## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<u>http://bmjopen.bmj.com/site/about/resources/checklist.pdf</u>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

# ARTICLE DETAILS

TITLE (PROVISIONAL)	The Current Provision of Community-Based Teaching in UK Medical
	Schools: An Online Survey and Systematic Review.
AUTHORS	Lee, Sandra; Clement, Naomi; Tang, Natalie; Atiomo, William

#### **VERSION 1 - REVIEW**

REVIEWER	Dr Stella Claire Major
	Honorary Senior Lecturer (since 2008- present) Department of Primary Care and Social Medicine Imperial College, London UK
	Associate Professor of Clinical Medicine (since Sept 2013- present) Weill Cornell Medical College in Qatar Education City
REVIEW RETURNED	22-Jun-2014

GENERAL COMMENTS	I enjoyed reading this systematic review. the tables were clear and concise the text was clear and understandable the research idea is important and the methodology most appropriate. Ethical considerations were not required as this is a secondary analysis of primary data.
	Important research question, well written.

REVIEWER	Dr Simon Forrest School of Medicine, Pharmacy and Health Durham University United Kingdom
REVIEW RETURNED	07-Jul-2014

GENERAL COMMENTS	Thank you for the opportunity to comment on this paper. I believe that it has the potential to provide a useful addition to our understanding of the 'state of art' with respect to the nature, type and forms of community-based education being offered within UK Medical Schools and also its impact. However, there are three areas in which the paper warrants work.
	1) There is fundamental question about the point in undertaking a 'state of the art' snapshot based on information available via University websites. As is noted in the discussion section, the lack of

reliability, detail and consistency of information about CBE to be derived from these sources makes it very difficult to draw conclusions or to make comparisons. The authors confine themselves, probably appropriately, to modest but viable descriptive statements about proportion of Schools offering early-stage CBE and some general statements about duration and form. There is a great deal more detail in the tables (2 & 3) which is not reported in text. I think there are many unanswered questions set running by this survey including: how does the quantity/quality and organisation of CBE relate to your evidence about impact; why not undertake a survey which draws on different and more analytically useful data such as about in-course evaluation, assessment and so on, such that the authors can relate their lit review to your empirical research? I think the issue that by bringing together the survey and literature review they are running the risk of inferences being drawn that somehow the outcomes can be mapped onto the survey. I am sure this not what they intend.
2a) The context for the piece of work would be strengthened by reference to two important papers which not only sketch out an ambitious prospectus around the impact and outcomes of CBE.
Dornan, Tim and Bundy, Christine. What can experience add to early medical education? Consensus Survey, British Medical Journal 2004: 329 pp. 834-840
Dornan, Tim., et al. How can experience in clinical and community settings contribute to early medical education? A BEME systematic review, Medical Teacher 2006: 28(1) pp. 3–18
2b) These papers will also help by illustrating the extent to which CBE is not coherently or unitarily defined (which I think you understand) and hence ground comments about its impact and outcomes. As part of the same issue, it is worth noting that some programmes refer to CBE which is non-clinical in context and it has been suggested that this needs to be regarded as a different intervention with different aims and outcomes
Hunt, J.B., Bonham, C. and Jones, L. (2011) Understanding the Goals of Service Learning and Community-Based Medical Education: A Systematic Review, Academic Medicine, 86(2): 246- 251

REVIEWER	Parle, James
	UoB
	UK
REVIEW RETURNED	21-Jul-2014

GENERAL COMMENTS	why were grad entry excluded?/ 1 or 2 small errors e.g. criteria; student's' should have been students'; student's in should be students in; evidence to should be
	evidence of; comprised of should be comprised; breeching should, i think, be breaching; etc etc
	A little more on publication bias would be worthwhile: most

publications on CBE have been by supporters rather than critical friends, I believe!
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## **VERSION 1 – AUTHOR RESPONSE**

Modifications to the previous submission have been made to clarify confusion that may arise from the objectives, results and discussion derived from the online survey and literature review.

An in-course evaluation/assessment for all medical schools would be a valuable extension to this research subject, and agreeably should be recommended for future studies.

We would also like to express our thanks for the reference suggestions made, as they definitely have strengthened our discussion on the important of early exposure to CBE in medical schools.

However, there was one reference (by Hunt et al., 2011) that we chose not to use based on our understanding that the UK community-based education programmes have its form based on the guidance by "Tomorrow's Doctors", and this is quite unique from the US-style of community-based teaching, which Hunt et al. (2011) describes. It was thus difficult to draw significant references relevant to the UK focus.

Similarly, the difference in course structure is the underlying reason for excluding UK graduate entry medicine courses from this study. The initial submission of this article has been modified to include an explanation for making this exclusion towards post-graduate courses.

Further elaboration on publication bias has been included by highlighting that the majority of literature available is in support of CBE, which may have had an effect on our data.

## VERSION 2 – REVIEW

REVIEWER	Dr Simon Forrest School of Medicine, Phrmacy and Health
	Durham University
	United Kingdom
REVIEW RETURNED	22-Sep-2014

GENERAL COMMENTS	The authors have taken care to respond to the first round of
	reveiwers' comments in a constructive and thoughtful way. The
	specific point about one of recommended sources is well made and I
	agree with their decision not to include it.