

Appendix 1

Table 1 - Strategies and solutions for the promotion of research in Primary Health Care identified by interviewees

		Macro Strategies		Micro Strategies	
Specific strategies		Details (number of answers)	Quotes	Details (number of answers)	Quotes
Increasing institutional support	General	<p>Support from professional associations (2) Two interviewees mentioned the support of associations used to doing clinical research (Directorate General of Health, public health institute or nursing associations)</p> <p>Support from the academic centres(3) Two interviewees mentioned a support team for research methodology and one interviewee mentioned the valorisation of Family Medicine within the administrative councils of the Medical Faculties.</p> <p>Benchmarks for good practice in research (1) One interviewee referred to the creation of a set of references for good practice in clinical research by an external entity</p>	<p>"I think it is fundamental to work with institutions, it may be with the Directorate-General of Health or other institutions that are already more used to carrying out research"</p> <p>"To have a support team, which can be a partnership with academic centres, to have a methodology team. A team of one project manager, one statistician and one epidemiologist, a person who knows about research methodologies, a project manager or a project secretary to do the administrative part."</p> <p>"It was important that there was an entity that established references, that showed good practices. It is necessary to open a space for experimentation so that we may learn, so that we may have good practices and so that we may recreate references."</p>	<p>Support from public and private entities (1) One interviewee mentioned the support of public institutions, as well as private entities</p> <p>Support from academic centres (3) One interviewee mentioned the possibility of having a research support team in universities. One interviewee referred to bringing professional associations closer to universities. One interviewee referred to the interconnection with medical and non-medical Faculties.</p> <p>Centralisation of resources (1) One interviewee mentioned the creation of a society that would centralise and mobilise resources for research</p>	<p>"Some of the possible agents are public entities (the Ministry of Health, the Ministry of Science and Education) and private entities (commercial or non-commercial)"</p> <p>"Make room in people's curriculum assignments for them to be closer to academic centres"/ "There should even be a web of communication with other non-medical schools. Family medicine could be the aggregator of the various sciences."</p> <p>"I was thinking of a scientific society (or the creation of such) that would mobilise and centralise money and other things for research."</p>
	APMGF Portuguese Association of General Practice and	<p>Creation of a research nucleus (2) Two interviewees mentioned the creation of a Research Unit for establishing guidelines and funding</p>	<p>"Within the association, we need to create a research core, with people from various parts of the country and that has to think about the guidelines, the lines of research and how</p>		

	Family Medicine		to get funding to be able to do research"		
Creation of support structures	Support structures (2) Two interviewees referred to technical support in areas such as statistics, study design and submission to the Ethics Committee.	"We have to have a highly personalised structure set up that does the technical work. Not the creative part, which is the noble part of research. That structure does the procedural part which takes a lot of time."	Technical support (3) Three interviewees mentioned technical support structures for research	"Effective support structures: organise the bureaucratic part, a methodology team and pay people to do the questionnaires"/ "A structure that allows researchers to free up their time, with the support of people who are specialised in these areas".	
Redefining the residency program	Research during residency (2) Two interviewees referred to the introduction of research in the formative plan of resident doctors.	"A research module with a requirement to do a research project during internship could help"			
Investing in research training	Training in clinical research (3) Three interviewees affirmed the need for more and better research training	"Greater preparation in the research part, in the development of the research method itself and access to mentors to guide us"			
Redefining curricular evaluation	Performance evaluation (2) Two interviewees mentioned that scientific production should be assessed in the performance assessment processes of clinicians and Health Units.	"It has to be valued in the performance assessment processes. It is important for people to know that having a doctoral degree will give them some advantages in performance evaluations".	Curricular valorization (4) Three interviewees mentioned that research should be a criterion for valuing the curriculum of health clinicians. One interviewee defended that research should not be subject to evaluation, as this can distort the motivations for producing research.	"When the evaluation includes the research curriculum, importance will be given to these areas. Being included in performance evaluations will make the research develop." / "We could try to understand how we could separate the motivation of career progression from research production. One idea was to remove research as a separate point of the curriculum."	
Establishing dedicated time for research	Protected time for investigation (8) Eight interviewees mentioned the	"Whoever really wanted to go to the investigation had dedicated time. If I	Redistribution of working hours (3) Three interviewees mentioned the	"Hours protected within schedules, so doctors can choose how many clinic hours	

	protected space for research.	had consultations, the size of my patient list or the number of my consultations had to be reduced, so that there was compensation"	redistribution of working hours between research and the clinical schedule.	they want to do and how many hours of investigation"
Increased funding	Funds (4) Four interviewees mentioned the importance of research funding. Of these, one interviewee hypothesized sponsorship by the pharmaceutical industry in research in Primary Care and another interviewee defended the opposite.	"There are a number of foundations and scientific societies that receive sponsorship from the industry, which could be contacted for support in terms of research"/ "Another thing that could improve was the independence of sponsorships. I think it is very important to work on this independence of power"	Funding from different sources (3) Three interviewees mentioned the change in research incentives, including funding from different sources.	"I would like to see more private institutions that finance science. I would like the budget of the Ministry of Science and Education to be bigger. Another possibility is for health clinicians themselves to provide scientific patronage. In Denmark, family doctors had a fund - one cent of each consultation went to a research fund."
Improving access to research data	Data availability (2) Two interviewees mentioned the availability of data for scientific production.	"There is a need to standardize access to a set of data under the responsibility of central agencies of the Ministry of Health. A research infrastructure, at European level, where we can quickly know which variables and the type of information that is available to do research."		
Being a research driver	Research motivation (2) Two interviewees mentioned the importance of being a driving force in the investigation.	"Being a research leader, the person who encourages others in research, participating in research collectives, is not for everyone, but it should be for most family doctors."		
Establishing a research culture in Primary Care			Reward and research culture (4) Four researchers mentioned professional gratification and the establishment of a	"As there are more researchers and we are producing more and more research, the culture is gaining"/ "We can only do that when the doctor feels some kind of

			research-related culture.	gratification. And when I say gratification, it's not financial, but it's verifying that what he investigated yielded results, improved his quality of life and his work."
Working collaboration in	Teamwork (6) Six interviewees mentioned collaborative work, either between people from the same area or with people from different backgrounds.	"It is important to break people's isolation and get people to work together. It is essential to bring Family Medicine clinicians to take joint and collaborative paths" / "Do translational projects. Perhaps we would like to work with anthropologists, sociologists, psychologists... Family Medicine could be the aggregator of the different sciences"	Teamwork (1) One interviewee mentioned the importance of the professional being part of a team	"This can only be supported with a team and a structure to give us security"
Creating a formally organised research groups	Organized groups (2) Two interviewees mentioned the importance of organizing research groups and their needs.	"How can we have facilitators to achieve what is needed in terms of the research agenda, the support, the time for research, or the training needed... A reading of the real needs we find in the field"		
Creating autonomous research centres			Research centres (1) One interviewee mentioned the possibility of using the hospital model to create research centres within health units.	"There's no reason why health centres can't have an investigation, something that gives them financial support. Small research groups within health units or health units that form research networks with centralized management. There are models that work very well at the hospital level and that can be tried in health units."

<p>Improving the definition of the research subjects and study designs</p>	<p>Research subjects and study design (3) Three interviewees mentioned the nature of studies applicable to Primary Health Care and the importance of a robust research methodology.</p>	<p>"We have to start doing good studies in prospective cohorts, randomized clinical trials, mass control trials."/ " We have some guidance on how to ask good research questions - what questions are relevant and prioritized, and have good research skills. We also have to think about outcomes that are really relevant to the patient."</p>	<p>Research subjects (1) One interviewer mentioned the involvement of the health professional in the selection of the research area.</p>	<p>"The ideal would be a bottom-up reading. Why not be the health clinicians themselves to propose research projects?"</p>
<p>Revised procedures of Ethics' Committee</p>			<p>Ethics committee at national level (2) Two interviewees addressed the submission of protocols to the ethics committee. Of these, one interviewee mentioned the possibility of recognizing the verdicts between different ethics committees. The other interviewee mentioned the possibility of paying for submitting a project to the ethics committee.</p>	<p>"If an ethics committee gives a positive opinion, you should attach that positive opinion to the next ethics committee and there could be a tacit recognition"/ "In Sweden, where any project that is submitted to an ethics committee pays for submitting the project. Thus, the ethics committee has the money to pay its clinicians the overtime or compensation hours needed."</p>
<p>Revision of the current selection of articles for publication</p>	<p>Number of articles published per journal (1) One interviewee mentioned the possibility of increasing the number of articles published by each scientific journal</p>	<p>"If the magazines are now all online, why can you only have X articles? You can have more!"</p>		