Dear Sir or Madam

Many thanks for your comments. Please note that I have edited the manuscript to account for the following points made by the reviewers:

Reviewer 1:
P3. The description of CFS has been edited to include the following statement:

Furthermore, the fatigue experienced is not as a result of an ongoing medical condition.

P5. With reference to the report the following amendments have been made:

300 questionnaires were sent out to GPs surgeries in ten Regional Health Authorities in England, Scotland and Wales. Five of the Authorities surveyed had specialised centres for CFS, five did not. The five regions that did not have specialised centres for CFS were matched as closely as possible to those that did.

P7. In acknowledgement of previous studies, this section has been edited as follows:
In this way we would be collecting data relative to our research based on work from previous studies [6].

P13. Chief Medical Examiner has been altered to Chief Medical Officer

Reviewer 2:
Point 1: Regarding the low response rate the manuscript has been edited as follows:

P11. It is acknowledged that the response rates, by both patients and GPs, for the current survey may appear to be low. However, a recent survey of members of local ME groups (supported by Action for ME and the ME Association) recorded patient response rates of 47% [12]. Furthermore, a ten-centre survey [5] reported GP response rates ranging from 35% to 55%.
Point 2:

P12. With regard to low response rate and overall population the manuscript has been edited with the following statement: We can, therefore, put forward the view that the data reported here does represent an accurate portrayal of patient and GP opinions as long as it is discussed in relation to the situation within Wales and not to the UK as a whole.

Point 3: Regarding why data was collected in such a way:

P7.
Two short booklets were compiled, by the authors, to glean as much comparable data between the patients and GPs as possible. The booklets compiled for the GPs were done in as concise a manner as possible in order to maximise response rates in a profession where time is limited. Patient booklets elicited similar information in order to establish comparability with the GP sample. However, patients were also required to comment on any therapy they might have received and their current state of health. In this way it was hoped that data collected from the research panel regarding past diagnosis and management could be compared to the up to date information given by the GPs.

P7. Re: validation of measures - the reference to this measure is now included: Patients were also asked if any of the management/treatments offered were successful and asked to rate their health status using a previously validated current state of health measure [10]. This measure assesses the severity of their illness on a 5-item scale ranging from ‘worse than at any stage’ to ‘almost completely recovered’.

P11.
This paper aims to describe the current thinking of GPs from a single health authority in Wales. The data was collected as part of an ongoing project which included, amongst others, the need highlight whether GPs were being made aware of up-to-date information on CFS centres of excellence, its diagnosis and management. If not, our aim was to rectify this by offering to provide GP surgeries with information compiled by healthcare professionals in the field of CFS research.

Yours faithfully

Marie Thomas