Reviewer's report

Title: Identifying outcome-based indicators and content for a continuing medical education programme on rational prescribing using a modified Delphi process

Version: 1 Date: 28 December 2007

Reviewer: John Yaphe

Reviewer's report:

Minor Essential Revisions

Dear Dr. Norton,

Thank you for the opportunity to review this paper for BMC Medical Education.

The paper by Esmaily et al. presents the results of the use of nominal group process or the Delphi method to determine the content for a course on drug prescribing in the framework of CME for GPs in Iran. The need for the project was based on previous research showing deficiencies in practice. They used an accepted methodology and conducted the survey in a competent manner. The findings of the survey produced a list of items including measurable cognitive and behavioural objectives that can be included in a course on prescribing. As such the paper represents a contribution to the literature and should have practical implications for medical education locally.

I have a number of suggestions for the authors to consider before publication of the paper which may improve its impact on a wider audience.

1. Introduction The authors state the case clearly for the need for this study. The references to papers on effective CME and OBE are current and relevant. It might be worth mentioning here or in the discussion that other researchers have used the Delphi process to identify errors in prescribing with similar findings. I suggest they read and refer to the papers of Dean et al. What is a prescribing error? (http://qshc.bmj.com/cgi/content/full/9/4/232) and Ghaleb et al. What constitutes a prescribing error in pediatrics? (http://qshc.bmj.com/cgi/content/full/14/5/352) Walley and Webb also used the Delphi method to develop a curriculum in pharmacology and therapeutics. (Br J Clin Pharmacol 1997; 44: 167-170)

2. Methods The Delphi process was explained clearly and was well conducted. There was purposive sampling of a wide range of experts and stakeholders.

3. Results I would like to know if the 9 non-responders in the first round were all from one professional group (e.g. all GP's or all medical specialists) to assess bias.

The main findings are clear and have content validity.
In Table 1, I might reword Point 9 as “adequate duration of treatment” rather than “adequate course of treatment”.

Point 12 in Table 1, “homogeneity of prescription per individual” is not clear. I do not know what the authors mean. Can this be reworded?

4. Discussion The discussion clearly reviews the major findings of the study and their importance. It is not clear what the reference to Bloom’s taxonomy adds on page 11. Perhaps the authors might give a specific example of how they would define, teach and assess important skill objectives or attitudinal objectives that are missing from the list of objectives they obtained in their Delphi process. I agree with the authors’ emphasis on the constructive alignment approach. Outcomes need to be tied to content and assessment as well as teaching methods. The next step would appear to be involvement of the target audience, i.e. the GP’s themselves in the construction of the course. This was the key message in our paper (Reference 9) that the authors kindly quoted.

5. References There are small technical editing corrections required in references 1, 3, 4, 5 and 19 so that the journal names of the BMJ and JAMA conform to Vancouver style.

This paper may be accepted for publication after minor revision.

Thank you for the opportunity to review this study.

Sincerely,

Dr. John Yaphe

What next?: Accept after minor essential revisions

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.