

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	A cross-sectional survey using electronic distribution of a questionnaire to subscribers of educational material written by clinicians, for clinicians, to evaluate whether practice change resulted from reading the Clinical Communiqué
AUTHORS	Cunningham, Nicola; Pham, Tony; Kennedy, Briohny; Gillard, Alexander; Ibrahim, Joseph E.

VERSION 1 - REVIEW

REVIEWER	Niall Johnson Australian Commission on Safety & Quality in Health Care Australia None declared I do note that I am a subscriber to the subject of the paper, so familiar with the content. However, I was not a participant in the survey described in the paper.
REVIEW RETURNED	21-Sep-2016

GENERAL COMMENTS	The reviewer also provided a marked copy with additional comments. Please contact the publisher for full details.
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REVIEWER	Charles Barry Beiles Clinical Director Victorian Audit of Surgical Mortality Royal Australasian College of Surgeons Australia
REVIEW RETURNED	12-Nov-2016

GENERAL COMMENTS	Well written and informative paper. My main criticism is the lack of detail on the logistic regression model. It would be informative to see a table (supplementary to save space) of all the variables and their odds ration and p values. Also would be good to state both the c statistic and Hosmer-Lemeshow statistic in the results section. It might be informative to state that pairwise deletion of missing values might be an additional source of bias under the limitations of the study. I thought that the study was well conducted with solid conclusions
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REVIEWER	Peter Hibbert Program Manager Centre for Healthcare Resilience and Implementation Science Australian Institute of Health Innovation Macquarie University
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	<p>Level 6, 75 Talavera Rd Macquarie University NSW 2109</p> <p>Centre for Population Health Research School of Health Sciences University of South Australia South Australian Health & Medical (SAHMRI) North Terrace, Adelaide, SA 5000 GPO Box 2471, Adelaide SA 5001</p> <p>The Victorian Managed Insurance Authority (VMIA) funded the study. I have been funded by the VMIA in 2016 to undertake commissioned work regarding analysis of medico-legal claims.</p>
REVIEW RETURNED	22-Dec-2016

GENERAL COMMENTS	<p>Thanks for the opportunity to review this paper. It is an interesting exploration of the merits of a case based publication. I think potentially the paper may merit publication but on the proviso of major revisions and analyses.</p> <p>Methods: The methods state that 6 questions had open-ended options for further comments. Which 6 questions were these? And then in the results, how many comments were received and what were the themes that arose? This is a significant omission in the reporting of results.</p> <p>In the study population, it states that the “subscribers were contacted directly”? How was this done? Email after the first MailChimp email was sent? This needs to be made a bit clearer.</p> <p>Results: The significant concern that I have is that this is a meant to assess the attitudes of “registered subscribers”. In the results, we are informed that there are 3373 people with valid email addresses. But only 2283 subscribers opened the email containing the survey. This latter figure was then used as the denominator. This meant that response rate was reported as 44%. This study is meant to assess “registered subscribers” not registered subscribers who happen to open the email. The denominator should be 3373 and the response rate 1008/3373 or about 30%. This change needs to be reflected throughout the paper, including the strengths and limitations.</p> <p>The study reports respondent’s demographic characteristics in Table 1 and in the text. Given that the respondent’s were subscribers to the Clinical Communique, do the authors have any information on the demographic characteristics of the subscriber population? And therefore can they compare the population and the sample to assess representativeness?</p> <p>In Table 2, I think the subscripts are wrong – for the first section, they should be ‘a’ and ‘c’ and the second ‘b’ and ‘c’. Not sure about this, but can you check please?</p> <p>In Table 3, the last question – “if the CC had not been available, the change would have:” Happened anyway; taken longer; happened on a smaller scale; not occurred.</p> <p>There is an element of mutual exclusivity with these answers.</p> <p>Discussion: in the third paragraph of the discussion, the authors state that the reach of the CC is 28,000 people and in Box 2, this is repeated with the statement that each copy is shared with “at least 9 people”. I do not understand where these figures are derived from. Where, in the results, does it say this? Please justify these statements.</p>
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	<p>The multivariate analysis showed that residential aged care staff are more likely to make practice changes. This needs to be explained in the discussion as the 4 CCs seem mainly related to acute care and in Box 1 the authors state that many of the themes are reflected in the national standards which are more acutely based. Could there be an issue related to sampling as noted above?</p> <p>There is no discussion of other publications that are similar to the CC. There is no discussion of similar publications and whether the results are consistent with other findings. The authors consider the CC to be printed and educational material, which is true, but is really too broad to be adequately describe what it is for a comparison to other case-based or coroners publications.</p> <p>Abstract: minor point – in the abstract, it probably would improve readability if just the %s of respondents are reported, not the numbers as well. The reason is that there are different denominators for legitimate reasons, but the reader doesn't know the detail at this point so it becomes a little confusing.</p> <p>References: these are unsatisfactory. They are not consistently formatted – eg organisations not necessarily the first mentioned.</p> <p>Minor point – and probably a personal and pedantic point, so forgive me: reporting %s with a decimal point is distracting, increases the amount of data the reader has to consume without adding to the story ie does 77.4% really help my understanding rather than 77%? Suggest, round them up.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer's comments	Response	Changes to manuscript and location
Reviewer 1: Niall Johnson		
<p>Abstract: <i>(With reference to the objective: To explore whether subscribers declared clinical practice changes...)</i>.</p> <p>Delete 'declared' and insert 'reported'</p>	<p>Accept.</p>	<p>First sentence of the objective in the abstract.</p>
<p>"Should it be 2,283 who opened the email (likely to be an underestimate) or the 3,373 valid subscriber email addresses?"</p>	<p>Acknowledge.</p> <p>The reporting of response rates has become quite convoluted and contentious since the advent of electronic surveys.</p> <p>We consulted the standards published by the American Association for Public Opinion Research (The American Association for Public Opinion Research. 2011. <i>Standard</i></p>	<p>No change required.</p>

Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys. 7th edition. AAPOR) in our decision to report the response rates.

There are multiple approaches to reporting response rates. Some advocate the provision of four or more sets of information, dividing the items into 'completed interviews'; 'partial completion', 'refusal', 'non-contact', 'unknown', 'other'.

We chose to present the rate based on those who opened the email and to provide the reader with the total population of subscribers.

The readers are free to determine which rate they consider more appropriate.

If the editorial teams prefers, we could instead refer to the response rate as the "Cooperation rate". This is calculated by using the number of people who opened the email as the denominator. We argue this is the most accurate estimate of the number of eligible participants.

A comparable situation for hardcopy postal survey would be one that reached a vacant house or was lost in the post-office and never got to the consciousness of a participant to make a choice about

	whether or not to respond.	
<p><i>(With reference to the 53% of respondents that reported their practice had changed)</i></p> <p>“Was it their personal practice or practice within their workplace or perhaps team?”</p>	<p>Accept.</p> <p>This information is provided in detail in Table 3. The survey identified the workplace, the number of discipline groups, and the area of practice change, and the responses showed that practice change occurred at an interpersonal level by impacting on behaviour or attitudes, as well as at a systemic level of engagement with training, policy implementation, and research.</p> <p>we have added a short explanatory sentence in the results.</p>	<p>Added to the text “The change involved either individual change in practice, team-based or workplace practice”.</p>
<p>Introduction: <i>(With reference to the first sentence: Throughout the developed world, about 10% of hospital admissions are associated with a hospital event)</i></p> <ol style="list-style-type: none"> 1. Insert ‘it has been estimated that’ 2. “Check if the 10% figure refers to adverse events, errors or harms. Many errors do not lead harm. There are also many near misses.” 	<ol style="list-style-type: none"> 1. Accept. 2. The 10% refers to the proportion of hospital admissions with an adverse event. We have rechecked the citation. 	<ol style="list-style-type: none"> 1. First sentence of introduction 2. No change
<p><i>(With reference to the sentence: ‘At an individual level, barriers to, and incentives for change include:...’).</i></p> <p>Change ‘and incentives for’ to ‘(and incentives for)’ OR ‘– and incentives for –’</p>	<p>Accept.</p> <p>Change to (and incentives for)</p>	<p>Middle of first paragraph of introduction.</p>
<p><i>(With reference to the sentence: ‘Systemic organisation factors include...’)</i></p> <p>Change ‘organisation’ to ‘organisational’.</p>	<p>Accept.</p>	<p>Last sentence of first paragraph of introduction.</p>

