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

TITLE (PROVISIONAL)	Organisational perspectives on addressing differential attainment in postgraduate medical education: a qualitative study in the United Kingdom
AUTHORS	Woolf, Katherine; Viney, Rowena; Rich, Antonia; Jayaweera, Hirosha; Griffin, Ann

VERSION 1 – REVIEW

REVIEWER	John T. E. Richardson The Open University, United Kingdom
REVIEW RETURNED	12-Jan-2018

GENERAL COMMENTS	This paper describes an interesting study that investigated how key stakeholders in medical education perceived risks to the educational progression of UK medical graduates from ethnic minorities and of graduates of non-UK medical schools. A fuller account of the study is already available as a report from the GMC dated 2016, but I gather that BMJ Open is willing to countenance the publication of a short version. The study is a useful follow-up to the researchers' previous investigation which was based on interviews with trainees and trainers and which was published in BMJ Open. The study is based on a rich body of evidence obtained from interviews and focus groups conducted with 29 representatives from 11 medical Royal Colleges. The data were collected and analysed in a competent manner, and the conclusions are clearly warranted by extensive extracts from interviews and focus groups. This material will be of considerable interest to readers of BMJ Open and is undoubtedly the main strength of the paper. In contrast, the researchers also collected data from just two representatives of employers whose remit covered equality and diversity, education and training, and workforce management. This is a ludicrously small sample even for a piece of qualitative research. These data are wrapped up with those from the representatives of medical Royal Colleges, and the researchers have not attempted to compare or contrast the attitudes and perceptions of the two groups. The discussion section begins with the statement, "Representatives of medical Royal Colleges and NHS Employers recognised that BMG UKGs and IMGs face significant risks to their progression in UK postgraduate training" (page 13, lines 26–27). However, no evidence has been presented to support this conclusion in the case of NHS Employers. Indeed, only one excerpt from a focus group that

	involved an employer representative is provided (page 10, line 51). I strongly suggest that these data are not worth reporting. Since at least one of the representatives of NHS employers participated in a focus group along with the representatives of the medical Royal Colleges, it will be difficult to avoid mentioning the representatives of the employers, but it would be a simple matter to include a statement to the effect that the paucity of the data makes it impossible to come to any conclusions. The statement on page 14, lines 12–14, would suffice. (It might be worth investigating why representatives of NHS employers were unwilling to participate in this project. Of course, it might just be that they have too much on their plates just now.) Table 1 provides a useful summary of the findings of the researchers' previous study. Is the table original, or is it reproduced from elsewhere? If the latter, please provide specific details of the source. The labelling of the participants in the focus groups is confusing. For instance, four participants are referred to as "M1"; however, they participated in four different focus groups, and so I assume that they are different people. It would be less confusing to use different numbers for different people. There is now an extensive literature on thematic analysis (much of it by Braun and Clarke), and so it is disappointing to see a bare reference to Braun and Clarke's original 2006 paper. There are more recent and more useful resources that could be cited instead (see the Thematic Analysis website). Here are a few minor points that I noted. Page 2, line 31: "lead" should be "led". Page 5, line 51. The semicolon should be a comma to match the punctuation in the rest of the sentence. Page 14, line 29. Please clarify "ST1-3 Medicine". I assume that the notation was explained in the researchers' previous study. Page 19. "UCL" should be added to the list of abbreviations.

REVIEWER	Professor Aneez Esmail University of Manchester, UK
REVIEW RETURNED	20-Jan-2018

GENERAL COMMENTS	This is a useful paper because it identifies the views of people who are responsible for the implementation of policies that can address differential attainment in medical postgraduate examinations. What the paper shows quite nicely is the learned helplessness that permeates these organisations and which prevents them from implementing meaningful changes. It also shows the 'hidden racism' that permeates some of these organisations as exemplified in the barriers to change section (pages 11 and 12). Paradoxically the strength of the paper lies in the discussion - especially the section on the implication of the findings.

