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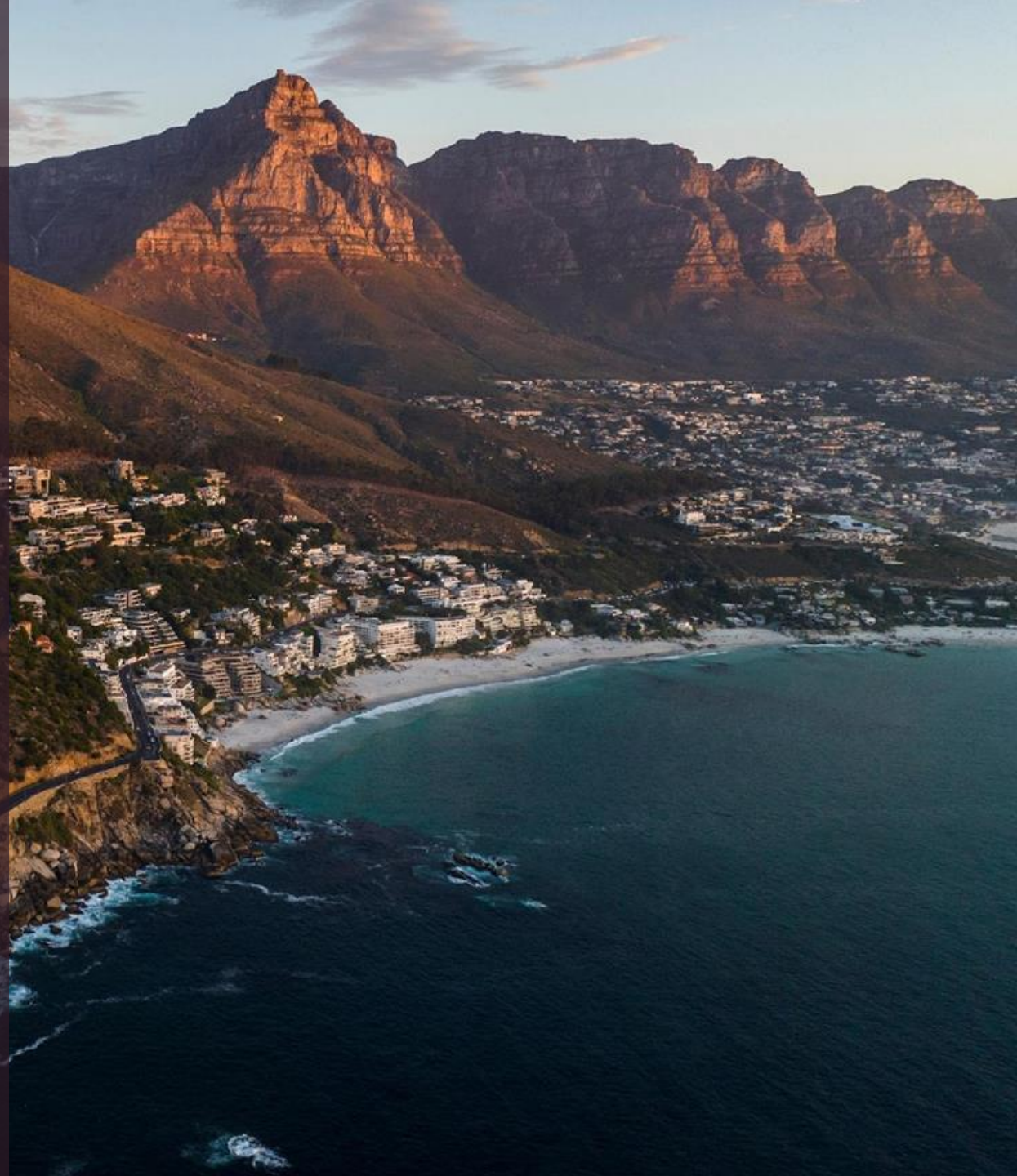


