Reviewer’s report

Title: What are the learning needs of Australian GP registrars for quality prescribing?

Version: 1 Date: 21 September 2010

Reviewer: Sarah Ross

Reviewer’s report:

This paper addresses an important topic of international interest. Unfortunately, the questions asked and therefore the findings reported do not contribute a great deal to current understanding. The study response rate is a major limitation.

- Major Compulsory Revisions

1. There are some issues with classification of drug related adverse outcomes which should perhaps be discussed. Not all adverse outcomes come from poor prescribing, and poor prescribing may not result in adverse outcomes. There are also issues about how to judge prescribing quality which are relevant. More evidence about the problem should be presented. The authors may find work by Aronson in the UK helpful.

2. There is also a lack of convincing data in the introduction that prescribing quality is a problem in primary care. There is a literature around this and the difficulties of changing established GPs practice which could be discussed. In the light of this, focussing on GP registrars is potentially helpful.

3. With regard to the methodology used, some further justification of qualitative methods is needed. Are there previous studies which could have been drawn on (eg on learning needs identification)? Are perceived needs the most useful indicator for designing educational interventions? Would a measure of actual prescribing be more helpful in identifying areas of concern?

4. How was the questionnaire designed and validated? More information about the questionnaire and its analysis is needed.

5. Recruitment methods are of some concern. It sounds like registrars were asked to participate by their supervisors, which may have made it difficult to say no. What incentives were offered?

6. The study has a very low response rate. There is no real discussion of biases that might be present. The table showing sample characteristics does appear to show differences from the larger population of GP registrars.

7. No account seems to have been taken of prior education in prescribing in undergraduate or hospital settings. Was this asked about?

8. There are more study limitations than discussed. This paragraph needs
revised.

9. No convincing argument is made about any failings of situated learning in prescribing. Similarly, the lack of certainty about how best to teach and improve prescribing is not discussed.

10. It is not clear what new findings are reported in this study.

11. The conclusion that better information about medicines is needed is not supported by the study findings. While auditing of prescribing is likely to be helpful, a cogent argument for this is not made.

- Minor Essential Revisions

12. Discussion, paragraph 2 – There is an argument to be made for limiting therapeutic agents to a personal formulary. Therefore, the suggestion that limiting options for consideration in prescribing decisions is not helpful and the authors point about lack of knowledge could be better made.

13. Discussion, paragraph 7 – Please reconsider the last sentence, which is an opinion which is not well supported by the evidence.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.