

## 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

<b>TITLE (PROVISIONAL)</b>	Understanding quit decisions in primary care: a qualitative study of older GPs
<b>AUTHORS</b>	Sansom, Anna; Calitri, Raff; Carter, Mary; Campbell, John

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Kathryn Dwan Australian Primary Health Care Research Institute The Australian National University Canberra ACT 2601
<b>REVIEW RETURNED</b>	08-Dec-2015

<b>GENERAL COMMENTS</b>	I would have preferred to see a more detailed analysis of the data and a discussion of theory, but this reflects my disciplinary bias as a health sociologist. The current approach is perfectly acceptable for a medical audience. If the authors undertake future qualitative research, they may want to explore how qualitative research is dealt with in journals such as Social Science & Medicine and Sociology of Health & Illness.
-------------------------	--

<b>REVIEWER</b>	Trevor Lambert Oxford University, UK
<b>REVIEW RETURNED</b>	18-Dec-2015

<b>GENERAL COMMENTS</b>	<p>The topic of GP retention is hugely important to the NHS currently and this qualitative study of motivations to quit is timely.</p> <p>The paper is very well written: it is easy to understand the rationale and process adopted at a quick first reading, and the key issues raised by the doctors and the main points of the conclusions are very clearly signposted.</p> <p>Amendments which I would recommend:</p> <ol style="list-style-type: none"> <li>1. Could more detail be given of the interview schedule than is given in the second sentence on page 5? It's quite important to the understanding of the paper that the reader understands the scope of the discussion.</li> <li>2. The study limitations are clearly stated. It is a pity that here were not a number of 'continuing' doctors interviewed for comparative purposes, but it perhaps would have been a different study (perhaps with the aim of contrasting 'leavers' with 'stayers'). I would ask though that the wording of the 'WHAT THIS STUDY ADDS' statement on page 18 be reconsidered. It isn't really 'a current picture of the views of the GP workforce' – the wording needs to be more restrictive – it's a picture of the views of intending leavers in</li> </ol>
-------------------------	--

	<p>their 50s and some who have left, and isn't representative of the whole GP workforce.</p> <p>3. I was disappointed that there wasn't more substance to the 'There are other options available to GPs' section (page 7). Perhaps this reflects the sample and what they said during interview, but you don't appear to have interviewed doctors who have 'retired and returned' to do some medical or medical-related work, or doctors who have successfully 'downsized' their commitment in terms of time and responsibility – or who have talked about these possibilities and their practicality. Are there any relevant quotations to add in this area? Was there evidence of a need for more alternatives? Or of a lack of knowledge/awareness of possibilities and advice on transitions?</p> <p>Amendments which I would suggest:</p> <p>1. I would have occasionally liked a little more indication of the prevalence of a particular view or opinion. This is a difficult balance in a qualitative study, where the ideas and issues raised are more important than the numbers raising them, but just occasionally I would have liked to know whether a quotation was typical of others. For example on page 8 under 'Workload', it isn't very clear whether 'Demand for patient care was felt to outstrip supply.' was a view held by one or two, or was more general. I suspect the answer is the former, but it isn't clear. Could the authors review the Results write-up with a view to adding a few words to clarify some of the 'signposting' as to whether points made are general and made by a reasonable number of participants, or are one-off comments from a single individual? (not that the latter are, potentially, any less valuable).</p> <p>2. On page 8 under 'Workload', I think the second part of the sentence starting 'Additional workload...' (from '...along with the need to meet targets...') could be moved to appear on page 9 under 'NHS structures and systems'. This would make the 'Workload' paragraphs specifically about patient care and the structure-related work specific to page 9.</p>
--	---

### VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

#### COMMENTS:

I would have preferred to see a more detailed analysis of the data and a discussion of theory, but this reflects my disciplinary bias as a health sociologist. The current approach is perfectly acceptable for a medical audience. If the authors undertake future qualitative research, they may want to explore how qualitative research is dealt with in journals such as Social Science & Medicine and Sociology of Health & Illness.

#### RESPONSE:

Thank you for your comments. We appreciate your suggestions and will perform a more detailed analysis of data, with discussion of theory, for our future research and reporting. We will also look at how qualitative research is dealt with in journals such as Social Science & Medicine and Sociology of Health & Illness to inform future approaches and reporting.

Reviewer: 2

COMMENTS:

The topic of GP retention is hugely important to the NHS currently and this qualitative study of motivations to quit is timely.

The paper is very well written: it is easy to understand the rationale and process adopted at a quick first reading, and the key issues raised by the doctors and the main points of the conclusions are very clearly signposted.