RESEARCH CAPACITY BUILDING WORKSHOP

“Understanding the Role of
Reporting Guidelines in
Primary Health Care Research:
Perspectives from Authors,
Reviewers, and Readers”

A conference seminar organised by
the SAFP journal editorial team

Klaus von Pressentin, Arun Nair, Indiran Govender,
Ramprakash Kaswa, Shane Murphy



Overview of today's seminar: 60 minutes

Time(min)	Activities	Lead
10	Introduction and welcome	Klaus
20	Short presentation	Klaus
20	Group work <ul style="list-style-type: none">• Authors• Reviewers and Readers	All
10	Group work feedback & closure	Arun

Welcome, brief introductions and workshop aim & objectives



INTERESTED IN JOINING OUR SCHOLARLY COMMUNITY?

Submit your latest research manuscripts towards the open access journal titled South African Family Practice, published by AOSIS.

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Show of hands

1. Walking or cycling?
1. Mountain or sea?
1. Facebook or Instagram?
1. Numbers or quotes?





Primary healthcare research improves patient care and overall health outcomes. High-quality research relies on rigorous reporting standards to ensure transparency, reproducibility, and reliability. This seminar, facilitated by the editors of the South African Family Practice journal, will delve into the critical role of **reporting guidelines** from the perspectives of authors, reviewers, and readers/users of primary healthcare research.

Objectives:

To encourage the use of reporting guidelines when submitting to the SAFPJ

- To highlight the importance of reporting guidelines for enhancing the quality and impact of primary healthcare research.
- To provide authors with practical guidance for adhering to reporting standards while preparing the manuscript for submission.
- To equip reviewers with strategies to evaluate the submission reporting guidelines' adherence.
- To empower readers/ users of research to critically appraise the quality of published studies based on adherence to reporting standards.

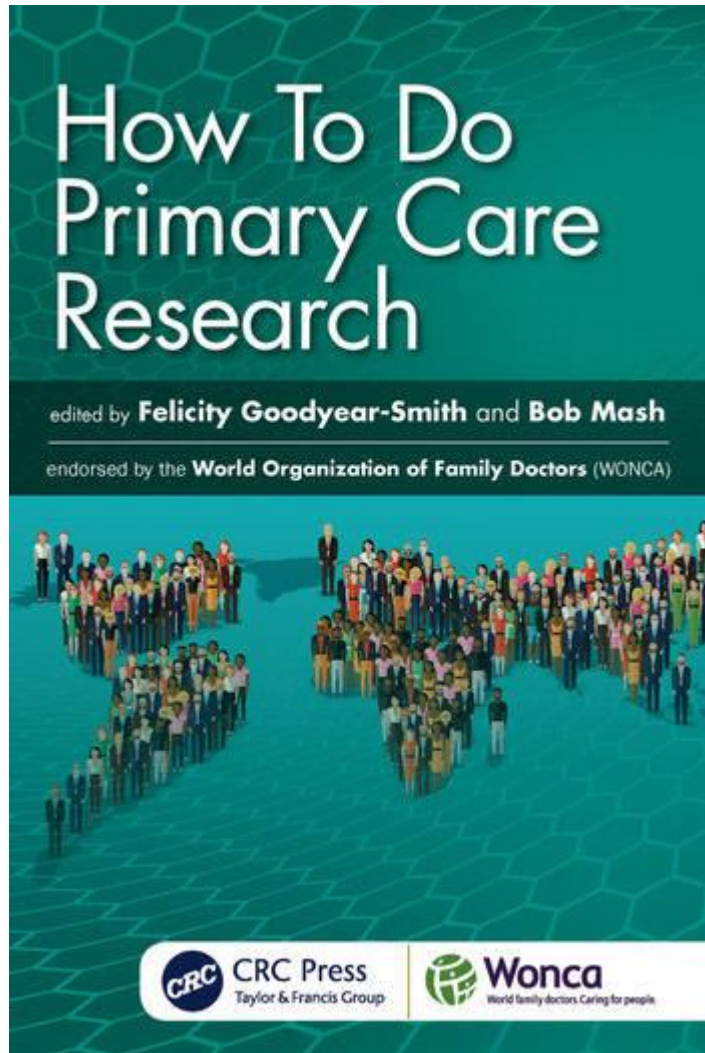
A close-up photograph of a person's hands holding a small, spherical object made of colorful beads. The beads are arranged in horizontal bands of various colors including red, orange, yellow, green, and blue. The person is wearing a vibrant, patterned garment with geometric designs in yellow, red, green, and black. The background is a soft-focus green, suggesting an outdoor setting.

