Reviewer's report

Title: Community Pharmacists' Involvement in Smoking Cessation: Implementation of the National Smoking Cessation Guideline in Finland

Version: 1 Date: 25 May 2010

Reviewer: Christine Paul

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The manuscript is an interesting description of the degree to which Finnish pharmacists are familiar with and act on their national smoking cessation guideline. There are a number of areas where the work could be significantly strengthened.

Minor Essential Revisions

Background:

• It would be useful to cite some of the relevant literature supporting the view that involving pharmacy staff will increase cessation rates among smokers. Currently the Finish guideline recommendation for multi-disciplinary care is cited as the primary justification for the study. It appears that the guideline is not directly focussed on pharmacists. It would also be helpful to clarify exactly what the guideline says pharmacists should do.

Major Compulsory Revisions

Methods

• The two context paragraphs are very helpful, but perhaps may be more appropriate to the background section

• The sampling frame and process needs to be clarified. Table 1 indicates that the target population is 5053, while the text quotes a total of 2291 pharmacists. It may be that the 2291 is ‘every second pharmacist?’. The process of sampling is unclear in that we are told that there was a ‘random...sample of every second’ pharmacy. Does this mean it was not random at all, but alternating? The way in which the two groups (AFP & FPS) were combined is not clear either.

Results

• The analysis is clear but has a very strong focus on associations rather than actual practice.

• No statistical analyses are provided to support the statement that the study sample is representative (Text p6 & Table 1)

• It could be argued that the most striking findings are about the variable levels of implementation of particular items within the guidelines – almost 100% recommendation of nicotine gum regardless of guideline familiarity, yet less than 20% involvement in local multidisciplinary actions (which is a key element of the
guidelines). This suggests that there is a lot of work needed in order to achieve the key aim of the guideline – to promote multidisciplinary care.

Discretionary Revisions

• Guideline familiarity is no doubt important, but it may be less important to care provision than other variables such as age and specialisation. It might have been useful to conduct an analysis using guideline-based actions as the outcome variables, and include guideline familiarity alongside other background variables to estimate the relative impact of guideline familiarity on practice.

General

• Expression needs some editorial support - eg ‘good scientific practice’ (p 6 para 2) seems to be more about ethical rather than ‘good’ practice?; the last two sentences of the first para on page 7 are hard to follow.
• The table are quite cumbersome – they could be clarified and streamlined.

Level of interest: An article whose findings are important to those with closely related research interests

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

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests