Author's response to reviews

Title: Do Australian general practitioners believe practice nurses can take a role in chlamydia testing? A qualitative study of attitudes and opinions.

Authors:

Rebecca Lorch (rlorch@kirby.unsw.edu.au)
Jane Hocking (j.hocking@unimelb.edu.au)
Rebecca Guy (rguy@kirby.unsw.edu.au)
Alaina Vaisey (amvaisey@unimelb.edu.au)
Anna Wood (annwood@unimelb.edu.au)
Basil Donovan (Bdonovan@kirby.unsw.edu.au)
Christopher Fairley (cfairley@mshc.org.au)
Jane Gunn (j.gunn@unimelb.edu.au)
John Kaldor (Jkaldor@kirby.unsw.edu.au)
Meredith Temple-Smith (m.temple-smith@unimelb.edu.au)

Version: 2 Date: 12 January 2015

Author's response to reviews: see over
To the Editor,

Thank you for your letter and comments from reviewers. Please find our responses below.

Referee 1:
1. Grammar: Introduction: Change to read "PN's have reported that they are willing to have an ..."

   We have revised the text – line 79-80:
   
   PN's have reported that they were willing to have an increased role in chlamydia testing, but felt GP attitudes may be a barrier (unpublished observations – Lorch)

2. Grammar: Methods/Settings. First paragraph, last sentence. Clarify who got the training and who got the incentives. Also you refer to clinics from next paragraph onwards. So in this section, use general practice clinics as the full title.

   Lines 92-94, we have rephrased the text:
   
   The PNs at these general practice clinics underwent a training session and received a comprehensive chlamydia education pack. Financial incentive payments were made to the general practice clinics for chlamydia tests that involved input from a PN.

   Text in this section has been revised – Clinics are now referred to as general practice clinics, lines 85-95

3. Methods/ Settings: Last paragraph, last two sentences. Re-phrase - grammar issues. Also would an international reader understand the terminology "loading of up to 50%"? Strongly suggest you expand on this explanation.

   We have rephrased text - lines 102-105. Loading of up to 50% has been replaced with additional funding to rural clinics
4. Results and Discussion: 39 of the 44 GPs interviewed were from rural part of Australia. This is of major importance in the whole paper - because issues faced in general practice, sexual health testing, barriers and access in Rural Australia are very different to Metro parts of Australia. A number of papers have been published to show this. I note that you have one sentence in the limitation; however I feel that these results of the study you have presented here are only valid for Rural Australia. Is there a way of illustrating which quotes were from Rural Australia and which quotes were from Metro Australia? Maybe the quotes are similar - and therefore findings could be extrapolated to whole of Australia.

As suggested, we have added the location of GP for each quote in the results section (lines 162-278) and expanded our comments around the above limitation – lines 369-375.

5. It also contradicts the strength of study - "that GPs where from diverse range of clinics". No details on clinic size, geographic locations (postcodes or ARia index, SIFA index) have been provided to validate this point in the results section.

We have revised the table showing participant characteristics, providing more detail. The table is pasted into the end of the document, after the reference list, line 508.

6. Another limitation is that this is a small sample size, and only provides a snapshot of opinions of GPs in ACCEPt trial. This point should be expanded on - with possible implications of how the findings of your study could be affected because of this.

The purpose of qualitative research is to gain either breadth or depth of opinion, in contrast to the purpose of quantitative research which aims to describe the frequency of such views. Sample sizes of 15-20 are thus common. We had a sample size of 44, which is high in terms of qualitative research. Despite their varying demographic, the GPs in our study offered fairly consistent views and data saturation was reached early on in the interviewing process. Sampling however continued to include representation from all geographic areas of ACCEPt. We have expanded on this in the methods section, lines 126-127:

Data saturation was soon reached, but sampling continued to include representation of GPs from all geographic areas in ACCEPt.

We have also added further discussion about potential limitations, lines 376-381.

Referee 2:

1. Line 79- 82: The main finding of our previous work in this area (Abbott et al 2013) which you have referenced in your paper (10) was that PNs may be interested in working in sexual health, including in screening, however GP attitudes to this and orientation of practice systems were significant barriers and more support was needed for the PN role. This previous study involved interviews with 10 PNs and 9 GPs and the paper specifically examined the issue you are also
examining in your paper. Therefore I don’t think it is correct to say that GP views on this have not been investigated, and instead to cite an unpublished observation, particularly given that the results presented are similar. You may find the article also relevant in your discussion. You do say in the abstract and the discussion that this is the first qualitative study on this issue, which could be seen to be true in that the topic of your paper is chlamydia screening specifically, however work which aligns needs to be better incorporated, into the discussion as well.

As suggested, we have incorporated discussion of the work by Abbott et al (2013) in the introduction (lines 76-78) and discussion (lines 295-308 and lines 369-372).

2. I think the limitation that this is likely to be a biased sample as these GPs were already taking part in a trial on chlamydia testing is important. You have stated this in your limitations in a fairly generic way, acknowledging both that participants who agreed to an interview may have had a greater interest in sexual health and that being in the ACCEPt study means they may not have been representative. However in the context of your finding that almost all respondents are very positive and supportive of an increased PN role in chlamydia testing I think you need to more explicitly comment on your participant group. You could clarify in the methods / results whether and in what proportions the purposely selected interview subjects came from both arms of your study, or which of these had taken part on the PN arm of the study, or alternatively comment on this issue in the discussion.

We are unable to clarify in what proportions the interview subjects were either arm of the study as the interviews were carried out at the baseline, prior to randomisation of clinics into the intervention or control arms. We have now stated this more clearly in the methods section – line 108: At trial baseline and prior to randomisation, in depth telephone interviews were conducted with GPs employed in participating clinics.

We have also added an expanded statement around limitations in the discussion – lines 366-375

3. Line 138: The range and median duration of the interviews should be noted

We have added the range and median duration of interviews - lines 127-128.

We look forward to your response.

Yours sincerely,

Rebecca Lorch
Project Officer
The Kirby Institute, UNSW Australia
Sydney NSW 2052
Ph 02 9385 0988 | M 0407 783 842 | F 02 9385 0891