Reviewer's report

Title: How to set up and manage a trainee-led research collaborative

Version: 2
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Reviewer: Robin Urquhart

Reviewer's report:

The revised manuscript is greatly improved, particularly by taking the information out of the boxes and putting it into text. By doing so, the authors have provided a clearer picture of this research collaborative, how it formed, etc. There are a few parts that could be described a little further in order to demonstrate how the collaborative actually functions – for example, with respect to developing local networks and linking with local organizations/groups, how do collaborative members do this? What types of networks have been established and exactly what do they contribute to the collaborative? Some of this is more readily apparent (e.g., clinical trials units) versus others (e.g., patient groups).

Overall, there are a few minor things that could be addressed:

1) I believe it is sufficient to state that the authors have not found that the commitment of trainee doctors was an issue. I believe the question they ask "when given a choice of joining a successful collaborative, why would they insist on doing small scale, potentially poor quality studies?" is not really needed. I can personally think of many reasons why people would choose to continue doing what they are doing – e.g., they do not believe their research is small scale or potentially poor quality (and it might not be), they do not believe there is “added value” to the collaborative, etc, etc.

2) I do not get a great sense of how the collaborative has actively engaged local networks and resources. There is little described about this – both how they engage these groups and what it adds. Related, under the description of efficient study administration, the authors do describe how clinical trials units and regional NHS based research networks can support their work. Is this description more about engaging local networks and resources than efficient study administration? I am uncertain if this is the case, but, if so, then perhaps it could be moved accordingly?

3) When mentioning the Scholarly Project and the Research in Medicine program, I believe it is more accurate to change the term “many” to “some” (so, “… some North American medical schools.”). In addition, I am unclear about what the authors mean by the sentence “This sets collaboratives apart from the …”. Could the authors be a little more explicit in this sentence (that is, what exactly sets them apart?)? Finally, when comparing the collaborative to a more formal learning approach, could the authors state that they believe the collaborative delivers greater satisfaction, etc., than a more formal curriculum?
Right now, they state this as though it is a fact, and it might not be. We don’t know.

Minor issues not for publication:

1) Throughout the paper, the authors use strong language to describe their experiences, which are not necessarily supported by references, other evidence, etc. I believe some of this language should be tempered. For example:

a) In the Summary Box, the third point states “Doctors in training should establish research collaboratives …” While I believe the work these authors have done with the collaborative is truly fantastic, I am not sure this paper provides enough evidence to recommend that all doctors in training should establish collaboratives. It might be that these collaborative would not work in other settings/contexts where research is not as highly valued or the organizational and health system contexts do not have the resources and supports available to support trainee doctors in research. In such settings, this might not be a good model – we simply do not know. The point might be better stated as: “Research collaboratives can provide doctors in training with positive experiences in research, outputs with great scientific value and clinical relevance and opportunities to ultimately change practice.”

Related to this, I believe the first point in the Summary Box (“For decades, doctors in training have spent countless hours on fruitless and ungeneralisable research projects”) should be removed. This statement is strong, and the authors have not provided much data to support it.

b) In the Background section, at the end of the first paragraph, the phrase “inevitable failure” is somewhat of an exaggeration. While I agree that without adequate supports, doctors in training can begin projects that are overly-ambitious, impractical, etc., this does not mean inevitable failure for everyone. This phrase should probably be toned down.

c) In the Background section, in the last paragraph, the sentence that begins with “It is clear that …” and ends with “is required” is again strong language. Is this type of forum really “required”?

d) In the section “How to manage a research collaborative so that it delivers high quality research projects” where the authors discuss efficient study administration, the authors use the term “impossible.” This term is hyperbole and another term might be better (improbable perhaps?).

2) I believe references are warranted is some places. Specifically,

a) In the first paragraph of the Discussion section, the last sentence that begins with “In effect, the literature on non-medical scientific collaboration …” should contain references.

b) In the Discussion section where the authors are discussing national endorsement and encouragement, both a Reference and additional context are
warranted for the sentence that begins with “Recommendations 7 and 8…” This journal will be read internationally and many will not know what the authors are referring to.

c) References (website references) for the Scholarly Project and Research in Medicine program would be valuable.

3) There are a number of portions of text with incomplete sentences. This is particularly true for the portion of the manuscript where the authors present the eight fundamental principles using numbered bullets. For readability purposes, I would recommend the authors revisit this part and complete the sentences.

4) Because this is an international readership, could the authors please spell out the acronym “NIHR” found in the eight fundamental principles section?

5) Boxes 1 and 2 are unnecessary since the information is all or nearly all provided in text.

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

**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.