

# Robbie C Foy

## List of Publications by Year in descending order

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Version: 2024-02-01

140  
papers

6,387  
citations

109321

35  
h-index

74163

75  
g-index

145  
all docs

145  
docs citations

145  
times ranked

9467  
citing authors

#	ARTICLE	IF	CITATIONS
1	Strategies to self-manage side-effects of adjuvant endocrine therapy among breast cancer survivors: an umbrella review of empirical evidence and clinical guidelines. <i>Journal of Cancer Survivorship</i> , 2022, 16, 1296-1338.	2.9	4
2	Explaining variable effects of an adaptable implementation package to promote evidence-based practice in primary care: a longitudinal process evaluation. <i>Implementation Science</i> , 2022, 17, 9.	6.9	3
3	Developing theory-based text messages to support retention in clinical trials: A mixed methods approach. <i>Research Methods in Medicine &amp; Health Sciences</i> , 2022, 3, 22-31.	1.2	0
4	Effectiveness of Enhanced Performance Feedback on Appropriate Use of Blood Transfusions. <i>JAMA Network Open</i> , 2022, 5, e220364.	5.9	6
5	Factors influencing follow-up care post-TIA and minor stroke: a qualitative study using the theoretical domains framework. <i>BMC Health Services Research</i> , 2022, 22, 235.	2.2	0
6	Enhanced feedback interventions to promote evidence-based blood transfusion guidance and reduce unnecessary use of blood components: the AFFINITIE research programme including two cluster factorial RCTs. <i>Programme Grants for Applied Research</i> , 2022, 10, 1-112.	1.0	0
7	Quality indicators and performance measures for prison healthcare: a scoping review. <i>Health and Justice</i> , 2022, 10, 13.	2.1	6
8	Embedded trials within national clinical audit programmes: A qualitative interview study of enablers and barriers. <i>Journal of Health Services Research and Policy</i> , 2022, 27, 50-61.	1.7	1
9	Cancer patients'™ needs assessment in primary care: study protocol for a cluster randomised controlled trial (cRCT), economic evaluation and normalisation process theory evaluation of the needs assessment tool cancer (CANAssess). <i>BMJ Open</i> , 2022, 12, e051394.	1.9	0
10	A randomised fractional factorial screening experiment to predict effective features of audit and feedback. <i>Implementation Science</i> , 2022, 17, .	6.9	6
11	Structured follow-up pathway to support people after transient ischaemic attack and minor stroke (SUPPORT TIA): protocol for a feasibility study and process evaluation. <i>BMJ Open</i> , 2022, 12, e060280.	1.9	1
12	Interventions to optimise the outputs of national clinical audits to improve the quality of health care: a multi-method study including RCT. , 2022, 10, 1-284.		3
13	Establishing a primary care audit and feedback implementation laboratory: a consensus study. <i>Implementation Science Communications</i> , 2021, 2, 3.	2.2	3
14	Longer-term health and social care strategies for stroke survivors and their carers: the LoTS2Care research programme including cluster feasibility RCT. <i>Programme Grants for Applied Research</i> , 2021, 9, 1-268.	1.0	2
15	General practice responses to opioid prescribing feedback: a qualitative process evaluation. <i>British Journal of General Practice</i> , 2021, 71, e788-e796.	1.4	6
16	1086Methodological challenges using routine aggregated data in a primary care implementation trial on opioid prescribing. <i>International Journal of Epidemiology</i> , 2021, 50, .	1.9	0
17	Designing and undertaking randomised implementation trials: guide for researchers. <i>BMJ</i> , The, 2021, 372, m3721.	6.0	99
18	The effects of an evidence- and theory-informed feedback intervention on opioid prescribing for non-cancer pain in primary care: A controlled interrupted time series analysis. <i>PLoS Medicine</i> , 2021, 18, e1003796.	8.4	12

