Author's response to reviews

Title: Can GPs working in secure environments in England re-license using the Royal College of General Practitioners revalidation proposals?

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Author's response to reviews: see over
Reviewer’s report
Title: Can GPs working in secure environments in England re-license using the Royal College of General Practitioners revalidation proposals?

Version: 2 Date: 12 September 2012
Reviewer: Sheona MacLeod

Reviewer’s report:
Major Compulsory Revisions
- nil required

Minor Compulsory Revisions
- is the data for GP numbers correct at the present time, or is the number of non principals higher?

The number of GPs working in secure environments in England/UK is unknown. This has been made clearer in the article’s background section.

Discretionary Revisions

- 1- The study appears limited in the choice of participants in that GP participants had to have at least 50% of their workload in the secure environment. While this is accepted as a possible choice, note should be made of the effect of this sampling on the results. Eg those working less than 50% may have been able to compare the ease of data collection with other areas of their portfolio.

Made clearer that our target group of participants were those who worked 50% or more of their workload in secure environments and were expected to revalidate against the GP specialist framework and the sub-cohort of community GPs who were included to looked at the ease in which they could collect supporting information for their extended practice roles.

- 2- Another limitation is that only the participants who submitted supporting information were invited to a follow up interview. Those who did not provide supporting information may have been able to provide valuable insights into the difficulties faced in collecting information, and the perceptions in the GP environments about the possible difficulty in achieving this.

Known reasons for GPs not participating in the study have now been inserted. In the follow up interviews the GPs have informed us of the difficulties they had experienced collecting the data.

- 3- Comparative data between those providing supporting information and those who did not would have been interesting

Figure 1 illustrates the difference between the types of supporting information submitted by type of secure environment. The difference between those who did submit data and those who did not has been described in more detail in the results and discussion section.
- The authors effectively explore the difficulties for this group of GPs. They suggest that the service commissioners could provide support for GPs. The paper might be expected to make some stronger recommendations, in the light of all the information received. Eg the RCGP is reported as stating that the GPs should be supported.

Stronger recommendations have now been include in the discussion and conclusion sections.

**Level of interest:** An article of importance in its field  
**Quality of written English:** Acceptable  
**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Reviewer’s report**  
**Title:** Can GPs working in secure environments in England re-license using the Royal College of General Practitioners revalidation proposals?  
**Version:** 2  
**Date:** 25 September 2012  
**Reviewer:** Martin Wilkinson  

**Reviewer’s report:**  
On the whole a good paper. Important area but could be written in a simpler style to improve impact.

Have re-written the paper in a simpler style with definitions of terminology.

**Major Compulsory Revisions**  
• What do they mean by “community” and “prison GPs”. Different terminology is used to refer to this group and they should try and be consistent throughout the paper.

Have used the term GP principal throughout the article to describe the community based GPs. Have modified the participant demographic table to made it easier for the readers to comprehend.

The data is presented as “prison GPs, “security hospital GPs”, and “forensic physicians”. Are the latter GPs? Also they refer to IRC and custody suites. So some clarity on definitions for the reader would be helpful as they will not be familiar with the territory.

Have made these definitions clearer in the article’s background section.

• The discussion could be usefully rewritten to pull out the key themes and not to repeat the results. Some sentences are not well constructed e.g. first two
sentences of the second paragraph

The discussion section has been re-written pulling out key themes.

Minor Essential Revisions
• In the background information 4th paragraph there is a typo confusing “principle” with “principal”
  Have corrected spelling typo.

• Second paragraph page two first sentence does not make sense “the majority…. work full-time or part-time” – who are the minority?
  • Have re-written paragraph.

Discretionary Revisions
BACKGROUND

• This article describes some of the suggested tools for revalidation of GPs prior to the introduction of revalidation. The interest is with GPs working in secure environments. The authors neglect to mention that to work in a secure environment doctors are now required to be a GMC registered GP, and on the Medical Performers List. (In the past anyone could do this work). The local PCT commissions the prison health service, which is considered an extension of the NHS and should have similar standards of practice. It is this comparison with NHS practice that puts the NHS GP peer appraiser in a good position to judge.
  Have included this information in the background section.

• It is a pity no GP from a secure environment is included as an author to ground the potential conclusions in reality.
  Was intended to happen but didn’t for some reason – time?

• There is some confusion for the reader in that the GMC is responsible for revalidation yet the GP specialist college is recommending the tools for collecting the evidence using their own online eportfolio which is not at present, nor is proposed, to be compulsory for revalidation. International readers might need some clarity on this issue.
  Have clarified the proposed GMC and RCGP revalidation roles.

