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)	Impact of the COVID-19 pandemic on the core functions of primary care: will the cure be worse than the disease? A qualitative interview study in Flemish GPs.
AUTHORS	Verhoeven, Veronique; Tsakitzidis, Giannoula; Philips, Hilde; Van Royen, Paul

VERSION 1 - REVIEW

REVIEWER	Trisha Greenhalgh U of Oxford, UK
REVIEW RETURNED	01-May-2020

GENERAL COMMENTS	It's a very rapidly produced paper with an impressive sample size. It captures the raw reality of transformation of general practice at pace and scale. A limitation is, I think, that the interviewees were all medical students and each did only one interview, so a) the GPs' responses would have been shaped by their orientation to that particular audience and b) there was no opportunity to adapt the interview schedule in the light of emerging data. I would make one change: think a bit harder about the implications for the future. There are research implications, service implications and educational implications. Some reflection on seizing the opportunity of involving medical students in a fast-unfolding situation, and also teaching them a research technique, would be good. Did anyone interview the students? (I guess that's another paper - but mention it here maybe). This paper is 'of the moment'. Publish soon or it will be too late.

REVIEWER	Annette Peart Monash University Australia
REVIEW RETURNED	16-May-2020

GENERAL COMMENTS	This paper is an important qualitative contribution to the primary care response to COVID-19, and I congratulate the authors on their creativity in collecting data for this research. I also acknowledge the rapid response required to generate the manuscript. Please see below for a summary of my recommendations: - please review the manuscript for spelling and grammar errors - please review the references to ensure they are complete (for example, reference 1 seems to be missing a first author)

	Introduction: 1. This would benefit from a reference to previous literature in which primary care had to respond to a similar health crisis. Can you use this as a basis for formulating your problem, that is, a review of the literature or previous responses? 2. The second-last paragraph in the introduction probably belongs in the Methods. Methods: 1. Please refer to the checklist you used in the Methods section. 2. Please provide a rationale for collecting data via interviews. A modified survey may have helped to obtain similar responses, especially as you were not audio recording the responses. 3. Further information about the geographical context of the study would be of benefit to international readers. 4. Please explain how and why you selected your participants. 5. In the absence of recording interviews, you used written reports. What was included in the written reports? 6. How was the data managed prior to analysis? 7. Please give a reason for your choice of data analysis. The lack of rigour in your data analysis made it difficult to see your results as trustworthy. You also need to provide more detail about the process of data analysis. For example, more detail is required when you refer to triangulation, and also why you chose to continue to interviewing, even though you had reached saturation. It may help to note for the reader the type of saturation you were using. Results: 1. Please provide more detail about the participant when you introduce the quotations. Which participant said which quotation? This helps the reader establish how many quotations you used, and from which sources. 2. There are examples in the results where you have just paraphrased the quotes. As it currently reads, there does not appear to be any more data analysis apart from gathering quotes and placing them into 'themes'. This is not the correct use of the Braun & Clarke method. Because of the lack of rigour in the data analysis, it is very hard to trust the results. I would be happy to review the results again if the data analysis section is revised. Discussion: 1. Your first sentence indicates that GPs reacted swiftly, but this is not the the intent of your research paper. You were not measuring the speed with which primary care responded. I don't think you can state this finding as you are basing your findings on perspectives of GPs, their responses to your questions, rather than assessing the speed with which GPs reacted to the changing needs. 2. I would be happy to review the discussion again, once data analysis has been revised. 3. No integration of the findings with prior work, implications for practice, explanations of how the findings further contribute to scholarship and or research in this area

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: Trisha Greenhalgh

Institution and Country: U of Oxford, UK

Please state any competing interests or state 'None declared': None

Please leave your comments for the authors below

It's a very rapidly produced paper with an impressive sample size. It captures the raw reality of transformation of general practice at pace and scale.

Thank you! That is exactly what we want to show. We are aware of the methodological limitations of the paper, but we still think these observations are worth sharing.

A limitation is, I think, that the interviewees were all medical students and each did only one interview, so a) the GPs' responses would have been shaped by their orientation to that particular audience and b) there was no opportunity to adapt the interview schedule in the light of emerging data.

Yes, that is right, each student did one interview. We added this in the methods section for clarity. Indeed both limitations you mention are applicable; we added them in the discussion section. Probably we would have made other choices if we had had more time to plan this study! Because the planned internship for our students would take place in the week after the lockdown measures were installed, these interviews were a "rapid" solution for the self-reflection report they usually need to write. We decided only afterwards, when students handed them in, that they contain valuable information we want to share.

I would make one change: think a bit harder about the implications for the future. There are research implications, service implications and educational implications.

Thanks for the suggestion, we added some reflections to the discussion section.

Some reflection on seizing the opportunity of involving medical students in a fast-unfolding situation, and also teaching them a research technique, would be good. Did anyone interview the students? (I guess that's another paper - but mention it here maybe).

We added a sentence on this. No, actually we did not interview them– although it is an excellent idea…time constraints did not make it possible but, since several of our students added some self reflection notes after the interview, we may still plan to collect data on this. The conversations with GPs seemed to have left a strong impression on them. Thank you for your suggestion!

This paper is 'of the moment'. Publish soon or it will be too late.

Reviewer: 2

Reviewer Name: Annette Peart

Institution and Country: Monash University

Australia

Please state any competing interests or state 'None declared': None declared

Please leave your comments for the authors below

This paper is an important qualitative contribution to the primary care response to COVID-19, and I congratulate the authors on their creativity in collecting data for this research. I also acknowledge the rapid response required to generate the manuscript.

Thank you for giving us the chance to make a revision. Indeed, some of the decisions we made and some of the shortcomings of the paper are due to the fact that we had to decide on the data collection quickly in the context of education , and on the fact that we decided only afterwards to share the data in a paper. We are very well aware of the limitations caused by this approach.

Please see below for a summary of my recommendations:

- please review the manuscript for spelling and grammar errors

OK, Following your advice we had it checked by a native speaker and added a statement in the acknowledgements.

- please review the references to ensure they are complete (for example, reference 1 seems to be missing a first author)

OK

Introduction:

1. This would benefit from a reference to previous literature in which primary care had to respond to a similar health crisis. Can you use this as a basis for formulating your problem, that is, a review of the literature or previous responses?

This didn't came to our mind…thanks for it – we added it in the introduction section and elaborated further in the discussion.

2. The second-last paragraph in the introduction probably belongs in the Methods.

OK, this was merely to explain the context but we moved it to the methods section.

Methods:

1. Please refer to the checklist you used in the Methods section.

OK, added.

2. Please provide a rationale for collecting data via interviews. A modified survey may have helped to obtain similar responses, especially as you were not audio recording the responses.

The internship for our students was planned in the week after the lockdown measures started. We chose interviews because they were feasible and because they would obtain more detailed information. We suggested to students they would record the interviews and many of them did (but we did not collect the audio data). The written report of the interview was also sent back to the interviewed GPs for member checking and to increase credibility of the data analysis.

3. Further information about the geographical context of the study would be of benefit to international readers.

We added a statement in the methods section: "All participants work as a GP in the Flemish part of Belgium, in an inner city, suburban or rural context"

4. Please explain how and why you selected your participants.

We added the following statement in the methods section: "Participants were the original internship supervisors (academic and non-academic). Because some of them had time constraints or had several students in their practice, we recruited 38 GPs and 9 GP trainees ad hoc through social media (a private physicians' group on Facebook sharing information on COVID-19)"

We think that the fact that we have a mix of GPs who are used to work with students and others who have no link with the educational or academic sector, is a good thing for the richness of data we obtained. This is added in the discussion.

5. In the absence of recording interviews, you used written reports. What was included in the written reports?

The written reports included the original questions, a transcript or synopsis of the answer of the GP to each question (written by the student and checked by the GP, who could make changes or additions), and demographic data of the GP. Some students added some self-reflection as well (these were not used in the paper).

6. How was the data managed prior to analysis?

The files were emailed to the internship coordinator (me) and collected in a digital map; the names of the GPs were removed – age, sex and type of practice were kept. After the grid was made by PVR, our qualitative research expert, we made an online excel map based on the grid, in which we put the relevant illustrative quotes for each interview, and in which we added possible other themes that emerged. They were then discussed with all of us in online meetings.

7. Please give a reason for your choice of data analysis. The lack of rigour in your data analysis made it difficult to see your results as trustworthy. You also need to provide more detail about the process of data analysis. For example, more detail is required when you refer to triangulation, and also why you chose to continue to interviewing, even though you had reached saturation. It may help to note for the reader the type of saturation you were using.

I am sorry for the confusion here; unfortunately the first author (me) is the one of our team with the least methodological expertise but the most time to write this up; I realise that the writing of the methods was not accurate enough. We used rather a framework analysis (instead of a thematic analysis), and in that respect the reference to Braun and Clarke was not correct. We removed it and added a more relevant reference for our framework analysis. The described themes coincide with the core competences which were used as the basis of the interview. Around these themes the grid for analysis was constructed.

