

A How-To Guide on Conducting Witness Seminars

October 2022

Published by
SATHI



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Written by

Shweta Marathe
Benjamin M. Hunter

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» Suggested citation
Marathe S. and B. M. Hunter (2022) A How-To Guide on Conducting Witness Seminars, Pune: SATHI. <https://sathicehat.org/wp-content/uploads/2022/10/A-How-To-Guide-on-Conducting-Witness-Seminars.pdf>

» The witness seminar guide can be accessed online at:
» **<https://sathicehat.org/wp-content/uploads/2022/10/A-How-To-Guide-on-Conducting-Witness-Seminars.pdf>**

Published by

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Acknowledgements

This guide is based on work done as part of a research project entitled Practices, Regulation and Accountability in the Evolving Private Healthcare sector: Lessons from Maharashtra state, India. The project was a collaboration between researchers at SATHI, Pune, and King's College London, and was conducted with support from a UK Joint Health Systems Research Initiative grant (MR/R003009/1), funded by the UK Medical Research Council, Economic and Social Research Council, Department for International Development and Wellcome Trust.

We are grateful to Professor Susan Fairley Murray (Principal Investigator for the research study) and Dr Indira Chakravarthi (Co-Investigator) for their contributions to leadership, design and conducting of the research study, and to the project's other team members- Dr Abhay Shukla and Deepali Yakkundi and its technical advisors- Dr Arun Gadre and Dr Sanjay Nagral. We particularly thank all the participants at our three witness seminars and the chairpersons who guided the discussion: Professor Ramila Bisht, Dr Abhay Shukla and Dr Indira Chakravarthi.

In preparing this guide, we have benefited from inputs by Professor Susan Fairley Murray, Dr Indira Chakravarthi, Professor Ramila Bisht and Dr Devaki Nambiar. We are grateful to Sharada Mahalle for assistance with the layout and design of the guide.



Foreword

Public health has a rich history. But how many events have passed by with minimal public records or documentation? How many times have you read about a technology or policy and wished there was a bit more information on its development? Something that you could use to better inform your research, teaching or policymaking?

As researchers of public health in all its various guises, we have a duty to try to document and analyse contemporary events of relevance to our field. We need to develop and share effective methods for finding information from different sources, compiling it into accessible formats, and preserving it for current and future generations.

This 'how-to' guide has been put together with that aim in mind. The guide offers practical guidance on designing and conducting witness seminars, a well-established technique for documenting contemporary events within the field of social history, especially within the UK.

I encourage readers to consider the witness seminar method for use in their research, to help document and preserve recent public health events. The guide provides step-by-step details of the process along with some critical tips arising from challenges faced by our team while organising the seminars. Having personally been involved in witness seminars in the past, I can attest to the value of having a thought-through plan for such occasions.

I thank my colleagues for developing this guide based on our collective experiences conducting three workshops on public health issues in India between 2017-2019. It is great to see the team's efforts laid out like this, and I firmly believe the booklet will serve as a primer for people interested in employing this method.

Professor Ramila Bisht
Centre of Social Medicine and Community Health
Jawaharlal Nehru University



Preface

Witness seminars have been used to document a wide range of developments in the history of medicine and public health in the UK, including the development of obstetric ultrasound, monoclonal antibodies, human gene mapping, rural medicine, and abortion laws, as well as broader changes such as transformations in public health in the 1980s-1990s, the re-organisation of the NHS of UK since the 1970s, and introducing internal markets in the NHS. Development of the witness seminar method has been led by researchers at the University of London's Institute of Contemporary British History(now part of King's College London, as King's Contemporary British History), and in health by the Wellcome Trust's Wellcome Witnesses to Contemporary Medicine series and The History of Modern Biomedicine Group (now at Queen Mary, University of London). But despite its documented value in UK settings, the method has, to date, not been used so widely in other contexts.

SATHI, in collaboration with colleagues from King's College London, employed this technique and conducted three witness seminars during 2017 and 2018 pertaining to transformation and regulation in Maharashtra's private healthcare sector¹.

Topics of the seminars were as follows:

1. Private healthcare sector in Pune and Mumbai since the 1980s
2. Regulation of formal private healthcare providers in Maharashtra- Journey of Bombay Nursing Homes Registration Act and the Clinical Establishments Act
3. Regulation of formal private healthcare providers in Maharashtra- Journey of Pre-Conception and Pre-Natal Diagnostics Techniques (Prohibition of Sex Selection) Act, 1994

During and following the project, we were contacted by researchers who were interested in this innovative technique, some of whom had attended the seminars to learn more about it. Given the lack of awareness of the method, sharing of experiences has proved vital. When designing and preparing for our witness seminars we drew on advice and experience from several sources which were invaluable for informing our own approach. We read online documentation, blog posts, and transcripts of witness seminars that had been conducted by historians in the UK. A team member (Benjamin

⁶ Chakravarthi I and Marathe S. (2018). Bearing witness to healthcare history. Unsettling healthcare. <https://unsettlinghealthcare.org/2018/07/04/bearing-witness/>

M. Hunter) met with one of these historians, who suggested important design features and considerations, based on their own experiences with witness seminars in the UK. A colleague in India (Ramila Bisht) also provided suggestions based on their experience using the witness seminar method in India.

