## PEER REVIEW HISTORY



## ARTICLE DETAILS

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| **TITLE (PROVISIONAL)** | General practitioner wellbeing during the COVID-19 pandemic: a qualitative interview study |
| **AUTHORS** | Jefferson, Laura; Heathcote, Claire; Bloor, Karen |

## VERSION 1 – REVIEW

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| **REVIEWER** | Sven Streit<br>Institute of Primary Health Care BIHAM |
| **REVIEW RETURNED** | 13-May-2022 |

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| **GENERAL COMMENTS** | Thank you for the opportunity to review this well done and timely qualitative research paper on well-being of GPs during the COVID-19 pandemic (as of Sommer 2021).<br><br>The authors provided us with a clearly written paper that many readers of the BMJ open will be eager to read as it is not only a look back but also outlines how things need to change around here (and elsewhere).<br><br>I have no suggestions to improve this message but thank the authors for their work that I - a fellow GP from Switzerland - value very much and I hope the BMJ open will value it even more. |

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| **REVIEWER** | Marta Buszewicz<br>University College London, Research Department of Primary Care and Population Health |
| **REVIEW RETURNED** | 04-Jul-2022 |

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| **GENERAL COMMENTS** | I think this paper covers an important topic.<br><br>It was however written in a style with which I'm not familiar for qualitative papers and I was concerned in particular about the brevity of the methods section.<br><br>This gave virtually no details about the methods use to recruit the participants, which were briefly touched on in the section 'sampling and recruitment' but with no details of the social media channels used, or which local deanery, local and national networks were approached. There were also no details given of the response rate to these advertisements from which the 40 people interviewed were selected. There looks to have been a good spread of participants recruited nationally, but further details of the methods used would be important to allow others to also use such methods in future.<br><br>It would have been helpful to have a breakdown of the members of the multidisciplinary team in terms of the numbers of individuals from |

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| | each discipline mentioned and their actual role on the project. I don't think this is how I would understand 'Patient and Public Involvement', given these were all seemingly experts in their fields? It's also unclear what was the separate involvement of the expert panel and the steering committee in the organisation and running of this project.<br><br>I'm unclear whether all the analysis was done by the two members of the team who conducted the interviews or whether any other individuals were involved in reading the transcripts and contributing to the discussion about how to interpret and present the resulting themes. It's generally good practice to have some degree of mix of background disciplines and perspectives on any qualitative analytic team.<br><br>A topic guide is mentioned but not given as an appendix which I think is by now common practice to help in understanding how the project interviews were conducted.<br><br>I'm not familiar with Dreci and Ryan's self-determination theory mentioned at the end of the first paragraph in the Method and a brief sentence or two explaining how and this theory was considered useful for interpreting this particular set of data would be helpful - possibly earlier than the Discussion..<br><br>Reflexivity is mentioned in the last paragraph of the Method but again there are no details given of any potential biases and how they might have been addressed. I would particularly keen to know how any GP members of the expert panel were involved in helping to interpret the data given that the primary research team were all non-medical and I think non-clinical.<br><br>In terms of the results, there was a lot of information given about the participants who, as mentioned, came from a range of locations and with a range of previous experience which is excellent. I'm not sure whether Table 3 is required as well as Table 2 as there seems to be some duplication, and I was also a bit concerned about participant confidentiality given the level of detail given in Table 3<br><br>The findings from the interviews were clearly described but many of the points made - e.g. about the impact on families and patients' unmet needs in the initial section, were not accompanied by any quotes, so the reader is just relying on the description of the data given by the authors with no actual evidence.<br><br>I was also unsure about the frequent use of numbers against points being made which I don't think is common practice in presenting qualitative rather than quantitative data and I think it's more usual to use more non-specific descriptions, such as a few, many most etc. I was also unsure about the way in which certain points were very clearly linked with the gender of the participants - e.g. all those diagnosed with mental health problems being female. This might perhaps be discussed in the Discussion section, but I'm not sure it should be sited in the Result section in the way it was as I'm sure there are also male GPs with diagnosed mental health problems, they just don't happen to have volunteered for this study.<br><br>I was particularly struck by the descriptions of positive emotions or wider collaborations - apparently expressed by 17/40 participants - and good team working (30/40) - but given no quotes and very little |

