

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

TITLE (PROVISIONAL)	Clinician beliefs and attitudes about home haemodialysis: A multinational interview study
AUTHORS	Tong, Allison; Palmer, Suetonia; Manns, Braden; Craig, Jonathan; Ruospo, Marinella; Gargano, Letizia; Johnson, David; Hegbrant, Jorgen; Olsson, Mans; Fishbane, Steven; Strippoli, Giovanni

VERSION 1 - REVIEW

REVIEWER	Bryce Kiberd Professor of Medicine Dalhousie University No competing interests
REVIEW RETURNED	13-Oct-2012

THE STUDY	The selection of a relatively small number of participants from such a large area suggests that there may be some bias. This may be less so if there were no new concepts introduced with new interviews. It appears they all belonged to single dialysis provider which may also introduce bias.
REPORTING & ETHICS	A specific checklist would have been helpful even as a supplement. Ironically, the first author (AT) has written on the COREQ checklist for qualitative studies (Int J Qual Health Care 2007). Some of the items may not have been fulfilled, such as specific feedback to ensure correct interpretation given the challenges of different languages and whether there was saturation.

REVIEWER	Marshall, Mark Middlemore Hospital
REVIEW RETURNED	24-Oct-2012

GENERAL COMMENTS	<p>Thank you for the opportunity to review this manuscript. In 15 years, I don't think that I have recommended a submission be accepted as is, and this is a first.</p> <p>This is a very astute article, which asks the right question. Home HD is enthusiastically touted as a method to improve patient centred outcomes in ESKD, while minimizing health care spend. However, its main proponents are from well established programs, and there is little information out there about change levers to enable new Home HD programs to grow and flourish.</p> <p>The information in this manuscript is truly unique, and is well analysed and presented. The findings are plausible. In the literature, the papers addressing barriers look at patient perceptions, rather</p>
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	<p>than provider perceptions. Moreover, they are limited by the use of pre-defined survey responses to issues raised by health professionals / investigators, rather than those defined by the subjects. I think the qualitative methodology used in the paper avoids the traps of these previous studies, and is the optimal way to examine the topic.</p> <p>I have no further suggestions to improve the manuscript.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1:

4. “The selection of a relatively small number of participants from such a large area suggests that there may be some bias. This may be less so if there were no new concepts introduced with new interviews. It appears they all belonged to single dialysis provider which may also introduce bias.

We acknowledge that “bias” will always be inevitable in qualitative research. The clinicians were recruited to the point of theoretical saturation as stated in page 6, paragraph 1; and we also noted that “our study included only clinicians within a large dialysis service provider in Europe and South America. While the study included a broad range of perspectives, the findings may not be generalisable to other countries or health provider settings. However, the findings resonate with barriers to home haemodialysis identified by other studies.” (Page 17, paragraph 2)

5. “A specific checklist would have been helpful even as a supplement. Ironically, the first author (AT) has written on the COREQ checklist for qualitative studies (Int J Qual Health Care 2007). Some of the items may not have been fulfilled, such as specific feedback to ensure correct interpretation given the challenges of different languages and whether there was saturation.”

As addressed in Point 2, we have included the COREQ checklist as a supplement and reported on all relevant items. Specifically, we included an additional paragraph in the discussion “we did not seek participant feedback on the preliminary findings. However, we used investigator triangulation where AT/MR debriefed after each interview, and reviewed the transcripts independently to ensure the thematic analysis encompassed the full range of participants’ perspectives.” (Page 17, paragraph 2) Also, we confirm that saturation was reached as stated in page 6, paragraph 1.

Reviewer 2:

No comments to address.

Again, we appreciate the editorial and review comments that have helped to improve and strengthen the manuscript. Thank you in advance for reviewing our revised manuscript and we look forward to hearing from you.