Before interview starts

1. Interviewer outlines purpose of interview, and explain offer of copy of transcript and summary results
2. Interviewer explains use of audio-recorder (to improve accuracy)
3. Interviewer explains anonymisation process prior to analysis (removal of identifiers and use of pseudonyms);
4. Interviewer to assure confidentiality + reassurance that clinical staff involved in the research will only have access to sections of transcripts, rather than full transcripts.
5. Check for further questions
6. Go through consent form and sign.

The semi-structured interview approach adopted in these interviews focuses on encouraging the participant to explain their experiences in ways that make the most sense from their perspective. Apart from the introduction and conclusion, the questions listed below act as an aide memoire, rather than a definitive list of questions-in-order.

Introduction

1	How long have you worked in your clinical specialty ? - How long in current post ? - What types of role does your current post involve ?
2	How did your unit get involved with the main EACH study ? - How involved are you personally ? - How does it affect your work ? - Any comments on experiences of working with the requirements of clinical research ?

Evaluation of previous practice re: conventional testing methods

3	Views about working in the area of fetal anomaly detection
4	Ask participant to describe how the research pathway differs from previous clinical practice
5	Any advantages of the previous methods ?
6	Any disadvantages ?

Evaluation of new care pathways / methods (karyotyping / arrayCGH)

7	From a clinical perspective, how useful is array CGH - In counselling parents - In clarifying diagnosis - In other ways ?
8	Are there any difficulties you have experienced whilst implementing array CGH in the context of the EACH study ? - E.g. lack of knowledge (self and others in the NHS) - Problems related to the testing method? - Problems related to the EACH study in particular ? - Anything else ?
9	Do you know much about the comparative costs between array CGH and conventional karyotyping? - Which would you expect it to be more costly ?

	- E.g. (money, patient time, clinician time, lab time) etc.
10	How do patients seem to react to the different methods when you are in clinic? - Have you formed any impression of what patients prefer ? - If so, why ? - If not why not ?
11	What about your colleagues – do you think they have a preference ? - Which pathway is best to work with ? - Why ?

Rolling out fancy ideas…

12	In your experience, what support do new tests / practices need to become adopted by the clinical community ? - e.g. organisational level, clinical directorate, resources, allied health professional support, patient support etc. - what can stop good technological developments from being adopted in practice?
13	Testing out new findings in a research project is interesting, but we are also interested in how they might work on a larger scale. How would implementation of array CGH fare outside of the research project ?
14	If array CGH is found to be significantly better than conventional karyotyping, would it be feasible to roll this out across the UK? - Advantages ? - any potential problems that you can foresee ?
15	If the care pathways in this project became standard practice, how long do you think it would take for provision to be accessible in most parts of the UK ?
16	Are there any factors that might help make policy development in this area more effective?

Concluding views

17	I have reached the end of my questions. Is there anything that you would like to add / feel has not been covered that should have been included?
18	How did you feel about being interviewed on this aspect of your work?

Final tasks

Check to see if there are any further questions
Thank participant for giving up their time to take part
Check re consent for interview to be analysed and used in the study
Check re (1) copy of transcript and (2) summary of findings