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| | space or credence in this paper. I think it's very important to be clear about both the positive and the negative when reporting qualitative data to give a balanced view. This also came across in the way the abstract as phrased which implied predominantly negative experiences. As a practising GP, this was not my experience of working during the pandemic and I wonder whether people who had had a more difficult time were more likely to volunteer for the project - something it might be worth discussing in the Discussion.<br><br>I understand the interviews for this study took place during the second year of the pandemic - in Spring to Summer 2021 - and my sense is that GPs' experiences were likely to vary over that time period. In particular, the section of the results labelled 'Public perceptions and leadership' discusses negative public perceptions of general practice, but my understanding is that this was a phenomenon rather later in the pandemic, with the initial sense being one of being valued by their local communities. Conversely, I think the issue of retired GPs having difficulty returning to practice mentioned at the end of this section occurred relatively early in the pandemic. The time course of events is better described in the Summary of The Discussion.<br><br>In terms of the Discussion, I think it's important to recognise many of the difficulties described by the participating GPs, such a workload demands, poor staffing levels, mental health difficulties and incipient burn-out predated the pandemic. There is a clear literature around this and I think it would be worth referring to this possibly in the Introduction and definitely in the Discussion, to make clear that the issues around the pandemic exacerbated the problems of a system which was already under great pressure. (e.g.Riley R, Spiers J, Chew-Graham CA, Taylor AK, Thornton GA, Buszewicz M. Treading water but drowning slowly': what are GPs' experiences of living and working with mental illness and distress in England? A qualitative study. 03 May 2018 BMJ Open 8(5):e018620-e018620).<br><br>Numbers of participants demonstrating each point are again frequently used throughout the Discussion - I would suggest reviewing this. I'm also unsure whether the fact that more female GPs admit to stress and mental health difficulties means they are always the majority facing such issues - there is a large mental health literature referring to the fact that women are much more likely than men to present and consult with such difficulties and I think this failure to admit to such difficulties is likely to also apply to male doctors and is something which needs consideration.<br><br>In summary therefore, I would like to suggest that more quotes should be given to illustrate the points being made throughout the Results section, the Method section needs significantly expanding to give more details, the chronology of GP feedback needs to be more clearly linked to the timing of the pandemic and, last but not least, the various positive points made need to be given due emphasis and suitable quotes. |

**VERSION 1 – AUTHOR RESPONSE**

| **Reviewer 1: Summary points** | |
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| Thank you for the opportunity to review this well done and timely qualitative research paper on well-being of GPs during the COVID-19 pandemic (as of Sommer 2021).<br><br>The authors provided us with a clearly written paper that many readers of the BMJ open will be eager to read as it is not only a look back but also outlines how things need to change around here (and elsewhere).<br><br>I have no suggestions to improve this message but thank the authors for their work that I - a fellow GP from Switzerland - value very much and I hope the BMJ open will value it even more. | *Thank you for the positive comments. This is a pressing issue and we were very grateful to be afforded the opportunity to conduct this research during the pandemic.*<br><br>*We agree that this should be of broad interest to the BMJ Open readership, both within the UK and internationally. Our systematic review, published earlier this year, highlighted a lack of published qualitative evidence on this topic from the UK setting, so we are hopeful this work will be published soon to support the evidence base and wider public debate.* |
| **Reviewer 2: Summary points** | |
| I think this paper covers an important topic. It was however written in a style with which I'm not familiar for qualitative papers and I was concerned in particular about the brevity of the methods section. | *Thank you for your thorough review, and highlighting your own work in this field which we have read with interest. We agree that this is an important topic of research, and hope that the revisions we have made to this manuscript will enable publication.*<br><br>*We believe this research was conducted with a high level of rigour and provides meaningful policy reflections. A particular strength of this research was the national focus using a wide and varied sample and the involvement of various stakeholders in the design and conduct of the research.*<br><br>*We have attempted to respond to your comments wherever possible, but hope you can appreciate that it can be difficult to present the level of detail we would like in qualitative research given journal word limits. There is always a balance in presenting sufficient introductory and methodological detail when also trying to do our results justice by providing sufficient supportive quotations. This was particularly difficult in the present study since the range of challenges faced by GPs during the pandemic was so complex, it is difficult to really do this justice in 4000 words. Nevertheless, we have attempted to do so, and provide further details where possible, albeit* |