	The section that I found difficult to reconcile to the conclusions was the way that the authors presented some of the results. This seems quite arbitrary - for example they describes the 'Significance of risks' and then 'The influence of evidence on significance of ratings' which don't relate to the conclusions in the same ways that they describe the 'Amenability of risks to change' and the 'Barriers to change'. To make this easier to read I suggest that they explicitly group the risks into defined categories - so for example 'Barriers to change' and Amenability of risks to change' covers a group of these risks which are then reported and discussed. They should try and modify the other two categories 'influence...' and 'significance...' in a similar manner - as presently constituted they don't add anything to the conclusions and the discussion. Without knowing the data in detail I can't suggest a categorisation but they could use some of the ones stated in the interventions that are being considered - for example 'designing recruitment and assessment' or 'transparency' around data. They may need to review the raw data to find this categorisation. Alternatively they can remove these two sections since they are not related to the conclusions. It is an important paper because the authors have been given access to key decision makers through the patronage of the GMC. The barriers to change that they identify highlight why progress is so slow in implementing changes and this is why with the modifications I have suggested, the paper should be published.

VERSION 1 – AUTHOR RESPONSE

Dear Dr Edward Sucksmith

Thank you for the opportunity to revise our MS, and to the reviewers for their careful reading and constructive comments.

We have reproduced and responded to each of the editorial requests and reviewer comments below.

Editorial Request:

- Please revise your title so that it includes the country where the study took place. We suggest: "Organisational perspectives on addressing differential attainment in postgraduate medical education: a qualitative study in the United Kingdom."

Response: We have done this.

Reviewer: 1
Reviewer Name: John T. E. Richardson
Institution and Country: The Open University, United Kingdom Competing Interests: None declared.

This paper describes an interesting study that investigated how key stakeholders in medical education perceived risks to the educational progression of UK medical graduates from ethnic minorities and of graduates of non-UK medical schools. A fuller account of the study is already available as a report from the GMC dated 2016, but I gather that BMJ Open is willing to countenance the publication of a short version. The study is a useful follow-up to the researchers' previous investigation which was based on interviews with trainees and trainers and which was published in BMJ Open.

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In contrast, the researchers also collected data from just two representatives of employers whose remit covered equality and diversity, education and training, and workforce management. This is a ludicrously small sample even for a piece of qualitative research. These data are wrapped up with those from the representatives of medical Royal Colleges, and the researchers have not attempted to compare or contrast the attitudes and perceptions of the two groups.

The discussion section begins with the statement, "Representatives of medical Royal Colleges and NHS Employers recognised that BMG UKGs and IMGs face significant risks to their progression in UK postgraduate training" (page 13, lines 26–27). However, no evidence has been presented to support this conclusion in the case of NHS Employers. Indeed, only one excerpt from a focus group that involved an employer representative is provided (page 10, line 51).

I strongly suggest that these data are not worth reporting. Since at least one of the representatives of NHS employers participated in a focus group along with the representatives of the medical Royal Colleges, it will be difficult to avoid mentioning the representatives of the employers, but it would be a simple matter to include a statement to the effect that the paucity of the data makes it impossible to come to any conclusions. The statement on page 14, lines 12–14, would suffice.

(It might be worth investigating why representatives of NHS employers were unwilling to participate in this project. Of course, it might just be that they have too much on their plates just now.)

Response: We agree that data from only two representatives from NHS Employers was not sufficient to be able to interpret separately from the Royal College data. As you have suggested, we have removed the NHS Employer data from the Results section and have explained this in a sentence on p7. We have also included a line in the Discussion to say that we are uncertain why we had difficulty recruiting from NHS Employers and that it may be of interest to explore in future studies.

Table 1 provides a useful summary of the findings of the researchers' previous study. Is the table original, or is it reproduced from elsewhere? If the latter, please provide specific details of the source.

Response: This table is reproduced from Woolf et al (2016) – reference 3. This has now been stated.

The labelling of the participants in the focus groups is confusing. For instance, four participants are referred to as "M1"; however, they participated in four different focus groups, and so I assume that they are different people. It would be less confusing to use different numbers for different people.

Response: Thank you, we have numbered participants from P1 to P29 and explained this on p7.

There is now an extensive literature on thematic analysis (much of it by Braun and Clarke), and so it is disappointing to see a bare reference to Braun and Clarke's original 2006 paper. There are more recent and more useful resources that could be cited instead (see the Thematic Analysis website).

Response: Thank you for directing us to the Braun and Clarke Thematic Analysis website. We cited Braun & Clarke (2006) because that's what we used to help guide our analysis. We didn't use their more recent work (although will do in the future) so don't feel it is appropriate to cite it here.

