Reviewer's report

Title: Preparing pharmacists to deliver a targeted service in hypertension management: evaluation of an interprofessional training program

Version: 1 Date: 9 March 2015

Reviewer: Scot Simpson

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This manuscript reports the evaluation of a training program attached to a project evaluating community pharmacist impact on hypertension management. Participants were asked to rate their experiences on a survey administered immediately after the training session was completed and were interviewed in-person "several" months afterwards. Information from the surveys and interviews were evaluated quantitatively and qualitatively, respectively.

Major Essential Revisions:

1) representativeness of study sample: authors report in the methods that purposive sampling was used and that participants were selected because they had participated in previous pharmacy intervention studies. This group may be more highly motivated to participate in training programs and may also have a higher baseline level of awareness and acceptance of current clinical practice guidelines (noted in second paragraph of page 20) relative to the general population of community pharmacists in Australia. Authors should report on the characteristics of the study participants - would the observations be generalizable if the training program were to be scaled up to a wider audience?

2) potential for biased observations: the recruitment / selection process could create volunteer bias (as noted above). In addition, it is not clear if the people collecting data to evaluate the education program (the "team members experienced in qualitative research methods" - second paragraph, page 12) were also involved in delivery of the program. There is concern for a conflict of interest, or possibly introducing social desirability bias if the participants are being interviewed for their opinions on a program by the same people who provided program. These limitations need to be acknowledged and the potential impact on observations need to be discussed.

Specific Comments:

3) spelling / undefined acronyms: e.g. "PBS" claim records (second paragraph of background) was not defined; "work-shopping" (second point on page 14) seems to be misspelled; "clood" pressure in reference 4.

4) Sequence somewhat confusing in the methods: description of the main trial (which appears to be an outcomes-based assessment of the intervention program) appears in between descriptions of the training component and its assessment. Description of the main trial should perhaps appear in the introduction, or first paragraph of the methods. Details of the intervention should
be reduced, or integrated into the description of the training program.

5) Omron device should be described: since pharmacists were assessed on their BP measurement skills, more information about the device is required. For example, an automated BP machine that only requires proper cuff sizing and placement and device setting would need a different level of skills than BP measurement with a stethoscope and sphygmomanometer.

#6) Quantitative assessment of survey responses is not clear (first paragraph on page 12). The authors flip from a description of the Likert-type scale, to assessment of open-ended questions, then back to descriptive statistical analysis of survey items (median & IQR). The order should be re-arranged for clarity.

7) Additional negative experiences impacting recruitment? - the comments by "Pharm 3" on pages 17 & 19 suggest there may be other experiences with clinicians (e.g., a recommendation that was highly criticized?) beyond the reported "unusual readings" that "put negativity in my mind". Are there other data to support or refute poor responses by other clinicians influencing successful recruitment in the project? Preparing study pharmacists for these challenges should be part of a training program.

8) Impact of training on adherence assessment? - given the comment from "Pharm 6" on page 19 - that the patient seemed to be on all the right medications, did the pharmacist indicate that he/she followed the study protocol (figure 2) and their training to identify potential adherence issues? Following/not following the protocol would have implications on how well / poorly the training program helped prepare pharmacists for these situations.

#9) Resource intensity (last paragraph, page 19) - I would argue that a full-day workshop, run by 6 clinicians for 17 pharmacists is resource-intensive. Especially if one were to consider up-scaling this program to cover a wider audience of pharmacists. Of particular concern is the ratio of 2 academic GPs to 17 trainees. This element of the training program was considered a major asset (second paragraph, page 21) - but is it realistic if the authors were to up-scale? Authors need to provide evidence to support their claim this educational intervention is "not resource-intensive".

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: I declare that I have no competing interests