Reviewer's report

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

Version: 3 Date: 23 March 2006

Reviewer: Raina Elley

Reviewer's report:

General
This is an interesting and topical article. The design is good. My main criticisms are around the fact that this is all self-report. What health professionals say about how often they advise physical activity and how often they actually do, may be quite different. This needs to be acknowledged more in the paper. The authors should be careful to avoid statements like "PNs consistently "always" give advice for every condition..." (P7 2nd paragraph) and perhaps insert the words "report that they" after PN. A study videoing actual consultations and recording how often PA advice is actually given and how this relates to what was reported would be very informative.

The response rate was a little low (54%) but this is common and quite an achievement in this population. However, it does limit the generalisability, especially as those responding to this sort of survey are likely to be those most interested in PA promotion (despite demographic details being similar to those that did not respond), so there may be some systematic bias and overestimation of reported PA advice rates. The information about knowledge was very important, as it shows a gap. We know that guidelines are not often read, let alone implemented, and more emphasis needs to be placed on disseminating the contents and ensuring implementation, so this is an important finding. Having said that, it would be useful to see the question asked about knowledge and how close the respondent had to be to be classed as knowing the guidelines. For example 2 1/2 hours per week would probably not be classed as adequate knowledge, but may relate as closely to some of the evidence as 30 mins 5 times per week. For example, many outcomes respond as well with 3 times per week as 5 times per week (e.g. BP reduction), the relation being closer to total energy expenditure than distribution of energy expenditure (e.g. all cause mortality and CVD outcomes in early studies by Paffenbarger, Blair etc) The distribution (frequency and duration) of activity required for benefit is an unresolved issue for many health outcomes. Overall, a good article.

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

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
Last paragraph, page 7, should read "GPs were more likely to agree..."
Tables and figures should be "stand alone". In otherwords, where abbreviations are used, these should be spelt out in a key at the bottom (e.g. GP, PN, HV). In Figure 1, What comparison does the p<0.001 Pearson X2 test refer to? It is a little unclear.

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Discretionary Revisions (which the author can choose to ignore)
The brackets under "Knowledge about current..." is a bit unclear "(ie accumulation of 30mins PA...)". What frequency, duration and intensity was accepted as a 'correct' answer?
The 1st sentence of the section 'Perceptions of PA levels...' on p6 could be re-worded. e.g. "More PNs and HVs than GPs thought overall...".
What next?: Accept after discretionary 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'