Primary care research and innovation in PHC-orientated health systems

Understanding the “Why?”

What makes research primary care research?

- *Research informs clinical practice, organisation of primary care services and teaching, and **developing its own body of knowledge is the hallmark of a maturing academic discipline.***
- *Such research should happen in the **primary care context.** Evidence generated within the primary care context is more likely to be relevant and applicable.*
- *Unfortunately, **much of the evidence applied to the primary care context is generated in other settings such as the tertiary hospital.***





Defining the research priorities for primary care and PHC

Von Pressentin KB, Mash R, Ray SC, Lubaki JP, Besigye IK.
Identifying research gaps and priorities for African family
medicine and primary health care. African Journal of Primary
Health Care & Family Medicine. 2024;16(1):1-6.



PRIMAFAMED
Primary Care and Family Medicine Network for sub-Saharan Africa

A call for a shift from primary care to PHC-orientated research

1. Build **multidisciplinary PHC research teams** with various disciplinary perspectives and research expertise to answer complex healthcare service and system questions.
2. **Expand the range and scope of study designs in PHC-orientated research** such as analytical, interventional (experimental) and implementation research (acceptability, adoption, appropriateness, feasibility and sustainability of interventions).
3. Teams should **span institutional, national and regional boundaries and networks**.
4. Growing these teams requires **capacity-building tailored to the career stage and trajectory**, including investing in **research leadership development** (see [Vitae Researcher Development Framework](#)).
5. Family physicians and primary care providers have a unique role as **clinician-scholars and “embedded researchers” in health services** who can collaborate in **practice-based research networks**.





Introducing reporting guidelines

How can reporting guidelines improve the quality and impact of primary healthcare research?

<https://www.equator-network.org/>

Your one-stop-shop for writing and publishing high-impact health research

find reporting guidelines | improve your writing | join our courses | run your own training course | enhance your peer review | implement guidelines



Library for health research reporting

The Library contains a comprehensive searchable database of reporting guidelines and also links to other resources relevant to research reporting.



Search for reporting guidelines



Not sure which reporting guideline to use?



Reporting guidelines under development



Visit the library for more resources



Reporting guidelines for main study types

[Randomised trials](#)

[CONSORT](#)

[Extensions](#)

[Observational studies](#)

[STROBE](#)

[Extensions](#)

[Systematic reviews](#)

[PRISMA](#)

[Extensions](#)

[Study protocols](#)

[SPIRIT](#)

[PRISMA-P](#)

[Diagnostic/prognostic studies](#)

[STARD](#)

[TRIPOD](#)

[Case reports](#)

[CARE](#)

[Extensions](#)

[Clinical practice guidelines](#)

[AGREE](#)

[RIGHT](#)

[Qualitative research](#)

[SRQR](#)

[COREQ](#)

[Animal pre-clinical studies](#)

[ARRIVE](#)

[Quality improvement studies](#)

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[See all 634 reporting guidelines](#)





CONSENSUS REPORTING ITEMS FOR STUDIES IN PRIMARY CARE

www.crisp-pc.org

CRISP WORKING GROUP

William R. Phillips, U. Washington (USA)

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Family Medicine has distinct clinical methods, research approaches, and needs for reporting study findings to apply to diverse practice settings.

