Reviewer’s report

Title: Qualitative study of the effect of a protected learning time educational event for diabetes: interview study of practitioners

Version: 1 Date: 31 October 2007

Reviewer: DAVID CUNNINGHAM

Reviewer’s report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

I found this paper to be interesting and as such is worthy of publication. There are some points I would want to raise with the authors that need addressed, before publication.

1. the aim of the study is to investigate the perceptions of practitioners, but the results in the abstract section focus on prescribing issues, rather than the perceptions of practitioners towards PLT and diabetic care.

2. in the background section of the paper, the authors describe TARGET as being "innovative". Can their TARGET scheme be described as innovative, when they refer to TARGET Doncaster starting in 1998, some three years earlier. is their scheme innovative only to their local area?

3. page 5 describes the study as having aims (plural) but I felt the study had only one aim: to explore the perceptions of participants in the TARGET scheme.

4. the Methods section was confusing. much of the methods section deals with the description of TARGET rather than the description of the study itself- the exploration of participants' perceptions towards TARGET and how it improved diabetic care. the authors need to label this more accurately, or divide the methods section into one that describes TARGET and then the method of the study itself.

5. page 6 describes the selection of interviewees as being random. this is a term more akin to quantitative research than qualitative, and I wonder if this should be purposive selection. The use of "interviewees" needs further description. Is this individual participants or selected general medical practices?

6. page 6. Could the authors describe what they mean by "little/some/great". and how did they decide how prescribing figures were used to allocate practices to the four groups?

7. How were individual practices invited to participate? And how were individual participants in practices recruited? How were they interviewed? one-to-one in depth interview, or focus groups? If so how were these run and moderated?
More detail is needed here so that readers can understand the process. Perhaps the method section of TARGET could be reduced to compensate.

8. were just GPs and practice nurses invited to take part in the research? Why were these two groups chosen? What about practice managers, administrators, district nurses etc? Would they not have a role to play in the changes described? I think this is a narrow view of the agents of change in a practice, the authors need to tell why they were chosen to the exception of others.

9. Why did the authors chose to wait 18 months after the TARGET event? Can they reflect that participants may have forgotten what happened at the event that made them alter their practice’s prescribing?

10. when transcriptions were returned, were they checked against the audio-recording?

11. the authors need to give more details of the analysis used- who did the analysis? One or more people? How were conflicts and differences in the analyses resolved if any?

12. page 7 results section. The results describe the results of the TARGET meeting, rather than the results of the interviews. The authors need to describe this more effectively. Perhaps there should be two results sections. Bullet points could be used to make this more effective- the results could be bulleted, or placed into a table, so that readers can quickly find a summary of the results.

13. In general the results section showed under-analysis. some pages showed a list of quotes from research participants. These lists were often quite fragmented and need more connections made. The authors should spend more time on analysing the results rather than just listing quotes. In my opinion this was the biggest weakness of this paper. The use of different heading styles would emphasise the results into more obvious themes. Page 10 is a good example of how a series of sub-themes with a range of quotes of raw data beneath them shows under-analysis and protrays sub-themes as being themes.

14 Discussion. I found no problems with this section

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

the paper’s sections should be laid out on separate new pages for each section i.e. abstract, introduction, methods etc.

References

The authors should have publications in italics so that readers can identify the journal/publication quickly. I could not find the website for reference 7 and there is no access date given for this. I know from previous experience that this website has not been available for several years. Reference 11. Should give more detail of the journal involved. At present it is listed as "qual 1992" what is meant by this?
Discretionary Revisions (which the author can choose to ignore)

**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**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.