Peer Review Report

Review Report on Competencies for Transformational Leadership in Public Health –an International Delphi Consensus Study

Original Article, Int J Public Health

EVALUATION

Q 1 — Please summarize the main findings of the study.

This study deployed a Delphi process based on a literature review and expert opinion to elucidate 10 competencies for transformational leadership in public health and discusses some implications of the newly developed framework for public health education.

Q 2 — Please highlight the limitations and strengths.

The article's strengths are being well-written, and clear in its contributions. Some limitations are outlined in the discussion section of the manuscript. However, the paper's methodological limitations considerably limit its ability to meet the stated contribution.

Several major limitations are listed here (see line by line comments below):

1. You start your work from reviewing existing PH competency frameworks. But many of these are rooted in very traditional understandings of public health. How might basing a transformational framework off of age old thinking in public health achieve the transformation that is sought?

2. At several places you refer to the WHO framework as "health system-based approach", and also make reference to the need for equitable health care as a complex challenge. Health care and public health are NOT the same, nor is the WHO framework about systems of care, but rather about core public health competencies. What might this mean for your thinking, the way you have framed this contribution, and the literature reviewed to initially source your competencies?

3. The methods for your Delphi review are understated. Most importantly, you indicate in your abstract that you use the CREDES framework, but you haven't referenced this in text of indicated that you utilized existing checklists and followed steps appropriately. Relatedly, there are numerous broad brush statements (see below) that need to be unpacked in the spirit of building transparency for your reader.

4. Related to the above, for a consensus based study, you give no indication of how you defined consensus. This is a major limitation of the study.

5. While you go to great lengths to laud your incorporation of global perspectives, there is some slight skew to African colleagues. On L48, you need to problematize the idea of 'full representation'. Engagement with experts will always be partial and incomplete, and you have not introduced a sampling frame so we have no idea how representative your sample actually is. How do you deal with this limitation?

6. The results are largely described descriptively, which is fine. But the discussion is extremely limited, and there's little actual application of the knowledge to the broader field, and numerous questions remain, especially pertaining to the application of this framework for transformational leadership and what that would look like for existing core competencies in public health (i.e. how would you apply this framework to the topic of surveillance and monitoring, for example?)

7. At certain points, you seem to overly rely on feedback of Ns of 1 person. This is not a consensus based process.

8. The extension of relevance to other fields (while stated) is underdeveloped. It's not clear how this would be achieved in practice.

Q 3 Please provide your detailed review report to the authors. The editors prefer to receive your review structured in major and minor comments. Please consider in your review the methods (statistical methods valid and correctly applied (e.g. sample size, choice of test), is the study replicable based on the method description?), results, data interpretation and references. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.

My major concerns with the paper are listed above. Minor comments and clarifying line-by-line items are included below:

L84 – we need to problematize the idea of 'full representation'. Your study is not, nor will it ever be fully representative of the fields you have outlined. Moreover, looking at the geographic distribution, there is some slight skew towards Africa. How do you deal with this limitation?

L90 what does public health in a broader sense mean? You are drawing from diverse sectors. Did you not explicitly ask?

L110 – use of word modelling is challenging here as it has distinct connotations in public health. Suggest 'leading by example'

L106 – please reference the Delphi framework and process you followed in text, as referenced in teh abstract

L128 – what is meant by 'individual work context'? Were people speaking to their own fields of application which per above, may not necesarily include public health? What are the implications of this for your study design and the applicability to public health more specifically.

L140 – how did you define a 'heterogeneous group'? By what criteria?

L147 – this makes it sound like specific groups worked on specific competencies. Isn't part of transformational leadership 'whole systems thinking'? Does your approach then not apply traditional methods of siloing which raises limitations for study design?

L154 – "improved over five rounds" is a finding… please specify methods only

L155 – please explain this process of voluntary participation and approval

L177 – can you refer to literature that suggests 85% agreement is a good threshold for exploratory work?

L193 – why did you limit your content analysis only to specific passages? What were your criteria and/or rationale for doing so, and why are these results not presented or discussed?

L207 – were the competencies also culturally universal? Was there discussion of this?

L262-264 how were self and mindset different?

L291-292 – I fundamentally disagree with this. Transformational leadership should be about calling out the status quo, not accepting that power differentials exist, but problematizing them. Basing this decision on only one participant is incredibly problematic and not consensus based. The idea that a transformational framework would accept and resist change is antithetical to the scope and mission of your paper.

L363 – just those in education? What about those in practice and implications for continuing professional development? You give no indication of how these would be taught, and the extension of your findings in your discussion is generally quite limited.

PLEASE COMMENT

Q 4   **Is the title appropriate, concise, attractive?**

The title is fine, but for a consensus study, see the identified limitation where the authors have not even defined what they mean by consensus.

Q 5   **Are the keywords appropriate?**

Yes, but notable exception of public health framing

Q 6   **Is the English language of sufficient quality?**

Yes

Q 7   **Is the quality of the figures and tables satisfactory?**

Yes.

Q 8   **Does the reference list cover the relevant literature adequately and in an unbiased manner?)**

Yes

QUALITY ASSESSMENT

Q 9   **Originality** — 3/5

Q 10   **Rigor** — 3/5

Q 11   **Significance to the field** — 3/5

Q 12   **Interest to a general audience** — 3/5

Q 13   **Quality of the writing** — 4/5

Q 14   **Overall scientific quality of the study** — 3/5

REVISION LEVEL

Q 15   **Please make a recommendation based on your comments:**

Major revisions.