Author's response to reviews

Title: General practitioners' views and experiences of counselling for physical activity through the New Zealand Green Prescription program

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Version: 2 Date: 23 September 2011

Author's response to reviews: see over
23 September 2011

Dear Editor and Reviewers

Thank you for the detailed feedback on the manuscript. We have now attended to each of the points raised, and as a result we feel the paper has been greatly strengthened. Please see below a point-by-point response to each of the comments. The revised changes in the manuscript have been made using tracked changes so that the editor can easily identify them.

Although we were only requested to attend to the suggestions of the Editor and Reviewer 1, we have included responses to the points raised by Reviewer 2 as we saw these as important.

We look forward to hearing from you shortly regarding the suitability of the revised manuscript for publication in BMC Family Practice.

Gregory Kolt, PhD

Editor's Comments:

"This paper is obviously describing research in New Zealand which has not previously been reported but I'd like to ask that the paper is shortened and revised in accordance with the suggestions of Reviewer 1. We would wish to highlight what is new knowledge that has emerged from your work - which is rather lost within the current version. This needs to be emphasized to your reader. Also I do think that there needs to be recognition that this work has a very specific aim relating to the Green Prescription - rather than a general aim relating to physical activity counselling in primary care - the title should reflect this. Additionally, more information is required about the study participants in order to set the work in an appropriate context."

Response: We agree with the Editor and Reviewers' comments and have made the suggested changes through track changes in the revised manuscript. The new knowledge that has emerged from this study is emphasized in the revised manuscript. The title of the paper has been changed to reflect that the study focuses on the New Zealand Green Prescription program. Also more information is provided in the revised manuscript regarding participants' physical activity levels and frequency of administering Green Prescriptions. We have tried very hard to shorten the manuscript, but given the additional information requested by the reviewers, this has been difficult. We have, however, removed sections that we thought are not critical to the understanding of the manuscript (see tracked
changes). We do note that there is no explicit limit on length of articles, and have been as concise as possible.

Reviewer 1 Report – Patti-Jean Naylor

This is a well written manuscript that is of interest to researchers and public health decision-makers who are interested in changing physical activity promotion in practice. The most significant contribution is an understanding of when and how a GP will prescribe exercise and use tools like the Green Prescription and the supports that lend themselves to implementation. Having said that, there are some definite issues like 'response bias' that need to be highlighted in the manuscript to increase the transparency and allow the reader to make a more informed assessment of the evidence.

Minor Essential Revisions

1. Overall the most significant revision that is necessary is to more fully describe the participants in the methods in terms of their own physical activity levels and motivation levels. In addition, how many had used and were currently using the Green Prescription - or would describe themselves as a regular user, sometimes user, used before but not now user. This is important for illuminating what the potential bias in response is. Small, purposive samples are credible in qualitative research but it is important to note the potential for bias as a limitation. It is very likely that you have good information about why and how a 'willing' physician will use the green prescription. You should emphasize this in the discussion that 'even with willing physicians' there are many systemic barriers to implementation.

Response: Information on participants’ physical activity levels has been provided in the revised methods section. Also provided, is information on the frequency in which participants administer Green Prescriptions. Systemic barriers to implementation of the Green Prescription are now further discussed in the Discussion section of the revised manuscript.

2. The above issue relates to the sentence on p. 18 that says "a full spectrum of views was expressed". Please support this with some 'prevalence' information. Were any of the responses/themes common across every interview. Did you have some negative cases - where a physician participated but wasn’t prescribing physical activity and/or using the Green Prescription. Were there any patterns in the data related to the type of respondent?

Response: The Strengths and Limitations section has been revised, and the text indicating that a full spectrum of views expressed with significant commonality of responses has been removed from the text. We did have two cases where participants were no longer issuing Green Prescriptions. In most cases, these two participants answered questions in context to when they had been issuing Green Prescriptions.
3. The questions were very targeted and as a result are also somewhat leading. For instance, "why do you give out physical activity advice" assumes they do. The implication of this very targeted approach on the data analysis and findings should be elucidated in the findings.

Response: We agree that the questions were targeted and leading. However, participation in this study was voluntary. Potential participants were mailed a letter of invitation that outlined the main aims of the study. Thus, it was likely that only GPs who administered Green Prescriptions and/or gave verbal advice for physical activity would have been interested in participating. We have outlined these points in the revised Strengths and Limitations section.

4. I think the title should have Green Prescription added to it because of the very focused direction of the questions or at least 'prescription pad approach to PA counselling'. This wasn't a generic study of PA counselling but a focused exploration of the reasons, scope of use and facilitators and barriers to use of a specific practice strategy.

Response: We agree that this was not a generic study of PA counselling, but a study that specifically focused on the Green Prescription program. The title of the paper has been changed and 'Green Prescription' has been added to the new title.

Reviewer 2 Report – John Spence

1. p. 7; how were the questions on the interview schedule “designed to allow for discussion and elaboration”? Did the interviewer follow-up on responses?

Response: Questions in the interview schedule were open-ended, thus allowing participants an opportunity to discuss and elaborate on their responses. This also enabled the interviewer to follow up on a participant’s particular response to a question (e.g., to gain clarification or to ensure more discussion about a particular issue or topic that a participant had raised). Please see Methods section of the revised manuscript.

2. Are there any potential limitations to using a structured schedule?

Response: A potential limitation of using a set interview schedule is that some concerns and issues that a participant may have had may not have come up in their responses to the set questions that were asked by the interviewer. Please see the Methods section of the revised manuscript.

3. It is interesting that the GPs were issuing Green Prescriptions mainly for weight management purposes and not to other patients who were low-active or sedentary. To help the reader understand the context here, it would be useful if the authors provided some description of what a GP who adopts the program is instructed. Specifically, are such GPs encouraged to counsel all inactive patients? Basically, do these findings reflect a failing of the GP or the program?
Response: When the Green Prescription program was first launched in 1997, GPs were encouraged to administer Green Prescriptions primarily for low-active and sedentary individuals who had pre-existing chronic conditions and on a secondary basis for disease-free individuals who were low-active and sedentary. Please see the Introduction and Discussion sections of the revised manuscript.