Author’s response to reviews

Title: Doctoral Level Research and Training Capacity in the Social Determinants of Health at universities and higher education institutions in India, China, Oman and Vietnam: A survey of needs

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Version: 2 Date: 11 May 2017

Author's response to reviews:
Response to Orgill review
Review of HRPS-D-16-00054

Title: Doctoral level research and Training capacity in the social determinants of health in India, China, Oman and Vietnam: A survey of needs
Response: The title of the manuscript is revised.

Comment: Firstly, I think the topic at hand is relevant as the recognition and impetus for doing Social Determinants of Health research grows. In parallel teaching programs and curricula need to be developed to meet this growing research demand.

Response: Thanks for your observation.
Comment: I think this paper starts to try and think about one of issues – doctoral level training in the SDH. However I have some concerns that I feel should be remedied before this paper can be published. My concerns are in the introduction, methods and results section and whether the paper is in fact a paper specific to SDH doctoral supervision or if the paper is in fact a paper about generic supervision issues. Regarding generic supervision, I did enjoy the discussion section; however it does not make up for the missing parts in the introduction, methods and results section.

Response: The research was conducted to understand the gaps in research and training at the doctoral level in the ARCADE research partner institutions in the countries as mentioned in the title of the manuscript. During the conduct of this research data was collected from the departments, students and the research supervisors and researchers working mainly on topics concerning social determinants of health. Hence we believe that the gaps and the challenges identified in the research and training, refers to the social determinants of the health in particular. However, having said this, based on the observations of the reviewer, we have worked towards aligning the introduction part with the methods and result sections and considered the changes in the backdrop of our understanding on research in social determinants of health particularly. The introduction part has been thoroughly reviewed and reworked and realigned. Further the details in the methodology sections have also been added to elaborate the process of sampling, data collection and research participants. These changes have been highlighted in red font and green highlight.

Comment: Part of my uncertainty arises from the lack of conceptual framing of the link between (1) research and training capacity specific to SDH and (2) doctoral supervision. Also meeting the need for a high quality social determinants of health curriculum would be a complex task as it would need to cover a variety of topics and disciplines that would inevitably come from different parts or structures within a university – nowhere is this complexity dealt with in the paper.

Response: In this study, the research and training capacity has been seen in the form of the doctoral training (that is courses and learning resources available related to the topics on social determinants of health and teaching on SDH) and student’s doctoral research conducted as part of their the doctoral degree’s requirements. The aspects that we studied involved investigation and discussion on the challenges related to the interdepartmental collaborations and coordination for joint project identification and executions. The study highlighted the lack of formal systems and mechanisms to facilitate the process of collaborations. It also commented on the lack of courses on varying topics related to SDH study. The changes are highlighted in the text of the manuscript.
Specific comments:

The abstract:

The background section says there is a need for trained professionals to do ‘global health’ studies but the objectives speak to the need for trained professionals to study ‘social determinants’. These are not the same two things and terms should be used consistently.

Response: The abstract has been completely rewritten and major changes have been made in the abstract. The appropriate terms have been incorporated in the manuscript consistently throughout the document.

Comment:

(1) What does it mean to be a university that is ‘doing’ social determinants research? There is no explanation given, hence I do not know whether these universities do in fact represent such a grouping and no explanation was given as to how these universities were selected as being representative of universities doing SDH – why were they selected as case studies for this particular research?

Response: The institutions participated in the research were invited to participate in this research study since these institutions have been conducting research in the area of SDH. The change in the methodology section of the manuscript has been made and highlighted in yellow and green.

Comment:

(2) There is also no definition of the ‘social determinants of health’ – while this can be seen as intuitive not all readers will know what this means, this journal has a readership that is multidisciplinary and the reader should be brought on board early.
Response: The introduction has been rewritten and this aspect has been included so that the reader get to know about the topic early when she/he starts reading the paper. The change early in the introduction has been highlighted in green.

Comment:

(3) After reading the introduction I am still left wondering what exactly the author means by research capacity. There is no definition of research capacity in the paper, the author says they want to explore improving the quality of training but does not explain what quality doctoral supervision in SDH looks like? A few topics like health systems research, qualitative methods etc. are mentioned but I would like more detail on what the author means by a SDH doctoral level curriculum so that I can understand what they are trying to improve. I recognise this is a relatively new field but there is literature on designing multi/trans disciplinary curriculum.

Response: Thanks for the observation. Early in the introduction part of the manuscript, the terms such as research capacity and quality have been unfolded in the context of this research study. The changes made are highlighted in green and red font. Appropriate references have also been used and cited in the manuscript.

Comment:

(4) Also I wonder if the title should rather be ‘in 8 universities in the Asian region’, is the author confident that these universities represent all these countries? If it is the case that these universities do then this should be made apparent to the Reader why these case studies are representative or how theoretical generalisations can be made so that the findings can be useful to the rest of Asia.