We learnt many things during this process. Our experience and those from elsewhere demonstrate that it requires detailed knowledge about the topic to be researched, and careful, intensive planning and preparations. So, the aim of this 'how-to' guide is to support the use of witness seminars by other researchers in future. In writing this we are indebted to the inputs of others, as well as our witness seminar participants in guiding and shaping our experiences. The booklet lays out the process of conducting witness seminars, supported by existing literature on the technique, and compiles and presents some practical tips and suggestions. This is not intended to be a comprehensive guide, but rather a starting point for people interested in using the witness seminar method in their work.

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Content

- 1. What is a witness seminar?.....09-11**

- 2. Our witness seminars and what we learnt.....12-14**
 - » Private healthcare in Pune and Mumbai since the 1980s– 24th June 2018
 - » Bombay Nursing Homes Registration Act and the Clinical Establishments Act – 15th September 2018
 - » Pre-Conception and Pre-Natal Diagnostics Techniques (Prohibition of Sex Selection) Act, 1994 – 16th September 2018

- 3. Pratical considerations for designing and conducting a witness seminar.....15-19**
 - » Pick the right topic
 - » Assemble the right team
 - » Prepare the right questions
 - » Identify and contact the right participants
 - » Create the right environment
 - » Produce the right output

- Annexures.....20-25**
 - A. Sample of topic guide.....21-22
 - B. Sample of checklist..... 23-25



1. What is a witness seminar?

'The witness seminar is oral history at its best. Regardless of your own areas of interest, all the volumes make compulsive reading because the participants tended to 'let their hair down' and talk more freely than they would have at a scientific meeting. They discussed openly the hidden realities of the evolution of medical practice and medical research. But the witness seminars are more than just fun to read. They are, primarily, important historical records'- Irvine Loudon, Medical Historian, BMJ.⁶

A witness seminar is a group oral history method – a way of chronicling important contemporary events and creating material for recent history.⁷ This method is particularly considered appropriate for data generation on recent developments or events of significance. Witness seminars in science, technology, and medicine have been used to better understand scientific discoveries, technological or institutional innovations that can span several years or even decades, or as a tool to discover archival resources that would otherwise be lost, such as the recording of memories.⁸

The technique is essentially a moderated group conversation, through the participation of people who have been directly involved in particular events or processes, including those who drive changes and those who witness and experience them, to create historical records. The Wellcome History of Twentieth Century Medicine Group (Wellcome Group) began using the approach in the early 1990s to bring together clinicians, scientists and historians to generate insights on the contemporary history of medicine, beginning with a first witness seminar on monoclonal antibodies in September 1993. Since then the Group have conducted over 50 Witness Seminars.^{9,10} Although other researchers have also employed the witness seminar as a method in a number of fields, it is not widely known among healthcare systems practitioners and academics as an innovative practice.¹¹

Witness seminars bring together a small group of people, and invite them to share their knowledge, and reminisce regarding their first-hand experiences and observations in a manner that highlights key events, people, places and

⁶ <http://www.histmodbiomed.org/article/wellcome-witnesses-twentieth-century-medicine.html>

⁷ <https://www.lshrm.ac.uk/research/centres/centre-history-public-health/witnessseminars#:~:text=What%20is%20a%20witness%20seminar,the%20testimony%20of%20non%20Delites>. accessed in August 2021

⁸ Harro Maas. The Method of the Witness Seminar. *History of Political Economy* 50:3 (2018). DOI 10.1215/00182702-7023506 Copyright 2018 by Duke University Press

⁹ The Wellcome Trust has supported many of these witness seminars and transcripts from the seminars are available from the Wellcome Library: <https://wellcomelibrary.org/collections/about-the-collections/archives-and-manuscripts/>.

¹⁰ Tilly Tansey FMedSciHonFRCP, Professor of the History of Modern Medical Sciences. History of Modern Biomedicine research group School of History, QMUL <http://www.histmodbiomed.org/article/what-is-a-witness-seminar.html>

¹¹ Emily Jay Nicholls. The witness seminar: R A research note. *Qualitative research*. Nov 2020. DOI: 10.1177/1468794120974153

processes. The seminar provides an opportunity for participants to discuss and reflect upon their professional experiences. Group-based discussion enables witnesses to recollect events in a collective and systematic manner. The participants discuss and compare their respective memories and experiences. There can be areas of difference or disagreement, and participants do not need to agree on all aspects – it is the role of the moderator to manage these points of divergence. It is an opportunity to hear the voices of individuals who were there at the time of the event or development being documented.

