

Enhancing transparency in reporting the synthesis of qualitative research: the ENTREQ statement

No	Item	Guide and description
1	Aim	To synthesize the existing published literature on the perceptions of GPs or their equivalent on the clinical management of multimorbidity and determine targets for future research that aims to improve clinical care in multimorbidity
2	Synthesis methodology	Meta-ethnography
3	Approach to searching	Pre-planned comprehensive search strategies used to seek all available studies
4	Inclusion criteria	Qualitative research methods (data collection and analysis) Population: General Practitioners or their equivalent Topic: Clinical management of multimorbidity No language or year limits
5	Data sources	Electronic databases (MEDLINE, EMBASE, CINAHL, psycINFO, Econlit), Grey literature databases included WORLDCAT via the Online Computer Library Center (OCLC), Proquest, PapersFirst via OCLC, ASSIA (Applied Social Sciences Index and Abstracts), Directory of Open Access Books (DOAB) and Ebrary. Search was last updated on 21 st September 2012
6	Electronic Search strategy	Literature search terms are described in detail in Appendix 1
7	Study screening methods	The titles and abstracts of retrieved citations were scanned by one reviewer (CS). Full papers were ordered for all potentially relevant abstracts Full papers were reviewed by two researchers (CS, CB) and were included if they met our inclusion criteria
8	Study characteristics	The characteristics of the included studies <i>are presented in Table 1.</i>
9	Study selection results	The studies screened are described in brief in Figure 1 (Flow diagram) and in greater detail in Appendix 2 (Excluded studies)
10	Rationale for appraisal	One study formally assessed quality. Decisions on inclusion and relevance of studies to our research question was independently conducted by two reviewers (CS, CB)
11	Appraisal items	The CASP tool was used to appraise all included studies
12	Appraisal process	Quality assessment was formerly conducted by one reviewer (CS)
13	Appraisal results	Study quality assessments are available for review if required..
14	Data extraction	<i>A data extraction proforma was derived from the Johanna Briggs data extraction tool. All text under the headings "results /conclusions" was considered data from the primary studies unless it was stated to be given by a healthcare professional that was not a GP. This data was extracted electronically and entered into a computer software package to facilitate data management.</i>
15	Software	NVivo 9
16	Number of reviewers	Three reviewers – CS, SMH, CB.

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17	Coding	The meta-ethnographic approach described by Noblit & Hare.
18	Study comparison	Overarching concepts that represented the entire dataset were formulated after initial readings of the included papers. The specific contribution of each paper to each key concept was then determined.
19	Derivation of themes	Themes were derived initially as key concepts representing the entire dataset. The contribution of each paper to each key concept was determined and the meaning of the key concept modified accordingly.
20	Quotations	Quotations from the primary studies are provided in Table 2 to illustrate themes/constructs.
21	Synthesis output	A line of argument was derived which represents a statement of GPs' perception of multimorbidity. The key concepts demonstrate key areas that have arisen from existing qualitative work, in a variety of healthcare settings, and as such gives direction to on-going research and intervention development in this field.