<p><i>(With reference to the sentence: 'In general, adverse events and patient harm...')</i></p> <p>Delete 'In general'.</p>	<p>Accept.</p>	<p>First sentence of the second paragraph in the introduction.</p>
<p><i>(With reference to the sentence: 'Errors of commission often manifest as single high-profile catastrophic events, whereas, errors of omission are more pervasive...')</i></p> <p>Delete 'are' and insert 'may be'</p>	<p>Accept.</p>	<p>Second sentence of the second paragraph in the introduction.</p>
<p><i>(With reference to the sentences: 'Errors of commission often manifest as single high-profile catastrophic events, whereas, errors of omission may be more pervasive and difficult to identify. The latter often require careful evaluation to reveal the interplay between remote or unseen factors that may have led to the errors.')</i></p> <p>"This is not to even countenance the issue of near misses; but I accept that near misses are rarely going to crop up in the coronial setting. This by its very nature is looking at those adverse events with the most serious patient harm."</p>	<p>Acknowledge.</p>	<p>No change required.</p>
<p><i>(With reference to the sentence: 'In the pursuit of improving patient safety, medico-legal death investigations in healthcare settings allows for identification...')</i></p> <p>Insert 'can allow' in place of 'allows'</p>	<p>Accept.</p>	<p>First sentence of third paragraph of introduction.</p>
<p><i>(With reference to the sentence: 'The Clinical Communiqué (CC) is an electronic educational publication that encourages practice change by providing coronial information...')</i></p> <p>Insert 'reflection and' between 'practice' and 'change'</p>	<p>Accept.</p>	<p>Second sentence of fourth paragraph of introduction.</p>
<p>Aim:</p>	<p>Accept.</p>	<p>First sentence of aim.</p>

<p><i>(With reference to the sentence: 'The primary aim of this study was to explore whether subscribers declared clinical practice...')</i></p> <p>Delete 'declared' and insert 'reported'</p>		
<p>Method:</p> <p><i>(With reference to the sentence: 'The final questionnaire was designed and distributed through the open-source web-based application Survey Monkey.')</i></p> <p>Delete 'open-source'</p>	Accept.	Final sentence of first paragraph under subheading 'survey instrument'.
<p><i>(With reference to the sentence: 'The questionnaire consisted of 33 questions divided into three primary sections...')</i></p> <p>Delete 'primary'</p>	Accept.	First sentence of second paragraph under subheading 'survey instrument'.
<p><i>(With reference to the sentence: '...edition of the CC that influenced change, impact on subject (e.g. patient, staff), action taken...')</i></p> <p>Insert 'and' before 'action taken'</p>	Accept.	Second sentence of second paragraph under subheading 'survey instrument'.
<p><i>(With reference to the sentence: 'The survey instrument consisted of all closed-ended questions, with six providing an option to provide further comments.')</i></p> <ol style="list-style-type: none"> 1. Delete 'all' 2. Insert 'questions' after 'six' 	Accept.	Third sentence of second paragraph under subheading 'survey instrument'.
<p><i>(With reference to the sentence: 'The closed-ended questions were multiple choice, categorical, dichotomous, and Likert type questions...')</i></p> <p>Change 'Likert type' to 'Likert-type'</p>	Accept.	Fourth sentence of second paragraph under subheading 'survey instrument'.
<p><i>(With reference to the sentence: '...asked to respond to the survey on the 21st July, 2015.')</i></p> <p>Change 'the 21st' to '21'.</p>	Accept.	Third sentence of first paragraph under subheading 'study population'.

<p>“Did you use the Survey Monkey settings to refuse multiple responses from the same IP address?”</p>	<p>Accept.</p> <p>The reviewer is correct in that we did use the Survey Monkey settings to refuse multiple responses from the same IP address.</p> <p>We have added a short statement to this effect in the method.</p>	<p>Change to the method.</p> <p>Added</p> <p>The Survey Monkey settings were set to refuse multiple responses from the same IP address.</p>
<p>Results:</p> <p><i>(With reference to the 3,385 subscribers)</i></p> <p>“Many of these are Victorian; how many clinicians are there in Victoria? You discuss reach later by discussing subscriber behaviour and suggest a multiplier of 9; but this is from the self-selecting audience.”</p>	<p>Acknowledge.</p> <p>We did not do a subgroup analysis or stratify according to the residence of the readership. The primary objective was to determine whether the subscribers’ behaviour changed.</p> <p>Any differences based on the subscribers’ jurisdictional location of practice were not a research question we sought to answer.</p> <p>Subscribers from Victoria who responded comprised 63% of the total, see Table 1.</p>	<p>No change required.</p>
<p><i>(With reference to the 2,283 subscribers who opened the email)</i></p> <p>“If the system you use is similar to Campaign Monitor it is likely that the open and click rates are only an estimation.”</p>	<p>Accept.</p> <p>We have added the word “estimate” to the sentence.</p>	<p>Change.</p> <p>An estimated 2,283</p>
<p><i>(With reference to the 2,283 subscribers in the denominator of the response rate)</i></p> <p>“Should this be the 2,283 who you know opened (probably underestimated) or the 3,373 valid email addresses? I presume valid means that the survey email did not bounce.”</p>	<p>Accept.</p> <p>Valid does indeed mean that the survey email did not bounce. With regards to the denominator, please see the response to a similar comment that was made in the abstract.</p>	<p>Change as above to explain the 2,283 were those estimated to open the email.</p>

