Reviewer's report

Title: Managing Boundaries in Primary Care Service Improvement: A Developmental Approach to Communities of Practice

Version: 1 Date: 5 June 2012

Reviewer: Jeffrey Braithwaite

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Responses to the editor’s seven structured comments

1. Is the question posed by the authors new and well defined?
   Yes

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?
   No, but they can readily be: see comments below.

3. Are the data sound and well controlled?
   Only if either triangulated as promised, or the claims of triangulation are removed.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   Yes.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
   No, but they can be.

6. Do the title and abstract accurately convey what has been found?
   Only in part.

7. Is the writing acceptable?
   Yes.

Substantive review

Background comments

1. At the outset, and as a way of dealing squarely with any conflict of interests, I have been familiar with the work of this group for some years, and I saw some of the research from which this paper is drawn presented at a conference in April 2012. Having said that, I do not feel conflicted in offering an assessment of the manuscript.

2. CLAHRCs are becoming increasingly recognised in the UK context as a vehicle for attempting to realise collaborative activities between researchers and practitioners. However, some international readers of a paper like this will not
have much of an appreciation of CLAHRCs, and therefore a little more context for them would be of value. [Discretionary revision, DR].

3. Generally, this is a useful paper, and could be supported through the publication process assuming other peer-reviewers agree. It is not without flaws however. Several comments are offered as a way of strengthening the manuscript.

Abstract

4. This abstract is understandable and well enunciated but the conclusion seems disconnected from the rest of the argument. The paper says it is about the boundaries, but the conclusion “concludes by advocating for a developmental perspective on CoPs, which provides an alternative to the analytical and instrumental perspectives previously described in the CoP literature. This perspective implies a pragmatic, situational approach to mapping existing CoPs and their characteristics and potentially modifying them in the process of service improvement through the combination of internal and external facilitation.” I wondered how that related to the boundary problem. [Minor Essential Revision, MER]

Introduction

5. As I read through the Introduction, which is an enjoyable read but which does not pretend to be comprehensive, it became increasingly apparent that the authors were focused on an argument to the effect that the boundaries between social-professional groupings (in this case, communities of practice) are crucial. However, there is a case to be put that it is not the boundaries between the groups that are the problem or the subject of the research. Boundaries are essentially the edges of groups of people (whether we call them communities of practice, teams, networks or via some other descriptor acting like a collective noun). But perhaps it is more logical, or perhaps even just more complete, to note that it is actually the bridging the gaps between two or more groups (committees of practice in this case) that is actually the problem and is actually the topic a paper such as this tries to tackle. I will return to this point below. I also understand if the authors do not want to go down this track. However, if they are going to continue to work on intra- and inter-organisational boundaries they should give consideration to whether they mean to deal with the edges of their chosen groupings; or is this work really about bridging the gaps between the groupings, and hence about the nature of gaps not boundaries. I believe this is a substantial issue and not mere semantics.

Methodology

6. The Methods section seems to me too brief. A number of questions occurred to me for which I couldn’t find satisfactory answers. For instance, how were participants recruited? Purposefully? Representatively? Randomly? We didn’t really find this out in the Methods section; it is not until the comments on limitations at the end of Discussion that we get to know that it was only voluntary practices that were enrolled in the study. I suggest readers need to understand this early in the Methods section. [Major Compulsory Revision, MCR]
7. How were the themes developed or informed by the COP literature as claimed on page 10? This was not made clear. [MCR]

8. What was the process to complete member checking? This was not explained, unless I missed it along the way. [MCR]

9. How was triangulation given effect? This is a hugely controversial issue, as the authors are no doubt aware, and while I have no problems with triangulated studies (my own research groups and PhD students execute designs similar to this all the time), others will want to be convinced about how this was accomplished. Could the authors kindly explain exactly what was going to triangulate three separate datasets, especially in light of my comments below? [MCR]

10. The Methods section in summary was a bit lacking in explanation. Readers could benefit from a little more detail to appreciate exactly what was done, and how.

Findings

11. But that is not the main challenge with the manuscript. It is not clear how the three headings in the Findings section relate to the themes that are promised in the Methods section. Are these the themes, or are they just headings to structure the presentation of the Findings? If the headings are unrelated to the themes, then it's not clear what happened to the themes claimed to have been developed from the COP literature. And if they are, this will need to be clarified in more detail for the reader to understand this. [MCR]

12. Even more importantly, no information other than interviews appears to have been presented explicitly. There is no formal presentation of findings from the observational studies or documentary evidence promised in both the Abstract and the Methods section. Of course, this solves the problem of triangulation, because there doesn't seem to be any. But it means, for this reader at least, that the paper fails one of its own tests – to deliver three sets of findings, then present and discuss them in an integrated manner. This is what I take triangulation to be, and I think it is what readers will be seeking. [MCR]

Discussion

13. Similarly, are the headings in the Discussion section the promised themes? This needs to be clarified, please. [MCR]

14. In addition, as only interview data were presented, the authors can't say: "The dynamics of interaction in multiprofessional improvement teams show that professional boundaries did not seem to hamper the processes of knowledge sharing and implementation." As best they can say that self-reported interviews suggest this. The interviews allow the authors to say that this is what informants said about professional boundaries, either explicitly or implicitly; they don't allow the authors to take a step further and claim that professional boundaries did not seem to hamper anything. The remainder of the Discussion would seem to
require reconfiguring in the light of this point. [MCR]

References

15. The manuscript draws on a good selection of the literature in the COP area. However, recent work to which I have contributed provides additional information, some of which might be considered central to some of the points being made in the paper. Having said that, this is work I know best, and is work from my own group. Thus I will leave it entirely to the authors for their information, with no strings attached as to whether they want to use any of it. [DR]

16. For recent work on what we know about gaps in contrast to boundaries applied to healthcare, see: BMC Health Services Research 2010, 10:330 doi:10.1186/1472-6963-10-330. For an example of how hard it is to promote inter-professionalism, i.e., trying to bridge boundaries across an entire health system after four years of concertedly trying to do so, see a just-released paper: BMC Health Services Research 2012, 12:99 doi:10.1186/1472-6963-12-99. For an example of how the differing health professional groups perceive healthcare issues differently (in this case, about patient safety, but the message is probably transferable), see BMJ Qual Saf: doi:10.1136/bmjqs.2011.051755. [DR]

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:

No. I have however indicated that I personally know this team and its work and have made this clear in my report.