Reviewer's report

Title: Barriers and facilitators to implementation of clinical practice guidelines: A cross-sectional survey

Version: 1 Date: 16 July 2012

Reviewer: Annemie Heselmans

Reviewer's report:

Major compulsory revisions

1
Please mention your study population in the title (a) and provide a short description of your population in the Methods section of your abstract (b)

2
The Introduction should provide references to all the articles used as background information e.g:

Barrier assessments that have been conducted since the 2007 review, identified fewer barriers, and the most frequent barriers were related to the guidelines themselves, patients, and support or resources. References?

Respondents were also concerned that guidelines would not meet the needs or characteristics of their patients. Lack of time and resources to implement guideline recommendations were additional major barriers. References?

3
Introduction – second paragraph: Over 90 guidelines in areas such as family medicine, cardiology, neurology, and oncology have been developed and are available on the public website for health care workers. What is meant by these guidelines? Evidence-based guidelines based on a systematic development process? Consensus-based guidelines?

Which definition of ‘clinical practice guidelines’ is used by the authors and how is it presented in the questionnaire? This makes a difference in interpreting the results.

4
The Cabana-framework was used to structure the survey questionnaire. Resource/support barriers, system/process barriers and attitudinal / rational-emotive barriers of physicians and patient are mentioned as domains suggested by Cabana. However, the specific paper of Cabana which is used by the authors as a reference used 7 categories of barriers (lack of awareness, lack of familiarity, lack of agreement, lack of self-efficacy, lack of outcome expectancy, the inertia of previous practice or external barriers). Please provide the exact reference to the paper of Cabana or report how the framework was
How were differences in opinions between the two coders resolved?

The lack of studies applicable to the Estonian setting, where human resources are limited is quoted as a reason to conduct this study. What about the differences and/or similarities with other studies? One can compare the results with the studies on this topic in other countries. The lack of the availability of physicians trained in EBM and the need for local guideline adaptations are barriers in high-income countries too.

It is quoted that Physicians who have been in practice for the least amount of time had more favorable attitudes toward guidelines and on-line resources than more experienced physicians because they are more comfortable with using computer systems. What about their education? Maybe the younger ones had a training in Evidence Based Medicine or guidelines during their curriculum? Did physicians working in hospital settings had another education than the respondents in the outpatient setting? It is important for persons not familiar with Estonian physicians to know about their education. Does it concern family physicians in the out-patient setting and specialists in the in-patient setting or both? To what extent are they 'exposed' to EBM/guidelines during their professional life? How homogeneous is this group of 'active physicians' (or respondents)?

It is stated that demographic characteristics of the respondents are consistent with the demographics of Estonian physicians. It would be more clear to report these specific data.

What about the attitude of the physicians not included in the database? It is a database of active physicians who have attended educational courses. Does it mean that the physicians not included in the database do never attend educational courses? It could be important information to interpret the representativeness of the results for a subject where keeping up-to-date is an important issue. Do you expect that these physicians (not included in your sample) have the same attitude towards guidelines than the respondents in the sample??

It is stated that “only 12% of respondents (150/1249) had training in incorporating research evidence into a local guideline”. This is somewhat confusing. If (local) evidence is available, guidelines should
report on this evidence in the first place. Please clarify this.

Minor Essential revisions

1
The tables need to be restructured or converted to charts because results are not clearly outlined. Reading and Interpreting the results is difficult now.

2
The discussion section would be more clear if the percentages of the results section are repeated.

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

Declaration of competing interests:

I declare that I have no competing interests.