Author’s response to reviews

Title: Assessing the preparedness of Foundation Year 1 (FY1) doctors during the transition from medical school to the Foundation Training Programme

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1. While the premise of this article is interesting, it does not add anything of significance to the literature. The writers do not justify in any manner their choice of statistical tools and make no mention of the limitations to the t-test; they appear not to understand Cronbach's alpha as seen by their attribution, without further explanation, of negative values for alpha [lines 450-1] to "data error" rather than recognising the need the recode the items in the opposite direction.

RESPONSE: Line 198 – 205: Rationale of Welch t-test explained (unequal variance t-test) and assumptions made to use this test (references 28 & 29 added to support this). Added to the interpretation of low and negative Cronbach - also explained why we didn’t reverse or rearrange our items. Lines 466 - 469: Added “A method of resolving this would be to remove items within the category that have low-item correlations. However, we did not remove items as we chose to stick to the GMCs grouping of items as per the ‘Tomorrow’s Doctors’ document and rather report on the weak association between certain competencies within a category”

2. The numbers involved when comparing those who had attended Yorkshire medical schools with those who had not, are simply too small to justify using t-tests

RESPONSE: Our sample meets the criteria to use a t-test: “The two-sample t-test is valid if the two samples are independent simple random samples from Normal distributions with the same variance and each of the sample sizes is at least two (so that the population variance can be estimated.)” We do however understand that our sample size is small - this has been acknowledged as a limitation in the ‘strengths and limitations’ section. To elaborate on this, we have added a line 429-431: Although this proved true for our study, we cannot conclude that this is true for all FY1s in the UK due to our small sample size

3. There are various assertions in the text [such as the claim that length of scale has an impact on the reliability of a Likert item which is presented with no justification or reference] and some errors of fact,
such as the claim that the University of Liverpool has "recently" adopted a PBL approach when, in fact, Liverpool has been doing so since around 2001.

RESPONSE: Line 186: reference (24) has been added to support Likert Scale reliability. Line 108: Changed “recently” to “also” so that the claim is less prone to scrutiny based on what qualifies as “recent” to the reader.

4. It does however need a thorough revision to ensure appropriate statistical tests are used and that they are justified in their use [the writers could usefully use Pallant's SPSS Survival Guide for this]; proper account needs to be taken of the fact that they are submitting to an international journal and that terms specific to UK or England need to be explained. They also need to use the correct terminology. There is reference at various points to "the deanery" while deaneries ceased to exist in 2013, following the Health and Social Care Act of 2012 which replaced them with Local Education and Training Boards [LETBs] which, in the case of the region in question, is termed Health Education England Yorkshire and the Humber, not Deanery.

RESPONSE: According to the BMA (updated 2019), 13 deaneries exist in England to date. There was a reform in 2015 that changed the structure of LETBs [https://www.bma.org.uk/advice/career/applying-for-training/find-your-deanery]. However, we acknowledge that due to the international nature of the journal, this might be confusing to the wider audience. We have changed the term ‘deanery’ where it previously appeared in the script:
- Line 68: “Region” replaces deanery
- Lines 122: “Geographical region” replaces deanery.