**Author's response to reviews**

**Title:** "A powerful intervention: General Practitioners' use of sickness certification in depression"

**Authors:**

Sara M Macdonald (sara.macdonald@glasgow.ac.uk)
Maragaret Maxwell (margaret.maxwell@stir.ac.uk)
Philip Wilson (phil.wilson@glasgow.ac.uk)
Michael Smith (michael.smith3@nhs.net)
William Whittaker (william.whittaker@manchester.ac.uk)
Matt Sutton (matt.sutton@manchester.ac.uk)
Jillian Morrison (jill.morrison@glasgow.ac.uk)

**Version:** 3  **Date:** 27 June 2012

**Author's response to reviews:** see over
Dear Editor

Many thanks for allowing us to resubmit our paper and for the very helpful reviewer comments. We have provided a response to each of the reviewer’s comments, below.

Reviewer 1

1. Methods- Sample: The research question in the introduction is well-defined, but in the paragraph Methods-Sample another research question is posed: the authors state that they were interested in the potential difference between practices with low and high incapacity claimant rates. This should have been mentioned in the introduction. Especially since the results section almost starts with the answer to this research question, it is clearly important and should have been introduced as such in the introduction. Apart from this, it is a difficult question in a qualitative study, as it is difficult to define a difference without using quantitative terms. I must compliment the authors with the description of the results of this question, they do not use quantitative terms. Nonetheless, it is questionable if this should be the main question of this study and the focus of this article, which the authors in a few sections suggest it is.

We accept that this lacked clarity. We have now included this in the introduction. In addition we have inserted an additional sentence that outlines our rationale for using a purposive sampling approach.

2. References

The references have been proof read and follow the house style.

3. Methods-analysis-final paragraph: I think this paragraph holds the middle between describing analysis en interpreting the results. Emerging themes might be better described in the results section?

We have now included the emerging themes in the results rather than the methods section.

Reviewer 2

1. Introduction
The 1st sentence of the 4th paragraph on page 3 (final intro para) is unclear and needs revising.
We have now revised this to ‘As well as the acknowledged challenges GPs face in providing sickness certification, managing common mental health problems like depression and anxiety in primary care is also described as complex.’ And hope this is clearer.

2. Method

The reviewer suggested that we provide more detail on the topic guide.
We have now described the development of the topic guide in more detail.

3. Results.
The reviewer picked up two main points. First, we say little about negotiations between patients and doctors around sickness certification. And although we do touch on this we agree that this is an important area that should be given more attention. We have opted to insert an additional extract from a GP interview which we feel captures the process of negotiation. Second, the reviewer rightly highlighted that we had not mentioned differences in gender. This was an omission and we have now included that finding.

4. The reviewer suggested that we address the following issues in the conclusions:

**More could be made of the apparent relative readiness to give time off work as therapeutic rather than recommending continuing to work- were there any data on the relationship between severity, co-morbidity, complicating factors etc and this decision?**

- We found that the length of sickness absence was especially important and GPs talked about the balance between the therapeutic nature of relatively short, limited absences. The exception to this was amongst those with severe depression who may struggle to function in the workplace. We agree that we should have highlighted this important distinction. We have now inserted a GP quote that captures this and raised this issue in the discussion.

**More could be made of the importance of the potential of the shifting emphasis intended by the introduction of the FitNote to this process and GP opinions and practice? I realise this would be speculative.**

- Although we concede that this is a topical area and especially important in the area of depression and sickness absence, on reflection we have decided not to comment further. This is in part because the ‘Fitnote’ is specific to a UK context and therefore of limited relevance to international audiences, but also because our data collection preceded the introduction of the ‘Fitnote’ and as we did not specifically ask GPs to consider the impact of the introduction, we feel unable to speculate further.

Thank you again for the thoughtful referee comments. We feel that this revised version is considerably strengthened and hope that you agree.

Yours sincerely

Sara Macdonald