Reviewer's report

Title: Improving Primary Care in British Columbia, Canada: Evaluation of a Peer-to-Peer Continuing Education Program for Family Physicians

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Reviewer: Robin Osborn

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Title: Improving Primary Care in British Columbia, Canada: Evaluation of a Peer-to-Peer Continuing Education Program for Family Physicians
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Reviewer's report: Submitted by Robin Osborn

Overall Comments:
Overall, I think this paper makes a valuable contribution in reporting on the effectiveness of an innovative intervention that has been implemented in British Columbia with considerable potential for transferability to other Canadian provinces and internationally. The GPs overall satisfaction levels with the training modules are very high and the reported impact on wait times for appointments and confidence in managing patients with mental illness are impressive.

In terms of the findings, I nonetheless had a few questions, which I think are important for authors to clarify and have listed below under the requested reviewer headings.

1. Major Compulsory Revisions
   None

2. Minor Essential Revisions
a. In the Background section, it talks about the origin of the Practice Support Program, and says that it was prompted by a province-wide consultation process, but then doesn’t note what the key findings were and why they led to the development of the BC Practice Support Program, which matters if the reader is trying to assess whether this program meets its objectives.

b. The authors do not address the level of engagement in the intervention and its impact in terms of the province overall. So, while we learn about those GPs that did participate, there is no context and the reader has no way of understanding or knowing whether they represent 10% or 90% of all GPs in British Columbia. If they are a minority, it would be important for the authors to address in the Discussion section how to get broader take up of the intervention. Another question that might be relevant, is related to the incentives paid. How much were GPs paid to participate, did it affect who did or did not? Do we know anything about the GPs did who did not participate? Are they similar in terms of age, practice size, geographical representation?

c. The Discussion section could be a little stronger. The impact on practices is really striking, ie wait times for appointments and doctor-patient relationship, as is the the success of the intervention in terms of physicians’ willingness and ability to implement what they learned in their practices. It would seem that there would be great potential for expanding this model to other aspects of practice management and patient care and worth speculating on some of those. In addition, it would be good to comment on the potential for spread in British Columbia and “next steps.”

d. It is not clear how sustainable the findings were for the Advanced Access, Chronic Disease Management, Patient Self-Management and Group Medical Visits. The Methods section says:

“Surveys were administered to GP and MOA participants at the completion of the learning module which asked for their ratings of: (1) satisfaction with a number of aspects of the learning modules and (2) perceived impact on their work environment and their patients. For the AMH learning module, a more extensive outcome evaluation that included a three-to-six month follow-up survey of the GP participants was added to the end of module survey. The follow-up survey assessed the longer-term impacts and sustainability of the newly learned skills.”

Does that mean the survey was administered at the end of 6 months, ie after participants had undergone three learning sessions with 2 months action periods in between to try out the lessons, thus totaling a 6 month trial/implementation period?

In contrast, for the Adult Mental Health Module, was the follow up survey done 6 months after the intervention was completed, at one year?

e. Response rates from GPs are relatively low for some modules, and the data provided on page 4 was not especially helpful for understanding how representative the sample of respondents were of the overall participants. This
data would be better presented in a table showing the total participants and then breakdowns that added up to 100% for respondents.

f. In the Background section, there is also reference to other Continuing Medical Education intervention. In particular, the Australian General Practice and Education Program is cited. The kind of program that is described here does resemble what happens in many European countries. A key example that might be cited would be the Netherlands, where the Dutch College of General Practitioners has long been a world leader in similar programs of peer-to-peer training and Quality Circles. European primary care practices in many countries also participate in practice accreditation programs, which have many common elements.

g. Readers may find Table 1 confusing. The heading says “GP and MOA Attendance at the 5 Different PSP Learning Modules.” It is inserted in to the article in the middle of the discussion of response rates on page 4 and would seem to be data on response rates, except when the reader gets to page 8 and the discussion of Attendance, it is the basis of that, so should probably be moved.

3. Discretionary Revisions

a. It would be interesting if there was any corresponding data from patient surveys, to show whether the practice changes resulted in higher ratings from patients on their care experiences.

b. I would suggest omitting the section on Ethics review altogether or include as an Endnote. It seems irrelevant.

c. It might be helpful to include a definition of Medical Office Assistants? Are they administrative staff or do they include health professionals, eg nurses or support staff with medical training?

d. The article would be more reader-friendly if it did not use acronyms thoughout. Almost every line on page 4 includes an acronym.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.