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19	A cluster RCT and process evaluation of an implementation optimisation intervention to promote parental engagement enrolment and attendance in a childhood obesity prevention programme: results of the Optimising Family Engagement in HENRY (OFTEN) trial. <i>Trials</i> , 2021, 22, 773.	1.6	1
20	Pain self-management interventions for community-based patients with advanced cancer: a research programme including the IMPACCT RCT. <i>Programme Grants for Applied Research</i> , 2021, 9, 1-92.	1.0	1
21	Childhood constipation. <i>BMJ, The</i> , 2021, 375, e065046.	6.0	2
22	Repeated analyses of national clinical audit reports demonstrate improvements in feedback methods. <i>Implementation Science Communications</i> , 2020, 1, 106.	2.2	9
23	Exploring the feasibility of patient safety huddles in general practice. <i>Primary Health Care Research and Development</i> , 2020, 21, e24.	1.2	3
24	An adaptable implementation package targeting evidence-based indicators in primary care: A pragmatic cluster-randomised evaluation. <i>PLoS Medicine</i> , 2020, 17, e1003045.	8.4	18
25	Revitalising audit and feedback to improve patient care. <i>BMJ, The</i> , 2020, 368, m213.	6.0	77
26	Universal weekly testing as the UK COVID-19 lockdown exit strategy. <i>Lancet, The</i> , 2020, 395, 1420-1421.	13.7	127
27	Study protocol for a cluster randomised controlled feasibility trial evaluating personalised care planning for older people with frailty: PROSPER V2 27/11/18. <i>Pilot and Feasibility Studies</i> , 2020, 6, 56.	1.2	7
28	Developing and evaluating packages to support implementation of quality indicators in general practice: the ASPIRE research programme, including two cluster RCTs. <i>Programme Grants for Applied Research</i> , 2020, 8, 1-96.	1.0	7
29	Title is missing!. , 2020, 17, e1003045.		0
30	Title is missing!. , 2020, 17, e1003045.		0
31	Title is missing!. , 2020, 17, e1003045.		0
32	Title is missing!. , 2020, 17, e1003045.		0
33	Title is missing!. , 2020, 17, e1003045.		0
34	Supporting doctors who make mistakes. <i>BMJ: British Medical Journal</i> , 2019, 365, l2161.	2.3	1
35	Reinvigorating stagnant science: implementation laboratories and a meta-laboratory to efficiently advance the science of audit and feedback. <i>BMJ Quality and Safety</i> , 2019, 28, 416-423.	3.7	92
36	General practice in UK newspapers: the influence of major policy changes. <i>British Journal of General Practice</i> , 2019, 69, 119.1-119.	1.4	0

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37	TIA and minor stroke: a qualitative study of long-term impact and experiences of follow-up care. BMC Family Practice, 2019, 20, 176.	2.9	34
38	Can we do better? Bridging the research to practice gap in patient blood managementâ€“optimizing â€“audit & feedbackâ€™ and the challenges of undertaking a national clusterâ€“randomized controlled trial. ISBT Science Series, 2019, 14, 129-135.	1.1	6
39	Using Q-methodology to guide the implementation of new healthcare policies. BMJ Quality and Safety, 2018, 27, 737-742.	3.7	33
40	General practitionersâ€™ perceptions of irritable bowel syndrome: a Q-methodological study. Family Practice, 2018, 35, 74-79.	1.9	8
41	Role of patient and public involvement in implementation research: a consensus study. BMJ Quality and Safety, 2018, 27, 858-864.	3.7	100
42	Primary palliative care team perspectives on coordinating and managing people with advanced cancer in the community: a qualitative study. BMC Family Practice, 2018, 19, 177.	2.9	6
43	A pragmatic cluster randomised controlled trial of a tailored intervention to improve the initial management of suspected encephalitis. PLoS ONE, 2018, 13, e0202257.	2.5	5
44	How do hospitals respond to feedback about blood transfusion practice? A multiple case study investigation. PLoS ONE, 2018, 13, e0206676.	2.5	16
45	Partners at Care Transitions: exploring healthcare professionalsâ€™ perspectives of excellence at care transitions for older people. BMJ Open, 2018, 8, e022468.	1.9	9
46	To what extent can behaviour change techniques be identified within an adaptable implementation package for primary care? A prospective directed content analysis. Implementation Science, 2018, 13, 32.	6.9	18
47	Identifying positive deviants in healthcare quality and safety: a mixed methods study. Journal of the Royal Society of Medicine, 2018, 111, 276-291.	2.0	18
48	Prescribing tamoxifen in primary care for the prevention of breast cancer: a national online survey of GPsâ€™ attitudes. British Journal of General Practice, 2017, 67, e414-e427.	1.4	33
49	General practitioner attitudes towards prescribing aspirin to carriers of Lynch Syndrome: findings from a national survey. Familial Cancer, 2017, 16, 509-516.	1.9	13
50	Making a positive diagnosis of irritable bowel syndrome. British Journal of General Practice, 2017, 67, 580-581.	1.4	4
51	A guide to using the Theoretical Domains Framework of behaviour change to investigate implementation problems. Implementation Science, 2017, 12, 77.	6.9	1,734
52	Effectiveness of an implementation optimisation intervention aimed at increasing parent engagement in HENRY, a childhood obesity prevention programme - the Optimising Family Engagement in HENRY (OFTEN) trial: study protocol for a randomised controlled trial. Trials, 2017, 18, 40.	1.6	17
53	The evaluation of enhanced feedback interventions to reduce unnecessary blood transfusions (AFFINITIE): protocol for two linked cluster randomised factorial controlled trials. Implementation Science, 2017, 12, 84.	6.9	22
54	Variations in achievement of evidence-based, high-impact quality indicators in general practice: An observational study. PLoS ONE, 2017, 12, e0177949.	2.5	24

