

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.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Learning from the transfer of a fellowship programme to support primary care workforce needs in the UK: a qualitative study
AUTHORS	Bryce, Carol; Russell, Rachel; Dale, Jeremy

VERSION 1 – REVIEW

REVIEWER	Mark Harris University of New South Wales, Sydney Australia
REVIEW RETURNED	29-Apr-2018

GENERAL COMMENTS	<p>As an international reviewer I had difficulty understanding the context of this study. This included the use and meaning of acronyms like CCT in the introduction and abstract. I found myself having the consult referenced documents and articles the references as well as a number of websites. I fear that the average non UK reader may face the same challenges. There also needs to be more explanation of both the need and the reason for choosing this approach. The scale appears very small so it is important to explain its significance.</p> <p>The original pilot was with 7 GPs and evaluated by qualitative interviews. This suggested that participants were more employable and that most wound up working in a variety of positions that involved leadership and the interface between Primary Care and urgent care. This study evaluates the transfer of this program with 15 fellows -4 of which were nurse practitioners and 1 of which was a physician associate. The research question is not clearly stated. The interview guide was not provided to this reviewer. Unfortunately the employability or current position of participants does not appear to have been discussed in the current study. The only "impact" explored was the acceptability to participants and supervisors.</p> <p>The analysis of the extension to non GPs was explored for 5 participants. It is unclear if data saturation was reached with this small number. The issues identified largely related to the competency and indemnity. There was no information about how these fellows might have been able to apply their experience in subsequent practice. This should be discussed as a limitation.</p> <p>The level of analysis appears to be somewhat superficial. The exploration of the impact of the funding model and duration of placement on the quality of experience of the participants warrants further exploration in the results and discussion. The benefit for the services into which they were placed also warrants more exploration.</p> <p>The first sentence of the discussion is not justified by the findings presented in this paper. It is stated later on that attracting and</p>
-------------------------	--

	retaining staff in hard-to-recruit areas was an aim of the program. However no information on current or planned employment is presented in the findings.
--	---

REVIEWER	Dr Sharon Spooner University of Manchester, UK
REVIEW RETURNED	11-May-2018

GENERAL COMMENTS	<p>The study is designed to investigate whether is possible to demonstrate the transferability of a specific innovative programme and claims to shown that this was achieved 'without losing its core elements'.</p> <p>However, the extent of adaptations which are reported appear to describe a programme which deviated significantly from the original program and calls into question whether the core elements were indeed maintained following the transfer.</p> <p>In describing the study methods, it is unclear whether written consent was obtained, or confidentiality assured during interviews with team members. The paper does not report on an in-depth and rigorous analytical process.</p> <p>Unfortunately clear presentation is compromised by several typographical/syntax errors, and acronyms or jargon used without prior explanation. Furthermore, description of the first two of three 'adaptations' is clear, but the third is described in terms of a consequence rather than explaining the nature of adaptation that occurred.</p> <p>While the experience of participants as reported in this study may well make a useful contribution to learning about and development of this programme, it seems to be a programme evaluation rather than a true research study and does not provide evidence of the benefits attributed to participation in the programme.</p>
-------------------------	--

VERSION 1 – AUTHOR RESPONSE

Reviewer 1 Comment	Response
As an international reviewer I had difficulty understanding the context of this study. This included the use and meaning of acronyms like CCT in the introduction and abstract. I found myself having to consult referenced documents and articles the references as well as a number of websites. I fear that the average non UK reader may face the same challenges.	<p>We agree with this comment, and it has been addressed throughout. We have also added to the context around the core concept of Post CCT (certificate of completion of training) fellowship.</p> <p>Changes made in introduction</p>
There also needs to be more explanation of both the need and the reason for choosing this approach. The scale appears very small so it is important to explain its significance.	<p>Methods have been expanded to address this point</p> <p>Changes made Methods</p>
The original pilot was with 7 GPs and evaluated by qualitative interviews. This suggested that participants were more employable and that most wound up working in a variety of positions that involved leadership and the interface between Primary Care and urgent care. This study evaluates the transfer of this program with 15 fellows, 4 of which were nurse practitioners and 1 of which was a physician associate. The research question is not clearly stated. The interview guide was not provided to this	<p>The aim of our study was to look at system factors that might influence the adoption of the programme in other areas and settings, ways in which it was implemented with regard to placements and the extent to which learning from the original pilot influenced implementation in London and the South East. The research aims are now more fully explained in the paper Introduction.</p> <p>The interview guides are available on request.</p>

