**Subject: Perspective of researchers towards conducting a clinical research**

1. The authors link the perspective of researchers towards clinical research to the good clinical practice training that is mandatory for clinical researchers. The purpose of requiring GCP training is to ensure protection of human rights for the subjects and volunteers in a clinical trial. It also provides assurance of the safety and efficacy of the tested products. The authors allude to this when they say the following in the introduction:

“Good Clinical Practice (GCP) guidelines are meant for the researchers involved in clinical trials for dealing with human participants in their research. These are also adapted by clinical researchers as ‘best global practice’ so as to ensure them with the confidence that the right, safety and well being of all their human parricipants are well protected and the data derived from such studies are credible and accurate.”

However, good clinical practice training does not include training in sampling strategies or even analysis. Therefore, what is being discussed as GCP training is training for clinical research.

1. Objectives of the study are nowhere stated. They seem to be to know the impact of GCP training and attitude of clinical researchers towards research, as there is need for powerful and mandatory training programs. However, there is a need to explain what they mean by GCP. GCP is about clinical practice as it has a bearing on the research environment. The tool used from Sumi et al 2009 is also attitude towards clinical research. Do the authors imply that GCP should induce knowledge of research or that it should include research training?
2. Materials and method: The authors have extensively referred to the training by CDSA and it is this training that they are alluding to as the group sampled is from this data base of 500 people who had attended the training. If the understanding is expected to evolve from CDSA’s GCP training, then the content and scope of this training should have been listed as part of the inputs.
3. Ethical rationale: The authors have said that no IEC approval is needed as individual persons were not identified. If so, it is important to know how they obtained the list of 500 people without compromising on the individual privacy of the participants. This has not been provided.
4. The tool used contained 10 questions and some demographic character traits. The 10 questions came from a modified tool used by Sumi et al, (2009). On what basis these questions were selected from Sumi et al (2009) is not explained at all.
5. Results: the impact of GCP training. In fact, the training seems to be more aimed at clinical research than GCP.
6. Limitations: It would be useful to respond on whether there was a selection bias in the characteristics of the respondents by looking at those who did not respond in the list. But the authors have not done that.
7. **Recommendation:** In its present form, the study lacks a clear focus and is not sufficiently cohesive. Therefore, we regret we are unable to consider it further.