One of the common questions encountered around witness seminars is whether they are the same as a focus group discussion, as both involve collective conversations among a group of people. But there are some important differences which we have summarised in Table 1.

There are limitations with the technique that require skilled facilitation.¹² First, there is a possibility that participants focus on recounting the stories of success instead of acknowledging any failures and mistakes. Second, collective

conversations, and the power dynamics involved, may inhibit participants from speaking up on their own experience. Third, recall bias, which may produce distorted or partial information. Nonetheless, witness seminars are considered valuable in adding dimension to historical and broader academic debates on a range of subjects, creating an important resource for scholars and policy-makers.¹³ As a research method, it is often used to complement other methods for collecting data and can generate 'thick descriptions' that are valued in social science research.¹⁴

In short, witness seminars can be useful tools in contemporary history writing. One may be able to access untapped resources and find information in unexpected ways that they otherwise would not have known or uncovered, or discovered only indirectly. The seminars are usually recorded, transcribed, annotated with key notes, and then published, providing a building block for future research.¹⁵

¹² *ibid*

¹³ <https://pearl.plymouth.ac.uk/handle/10026.1/14151>

¹⁴ Ponterotto, J. G. (2006). Brief Note on the Origins, Evolution, and Meaning of the Qualitative Research Concept Thick Description. *The Qualitative Report*, 11(3), 538-549. <https://doi.org/10.46743/2160-3715/2006.1666>

¹⁵ *ibid*

Table 1 - Typical Differences Between Focus Group Discussions and Witness Seminars

	Focus Group Discussion	Witness Seminar
Purpose	Examination of social relations, perceptions and opinions.	Examination of historical events, including the people, places and processes involved.
Group composition	Often people from the 'lay' public who have some shared socio-demographic characteristics.	Often a mix of 'elite' participants with distinguished status who were directly involved in the topic under investigation.
Selection of participants	May use random sampling or another sampling approach to ensuring a mix of participants.	People identified and chosen specifically because of their involvement in an event or process, making a first-person account.
Structure	Degree of flexibility in terms of the order of topics, depending on the flow of conversation amongst participants. Questions may be open to discussion amongst all participants to allow free-flowing conversation.	More heavily structured, with emphasis on specific events and processes, usually in a pre-determined order. Questions may be directed to specific individuals, with fewer opportunities for free-flowing conversation.
Anonymity	Anonymity and confidentiality of the participants tend to be strictly protected using processes of anonymisation. Transcripts may not be shared beyond the research team.	Respondents' names are included in the transcript, so quotations can be attributed. Transcripts are expected to be made available as a public resource for use by future researchers.

■ ■

2. Our witness seminars and what we learnt

We conducted three witness seminars as part of a research project on the transformation and regulation of private healthcare in Maharashtra, India. The context for the study was a period of enormous change in the composition, organisation, and financing of healthcare in the state. Our study aimed to examine these key transformations, the implications for medical and institutional practices, and the trajectory of regulatory mechanisms in this sector. We addressed these questions using a mixed-methods primarily qualitative design, incorporating statistical data on private healthcare trends; in-depth interviews with key informants including clinicians, government officials and healthcare users; and the three witness seminars.

The aim of the witness seminars was to shed light on a series of policy developments in Maharashtra's private healthcare sector and their implications for clinical practices. We had pre-existing knowledge of the topic and prepared for each seminar by putting together detailed background notes covering key relevant policies, events and activities. These notes helped us to identify existing evidence on the topic and gaps, there by informing the topic guide for each witness seminar. We identified witness seminar respondents through a purposive approach, using online resources and professional networks. Around 8-12 witnesses including leading clinicians from the cities, academics, activists, and former state government officials, participated in each seminar. Two of our three witness seminars took place in the conference room of Mumbai YMCA and the third one at Pune YMCA, and participants travelling longer distances could stay overnight on-site. Summaries of key insights we gained from each witness seminar

are outlined below, and full transcripts can be found on the SATHI website¹⁶

Private healthcare in Pune and Mumbai since the 1980s– 24th June 2018

This first witness seminar set out to discuss changes in the private healthcare sector and the drivers of these changes. We were able to bring together ten participants, from Mumbai and Pune: five clinicians who had varyingly worked with public and private providers (small independent, non-profit, and corporate); two former government officials, two researcher-activists, and a CEO from a corporate hospital. The topics covered in the witness seminar were grouped into six areas corresponding to particular phenomena: the role of trust and charitable hospitals; growth of the corporate hospitals; public subsidies in the private sector; public-private partnerships; medical tourism and increasing prominence of health insurance.