Here are a few minor points that I noted.

Page 2, line 31: “lead” should be “led”.

Response: Thank you, we have changed this.

Page 5, line 51. The semicolon should be a comma to match the punctuation in the rest of the sentence.

Response: Thank you, we have changed this.

Page 14, line 29. Please clarify “ST1-3 Medicine”. I assume that the notation was explained in the researchers’ previous study.

Response: Thank you, we have clarified this.

Page 19. “UCL” should be added to the list of abbreviations.

Response: Thank you, we have included this.

Reviewer: 2
Reviewer Name: Professor Aneez Esmail
Institution and Country: University of Manchester, UK Competing Interests: None

This is a useful paper because it identifies the views of people who are responsible for the implementation of policies that can address differential attainment in medical postgraduate examinations. What the paper shows quite nicely is the learned helplessness that permeates these organisations and which prevents them from implementing meaningful changes. It also shows the 'hidden racism' that permeates some of these organisations as exemplified in the barriers to change section (pages 11 and 12). Paradoxically the strength of the paper lies in the discussion - especially the section on the implication of the findings.

The section that I found difficult to reconcile to the conclusions was the way that the authors presented some of the results. This seems quite arbitrary - for example they describes the 'Significance of risks' and then 'The influence of evidence on significance of ratings' which don't relate to the conclusions in the same ways that they describe the 'Amenability of risks to change' and the 'Barriers to change'. To make this easier to read I suggest that they explicitly group the risks into defined categories - so for example 'Barriers to change' and Amenability of risks to change' covers a group of these risks which are then reported and discussed. They should try and modify the other two categories 'influence...' and 'significance...' in a similar manner - as presently constituted they don't add anything to the conclusions and the discussion. Without knowing the data in detail I can't suggest a categorisation but they could use some of the ones stated in the interventions that are being considered - for example 'designing recruitment and assessment' or 'transparency' around data. They may need to review the raw data to find this categorisation. Alternatively they can remove these two sections since they are not related to the conclusions.

Response: Thank you for pointing out that the link between the results and conclusions could be clearer, and for your suggestions as to how to do that.

In the section “The influence of evidence on significance ratings”, we were trying to show that when participants were deciding how significant a risk was (and by implication, how worthwhile it was to address), they largely drew on their own personal experiences. This could be their personal

experiences as a trainer or trainee. It could also be their experience of accessing information or data from within a specialty or region via their personal role within a Royal College or LETB. In other words, these participants – many of who were in powerful positions within powerful organisations - were often basing their risk ratings on potentially limited and unrepresentative information. In addition, the fact that participants were not generally privy to information from outside of their own realm of experience could - in theory - contribute to the isolation of good practice observe nationally in relation to differential attainment, and their feelings of helplessness at grappling with this problem alone.

To try to make this more obvious to the reader, we have renamed the section "The influence of evidence on significance ratings" as "The importance of personal experience to perceptions of risk significance".

We have also rewritten part of the Summary of Findings section in the Discussion to make it clearer how the reliance on personal evidence is related to the isolation of good practice and helplessness to effect change:

"The fact that good practice, research, and data tended to be isolated within specialties and/or regions meant participants often based their ratings of a risk's significance on their own personal experience rather than on generalisable data. It also meant that they could feel they did not have the relevant knowledge or power to act locally to effect change."

We have also included a sentence in that same section to hopefully make it clearer that relying on personal experience could lead to an inappropriate downgrading of risks:
"Participants tended to downgrade risks they had not personally observed, not always explicitly recognising that their own experiences were not necessarily generalisable and that personal involvement can affect objectivity."

It is an important paper because the authors have been given access to key decision makers through the patronage of the GMC. The barriers to change that they identify highlight why progress is so slow in implementing changes and this is why with the modifications I have suggested, the paper should be published.

Yours sincerely,
Katherine Woolf (corresponding author)

VERSION 2 – REVIEW

REVIEWER	John T. E. Richardson The Open University, United Kingdom
REVIEW RETURNED	13-Feb-2018

GENERAL COMMENTS	The authors have made an appropriate response to the comments and criticisms made by myself and Reviewer 2. The manuscript is now suitable for publication.