Reviewer's report

Title: Motives and preferences of general practitioners for new collaboration models with medical specialists: a qualitative study.

Version: 1 Date: 7 August 2006

Reviewer: Thomas Rosemann

Reviewer's report:

General
The aim of the paper of Anette Berendsen colleagues obviously is to assess motives of GPs for new collaboration models with specialists. They are addressing to research questions – as stated in their paper- What motivates GPs to initiate and sustain in new models and what kind of collaboration models do they prefer.

I have some serious concerns if the presented paper does really answer these questions. First of all, the appropriate approach to the question â€œwhat kind of collaboration GPs preferâ€ would be rather quantitative than qualitative. A qualitative study would be appropriate if the question would be â€œwhy do GPs prefer certain modelsâ€.

Overall, Iâ€™m not convinced that the paper provides substantial new knowledge on the topic. The fact that after the 13th interview nor new issues occurred may indicate the approach was too focussed. The process of data analysing has to be clarified and displayed. And the conclusion should be solely based on findings reported earlier in the results section.

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

Abstract
The conclusion section of the abstract is too long and includes results rather than conclusions. The conclusion â€œThese motives will probably not lastâ€ is unclear to me and not based on results (at least not based on results presented in the paper).

Background
To ease interpretation of findings it is important to learn about the situation in which they were collected. So it would be interesting to learn about current collaboration models in the Netherlands. For instance it would be interesting to present data about the study sample, including pre-experiences with collaboration models in a table.

Methods
â€œData gatheringâ€ section. The authors just mention â€œtopics for discussionâ€. How did the interviewers know what to ask? Did they create an interview guideline, a list of topics to address or did they just ask the two questions about motivation and preferences? Please clarify.

â€œAnalysisâ€ section. Please clarify what is meant by â€œThe transcripts were also read by senior researcher to control for biasâ€. The term â€œbiasâ€ is not familiar to me in the context of analysing qualitative research.

The authors state that the analysis was performed according to the rules for qualitative work and the framework method. It would be very informative to display the extracted framework/maps in tables as it is usually the case when reporting qualitative results.

Results
Why were the interviews performed over such a long time (May 2003-March 2005)?
The authors stated that "no new issues emerged after the 13th interview." This is quite a small number. It could indicate that a qualitative approach was not the appropriate approach since it was too much focused on certain issues.

"Increasing medical knowledge" section (page 7). "They considered evidence based knowledge an important source of knowledge." This is a surprising result since the literature is full of examples reporting about GPs' provisos and resistances to implement evidence based medicine in their daily work. (Grol R, Grimshaw J., 1999)

Discussion

In the discussion section are several statements which are not based on results reported earlier in the paper.

For instance: There are no results reflecting the statement "GPs would like to influence medical specialists to the competencies..." earlier in the text.

And sometimes results are reported as for instance: "They felt this to be especially true for cardiology, pulmonology, etc." This is a result and if it is to be discussed it should have been reported in the results section.

Study limitations. It should be discussed, as mentioned above why new findings occurred after 13 interviews. To objectify qualitative results verification by a senior researcher is not the appropriate approach. Objectivity can be better reached as obviously done by the authors- if researchers work independently on the different steps of analysing and discuss their results after each step with the aim to develop an objective approach (Malterud K 1993).

Conclusions

As in the abstract, the conclusion is much too long. It should present within two or three sentences implications for daily practice or further research. Here it contains statements (results) which are not mentioned before, as e.g.: "Once this knowledge has been absorbed, the continued existence of the collaboration model is threatened." This is a completely new finding and no conclusion.

Later on the authors state: "Based on the information obtained in the presented study, however, the perceived merits of professionalism dominate over the design of new collaboration models." I did not understand how this can be put in opposition to each other. Please clarify.

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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)

some typing errors (page 12, "too much paperwork,.and,"

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Discretionary Revisions (which the author can choose to ignore)

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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 limited interest

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests