Author's response to reviews

Title: The Translation Research in a Dental Setting (TRiaDS) Programme Protocol.

Authors:

Jan E Clarkson (j.e.clarkson@cpse.dundee.ac.uk)
Craig R Ramsay (c.r.ramsay@abdn.ac.uk)
Martin P Eccles (martin.eccles@ncl.ac.uk)
Sandra Eldridge (s.eldridge@gmul.ac.uk)
Jeremy M Grimshaw (jgrimshaw@ohri.ca)
Marie Johnston (m.johnston@abdn.ac.uk)
Susan Michie (s.michie@ucl.ac.uk)
Shaun Treweek (s.treweek@cpse.dundee.ac.uk)
Alan Walker (Alan.Walker@nes.scot.nhs.uk)
Linda Young (Linda.Young@nes.scot.nhs.uk)
Irene Black (Irene.Black@nes.scot.nhs.uk)
Debbie Bonetti (d.bonetti@cpse.dundee.ac.uk)
Heather Cassie (h.cassie@cpse.dundee.ac.uk)
Jill Francis (j.francis@abdn.ac.uk)
Gillian MacKenzie (gillian.mackenzie@nes.scot.nhs.uk)
Lorna MacPherson (l.macpherson@dental.gla.ac.uk)
Lorna McKee (l.mckee@abdn.ac.uk)
Nigel Pitts (n.b.pitts@cpse.dundee.ac.uk)
Jim Rennie (Jim.Rennie@nes.scot.nhs.uk)
Doug Stirling (douglas.stirling@nes.scot.nhs.uk)
Colin Tilley (c.tilley@nhs.net)
Carole Torgerson (cjt3@york.ac.uk)
Luke Vale (l.vale@abdn.ac.uk)

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Author's response to reviews: see over
Re-submission of protocol 6057842783454396 - The Translation Research in a Dental Setting (TRiADS) Programme Protocol.

Thank you for considering a resubmission of the above protocol for Implementation Science. We are grateful to both the reviewers for their helpful comments and have set out our responses to them in the table below. Please contact me if you would like further elaboration of these points.

Yours sincerely

Jan Clarkson (on behalf of all authors)

<table>
<thead>
<tr>
<th>Reviewer 1 Helen V Worthington</th>
<th>Reviewer 2 Richard Baker</th>
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<tbody>
<tr>
<td>• The text mentioned the public and patient but much of the process does not involve patients - see Table 3.</td>
<td>1. The opening of the background could usefully set out in a sentence what the paper is about... would bring some focus from the start.</td>
</tr>
<tr>
<td>Table 3, 2nd row has been amended to show where the public and patients are particularly involved in the process, as mentioned in the text.</td>
<td>The text under ‘Background’ has been amended as suggested</td>
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<td>• It would help future researchers, managers, and policy makers to have an estimate of the costs and benefits for each activity. There is a cost of the data collected, either routine or bespoke, to make the decisions and for different interventions will have different costs.</td>
<td>2. Information on the timing of the initiatives is needed. The launch of SDCEP in 2004 is reported, but the date for initiation of TRiADS is not. The launch date details would help the reader understand what is likely to have been achieved thus far, and what is to come.</td>
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<td>This type of information is to be collected in the Diagnostic Analysis under the section heading Deciding on the need for a knowledge translation intervention (Pg. 11) to answer Q4, ‘Is it feasible to evaluate an intervention (in terms of programme resources and other external factors)?’ The text now makes a more specific reference to this i.e. ‘Information relating to the expected costs and benefits of the decision to proceed including obtaining access to routine data, undertaking the diagnostic analysis and developing the intervention will also be analysed.’ Table 3, Row 1 column 3 also has been amended.</td>
<td>Date of TRiADS launch on page 4</td>
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<td>• In Table 2 I think it is important to show that these selection criteria have been identified a priori rather than depending on the guidance topics covered so far.</td>
<td></td>
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<td>A note to this effect is now included at the end of Table 2.</td>
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<td>• On page 10 the first question may need rewriting. I do not think variation is the key issue here.</td>
<td></td>
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<tr>
<td>This research question has been amended by deleting the word ‘variation’ so that it now reads: ‘Do we know that there is sub-optimal performance?’</td>
<td></td>
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### Discretionary revisions

1. The background gives a general overview of implementation. Much of this is likely to be familiar to Implementation Science readers, and might usefully be condensed. The space gained could be used to enhance the emphasis on the issues important for dentistry.

   It is anticipated that this paper will be accessed by dental healthcare professionals and policy makers who may not be familiar with the background information. Accordingly we have not condensed the background.

2. Some brief consideration of past work in dentistry specifically might be considered. There could also be some comment on the peculiar challenges to implementation in general dental practice. The structure of dental services in Scotland is described, and some discussion of how TRiaDS is particularly suited to this context would be worth including.

   Consideration of past work in dentistry has been included on pages 2 and 3 as has discussion of how TRiaDS is suited to the primary care dental setting on page 3.