reviewer. Unfortunately the employability or current position of participants does not appear to have been discussed in the current study. The only “impact” explored was the acceptability to participants and supervisors.	We have expanded the discussion section about the current working status of fellows, but the information we obtained was not as full as in the previous West Midlands pilot as the follow up period was shorter. Impact of the programme per se was not one of the aims of the evaluation; rather we were seeking to identify ways in which others could learn from the transferability of a workforce programme devised in one area and implemented in another.
The analysis of the extension to non GPs was explored for 5 participants. It is unclear if data saturation was reached with this small number.	The data relating to the expansion to non GPs drew on interviews from all the participants as we asked for broad views on the wider professional inclusion from all groups in the research, and this is what is used for the reporting in this section. However, given the small numbers of non-GPs involved and their differing clinical backgrounds, it is unlikely that saturation was reached. Hence, we did not analyse this group separately.
The issues identified largely related to the competency and indemnity.	We mention competency and indemnity in relation to the broadening of the programme to multi-professional groups. This, we argue needs to be highlighted as key areas of importance in the transfer of the programme to other areas. Results
There was no information about how these fellows might have been able to apply their experience in subsequent practice. This should be discussed as a limitation.	We have added this to the limitations section.
The level of analysis appears to be somewhat superficial. The exploration of the impact of the funding model and duration of placement on the quality of experience of the participants warrants further exploration in the results and discussion.	We have added further detail about our approach to data analysis to the methods section . We have considered the impact of funding and duration of placements in more detail in both the results and discussion .
The benefit for the services into which they were place also warrants more exploration.	This is an important point, but is not the focus of the current paper.
The first sentence of the discussion is not justified by the findings presented in this paper.	This has been re-written. Changes made in discussion
It is stated later on that attracting and retaining staff in hard-to-recruit areas was an aim of the program. However no information on current or planned employment is presented in the findings.	Whilst one of the aims of the programme is to help with recruitment and retention it was not one of the aims of the evaluation to show this as fellows were not followed up for sufficient length in this study. We have removed the reference to this in the discussion as this was not evidenced in our data
Reviewer 2: Comments	Response
The extent of adaptations which are reported appear to describe a programme which deviated significantly from the original program and calls into question whether the core elements were indeed maintained following the transfer.	We have re-written sections to highlight more clearly what the core areas of the programme were felt to be and which could be argued to constitute a replication, and where local deviations enable the programme to work practically yet retain core principles. Changes made in results
In describing the study methods, it is unclear	We have added more detail about consent and

whether written consent was obtained, or confidentiality assured during interviews with team members.	confidentiality. Changes made in methods
The paper does not report on an in-depth and rigorous analytical process.	We have added to the methods section to address this point and that of reviewer 1
Unfortunately clear presentation is compromised by several typographical/syntax errors, and acronyms or jargon used without prior explanation.	This has been rectified
description of the first two of three 'adaptations' is clear, but the third is described in terms of a consequence rather than explaining the nature of adaptation that occurred.	We have re-written this section to make the 'adaptation' clearer. Changes made in results
While the experience of participants as reported in this study may well make a useful contribution to learning about and development of this programme, it seems to be a programme evaluation rather than a true research study and does not provide evidence of the benefits attributed to participation in the programme.	We were aiming to explore through real world research how a workforce programme becomes adapted when being transferred from one region of the UK to another, and the extent to which it retains core elements and remains beneficial to participants. It was beyond the scope of this study to directly evidence the benefits of participation in the programme.