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55	Prescribed opioids in primary care: cross-sectional and longitudinal analyses of influence of patient and practice characteristics. <i>BMJ Open</i> , 2016, 6, e010276.	1.9	75
56	General practitioner attitudes towards prescribing aspirin to carriers of Lynch Syndrome: Findings from a national survey. <i>European Journal of Surgical Oncology</i> , 2016, 42, S233.	1.0	0
57	General practitioner attitudes towards prescribing tamoxifen for the primary prevention of breast cancer: Results of a vignette study. <i>European Journal of Surgical Oncology</i> , 2016, 42, S233-S234.	1.0	0
58	Optimizing primary care research participation: a comparison of three recruitment methods in data-sharing studies. <i>Family Practice</i> , 2016, 33, 200-204.	1.9	8
59	A policy of universal screening for depression: caution needed. <i>BMJ</i> , The, 2016, 353, i2174.	6.0	3
60	A multidimensional approach to assessing intervention fidelity in a process evaluation of audit and feedback interventions to reduce unnecessary blood transfusions: a study protocol. <i>Implementation Science</i> , 2016, 11, 163.	6.9	36
61	Barriers to effective management of type 2 diabetes in primary care: qualitative systematic review. <i>British Journal of General Practice</i> , 2016, 66, e114-e127.	1.4	168
62	Challenges, solutions and future directions in the evaluation of service innovations in health care and public health. <i>Health Services and Delivery Research</i> , 2016, 4, 1-136.	1.4	83
63	Use of electronic health records in the design and evaluation of implementation research in primary care - experiences from the aspire cluster randomised controlled trials (CRCTS). <i>Trials</i> , 2015, 16, .	1.6	1
64	Development of the Quality Improvement Minimum Quality Criteria Set (QI-MQCS): a tool for critical appraisal of quality improvement intervention publications. <i>BMJ Quality and Safety</i> , 2015, 24, 796-804.	3.7	98
65	Understanding depression associated with chronic physical illness: a Q-methodology study in primary care. <i>British Journal of General Practice</i> , 2015, 65, e401-e408.	1.4	6
66	Using the Theoretical Domains Framework (TDF) to understand adherence to multiple evidence-based indicators in primary care: a qualitative study. <i>Implementation Science</i> , 2015, 11, 113.	6.9	68
67	Complex considerations for randomisation across linked randomised trials of complex interventions: illustration from the affinitie programme. <i>Trials</i> , 2015, 16, .	1.6	0
68	Understanding long-term opioid prescribing for non-cancer pain in primary care: a qualitative study. <i>BMC Family Practice</i> , 2015, 16, 121.	2.9	51
69	Developing "high impact"™ guideline-based quality indicators for UK primary care: a multi-stage consensus process. <i>BMC Family Practice</i> , 2015, 16, 156.	2.9	30
70	Education and training for implementation science: our interest in manuscripts describing education and training materials. <i>Implementation Science</i> , 2015, 10, 136.	6.9	25
71	Action to Support Practices Implement Research Evidence (ASPIRE): protocol for a cluster-randomised evaluation of adaptable implementation packages targeting "high impact"™ clinical practice recommendations in general practice. <i>Implementation Science</i> , 2015, 11, 25.	6.9	13
72	Optimising participation and generalisability: the use of opt-out recruitment for an implementation trial in primary care. <i>Trials</i> , 2015, 16, .	1.6	2