5-year research program shows a need to improve the reporting of primary care research and identifies the priorities of researchers, practicing clinicians, patients, and communities.

CRISP Checklist is made by and for the world-wide primary care community.

CRISP is flexible to fit all research methods, study designs, health problems, and settings of care.

Helps researchers craft reports that meet the needs of clinicians, practices and patients.

CRISP Checklist has been adopted by major journals and translated into multiple languages.

Endorsed by [WONCA](#), NAPCRG, research funders and [EQUATOR network](#).

Useful in planning studies, teaching research methods, and highlighting primary care research.

Our conversations with the CRISP authors

- Regular meetings and email exchanges with Professor Bill Phillips, University of Washington, and Professor Liz Sturgiss, Monash University, since end 2023.
 - Editorial team
 - Editorial board meeting
- Engagement with our publisher, AOSIS, to have the CRISP checklist included as an optional step for new original research submissions.
 - One-year pilot
- Engagements with SAFP journal and SAAFP members, including authors, reviewers and readers, on the use of reporting guidelines with specific reference to the CRISP checklist (such as today's workshop).



CRISP Reporting Items

1	Include “primary care” and/or discipline-specific terms in the title, abstract, and keywords.
2	Describe the study rationale and importance for primary care.
2a	Explain the rationale for the research question and how it relates to primary care.
2b	Describe the importance or relevance of the topic under study in the primary care setting.
2c	Identify any theory, model, or framework used and explain why it is appropriate to the research question in PC.
3	Describe the research team’s experience with primary care.
3a	Describe the research team’s expertise and experience in primary care practice and research.
3b	Describe whether and how PC patients, practicing clinicians, community members, or other stakeholders were involved in the research process.
4	Describe the study patients and populations in the context of primary care.
4a	Use person-focused language to refer to the research populations and participants, or use terms based on patient preferences.
4b	If reporting personal characteristics of study participants, report the source of the data, the rationale for using it, and the rationale for any classifications used.
4c	Describe the study patients and populations in sufficient detail to allow comparison to other PC patient populations.
4d	Specify if study patients have pre-existing relationships with the clinical team or are new patients.

5	Describe the conditions under study in the context of primary care.
5a	Describe if the condition under study is acute or chronic.
5b	Report how multimorbidity is considered and how it might affect interpretation of the study findings.
6	Describe the clinical encounter under study in the context of primary care.
6a	Specify if the study focus is an isolated clinical encounter or a longitudinal course of care. If it is an isolated clinical encounter, specify if it is the first visit or a follow-up visit for the condition under study.
7	Describe the patient care team.
7a	If care is delivered by teams, describe the team members and their roles.
7b	For each clinician category, report profession, specialty, and qualifications.
8	Describe the study interventions in the context of primary care.
8a	Describe interventions and their implementation in sufficient detail to enable the reader to assess applicability in their own setting.
8b	Describe any clustering or grouping of patients, clinicians, teams, or practices, and how it was addressed in the analysis.
8c	Describe the healthcare system in sufficient detail to allow comparisons to other systems.

9	Describe study measures used and their relevance to primary care.
9a	Report if study measurement tools have been validated in PC populations or settings.
9b	Describe how the measurement tools used are meaningful to PC patients and their care.
9c	Report findings to be clinically interpretable by PC clinicians and patients.
10	Discuss the meaning of study findings in the context of primary care.
10a	Discuss implications of the study findings for research, patient care, education, and policy with specific focus on PC
10b	Discuss the implications of study recommendations on demands and priorities in PC practice.
10c	Comment on any research processes that might influence the generalizability and applicability of the study findings for PC practice.

Check the content of your SAAFP National Congress USB for more CRISP resources :-)



Group work

20 minutes

Authors vs

Reviewers & Readers



Is there specific value added by using the CRISP guidelines specifically for primary healthcare research and scientific literature?