<p><i>(With reference to the fact that the majority of respondents had worked for over 10 years)</i></p> <p>“and 50% had over 15 years - very experienced audience”</p>	Acknowledge.	No change required.
<p><i>(With reference to the fact that there were more female respondents than males)</i></p> <p>“Massively gendered response!”</p>	Acknowledge.	No change required.
<p><i>(With reference to the respondent characteristics)</i></p> <p>“Clearly a motivated and engaged audience. Perhaps a case of preaching to the converted? Raises the question of how to extend the reach and impact - the same questions I face with our own safety and quality bulletin.”</p>	Acknowledge. Indeed this is a challenge for all educators. We noted this in the discussion.	No change required.
<p><i>(With reference to the respondent evaluation of the CC)</i></p> <p>“A resource that is highly regarded by its audience”</p>	Acknowledge.	No change required.
<p><i>(With reference to the nature and significance of self-reported change to practice)</i></p> <p>“Nice range of settings and people (but health is a team sport)”</p>	Acknowledge.	No change required.
<p><i>(With reference to the sentence: ‘A larger proportion agreed that the change would have taken longer and occurred on a smaller scale.’)</i></p> <p>“This is key.”</p>	Acknowledged with thanks.	No change required.
<p>Discussion:</p> <p><i>(With reference to the sentence: ‘In this study, 53.0% (496/936) of respondents reported a practice change after reading the CC.’)</i></p> <p>“However, there is nothing to indicate the significance or</p>	Acknowledge. This has been addressed in the limitations section of the discussion.	No change required.

sustainability of these changes.”		
<p>(With reference to the sentence: ‘...they not only read it for personal interest but find the cases and topics highly relevant to their work...’)</p> <p>“or their work setting, team, students, etc.”</p>	<p>Accept.</p>	<p>Added to the text “or their work setting, team, or students”.</p>
<p>(With reference to the sentence: ‘Clinical guidelines can take up to three years to be fully implemented.’)</p> <p>“Is it only 3 years. And that’s not the only problem with guidelines. The NHMRC had a report that discussed some of the issues.</p> <p>National Health and Medical Research Council. 2014 <i>Annual Report on Australian Clinical Practice</i></p> <p><i>Guidelines</i>. Canberra: National Health and Medical Research Council; 2014</p> <p>www.nhmrc.gov.au/_files_nhmrc/publications/attachments/nh165_2014_nhmrc_clinical_guidelines_annual_report_140805.pdf”</p>	<p>Accepted with thanks.</p> <p>We have added this reference and cited it in the body of the text.</p>	<p>Added to the text “There are many challenges to the development of clinical guidelines. Failure to address the key areas of funding, clinical involvement, conflicts of interest, intended setting or audience, can all hamper the implementation of guidelines that inform practice change to improve patient care.”</p>
Reviewer 2: Charles Barry Beiles		
Well written and informative paper.	Acknowledged with thanks.	
<p>My main criticism is the lack of detail on the logistic regression model. It would be informative to see a table (supplementary to save space) of all the variables and their odds ratio and p values. Also would be good to state both the c statistic and Hosmer-Lemeshow statistic in the results section.</p>	<p>Accept.</p> <p>A table with the characteristics of the multivariate and binomial logistic regressions has been included as a supplementary table. As the logistic regression model was a multivariate logistic regression model, we reported Pearson’s chi square instead of the Hosmer Lemeshow statistic. The c statistic has also been</p>	<p>Supplementary table added. Sentence added in final paragraph of results.</p>

	reported.	
It might be informative to state that pairwise deletion of missing values might be an additional source of bias under the limitations of the study.	Accept. <i>A sentence (Pairwise deletion can be a source of bias as there may be a non-random pattern of missing data) has been added to the limitations portion of the discussion to address this.</i>	Sentence added in final paragraph of discussion.
I thought that the study was well conducted with solid conclusions	Acknowledged with thanks.	
Reviewer 3: Peter Hibbert		
Methods: The methods state that 6 questions had open-ended options for further comments. Which 6 questions were these? And then in the results, how many comments were received and what were the themes that arose? This is a significant omission in the reporting of results.	Acknowledge. The survey was designed to gather quantitative data. What we described as the small number of open-ended questions would be more accurately described as seeking additional information to cover potential gaps in our list of possible responses for the subscribers. These did not seek a qualitative response. There were sections that asked respondents to specify information in text if they had marked the "Other" option in a list of options. For example the 1. Location of workplace where change occurred 2. Nature of discipline groups 3. Main role or position 4. Nature of primary workplace 5. State location of workplace 6. General comments The substantive results are the quantitative data—adding the	Change. We have revised the description of the survey in the methods section to more accurately describe this. "The survey instrument consisted of closed-ended questions, of which six allowed respondents the opportunity to provide further detail if the 'other' option was selected from the multiple choices."

