Author’s response to reviews

Title: Understanding accreditation standards in general practice – a qualitative study

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Author’s response to reviews:

Dear Dr. Zalika Klemenc-Ketis

Thank you for giving us the opportunity to submit a revised version of our paper entitled “Understanding accreditation standards in general practice – a qualitative study”

Below we respond to all comments from editor and the reviewers’ point-by-point, also referring to the changes we have made in the paper. The new edition of the paper is made with track changes.

We would like to thank the editor and reviewers for both the positive comments about the relevance and content of the paper and some constructive comments, which we have used to improve the paper.

We look forward to your response.

On behalf of the authors,

Sincerely

Tina Drud Due
Reviewer 1

Comment

BACKGROUND METHODS Line 74-126: the section does not describe the methods but it describes Danish health system and circumstances regarding accreditation. It could be a part of background section. I am interested in why authors decided to put it into Methods section?

Response

Given that both the reviewer and the editor has commented on the location of these descriptions, we have decided to follow the recommendations of the editor. Hence, we have moved the part about the Danish health care system to the background section and kept the part about accreditation in the method section.

Comment

Line 128: The subtitle is Qualitative interviews but in this section authors do not describe only the qualitative interviews (as the title is suggesting) but also location/settings.

Response

We have changed and added subtitles in this section to comply with the recommendations of the reviewer and the editor.

Comment

Line 169-176: this part does not describe the method; it's a discussion part

Response

This paragraph describes our preconceptions, which we were asked to present in accordance with the COREQ guidelines upon submission to this journal. To ensure readers are aware of these when reading, we find it relevant to present them in the method section.
Comment

I suggest the next topics to be clearly described: * the aim, design and setting of the study * the characteristics of participants * a clear description of all processes, interventions and comparisons * type of analysis used.

Response

We are unsure of the meaning of this comment. We believe that we have given a clear description of aim, accreditation (intervention), design, participants, process and analysis. Further, there is no comparisons to describe given the design being a qualitative study.

Comment

RESULTS Results are presented well. A Table which would present/summarise all main themes, (subthemes) and codes (if possible) that have been identified during analysis could be added; or to insert somewhere the main coding-tree.

Response

We have added a coding tree presenting the codes derived and used in the coding process. Due to its size we have placed it in the supplementary material.

Comment

Line 182: "At the beginning of the preparation process, almost all practices had experienced some degree of uncertainty concerning their understanding of the accreditation standards." .."almost all practices" means that you made a quantification of the results? How can you explain that statement

Response

Though there are divergent attitudes towards the use of any type of quantification in qualitative papers, it is quite widespread in studies like these to state whether the experiences were common amongst most or few of the interviewees. This sort of credential counting is described in a discussion paper by David R. Hannah and Brenda A. Loutsch (Counting in qualitative research: Why to conduct it, When to Avoid it, and When to closet it. Journal of management Inquiry.2011). While the exact number of people stating an experience may not be important we have chosen to give the reader an impression of whether the experiences were common or rare.
Comment

Line 479: … seem to imply that that the standards… (repeated word)

Response

The word has been deleted

Comment

DISCUSSION: The discussion on methods is missing. Why such sampling? Why two interviews with the same practice (before and after accreditation process) were conducted?

Response

The discussion on methods has been further elaborated in the section now entitled 'Strengths and limitations'.

Comment

General comment: there are many statements that do not discuss results but repeat them. It is necessary to discuss about the findings (why?) because they are very important.

Response

We have gathered the summarizing parts of the discussion in the beginning of the discussion in order to comply with the comments from the reviewers and the editor.

Comment

Limitation:

- I presume that the purposive sample was used. It means that you got relevant information from participants who knew the problem.

- With the saturation of data, you can conclude that no new idea can arise. Did you achieve the saturation of data?

- How did you validate the appropriateness of the study and the reliability of the research?
• Why do you think the results are limited?
• Do you think other practices would have different view or attitudes?

Response

Some of these comments already addressed in the strengths and limitations section (sampling, limitations and views of remaining practices). In the same section we have added information about data saturation and reliability. Regarding the latter we have added information on parallel findings from IKAS, showing that the standards which we found practices had most difficulties understanding were also the standards that most frequently caused remarks at the survey visits.

Reviewer 2

Comment

a. To include a table with main questions of the interviews. Shall authors perform a structured interview or an in deep interview? In terms of qualitative methodology should be interesting to know about as well as to be able to understand if all the topics have been pointed in each interview or the interviews were quite open?

Response

We have added a table of the main themes in the interview guides and we have added information about the interviews being semi-structured and that the interview guides were being adjusted during the process.

Comment

b. Lines 106-107: Practices were provided with a handbook (approx. 50 pages) describing the 16 standards, the purpose and benefits of accreditation, the accreditation process, the survey visit, support functions (see below) Readers would need more wide information about this handbook as it is the essential tool to implement the process. Do authors ask about the book to the practices? It will refer to Table 1 Standards.

Response

We have elaborated on the content of the handbook and made a table, which outlines an example of one of the standards.
Comment
c. Line 114-116: Throughout the accreditation period, information and materials to support the preparation work in the practices was provided on webpages from IKAS, DAK-E (The Quality Unit of General Practice), the five regional quality units, and Medibox (an online platform for continuing education). DAK-E also provided. I suggest facilitating in a short table or figuring the webpage addresses so that readers can get into them and be able to know more about the project.

Response
We have chosen not to present the webpages, because they are in Danish and likely will not be available in the future, since accreditation in Danish general practice is currently being phased out.

Comment
d. Line 122-124: To change: 20,000 Danish kroner (approx. £2300) per GP. I will prefer to put it in Euros: 2,585 approx. It is widely use in Europe.

Response
This has been changed.

Comment
e. Line 148: by the authors TDD and MBK. To guarantee those initials are useful for readers to find out who are the interviewers in case they want to contact them.

Response
We have added that the authors’ initials are those of the first and last author of the paper. Contact information on the first author is provided in the published paper.

Comment
f. Line 153-155: Furthermore, all participants were promised anonymity and confidentiality and we emphasised that no identifiable information would be given to neither IKAS nor other
involved partners. I think it should be more appropriate to have sent the project to the Ethical Committee for research of the University and Health System so that all the confidentiality documents and data collection agreement should fulfill official requirements. Nevertheless, authors have stated that concerning Danish regulations it was not a compulsory requirement.

Response

According to Danish law and practice, qualitative studies and also other studies not involving human material should not be sent for approval by the Ethical Committee for research. We have elaborated with our approval from the Danish Data Protection Agency, and recommendation for general practitioners to participate by the Committee of Multipractice Studies in General Practice.

Comment

g. I suggest adding a table with the final dimensions and codes agreed by the research team so as to be able to better understand the presentation of results. It could be a possibility to make a table with the questions of the interviews and the main codes in the analysis. It will help as well to understand the results as they seem to be organized in those supposed dimensions or main categories of codes

Response

As mentioned in response to the similar comment of the first reviewer, we have added a coding tree describing the codes derived and used in the coding process and placed it in the supplementary material.

The themes in the interviews are presented in another table. Given the inductive coding and analysis and the semi-structured interviews, the codes are transverse and therefore, we have chosen not to combine the codes and interview questions in one table.

Comment

h. Line 152 authors explain their position as researchers and authors repeat the idea in 172. Authors can unify the expression in one sentence adding authors 'role as social scientists on line 152.
Response

We have chosen to keep these descriptions, since they have two different purposes and are given in relation to two different contexts. The first time we describe the information we gave to the interviewees ensuring openness in the interviews, whereas the second time, the information is given as part of describing our preconceptions and background to the readers.

Comment

i. Concerning Table 1 I will clarify the title explaining the sources of standards in the Accreditation model and the referenced document. "Table 1. The 16 standards"

Response

We have changed the title of the table to “The 16 accreditation standards published in the handbook by IKAS”

Comment

6. Results: a. I suggest giving a short introduction of the information analysed and structured in several dimensions for readers to understand.

Response

We think the information analysed is presently well described in the method section, but in the beginning of the results section we have added a short introduction to the central themes of the Results section.

Comment

b. There are some categories that can be better organized in subheadings as it was made in section: Working to increase understanding: Seeking understanding through regional support arrangements, Seeking understanding through examples, Seeking understanding through other experts or colleagues The other sections of the results lack an structured to follow easily the main concepts to highlight. Please reorganize the information in these sections: Perceptions of the standards' comprehensibility, as an example: - Content: complexity, diffuse, unspecific, lack of
clarity, low level of requirements - Process: promote discussion in practices, threats, control perception Perceptions of the standards' comprehensibility Uncertainty and the description of local work practices Variations in aspirations, approaches and time consumption

Response

We really prefer not to insert more subheadings in this section since we believe that this will fragment the text too much and that no added value will be gained from it. Therefore, we would like to stick to the original composition.

Comment

7. Discussion:

a. At the beginning of this section authors talks about: "recommendations or requirements associated with new interventions differ from existing work practices have been termed differentiation [20]. Our results highlight the important role of such differentiation" I think to clarify this to readers as it is a construct concept of the model mention in the Introduction section, it should be consider to mention there this issue to get the idea along the study and to be able to better understand the results.

Response

We have now introduced the concept of differentiation in the method section.

Comment

b. Line 471-472 Discussion: In terms of support, the accreditation agency, the five regions and the DAK-E did provide various kinds of support during the process, but the question is whether this was sufficient, and whether information about. I think this issue should be collected as a bias in the survey and readers have to know about it. So considering the description of practices one variable could be to belong to a well structured information region. As there are only two regions, is it possible to know if practices belonging to the region who less invested in training and information had a worse perception of the accreditation

Response

There did not appear to be differences between the regions in their information or support (and none are mentioned in the paper), hence there is no “well structured information region” as
opposed to a less structured region. Therefore, we do not see any potential bias, and there is no such information to disclose in the table of practice characteristics.

Comment

And concerning improvement proposals, did any practice talked about to perform an internal audit previous to the official one might be of interest to increase their comprehension of the model and procedures?

Response

No, there was not any practices talking about internal audits. It is unclear to us, whom the reviewer think should perform such an internal audit. If it is the practice themselves, we do not see how this could have helped their comprehension, because it was precisely the difficulties understanding the requirements and how they differed from usual practice that was the problem and the practices assessed their initial status to the best of their abilities. We do not see who else could have the status of internal auditors. Alternatively, IKAS could have conducted a baseline audit/survey visit, but that would have been a very different process, where practices without having prepared and perhaps without documents for the surveyors to read would account for their activities in detail. Such a framework would also be a lot more costly.

Comment

8. Conclusions: This should state clearly the main conclusions and provide an explanation of the importance and relevance of the study reported.

I think is a very large conclusion.

The main idea considering the NPT model followed by authors should emphasize the role of approaching perceptions among practices and new accreditations model. Many practices searched for information in different settings meaning the organization did not give enough so one conclusion should be how we can cope with this to reduce frustration and workload of the procedures.

Most of practices valued the process but to do it previously as an internal audit may change minds and reduces worries and doubts and languages difficulties and may help practices to enjoy the process. So I suggest rewriting it to get the key message easily.
Response

The conclusion has been truncated and we have further pinpointed the need for easy accessible information, whereby the main points are now more explicit.

Regarding the reviewers suggestion about an internal audit as a solution, our view is described in the comment above.

Editor

Comment

I would recommend that the section of the methods that describe the Danish health system to be moved to the Background section

Response

Both the reviewer and the editor have commented on the location of these descriptions, and we have followed the recommendations of the editor and moved the part about the Danish health care system to the background section and kept the part about accreditation in the method section.

Comment

The last paragraph of the Background should describe the aim of the study (as it is done now) but the Methods should be divided into parts that describe the settings (the accreditation process and the intervention), design of the study, study participants with characteristics, and analysis.

Response

In the method section we have added subheadings on design of the study, study participants and analysis.

Comment

I would also suggest that the first paragraph of the Discussion states the main results of the study.
Response

To comply with this suggestion we have assembled all of the summarizing parts of the discussion at the beginning of the discussion.