Reviewer’s report

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

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Reviewer: Maria-Pilar Astier-Peña

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COMMENTS TO AUTHORS CONSIDERING THE RESEARCH ARTICLE:

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Understanding accreditation standards in general practice - a qualitative study

BMC Family Practice

GENERAL COMMENT:

Accreditation is a widely adopted tool for quality control and quality improvement in health care, which is increasingly employed for general practice and it is a challenging opportunity for practices to have a quality label.

However, it is known there is lack of knowledge of how accreditation is received and experienced by health professionals in general practice mainly because most of the accreditation models are initially thought for hospitals and then adapted into primary care settings without an adaptation. On the other hand, primary care providers are less aware about quality improvement tools and quality standards.

This study gives a perception about how general practitioners (GPs) and their staff experienced the comprehensibility of accreditation standards and how they worked to increase their understanding of the standards.

The study was conducted in Denmark where accreditation has been mandatory in general practice from 2016 to 2018. This National regulation is quite interesting as a national experience on the application of an accreditation model in primary care settings.

The study consists of qualitative interviews with general practitioners and staff from 11 general practices that were strategically sampled among practices set to receive their survey visit in 2017. So it is a pre and post intervention interview considering the process for accreditation.

Respondents were interviewed twice; once during the preparation phase and once after the survey visit. GPs and staff were interviewed separately. The interviews were analysed inductively using thematic analysis.
The results showed useful information to think about the way professionals understand the requirements of the accreditation standards when preparing for the accreditation survey visit.

The participants searched information to increase their understanding of the standards in several ways, as they would need a previous education procedure to afford the accreditation. They used regional support options and they seek out experts and colleagues.

However, participants had mixed experiences with the various support options and many found the sense making work frustrating and time consuming.

The results point to the importance of considering the definition and measure of accreditation standards and how to ensure an organisational set-up that can offer appropriate support to primary care clinics in terms of understanding what is required to meet the standards.

So I think this paper is really convenient to extend awareness on quality culture in primary care settings.

PARTICULAR COMMENTS:

1. Abstract section: The Abstract should not exceed 350 words.

2. Background: the context and purpose of the study. Methods: how the study was performed and statistical tests used

   Results: the main findings. Conclusions: brief summary and potential implications

3. Keywords: are well selected.

4. The Background section explains appropriately the process of accreditation considering the framework based on NPT model.

5. Methods

   The methods section should include: the aim, design and setting of the study the characteristics of participants or description of materials a clear description of all processes, interventions and comparisons.

   I would like to do some remarks which can increase readers' interest on the topic:
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?

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.

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.

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.

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.

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 approriate to have sent the project to the Ethical Committe for research of the University and Health System so that all the confidentiality documents and data collection agreement should fulfill oficial requirements. Neverthless, authors have stated that concerning Danish regulations it was not a compulsory requirement.

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.
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.

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"

6. Results:

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

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

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.
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. 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?

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.


10. List of references: Correct and all the links mentioned are available on clicking the link.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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Please complete a declaration of competing interests, considering the following questions:

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