	<p>details of these text responses would unnecessarily complicate the manuscript.</p>	
<p>In the study population, it states that the “subscribers were contacted directly”? How was this done? Email after the first MailChimp email was sent? This needs to be made a bit clearer.</p>	<p>Accept.</p> <p>Subscribers were indeed contacted via email. ‘Via email’ has been added to the respective sentence to clarify this.</p>	<p>‘Via email’ added to sentence under the ‘study population’ subheading in the method.</p>
<p>Results:</p> <p>The significant concern that I have is that this is meant to assess the attitudes of “registered subscribers”. In the results, we are informed that there are 3373 people with valid email addresses. But only 2283 subscribers opened the email containing the survey. This latter figure was then used as the denominator. This meant that response rate was reported as 44%. This study is meant to assess “registered subscribers” not registered subscribers who happen to open the email. The denominator should be 3373 and the response rate 1008/3373 or about 30%. This change needs to be reflected throughout the paper, including the strengths and limitations.</p>	<p>Acknowledge.</p> <p>Please see comment above addressed to reviewer 1.</p>	<p>Change at the discretion of the editorial team.</p>
<p>The study reports respondent’s demographic characteristics in Table 1 and in the text. Given that the respondents were subscribers to the Clinical Communique, do the authors have any information on the demographic characteristics of the subscriber population? And therefore can they compare the population and the sample to assess representativeness?</p>	<p>Acknowledge.</p> <p>Unfortunately, we are unable to undertake this comparison to answer an interesting question.</p> <p>We do not maintain a database that describes the subscribers’ demographics. Therefore we cannot assess for representativeness.</p> <p>Our ethics application required both confidentiality and that the respondents be anonymous.</p>	<p>No change.</p>
<p>In Table 2, I think the subscripts are wrong – for the first section,</p>	<p>Accept.</p> <p>We made an error and</p>	<p>‘a’ and ‘b’ superscripts in Table 2 changed to ‘a’ and ‘c’</p>

<p>they should be 'a' and 'c' and the second 'b' and 'c'. Not sure about this, but can you check please?</p>	<p>appreciate the reviewer's attention to detail and identification of this mistake.</p> <p>The first and second subheadings should have the superscripts 'a' and 'c'.</p>	<p>superscripts.</p>
<p>In Table 3, the last question – “if the CC had not been available, the change would have.”</p> <p>Happened anyway; taken longer; happened on a smaller scale; not occurred.</p> <p>There is an element of mutual exclusivity with these answers.</p>	<p>Acknowledge.</p>	<p>No change required.</p>
<p>Discussion: in the third paragraph of the discussion, the authors state that the reach of the CC is 28,000 people and in Box 2, this is repeated with the statement that each copy is shared with “at least 9 people”. I do not understand where these figures are derived from. Where, in the results, does it is say this? Please justify these statements.</p>	<p>Acknowledge.</p> <p>This was calculated from the respondents' answers to one of the questions.</p>	<p>Change.</p> <p>Explanation added as a footnote to Table 1.</p>
<p>The multivariate analysis showed that residential aged care staff are more likely to make practice changes. This needs to be explained in the discussion as the 4 CCs seem mainly related to acute care and in Box 1 the authors state that many of the themes are reflected in the national standards which are more acutely based. Could there be an issue related to sampling as noted above?</p>	<p>Accept.</p>	<p>The multivariate analysis showed that residential aged care (RAC) staff were more likely to make practice changes. This was an unexpected finding and may have reflected greater familiarity that some RAC staff have with utilisation of the CC, through its sister publication, the Residential Aged Care Communiqué (now in its tenth year of publication), and its potential to facilitate change.</p>
<p>There is no discussion of other publications that are similar to the CC. There is no discussion of similar publications and whether</p>	<p>Accept.</p> <p>We have cited three of our previous studies and the Cochrane review (Giguère A,</p>	<p>We are not aware of any other similar publications to CC, apart from our own, that have had a formal evaluation. The</p>

