Reviewer's report

Title: Primary care staff's views and experiences related to routinely advising patients about physical activity. A questionnaire survey.

Version: 1 Date: 20 February 2006

Reviewer: Jim McKenna

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General
The paper addresses an important, but often overlooked and contested, area of Public health policy-in practice; professional promotion of physical activity. The account is succinct and well expressed throughout, beginning with a strong account of the need to promote PA within Public Health services.
1. DISCRETIONARY: Studies are accurately cited, although it was surprising that there was so little reference to recent exercise referral schemes (e.g., Morgan, 2005).

Methods
A questionnaire was derived from a previous study and then piloted. The account suggests a process that can be easily replicated.
2. MINOR ESSENTIAL: The commendable response rate deserves some explanation (it would also strengthen the Discussion). What were the return rates for the two mail-outs?
3. MINOR ESSENTIAL: One sentence is needed detailing what proportion of Scottish health boards were sampled. Although we can see that 4 areas were sampled we don’t know how many there were in total nor why these were selected.

Results
4. DISCRETIONARY: Clearer reporting of statistics and data screening procedures, perhaps by including a statement like this; ‘Unless otherwise stated, only statistically significant findings are reported.’
5. MINOR ESSENTIAL: Page 6. How was the testing of the respondents vs non-respondents achieved?

6. DISCRETIONARY: I would like to have seen more about the need to explore PA promotion among Health Visitors where there is a dearth of evidence.

No tables were included in the pdf I received, even though they have been referred to within the text.

Discussion
7. MINOR ESSENTIAL: For me, the Discussion was in need of most revision. One unaddressed area was why so few GPs, PNs or HVs could accurately describe current PA recommendations (page 6). This sits alongside the apparently contradictory finding that staff have ‘sufficient’ knowledge to promote PA (page 7), yet they wanted more training on how to do it. Clearly, their notion of PA promotion does not suggest that practice embodies contemporary understanding of behaviour change. The notion of ‘superficiality’ seems appropriate. A number of papers could be used to show that only highly committed staff follow-through on the whole process of behaviour change counselling (Discussion). This is important since vague recommendations to ‘be more active’ may lack credibility and help to understand why some interventions do not lead to sustained change in patients.
8. **DISCRETIONARY:** I was also interested in the comments in the first paragraph. Is it conceivable that these reports reflect the level of engagement with patients? I can well imagine that time-pressed GP consultations lack time and patients rarely share their PA experiences, whereas in less formal interactions with PNs or HVs may be a better vehicle for such disclosures. Thus, GPs are less likely to hear stories of patients’ attempts at PA behaviour, whereas PNs and HVs are more likely.

9. **DISCRETIONARY:** As far as I am aware, and notwithstanding the return rate, this is one of the largest single sample of respondents from one health system. This does not seem to have occurred to the authors and underplays the value of the sampling. Could the authors suggest why they achieved such a wide response?

10. **DISCRETIONARY:** Adding a section showing the key issues for each of the professional groups might increase the appeal of the paper for those constituencies within the readership.

11. **MINOR ESSENTIAL:** A number of other more recent published (or in press) studies could be profitably used to more fully contextualise the findings. These are shown below.


-- Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

-- Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

-- Discretionary Revisions (which the author can choose to ignore)
What next?: Accept after minor essential revisions

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

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

'I declare that I have no competing interests'