

Article details: 2020-0278	
Title	The impacts of the Certificates of Added Competence credentialing program: a qualitative case study of enhanced skill Family Medicine practice across Canada
Authors	Lawrence Grierson PhD, Ilana Alice Ma, Alison Baker MD, Alexandra Farag MD, Jesse Guscott MD, Michelle Howard PhD, Margo Mountjoy PhD MD, Henry Yu-Hin Siu MD, X. Catherine Tong MD, Meredith Vanstone PhD
Reviewer 1	Deena Hamza
Institution	Postgraduate Medical Education, University of Alberta, Edmonton, Alta.
General comments (author response in bold)	<p>The paper by Grierson et al. explored (and explained) the contributions of the Certificate of Added Competence (CAC) offered by the CFPC in various regions across Canada. A primary objective of the CAC program is to enhance social accountability by supporting the healthcare needs of communities. Rightly so, the authors indicate that no evaluation has been undertaken to explore the strategic intentions behind this program and the reality of its impact. The case studies presented are sure to edify readers, stakeholders, and medical education researchers in the ecosystem of practice related to enhanced skills (i.e., remuneration, linkages, culture, opportunity, individual characteristics). The methodology is concisely and transparently described; the contextual quotes are relevant and not overdone, and the potential limitations regarding generalizability and sampling are clearly addressed.</p> <p>I have one suggestion that may enhance this strong work. In evaluation (and research), the funder or commissioner of the work can engage with the research team to varying degrees. The authors are transparent that the CFPC provided funding for this work and helped refine propositions. However, knowing the conflicts, tensions, and ethical dilemmas that evaluators often encounter, particularly when funded by the developers of the program that is being examined, more clarity about the role (or lack thereof) of the CFPC in the design of the study, management of the research, and drafting of the manuscript is needed. For example, expanding on Page 8, line 19 -22: "As our analysis progressed from exploratory to exploratory-explanatory, and prior to the completion of the exploratory-explanatory portions, we presented our findings to the CFPC stakeholders, seeking their input to refine the propositions that were being developed." What did this process entail? Given the role of the CFPC as the funder, did researchers experience "servitude" or "docility" in the interaction? If the CFPC played no role in the design or other aspects of the study (other than what is already reported), it is imperative to articulate the absence of involvement to the reader.</p> <p>By considering this suggestion, it may resolve the level of autonomy and intellectual freedom of the authors in the reader's mind, countering suspicions of "leaning" or influencing the inclusion/exclusion and presentation of findings. Overall, I enjoyed reading this powerful manuscript that fills a significant gap in knowledge about the impact of the CAC program in practice.</p> <p>We are grateful for the Reviewer's comment about our work. We are hopeful that it does indeed offer valuable information to those that operationalize credentialing programs to the end of improved health systems. We also appreciate the advice pertaining to our relationship with the CFPC throughout this work. As described above, we have now created an independent section that details our engagement with the CFPC.</p> <p>I have one suggestion that may enhance this strong work. In evaluation (and research), the funder or commissioner of the work can engage with the research team to varying degrees. The authors are transparent that the CFPC provided funding for this work and helped refine propositions. However, knowing the conflicts, tensions, and ethical dilemmas that evaluators often encounter, particularly when funded by the developers of the program that is being examined, more clarity about the role (or lack thereof) of the CFPC in the design of the study, management of the research, and drafting of the manuscript is needed. For example, expanding on Page 8, line 19 -22: "As our analysis progressed from exploratory to exploratory-explanatory, and prior to the completion of the exploratory-explanatory portions, we presented our findings to the CFPC stakeholders, seeking their input to refine the propositions that were being developed." What did this process entail? Given the role of the CFPC as the funder, did researchers experience "servitude" or "docility" in the interaction? If the CFPC played no role in the design or other aspects of the study (other than what is already reported), it is imperative to articulate the absence of involvement to the reader.</p> <p>We have added an independent section concerning the contributions of the CFPC to our research process. (p. 5)</p>

Reviewer 2	Nicole Woods
Institution	Family and Community Medicine, University of Toronto Temerty Faculty of Medicine, Toronto, Ont.
