Author's response to reviews

Title: What challenges hamper Kenyan family physicians to pursue their mandate of family medicine? A qualitative study among family physicians and their colleagues

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Version: 2 Date: 23 December 2011

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Cover letter revised manuscript Kenyan family physicians

Title: What challenges hamper Kenyan family physicians to pursue their mandate of family medicine? A qualitative study among family physicians and their colleagues

Response to the reviewer's reports of Liz Grant and Scott Murray.

Author's response:

We are grateful for the thorough analysis done by the reviewers. We see important differences between the causes and kinds of comments made. Of course below we try to respond to every remark made by the reviewers. All page and line numbers refer to document A, that is the manuscript which displays the changes made.

Response to reviewer Liz Grant:

1a. The reviewer states that 'the study question is poorly framed', as it is too width without depth. We see that the reviewer summarises the study question properly. Indeed the question is broad. We chose for such a broad question purposively because the study entails a new training programme. An evaluation as we did has not been done before. For that reason no better moment was due to study the results of this training programme broadly. Especially now the results of this study are useful for improving the training programme. Please see our reasoning on the broadness of the study question added to the discussion, on page 39, lines 846 to 848.

1b. The study claims to a) explore the expectation of family medicine providers, colleagues, and policy makers of the construct of family medicine, b) assess the level to which the family physician is able to live up to the expectations c) challenges that they face. These areas are not systematically dealt with. We agree with the reviewer that the three parts of the question have not been separately dealt with. As they are practically inseparable, part one and two of the question in fact are covered together in the Results section under the subtitle 'Roles perceived for family physicians'. This subtitle has been changed to 'Roles perceived for and fulfilled by family physicians'. We changed the theme and subtitle in the results section on page 10, line 157, and page 12, line 200.

2a. It is not enough to say that at random 3 FPs were selected. The observed FPs were selected based on their location within a few hours of Nairobi, to make the observation sessions fit in the schedule of the principal investigator. Apart from their geographic location no knowledge about the FP, the setting of the hospital nor the region of the setting was gathered before arranging the principal investigator's stay with the FP. Please see the addition made in the Methods section on page 7 to 8, lines 120 to 125.

2b. Comments such as "about 25 direct colleagues were invited" is not adequate for a paper of this nature. Indeed an addition to this selection process can be made. Direct colleagues of FPs were invited as follows. While residing in the setting of an observed FP, the principal investigator met direct colleagues which appeared to be interesting as participants of an FGD. Once a time, date and location was scheduled the principal investigator invited these direct colleagues to join the FGD. Taking into account the general tendency that direct colleagues are time constrained and therefore not always able to show up, apart from these individuals more direct colleagues were invited, and often multiple in one go. The exact number of invited direct colleagues is hard to state, as this
depends on one's definition of an invitation.

Please see the addition made to the Methods section on page 8, lines 130 to 133.

2c. It is not acceptable to have a FGD where "participants walked in and out of the session at their convenience". The event ceases to be a FGD as the dynamics inevitably change with the shift in the group numbers and participation.'

We understand that the reviewer does not find it acceptable that participants of an FGD walk in and out at their convenience. Interestingly the 2nd reviewer found 'this honesty and realism in the methodological details [...] refreshing.' Based on our acquaintance with local African circumstances we tend to associate ourselves with his opinion. However we take the 1st reviewer's comment seriously. For that reason we would like to put this issue into perspective. It happened twice that participants had to pick up their phones during the FGD. On one occasion a nurse left the FGD for some minutes in order to assure continuity of care for one of her patients.

Please see the addition to the methods on page 8, lines 138 to 140.

2d. More information on what the key documents were, how they were analysed is needed.

The key documents have been appropriately referred to in the Methods section on page 7, lines 100 to 104. We invite the referee to get a hold on them and read them. The documents were analysed by doing a critical reading to identify core elements. These core elements have been coded and categorised by use of NVivo qualitative analysis software. This is described in the Methods section on page 8, line 142 to 144.

No adjustments are made to the text.

2e. More info on ethnographic and observational methods required.

To our regret we couldn't quite follow this particular remark.

No adjustments are made to the text.

2f. The authors say "triangulation has been reached" which reflects a misunderstanding of triangulation.

To our knowledge triangulation is nothing more or less than to assess whether the results are valid by comparing results gathered through various methods. We used four methods for this study, namely semi-structured interviews, FGDs, observations and the analysis of key documents. As the results from different methods did not conflict with one another we claim that triangulation has been reached. To our regret we do not recognise the misunderstanding that the referee is mentioning in this respect.

No adjustments are made to the text.

2g. The authors assert that data saturation was reached, this statement requires an evidence base and explanation to inform how the decision was reached.

With data saturation we mean that from semi-structured interview number six in the following three interviews no new views came forward.

We have added this explanation to the discussion on page 7, lines 117 to 118.

3a. The qualitative transcripts are sound and well referenced though a table of participants would have been useful.

We do not see which information would be useful to be displayed in a table without constraining the anonymity of the participants.

No adjustments are made to the text.

3b. The results section needs much clearer signposting.

