Reviewer's report

Title: The Complexity of Quality Improvement in the Management of Type 2 Diabetes Mellitus in General Practice

Version: 2 Date: 3 March 2009

Reviewer: Tim Rapley

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1. Major Essential Revision
You note that, from your interviewees, four FPs did *not* confirm the importance of improved ‘adherence’ to EBG. Given the importance of deviant (or negative) case analysis to claims making in qualitative research and given that the QIP was centred on FP working with EBG, I think you need to unpack this issue more. Did these four all share similar views, could they be grouped in some way, is there key factors that link them? Basically, in what sense are they deviant case – exceptions to the norm, something that reflexively shows us what is normal, or a group that means we have to re-evaluate and re-specify your findings as a whole?

2. Major Essential Revision
At various points you place interview quotes in boxes in the text without ever referring to them in the paper. At the very least you need to signal when the reader should refer to them. For me, you need to find some to better integrate your findings with your unfolding narrative. Also, ending the discussion section with a text-box, without some form of closing work does not work for me (but clearly I’m fussy).

3. Major Essential Revision
At a few points in the discussion you raise an issue and then move on, without unpacking it and commenting further on the implications.

3a. You note that the nurse educator carries out functions that FPs lacked time or did not possess adequate skills or motivation. Additionally, giving such tasks to another is a nice way for FPs to sustain their ongoing relationships with patients, to distribute this work and the potential implications for problematising their relationship with this patient. And this distribution of rights, responsibilities, tasks – between patients, FPs, nurse educators and others – over time seems central.

3b. You raise the issue of change being neither ‘black’ nor ‘white’ and then give the examples of age and immobility. This issue is not even introduced in the results section and yet you offer it as a factor and don’t really explain its impact.

3c. You note that future work could involve interviews or focus groups with practitioners and patients. If part of the issue is the impact on interactions between health professional and patients – and you currently only have access...
to peoples retrospective reports of these issues - why not observe, audio-record or video-record the encounters?

3d. You note that qualitative work may clarify the improvements, and can also reveal a program’s limits – could you show us, or be more explicit about this?

4. Minor Essential Revision
It would be nice for the reader to an overview – be it in chart or table form – of the QIP.

5. Minor Essential Revision
You refer to specific discursive and embodied practices used in the interview – formulations, reassuring intonation and body language. You then claim, that you feel this resulted “in answers with more depth than obtainable with the qualitative schedules normally used”. Such interactional work is pretty routine in the ‘how to’ literature on interviews, reports of how people claim they interview and actual empirical studies of interviewer-interviewee interaction. I just feel you could downgrade your claims about the uniqueness/specialness of your approach – it is really not essential for your argument.

6. Minor Essential Revision
You note that you engaged in theory-based deduction using the ‘implementation model’ of Grol et al. Could you briefly unpack for the reader why you went with this model over any of the others that you could have drawn on?

7. Minor Essential Revision
You note that ‘Data saturation was observed after 17 interviews’. I’m never quite sure what this practically means (despite using and thinking with the concept myself). Could you, briefly, unpack what you mean by this?

8. Discretionary Revisions
I realise that the tradition you work in is different, but, rather than refer to ‘adherence’ or ‘compliance’ the new vogue (initiated by Royal Pharmaceutical Society of Great Britain [1997] for some good theoretical, moral and practical reasons) is to refer to this as ‘concordance’.

References

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.
Declaration of competing interests:

I declare that I have no competing interests