Author's response to reviews

Title: Enhancing GP engagement in hospital-based studies. Rationale, design and participation in the Diagest 3-GP motivational study.

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Author's response to reviews: see over
Dear Dr. Clunn,

We appreciate the insightful comments and constructive criticism provided by the reviewers of our manuscript, titled, “Enhancing GP engagement in hospital-based studies. Rationale, design and participation in the Diagest 3 GP motivational study.” We have taken each of the reviewers’ comments into consideration and have made extensive changes to the manuscript, as detailed in our point-by-point responses below.

We hope that these revisions make our manuscript suitable for publication in BMC Family Practice. We look forward to your response.

Regards,
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**Reviewer 1**

The paper requires to be reviewed and edited by an English speaking co-author.

*We have enlisted the help of an English-speaking editor, who has made major revisions throughout the paper.*

The results section needs a much fuller description of the data and a detailed table of the questionnaire results. The questionnaire needs to be included as an appendix to the paper.

*We have expanded the description of the questionnaire and its purpose, and have included the questionnaire and the CRF as appendices to the paper. However, we disagree with the reviewer’s suggestion of including a detailed table of the questionnaire results. We do not believe that adding such a table will add significant value to the manuscript.*

The background deals in far too much detail with DIAGEST 3…Paragraphs 2 and 3 of the intro need to be radically shortened.

*We have edited paragraphs 2 and 3 in the background section, keeping only the information necessary for understanding the goals of the present study.*

The abstract needs to spell out "CRF."

*We have spelled out case report form at its first use in the abstract.*

The authors must justify why grounded theory appeared to be the most suitable.

*The reason for using grounded theory has been explained and citations have been added on pages 6-7, lines 132-137 of the manuscript.*

In step one, why was a random effect needed - would purposive sampling not have been better?

*We acknowledge that purposive sampling might have been a more adequate approach and have added this statement to our discussion of the study limitations.*

The authors describe a method of defining data-saturation. Is this a novel technique or should they be referencing others work. Also, are we sure that it was valid to conduct a focus group with only 2 participants?

*We added the definition of data saturation on page 7, lines 152-155, and described the way we used data from the “missed focus-group” on page 11, lines 252-256. The focus group information was combined with the data from individual interviews during this step of the study, primarily to confirm data saturation.*

Typo in section on "mailing and response monitoring techniques." Surely it's "foot in door" and not "foot in mouth?"

*“Foot-in-the-mouth” is correct. We cited Howard (1990), which describes this method using this terminology. All other motivational techniques that were implemented have been cited.*

**Reviewer 2**

The authors may wish to consider whether this information is best incorporated into the paper on the qualitative study.

*The aims of this paper was to describe our 3-step study design and then report data that would help determine how to commit GPs to collaborate in a hospital-led study. The main goal was to produce a paper that might be of interest to hospital-based researchers willing to approach GPs of enrolled patients to minimize the number of dropouts. In our efforts to keep*
the manuscript short, there was a disconnect in the original paper between steps 2 and 3 of our study and the data presented. Therefore, we made major revisions of the paper in order to restore the continuity of the 3 study design steps: explore, test the hypothesis, and measure the impact of this research on the main study. We now feel that the major results from the profile theory and the discussion of its limits have been more precisely reported in the revised manuscript, and that the manuscript is able to stand alone as a complete report, without being incorporated into the future qualitative study manuscript.

I recommend that a single focused question - which is about engaging GPs in hospital-based research is introduced clearly.

We have altered the title and made extensive revisions throughout the paper to make the central research question clearer to the reader. In addition, we have listed the 5 main goals of the study in the background.

In the background section there is a lot of information about Diagest-2 and -3 neither of which are directly relevant to the question.

We have removed much of the background information on the Diagest studies, leaving only the information that is sufficient to understand the present study.

The qualitative study description is also of little relevance to the research question.

We have removed discussion of the qualitative study, reporting only that the results of the qualitative study are beyond the scope of the present study and will be reported in separate papers on pages 8, lines 168-170 and 9-10, lines 223-225.

Did any one individual – rather than a blanket-approach – increase motivation?

We implemented a combination of methods—each of which had been tested independently (or in combinations of 2 methods) by the authors we cite in the manuscript—in order to maximize commitment in our study, we did not plan to test the efficacy of each method individually on increasing motivation.

Any characteristics of responders?

We currently do not have these data and we feel that the information might best be presented in a separate manuscript. For this manuscript, we limited our reported results to the GP profile analysis and response rate based on those profiles.

Was the attachment of a CRF (which reduced response) a chance action whose effects were just observed - or was this a purposeful act? What was it about the CRF that may have put Drs off?

We have added a discussion of the effect of the CRF on questionnaire response rates in the context of time-intensive activities to the manuscript on page 14, lines 350-355.

What is social labelling and was it used?

We have added more discussion of social labelling and how it was used in the study on page 9, lines 200-203 of the manuscript.

GPs 'exclusion and disdain' appears in the conclusions with no prior data.

"Exclusion and disdain" in the conclusion appears in the results from step 1; however, we have altered the discussion to more accurately describe the results.

How does reference 20 relate to French GPs?
Reference 20 (now reference 22) cites an Australian experience. In Australia, both capitation and fee-for-service payment models for GPs are used. The authors of the cited study compared participation in research by GPs related to their payment characteristics, and observed that GPs paid under a fee-for-service model (like in France) were less likely to participate in research than GPs paid under a capitation payment model. We have modified the text on page 14, lines 364-368 to clarify this.

Throughout the paper the language/grammar could be a little more correct.
We have worked with an English-speaking science editor, and have made extensive changes throughout the manuscript to improve the language and grammar.

Limitations…there may be a few more points. The lack of continuity in French General Practice is an important factor, and many couldn't complete the forms. The overall response rate is perhaps on the low side for a questionnaire that has been very actively chased.
We have added these limitations to the Discussion section of the manuscript on page 15, line 381-389.
Do the authors know anything of the characteristics of the non-responders (eg, more likely not to know the patient?)
Unfortunately, the characteristics of non-responders could not be traced, as there was no patient list existing in France at the time of the study. This statement has been added to the Results section of the manuscript on page 13, lines 334-335.

The conclusion that 1/2 GPs can comply doesn't seem to reflect the results (35/157?).
The following sentences have been added to page 13, lines 332-333 of the Results section of the manuscript “A total of 90 GPs out of 157 returned the questionnaire and of these, 82 also returned the attached CRF (Figure 1). One CRF was lost after reception, resulting in an answer rate of 51% (81/157).”