Reviewer’s report

Title: Patient Safety skills in Primary Care: a national survey of GP educators

Version: 3 Date: 9 July 2014

Reviewer: Stephen Rogers

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Discretionary revisions
1. A summary of the scope of research that has been conducted on safety in primary care might ideally be summarised in the introduction
2. A more considered presentation in the introduction as to what is different about primary care would strength the article (and especially compared with anaesthesia and surgery).
3. I bleive readers would find it helpful to be provided with more information on current GP training than is carried in the article-if it is agreed that improving GP training is the aim of the work

Minor essential revisions
3. The authors should clarify and differentiate aims and objectives. Implicit in the discussion is that the aim of the work was to identify training needs To agree the attributes of a safe GP and the extent to which these are trainable sounds like the objective of the study (and to test whether they differ from those of hospital doctors is perhaps a second objective).
4. The CV for high scores as a measure of agreement should be explained and referenced; observers can have a high level of agreement but still be wrong-is this a limitation of the measure used?
5. The authors need to include information on data quality and completeness
6. It is usual to include information on the characteristics of the participants (age, gender, year of qualification etc)
7. The charts if retained need headings, explanatory text and an indication of the error on the estimates (perhaps illustrate the yes definitely responses and add error bars)
8. The information on findings in hospital doctors should not appear in the results section unless there is a stated objective to compare the response sets in which case detail is needed in the method on the origins of both data sets and how they will be compared.

Major compulsory revisions
9. Please explain why GPES are the right people to be setting the agenda for GP training on patient safety: how did you assure that they were well informed in respect theory, constructs and thinking about patient safety; can you use your
data to provide assurance that the GPES interpreted the terms presented as intended by the originator of the instrument (e.g. technical skills in GPs might be read as their communication skills); how do you avoid “unconscious incompetence” among the GPES (for example not thinking about the role that GPs have or should have in leading teams, designing and assuring (prescribing, handover, on call.....) systems in their own practices

10. The introduction contains statements that may not be evidence based. For example: patient safety research was propagated by Mid Staff inquiry (perhaps a contributor but only alongside a range of other drivers over many years); patients safety training in primary care settings is lacking (a key part of GP training is communication skills and arguably this training is directly relevant to patient safety though not actually labelled as such) Such assertions need to be defensible and properly contextualised

11. More information is needed on the safety skills survey which is central to the research: how were the questions derived; are they evidence based; are there clusters of questions that are underpinned by the same underlying construct; are there questions that are not expected to be related to the safety skills (inserted to detect response bias)?

12. The reader should be given access to the full response set and to measures of both position and variability of the scores as well as the measure of agreement

13. What is the significance of the “additional items”; do these suggest gaps in the question sets and/or interpretational problems on the part of the participants?

14. The findings are not as might have been expected and this is perhaps the point of greatest interest for the discussion which needs to be developed.

15. The entire manuscript might benefit from further attention by the senior authors. The material is of interest but the background to the research could be developed and the link between the purpose of the research, the findings and the relevance to GP education (given the limitations) could be more closely argued

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests: 

No competing interests