Amendments which I would recommend:

1. Could more detail be given of the interview schedule than is given in the second sentence on page 5? It's quite important to the understanding of the paper that the reader understands the scope of the discussion.

RESPONSE:

A table has been added with detail of the key topics included in the interviews (Table 1).

COMMENT:

2. The study limitations are clearly stated. It is a pity that here were not a number of 'continuing' doctors interviewed for comparative purposes, but it perhaps would have been a different study (perhaps with the aim of contrasting 'leavers' with 'stayers'). I would ask though that the wording of the 'WHAT THIS STUDY ADDS' statement on page 18 be reconsidered. It isn't really 'a current picture of the views of the GP workforce' – the wording needs to be more restrictive – it's a picture of the views of intending leavers in their 50s and some who have left, and isn't representative of the whole GP workforce.

RESPONSE:

We agree that a study contrasting 'leavers' with 'stayers' would be of interest and this was acknowledged in the 'Strengths and Limitations' and 'Conclusion' sections of this paper. The wording of the 'WHAT THIS STUDY ADDS' statement for the current study has been changed in line with your suggestion. It now reads:

This study provides insight into the drivers and initial pathways to focus policies and strategies for the retention of experienced GPs, based on insights gained from the views of older GPs who are currently intending to leave, or have recently left the GP workforce.

COMMENT:

3. I was disappointed that there wasn't more substance to the 'There are other options available to GPs' section (page 7). Perhaps this reflects the sample and what they said during interview, but you don't appear to have interviewed doctors who have 'retired and returned' to do some medical or medical-related work, or doctors who have successfully 'downsized' their commitment in terms of time and responsibility – or who have talked about these possibilities and their practicality. Are there any relevant quotations to add in this area? Was there evidence of a need for more alternatives? Or of a lack of knowledge/awareness of possibilities and advice on transitions?

RESPONSE:

Some additional detail and an extra quotation have been added to this section to provide more substance and expand on the issues discussed by the GPs.

COMMENT:

Amendments which I would suggest:

1. I would have occasionally liked a little more indication of the prevalence of a particular view or opinion. This is a difficult balance in a qualitative study, where the ideas and issues raised are more important than the numbers raising them, but just occasionally I would have liked to know whether a quotation was typical of others. For example on page 8 under 'Workload', it isn't very clear whether 'Demand for patient care was felt to outstrip supply.' was a view held by one or two, or was more general. I suspect the answer is the former, but it isn't clear. Could the authors review the Results write-up with a view to adding a few words to clarify some of the 'signposting' as to whether points made are general and made by a reasonable number of participants, or are one-off comments from a single individual? (not that the latter are, potentially, any less valuable).

RESPONSE:

Where appropriate, an indication of the number of participants related to a particular view or opinion has been added to the text.

We agree that noting how 'typical' a response is is helpful to the understanding of the paper, and also that views or opinions held by only one participant (or a very small number of participants) are also of value and interest. We have attempted to provide a balance between reference to specific numbers of respondents (e.g. 'one GP', 'six GPs') and use of terms such as 'several'. We felt it most helpful to distinguish between views held by only one or two GPs, and those held by more than that number. We feel that overuse of specific numbers may detract from the qualitative, explorative nature of this paper and potentially lead the reader to value views held by higher numbers over those held by only one. As noted by the reviewer: all views are of value in this context.

COMMENT:

2. On page 8 under 'Workload', I think the second part of the sentence starting 'Additional workload...' (from '...along with the need to meet targets...') could be moved to appear on page 9 under 'NHS structures and systems'. This would make the 'Workload' paragraphs specifically about patient care and the structure-related work specific to page 9.

RESPONSE:

Thank you for your suggestion. After careful consideration, we have decided not to move this sentence. However, we have added some text to the second half of the sentence to align it more with the Workload section. This paragraph now reads:

Two GPs noted that the demand for patient care was outstripping supply. Contributing factors included: unrealistic patient expectations; an increase in the number of patient contacts without a corresponding increase in the number of GPs; and additional workload from secondary care. Other demands in addition to contact with patients were felt to compound the problem, including: the need to meet targets, to stay up-to-date with new guidelines, and to prepare for Care Quality Commission (CQC) visits.

We have also moved the following section from 'NHS structures and systems' to 'Workload' to improve the consistency of how the results are reported under these sub-sections:

One GP felt strongly that managing non-specific and irrelevant emails (sent primarily from CCG colleagues and the health authority) added to workload. Several of the GPs noted that they looked at their work emails from home/in non-work time in order to try and keep up-to-date.

"Seeing an inbox with 100 new emails...is enough for me to switch it off again and concentrate on patient care for a while." [GP11, Partner, male, age 54]