The implications of reporting guidelines for different stakeholders:

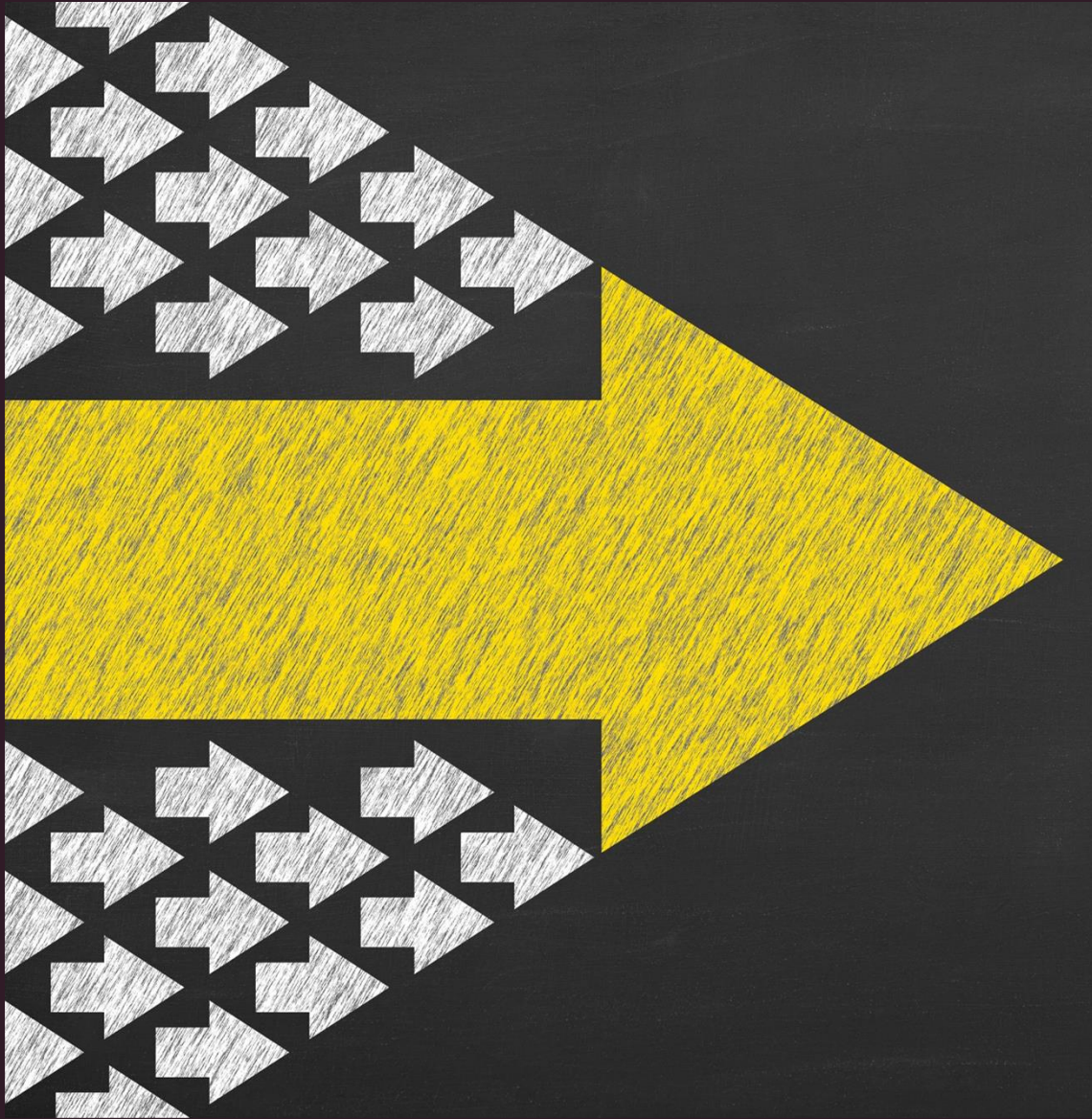
Authors vs. Reviewers and Readers

1. **All:** Do you have experience with using reporting guidelines?
2. **Authors:** Should reporting guidelines be mandatory or optional when writing up primary healthcare research? And will it change the journal choice if certain journals make this mandatory? Would you consider using the checklist when submitting your work to the journal?
3. **Reviewers and readers:** Should we use reporting guidelines to guide our critical appraisal practices when reading primary healthcare research?
4. **All:** Is there a need for workshops/seminars on reporting guidelines and who should offer the training?

*Group work
feedback
10 minutes*



*Please confirm that we may record
this feedback for report writing only?*



Next steps

Sharing of take-home messages

<https://www.equator-network.org/>

<https://www.csescienceeditor.org/article/the-equator-network-supporting-editors-in-publishing-well-reported-health-research/>

<https://www.globalfamilydoctor.com/News/CRISPReportingChecklistHelpsAdvancePrimaryCareResearch.aspx>

Reporting guidelines and journals: fact & fiction

We've spoken to editors and publishers about why they haven't implemented reporting guidelines yet. Here are some common reasons why you might be hesitating about taking up the GoodReports challenge. For each common misgiving, read evidence for the positive impact of using reporting guidelines, the impact of not using them, and the tools we offer you to overcome any barriers you encounter. [This short article](#) in *Science Editor* also explains how reporting guidelines can support the work that journal editors do.

- [What are reporting guidelines supposed to accomplish?](#)
- [Aren't reporting guidelines just another box-checking exercise?](#)
- [Do reporting guidelines actually help transparency, usability, and reproducibility?](#)
- [Peer and editorial review can pick up the problems you're mentioning; we don't need reporting guidelines](#)
- [We don't have anyone who can deal with reporting guidelines](#)