On reflection, the subject of this witness seminar was probably too broad, and each topic could have been a witness seminar in itself, with a more specific set of policies and events to focus on. Nonetheless, we were able to gain valuable perspectives on these broad areas of change and the interplay between different processes, such as the changing fortunes of different types of hospitals, and the implications for healthcare users and for the medics who graduate into this system. We got behind-the-scenes insights into public-private partnerships that

¹⁶ <https://sathicehat.org/private-healthcare-sector-accountability/#b5>.

were attempted in the state, and how participants had experienced the growing influence of public and private health insurance.

Bombay Nursing Homes Registration Act and the Clinical Establishments Act – 15th September 2018

Our second and third witness seminars focused on rationale, design, and implementation of specific items of legislation, and as a result, were more narrowly focused, and arguably more successful, than our first witness seminar. The first of these two seminars examined a series of attempts to regulate private healthcare through registration and rule-setting: the state-level Bombay Nursing Homes Registration Act which was introduced in 1949 when Maharashtra was part of Bombay state; and the Clinical Establishments Act which was introduced by the federal government in 2010 with the intention of its subsequent adoption by state-level governments. This time we had representation from nine participants: four clinician-activists, three former heads of professional associations, a former senior government doctor, and a lawyer who had been involved in Public Interest Litigation on this topic.

We encouraged participants to discuss how regulation of private healthcare in Maharashtra came to be recognised as an issue to be addressed, and how activists-built momentum for clearer rules and their proper implementation. They described the importance of research, activism, and public awareness, Public Interest Litigation, and High Court intervention in achieving policy support. They also narrated instances of professional resistance that emerged in opposition to certain forms of regulation, and the reaction and response of interested parties when a set of rules for implementation of the Bombay Nursing Homes Registration Act were quietly shelved by the state government after several years of development. Discussion around the

Clinical Establishments Act in Maharashtra shed light on the factions of private healthcare vying for influence over public regulatory processes, the lengths to which organisations must go just to maintain their seat at the table, and the tokenistic approach to consultation, favoured by some officials and politicians.

Pre-Conception and Pre-Natal Diagnostics Techniques (Prohibition of Sex Selection) Act, 1994 – 16th September 2018

Our third witness seminar examined the regulation of an area of clinical practice which has been controversial in India due to declining sex ratios as a result of son preference and sex-selective abortion. Although the federal government introduced Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act in 1994, this was predated in Maharashtra by six years, due to the state government's adoption of the 1988 Maharashtra Regulation of Pre-Natal Diagnostic Techniques Act. We wanted to know more about how that Act was initiated, how it was implemented and expanded, and how clinicians had experienced this form of regulation. There were eight participants: three women's rights activists, two former senior members of professional associations, one researcher-activist, one clinician-activist and the CEO of a technology company for monitoring sonography machines.

The result is an enthralling account. We heard how sex-selective practices emerged in Maharashtra in the 1970s, how they were openly advertised by private clinics, and then how commentators and officials justified such practices on the grounds that it helped to curb population growth, as well as saving girls from a lifetime of discrimination. Several years of campaigning, Public Interest Litigation, and lobbying had stirred the political context for change,

but in the end, it was a Private Member's Bill, written as a hobby by a retired bureaucrat and then taken on by a Member of the Legislative Assembly, that formed the basis of what would become state-level legislation. The Bill was passed in spite of the resignation of a supportive health minister and numerous attempts to water down provisions, and participants pointed to the flawed implementation of the law and its federal counterpart, the opportunities created for corruption, and the campaigning and lobbying that continues to surround these regulations.

There were some disagreements in our witness seminars; points where people recollected differently or felt unable to comment without representation from an organisation whose role was being discussed. But, importantly, we were able to generate and collate new information on these trends and events, which are now preserved in perpetuity in the publicly available transcripts.



3. Practical considerations for designing and conducting a witness seminar

While the witness seminar technique has its unique advantages, conducting one is a reasonably demanding task. There are no set guidelines or defined structure for conducting a witness seminar, and thorough and detailed preparation is needed, whatever format is decided by the team. We have listed key activities we undertook in Figure 1 (though in practice our experience was more iterative across the first four activities) and further details are provided below.

Pick the right topic

Focus and clarity on the topic of the witness seminar are essential for achieving optimal output from the seminar. Once the broad theme is decided, it is necessary to brainstorm and decide exactly what the team aims to uncover through the seminar, and then focus on specific aspects of the topic. While preparing for the seminar, having an initial, exploratory discussion with a couple of key witnesses can also help to understand the nuances of the selected topic. For picking the right topic, the following four specific aspects need to be taken into account:

☉ Be specific

Topics should be as specific as possible, referring to events, laws, technologies, and/or organisations. It is important to keep in mind that witness seminars are useful for understanding and tracing developments, not for investigating or evaluating the performance of any particular policy, law or program. Planners should also consider the geography of the topic as it may be significantly more challenging to organise WSs on topics that span multiple countries.