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73	Implementation science: a reappraisal of our journal mission and scope. <i>Implementation Science</i> , 2015, 10, 51.	6.9	43
74	The evaluation of a tailored intervention to improve the management of suspected viral encephalitis: protocol for a cluster randomised controlled trial. <i>Implementation Science</i> , 2015, 10, 14.	6.9	4
75	A reanalysis of cluster randomized trials showed interrupted time-series studies were valuable in health system evaluation. <i>Journal of Clinical Epidemiology</i> , 2015, 68, 324-333.	5.0	89
76	The development of an intervention to promote adherence to national guidelines for suspected viral encephalitis. <i>Implementation Science</i> , 2015, 10, 37.	6.9	19
77	Does a local financial incentive scheme reduce inequalities in the delivery of clinical care in a socially deprived community? A longitudinal data analysis. <i>BMC Family Practice</i> , 2015, 16, 61.	2.9	7
78	'Just another incentive scheme'™: a qualitative interview study of a local pay-for-performance scheme for primary care. <i>BMC Family Practice</i> , 2014, 15, 168.	2.9	8
79	How can we recognize continuous quality improvement?. <i>International Journal for Quality in Health Care</i> , 2014, 26, 6-15.	1.8	64
80	Incentivised case finding for depression in patients with chronic heart disease and diabetes in primary care: an ethnographic study. <i>BMJ Open</i> , 2014, 4, e005146-e005146.	1.9	29
81	The effects of financial incentives for case finding for depression in patients with diabetes and coronary heart disease: interrupted time series analysis. <i>BMJ Open</i> , 2014, 4, e005178-e005178.	1.9	36
82	Feasibility of applying review criteria for depression and osteoporosis national guidance in primary care. <i>Primary Health Care Research and Development</i> , 2014, 15, 396-405.	1.2	3
83	Patients understanding of depression associated with chronic physical illness: a qualitative study. <i>BMC Family Practice</i> , 2014, 15, 37.	2.9	26
84	No more 'business as usual'™ with audit and feedback interventions: towards an agenda for a reinvigorated intervention. <i>Implementation Science</i> , 2014, 9, 14.	6.9	271
85	The development and application of audit criteria for assessing knowledge exchange plans in health research grant applications. <i>Implementation Science</i> , 2014, 9, 93.	6.9	5
86	Process evaluations for cluster-randomised trials of complex interventions: a proposed framework for design and reporting. <i>Trials</i> , 2013, 14, 15.	1.6	358
87	The demonstration of a theory-based approach to the design of localized patient safety interventions. <i>Implementation Science</i> , 2013, 8, 123.	6.9	49
88	Research shapes policy: but the dynamics are subtle. <i>Public Money and Management</i> , 2013, 33, 9-14.	2.1	1
89	How patients understand depression associated with chronic physical disease ' a systematic review. <i>BMC Family Practice</i> , 2012, 13, 41.	2.9	37
90	Implementation Science six years on'our evolving scope and common reasons for rejection without review. <i>Implementation Science</i> , 2012, 7, 71.	6.9	36

