

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	A Qualitative Evaluation of General Practitioners' perceptions regarding access to medicines in New Zealand
<b>AUTHORS</b>	Ferre FC, Frank M, Gogly B, Golmard L, Naveau A, Cherifi H, Emmerich J, Gautier F, Berdal A, Jeunemaitre X And Fournier BPI

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Dr Fiona Stevenson Senior Lecturer University College London UK  No competing interests
<b>REVIEW RETURNED</b>	02/12/2011

<b>THE STUDY</b>	This is a qualitative study and focused on a particular population, this however is acknowledged by the authors and does not detract from the findings presented.  There is no need for statistical analysis
<b>GENERAL COMMENTS</b>	I have a minor queries, why only 17 when you could have had 19 participants. Given that 19 is still a relatively low number for a qualitative study would it not have been better to continue to 19 to be sure of saturation.  Given the international nature of the journal clearer explanations about what appears to be a relatively complicated administrative set of regulations in New Zealand is needed.  At times I felt more could be made of the data. The extracts were fascinating but the analysis provided did not always do justice to the data, for example more could be made of the commentary presented in relation to the complexity of arguments concerning the affordability of medicines and the decisions doctors face clinically and administratively (pages 7 and 8).  I am not sure I agree with the final conclusions, I think the work provides a solid account of what GPs see as the advantages and disadvantages of the current system and how they balance these demands in practice. I am not sure the work really adds to developing strategies to better inform patients' access to medicines through GPs influence upon patients, which appears to be the essence of what the authors are arguing. The authors might like to reconsider their final conclusions.

<b>REVIEWER</b>	Dr Santosh Jatrana
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	Senior Research Fellow Alfred Deakin Research Institute Deakin University Geelong Waterfront Campus Victoria- 3220 Australia
<b>REVIEW RETURNED</b>	17/01/2012

<b>THE STUDY</b>	My main concerns is that the GPs who agreed to participate in the study are not representative of the population. The authors themselves note that. I wonder how confidently they can derive the conclusions given the response bias.
<b>GENERAL COMMENTS</b>	I would have liked to see are there differences in GPs perceptions based on their gender and age.

### VERSION 1 – AUTHOR RESPONSE

#### Rebuttals/Explanation

Could you elaborate with a little more detail the earlier sections of the abstract? It is currently very heavy on the results.

We have followed the BMJ Open style for writing abstract, however the conclusion ( in the abstract) has been modified.

I have a minor queries, why only 17 when you could have had 19 participants. Given that 19 is still a relatively low number for a qualitative study would it not have been better to continue to 19 to be sure of saturation.

Data saturation was reached after 17 interviews hence the other two participants were not interviewed.

Given the international nature of the journal clearer explanations about what appears to be a relatively complicated administrative set of regulations in New Zealand is needed.

A clear set of regulations have been presented throughout the paper. In case, if there is a difficulty understanding, perhaps it would be more helpful if the reviewer could identify a specific regulation in the paper.

At times I felt more could be made of the data. The extracts were fascinating but the analysis provided did not always do justice to the data, for example more could be made of the commentary presented in relation to the complexity of arguments concerning the affordability of medicines and the decisions doctors face clinically and administratively (pages 7 and 8).

The following paragraph has been added in the discussion and the three new references have been added

The above mentioned is a key account of what GPs see as the advantages and disadvantages of the current system and how they balance these demands in practice. Though there are matters related to affordability of medicines and the decisions doctors face clinically and administratively, these issues are not specific to New Zealand. Doctors and general physicians all the over the world face similar issues related to cost containment and the clinical prescribing. For example in a study of GPs in UK, it was found that almost all GPs believed that costs should be taken into account, however conflict was observed regarding policy related to cost-containment and GPs' resistance to cost-cutting<sup>40</sup>. In Singapore, costs related to differential subsidies in the consultation fees and the availability of medicines at public polyclinics and GP clinics were key factors in influencing the family physicians

asthma drug treatment decisions<sup>41</sup>. Also, in a Canadian study, it was reported that the most physicians mentioned that drug reimbursement guidelines complicated their prescribing process and can require lengthy interpretation and advocacy for patients who require medication that is subject to reimbursement restrictions<sup>42</sup>.

## References

40. Prosser H, Walley T. A qualitative study of GPs' and PCO stakeholders' views on the importance and influence of cost on prescribing. *Soc Sci Med*. 2005 Mar; 60(6):1335-46.(1)

41. Tan N C, Tay I H, Ngoh A, Tan M. Factors influencing family physicians' drug prescribing behaviour in asthma management in primary care. *Singapore Med J* 2009; 50 (3) : 312 (2)

42. Suggs L Suzanne, Raina P, Gafni A, Grant S, Skilton K, Fan A, Meneok KS. Family Physician attitudes about prescribing using a drug formulary. *BMC Family Practice* 2009, 10:69  
doi:10.1186/1471-2296-10-69

I am not sure I agree with the final conclusions, I think the work provides a solid account of what GPs see as the advantages and disadvantages of the current system and how they balance these demands in practice. I am not sure the work really adds to developing strategies to better inform patients' access to medicines through GPs influence upon patients, which appears to be the essence of what the authors are arguing. The authors might like to reconsider their final conclusions.

The following sentence has been deleted "It will also help in developing strategies to better inform patients' access to medicines, with GPs being a large group of health professionals likely to positively affect patient knowledge and views".

The conclusion has also been modified.

My main concern is that the GPs who agreed to participate in the study are not representative of the population. The authors themselves note that. I wonder how confidently they can derive the conclusions given the response bias.

This has been clearly explained in the limitations of the study. However, the sample has been chosen from a large population of GPs through a probability sampling method rather than target sampling (It is being clearly explained in methods). Also, all GPs were working in a large metropolitan city in New Zealand. Auckland is the New Zealand's largest city, with approximately 1.25 million residing in the greater Auckland area (about one third of the population of the whole country). Also, the study is exploratory in nature and we believe that the GPs' opinions unearth critical objective information regarding medicines access situation in the New Zealand healthcare system.

I would have liked to see are there differences in GPs' perceptions based on their gender and age.

There were 13 male and 4 female in this study. Given that it was heavily based on a male population; we think it will be difficult to record any objective differences (based on the gender).

Likewise, majority of the GPs were more than 40 years of age having considerable experience in general practice (only 4 GPs less than 40 years of age and only 3 with less than 10 years' experience). Given that a small number were from a younger age group, it will be challenging to correlate views with the age and years of experience.