In a federalised political system like India, there are also considerations around whether it should have a national- or state-level focus.

☉ Choose topics that took place within living memory

This may sound obvious, but there need to be some people who can participate in the WS. This means the team involved in organising the WS should check who the key participants would be and whether they are able to take part; this may include considerations around travel. Thus, the topic chosen must be recent enough to be the basis for a WS and yield the intended results.

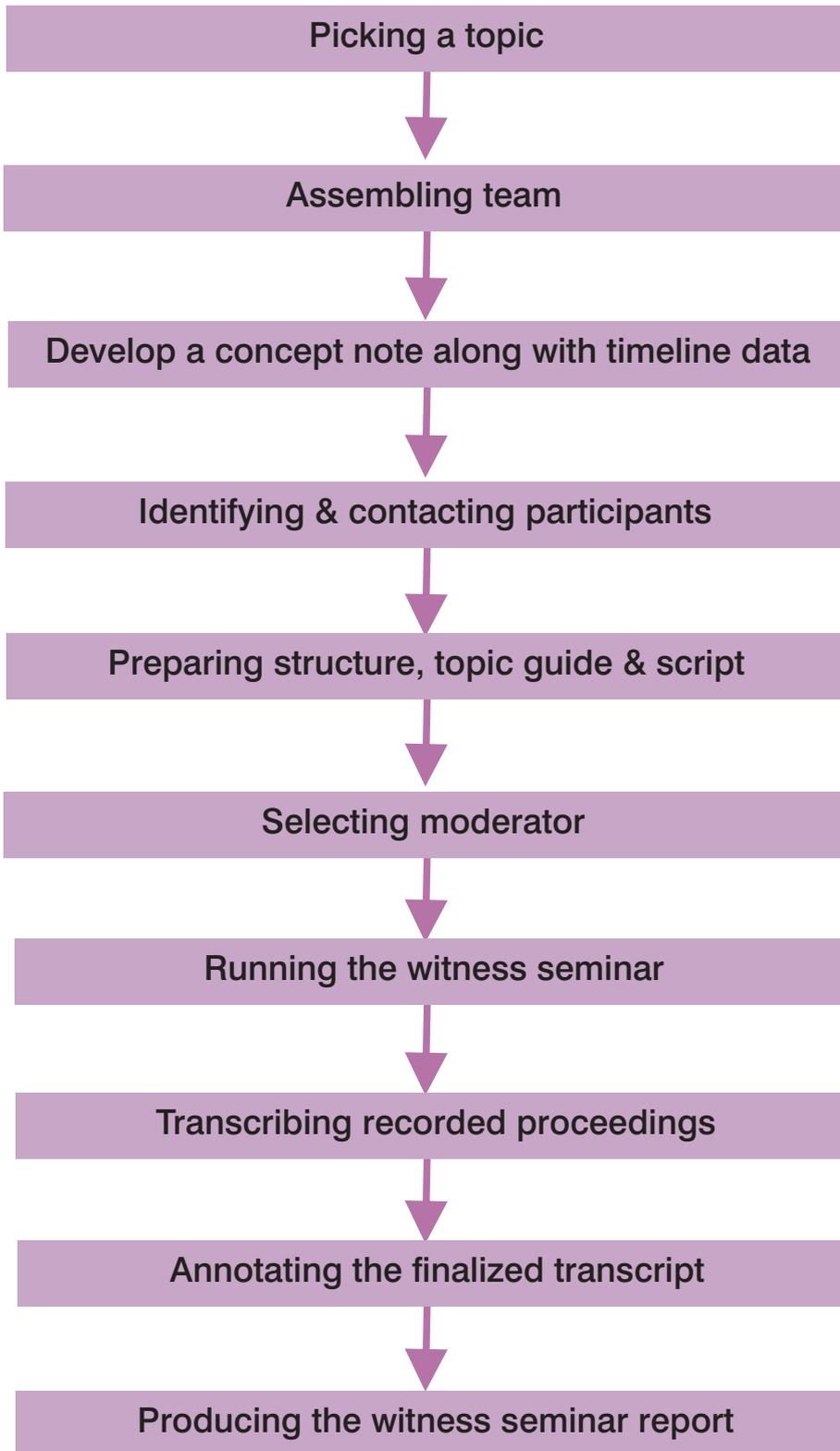
☉ Develop a concept note

After finalising the specific topic for the WS, the first task is to document timeline events data and produce a concept note along with timeline events data on developments relevant to the topic. This can help to ensure clarity and maintain focus on the topic among the team and can be used as a reference document for subsequent work on the WS, including identifying witnesses and preparing the topic guide.