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| | *adding to our word count.*<br><br>*The study was funded through the NIHR Policy Research Programme, and as such, it has a more policy focus than is perhaps usual for a paper using qualitative methods. We have written the article in a style that is suitable for an applied health services research and policy audience, which we believe the BMJ Open caters for, rather than in a more theoretical qualitative methodological journal.* |
| In summary therefore, I would like to suggest that more quotes should be given to illustrate the points being made throughout the Results section, the Method section needs significantly expanding to give more details, the chronology of GP feedback needs to be more clearly linked to the timing of the pandemic and, last but not least, the various positive points made need to be given due emphasis and suitable quotes. | *We have added further quotations, where possible, but owing to the word count limits, these are not given for every finding since there were 30 interlinking themes in total.*<br><br>*We have expanded on the methods section in relation to the detailed points below.*<br><br>*Thank you for highlighting the importance to tying in our findings to the chronology of the pandemic, we have reordered the section 'psychological wellbeing' to make use of this chronology.* |
| **Reviewer 2: Detailed points** | |
| This gave virtually no details about the methods use to recruit the participants, which were briefly touched on in the section 'sampling and recruitment' but with no details of the social media channels used, or which local deanery, local and national networks were approached. There were also no details given of the response rate to these advertisements from which the 40 people interviewed were selected. There looks to have been a good spread of participants recruited nationally, but further details of the methods used would be important to allow others to also use such methods in future. | *For the sake of brevity, we had attempted to summarise this as best possible. We appreciate this feedback and have now provided further details as to this recruitment strategy. It is not possible to calculate a response rate given the lack of denominator for some of these recruitment channels.* |
| It would have been helpful to have a breakdown of the members of the multidisciplinary team in terms of the numbers of individuals from each discipline mentioned and their actual role on the project. I don't think this is how I would understand 'Patient and Public Involvement', given these were all seemingly experts in their | *We have now provided numbers of people contributing to these roles. We have not provided further detail owing to the word count restrictions and need to present sufficient information in all areas of the paper.* |

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| fields?<br>It's also unclear what was the separate involvement of the expert panel and the steering committee in the organisation and running of this project. | *The patient participation group was part of the steering committee, as this is a requirement of NIHR-funded research, but their contributions were quite different to those of the expert panel, as you can imagine would be the case. We feel the sub-heading 'patient and public involvement' may perhaps be confusing matters here, but we are required to use this title as part of the BMJ Open publishing requirements. We have reworded the sentence about PPI to state:*<br><br>*"Three patient representatives were also consulted during the design and implementation of this research"* |
| I'm unclear whether all the analysis was done by the two members of the team who conducted the interviews or whether any other individuals were involved in reading the transcripts and contributing to the discussion about how to interpret and present the resulting themes. It's generally good practice to have some degree of mix of background disciplines and perspectives on any qualitative analytic team. | *We hope the methods are clear where we state that LJ and CH undertook interviews and analysis. LJ and CH are both experienced qualitative researchers, and as such were given this role in the research team. We have made this clearer by removing the wording "qualitative researchers" and combining the sentences in this section.*<br><br>*While it was not possible to include any GPs in the formal analysis, our reflexivity section states that findings were discussed with the steering committee members, as well as GPs and patients to explore the themes during the analysis stage.* |
| A topic guide is mentioned but not given as an appendix which I think is by now common practice to help in understanding how the project interviews were conducted. | *We have now added this as a Supplementary file.* |
| I'm not familiar with Dreci and Ryan's self-determination theory mentioned at the end of the first paragraph in the Method and a brief sentence or two explaining how and this theory was considered useful for interpreting this particular set of data would be helpful - possibly earlier than the Discussion. | *We have provided further description of the ABC of doctor's needs in the methods section, but do not elaborate on Deci and Ryan's self determination theory here since our focus was on interpreting the findings using the ABC of doctors' needs and this would be repetitive for readers since Deci and Ryan's theory is very similar to that of the ABC of doctors' needs. Deci and Ryan theorised that individuals have three innate psychological needs: competence, autonomy and relatedness, which will affect their wellbeing (hence our concerns around repetition). West's work on doctors' wellbeing has expanded on this, and is framed specifically on his experiences of researching doctors (and also more recently* |

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| | *nurses and midwives).*<br><br>*The decision to not include greater detail about these theories / frameworks here as these theories did not influence our design and analysis of the study data, which were conducted inductively. We therefore had left this detail for the Discussion section in order to frame the discussion of findings around areas for policy and practice.* |
| Reflexivity is mentioned in the last paragraph of the Method but again there are no details given of any potential biases and how they might have been addressed. I would particularly keen to know how any GP members of the expert panel were involved in helping to interpret the data given that the primary research team were all non-medical and I think non-clinical. | *Thank you for this feedback, we have revised this section, which now reads:*<br><br>*"We maintained a reflexive approach throughout the design and analysis stages to limit potential for preconceptions to influence research findings. All researchers were female, with non-medical backgrounds, as such it is possible that our experiences as women may have generated more open discussion amongst women participants or affected our interpretations of women GPs' experiences. LJ and KB's previous work on medical workplace culture and gendered norms may also have influenced this research process. To avoid the impact of such potential bias, we undertook researcher triangulation (during data collection and analysis) and consulted a committee of experts, GPs and patients in order to appropriately frame the topic guides for interviews, recruitment materials, and user-test these approaches before wider rollout. During analysis we sense-checked our findings with stakeholders and discussed these in detail to gain deeper understanding. While our analysis was inductive in nature, this research was undertaken simultaneously to our wider research projects on GP wellbeing, and is therefore underpinned by our knowledge of that evidence base."* |
| In terms of the results, there was a lot of information given about the participants who, as mentioned, came from a range of locations and with a range of previous experience which is excellent. I'm not sure whether Table 3 is required as well as Table 2 as there seems to be some duplication, and I was also a bit concerned | *Thank you, we have removed Table 3.* |

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| about participant confidentiality given the level of detail given in Table 3 | |
| The findings from the interviews were clearly described but many of the points made - e.g. about the impact on families and patients' unmet needs in the initial section, were not accompanied by any quotes, so the reader is just relying on the description of the data given by the authors with no actual evidence. | *Thank you, we are pleased you found this clearly presented.*<br><br>*Choice and restriction of quotations was a particular challenge given the large number of themes generated from our data. We have added some more quotations where possible, but it is not possible to do this for every theme owing to word count.* |
| I was also unsure about the frequent use of numbers against points being made which I don't think is common practice in presenting qualitative rather than quantitative data and I think it's more usual to use more non-specific descriptions, such as a few, many most etc. | *We have altered the wording throughout the results to remove numerical comments about frequency of themes.* |
| I was also unsure about the way in which certain points were very clearly linked with the gender of the participants - e.g. all those diagnosed with mental health problems being female. This might perhaps be discussed in the Discussion section, but I'm not sure it should be sited in the Result section in the way it was as I'm sure there are also male GPs with diagnosed mental health problems, they just don't happen to have volunteered for this study.<br><br>*Further comment on this point from the discussion section:*<br><br>I'm also unsure whether the fact that more female GPs admit to stress and mental health difficulties means they are always the majority facing such issues - there is a large mental health literature referring to the fact that women are much more likely than men to present and consult with such difficulties and I think this failure to admit to such difficulties is likely to also apply to male doctors and is something which needs consideration. | *A strength of our analysis was the exploration of variations by different participant characteristics. Gender was found to be important and these gender differences are worth noting. I'm sure there are men that have struggled with diagnosed mental health problems, but we have to present the findings we have. We have not stated our finding our generalisable to the whole population, indeed further quantitative research is needed and we have caveated our findings with commentary of the potential reasons for this gender difference in the Discussion section, see below excerpt:*<br><br>*"Subgroup variations in GPs' experiences are important to understand as the pandemic progresses and workforce pressures continue. Our research revealed different effects on men and women GPs and different use of support services. This is consistent with international literature which reports gender differences in stress, burnout, anxiety and depression[10, 22, 23, 25-28] and greater job strain amongst women in dual-doctor marriages during the pandemic.[29] These differences may also arise as a result of gendered social norms around willingness to disclose difficulties, or due to socially constructed gender roles in the home that proliferated during COVID-19 lockdowns, negatively impacting* |

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| | *women in employment.[30, 31]"* |
| I was particularly struck by the descriptions of positive emotions or wider collaborations - apparently expressed by 17/40 participants - and good team working (30/40) - but given no quotes and very little space or credence in this paper. I think it's very important to be clear about both the positive and the negative when reporting qualitative data to give a balanced view. This also came across in the way the abstract as phrased which implied predominantly negative experiences. As a practising GP, this was not my experience of working during the pandemic and I wonder whether people who had had a more difficult time were more likely to volunteer for the project - something it might be worth discussing in the Discussion. | *We have presented our results based on our detailed knowledge of our data, which highlighted predominantly negative experiences during the pandemic. It is not just the <u>number</u> of participants commenting on a theme that is important here, but the weight and severity of these comments, and indeed the <u>total quantity</u> of comments for each participant. Perhaps this is understated by the inclusion of these numbers, which we have now removed.*<br><br>*We are pleased that you have not had a predominantly negative experience during your time practising as a GP in the pandemic, but this was not the experience of our participants, which we reflect through this research. We have altered the wording of this section and added a quotation. We have also added a sentence to this effect in the abstract. The results section now reads:*<br><br>*"Approximately half of participants expressed some element of positivity when reflecting on their wellbeing during the pandemic, though negative comments around challenges dominated discussions. Positive comments related to their enjoyment of work and seeing the pandemic as providing a catalyst for long-needed change. Some recently qualified GPs welcomed the challenge and ability to 'step up' during the pandemic.*<br><br>*"In all honesty, that time felt really positive. It felt really refreshing. It felt empowering and as though…we'd known that general practice was struggling and not fit for purpose and we knew we needed to make some changes, but no-one could agree on the changes. And we'd been having these conversations for what, ten years? And not getting anywhere. And all of a sudden overnight we had to change, and we all did and it was fine."*<br><br>*Female salaried GP* |