- [Authors won't choose our journal if they have to deal with reporting guidelines](#)
- [Implementing reporting guidelines will delay publication](#)
- [Asking peer reviewers to use reporting guidelines will delay review](#)
- [Articles written using a reporting guideline are formulaic; there's no room for creativity.](#)
- [My journal can't afford to implement reporting guidelines](#)
- [Good reporting isn't a journal's responsibility.](#)
- [Implementing guidelines is too onerous for authors](#)

Toolkits

Find practical help and resources to support you in:



Writing research



Peer reviewing research



Using guidelines in your journal



How to develop a reporting guideline

[View all Toolkits](#)



How to get involved as author and reviewer

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The *South African Family Practice* is the official journal of the South African Academy of Family Physicians (SAAFP), founded in 1980.

- <https://safpj.co.za/index.php/safpj>
- Twitter: [@SAFPjournal](https://twitter.com/SAFPjournal)

Become a peer reviewer

- Keep up with the latest research
- Improve your own writing and research capacity
- Boost your career
- Become part of a journal's community

Some argue that peer reviewing is an essential aspect of scholarship... but hopefully, it will also be a meaningful experience, especially when reviewing articles in your field of interest.

Phillips WR, Sturgiss E, Hunik, L, Glasziou P, olde Hartman T, Orkin A, Reeve J, Russell G, van Weel C. Improving the reporting of primary care research: An international survey of researchers. *J Am Board Fam Med* 2021. 34(1):12-21. doi: 10.3122/jabfm.2021.01.200266

Phillips WR, Loudon DN, Sturgiss E. Mapping the literature on primary care research reporting: scoping review. *Family Practice*, 2021; 38(4):495-508.doi:10.1093/fampra/cmaa143. Published: 18 February 2021

Phillips WR, Sturgiss E, Yang A, Glasziou P, Olde Hartman T, Orkin A, Russell GM, van Weel C. Clinician use of primary care research reports. *J Am Board Fam Med* 2020; 34:648-660. doi:10.3122/jabfm.2021.03.200436