<p>the results are consistent with other findings. The authors consider the CC to be printed and educational material, which is true, but is really too broad to be adequately describe what it is for a comparison to other case-based or coroners publications.</p>	<p>Légaré F, Grimshaw J, et al. Printed educational materials: effects on professional practice and healthcare outcomes. Cochrane Database Syst Rev. 2012;10:CD004398.) that investigated whether printed educational material changed practice.</p> <p>We are unaware of similar publications that have published formal evaluations.</p>	<p>impact on changing practice are consistent with our previous studies and substantially greater than those reported in a recent Cochrane review which found a small benefit and highlighted significant variability in printed and educational materials' (PEM) impact on practice.</p>
<p>Abstract: minor point – in the abstract, it probably would improve readability if just the %s of respondents are reported, not the numbers as well. The reason is that there are different denominators for legitimate reasons, but the reader doesn't know the detail at this point so it becomes a little confusing.</p>	<p>Accept.</p> <p>The proportions have been removed from the abstract to improve readability.</p>	<p>Proportions removed from abstract.</p>
<p>References: these are unsatisfactory. They are not consistently formatted – e.g. organisations not necessarily the first mentioned.</p>	<p>Accept.</p> <p>This is a recurring issue and is due to the different versions of the software program used to open the documents.</p> <p>We have corrected the formatting.</p>	<p>Updated references inserted.</p>
<p>Minor point – and probably a personal and pedantic point, so forgive me: reporting %s with a decimal point is distracting, increases the amount of data the reader has to consume without</p>	<p>Acknowledge.</p> <p>We do not have a preference and will defer to the editors as to the format preferred for the journal.</p>	<p>At the editor's discretion.</p>

adding to the story i.e. does 77.4% really help my understanding rather than 77%? Suggest, round them up.		
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VERSION 2 – REVIEW

REVIEWER	Dr Niall Johnson Australian Commission on Safety & Quality in Health Care Australia I am an existing reader of the Clinical Communiqué; but don't see that this is a competing interest.
REVIEW RETURNED	27-Jan-2017

GENERAL COMMENTS	<p>I have very few comments on this version.</p> <p>I think the title is now a bit more cumbersome than the previous one.</p> <p>Page 3 - 3rd bullet in Strengths and limitations box. Consider moving "(44%)" to immediately after "The response rate"</p> <p>Page 8 Results In "A subsequent 1,008 individuals". Is "subsequent" necessary? Should the response rate be 1,008/2,283 or 1,008/3,373?</p> <p>Page 10 "it was a good model". Good in what sense, by what definition?</p> <p>Page 10 Discussion "this study adds to the existing literature". Could you give a couple of the better examples that also make the point?</p> <p>Page 16 Reference 18 - the formatting (from EndNote) has mangled National Health and Medical Research Council in the second line.</p>
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REVIEWER	Charles Barry Beiles Royal Australasian College of Surgeons, Australia
REVIEW RETURNED	26-Jan-2017

GENERAL COMMENTS	I am happy with the revisions submitted, which have addressed all my concerns adequately
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REVIEWER	Peter Hibbert Macquarie University, Australia The Victorian Managed Insurance Authority (VMIA) funded the study. I have been funded by the VMIA in 2016 to undertake commissioned work regarding analysis of medico-legal claims.
REVIEW RETURNED	09-Feb-2017

GENERAL COMMENTS

Thanks to the authors for providing responses to our comments. They have dealt satisfactorily with all but two comments:

My original comment:

The significant concern that I have is that this is meant to assess the attitudes of “registered subscribers”. In the results, we are informed that there are 3373 people with valid email addresses. But only 2283 subscribers opened the email containing the survey. This latter figure was then used as the denominator. This meant that response rate was reported as 44%. This study is meant to assess “registered subscribers” not registered subscribers who happen to open the email. The denominator should be 3373 and the response rate 1008/3373 or about 30%. This change needs to be reflected throughout the paper, including the strengths and limitations.

Author’s responses:

The authors responded to both Reviewer 1 and me (Reviewer 3) regarding this point. They point out that there are, indeed, a number of different ways that the response rates can be calculated. The authors have advocated that denominator should be the number of people who opened the email. The problem with this approach is demonstrating that this is an accurate figure – there is much confusion about whether programs such as Mail Chimp count emails read in preview mode and on mobile phones. So the “opened email number” is potentially an under-estimate – by how much, we do not know.