General comments (author response in bold)	<p>This is an interesting study and a well-written manuscript. I have a few concerns/suggestions that would help the community better assess rigour and relevance.</p> <p>The broad scope of the introduction leads the reader to believe the manuscript will describe a large scale evaluation of the CAC. I was surprised (not necessarily disappointed) to find that the study is more exploratory than evaluative, and the actual data collection includes six sites.</p> <p>On the Editor's suggestion, we now present a less expansive introduction, and with specific respect to the Reviewer's comment, we offer a refined presentation of our objectives.</p> <p>Case selection is crucial for understanding the implications of this work. I would like to know the number of practices invited to participate. Is there a rationale for having the CFPC extend the invitation instead of the research team?</p> <p>We have expanded our description of the case selection process and the CFPC involvement and role within our research. The six cases described here were the only cases invited to participate. We describe in the Case Selection section, however, that we engaged with regional representatives about the potential recruitment of several practices, which we decided were ultimately not appropriate because they were unlikely to yield theoretically rich data.</p> <p>I wonder if the authors could alter the presentation format to include more extended quotes or complete narrative as needed. As an example, the excerpt from Case 4 Participant 4 on pg 9 is intended to illustrate reduced complexity. However, it's not clear that the participant discusses complexity (a property of the patient case), the practitioner's preference, or just an overall reduction in caseload quantity. I trust that interpretation reflects the team's lens on the data, but more context in more substantive quotes would be useful.</p> <p>We have followed the Editor's recommendation of presenting quotes in a table. Further, we have made edits that address the specific example raised here; better aligning our set up the quote. In this regard, the intention was to convey that the caseload of complex patients has been reduced.</p> <p>Minor point: Perhaps this is an appropriate choice for reporting a qualitative case study, but, to me, the subtitle 'interpretation' seems odd when the previous section necessarily includes data interpretation.</p> <p>This is a function of the Journal's formatting guidelines. We agree with the Reviewer and would change the heading upon the Editor's request.</p> <p>The authors successfully convey the limitations of the study. However, while remaining within the boundaries of the study's scope and intent, it is remiss not to return the original intent of study and that of the CFPC. The final sections of the manuscript discuss the experience of CACs broadly. Yet, the authors shy away from stating with any clarity whether the program is meeting its intended outcomes.</p> <p>We have endeavoured to more clearly indicate that our analysis reveals tremendous variability in the application of the CAC across Canada; and that in many cases, these applications are effective in conveying the College's intended benefits, and in others, run counter to the CFPC's goals. We have presented this contrast in relationship to the small amount literature available.</p> <p>The broad scope of the introduction leads the reader to believe the manuscript will describe a large scale evaluation of the CAC. I was surprised (not necessarily disappointed) to find that the study is more exploratory than evaluative, and the actual data collection includes six sites.</p> <p>We have refined our Introduction so that the stated objectives are aligned with the study presented throughout the paper. (p. 3)</p> <p>Case selection is crucial for understanding the implications of this work. I would like to know the number of practices invited to participate. Is there a rationale for having the CFPC extend the invitation instead of the research team?</p> <p>We have added a more detailed Case Selection section and CFPC Engagement section. (pp. 4, 5)</p> <p>I wonder if the authors could alter the presentation format to include more extended quotes or complete narrative as needed. As an example, the excerpt from Case 4 Participant 4 on pg 9 is intended to illustrate reduced complexity. However, it's not clear that the participant discusses complexity (a property of the patient case), the practitioner's preference, or just an overall reduction in caseload quantity. I trust that interpretation reflects the team's lens on the data, but more context in more substantive quotes would be useful.</p> <p>We have created a table for quote data and have addressed the specific concerns raised in this reviewer comment. (p. 6)</p> <p>Minor point: Perhaps this is an appropriate choice for reporting a qualitative case study, but, to me, the subtitle 'interpretation' seems odd when the previous section necessarily includes data interpretation.</p> <p>We have elected to keep the section header as per the Journal's formatting guidelines. (p. 8)</p> <p>The authors successfully convey the limitations of the study. However, while remaining within the boundaries of the study's scope and intent, it is remiss not to return the original intent of study and that of the CFPC. The final sections of the manuscript discuss the experience of CACs broadly. Yet, the authors shy away from stating with any clarity whether the program is meeting its intended outcomes.</p> <p>We have endeavoured to state more clearly that the Program is both meeting and not meeting its intended goals, and that this variance is a function of the factors we have uncovered. (pp. 8, 9)</p>