☉ Ethics review

Witness seminars are a research method involving human participants and so it is likely that some kind of institutional ethics approval will need to be obtained prior to convening the WS. However, this may pose a challenge where institutional ethical review panels are accustomed to other methods in health systems research. Anonymity of participants and confidentiality of information – two common

Figure 1- Key Activities in Designing and Conducting a Witness Seminar



tenets of research practice – cannot be maintained in WSs because the non-anonymised transcript will be made available as a public resource. This is something that will need to be made clear to participants (see later section) and may require careful discussions with institutional ethical review panels, to explain the purpose of the research and the details of the method. It may be useful to illustrate the value of the approach by sharing examples of public transcripts from other WSs.

Assemble the right team

Given the reliance of the WS format on smooth proceedings on the day, the selection of appropriate people to plan, run and participate in the WS is critical.

⊙ Competent organisers

A team that is motivated, understands the WS format, and has some knowledge of the WS topic, is imperative. Since this technique entails multiple steps and intensive preparation, it is time-consuming and requires dedicated efforts on the part of team to identify and contact participants and make arrangements for the day. In our WSs, a team of four, including the principal investigator, the chief investigator, and two research officers working on the project, were involved in nearly all stages of the WS, from conceptualisation to the final report. In addition, three other researchers and practitioners were involved in conceptualising the witness seminar, identifying themes for discussion among the witnesses, and identifying the witnesses.

⊙ Capable moderator

Moderators play an essential role in managing and facilitating the discussion, and therefore selecting a skilled moderator is just as crucial as choosing the right participants for the WS. The moderator is responsible for facilitating the proceedings of the seminar in a manner that covers intended themes and overall content, while allowing each participant to speak comfortably without straying off the topic. The moderator is expected to be fully conversant

with the topic guide, and ideally should be involved in its preparation. During the WS they need to guide the discussion and keep it on-topic, without being over bearing, and must manage any contentious points or dialogue generated during the proceedings. If a moderator is not familiar with the technique of WS, the team should discuss the methodology with them. When selecting a moderator, consider:

- » What is their level of knowledge about the topic?
- » Are they respected, with authority amongst the participants, and considered relatively neutral?
- » Do they have any prior experience with moderating group discussions?
- » What is their availability like for participating in the WS, and supporting the development of the topic guide?

Moderating a full witness seminar can be incredibly tiring, so it might be worth having a second person who moderates half of the seminar. Keeping in view factors important in selecting moderators, the team can choose to have both moderators from within the team, or have one internal and one external person as moderator.

Prepare the right questions

In the case of WS, the list of questions (topic guide) sets the tone for the discussion and needs to account for the range of issues and respondents, who may have different views on the same issues.

⊙ Prepare a topic guide

The WS could be organised in two or three thematic sessions, based on key periods or events, and not exceeding 5-6 hours in total. The topic guide should contain an introduction from the moderator / organisers and then a set of questions and probes for each issue, with refreshment breaks indicated. It can detail the order of questions and which respondent(s) to direct them at. We found it helpful to share the topic guide with participants in advance of the WS, to help guide their preparations. It is

essential that the moderator is conversant with this script, and they can be involved in its preparation. If this is not possible, the research team should have a detailed discussion about the questions with the moderator, well in advance of the seminar.

Identify and contact the right participants

The 'magic number' for a panel is around six participants, but anything up to 12 can work with the right group. Participants should be chosen based on their direct involvement in the event or process, their experience and knowledge, and on the likelihood that they may have valuable information to share about the factors, institutions, individuals, and events associated with such changes. Respondents should be identified after the topic for the seminar has been determined. This process can draw on the detailed background note, online searching, and the professional networks of the team. Some potential participants may be able to identify others.

It may be useful first to identify and list all potential respondents, and then go for short listing and finalising names, based on who are vital, non-negotiable, who could contribute the best to the discussion, and their availability and willingness to participate in the seminar. If there are witnesses who are vital to answering some/all of the guiding questions, those should be identified first. The interest and availability of such 'star witnesses' should be checked. It can be useful to have a back-up plan should certain participants prove unavailable, or withdraw at the last minute. Respondents can have conflicting views, so long as they are willing to talk to each other; some people may refuse to participate altogether if a controversial figure is on the panel. In some cases, it is worth clarifying to potential witnesses that this is about documenting history and not about deciding whether a decision was correct or not.

Once respondents are identified, their participation needs to be solicited. Members of the team should contact potential participants, explaining the aims and objectives of the WS, and most importantly, its

format and how it differs from regular consultations or meetings. If they appear apprehensive, for example due to concerns about criticism, it may be helpful to emphasise that the purpose of the WS is to document historic events and issues rather than to evaluate particular decisions and actions. It also may help to reiterate that they will have opportunities to check the transcript before publication, to adjust their comments and provide clarifications or further information where needed. The team can also share the background note on the research topic and the topic guide, so that participants have a clearer sense of what to expect and how to prepare. Including a timeline of events with the background note can help to pre-empt disputes over the timing of specific events.

Several aspects should be explained to participants in advance of the WS, verbally and also using a 'project information sheet' that sets out the details of the project and expectations around participation. Signed consent should then be taken at some point before the WS using a consent form. Participants will need to consent to specific provisions, including that:

1. The proceedings will be audio-recorded, transcribed verbatim and published as a public document
2. The identity of participants will be disclosed in the public transcript
3. The words spoken by participants will be attributed directly to them by name

Create the right environment

The location and setting for the WS is important for determining its accessibility and its tone. The team needs to consider where the most convenient location would be to maximise participation, taking into account transport and accommodation options, especially if the availability of participants is limited. For potentially contentious topics, it may be useful to hold the WS in a venue that is perceived to be 'neutral', for example a university, and committee-style rooms with round/square table arrangements may be more conducive to open discussion than

auditoriums or hierarchical seating arrangements. There should be refreshments available for participants, sufficient microphones and audio-recorders (and spare batteries) in the room to ensure that everyone taking part can be heard by others and by the recording. Nameplates can be prepared and placed in advance to ensure participants are sat in optimal locations.

It can be useful to have a small, invited audience for the witness seminar, comprising of academics, journalists or other interested parties who may be able to ask pertinent questions at particular points in the schedule. Again, there should be careful thought around who would be appropriate to invite, and the presence and composition of the audience should be notified to participants in advance of the WS. It then becomes the responsibility of the moderator to make sure the WS remains a discussion between panellists and does not morph into one/two persons repeatedly responding to questions from audience members.

Produce the right output

Ultimately, the purpose of the WS is to produce a detailed transcript that documents key events or processes and that will be put in the public domain for the use of future researchers. After the seminar has concluded, the first task is to prepare a verbatim transcript based on the recordings. Once this initial transcript has been prepared, members of the team should review it against the recording to check its accuracy.

Next, there is then a process of editing by team members, to improve the readability of the transcript. This process should not change the meaning of the comments, but can be used to remove off-topic discussions and to correct grammatical errors. At this stage the transcript can be annotated with footnotes that elaborate on specific points for the benefit of future users of the transcript. Participant biographies can also be added to the document.

The transcript can now be shared with respondents for feedback. The purpose of this stage is to ensure their contributions and comments are accurately represented and that any outstanding clarifications and queries can be resolved. It can be helpful to set a reasonable deadline for participants to request changes, and to flag up the pages where they can find their comments; nonetheless, some participants may require repeated prompting to elicit a response. Requests for changes should then be incorporated in the transcript, and the near-final version shared with participants to prompt any final requests for clarifications or changes. Once this stage is concluded, the transcript is ready for formatting and publication.



Annexures

A.

Sample of topic guide

Topic guide for Witness Seminar on Private Healthcare Sector in Pune and Mumbai – 1980s to present

Session I

1. How was the private healthcare sector in the 1970s-80s in Mumbai and Pune?

- » private sector in terms of size, type of hospitals, and their ownership, organisational structures
- » services provided in private sector, strata of people using private sector
- » challenges, motivations in setting up private hospitals
- » options for medical professionals then

2. When did changes begin – time phases in which these changes have taken place? Indicators and signs of these changes -**3. Triggers for the change and Drivers of the change**

⊙ **Policy measures in state towards private sector**

Nature of directions/guidance from the centre towards the state government regarding state health policy in general and specifically towards private sector?

Vision for health system envisaged and role for private sector? Collaboration? Partnerships?

Operationalisation – what kind of steps taken towards private sector involvement

- » medical education– private medical colleges, strike by medical students – bonds to work in rural areas - post-graduate courses, rise of specialization and super-specialization
- » policy relating to private practice by government doctors
- » health policies and health systems reforms – Health Systems Development Project of World Bank (1999-2004); Public-Private partnerships
- » trust hospitals
- » ‘Positive economic climate for the healthcare industry’ - granting of industry status in early 2000s giving tax benefits and other concessions to invest in private hospitals, especially in Tier-II, Tier III cities, reduction in customs duties and exemptions for import of equipment; 100 % FDI in all health-related services under the automatic route;
- » How did these ideas come about and take shape, or were discussed in the policy circles while getting translated into policies and implementation mechanisms? Were there any influential actors and if yes then

who were they? Impact of union government policies – centre-state interaction?