• One piece of evidence is a “statement of extended practice” and it is not clear if this is a description (as on the current eportfolio) or a statement signed-off by a peer in a secure environment specific appraisal or peer-to-peer appraisal. The GP NHS appraisal is in itself a peer-to-peer appraisal although the appraiser might not mirror the extended practice of the appraisee.
Have clarified extended practice role in background section.

• The hypothesis is that this group of doctors will experience difficulties collecting the supporting information, and this would affect their ability to relicense. So they’re presuming a problem before the research but this is informed by earlier work by the same authors.

Have re-phased the study hypothesis in background section.

• Some paragraph - This paragraph is not referenced. What does “scattered geographically” mean?

Have clarified this comment more specifically and improved referencing throughout the background section.

• What the secure GPs were asked to collect was evidence in all 11 areas, which under revalidation they would have 5 years to collect. Hence they will find this study onerous.

Have now included comment in methods section regarding the onerous nature of submitting a vast amount of evidence in a short time frame and how we have asked them to submit just a few items of evidence, not all 11 items of information.

METHODS
• Participants worked 50% or more of their time in secure environments. The reason for this decision is not justified. I presume to get a reasonable and representative sample.

Have clarified justification of using this participant sample (see earlier comment)

• They state there was no sampling frame yet they have described this working group in the background. I do believe there are no national figures but would be interesting if this data exists or not.

Have modified description of working group in background and have supported their description with references.

• The study was by the use of small focus groups, telephone survey and structured interview. Transcribed and analysed.

Have changed wording.

• In addition participants shared evidence collected and a simple count was made and no attempt to look at quality of the information.
The aim of the study was feasibility of the GPs collecting the data. We were not accessing the quality of the data.

• A GP issues log was designed and used in the study.

Have changed wording.

• Ethical approval gained.

Described in the methods section.

RESULTS
• The participants should be clearly placed in well defined groups for the results (prison GPs, forensic etc). We have GPs working in prisons and “community GPs with an extended role”. I think they mean some of the GPs did not have a community placement, but in the tables no mention of these “community GPs”.
• I am afraid I got lost in the first paragraph which needs displaying as a table or simplifying.

1. Have re-written simplified in a series of tables.

• From the focus groups it appears there are worries with a patient survey & undertaking audit, how the appraiser will interpret the evidence, and lack of support from the PCT commissioners.

2. Correct.

• 40% submitted evidence. We have no information why 60% did not submit evidence, was this because it was too difficult or declined to take part? It is a very small group that is then subdivided.

3. Have known reasons for declining to results section.

• Between them all areas were submitted but very few submitted all areas.

4. Have clarified that we only asked GPs to submit as much supporting evidence as possible in the short data collection period.

• It is clear the GMC unvalidated patient survey tools did not work in this environment nor did the colleague feedback.

5. Will clarify in result/discussion sections

• Audit was a struggle for many.
Have emphasised this point in the discussion section.

• Complaints were different to those received in clinical practice and not always included.

Have emphasised this point in the discussion.

• As the statement of competence for extended practice roles was not fully explained it is difficult to interpret the data on this section, but there appears to be a lack of any organisational feedback on their performance.

That is correct.

• The collection of evidence was time consuming.

This is discussed in the results section.

DISCUSSION

• The authors do not appear to grasp the poor CPD structures within secure environments – they are not set up as learning environments. Very few of these GPs have study leave, protected learning, clinical meetings etc. A culture of audit does not exist. Doing audits, patient surveys and analysing complaints is virgin territory and as such should be embraced, kindled and used to promote learning. A reference on this issue might be helpful. This is part of the national agenda of improving offender health.

Have now emphasised this perspective in the article.

• They miss the point that they were using draft tools from the GMC that were not fully validated. It might be quite useful to design tools for this environment. Use of smiley and unhappy faces as an example. Setting up clinical audit, and CPD meetings at the sub-regional level would also help.

Have now discussed in article.

• I think the discussion does miss out by not having a jobbing secure environment GP involved in the discussion.

Have mentioned “jobbing” Secure Environment GP in discussion.

• They introduce the term “portfolio GP” and “GPwSI” with no explanation in an international journal.

Have defined terms.

• I am not sure this group wants accreditation as GPwSIs rather than time for CPD within their contracts. The point about spending a day in community general practice probably is the key for me.
Do not have sufficient evidence either way.

- They don’t pick up the issue that it was a pilot, not compulsory, they collected all areas of information normally to be collected over 5 years, and none of the tools were approved at that stage.

All research participation is voluntary and have now mentioned unvalidated tools in discussion section.

- What benefit did the GPs get from collecting this information? Was it helpful to them?

This was not an aim of this study.

Level of interest: An article of importance in its field
Quality of written English: