**Authors’ Response**

**Title:** British doctors’ experiences of working in rural South Africa: The London GP Out of Programme Experience

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| Comment | Response (How was this addressed) |
| **Professional editor feedback (General review)** |  |
| **Introduction section:** describe where and in what type of South African facilities the British doctors worked, as well as the existing preparation/support and logistics about the OOPE programme | WE have inserted more information to describe the type of facilities where the doctors were based. We indicate that these doctors are in the GP specialty training, and have taken a year out of their studying between their 2nd and 3rd years. We don’t feel that providing information about the preparation and process prior to their departure will provide much additional insight into understanding their experiences of working in SA. The process of preparation is primarily administrative and there is no substantial ‘preparatory’ work the doctors undergo before leaving for SA. Furthermore, there is no variation in this process of preparation between the doctors that could account for differences in their experiences in SA. |
| **Aims & objectives:** only states the objective of OOPE/AHP and not the study | We have revised this |
| **Conclusion:** In the “Conclusion” paragraph it is stated that the study “. . . sought to document the OOPE run by the London GP Deanery . . .”; the study in fact does not do that, but rather documented the experiences of some of its participants over a specified period of time | This has been addressed on page 20 |
| **Literature review:** The literature is rather limited and general, including a lot of informal references/news bulletins, internal reports | Additional literature have been inserted |
| **Method:** Theoretical approach may be required; based on stated aim regarding doctors’ experiences, it has to be deducted that it was a phenomenological inquiry | We agree and have changed it to this in the Methods section |
| Sampling is not clarified, e.g. purposive sampling | We have clarified that the sample included all the British doctors who had participated in the OOPE since its inception till the time of fieldwork |
| **Setting** – although it is noted that the group of doctors where specializing in Family Medicine and were working in rural South African hospitals during the exchange program, it may be adding to the context to know in what provinces and what type of hospital they worked, without compromising confidentiality | We have inserted a section ‘research setting’ in the methods section to address this |
| Were there different circumstances in 2011 compared to 2012? Were the interviews just spread out over a 2-year period (2011 and 2012)? | We have clarified the study dates |
| Number of interviews unclear: 13 stated in abstract; while 15 noted in text? | This has been corrected – 15 interviews were conducted with British doctors |
| Data saturation? | WE sampled all the British doctors who had enrolled in the OOPE between its inception and the time of fieldwork. |
| Triangulation? | Only interviews were conducted in line with the stated aim of the study. Data related to the London deanery OOPE was used primarily for another paper based on these project findings – we have omitted the statement that says we used triangulation as a technique to enhance the validity of the findings |
| Interviewer used interview framework, specifying 8 main themes; only 2 reported on | We have explained why this is so in the Methods section |
| No mention of field notes; e.g. on the impact of telephonic versus personal interviews | We do mention that all the interviews were recorded and transcribed verbatim – this includes the telephonic interviews, so no field notes were used to collect data from the telephonic interviews |
| Added value of “frequency counts” is doubtful – no generalization can be made any way | Our purpose for insertion of numbers is in line with good practice in the analysis and presentation of qualitative work as outlined by Gibbs (Gibbs, G. (2007) Analysing qualitative data. The Sage Quality Research Kit. California: Sage Publications.). The purpose of inserting numbers or at least using specific language of how many participants expressed a certain view (thus avoiding the terms ‘few’, ‘some’, ‘many’ that may have different meanings among different readers) is to guard against ‘selective anecdotalism’ or over generalization of findings as Gibbs recommends. It enhances the validity of our findings when we can identify how many people held a certain view or voiced a particular sentiment. |
| **Trustworthiness:** How many researchers/interviewers? | WE have indicated this in the data collection and analysis section |
| How was triangulation used? The triangulated data from the OOPE is not presented in the report. | Only interviews were conducted in line with the stated aim of the study. Data related to the London deanery OOPE was used primarily for another paper based on these project findings – we have omitted the statement that says we used triangulation as a technique to enhance the validity of the findings |
| How were different approaches between different interviewers approached? | Not applicable – only one interviewer was used for consistency purposes |
| In what regard was “negative case analysis” undertaken? | This has been explained in the ‘trustworthiness’ section |
| **Results:** Although 2 themes are reported on, the one theme (Reasons) only consists of 1 page (2 quotations) – the paraphrasing mostly duplicates the two (single) quotations; while the other (Experience) covers 7 pages and the bulk of quotations | In this first section we do include several other shorter quotes that were better suited to being placed in the text itself.  We have articulated in the aims of the study that the experiences of British GP trainee doctors in SA was the primary aim/focus of the study. Their reasons and motivations that brought them to SA for their OOPE have been cited as a secondary aim - thus the space given to these two themes in the findings is reflective of this |
| Quotations are not consistently provided for each paraphrased theme section/ paragraph | We disagree with this - Each heading and subheading (i.e. sub theme) has at least one quote attached to it to substantiate the validity of the findings |
| Does the organization of themes/sub-themes suggest the structure of the referred to (pre-existing) interview framework that was used in these (structured) interviews? There seems to be undue emphasis and structure for some subthemes, with a lack again for others. | The structure of the findings is based on the themes and sub themes that emerged from the open coding process. If we had used a concept driven process we probably would have probably come up with an equal weighting of text and more equal dispersion of headings and sub headings as these would have been predetermined. In actual fact the number of sub themes (as indicative of the depth of the data and the inability to condense and collapse these themes with other themes) is testament to the open coding, iterative process of analysis we pursued. |
| **Style:** Give a generic description of the settings/type of facilities in which doctors worked in the methods/introduction section  Should quotations be in italics or quotation marks?  Requires another grammatical review?  Reference punctuation not consistent and not according to style requirement | This has been provided under the new heading ‘research settings’.  We have added in quotations marks for all quotes and quotes have been put in italics  Has been re-edited  We have addressed this |
| **Reviewer A** | |
| Does the OOPE program aim to fill the gap of emigrated 'Specialists' or to fill in the gap of doctors at the rural levels where they are no such capacities? | We have added more information about the programme in the literature review and explained that they are employed as ‘medical officers’ in SA, not as specialists. |
| Is there a record of previous participants at the OOPE program? Why 13 as the sampled number for this survey if they are more data that would further increase the power of inference? What informs their rural distribution (in terms of addressing areas of most need)? | We have explained in the methods that all participants in the OOPE from the year of its inception (2010) and the second year of its running (2011 – the year the study was conducted) were sampled for the study. There are no other doctors part of the OOPE we could have sampled |
| What criteria for transcription of data were adopted to ensure that dependability is high? | All transcripts were checked once by the transcriber and thereafter read through and checked by the fieldworker who conducted the interviews to ensure that the transcripts were accurate |
| Are they discordant views with the overall goal(s) of the OOPE? | No |
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| **Reviewer C** |  |
| What is said in the introduction is acceptable but the introduction still falls short to speak to the title or introduce something about the title or what the paper is about. Strategies and shortages are understood but need to say something about experiences of doctors working outside their countries at least from one or two sources | This has been addressed |
| Was the transcription verbatim or not? Needs to be stated | We have addressed this |
| Write all the responses or quotations in italics | We have addressed this |
| This section has not been well articulated or applied in the study. Authors are advised to read more about trustworthiness and how it is or was applied and be articulated correctly. This is in terms of ensuring credibility which was introduced here and other criteria such as transferability, dependability and conformability | We have addressed this |
| **Reviewer D** |  |
| Insert page numbers for in text references where necessary | This has been addressed |
| Acronyms should be written out in full | We have addressed this |
| Quotes should be in italics | We have addressed this |
| Other grammatical additions | We have addressed this |
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