Under results the authors state:

“Of the 3,385 listed subscribers, 3,373 had valid email addresses. Of these, an estimated 2,283 subscribers opened the email containing the questionnaire.”

Can the authors explain what is meant by “estimated” and why they cannot provide a true figure?

I support the most accurate denominator to be the number of subscribers with a valid email address.

My original comment:

The study reports respondent’s demographic characteristics in Table 1 and in the text. Given that the respondents were subscribers to the Clinical Communique, do the authors have any information on the demographic characteristics of the subscriber population? And therefore can they compare the population and the sample to assess representativeness?

Author’s response:

Acknowledge.

Unfortunately, we are unable to undertake this comparison to answer an interesting question.

We do not maintain a database that describes the subscribers’ demographics. Therefore we cannot assess for representativeness. Our ethics application required both confidentiality and that the respondents be anonymous.

My subsequent comment:

The authors state that they do not maintain a database that describes the subscribers’ demographics. However, when one subscribes to the Clinical Communique via this link (http://www.vifmcommuniques.org/?page_id=4333) the subscriber is asked to complete a number of fields including Occupation, Area of Speciality Practice, Role, Age Group, and Gender. Two of the manuscript’s authors are noted as The Team providing the CC (http://www.vifmcommuniques.org/?page_id=2402) therefore I am assuming that they can access this subscription data.

	<p>The fields Occupation, Role, Age Group, and Gender are also demographic questions in the survey and the concepts within them map exactly to the dropdown lists in the CC subscription page. So why can't the data from the subscription page be compared to the demographic data in Table 1 of the survey? A descriptive comparison without an attempt to link identifiable data from the subscription database would not breach confidentiality. In this way, the reader can understand whether the survey respondents are representative of the registered subscriber base.</p>
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VERSION 2 – AUTHOR RESPONSE

Reviewer 1: Niall Johnson		
I have very few comments on this version.	Acknowledged with thanks.	
I think the title is now a bit more cumbersome than the previous one.	<p>Acknowledge. We agree the new title is cumbersome. This is due to the requirement to have all key information present. We changed the title in response to the first review. We will defer to the journal editorial team about any changes to the title.</p>	
Page 3 - 3rd bullet in Strengths and limitations box. Consider moving "(44%)" to immediately after "The response rate"	Accept.	Page 3 - 3rd bullet in Strengths and limitations box.
Page 8 Results In "A subsequent 1,008 individuals". Is "subsequent" necessary?	Accept. Subsequent has been omitted.	Page 8 - Results. First paragraph.
Should the response rate be 1,008/2,283 or 1,008/3,373?	Accept. As in the above response to the editor, the response rate has been changed to 1,008/3,373.	As above.
Page 10 "it was a good model". Good in what sense, by what	<p>Acknowledge. The definition found in "Hosmer D, Lemeshow S.</p>	Page 10 – Results. Final paragraph. Previous reference 13 has

definition?	Applied logistic regression. New York: Wiley; 2000" states that a c-statistic between 0.7 and 0.8 indicates a good model. Furthermore, the p-value for Pearson's chi-square was greater than 0.05 indicating that the model was acceptable. The reference above has been provided and "(c-statistic between 0.70 and 0.80)" has been added to support this.	been changed to "Hosmer D, Lemeshow S. Applied logistic regression. New York: Wiley; 2000"
Page 10 Discussion "this study adds to the existing literature". Could you give a couple of the better examples that also make the point?	Accept. We have cited the relevant literature already in our reference list. In particular the Cochrane review provides readers a comprehensive source of information about the subject matter.	References 9, 10, 11, 15.
Page 16 Reference 18 - the formatting (from EndNote) has mangled National Health and Medical Research Council in the second line.	Accept. "Council NHaMRC" has been changed to NHMRC.	Reference 19.
Reviewer 2: Charles Barry Beiles		
I am happy with the revisions submitted, which have addressed all my concerns adequately	Acknowledged with thanks.	
Reviewer 3: Peter Hibbert		
Thanks to the authors for providing responses to our comments. They have dealt satisfactorily with all bar two comments:	Acknowledged with thanks.	
My original comment: The significant concern that I have is that this is a meant to assess the attitudes of "registered subscribers". In the results, we are informed that there are 3373 people with valid email addresses. But only 2283 subscribers opened the email containing the survey. This latter figure was then used as the denominator. This	Accept. The response rate has been changed in accordance with these comments.	As above.

