Author's response to reviews

Title: Primary medical care in Irish prisons

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Author's response to reviews: see over
Dear editor

Please find attached the resubmitted manuscript entitled **Primary medical care in Irish prisons**, taking account of the reviewers’ reports. Because there is some overlap between the referees’ comments we are addressing the comments under three headings as laid out by Dr Chong and incorporated Dr Bird’s comments.

**Major revisions**
The major revisions requested relate to the context of the study. The manuscript is based on a review commissioned by the Irish Prison Service as a result of an industrial dispute between prison doctors and the Irish Prison service in 2005. The terms of reference of the review were jointly agreed between the Irish Prison Service and the doctors’ representative organisation. This context presents some inherent limitations which have been identified by the reviewers. There was limited funding available for this work and it was not possible to employ more than one inspector (DT). The inspector visited the prisons and gathered primary data. In addition, information was provided by the Irish Prison Service to corroborate or not information gathered through the inspection process. There are also independent inspections of Irish prisons carried out under a statutory basis and these give a further information to inform the review. The instruments used to carry out the review were drawn up as part of the terms of reference of the review and were only used after the agreement of the two protagonist sides in the dispute agreed. The data collection instrument, appendix B, was an adaptation of a questionnaire which was used in the competence assurance pilot study carried out in general practice by the Medical Council. This is deemed the most appropriate comparator and, coupled with the different management approach to prison health care in Ireland compared to Great Britain, explains the absence of detailed references to British prisons. However, we have referenced literature from the United Kingdom to highlight the potential learning in Ireland from the United Kingdom, both from Scotland and England and Wales.

The doctor who carried out the inspections for this study (DT) was the same doctor who was involved in the competence assurance exercise for general practice on behalf of the Medical Council. The judgement of the inspector on whether facilities were suitable or unsuitable was based on the global judgement of the inspector. In relation to the comment on column headings in point 4 of Dr Chong’s review we believe the columns do not represent duplication but are matters of fact, with accompanying judgements on suitability.

Because of the limited funding for the study not all prisons in Ireland could be inspected and 3 were excluded. However, of each prison type excluded, another was included in the review (a prison for young inmates, an open prison and a prison for sex offenders). The excluded prisons were excluded by the research team and not by the Prison Service or the doctors. While the exclusions were not random we believe the prisons included (representing almost 80% of prisoners) are representative of Irish prisons.
These limitations and methodological queries are all addressed in the revised text; principally in the background, the methods, and the discussion.

**Minor revisions**
Table 3 has been reordered. In relation to prisons’ answers per question there are concerns about anonymity as the prison doctor community is small and the research team felt it better not to risk identification of individual doctors by providing more details i.e. individual answers for each question. The minor revisions 6, 7, 8, 10 from Dr Chong’s review have been addressed in the relevant parts of the text.

**Discretionary revisions.**
There is considerable movement between prisons and in addition information on age, and average duration of incarceration is not available. The only systematic demographic profiling of the prison population occurred in anonymous studies carried out by some of the current research team in the late 1990’s but this information is out of date. In relation to why some survey items were selected and not others we chose what we feel to be the most important and relevant in the Irish setting. Because the methods of data collection in our report and in the report on the structure of general practice in Ireland are quite different we feel statistical tests are not appropriate.

As we were not approaching patients and the study related to healthcare provision we had not sought ethical approval. On receipt of your last email we contacted the chair of the ethics committee of the Irish College of General Practitioners and discussed the matter with him. His advice was that no ethical approval was required for this study as patients were not approached by the researchers.

Yours sincerely

Joe Barry