Reviewer’s report

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

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Reviewer: Lars Småbrekke

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Major compulsory revisions

1. There is a lack of focus and an abundance of text in the introduction. Lines 123-7, 135-9, 160-80 are not particularly relevant considering the stated purpose of the study, and should be collated to maintain relevance.

The authors state that the evaluation especially 1) canvassed the pharmacists perspectives on the format of the training program, and 2) how this related to their subsequent provision of the targeted service. To me it is unclear what is included under the term “format”. Some readers may ask whether this also includes the content of the program?

2. Methods – The trial. The text in lines 209-14 is irrelevant considering the purpose of the study. Furthermore, the process of recruiting the participants suggests a highly selected sample (participants of previous intervention studies, minimum number of pharmacists on duty, and premises allowing a private area for counselling). Possible consequences of this selection are not addressed in the discussion.

Methods – The intervention. Not particularly relevant considering the purpose of the study. Neither Fig. 1 nor Fig. 2 is relevant for the evaluation of the training program. I suggest adding as supplementary information.

Methods – Training protocol. I would appreciate some complementary information on scope of pre-work, recommended time frame and actual time spent on pre-work, and time spent on the different topics during the training day. The learning objectives seem pretty ambitious, and some hints on prioritization of topics would be valuable.

Methods – Interview guide. This should be available as supplementary information.

3. Results. There is a discrepancy in resolution between topics covered in the training program (Table 1), and pharmacist evaluation of training (Table 2). This may bias the results towards lower (=better) scores. Lack of comments on adherence content and lack of training in managing unexpected challenges suggests that the participants at that time were unable to identify important aspects on the contents of the program.
Surprisingly, under the section dealing with unexpected challenges, all the challenges mentioned are related to structural conditions in the pharmacy, and not towards the management of patients struggling to reach their therapeutic goal for blood pressure. To me this raise concerns about how the question was formulated, and whether the question(s) were validated during planning of the evaluation.

4. Discussion. The participating pharmacists seem to be a highly selected group, and this limits the generalizability of the results. This issue needs further attention from the authors.

Starting in line 468, the authors claim that the intervention was not resource-intensive, and that the time burden was not onerous. However, the reader is not informed on this topic, and assessing the validity of these claims is difficult.

Line 516. The participants are a highly selected group working within management of hypertension. The statement “Our study…..” suggests an extrapolation to professional development within other fields of pharmacy practice. These data hardly justifies this generalization.

Line 529-34. There is some inconsistency in the information in this section and previous statements. E.g., in line 350 it is stated: “none of the participants commented on the adherence addressed throughout the training”, while in line 531 it is stated: “the pharmacists expressed a need for simulated training in this area…”.

5. Conclusion. This should be reformulated taking into account all possible consequences of the selection of participants, and that these data are only valid for training pharmacists for management of hypertension. As it stands, the conclusion to generic.

In addition, the statement that the training was “sufficient to give pharmacists competency in BP measurement, addressing patients’ adherence is contradictory to the information given in lines 529-34.

6. Abstract. This should be updated accounting for the revision of the text.

As it stands, the manuscript suffers under lack of focus, some inconsistencies in the text, and it needs further attention to limitations imposed by the selection of participants. It is not possible to conclude:

1. On the time spent on pre-work and on content and priority of topics in the training protocol.

2. Whether these data support the authors’ generic statements on applicability of this program in the implementation of new services in community pharmacies.

However, the topic is of interest, and the issues mentioned above could be addressed by a major revision of the manuscript.
Minor essential revisions
A minor point in line 429: “One participant was an intern pharmacist, who felt that the training had boosted their confidence”. What is the basis for this statement? Is this pharmacist expressing the views of other participants?
A minor point in lines 503-5: GPs were not engaged “throughout all stages of training” (from my understanding of “Methods”, GPs are not participating in pre-work).

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

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

Declaration of competing interests:
I have no competing interests.