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91	Education in Advanced Disease. Journal of Pain and Symptom Management, 2012, 43, 885-901.	1.2	7
92	Advancing the Science of Patient Safety. Annals of Internal Medicine, 2011, 154, 693.	3.9	174
93	Conducting Online Expert panels: a feasibility and experimental replicability study. BMC Medical Research Methodology, 2011, 11, 174.	3.1	77
94	A cluster randomised trial of educational messages to improve the primary care of diabetes. Implementation Science, 2011, 6, 129.	6.9	14
95	Identifying quality improvement intervention publications - A comparison of electronic search strategies. Implementation Science, 2011, 6, 85.	6.9	32
96	A framework for classifying patient safety practices: results from an expert consensus process. BMJ Quality and Safety, 2011, 20, 618-624.	3.7	28
97	The role of theory in research to develop and evaluate the implementation of patient safety practices. BMJ Quality and Safety, 2011, 20, 453-459.	3.7	107
98	Identifying continuous quality improvement publications: what makes an improvement intervention 'CQI'? BMJ Quality and Safety, 2011, 20, 1011-1019.	3.7	37
99	What context features might be important determinants of the effectiveness of patient safety practice interventions?. BMJ Quality and Safety, 2011, 20, 611-617.	3.7	139
100	How does context affect interventions to improve patient safety? An assessment of evidence from studies of five patient safety practices and proposals for research. BMJ Quality and Safety, 2011, 20, 604-610.	3.7	87
101	Planning for knowledge translation: a researcher's guide. Evidence and Policy, 2010, 6, 527-541.	1.0	34
102	Meta-analysis: Effect of Interactive Communication Between Collaborating Primary Care Physicians and Specialists. Annals of Internal Medicine, 2010, 152, 247.	3.9	155
103	Will Evidence Be Enough to Promote Interactive Communication for the Benefit of Patients?. Annals of Internal Medicine, 2010, 153, 131.	3.9	0
104	Wads up, doc™ trends in British newspapers™ reporting of general practitioners™ pay. Primary Health Care Research and Development, 2010, 11, 405-409.	1.2	8
105	Improving Professional Practice in the Disclosure of a Diagnosis of Dementia: A Modeling Experiment to Evaluate a Theory-Based Intervention. International Journal of Behavioral Medicine, 2009, 16, 377-387.	1.7	18
106	Health Research Funding Agencies' Support and Promotion of Knowledge Translation: An International Study. Milbank Quarterly, 2008, 86, 125-155.	4.4	243
107	Appropriate disclosure of a diagnosis of dementia: identifying the key behaviours of 'best practice'. BMC Health Services Research, 2008, 8, 95.	2.2	65
108	Cracking the system. British Journal of General Practice, 2008, 58, 734-735.	1.4	0