Phillips WR, Sturgiss EA, Moriarty F, Orkin A, Lucassene P, van der Wouden JC. What specific items are needed in a guidance statement for the reporting of primary care research? An online Delphi study of the international primary care research community. (Study protocol) 2021. OSF *Open Science Framework*. Posted 25 Feb 2025. <https://osf.io/ejf8p/>

Sturgiss E, Pallavi P, Phillips WR, Moriarty F, Lucassen P, van der Wouden JC, Glasziou P, olde Hartman T, Orkin A, Reeve J, Russell GM, van Weel C. Key items for reports of primary care research: an international Delphi study. *BMJ Open* 2022;12:e066564. doi:10.1136/bmjopen-2022-066564.

Phillips WR, Sturgiss E, Glasziou P, olde Hartman T, Orkin A, Prathivadi P, Reeve J, Russell GM, van Weel C. Improving the reporting of primary care research: Consensus Reporting Items for Studies in Primary Care - the CRISP Statement. *Annals of Family Medicine*. 2023, 21(6): 549-555. DOI: <https://doi.org/10.1370/afm.3029>

Selected references for further reading 😊

- Von Pressentin KB, Kaswa R, Murphy S, Nair A. A review of published research in the South African Family Practice-A clarion call to action. South African Family Practice. 2023;65(1):a5777. DOI: <https://doi.org/10.4102/safp.v65i1.5777>.
- Mash R, Essuman A, Ratansi R, Goodyear-Smith F, Von Pressentin K, Malan Z, Van Lancker M, De Maeseneer J. African primary care research: current situation, priorities and capacity building. African Journal of Primary Health Care and Family Medicine. 2014;6(1):1-6. <https://doi.org/10.4102%2Fphcfm.v6i1.758>.
- Von Pressentin KB, Mash R, Ray SC, Lubaki JP, Besigye IK. Identifying research gaps and priorities for African family medicine and primary health care. African Journal of Primary Health Care & Family Medicine. 2024;16(1):1-6. <https://doi.org/10.4102/phcfm.v16i1.4534>.
- The contribution of family physicians to district health services in South Africa: A national position paper by the South African Academy of Family Physicians. South African Family Practice. 2022;64(1). Available from: <https://safpj.co.za/index.php/safpj/article/view/5473>.
- Mash R. The contribution of family physicians to African health systems. African Journal of Primary Health Care & Family Medicine. 2022;14(1):1-9. DOI: <https://doi.org/10.4102/phcfm.v14i1.3651>.
- Phillips WR, Sturgiss E, Glasziou P, olde Hartman T, Orkin A, Prathivadi P, Reeve J, Russell GM, van Weel C. Improving the reporting of primary care research: Consensus Reporting Items for Studies in Primary Care - the CRISP Statement. Annals of Family Medicine. 2023;21(6): 549-555. <https://doi.org/10.1370%2Fafm.3029>.
- Regional family medicine and primary care websites and journals:
 - WONCA Africa: <https://www.woncafrica.org/>
 - PRIMAFAMED: <https://primafamed.sun.ac.za/>
 - South African Academy of Family Physicians: <https://saafp.org/>
 - South African Family Practice journal: <https://safpj.co.za/index.php/safpj>



The image shows the cover of the South African Family Practice (SAFP) journal. The cover features a photograph of a doctor in a white coat examining an elderly patient. The text on the cover includes 'SAFP SOUTH AFRICAN FAMILY PRACTICE' at the top, a QR code, and the year '2021' at the bottom.

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safpj.co.za
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The logo for the South African Academy of Family Physicians (SAFP) is located in the bottom right corner. It features a stylized figure of a person with arms raised, surrounded by a circular border, with the text 'SOUTH AFRICAN ACADEMY OF FAMILY PHYSICIANS' below it.

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