

**Appendix 8****Transcript of Focus Group**

Researcher: I would like to thank everyone for attending this focus group. I would like to introduce Dr AD, Dr NT, Dr MA, Dr DN, Dr MM, Dr VB, Mr ZM, Mr AK and Mr BM to the panel. This study is aimed at looking at the referral pattern between chiropractors and homeopaths practicing in the greater Durban Metro area with the aim of educating both practitioners as to each others scope of practice, so that patients may benefit in the long run. Ailments that may be of interest fall under the musculoskeletal group of conditions. A focus group is used to establish face validity for questionnaires. I would like the panel to look at the questionnaires as a whole and make any comments regarding each question. There are 4 questionnaires, an informed consent form, a letter of information, a confidentiality statement, and the code of conduct. The first two questionnaires are the ones that I derived and the other two are what I used as a background to the questionnaire which I will be using for my study. If there are any questions, I can answer them now and then we may proceed further. Dr D. speaks: Kumaran just before we proceed can you tell me a little about your methodology, i.e. how will these questionnaires be distributed? Researcher: I will be personally handing out the questionnaires to each practitioner, and waiting for them, if they have the time to complete it, in their waiting room. If not I will wait for their call to personally collect it .If they don't answer it within two months, their questionnaire will not be used in the study. Dr DN: do you want us to sign all the documents that require signatures? And you must state somewhere that this session is video taped. Researcher: Yes you must sign, and I will document that it was video taped. Dr AD: I would like to give a background on why this session is happening. Focus group are basically done to weed out ambiguity in questionnaires, and also to make the questionnaire easy to understand by the participant, so that the data obtained will be fairly representative. Mr AK: Do you of any osteopaths in Durban? Researcher: No. And can everyone speak up so that the microphone can pick up what you are saying. I nominate Dr DN to be the reader and I will be the scribe. Researcher: I suggest that you go through each question on your own first and then we discuss each question. Dr AD: I suggest that we go through the questionnaire all together because time is a factor. Dr DN: question 1. Should any of the listed health care providers be considered as legitimate providers? Answer yes or no. Chiropractors, homeopaths, GPs, physiotherapists, osteopaths. Dr NT and Dr MA: What's the purpose of this question? Mr AK: Maybe if I don't like a homeopath

or whoever, I will answer such that I don't consider them as legitimate. Dr AD: this question shows peoples concept about another profession. Dr DN: The problem here is the word legitimate. Researcher: what do you want to do? Dr MA: Change legitimate to effective. Dr NT: As a practitioner, I don't understand this question. Dr DN: I suggest that we scrap the question. Researcher: All in agreement to Dr DN suggestion? Group: Yes. Dr AD: this question will not give much insight as to what you want from the study. Dr MA and Dr DN: I agree. Dr DN: you might get yes for all and will not have significance. Dr AD: it's too ambiguous. Dr DN: Question two. Should any of the listed providers be retained as primary care practitioners? Dr MM: Are physios primary? Dr AD: yes as my sister is one, and anyone can go to them, without a referral letter. Dr DN: what's the definition of a primary care practitioner? Dr AD: one can diagnose and treat conditions. Dr NT: Do physios have the legal capacity to diagnose? Dr AD and Dr MA: they don't. Dr AD: they also don't have the capacity to diagnose as per the definition. Dr MM: if someone goes to them with back pain, they only know musculoskeletal conditions that cause pain. Thus they are not primary practitioners. Dr AD: I agree as they can't do a physical exam etc. Researcher: what must we do about this question? Group: come back to it. Dr DN: question 3. Do you refer patients to the following registered providers? Group: good question so keep it. Question 4: if a referral was requested from a patient, would the referral be given? Circle for each provider. Dr MM: does the question ask if would give a referral to any of the providers? Researcher: Yes. Dr MM: if a patient asks, then I would do so. Researcher: is question ok. Group: yes, so keep it. Question 5: which of the listed providers do you wish to have ethical dealings with? Yes or no. Dr AD: ethical has too many issues and this is too complex because you can't say who's ethical or not e.g. physios adjust like chiropractors do. Dr DN: some homeopaths and GPs practice together and this is unethical seen by allied health. But this is a grey area. Dr MA. I agree, and thus it has no relevance to the study. Researcher: What must we do? Group: Scrap the question. Dr DN: Question 6. Age as at last birthday. Dr MM: I suggest we put all demographic factors first. Group: ok. Researcher: are all the demographic questions ok? Group: Yes. Dr AD: to the group, if you feel that more questions needs to be asked, to get overall picture, please feel free to mention them as the researcher can add them on.. Dr NT: Do you know of any chiropractors or homeopaths in the area, or how close are they? Just some questions now that I thought about it. Dr AD: do you have anyone on hand for a referral if a patient request one? Mr ZA: give options to what chiros and

homeos treat in terms of many conditions that patients present with. Dr NT: what is greater Durban area? Researcher: areas with 031 dialling code. Dr MA: ask which practitioners qualified where and how long they are in practice etc. Dr NT: how many times in the last 6 months did you refer, or what conditions did you refer, or maybe every 1 in 10 did you refer, or whatever. Dr AD: do you share any with other practitioners, or are you in a center, etc. Dr MM: what are you as a practitioner, and where did you qualify, etc. Researcher: let's go through the second questionnaire now. Dr AD: All the demographics seem fine regarding the patient questionnaire. Just as a suggestion, this questionnaire is not necessary for your title of your study. It will give you unnecessary data and time and money will be wasted. Dr MM: I agree, and believe that this is a different topic altogether. Dr AD: what do think Dr CK(camera man): I also agree. Dr AD: I think you should only use the practitioner questionnaire. Researcher: what does the group think? Group: we agree. Researcher: is this study feasible? Group: yes. Dr AD: It is, but bulk up the questionnaire more specifically to the suggestions mentioned earlier. Dr MA: make the questionnaire short and sweet and direct so that practitioners do not get put off by many questions to be answered. Mr AK: We are always available for further input. Researcher: I would thank you all for attending, and the valuable input given. Group: you are welcome.