- » What was the expectation / expected results of the reforms, of HSDPs?

🎯 Other factors

- » Regulatory measures - Consumer Protection Act, Nursing Homes Registration Act
- » technology – including ICTs (Information & Communication Technologies)
- » medical tourism
- » insurance
- » patient awareness

4. People involved and how – key persons and/or pioneers associated with the process of change and their role or contribution –

- » Medical professionals
- » Policy-makers and policy advisors
- » Entrepreneurs, industrialists, industry associations - How did the private sector respond – any facilitation by the government, what kind of support?
- » NRI doctors (American Association of Physicians from India AAPI, American Association of Physicians of Indian Origin AAPIO, British Association of Physicians of Indian Origin BAPIO etc

Session II

1. Response / views among the medical profession about the developments / changes – discussion in various professional associations

2. Present policy approach to private sector – key actors, key forces?

3. Present scenario of private hospitals in Mumbai and Pune-how have the existing private hospitals changed or adapted? What kind of new hospitals have come up?

4. What kind of new hospitals have come up?

- » ownership - who is establishing them, who is investing in them,
- » what are the services now available / provided

- » motivations and challenges now in establishing hospitals
- » new actors–other professions involved
- » Nature of employment of doctors,
- » Professional relationships between doctors, with hospitals, prevalence of kickbacks, on income of doctors, autonomy of doctors
- » Marketing strategies- new platforms
- » challenges in establishing hospitals



B. Sample of checklist

Checklist for organising witness seminar

Stage	Activity	Status of completion
In advance		
Topic	Decide topic and create a list of events to be discussed, probably in chronological order	
	Write key questions for discussion	
	Obtain copies of any relevant legislation	
Guidelines	Write guidelines that explain clearly the rationale, goals and process for the seminar, and which include the timeline and questions (and excerpt from key legislation if applicable)	
'Star witness'	Identify if there is any possible witness who is vital to answering some/all of the guiding questions	
	Check interest and availability of these 'star witnesses'	
	Produce shortlist of dates	
Chairperson	Produce a shortlist of candidates for chairperson(s). Chairing a full witness seminar can be incredibly tiring so it might be worth having a second person who chairs half of the seminar. It needs to be someone who is respected and has authority, and is considered relatively neutral.	
	Contact chair to check interest and availability	
Venue and timing	Identify and book venue. It should be a committee-style room in a venue considered relatively neutral, e.g. a university	
	Book refreshments and catering as necessary	

Stage	Activity	Status of completion
Panel	Identify 6-12 potential panel members who were directly involved with the events to be discussed	
	Consider any compatibility issues. They can have conflicting views so long as they are willing to talk to each other	
	Contact panel members to explain aims and process, and gauge interest. Emphasise that a witness seminar aims to document history.	
	Share details and guidelines with panellists. Repeat emphasis that witness seminars aim to document history	
Audience	Identify anyone who might be a useful audience member to ask pertinent questions missed by chairperson	
	Invite potential audience members, explaining aims and process and sharing guidelines	
Sending background material to panel members/ participants	<p>Send relevant material to panellists/invited audiences/other participants a month ago-</p> <ol style="list-style-type: none"> a. Background note b. Schedule c. Note on witness seminar d. Areas for discussion 	
Follow up with panel members/ participants	Follow up with them to ensure their participation, also coordinate for their travel plans and related bookings	
Recording and transcription	<p>Check two audio recording devices are working and have batteries, and that there are sufficient copies of information sheet</p> <p>Identify someone for transcription of the audio recording</p>	
On the day		
Preparation	Meet chairperson before witness seminar to run through aims and process	
	Place two recording devices in centre of discussion	
	Disseminate information sheets to panellists	

Stage	Activity	Status of completion
Witness seminar	Chairperson to explain process to panellists, emphasising it is a discussion amongst panellists to document history	
Expenses claims	Collect receipts from chairperson and panellists as necessary	
Immediate audio back-up	Copy recording(s) onto laptop	
Afterwards		
Further back-up within 24 hours	Copy recording(s) onto cloud storage	
Transcription (and translation)	Arrange to sign of confidentiality agreement by the contractor (only needed once per contractor)	
	Organise transfer of recording(s) to a contractor using an encrypted flash drive	
	Organise subsequent receipt of transcript using an encrypted flash drive	
	Check transcript	
	Organise deletion of files from transcriber's laptop	
Formatting and annotation	Format transcript	
	Send transcript to panellists and chairperson for annotation using tracked changes or similar. Give deadline for additions.	
	Add requested annotations to transcript as necessary	
Storage of transcript	Copy transcript onto cloud storage	
Analysis	Import transcript into Nvivo file on cloud storage	

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Published by,
SATHI (Support for Advocacy & Training to Health Initiatives)
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October 2022