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| | *We believe our discussion section is fairly balanced to highlight the positives that came from the pandemic, and also potential future solutions, so the paper as a whole does not present a completely negative view. Our discussion section does state that selection bias may have been at play, but we have included a further addition to this sentence for clarity:*<br><br>*"While there may be selection bias in the views expressed by GPs willing to share experiences, for example GPs experiencing particular difficulties may have been more willing to participate, our interview findings are consistent with other international research and wider commentary on this topic."* |
| I understand the interviews for this study took place during the second year of the pandemic - in Spring to Summer 2021 - and my sense is that GPs' experiences were likely to vary over that time period. In particular, the section of the results labelled 'Public perceptions and leadership' discusses negative public perceptions of general practice, but my understanding is that this was a phenomenon rather later in the pandemic, with the initial sense being one of being valued by their local communities. Conversely, I think the issue of retired GPs having difficulty returning to practice mentioned at the end of this section occurred relatively early in the pandemic. The time course of events is better described in the Summary of The Discussion. | *Thank you for highlighting this. Though our research data collection period spanned spring/summer 2021, we asked GPs to reflect on their experience pre-pandemic and earlier in the pandemic, hence our discussion of these points in the results. We contemplated whether to report the findings in separate sections to reflect these different time periods (which we have done in our full NIHR report), but owing to word count and the overlap of findings we have presented results thematically, and stated where this does apply to a specific time period of the pandemic. To make this clearer, regarding the sections you mention, we have added a comment regarding the initial public support and highlighted that the sense of negativity was particularly being felt at the time of conducting our interviews. We have also clarified that the statement regarding retired GPs returning to practice related to the beginning of the pandemic.*<br><br>*"Despite the initial public appreciation for the NHS at the start of the pandemic, GPs described how this had been eroded at the time of conducting our interviews with negative public perceptions of general practice greatly impacting GPs' wellbeing and one of the most widely cited causes of stress."* |
| In terms of the Discussion, I think it's important to recognise many of the difficulties described by | *Thank you for highlighting that this was not sufficiently clear to readers in our Discussion* |

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| the participating GPs, such a workload demands, poor staffing levels, mental health difficulties and incipient burn-out predated the pandemic. There is a clear literature around this and I think it would be worth referring to this possibly in the Introduction and definitely in the Discussion, to make clear that the issues around the pandemic exacerbated the problems of a system which was already under great pressure. (e.g. Riley R, Spiers J, Chew-Graham CA, Taylor AK, Thornton GA, Buszewicz M. Treading water but drowning slowly': what are GPs' experiences of living and working with mental illness and distress in England? A qualitative study. 03 May 2018 BMJ Open 8(5):e018620-e018620). | *section. We are aware of the evidence base and have included commentary on this in the background and, albeit briefly, in the Discussion. This was necessitated by word count and owing to this being a commonly discussed issue at present. We have altered the sentences relating to this in the Introduction and Discussion, and have included a citation (ref 1) to your useful study. These now read:*<br><br>*"Before the COVID-19 pandemic, rising demands on UK NHS general practitioners (GPs), including increasing work complexity and intensity and falling numbers of doctors, was leading to GP mental health difficulties[1] and a growing gap between GP demand and supply.[2] 80% of all doctors participating in a BMA survey appear to be at high or very high risk of burnout ,[3] with research suggesting primary care doctors are at highest risk.[4, 5]"*<br><br>*"Our interviewees offered in-depth accounts of their experiences during the COVID-19 pandemic, highlighting an exacerbation of difficulties that were already causing challenges in general practice prior to the pandemic. For some, this had led to dissatisfaction with work and mental health problems, or plans to reduce clinical or overall working hours, take on locum work, work abroad or retire."* |
| Numbers of participants demonstrating each point are again frequently used throughout the Discussion - I would suggest reviewing this. | *We are unsure what you are referring to here, we cannot find any reference to numerical reports of our findings in the Discussion.* |

