

PEER REVIEW HISTORY

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

This paper was submitted to a another journal from BMJ but declined for publication following peer review. The authors addressed the reviewers' comments and submitted the revised paper to BMJ Open. The paper was subsequently accepted for publication at BMJ Open.

(This paper received three reviews from its previous journal but only two reviewers agreed to published their review.)

ARTICLE DETAILS

TITLE (PROVISIONAL)	A qualitative study using interviews and focus groups to explore the current and potential for antimicrobial stewardship in community pharmacy informed by the Theoretical Domains Framework
AUTHORS	Jones, Leah Ffion; Owens, Rebecca; Sallis, Anna; Ashiru-Oredope, Diane; Thornley, Tracey; Francis, Nick A.; Butler, C; McNulty, Clodna

VERSION 1 – REVIEW

REVIEWER	Minyon Avent UQCCR, The University of Queensland, Australia
REVIEW RETURNED	15-Jul-2018

GENERAL COMMENTS	<p>Dear Editor,</p> <p>Thank you for asking me to review 'A qualitative study using interviews and focus groups to explore the current and potential for antimicrobial stewardship in community pharmacy informed by the Theoretical Domains Framework'. Overall the manuscript has been well written and explores an important and much needed concept of community pharmacist's role in Antimicrobial Stewardship.</p> <p>The result section of the paper is lengthy and many of the findings are duplicated in both the table and in writing.</p> <p>The discussion section could benefit from expanding on the main aim of the study and how this can be achieved. In addition, it would be helpful to summarise and discuss the intervention strategies for community pharmacists that have arisen from the findings of this paper.</p>
-------------------------	--

REVIEWER	Jerika Lam, PharmD, AAHIVP, FCSHP Chapman University School of Pharmacy; USA
REVIEW RETURNED	06-Aug-2018

GENERAL COMMENTS	<p>Pg 18 (line 36): suggest deleting the semicolon as it interrupts the sentence.</p> <p>P. 18 (lines 42-49): suggest making this into 2-3 sentences as there are many commas.</p>
-------------------------	--

	<p>P. 19 (line 21): suggest placing commas around "e.g., listen to their chest" as that is an example and to differentiate it from the rest of the sentence.</p> <p>P. 24 (line 8): delete comma in middle of sentence.</p> <p>P. 24 (lines 22 & 26): suggest rewriting "over the counter" to over-the-counter.</p> <p>P. 25 (lines 27-33): suggest that the authors should not make that conclusion. Could it be the monetary incentive that could have non-AMR enthusiasts participate in the study?</p> <p>Other suggestions:</p> <ol style="list-style-type: none"> 1. Was there any significant findings between the various methods used for interviews (i.e., focus groups vs. interviews; telephone vs. face-to-face)? It would be interesting to find out which method received the most responses and feedback. 2. It would be interesting to know if there was any statistical significance in the pharmacists perceptions and behavior based on the questionnaire responses. 3. Discussion section is fairly short; suggest to expand on the results more as the participants' feedback are interesting.
--	---

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

1. Thank you for asking me to review 'A qualitative study using interviews and focus groups to explore the current and potential for antimicrobial stewardship in community pharmacy informed by the Theoretical Domains Framework'. Overall the manuscript has been well written and explores an important and much needed concept of community pharmacist's role in Antimicrobial Stewardship.
Thank you for your kind comments.
2. The result section of the paper is lengthy and many of the findings are duplicated in both the table and in writing.
I agree, there is some duplication in the text. I have gone through the table and have shortened some bits to remove duplication. The table is now only 6 pages, rather than 8. I have also gone through the written results and have removed some areas of duplication so the results section has been reduced from 4 pages to 3.
3. The discussion section could benefit from:
 - a. expanding on the main aim of the study and how this can be achieved.
I agree with this comment. The initial aim of this study was to identify opportunities for expanding AMS activities and recommend intervention strategies to take forwards in community pharmacy. Therefore, I have added a section to the paper entitled 'implications for research' to discuss future research opportunities, including intervention development studies and understanding implementation by using behavioural theory.
 - b. In addition, it would be helpful to summarise and discuss the intervention strategies for community pharmacists that have arisen from the findings of this paper.
I agree that this should be included in the discussion. I had previously included a section in the results discussing the intervention strategies as a result of these findings, but based on this comment and having re-read this section again, I believe that this is better suited to the Discussion section rather than the Results. I have therefore moved this section to the start of the Discussion under the heading 'implications for practice. I have also added a statement referring to a recent pilot study looking at implementing the TARGET leaflet in community pharmacy which concluded that the leaflet will act as a cue to have infection-related self-care conversations with patients and facilitate a short consultation.

Reviewer: 2

4. Pg 18 (line 36): suggest deleting the semicolon as it interrupts the sentence.
I agree, I have removed the semicolon from this sentence.
5. P. 18 (lines 42-49): suggest making this into 2-3 sentences as there are many commas.
Having re-read this section I agree with the reviewers comment. As such, I have re-structured the sentence to include a full stop half way through to break it up: "Most believe that educating patients with self-care advice can contribute to tackling AMR by preventing future antibiotic use. For some of those, preventing future antibiotic use was their main motivation, some however, were not aware of this link until it was mentioned by the researcher."
6. P. 19 (line 21): suggest placing commas around "e.g., listen to their chest" as that is an example and to differentiate it from the rest of the sentence.
Agreed, I have placed this sentence within brackets as it is an example: "Some pharmacists felt that being unable to examine patients (e.g. listen to their chest) is a barrier..."
7. P. 24 (line 8): delete comma in middle of sentence.
Agreed, I have removed the comma.
8. P. 24 (lines 22 & 26): suggest rewriting "over the counter" to over-the-counter.
I agree with this comment and have changed all references to 'over the counter' medications to 'over-the-counter'
9. P. 25 (lines 27-33): suggest that the authors should not make that conclusion. Could it be the monetary incentive that could have non-AMR enthusiasts participate in the study?
I agree and have re-written this section to include this comment about the financial incentive: "As with qualitative studies there is always the possibility that only AMR enthusiasts volunteered to take part, however the study team believe that randomisation of the pharmacy lists and the £40 financial incentive to participate enabled and attracted non-enthusiasts to participate. Furthermore, pharmacy staff admitted not understanding the link between self-care and compliance with AMR indicating that they were probably not enthusiasts."
10. Other suggestions:
 - a. Was there any significant findings between the various methods used for interviews (i.e., focus groups vs. interviews; telephone vs. face-to-face)? It would be interesting to find out which method received the most responses and feedback.
The main reasons for participants choosing telephone vs face to face interviews was the configuration of travel and organisation with the researcher. This meant that those in Birmingham and Wales opted for telephone interviews especially as these tended to take place in the evening, and those in Gloucestershire opted for face to face interviews as the researcher was able to travel much more flexibly for the participants needs. For added clarification I have included in the recruitment flow chart that Gloucestershire interviews and focus groups were face to face and that Birmingham and South Wales were telephone interviews.
 - b. It would be interesting to know if there was any statistical significance in the pharmacists perceptions and behavior based on the questionnaire responses.
This comment may be a misunderstanding as there was not a questionnaire used in this study. With regards to the questioning schedule used for the interviews, the questioning schedule was designed to be used flexibly, therefore the questions would have been asked differently in each interview and as the responses are lengthy and descriptive, conducting a statistical analysis would be extremely difficult and arguably inappropriate for a qualitative study.
 - c. Discussion section is fairly short; suggest to expand on the results more as the participants' feedback are interesting.
I agree with this comment. It is similar to comment 3a and 3b from reviewer one. As a result I have expanded the discussion to include implications for practice and research. See responses for 3a and 3b for full details of this.

VERSION 2 – REVIEW

REVIEWER	Minyon Avent Infection and Immunity Theme, UQCCR, The University of Queensland, Australia
REVIEW RETURNED	03-Nov-2018

GENERAL COMMENTS	Dear Editor, Thank you for asking me to review 'A qualitative study using interviews and focus groups to explore the current and potential for antimicrobial stewardship in community pharmacy informed by the Theoretical Domains Framework'. The authors have addressed all the comments from the reviewers.
-------------------------	--