VERSION 2 – REVIEW

REVIEWER	Mark Harris University of New South Wales, Australia
REVIEW RETURNED	26-Jul-2018

GENERAL COMMENTS	<p>The authors have addressed some of the concerns raised in my previous review. However there are some issues that remain:</p> <p>1. Introduction: The authors state in their response that they have added to context of the post CCT fellowship. However I could not find these changes in introduction. The acronym CCT (in abstract and body of paper) is not explained in new version of the manuscript which makes it more difficult for an international reader. The authors state that the research aims are more fully explained in the introduction. However, while the aims of the fellowship program are clearly stated in Box 1, I could not find the research aims clearly stated in the introduction.</p> <p>2. Methods: The authors state that the methods have been expanded to explain reasons for the approach and the significance of the study given its small scale. However I could not find these changes in the methods. The authors response states that they have added further detail about the approach to data analysis in the methods. However I could not find this in the manuscript.</p> <p>3. Discussion: The authors response acknowledges the small number of non-GPs and likelihood that saturation was not reached - hence this group was not analysed separately. This should be acknowledged as a limitation of the study in the "Strengths and limitations" section. The authors stated that they have added the lack of information about how the fellows might have been able to apply their experience to subsequent practice as a limitation to the limitations section. However I was unable to find this in the manuscript.</p>
-------------------------	--

REVIEWER	Dr Sharon Spooner University of Manchester, UK
-----------------	---

REVIEW RETURNED	16-Jul-2018
GENERAL COMMENTS	The authors have adequately addressed my previous comments. On reviewing this revision, I note that the manuscript makes a number of references to 'core learning outcomes' - it would be helpful if a brief summary of these were also made available.

VERSION 2 – AUTHOR RESPONSE

Reviewer 1 Comment	Response
As an international reviewer I had difficulty understanding the context of this study. This included the use and meaning of acronyms like CCT in the introduction and abstract. I found myself having the consult referenced documents and articles the references as well as a number of websites. I fear that the average non UK reader may face the same challenges.	We agree with this comment, and it has been addressed throughout. We have also added to the context around the core concept of Post CCT (certificate of completion of training) fellowship. Changes made in introduction
There also needs to be more explanation of both the need and the reason for choosing this approach. The scale appears very small so it is important to explain its significance.	Methods have been expanded to address this point Changes made Methods
The original pilot was with 7 GPs and evaluated by qualitative interviews. This suggested that participants were more employable and that most wound up working in a variety of positions that involved leadership and the interface between Primary Care and urgent care. This study evaluates the transfer of this program with 15 fellows, 4 of which were nurse practitioners and 1 of which was a physician associate. The research question is not clearly stated. The interview guide was not provided to this reviewer. Unfortunately the employability or current position of participants does not appear to have been discussed in the current study. The only “impact” explored was the acceptability to participants and supervisors.	The aim of our study was to look at system factors that might influence the adoption of the programme in other areas and settings, ways in which it was implemented with regard to placements and the extent to which learning from the original pilot influenced implementation in London and the South East. The research aims are now more fully explained in the paper Introduction . The interview guides are available on request. We have expanded the discussion section about the current working status of fellows, but the information we obtained was not as full as in the previous West Midlands pilot as the follow up period was shorter. Impact of the programme per se was not one of the aims of the evaluation; rather we were seeking to identify ways in which others could learn from the transferability of a workforce programme devised in one area and implemented in another.
The analysis of the extension to non GPs was explored for 5 participants. It is unclear if data saturation was reached with this small number.	The data relating to the expansion to non GPs drew on interviews from all the participants as we asked for broad views on the wider professional inclusion from all groups in the research, and this is what is used for the reporting in this section. However, given the small numbers of non-GPs involved and their differing clinical backgrounds, it is unlikely that saturation was reached. Hence, we did not analyse this group separately.

<p>The issues identified largely related to the competency and indemnity.</p>	<p>We mention competency and indemnity in relation to the broadening of the programme to multi-professional groups. This, we argue needs to be highlighted as key areas of importance in the transfer of the programme to other areas. Results</p>
<p>There was no information about how these fellows might have been able to apply their experience in subsequent practice. This should be discussed as a limitation.</p>	<p>We have added this to the limitations section.</p>
<p>The level of analysis appears to be somewhat superficial. The exploration of the impact of the funding model and duration of placement on the quality of experience of the participants warrants further exploration in the results and discussion.</p>	<p>We have added further detail about our approach to data analysis to the methods section. We have considered the impact of funding and duration of placements in more detail in both the results and discussion.</p>
<p>Reviewer 2: Comments</p>	<p>Response</p>
<p>The manuscript makes a number of references to 'core learning outcomes' – it would be helpful if a brief summary of these were also made available</p>	<p>These have been added to Box 1</p>