Title: Quality of sickness certification in primary health care: a retrospective database study

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Reviewer: Philip Wilson

Reviewer's report:

Thank you for asking me to review this paper describing the changes that took place in Swedish sickness certification practice between 2004 and 2009, a period during which practitioners were exposed to a wide range of initiatives: for example training, the introduction of guidelines and legislative changes to introduce time-limited certificates. The data are obtained from electronic records in 21 practices in Stockholm county. The paper is clear and well written.

MAJOR COMPULSORY REVISIONS

1. It is not clear how the 21 study practices were selected – although reference is given to the range of characteristics of the practices and that there are 200 practices in the area. Was the selection purposive, random, convenience-driven? Were they practices that were particularly interested in the issue of sickness certification (for example, did they include the practices in the quality control group?). A listing of the reasons for exclusion of the 179 non-participating practices would be useful.

2. The presentation of the results is straightforward. I am not clear about why practice characteristics were not included as potentially explanatory variables in the analyses: I would have thought that this information has the greatest potential for generating findings generalizable to other settings. The findings, overall, are unsurprising in that the authors demonstrate improvement over time. It is difficult to draw internationally relevant lessons from this paper because legislative arrangements vary so much by country. I think some opportunities have been lost in terms of identifying practice characteristics which might be associated with compliance, non-compliance and capacity to improve standards.

3. Finally, the paper has a very heavy focus on Sweden and its systems. A much more discursive discussion of the relevance of the Swedish context to other systems is required. There is a reasonable corpus of sickness certification literature from other nations, for example the UK and Norway.

MINOR ESSENTIAL REVISIONS:

The quality of the English is generally good but I suggest that further proof-reading might be useful – eg:

1. “urged to focus” should be changed to “urged practitioners to focus” in the final paragraph on page 4; “are” should be changed to “is” in the first paragraph on page 5. There are several similar minor errors.
**Level of interest:** An article of limited interest

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests