgaria

Past Meetings of EGPRN (EGPRW/EGPRN)

1974 - 2025



Group Photos from EGPRN Conferences



2003 May Ankara,
Türkiye



2013 May Kusadasi,
Türkiye



2014 May Barcelona,
Spain



2014 October Heraklion,
Greece



2015 October Edirne,
Türkiye



2017 May Riga,
Latvia



2018 October, Sarajevo,
Bosnia and Herzegovina



2019 May, Tampere,
Finland



2021 October, Halle,
Germany



2022 May, Istanbul,
Türkiye



2023 May, Split,
Croatia



2025 October, Plovdiv,
Bulgaria







Looking Forward

Future Goals: Vision and Strategic Directions for the Next Decade

As EGPRN enters its next phase of development, it builds on a strong foundation of collaboration, scientific excellence, and community. The coming years present both opportunities and challenges, requiring continued adaptation to a rapidly evolving healthcare and research landscape.

A central priority remains the strengthening of research capacity in primary care across Europe. This includes supporting countries with emerging research structures, promoting equitable participation, and ensuring that high-quality research is accessible and relevant in diverse healthcare settings.

Another key focus is the development of future leaders in general practice research. EGPRN will continue to invest in mentorship, training, and opportunities for early-career researchers, ensuring continuity and sustainability within the network.

Collaboration will remain at the heart of EGPRN's strategy. Building on its role within WONCA Europe, the network will further strengthen partnerships with other organisations, supporting the translation of research into education, quality improvement, and clinical practice.

At the same time, EGPRN will continue to engage with emerging research areas, including:

- digital health and artificial intelligence
- multimorbidity and ageing populations
- workforce sustainability and professional well-being
- climate change and its impact on health
- implementation science and real-world evidence

These areas reflect the changing realities of primary care and the need for research that is both innovative and applicable in everyday practice.

EGPRN will also continue to support multinational collaborative studies, recognising their importance in addressing complex research questions and generating evidence that is relevant across different contexts.

Looking ahead, the challenge will not only be to generate knowledge, but also to ensure its effective translation into practice. Strengthening the link between research, education, and clinical care will remain a guiding principle.

Ultimately, EGPRN's future will be shaped by its people – by their ideas, commitment, and willingness to collaborate. By preserving its core values while embracing innovation, EGPRN is well positioned to continue advancing general practice research and contributing to better health outcomes across Europe.

This vision continues to be translated into action through EGPRN meetings, which remain the living space of collaboration, mentorship, and innovation.

A key milestone is the 101st EGPRN meeting in Plovdiv, under the theme *“Empowering the Next Generation of Family Physicians in a Changing Healthcare Landscape.”* This meeting reflects EGPRN's ongoing commitment to supporting future leaders, strengthening research capacity, and responding to the evolving needs of primary care.

Every generation imagines itself to be more intelligent than the one that went before it, and wiser than the one that comes after it.

George Orwell

Acknowledgements

This book reflects the collective effort, experience, and dedication of a wide community of colleagues who have contributed to the development of EGPRN over the years.

We would like to express our sincere gratitude to all former and current members of EGPRN— researchers, practitioners, and educators — whose work has shaped the network and advanced general practice research across Europe. Their commitment to collaboration, scientific inquiry, and mentorship has been the foundation of EGPRN's success.

Special thanks are extended to the former Chairs of EGPRN, whose leadership, vision, and continuity have guided the network through different stages of its development. Their contributions have helped build a strong and sustainable organisation that continues to grow and evolve.

We are also grateful to our colleagues from the WONCA Europe networks — EURACT, EQuiP, EURIPA, EUROPREV, and the European Young Family Doctors Movement — for their collaboration, shared initiatives, and continued support. Together, these partnerships have strengthened the role of primary care research, education, quality improvement, and prevention across Europe.

We would like to acknowledge all contributors who shared their reflections and experiences for this book. Their voices provide a unique perspective on the history, values, and future of EGPRN.

Finally, we extend our appreciation to all those working behind the scenes — organisers, coordinators, and support teams — whose efforts make EGPRN meetings and activities possible.

This book is, above all, a reflection of a community built on trust, collaboration, and a shared commitment to improving primary care through research.



Special Thanks



Hanny Prick

Hanny Prick, who served as Secretary of EGPRN, made a significant contribution to the organisation and continuity of the network through her dedicated and reliable work.



Burak Usgurlu

The EGPRN IT infrastructure has been managed by Burak Usgurlu since 2017.



Mine Kaya

Since 1 September 2018, the overall management of EGPRN, including conference organisation, has been carried out by Mine Kaya.

EGPRN National Representatives

EGPRN would like to express sincere appreciation to the National Representatives who have contributed to collaborative research projects that have supported the expansion and visibility of EGPRN across Europe. Their commitment and active engagement have played a valuable role in strengthening our network and advancing research collaboration.

Editorial Note

*This book has been carefully compiled and brought together by
Radost Asenova and Ayşe Çaylan*



with archive picking by

Mine Kaya

and

with graphic design and layout support by

Gözde Kemeröz Usgurlu



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RESEARCH NETWORK**

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