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109	Structured career pathways in academic primary care. <i>Family Practice</i> , 2007, 25, 63-67.	1.9	2
110	NorthStar, a support tool for the design and evaluation of quality improvement interventions in healthcare. <i>Implementation Science</i> , 2007, 2, 19.	6.9	16
111	A cluster randomised controlled trial of educational prompts in diabetes care: study protocol. <i>Implementation Science</i> , 2007, 2, 22.	6.9	4
112	Which factors explain variation in intention to disclose a diagnosis of dementia? A theory-based survey of mental health professionals. <i>Implementation Science</i> , 2007, 2, 31.	6.9	35
113	The development of a theory-based intervention to promote appropriate disclosure of a diagnosis of dementia. <i>BMC Health Services Research</i> , 2007, 7, 207.	2.2	50
114	Do clinical guidelines enhance safe practice in obstetrics and gynaecology?. <i>Best Practice and Research in Clinical Obstetrics and Gynaecology</i> , 2007, 21, 657-673.	2.8	27
115	A trial platform to develop a tailored theory-based intervention to improve professional practice in the disclosure of a diagnosis of dementia: Study protocol [ISRCTN15871014]. <i>Implementation Science</i> , 2006, 1, 7.	6.9	11
116	Behavioural medicine: changing our behaviour. <i>BMJ: British Medical Journal</i> , 2006, 332, 437-438.	2.3	49
117	The pathway to induced abortion: women's experiences and general practitioner attitudes. <i>Journal of Family Planning and Reproductive Health Care</i> , 2006, 32, 15-18.	0.8	16
118	Trends in provision of photodynamic therapy and clinician attitudes: a tracker survey of a new health technology. <i>BMC Health Services Research</i> , 2005, 5, 34.	2.2	0
119	Improving induced abortion care in Scotland: enablers and constraints. <i>Journal of Family Planning and Reproductive Health Care</i> , 2005, 31, 20-23.	0.8	2
120	Theory-based identification of barriers to quality improvement: induced abortion care. <i>International Journal for Quality in Health Care</i> , 2005, 17, 147-155.	1.8	29
121	Evidence-based reproductive health care: getting evidence into practice. <i>Journal of Family Planning and Reproductive Health Care</i> , 2004, 30, 17-20.	0.8	2
122	Increasing use of a new health technology during the wait for NICE guidance: findings from the third national tracker survey of photodynamic therapy. <i>Journal of Public Health</i> , 2004, 26, 52-55.	1.8	5
123	A randomised controlled trial of a tailored multifaceted strategy to promote implementation of a clinical guideline on induced abortion care. <i>BJOG: an International Journal of Obstetrics and Gynaecology</i> , 2004, 111, 726-733.	2.3	29
124	The impact of guidelines on mild hypertension in pregnancy: time series analysis. <i>BJOG: an International Journal of Obstetrics and Gynaecology</i> , 2004, 111, 765-770.	2.3	16
125	Introduction of photodynamic therapy for the treatment of neovascular age-related macular degeneration: tracking a moving target. <i>Eye</i> , 2003, 17, 583-586.	2.1	2
126	Evidence-based reproductive health: testing times for treatments. <i>Journal of Family Planning and Reproductive Health Care</i> , 2003, 29, 165-168.	0.8	3



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127	Evidence-based reproductive health care: using evidence about diagnostic tests. <i>Journal of Family Planning and Reproductive Health Care</i> , 2003, 29, 245-248.	0.8	0
128	Evidence-based family planning: finding answers to clinical questions. <i>Journal of Family Planning and Reproductive Health Care</i> , 2003, 29, 48-52.	0.8	5
129	How evidence based are recruitment strategies to randomized controlled trials in primary care? Experience from seven studies. <i>Family Practice</i> , 2003, 20, 83-92.	1.9	138
130	Attributes of clinical recommendations that influence change in practice following audit and feedback. <i>Journal of Clinical Epidemiology</i> , 2002, 55, 717-722.	5.0	150
131	Inter-professional learning in primary care: lessons from an action-learning programme. <i>British Journal of Clinical Governance</i> , 2002, 7, 40-44.	0.3	6
132	A new health technology: where is the consensus on a clinically worthwhile benefit?. <i>Eye</i> , 2002, 16, 469-471.	2.1	6
133	Reforming primary care. Ending inertia but avoiding fatigue. <i>Canadian Family Physician</i> , 2002, 48, 663-5, 671-4.	0.4	1
134	Barriers to clinical guidelines: the need for concerted action. <i>British Journal of Clinical Governance</i> , 2001, 6, 166-174.	0.3	23
135	Why does primary care need more implementation research?. <i>Family Practice</i> , 2001, 18, 353-355.	1.9	83
136	Antenatal detection of domestic violence. <i>Lancet, The</i> , 2000, 355, 1915.	13.7	15
137	Perspectives of commissioners and cancer specialists in prioritising new cancer drugs: impact of the evidence threshold. <i>BMJ: British Medical Journal</i> , 1999, 318, 456-459.	2.3	41
138	Testing for <i>Helicobacter pylori</i> in primary care: trouble in store?. <i>Journal of Epidemiology and Community Health</i> , 1998, 52, 305-309.	3.7	2
139	Clinical trials in primary care. <i>BMJ: British Medical Journal</i> , 1998, 317, 1168-1169.	2.3	40
140	Management of <i>Helicobacter pylori</i> infection. <i>BMJ: British Medical Journal</i> , 1998, 316, 1244-1244.	2.3	0