Author's response to reviews

Title: Engaging participants in a complex intervention trial in Australian General Practice

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Author's response to reviews: see over
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Title: MS 4114212019192782 Engaging participants in a complex intervention trial in Australian General Practice

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Version: 2 Date: 20 June 2008
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The Biomed Central Editorial Team

Object: MS: MS 4114212019192782 Engaging participants in a complex intervention trial in Australian General Practice A/Prof David Perkins et al

Thank you for consideration of our manuscript for publication in your journal. We have revised the above manuscript according to your reviewer’s comments.

Reviewer # 1 Moira Stewart

Version: 1 Date: 23 April 2008

1.1. Major compulsory revisions:
We have undertaken a major redrafting to meet the requests of the reviewers and hope that the paper is clearer more incisive.

1.2. Introduction
Para 1 - Line 6 – brackets
Line 7 – is this “quality” or “qualitative”? 
Last sentence – repeats – more or less - sentence 3 – one or other
Para 2 - Line 9 – importance of consideration
Line 11 – caused;

These errors have been corrected the repeated sentence removed and the wording in paragraph 2 reworked

1.3 The recruitment
Description of recruitment (para 1) mixed with results. Still not clear from Figure 1 what was involved in intervention.

The intervention is described on page 4 lines 18ff. Figure 1 has been restructured with the addition of subheadings which, we believe, makes the process clear. Point 6 points out what was involved in the intervention.

1.4 Para 2 - Line 5 – “refocus”
This has been reworked in methodology page 5 line 20ff

1.5 Suggest Table 1. Summarising responses 2. Reasons for non-participating (listed as for “participating practices”)

Pages 6-7 have been substantially reworked distinguishing practices initially recruited, non-participation, practices withdrawing, and practices remaining as sub headings/paragraphs. Numbers have been provided.
1.6 Para 4 - refers to “Delays” – not defined – does this refer to “delay” as a reason given for non-participation?

Delays are now addressed and explained on page 6 line 21 ff

1.7 Sentence – “This was later addressed…………………” should be included in discussion.

This has now been moved to the discussion on page 10 line 5ff.

1.8 Next para - “The incentives ……………….”. This para contains separate pieces of information, e.g. does sentence “Some practices……………” fit under reasons for not participating.

We have restructured the section and non-participation is addressed on page 6 line 16ff.

1.9 Last para - Begins results

Results are provided under recruitment etc page 6-8

1.10 Last sentence - Move to discussion

Major redrafting to separate results from discussion. Moved to discussion.

1.11 Discussion

Summarise findings. Some of the reasons for non-participation are more difficult to address than others and may need to be “built in” to proposals. Others are related to more practical organisational arrangements. The points are covered but there needs to be a more concise, structured approach to the flow of “discussion”.

The discussion is now structured to address the factors that are easier to address first such as the partnership with Divisions and continues to examine the more difficult issues such as the question of methodology and research design on page 10 lines 1-10

1.12 No conclusion

Why is this paper important? Although para 2 alludes to the fact that “the trial is unusual since it addresses the issue of teamwork etc”, there is little mention of this aspect in the paper. Were these team-workers involved in the groups?

We have restructured to add a conclusion on page 10
Reviewer #2  Larry Green

Major Compulsory Revisions

2.1 I tried to break these out, but there is really only one message. This is more of an opinion piece (than a qualitative research analysis) about a set of experiences and what this experience means, formulating lessons learned. It is quite interesting and it is pertinent, especially to practice-based researchers working on improving quality.

We agree that it is not a formal piece of qualitative research. However it is based on our experience in the trial and not purely on our opinions.

2.2 GENERAL COMMENTS
It is not ready for publication.
The formatting and structure of the paper is something of a hybrid of a research paper and an editorial, achieving neither format successfully. If it is to be presented as a research paper, it should be more systematic and structured with more clarity about the methods. If it is more of a synthesis of experience, the abstract is not quite appropriate as presented and it should say as much and be written more as an editorial.

We have substantially restructured the paper to make the process and the basis of discussion and conclusions transparent. This includes a clarification of the trial, intervention and study methodologies as well as a restructuring of the results for recruitment, non-participation, withdrawal and retention. We have added the methodology for this paper (page 5) and substantially redrafted the text.

2.3 The claims made, overall, are plausible and based on “lived-experience” suitable for editorial/opinion pieces. However, the claims probably over-reach the methods as implied or described from a typical research perspective.

We have substantially revised the paper to address this removing the reference to qualitative methodology from the abstract (page 2 and the methods on page 5 line 20ff).

SPECIFIC COMMENTS
2.4. Page 4, “The development process and study protocol” section is possibly the place to start a methods section, if desired. This section needs to explain more of the what and how. Figure one notwithstanding; there is no presentation of data and how they were acquired for THIS manuscript. (It lists steps taken to execute the health service trial over past 3 years and is silent on the analytic plan/approach used to produce this study/manuscript.)

We have added a methodology section page 5 line20, restructured and edited figure 1 to address this issue.
2.5. Page 4 next to last sentence: what does this mean? “. . . required arms-length recruitment of both practices and in particular patients.”

This is now clarified in page 5 line 10ff.

2.6. Page 5, “The recruitment” section. This is a nice example of what is involved in obtaining and measuring the REACH of an intervention into/with practices. Would be nice to provide some data here, vs e.g. “relatively small proportion.”

We have provided data on page 6 lines 1-15

2.7. Page 6, same section: The claim of “more likely” needs to be undergirded with information about what is being compared. And this section blends/confuses recruitment and retention, both important considerations.

We have added the comparator and clarified that this relates to those who remained in the study, in comparison with those who did not participate or withdrew, see page 7 line 18f.
This is a finding from our discussion with the remaining/retained practices Pages 6 and 7 now distinguish recruitment, withdrawal, remaining practices (retention) specifically as explained in the methodology for this paper section on page 5.

2.8. Page 7, top 10 lines in discussion section. There are a lot of issues raised here that are not really developed/argued/defended. The basis of the statements doesn’t seem to be made in what has come before or via references. For example, what is the basis for the claim that engaging practice in research “clearly needs to begin with Divisions of General Practice . . . ?” “Engagement of Divisions is likely to be enhanced if they are formally recognized as research partners.”

Page 8 lines 10–24 have been redrafted to separate issues and clarify the arguments that were unclear in the original draft.

2.9. Page 7 rest. The pattern continues with claims of must and likelihoods, need, and shoulds. “It is vitally important to minimize the time between recruitment and initiating . . . “ “Research methods must respond flexibly . . . “ These claims may be entirely appropriate, but these types of statements lack foundation in what has come before in this manuscript.

By providing the numbers of practices in each category, page 6 we have attempted to make the basis of the conclusions transparent. These conclusions are drawn from discussions interviews with the recruited, non-participants, withdrawals and retained practices.