Besides the information already shared by us we do not see properly what the reviewer could mean with this remark. For that reason to our regret it is practically impossible to follow up on the
3c. Little observational data or data from policy reports appears to be used.
As explained in the Results section on page 10, lines 153 to 156, the observations provided contextual information and opportunities to invite appropriate participants for the FGDs. The key documents have been used as explained in section 2d of this response.

No adjustments are made to the text.

4. It would be useful to have information on the ethics approval process, and especially if ethics were sought for all hospitals in which FP worked.
We stated at the end of the methods section on page 9, lines 147 to 148, that ethical approval was obtained from the designated board at Moi University. Detailed information of the work up process of the committee involved is of course not something we are allowed to report. Also we would like to mention that usually applicants for ethical approval are not informed of confidential parts of the ethical approval process, as was our case.

No adjustments are made to the text.

5a. The discussion also needs to cover the area of which expectations family physicians live up to, as indicated in the abstract.
We agree that the referee mentions an important point here. However in our opinion all three parts of the question have been handled throughout the Discussion, be it intertwined with one another. We haven't dealt with the parts separately to prevent fragmentation.

No adjustments are made to the text.

5b. The conclusion focusses on challenges but needs to be conclude on the other findings.
We fully agree with the reviewer's comment.
Please find the adjustments made in the Conclusions on page 45, lines 955 to 959.

6. Some limitations are explored, but not all. A comment on potential bias is needed and on the limitations of the structure of interviews.
Remembering the large variation between different forms of bias, we are wondering which particular bias the referee has in mind. Even so we wonder which particular aspect of the structure of the interviews the referee sees as limiting. However, we are happy to see that the referee recognises the limitations that we did and do mention in the manuscript.
We added a section on limitations in the discussion on page 40, lines 858 to 863.

7. The authors do refer to other pertinent African based literature, but the discussion does not take the findings of this literature fully into account.
We agree that more use of the literature could be made.
In order to enhance the incorporation of findings of other literature we added a link to the literature on page 42, lines 918 to 920.

8. The title does capture what the study concludes with, but the aims as stated in the abstract under Background suggests a different title would be more useful, and the results focus specifically on two of the three aims.
We acknowledge that there are different ways to make an attractive title. One way would be that we reveal the most important result of the study. A different way however is referring to the subject that we investigated and our methods used. We deliberately chose for the second option, be it with a focus on the challenges, also because of the broad nature of our study. (See also section 1a of this response.)
No adjustments are made to the text.

9a. There are flaws in English usage and grammatical mistakes that can easily be rectified. The original manuscript has been checked by a native speaker. Referring to our remarks and responses summarised above, we do not have the impression that the manuscript has to be checked again by a native speaker.

No adjustments are made to the text.

9b. A number of slack expressions such as "about 25" need to be cleared out of the text. Please see section 2b of this response. We've changed the sentence on page 8, line 133.

Response to reviewer Scott Murray:

1. The questions being posed by the authors are well defined
   We are happy with this positive remark.
   No adjustments are made to the text.

2. It is not specifically stated but a thematic analysis was presumably used as the three topics emerged.
   Indeed a thematic analysis was used.
   We added this information more explicitly in the Methods section on page 9, line 147.

3. Presumably all interviews were in English.
   Indeed all interviews were in English.
   We added this information in the methods section on page 7, line 113 and on page 8, line 140 to 141.

4. There is little information about standards for data deposition.
   In the original manuscript we explained in the Methods section on page 8, lines 144 to 145, how we dealt with the data, namely recording the interviews and FGDs. So far we don't see what can be added to this information.
   No adjustments are made to the text.

5. The discussion and conclusions were well balanced and very adequately supported by the data.
   We are happy with this positive remark.
   No adjustments are made to the text.

6. I could not find the limitation of the methods paragraph usually in the discussion.
   Also in response to the first reviewer we depicted more and more clearly the limitations of the study in the Discussion on page 40, lines 856 to 863.
   No adjustments are made other than the ones made in response to reviewer Liz Grant.

7. The authors set the work in the local and academic context
   We are happy with this positive remark.
   No adjustments are made to the text.

8. The title and abstract accurately convey the findings.
   We are happy with this positive remark.
   No adjustments are made to the text.
9. The writing is acceptable although a number of phrases could be altered to clarify some points.  
Please refer to section 9a of the response to reviewer Liz Grant.  
No adjustments are made to the text.

10. A paragraph discussing the methodological challenges is necessary. Several hints are present within the results sections about which data proved most rich and some practical difficulties about conducting the focus groups.  
Referring to point 6 we repeat that we stated our methodological limitations more clearly.  
No adjustments are made other than the ones made in response to reviewer Liz Grant.

12. Discretionary revisions. The paper is long but if length is not a constraint at Biomed Central I do not think it's absolutely necessary to shorten it.  
We are happy that it is not deemed necessary to shorten the manuscript.  
No adjustments are made to the text.

13. Conclusions. This is an informative evaluation of the new Kenya family physician training programme  
We are happy with this positive remark.  
No adjustments are made to the text.