Reviewer’s report

Title: Identifying policies and strategies for GP retention in direct patient care in the United Kingdom: a RAND/UCLA Appropriateness Method Panel study

Version: 0 Date: 27 Jan 2019

Reviewer: Maria-Pilar Astier-Peña

Reviewer's report:

GENERAL COMMENT:

The United Kingdom (UK) is experiencing a GP workforce retention crisis as many other countries. Research has focused on investigating why GPs intend to quit, but less is known about the acceptability and effectiveness of policies and strategies to improve GP retention. Using evidence from research and key stakeholder organisations, authors have generated a set of potential policies and strategies aimed at maximising GP retention and tested their appropriateness for implementation by systematically consulting with GPs.

Authors selected a sample of 28 GP Partners and GPs working in national stakeholder organisations from South West England and London to build up an expert panel. A RAND/UCLA Appropriateness Method panel was used to select policies and strategies. Panellists were asked to read an evidence briefing summary, and then complete an online survey on two occasions.

During each round, participants rated the appropriateness of policies and strategies aimed at improving GP retention using a nine point scale (1 'extremely inappropriate' to 9 'extremely appropriate'). Fifty-four potential policies and strategies were tested, focusing on factors influencing job satisfaction (e.g. wellbeing, workload, incentives and remuneration, flexible working, human resources systems). Ratings were analysed for panel consensus and categorised based on appropriateness ('appropriate', 'uncertain', 'inappropriate').

Finally, 12/28 GPs approached agreed to take part but only 9/28 completed two rounds of the online survey between February and June 2018. Panellists identified 24/54 policy and strategy areas (41/100 statements) as 'appropriate'. Examples included providing GP practices 'at risk' of experiencing GP shortages with a toolkit for managing recruitment and retention, and interventions to facilitate peer support to enhance health and wellbeing, or support portfolio careers. Strategies to limit GP workload, and manage patient demand were also endorsed.

The panel of experienced GPs identified a number of practical ways to improve GP retention through interventions that might enhance job satisfaction and work-life balance as major
strategies. These proposals can be helpful for those European healthcare organizations that are in a quite similar situation concerning GP retention, particularly in rural areas. Nevertheless, future research should evaluate the impact of implementing these recommendations.

So I think this paper is really convenient for readers to provide feasible strategies to improve GP conditions in primary care settings around Europe to increase job satisfaction and retention of GPs in areas in need.

PARTICULAR COMMENTS:

1. Abstract section: well organized and 312/350 words.

2. Abstract Structure: Background section explains the context and purpose of the study. Methods: how the study was performed and its methods. Results: the main findings are introduced. Conclusions: main issues to be considered for further research.

3. Keywords: are well selected. Some suggestions concerning key words from MESH to add: considering the methods "Surveys and Questionnaires" and considering the policies "Health Care Reform"

4. Background section explains the eventually need to search in this topic. The retention of GPs in many European countries and particularly in England is becoming a huge problem for primary care sustainability. Authors explain the process of policies and strategies selection for this study.

Some errata:

Pag 6 line 34-35 "In a review of reviews, Misfeldt et al (2014) concluded that that improving the work environment…” to erase one "that".

5. Methods:

Pag 7 line 35-27 to adapt reference description to the journal: "to inform UK policy and organisational interventions (e.g. Wright et al., 2008[17]; and Bell et al., 2014[18])" just to let the reference number.

1) Authors standardized participants with a common reference document. But it is not clear if they sent the document by e-mail or they did a meeting to explain it. This second option could have been of help to increase response rate. What did they actually do? Did they think about strategies to increase response rate?
2) Authors explained how they had adapted RAND/UCLA expert panel method for selection of policies and strategies. A key element of this methodology is to have enough number of answers along the two rounds. Did the authors think of other ways to collect the answers? As phone calls, visits etc…

6. Results:

Authors had a small answer rate of 30% (9/28).

Did the authors ask the participants what were the reasons for not responding to the questionnaires?

I have really valued Figure 1. The data collection process for ratings for appropriateness of the 100 statements which clearly shows there has been a positive approach of panellist to reach positive consensus for appropriate statements from 33 to 41. But there is an errata number:

In Round 1 "Panel failed to reach consensus. N=67" should be 56 (8+33+15) and In Round 2 "Panel failed to reach consensus. N=56" should be 67 (8+34+25). And then, the global amount does not equal 100. So it is needed to review the accounts. Nevertheless, table structure is clear.

Concerning table structure on detailed results: it is quite difficult to follow text and tables. Table 2 on methods section shows quite well the questionnaire structure. So I suggest authors to consider that scheme for results in 2 tables: 1) National/Regional or Practice level and 2) GP level and to add 3 columns: mean, implementation model, GP profile.

7. Discussion:

One clear limitation of the study is the response rate from the expert panel. Although the RAND method is useful with a very small number, the random selection may not add value here as from the sampling finally only have 9 complete rounds answers.

It can be of interest to know if professionals who has been invited to participate in the panel, being such a crucial issue, were asked about their refusal to participate: to ask the reason to those who did not want to participate (12/28) and on the other hand, those who, having accepted, did not complete it (3/12).

Authors stated: "However, it remains important that the impact of new policies and strategies are evaluated using efficient study designs (e.g. use of routine data and carefully selected performance indicators), and that investigators and policy makers remain alert to potential for both intended and unintended consequences of interventions aimed at maximising GP retention."
But there is a simple action to be done, and it is to ask about the reasons to quit to those leaving. Did you consider during the study this survey as a strategic action?

8. Conclusion: The study showed some proposal from managers point of view but there is a lack of opinions of those eventually working now: different GP stakeholders (e.g. salaried GPs, or locums) and to include e.g. primary care skills mix.

9. List of abbreviations: Correct. I suggest to adding the explanation of "GP practices "at risk".". It seems at financial risks but it is not clear the meaning for foreign professionals who may read the paper.

10. List of references: Reference descriptions are wright and with the information provided, the papers referred are available to consult.

11. Title: I suggest to adding in the title an identifier for country or health system. That is to say: United Kingdom or NHS in the title as there are many particular policies which can only be applied in the NHS and not in other countries or national services. So the title could be stated like this: Identifying policies and strategies for GP retention in direct patient care in the NHS: a RAND/UCLA Appropriateness Method Panel Study

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.

Not relevant to this manuscript

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Please indicate the quality of language in the manuscript:

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