<p>meant that response rate was reported as 44%. This study is meant to assess “registered subscribers” not registered subscribers who happen to open the email. The denominator should be 3373 and the response rate 1008/3373 or about 30%. This change needs to be reflected throughout the paper, including the strengths and limitations.</p>		
<p>Author’s responses:</p> <p>The authors responded to both Reviewer 1 and me (Reviewer 3) regarding this point. They point out that there are, indeed, a number of different ways that the response rates can be calculated. The authors have advocated that denominator should be the number of people who opened the email. The problem with this approach is demonstrating that this is an accurate figure – there is much confusion about whether programs such as Mail Chimp count emails read in preview mode and on mobile phones. So the “opened email number” is potentially an under-estimate – by how much, we do not know.</p>	<p>Acknowledge.</p> <p>This was our first response.</p>	
<p>Under results the authors state: “Of the 3,385 listed subscribers, 3,373 had valid email addresses. Of these, an estimated 2,283 subscribers opened the email containing the questionnaire.”</p> <p>Can the authors explain what is meant by “estimated” and why they cannot provide a true figure?</p>	<p>Accept.</p> <p>‘Estimated’ refers to the fact that the open number, as the reviewer suggests, may not account for emails read on different platforms.</p> <p>We have omitted this sentence. It became redundant once we adopted the editor and reviewers’ advice that the most accurate</p>	<p>Changes described above.</p>

<p>I support the most accurate denominator to be the number of subscribers with a valid email address.</p>	<p>denominator should be the number of subscribers with a valid email address.</p>	
<p>My original comment:</p> <p>The study reports respondent's demographic characteristics in Table 1 and in the text. Given that the respondents were subscribers to the Clinical Communique, do the authors have any information on the demographic characteristics of the subscriber population? And therefore can they compare the population and the sample to assess representativeness?</p>	<p>Accept.</p> <p>See response below.</p>	
<p>Author's response:</p> <p>Acknowledge. Unfortunately, we are unable to undertake this comparison to answer an interesting question. We do not maintain a database that describes the subscribers' demographics. Therefore we cannot assess for representativeness. Our ethics application required both confidentiality and that the respondents be anonymous.</p>	<p>Acknowledge.</p> <p>Our frame of reference when answering this question was confined to considering the data from the survey only.</p>	
<p>My subsequent comment:</p> <p>The authors state that they do not maintain a database that describes the subscribers' demographics. However, when one subscribes to the Clinical Communique via this link (http://www.vifmcommunique.s.org/?page_id=4333) the subscriber is asked to complete a number of fields including Occupation, Area of Speciality Practice, Role, Age Group, and Gender. Two of the manuscript's authors are</p>	<p>Accept.</p> <p>We inadvertently overlooked that some information is available when an individual registers with us to receive notifications about the CC.</p> <p>At the time we did not consider this as a potential source of information for a comparison in part because the information about subscribers is not updated, and we do not call it a 'subscriber database' rather</p>	<p>As above.</p>

<p>noted as The Team providing the CC (http://www.vifmcommunicate.org/?page_id=2402) therefore I am assuming that they can access this subscription data.</p>	<p>we think of it as an administrative task. A classic mistake of not seeing what is immediately in front of one.</p> <p>We thank the reviewer for bringing this to our attention so clearly as it assists us in answering the question of non-response bias, an important part of any survey.</p> <p>We have also discussed the implication of these results in the discussion and at further length in the supplementary document.</p> <p>The essence of the results of the study remains the same in that the CC does have a large impact on self-reported change to clinical practice.</p>	
<p>The fields Occupation, Role, Age Group, and Gender are also demographic questions in the survey and the concepts within them map exactly to the dropdown lists in the CC subscription page.</p>	<p>Accept. As stated above, we have conducted analyses comparing the age, gender and professional role of the CC subscription database with that of the survey respondents to address the potential non-response bias brought about by the response rate.</p>	<p>As above.</p>
<p>So why can't the data from the subscription page be compared to the demographic data in Table 1 of the survey?</p>	<p>Accept. This is the data we used. Please note that there are substantial missing values in each category as the fields are not mandatory for completion of the subscription page.</p>	<p>As above.</p>
<p>A descriptive comparison without an attempt to link identifiable data from the subscription database would not breach confidentiality. In this way, the reader can understand whether the survey respondents are representative of the registered subscriber base.</p>	<p>Accept A descriptive comparison has been completed. The categories of occupation were different in our 'registration to subscribe' form in comparison to the survey.</p>	<p>As above.</p>

VERSION 3 – REVIEW

REVIEWER	Peter Hibbert Macquarie University
REVIEW RETURNED	19-Mar-2017

GENERAL COMMENTS	All the comments have been dealt with appropriately.
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