**VERSION 2 – REVIEW**

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| **REVIEWER** | Marta Buszewicz<br>University College London, Research Department of Primary Care and Population Health |
| **REVIEW RETURNED** | 24-Oct-2022 |

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| **GENERAL COMMENTS** | I think the authors have satisfactorily addressed most of the comments which I raised in my initial review. It would have been helpful if they could have given the page / section number of any amendments referred to in their covering letter as this would make it much easier to locate them. I have a few comments to make on the amended manuscript.<br><br>Abstract: |

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| | Results - I would suggest that these are 'potential' facilitators of their wellbeing…<br><br>Method:<br>This additional detail about the recruitment methods was very welcome and gave a much better picture of the various methods used. It might be helpful to state the amount given as an honorarium.<br><br>Analysis:<br>Were the stakeholders mentioned the same as those involved in the multi-disciplinary team involved in developing and piloting the topic guide - it would be good if this could be made clear. How was this done - were there formal meetings held with the stakeholders to discuss the findings as they emerged? - this is still a bit vague.<br><br>Results;<br>I think it's good that the numerical values have been removed and the positive experiences of some GPs described more clearly.<br><br>I couldn't however help noticing the fact that, although the interviews were conducted with 29 women and 11 men, only 4 of the quotes in the results section seem to have been from men and the remaining 17 from women, which doesn't match the gender distribution of those interviewed. I'm unsure why this is and think it would bear with some reference / explanation in the Discussion - were the contents of the interviews with male GPs less interesting or quote worthy or is there some other explanation?<br><br>I agree it's important that those interviewed shouldn't be identifiable, but keeping their number ID would allow the reader to see that the quotes hopefully come from a range of different GPs. |

**VERSION 2 – AUTHOR RESPONSE**

| **Reviewer's Comments** | **Response** |
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| I think the authors have satisfactorily addressed most of the comments which I raised in my initial review. It would have been helpful if they could have given the page / section number of any amendments referred to in their covering letter as this would make it much easier to locate them. I have a few comments to make on the amended manuscript. | *Thank you for your comments and time spent reviewing our manuscript. Apologies that this has taken longer due to the lack of page numbers/sections.* |
| Abstract:<br>Results - I would suggest that these are 'potential' facilitators of their wellbeing… | *Thank you for this suggestion, this has now been revised (page 2).* |
| Method:<br>This additional detail about the recruitment methods was very welcome and gave a much better picture of the various methods used. It might be helpful to state the amount given as an honorarium. | *Thank you for this suggestion, we have now included details as to the amount of the honorarium (page 5).* |
| Analysis: | *This included stakeholders from within and* |

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| Were the stakeholders mentioned the same as those involved in the multi-disciplinary team involved in developing and piloting the topic guide - it would be good if this could be made clear. How was this done - were there formal meetings held with the stakeholders to discuss the findings as they emerged? - this is still a bit vague. | *outside of the steering committee members. We have provided the following text on page 5 for further clarity:*<br><br>*"During analysis we sense-checked our findings with stakeholders through meetings with our steering committee and informal discussions with GPs outside the committee in order to gain deeper understanding."* |
| Results;<br>I think it's good that the numerical values have been removed and the positive experiences of some GPs described more clearly.<br><br>I couldn't however help noticing the fact that, although the interviews were conducted with 29 women and 11 men, only 4 of the quotes in the results section seem to have been from men and the remaining 17 from women, which doesn't match the gender distribution of those interviewed. I'm unsure why this is and think it would bear with some reference / explanation in the Discussion - were the contents of the interviews with male GPs less interesting or quote worthy or is there some other explanation?<br><br>I agree it's important that those interviewed shouldn't be identifiable, but keeping their number ID would allow the reader to see that the quotes hopefully come from a range of different GPs. | *Thank you for your positive feedback.*<br><br>*We have attempted to include a mix of quotations from both male and female participants, but with these small numbers any small alteration to quotations would change the distribution substantially. We have provided the most salient points to support the statements made and do not feel that these need to be equally matched to the proportions of the sample. This likely arises since there are a number of areas in which women described more challenging experiences to male GPs; as highlighted through our results and discussion.*<br><br>*Thank you for your feedback. We have provided participant numbers for each quotation to demonstrate the range of different GPs represented by quotations.* |