

assess data saturation.

Providing specific information about the participants and detailing the methods of data collection and analysis would help readers from different cultural backgrounds better understand the content of the article. Therefore, the authors should pay more attention to improving the transferability and dependability of their study.

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Author response

We thank you for the interest in the article and for the questions raised about the method.

As we detailed, our sample was relatively homogeneous: all GPs were located in the UK, 82% were female, and over half have specialist postgraduate dementia education. As we did not aim to correlate findings with participant characteristics, collecting further participant information was unnecessary. We acknowledge that using convenience sampling can attract participants interested in the research topic. We do not suggest within the article that findings are transferable to other populations or indeed outside the UK. As identified, further study in other populations would be required.

The scope of the study was discrete, defined to answer the identified research questions only, with interview questions limited to this focus. Unstructured questions about prevention may have yielded further insight, as you suggest, but this was not the approach for this study. We do not suggest we exhausted all views of GPs about dementia prevention, but those identified in the scope

of the study.

We acknowledge there is no universal approach to thematic analysis (TA), or indeed identifying saturation. Braun and Clarke suggest that when themes are conceptualised as analytic inputs, using this type of coding approach to TA, possible or actual themes will 'saturate' early. We had a rigorous process of coding data, reviewing codes and themes within the research team and, while themes remained somewhat semantic, no new codes were identified in the final two interviews.

We appreciate your time in reading and commenting on the paper.

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The GP gloves are off! Keeping clinical examination sustainable

'The gloves are off' campaign highlights excessive glove use, and the procedures for which they are not needed.¹ It also promotes hand hygiene as sufficient for many tasks, for example, routine examination of patients and phlebotomy. The campaign, however, focused on hospital settings. Unlike many hospital trusts, guidelines for GPs on glove use appear to be lacking. GPs and their patients may, thus, be less aware of the environmental harm and human rights abuses arising from glove manufacture and use.^{2,3} Patients, especially after the COVID-19 pandemic, may believe gloves are always necessary in primary care to reduce infection risk.

As many surgeries follow a partnership model, senior GPs are financially responsible for the resources used. Employees are, therefore, motivated to reduce the use of gloves, non-sterile gowns, cleaning equipment, and other disposable items. Changes proposed by the shadow Labour

government to rescind the partnership model could, as an indirect consequence, increase glove use leading to unnecessary waste, cost, and environmental harm.⁴

The challenge of disposable item use in general practice has been overlooked and extends beyond gloves. We call for simple, national guidelines for GPs and patients to address this concern.

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Correction

In the Clinical Practice article: Hyperparathyroidism (primary) NICE guideline: diagnosis, assessment, and initial management. Imran Jawaid, Sharangini Rajesh. *Br J Gen Pract* 2020; DOI: <https://doi.org/10.3399/bjgp20X710717>. The job title for I Jawaid has been corrected to: 'PHPT NICE Guideline committee member and portfolio GP'.

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