Author's response to reviews

Title: Non physician clinicians within a managed clinical network may be an effective way to improve child health in Malawi

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Author's response to reviews: see over
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Dear Editor

Thank you for these reviews which we found very constructive, below are our responses to each reviewer and we have altered our manuscript accordingly for your consideration.

We have changed the title to task sharing within a managed clinical network which we think describes the concept of non-physician clinicians being supported by specialists more concisely than the previous title. We have also added the names of some of our colleagues who have contributed to this draft.

Referee 1

1. We agree with this referees observation that we had not made the case for managed clinical networks and we have added a reference documenting a paediatric managed clinical network in the UK and one in Malawi in the speciality of ENT. We have also added a quote from the Royal College of Paediatrics supporting this approach for paediatric care, albeit in the UK. In terms of outcomes, this will be the first time that this has been described in this setting and we have not yet gathered the data to support an improvement in outcomes and this is our reasoning for presenting this as a hypothesis.

2. We have added a short paragraph to explain our retention strategy which includes an increase in salary and bonding by the bodies which are funding the degree for the students.

3. In terms of timeline to available data, we will have some before and after data in the hospitals in which the students are being mentored in 2015. We will not have data on their base hospital until they return in 2016. We have added a sentence to address this issue under testing the hypothesis and explained that we plan to gather data from each district annually until 2020.

Referee 2

1. The referee has reminded us about an important point and thank you, this programme was done in full partnership with the Ministry of Health and we have added this, we have also acknowledged the Ministry under acknowledgements.

2. Funding was applied for by many of the authors of this paper on behalf of the College of Medicine and we have altered the manuscript to reflect this. For example, Dr Mipando is the Principal of the college and Dr Kennedy is the Dean of Medicine, Dr Phiri is the deputy dean of Medicine.

3. Placement of the graduates – it would be difficult to get absolute assurance about where these graduates will be placed, however since the submission of this article, we have been assured that the BSc graduates will be placed in their base hospital (from where they were recruited and the MMED graduates will be placed where there are vacancies)

4. Ethics review; we have added a sentence to reflect that before we collect data we will seek ethics review and approval.

5. We have taken note of this reviewers comment on tetanus, whooping cough, diphtheria, poliomyelitis however rather than listing all possible indicators in table 2, we have removed this table and summarised with “We will collect data on the case fatality rate for the
common causes of under-five mortality and process indicators for the quality of care provided using the World Health Organization integrated Maternal, Neonatal and Child quality of care assessment and improvement tool” as since the time of submission we have started to adapt this tool for use in Malawi.

6. We have included a comment that the training and mentorship will include engaging with existing preventative health services.

Discretionary Revisions

We agree with the important point about early infant diagnosis of HIV and this is included in the WHO integrated Maternal, Neonatal and Child quality of care assessment and improvement tool which we will be using for our assessment. All clinical officers must be registered with the Malawian Medical Council in order to practise. All clinical officers routinely prescribe medications upon obtaining their diploma in health sciences – we have not altered the manuscript as it is widely understood that non physician clinicians prescribe in Africa.

Referee 3

1. We appreciate this reviewers understanding of the situation and their concise encapsulation of what we plan.
2. We appreciate their comment about the determinants of health probably being more important than the clinical care received and as suggested we have incorporated process indicators and we are in the process of adapting the WHO Maternal, Neonatal and Child quality of care assessment and improvement tool for this purpose. This document is in draft and we therefore have not being able to reference it.
3. We have explained the abbreviations in table 3

Para 1 – we have altered the introductory sentence to indicate that the specialists are in urban centres

We have not added the word implementation as there is no evidence to support this but there is evidence that MCN increases the dissemination of guidelines

Para 2 – agree we have removed the word responsibility and changed the title to task sharing

We have removed the word triangulated and changed as suggested to compared

Background

We have changed the first sentence as suggested to “Malawi has a rapidly growing population of currently 16 million, 80% of whom live in rural areas and approximately 50% of whom are less than 15 years old; the paediatrician to child ratio is 1:500,000”.
Para 6

We have used the suggested phrase “However the country has an extensive tiered health system infrastructure” in the introduction

We like and have used the suggested sentence “The MOH aims to deliver health services which are within their budgetary and human resource means”

We have also taken this suggestion Suggest ‘basic package of evidence based care’ - ‘minimal package of quality care’ might be seen as a contradiction of terms

Also in view of the reviewers suggestion to Omit last line- ‘80% of the Malawi pop live rurally’ if you decide on the first suggestion for this para – we have done so

We have given a brief explanation of the MMED training as suggested

Para 7/8 and 9 – we have incorporated these suggestions

Managed Clinical Networks

Para 10 – we have incorporated this excellent suggestion

Para 11 – we have reworded this to make it less confusing

Para 13- we have explained abbreviation PCH and MMed

‘The logistics ......are in place’ comma not semi colon between policy and funding

Typo ‘from’ not form – we have acted on these suggestions

Para 14 We have explained the possible scenarios and given an example of how we plan our operational research with annual review of the data from all districts.

Para 15 – we agree case fatality rates may not be ideal and since the time of submission we have adapted and plan to use process indicators for the quality of care provided using the World Health Organization integrated Maternal, Neonatal and Child quality of care assessment and improvement tool.

Sincerely Yours

Bernadette O’Hare