Response: The universities that have participated in this research are the leading universities of the region.
Comment:

Methods:

The author says the research was designed as a needs assessment and provides no detail on what categories of need were assessed and provides no rationale as to why a needs assessment was done (I personally understand that we are in the early days of developing curricula for SDH and linking it to global health BUT will any reader know this?). Also, as above, there is no indication why these particular universities were considered to be institutions involved in SDH research and thus selected to be part of the needs assessment. Also literature and theory is needed to back up what needs are being assessed.

The number of participants should be indicated under the participants section. How and why these participants were purposively selected should also be clearly indicated and linked to the needs assessment.

Response: The modification has been made in the manuscript specially in the introduction part of it. The need has been identified in the form of quality of research and quantity of research to inform policy making and improving health outputs. The need assessment has been done to identify the gaps and develop strategies to improve the SDH related training and research. These changes have been made in the manuscript. With respect to partners chosen for the study, under methodology section changes have been made to give the rationale for the selection of the participants. The changes made are highlighted.

Under data collection and sampling, the author writes …. “associated research methods; and other issues that could contribute towards capacity building”. This is unacceptable; the Reader must be told what the other issues are. This is an attempt to describe categories of need assessed but there is no theory or literature to back up this selection of issues as important for SDH doctoral level research and training capacity development, and Table 1 should be explained in the context of this literature.

Where is the interview guide that is mentioned? What drove the development of the questions? What literature, what theory?
In the data analysis section the author states that codes were assigned freely, but surely there was some deductive coding to link back to the needs assessment? Here it becomes apparent that there is a lack of conceptual framework driving data collection and analysis hence the apparent lack of connection in the paper between the data analysis and data collection. I imagine that there definitely is a link implicitly but this must be made clear in the beginning to the Reader if it is the case. The results are shaped using some of the categories in the survey – this means that deductive coding did take place. I would like to see a conceptual framing of the work linked to relevant literature.

Response: The changes have been made in methodology. The changes have been highlighted and the section has been backed by the references. Please see the reference cited.

Comment:

Results:

• How was it decided that these courses represent SDH courses? I know this is a very difficult question but it would help if the author had defined SDH earlier so that the Reader understands what courses might fall under the rubric of SDH course work.

Response: This had been decided by taking standard WHO definition of SDH. Courses that cover aspects related to SDH were taken into consideration. This is included in the manuscript.

Comment:

• The author suddenly introduces a new topic into the paper – research ethics and research dissemination. I cannot see how this fits in a results section when it has not been introduced earlier.

Response: It is envisaged that the research will help inform the policy. Ethics has been considered as part of the capacity building and dissemination was particularly taken up considering informing policy makers on the issues. This is included in the manuscript.
Comment:

• The results are related to capacity development issues for supervision generally; little effort is made to explain how these findings are particular to supervision for SDH specifically. Only the course work results tries to link SDH specifically. The discussion section also tries to make links – and does this successfully in some areas.

Response: we have dealt with supervision issue throughout the manuscript and made changes in it to link it to the supervision in the context of SDH. Highlighted in green in the conclusion section establishes those links in discussion.

Comment:

• What do you mean by ‘quality’ of available learning modules?

Response: this has been defined and highlighted in red and yellow in the document.

Comment:

• The results from the students seem to address teaching modalities, time, relationships, selection of topics etc. and general capacity development needs in research and supervision – there is nothing specific to SDH. Issues on research grant management are also generic – it might have been interesting to know how grants that seek to manage multidisciplinary workload across departments are managed and if this presents challenges to their work for example.

Response: the tools attempted to collect information pertaining to topics in the context of SDH. These are found to be similar to the challenge related to research (as confirmed through references used) but there remained challenges which are specific to the SDH and important among them were related to co-supervision and coordination of work among multiple departments. Similar was the challenge in grant seeking and managing. This is highlighted in the manuscript.
Comment:

• The author concludes that the research provides insight into SDH doctoral supervision, I do not get a feel for anything particular to SDH doctoral training, the insights are however meaningful to general doctoral supervision.

Response: This manuscript does not claim or attempt to distinguish the challenges and issues in general public health and SDH related research and training capacity. Some of the issues are indeed overlapping and some seem to be specific to SDH. In the conclusion this point has been clearly identified and added. The addition has also been highlighted.

Discussion:

It appears (although I could be completely wrong) that the discussion section was not written by the same author as the front end, methods and results section. The discussion section is well written and speaks too many of the issues that are missing in the front section, such as explaining what ARCADE thinks is a good SDH supervisor for one.

My sense is these major revisions need to be completed and the paper should be sent out for another peer review process.

Response: The corresponding author has written the first draft and then co-authors reviewed the documents and provided inputs. There had been several changes made in this manuscript. Some direct change were also made. The inputs were received from different countries comprising Asia and Europe. One can imagine the varying degree of language skills, styles and expressions.

Major changes have been made in the manuscript and almost all the suggestions have been accepted and used to revise the document.