**Review: envisioning a socially accountable doctor**

The topic of social accountability of medical students is interesting and the subject matter is important and relevant to the times in which we live, especially in South Africa. The data collected in the study demonstrate the rich and nuanced experiences that medical students have in an unequal society such as south Africa, and the emergent themes are interesting and generally well-argued. The conclusion is punchy and to the point, and the diagram is excellent. The Introduction section on Reflection is also well-written and interesting.

However, the article requires substantive reworking to address conceptual ambiguity in the Introduction and Method, and overall to improve the structure of the argument. In the Introduction, the authors seem to suggest that development of social accountability is dependent on a particular type of curriculum. This assumption seems supported by the bulk of the Introduction taken up by a rather dense and often vague discussion of Doll’s components of a ‘post-modern curriculum’. However, the argument does not present evidence from the literature for an explicit or causal link between social accountability and a particular type of curriculum. The reviewer is left wondering whether other research has been done in this area, and whether the authors considered the contribution of non-curricular variables such as background and social context to a professional’s sense of social accountability. Without this clear foundational argument, the reader is left to wonder where this is leading and the Introduction seems unnecessary long and unfocused. Providing evidence of this link in literature is also particularly relevant as the researcher’s data collection includes demographic data of non-curricular activities such as community work and sports, but it is not explained or accounted for the methodology or the findings.

In addition to addressing this conceptual gap, the article would benefit overall from a tighter structure or ‘architecture’, presenting a stronger, clearer, and more compelling argument. For example, in the Introduction, a more thorough definition of social accountability from the literature is needed, especially since the students in the focus groups were presented with 2 definitions (see Methodology) of which only one is mentioned briefly in the Introduction. Round 1 and 2 emergent themes should both be listed (presented in a table or bullet points for easy reference). Other suggestions are put forward below in the discussion on the Methods section. Conceptually, the overlaps, connections and relationship between the 3 Rs in the abstract (recursion, relationship and rigor), the 4 Rs in the Introduction (where ‘richness’ was added) and the 3 curricular axes are somewhat confusing.

There are a few words/phrases/sentences in the Introduction that require rephrasing for clarity. These include ‘provocatively generative’, ‘recursion’ and the authors’ emphasis on cognitive load in the context of this discussion, as well as statement “interactions between communities and medical programmes are heterogeneous in their nature, their intention and their outcomes”.

The Method section may be confusing primarily because it is not systematically presented, although some conceptual clarification is required regarding the sampling. It seems that 2 rounds of focus groups were held, with the first round enabling more detailed exploration of the emergent themes from round 1. However, it is not clear what the emergent themes were from round 1, apart from mentioning ‘a clinical experience and identification of ‘target groups’. In round 2, no explanation is given of how and on what basis the ‘target groups’ were then constituted and how the emergent themes from round 1 informed these decisions. These students are later on referred to as “less socially responsive”- this statement is evaluative and requires a thorough explanation of the sampling criteria and data collection methods.

To improve the flow of the methods section, the ‘general’ methodological concerns can be discussed first (assuming that these aspects were done the same in round 1 and 2), for example, regarding ethics, focus groups as method, audio-recorded, transcribed, anonymity measures, method of analysis (grounded theory and constant comparative), including the last paragraph before table 1.

Thereafter, the authors should explain upfront that 2 rounds of focus groups were done one year apart, explaining what each round hoped to achieve, and how they differed in the authors’ approach to data collection and analysis. Especially important is to explain that while round 1 involved random volunteers, round 2 was purposeful. How were the ‘representatives’ of groups selected, and on what basis did they recruit others? Apart from completing a clinical experience, what else did and didn’t they have in common with other participants? What questions were asked of group 2, since Table 1 only mentions round 1 questions? The emergent themes from round 1 must be listed more explicitly, even though they understandably needed more exploration and clarification in round 2, since these first themes informed the rest of the study design and round 2 interviews. Why was demographic data collected at all? It is very problematic that community service and sports are mentioned in the findings without any context or explanation of the relevance of this information provided (see earlier critique on assumed link between social accountability and curriculum).

Results: Firstly, the emergent themes from round one must be briefly presented with examples (instead of the rather vague ‘the spirit of...’), before the round 2 themes are listed. It is not clear why all the percentages of each class are provided; are they statistically relevant, and what conclusions can be drawn from them, if any?

Themes are extrapolations from the data and usually listed in the author’s words as a short phrase which rises above the level of empirical data. Presenting the themes as student quotes can work but the authors must be careful not to use the students’ own words as the argument, rather than drawing on these quotes as examples or evidence of particular participant views. This is problematic in the both the Results and Discussions sections.

The Results lead-in statement “The interviews with the student participants of the class of 2013 deepened the understanding of social accountability but...” requires clarification; as a few sentences further the authors list the first theme as ‘poorly defined’ picture of the concept of social accountability. The statement “deeply reflective identities which appeared to reduce the cynicism prevalent in this health system...” also requires explanation.

In the Discussion, this reviewer is not clear on how the data has led to the formation of the 3 axes; an explanation detailing this higher level of abstraction is needed. The discussion is also very brief compared to the Results section. Overall, though, the paper would probably benefit from being shortened; it is currently 7573 words excluding the abstract.

Lastly, all research has limitations and authors should use the opportunity to offer their own critique of the study’s design and results.