

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Mindful Self-Care and Resiliency (MSCR): Protocol for a pilot trial of a brief mindfulness intervention to promote occupational resilience in rural general practitioners
AUTHORS	Rees, Clare; Craigie, Mark; Slatyer, Susan; Heritage, Brody; Harvey, Clare; Brough, Paula; Hegney, Desley

VERSION 1 – REVIEW

REVIEWER	Dr Simon Tobin Norwood Surgery, Southport UK
REVIEW RETURNED	15-Dec-2017

GENERAL COMMENTS	<p>Thank you for asking me to review this protocol. Resilience in doctors is a hugely important topic and research into effective interventions to reduce burnout is welcomed. This protocol sets out to test the impact of a mindfulness program (MSCR) on a large number of markers of resilience in doctors and follows on from a similar study in nurses.</p> <p>The assessment tools have been validated and are appropriate. The authors rightly highlight the lack of a control group as a limitation of the study.</p> <p>Any conclusions from this study which is based on GPs in rural Australia may have limited validity for GPs in the UK. However, GP retention is an important topic given the current recruitment crisis in the UK so evaluation of an intervention such as this is valuable.</p>
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REVIEWER	Jullia Rosdahl Duke University, United States
REVIEW RETURNED	20-Dec-2017

GENERAL COMMENTS	This manuscript describes a study protocol for a planned open non-controlled open pilot study of a brief mindfulness-based burnout program for general practice doctors in Australia. The topic is timely and important. The study design (mixed methods, open, non-controlled, pilot) is appropriate.
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REVIEWER	Dr Anne Stephenson King's College London, United Kingdom
REVIEW RETURNED	02-Jan-2018

GENERAL COMMENTS	<ol style="list-style-type: none"> 1. In the title the term 'doctor' is included and in the strengths and limitations section the term 'general practitioners' is used. There is a need to be consistent. 2. Burnout papers numbers 1 and 2 are from 2008 and 2011 - is there more recent research? 3. Is the Emerald GP Super Clinic representative of doctors across
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	<p>Queensland, mainly in terms of methodological challenges given this is a pilot, but also in terms of outcomes?</p> <p>4. There are a large number of outcome measures. How much of a load will these be to complete?</p> <p>5. Follow-up will be at 1, 3 and 6-months post intervention. I think to investigate more fully as to the usefulness of the intervention follow-up at one year would be helpful but perhaps 6 months is sufficient for the pilot.</p> <p>6. What is the next step given this is a pilot?</p> <p>7. The fact that this study is a pilot needs to be more obvious</p>
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REVIEWER	PROFESSOR SIR DENIS PEREIRA GRAY University of Exeter UK
REVIEW RETURNED	12-Jan-2018

GENERAL COMMENTS	<p>Dear Ms Bedi</p> <p>Thank you for inviting me to assess this protocol for <i>BMJ Open</i>.</p> <p>I do not know any of the authors and have no links with them. I therefore have no conflict of interest in assessing their proposal.</p> <p style="text-align: center;">STRENGTHS</p> <p>This proposal has several strengths:</p> <ul style="list-style-type: none"> • The proposed topic is internationally important • General practitioners are a priority group within the medical profession • Rural GPs are, as stated, relatively isolated. • This is an experienced, multi-disciplinary team • The authors have successfully conducted analogous research with another health profession, nurses. • The instruments proposed are comprehensive and are likely to provide useful knowledge about those doctors who complete them. <p style="text-align: center;">WEAKNESSES</p> <ul style="list-style-type: none"> • Mindfulness is not adequately defined. • The Centre from which they are recruiting their doctors is not adequately defined. Is it a big group general practice, is it a federation of smaller practices? • The sampling system is unclear, why are they using this source? • There is no information given as exactly what the doctors are being told before they are recruited. • There is always a balance to be struck in research of this kind between using multiple instruments to maximise the data obtained and making the process practical for doctors to complete. The proposal is to use an extensive battery requiring many items to be completed. Whether or not this is optimum is a matter of judgement, but it would be appropriate the authors to acknowledge that they are making substantial demands on these doctors and that this may discourage recruitment. • Welcome though this study is, it will draw a highly selected
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	<p>group of respondents. The authors, in my view, in their discussion section should pay more attention to this limitation. On cost effectiveness, it is proposed to calculate the cost per day of sick leave saved. However, no control group is described so it is necessary for the authors to clarify what is being compared with what.</p> <ul style="list-style-type: none"> Highly selected responders. Of course, such studies depend on volunteer professionals but it is probable that this proposal will attract, disproportionately, doctors who are distressed and burnt out and perhaps even consciously or subconsciously seeking therapy. The academic issue is generalisation and it is likely that this proposal will lead to findings which have limited power of generalisation. Whilst this is inherent in the study design, it could be more clearly acknowledged. <p style="text-align: center;">CONCLUSIONS AND SUGGESTIONS</p> <p>The case for research of this kind is clear and is well made. The case can be further strengthened by citing Prosser <i>et al.</i> (1996) who suggest that “community work maybe inherently more stressful”.</p> <p>The topic is of international importance.</p> <p>I recommend acceptance for publication subject to redrafting to resolve the points made above under ‘weaknesses.’</p> <p>Professor Sir Denis Pereira Gray OBE HonDSc FRCP FRCGP FMedSci</p> <p><i>Emeritus Professor, University of Exeter, UK</i></p> <p>Reference</p> <p>Prosser D Johnson S Kuipers E <i>et al.</i> (1996) Mental Health ‘Burnout’ and Job satisfaction among hospital and community-based mental health staff <i>Br J Psychiatry</i>; 169 :334-7</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1:

As based on rural GPs in Australia may limit generalisability to other groups of GPs such as GPs in the UK

Limits to the generalisability of the study to other groups of doctors has now been added to the manuscript in the Discussion section and also to the Limitations section.

Reviewer 2:

None

Reviewer 3:

Need to be consistent in use of the terms GP or doctor throughout

This has now been corrected in the title and throughout.

Burnout papers 1 and 2 are from 2008 and 2011 – is there more recent research?

Yes, we have replaced the 2008 reference with a 2017 reference:

Lee, M.E., Brown, D.W., & Cabrera, A.G. (2017). Physician burnout: an emergent crisis. *Progress in Pediatric Cardiology*, 44, 77-80.

Is the Emerald clinic representative of doctors across Queensland?

More information as to the Emerald clinic and the doctors employed has been added to the manuscript.

Large number of outcomes how much of a load will these be to complete?

We have added acknowledgement of the demands of completing the outcome measures into the Methodological considerations section.

Would prefer 12 month follow-up but perhaps as it is a pilot 6 months is sufficient.

Yes we intend to include a 12 -month follow-up for the next phase of our work (following this pilot).

What is the next step given this is a pilot?

We have now added some information about the next step into the Discussion.

The fact that the study is a pilot needs to be more obvious

We have now made it clearer that the study is a pilot study in the Abstract and in other sections of the manuscript.

Reviewer 4:

Mindfulness is not adequately defined

We have now added the definition:

Mindfulness is defined as the awareness that emerges through paying attention on purpose, in the present moment, and non-judgementally.

The centre from which they are recruiting doctors is not adequately defined – is it a big practice or federation of smaller ones?

We have added more information as to the nature of the Emerald GP Super clinic.

Sampling system is unclear, why are they using this source?

We have provided more information as to how the sample will be recruited in the recruitment section of the manuscript.

No info given as to exactly what doctors are told before they are recruited.

This information has been added to the recruitment section of the manuscript.

Need to acknowledge that they are making substantial demands on the doctors (number of measures) and this may discourage recruitment

We agree and have added an acknowledgment of this in the Discussion section.

Discussion should mention the limitation of recruiting a highly selected group of respondents. This has been added to the Discussion, pointing out associated limits to generalisability.

Cost-effectiveness – as no control group, what is being compared with what?

We will be comparing pre-intervention quality of life and sick day data with follow-up quality of life and sick day data.

Highly selected responders who may attract the more distressed and burnt out doctors -so how generalizable will the results be?

We will be able to ascertain whether this group is more distressed than usual by examining their pre-intervention burnout scores – and will use this information when we write-up the results of the program.

Further strengthen the case for the research by citing Prosser et al., 1996 'community work may be inherently more stressful'.

Thank you we have added this reference to the manuscript.

VERSION 2 – REVIEW

REVIEWER	Dr A Stephenson King's College London, UK
REVIEW RETURNED	19-Feb-2018
GENERAL COMMENTS	I wonder if the word 'pilot' needs to be included in the title

VERSION 2 – AUTHOR RESPONSE

Dear Dr Bedi,

Thank you for your letter advising that one more minor correction is required before publication. We have added the word pilot to the manuscript title as suggested by Reviewer Stephenson. We have also added the new statement to the end of Method section regarding Patient and Public participation.