With regards to saturation, we replaced the term by "data sufficiency" rather than saturation. The fact that we have so many interviews, is because they were all simultaneously conducted, one by each of 132 students. Since we had collected them all, we checked them all as well – after 59 interviews we got no new data, but sometimes more illustrative quotes.

We used investigator's triangulation – since at least two researchers with different background and perspectives performed the coding, the analysis and made the interpretation decisions.

Results:

1. Please provide more detail about the participant when you introduce the quotations. Which participant said which quotation? This helps the reader establish how many quotations you used, and from which sources.

The original submission contained for each quote the age, sex, and practice setting (urban, suburban, rural); however, the Editor informed us that this was not compatible with the BMJ Open policy, and we would need our participants to sign the BMJ Open informed consent (as opposed to our own, email-based informed consent). Part of the strength of this paper lies in the fact that it is a" rapid" source of data, and therefore it was decided to leave out this information. However, we understand your point. In this version we number the quotes by the GP number in our database; thus the reader can see

when we use a quote from the same physician (only twice). We hope that is an acceptable compromise.

2. There are examples in the results where you have just paraphrased the quotes. As it currently reads, there does not appear to be any more data analysis apart from gathering quotes and placing them into 'themes'. This is not the correct use of the Braun & Clarke method. Because of the lack of rigour in the data analysis, it is very hard to trust the results. I would be happy to review the results again if the data analysis section is revised.

We agree, see our answer to point 7 of the methods. After consulting with my co-authors we decided not to run another analysis, but to describe more correctly that we apply a framework analysis. Although in this paper it was not our ambition to perform a thorough thematic analysis, we still believe our data are valuable enough to share.

Discussion:

1. Your first sentence indicates that GPs reacted swiftly, but this is not the the intent of your research paper. You were not measuring the speed with which primary care responded. I don't think you can state this finding as you are basing your findings on perspectives of GPs, their responses to your questions, rather than assessing the speed with which GPs reacted to the changing needs.

Agreed. There was a rapid change in organisation of general practice, but this is not really information that comes from our interviews (apart probably from some elements in theme 1). We rephrased this sentence.

2. I would be happy to review the discussion again, once data analysis has been revised.

We hope you will consider reading it again after we described more correctly our approach and ambitions with this paper.

3. No integration of the findings with prior work, implications for practice, explanations of how the findings further contribute to scholarship and or research in this area.

There was already a heading "implications for practice" in our manuscript. Now we added statements on the possible contribution of our work to education and to research. We compared our results with the scarce publications we could find; we had no prior work in this field ourselves. Thanks for the suggestion!

VERSION 2 – REVIEW

REVIEWER	Annette Peart Monash University, Australia
REVIEW RETURNED	03-Jun-2020

| GENERAL COMMENTS | Thank you for addressing the issues raised in the first review. The inclusions have added depth to the paper. Please review the following:
- the statement in the text and abstract - "Possibly the side-effects of the cure will be worse than the disease." is not entirely clear. It appears to be an interpretation of the researchers, not necessarily a description of the data - which is what you said this study was.
- in the article you refer, I think, to GPs talking about consultations |

	with patients with either limited English skills, or health literacy, or ability to articulate their needs. Please review what you mean in these instances, to ensure your wording is accurate. - Please use more paragraphs to break up the text in the discussion to make this section easier to read.

VERSION 2 – AUTHOR RESPONSE

Reviewer(s)' Comments to Author:

Reviewer: 2

Reviewer Name

Annette Peart

Please leave your comments for the authors below

Thank you for addressing the issues raised in the first review. The inclusions have added depth to the paper. Please review the following:

- the statement in the text and abstract - "Possibly the side-effects of the cure will be worse than the disease." is not entirely clear. It appears to be an interpretation of the researchers, not necessarily a description of the data - which is what you said this study was.

Actually, this refers to a paragraph in theme 6:

"On several occasions it was argued that in the management of this epidemic the remedy might be worse than the disease. "Corona virus is for me the least of the problem, I know what it is and how to deal with it, rather it will be the consequences that can be dramatic." (GP72)

□ Maybe the highlight we put on this is too much; we left it out of the main results in the abstract, but would like to keep the catchy title.

- in the article you refer, I think, to GPs talking about consultations with patients with either limited English skills, or health literacy, or ability to articulate their needs. Please review what you mean in these instances, to ensure your wording is accurate.

We refer to both language skills in people with limited Flemish skills, and limited ability of people to articulate their needs – more than health literacy. Indeed your suggestion of wording is more clear, we changed this in our text.

- Please use more paragraphs to break up the text in the discussion to make this section easier to read.

OK.

Thanks again for your help in making our paper better!

Best regards from Antwerp, Veronique Verhoeven (on behalf of our team)