Reviewer's report

Title: Family Physician Practice Visits Arising from the Alberta Physician Achievement Review

Version: 1 Date: 24 May 2013

Reviewer: penelope davis

Reviewer's report:

Response to Questions posed in the Guidelines for review.

1. Is the question posed by the authors well defined? Yes, the questions arise logically from the description of the program and are clearly indicated as a comparison of the issues raised by in office review of “flagged” physicians whose performance on a PAR review was differentiated from “unflagged” physicians. The discussion is however a circular one in that “flagging” process occurs only if candidates results on the PAR program were identified as “significantly lower” than others.

The aim of identifying the themes and subthemes and their frequencies during the practice visit was well identified.

2. Are their methods appropriate and well described? I have some concerns with the use of grounded theory solely as a source of themes. Grounded theory, as expressed by Glaser and Strauss, requires a more aggressive review of the validity of the selected themes and the consideration of links between the themes. This may have been carried out by the application to the extreme 2% of PAR physicians, but in the absence of thematic review of physician practices which were not reviewed by a practice visit this is not clearly expressed in the article.

3. Are the data sound? Based on published work by Lockyer, Violato etc. there is good evidence for the validity of the methods of data collection and of its consistency.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Yes

5. Are the discussion and conclusions well balanced and adequately supported by the data? The conclusion paragraph suggests that it supports the educational program which stimulates practice quality improvement and a 78% practice change in response to recommendations from the visit is very impressive. However I am not sure that this paper can be entirely said to provide “additional evidence for the construct validity of a regulatory authority educational program in which multi-source feedback regarding performance stimulates practice quality improvement” since it is related specifically to a practice visit using very different tools than those used in the general PAR program of multi-source feedback delivery, and should be identified as such.
The themes identified are well supported and in keeping with my experience from the Saskatchewan peer review program

6. Are the limitations of the work clearly stated?

One limitation which is not addressed is that there are no peer office visits to physicians who are not “flagged” by the peer review process in Alberta; it is therefore not clear how the themes identified reflect the activity of non-flagged physicians on the continuum of performance. In the absence of this information it is not possible to identify if the flagged physicians represent an extreme of a continuum or if there are specific deficits in their practice or personality which predispose to poor performance.

A second unidentified limitation of the study is the lack of explanation of the scopes of practice of physicians who fall into both the “flagged “ and “non-flagged” categories.

7. Do the authors clearly acknowledge any work on which they are building, both published and unpublished? They do. The basis for the tools used in the program and the validity of its reports is well supported, and the process by which reports are ultimately reviewed and correlated to the PAR data is identified in the articles cited. However, work has been done in the Nova Scotia PAR program and the Saskatchewan Peer assessment program which also has generated data on common themes involved when physicians are flagged by peer review program, which may have enriched the article.

8. Do the title and abstract accurately convey what has been found? Yes

9. Is the writing acceptable? Yes

Reviewer’s report

Please number your comments and divide them into

1. - Major Compulsory Revisions; None

- Minor Essential Revisions;

2. In reference #15 the initial “J” is underlined.

3. There is little explanation of how physicians move from the statistically flagged 20% to the 2-4% who receive a visit.(Background 3rd paragraph). A fuller description of this process would underline the significance of selecting only this group for site visit.

4. I believe that the conclusion should indicate that although the office visit is a part of the overall PAR program it is an extension of the initial phase and a reinforcement of the feedback process.

5. There is little explanation of how physicians move from the statistically flagged 20% to the 2-4% who receive a visit. A fuller description of this process would underline the significance of selecting only this group for site visit.
6. It was unclear from the tables if the comparison group were reviewed only by the PAR tools or if any further interviews or visits were involved in the previous study of 250 physicians mentioned in table 1. It was not clear that the survey described in reference 11 was in fact the group of 250 in table 1.

7. In previously reviewed groups between 25 and 66% and of physicians reported initiation of change as a result of a PAR report. This article reports that physicians given feedback from a multi-source feedback process, a practice visit and detailed educational support demonstrate a 78% response. The article would be enriched by study of the cumulative levels of response in all three stages among the same group of physicians.

- Discretionary Revisions

1. In table one I assume that the numbers for Males, Canadians etc. are listed as percentages of the ‘n’ of 51. Perhaps this should be specifically expressed

**Level of interest:** An article of importance in its field

**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.