Author's response to reviews

Title: Characteristics of national registries for occupational diseases: international development and validation of an audit tool (ODIT)

Authors:

Dick Spreeuwers (d.spreeuwers@amc.uva.nl)
Angela GEM de Boer (a.g.deboer@amc.uva.nl)
Jos HAM Verbeek (j.h.verbeek@amc.uva.nl)
Frank JH van Dijk (f.j.vandijk@amc.uva.nl)

Version: 2 Date: 17 August 2009

Author's response to reviews:

1. Reply to reviewer Kristina Kjaerheim:

I want to thank the reviewer for the compliments and the considerations concerning the article. I would like to reply as follows on the comments the reviewer has put forward in the report.

Completeness of notification form:

The reviewer is right that coding and classification is a major issue to take into account. The reality is that different registries use various systems of coding and classification. In the article we suggested to use a standard classification only for diagnosis and exposure. The majority of the experts in the Delphi study agreed with that. Concerning the shortlist of exposures we have added a reference (number 44), as the reviewer suggested. We agree with the reviewer that there are also international coding systems for occupation and industry, but none of the experts in the Delphi study did suggest using these classifications and they agreed with our proposals.

Concerning the assessment of the probability of the causal relation we have mentioned in the results that three experts also said that the concept is not feasible or should at least be clarified. We agree with that, but we are of the opinion that elaboration of this concept exceeds the boundaries of this article.

Finally, we agree with the statement that the location of coding (locally or centrally) could matter for the quality of the registry. However, we think that it is not possible to make a distinction between high and low quality on the basis of this issue. Besides, none of the experts in the Delphi group has put forward this issue.

Coverage of registration:

The reviewer comments that it is not stated who the “notifying physicians” are meant to be.

We did not specify the group of “notifying physicians”, because the composition
of the group is different in various countries. Actually, in some countries employees with occupational diseases will attend the occupational physician, whereas in other countries they might attend the GP. Therefore we did not determine how the group of “notifying physicians” should be composed, we only stated that the group assigned for notification of occupational diseases should cover 75% of the working population.

Guidelines or criteria for notification:
It is not clear to the reviewer whether guidelines for assessment of occupational diseases actually are available at present or whether they must be established. The reviewer asks for references to guidelines if present.

We stated that guidelines should be available to meet the criterion of good quality. Because of the fact that this is a general criterion we did not refer to specific guidelines. If a registry will be audited with the aid of the ODIT instrument, the references to the guidelines should of course be documented.

Education and training:
The reviewer is of the opinion that this would have to be similar across countries.
We agree that this would be a very good aspiration.

Completeness of registration:
We agree with the reviewer that it is difficult to assess the completeness of the registration, because the reporting performance of physicians will differ. We also put forward this issue in the Discussion part. We are of the opinion that it is indeed hardly possible to assess the true coverage, but that the assessment of the degree of participation of physicians at the registry is a derivative of the true coverage and therefore can be used as a quality indicator for the registry.

Investigation of special cases:
We agree that investigation of special cases require occupational health clinics and require certain preconditions from the registration, for example the notified cases will have to be identified to be able to investigate them.

Presentation of monitor information:
We realize that incidence rates provided by registries should be considered with reticence. In the discussion part we “conclude that registration alone is not enough to provide all the figures needed. In addition, we should like to stress that the national monitoring of occupational diseases is a crude evaluation of preventive policy”.

Total quality score:
We have developed a weighted total score on the basis of the comments of the experts concerning the weight of the indicators. The total score can serve as a rough measure of the quality of the registry. The ODIT instrument has been developed as a quality improvement tool, and therefore it is more important to focus on the scores on the different indicators (and to improve them) than on the
Finally, the calculation of sum scores for the monitoring and alert function of registries might be criticized. One or more of the individual items might be more fundamental or even a prerequisite for the validity of the registry. Although we tried to account for this problem by using weighted scores, the sum score can only be used as a crude measure of the quality of a registry.

2. Reply to reviewer Daniela Pelclova:

I want to thank the reviewer for the compliments and the considerations concerning the article. I would like to reply as follows on the comments the reviewer has put forward in the report.

EU shortlist:
We added a citation, as the reviewer suggested.

Quality of the guidelines:
The reviewer states that not only the existence of guidelines for occupational diseases is important, but also their quality and that the quality of a guideline can lead to over- or underestimation of the incidence of an occupational disease.
We agree with this statement and discussed it in the Discussion part: “For example, the criterion for the indicator “guidelines or notification criteria” requires the availability of guidelines for six reference diseases. But this criterion does not contain requirements for the underpinning scientific evidence of the guideline itself. Actually, there are many differences between the guidelines or criteria for notification of various countries.”
We added the following sentence: Moreover, the severity level of the disease in the criteria for notification might lead to over- or underreporting.

The same reasoning goes for evaluation of the exposure, as the reviewer states correctly in the comments. In the discussion part we have mentioned that this should be elaborated further in the quality improvement process. Actually we should like to promote the development of evidence based case definitions of occupational diseases.

Finally, the reviewer calls attention for the possible conflict of interests of physicians who notify and acknowledge occupational diseases.
We added the following sentence:
“The possible conflict of interests of physicians who notify and acknowledge occupational diseases might also play a role in the quality of the register. In some countries the physicians are employed by social of accident insurance companies and in other countries by hospitals or universities.”

3. Reply to reviewer Paul Dugdale:
I want to thank the reviewer for the compliments and the considerations concerning the article.