Author's response to reviews

Title: Health care for immigrants in Europe: is there still consensus among country experts about principles of good practice? A Delphi study

Authors:

Walter Devillé (w.deville@nivel.nl)
Tim Greacen (tgreacen@ch-maison-blanche.fr)
Marija Bogic (m.bogic@qmul.ac.uk)
Marie Dauvrin (marie.dauvrin@uclouvain.be)
Sónia Dias (SFDias@ihmt.unl.pt)
Andrea Gaddini (gaddini@asplazio.it)
Natasja Koitzsch Jensen (naje@sund.ku.dk)
Christine Karamanidou (ckaramanidou@gmail.com)
Ulrike Kluge (Ulrike.Kluge@charite.de)
Ritva Mertaniemi (ritva.mertaniemi@thl.fi)
Rosa Puigpinós i Riera (rpuigpi@aspb.cat)
Attila Sárváry (asarvary@de-efk.hu)
Joaquim J.F. Soares (Joaquim.Soares@ki.se)
Mindaugas Stankunas (stankunas@med.kmu.lt)
Christa Straßmayr (Christa.Strassmayr@lubis.lbg.ac.at)
Marta Welbel (kzooz@ipin.edu.pl)
Stefan Priebe (s.priebe@qmul.ac.uk)

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Author's response to reviews: see over
To: Audrey Ann Reyes and Dr Katherine E Smith
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Cover letter MS: 9463563305285107 - Health care for immigrants in Europe: is there still consensus among country experts about principles of good practice? A Delphi study

Dear editors Audrey Ann Reyes and Dr Katherine E Smith
BMC Journal Editorial Office

Thank you for giving us the opportunity to submit a revised version of our manuscript. We adapted the manuscript according almost all suggestions for revisions made by both reviewers. Below we give more details for each point made by each of the two reviewers. The manuscript was also edited regarding the English used by two native English speaking colleagues. We hope that all revisions improved the manuscript and made it acceptable for publication.

Sincerely yours,
For all co-authors,
Prof.dr. Walter Devillé

Reviewer 1

Major Compulsory Revisions

The methodology is relatively newly developed, but of great potential interest for research in the area of health policy. However, some of the main weaknesses of the manuscript relates to the application of the method and lack of discussion concerning this:

The first step when the factors were reduced is insufficiently described although it probably is of pivotal importance for the results. The procedure was performed by teams in the participating countries. Who made up those teams? Did they get coordinated instructions? In such case those should be clearly described and the principle(s) of deriving the 186 factors should be made very clear. This should be considerably elaborated in the text of the manuscript.

We changed the text in paragraph 5 of the methods section addressing the procedures and instructions used in the reduction of the number of factors

“`The total list of initial factors in each country was then reviewed by a minimum of two researchers in each local research team using the following instructions: (i) factors that were identical or using only slightly different wording to describe the same phenomenon were grouped into one factor; (ii) factors covering more than one phenomenon were split into more discreet entities. Each research team sought to respect the nuances given to the factors by the experts, using the provided explanations and aiming to define factors that would be
meaningful for the same experts during the second round. At the end of this process, each individual factor consisted of a single summary statement, followed by an explanation composed by the research team but using only the comments provided by the experts themselves.”

We added also the following sentence to the results section:

“The local reviewing process to remove repetition at each site prior to round two reduced these lists to between 11 and 40 factors for each country.”

*The interviewees represent four categories (academia, NGO, policy makers and practitioners), but could be from very different disciplines (e.g. medicine, law, social science) within the same category when comparing the participating countries. Could some of the discordance stem from differences in disciplines, rather than from differences regarding “general consensus” between those countries, which the authors seem to conclude? This should be more thoroughly discussed by the authors.*

We added the following to the results section discussing discordance;

“Of the 120 round 2 scores containing discordant scores, 99 (83%) were voiced by 13 of the 126 experts who completed the Delphi process in 7 of the 16 countries. None of the four expert categories (academia, NGO, policy makers, practitioners, and no professional category) were over-represented in these discordant voices. Final factors containing discordant scores were frequent in: Greece (10/12), Austria (7/11), UK (7/12) and Portugal (7/13). However, the discordance in these final factors was all due to one single expert in each country, with the exception of the UK with 2 discordant experts. No other country had more than 3 final factors containing discordant scores.”

**Minor Essential Revisions**

*The description of the content of the nine topics constitutes a large share of the results section. It is rather tedious to read as plain text and is therefore better presented as a table.*

We reduced rigorously the text describing the nine themes and added the detailed description of the themes to table 3.

**Discretionary Revisions**

*(Very) Minor comment: In the results section, on page 8, it is mentioned that 127 out of 134 invited experts completed the last round, and thus eight experts dropped out. Obviously, this mathematical calculation has gone wrong somewhere…*

We corrected the error.

**Reviewer 2**

**Major Compulsory Revisions:**

*In Page6, Paragraph2 I am not sure what does it mean by the phrase '...English language software risked compromising participation...'?”*
We changed the sentence clarifying what we mean by “compromising participation”:

“It is not clear if the experts (participants) were asked to add their comment/s after rating (of each statement) or not. If ‘yes’, then it need to be explained how their comments were used in the following round of the study.”

Discretionary Revisions:

The calculation of ‘average rating’ is not quite clear. It is not clear if the average rating of each statement (factor) is the product of expert’s rating in each country only or all countries? In ‘Method’ section, it sounds the average rating were calculated for each country separately but in the ‘Result’ section it seems the top 10 factors (with highest rating) in all countries were merged together. Therefore, my suggestion would be using a flow chart to illustrate the whole process of data...
collection and analysis will be very helpful for reader.

See earlier answer on comments made regarding 2nd paragraph p7. With these clarifications we do not think that a flowchart is needed anymore.