Author’s response to reviews

Title: Managing hospital doctors and their practice: what can we learn about human resource and performance management from non-healthcare organisations?

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Version: 3
Date: 2 October 2014

Author’s response to reviews:

MS: 1991970865116571
Research article
Managing hospital doctors and their practice: what can we learn about human resource and performance management from non-healthcare organisations?
Timothy M Trebble Dr, Nicola Heyworth Mrs, Nicholas Clarke Professor, Timothy Powell Mr and Peter M Hockey Dr
BMC Health Services Research

Dear Ms Valencia,

thank you for your response to my submission of this paper to BMC Health services research. I have included responses to the comments of the reviewer below.

Thank you for your consideration again.

Tim Trebble

I have added a paragraph in the manuscript relating to its role as a service evaluation/improvement study and therefore that it did not require ethics approval as a research study.

I would like to thank the reviewers for their valuable and appreciated comments that have lead to significant changes and improvements in the paper. A point by point response is included below. As a consequence the article is slightly longer. I have also altered figure 1 slightly to include the role of values and communication that relate to the revisions.

Although I mention table 1 in the manuscript I believe that this was an error as the table relates to the organisations that are discussed in detail in the methods section, I am happy to include it if felt of value.
Reviewer's report
Title: Managing hospital doctors and their practice: what can we learn about human resource and performance management from non-healthcare organisations?
Version:2 Date:17 June 2014
Reviewer:Sandra Leggat
Reviewer's report:
1. This is a well written paper that should be of interest to many clinical managers.
2. The major flaw in this paper is that there is no consideration of existing human resource management theory. There are many human resource management theoretical frameworks, e.g. high performance work systems, strategic HRM etc, with sufficient empirical evidence to use as a foundation for this study. I think that it is important to situate this study with the existing evidence for human resource management practice, especially given the studies that have applied general HRM theory and practice to health care organisations. In my opinion this is a major compulsory revision.

We thank the reviewer for this important suggested addition to the manuscript. Due to limits on word length we are unable to provide a comprehensive review of the theoretical frameworks underlying strategic and other forms of HRM although recognising their importance, however I have added a paragraph in the introduction that links the work to such theoretical frameworks and HRM approaches such as high performance work systems which are all relevant. I have re-included a section on values that is key to the comparison to strategic HRM and I have cross referenced where possible the discussion to this. This has increased the word count to a limited degree.

3. Inclusion of a theoretical HRM framework would enable a stronger contribution to the field of HRM in health care organisations. Currently the paper does not provide sufficient evidence for why the HRM of individual clinicians needs to be 'different' from generally accepted HRM practice and why different medical subcultures would need different HRM practices.

We thank the reviewer for this comment. I have tried to provide a short explanation for the central role of clinicians relating to the their importance for improved performance in the health sector and also the limited success with approaches to their management relating to this. However I have also included a paragraph relating clinicians to resource based HRM (a theoretical perspective of strategic HRM) that relates to their value specifically. The study was not
intended to compare the role of physicians to other healthcare staff (all of whom have central roles in the provision of healthcare) but I have tried to discuss both the pivotal nature of physicians in healthcare improvement and the limited success so far in their management as a basis for the study.

I have not discussed in detail the influence of medical subcultures as this was not included within the study aims although I recognise its importance, and it is subject to a further major current piece of work. I mentioned the potential role of medical subcultures in the criticisms of the work in the discussion as this may be brought up by the reader and therefore it was felt important to recognise it.

4. Given the lack of a theoretical framework, the terms used should be more clearly defined - what is the difference between performance evaluation and performance appraisal? How was 'effective line management' recognised and defined?

I have included a definition of performance evaluation. Appraisal is also defined now within the IPR section.

I have changed the wording relating to the line including “effective line management”, removing the word effective and clarifying the intention of the line.

5. Minor grammatical issues, such as data are plural; findings of this study have (not has) implications, etc.

I have proof read the article.