Reviewer’s report

**Title:** Foot Health Education for People with Rheumatoid Arthritis - the practitioner’s perspective.

**Version:** 1  **Date:** 5 July 2011

**Reviewer:** Gordon Hendry

**Reviewer’s report:**

This is an interesting paper that provides important data relative to the perceptions of foot health education for rheumatoid arthritis patients and the barriers to its provision. It is well recognised that foot health is often neglected in rheumatology and as such foot health education for such patients is of considerable importance. This is not a new or novel idea, as several studies have previously demonstrated sustainable benefits of general health education in RA patients. Further, a previous randomised controlled trial has evaluated the clinical and cost effectiveness of foot health education as part of a complex intervention of ‘self-care’ to improve levels of foot disability. However this study goes one step further by attempting to gather information on current attitudes and perceptions of foot health education for RA patients from the relevant active clinicians in the field, which could possibly be utilised to optimise foot health education provision in this patient group. This has the potential to be a highly cost-effective strategy for improving foot health outcomes in RA.

I have a few comments where I kindly request further clarification and/or minor essential/discretionary revisions by the authors:

**Minor revisions**

1) Page 5, data analysis. Could the author please provide an additional comment with regards to how the thematic analysis framework was agreed upon by one of the co-authors? Was the analysis conducted again and compared for consistency?

2) Page 7, Theme 2, 1st paragraph. Minor typo error; “Thi” should be “This”.

3) Page 12, paragraph 2. “Shuropodist” – not sure if the verbatim transcription of the pronunciation is really required. “Chiropodist” would suffice as it comes down to personal opinion regarding pronunciation and the current spelling is of no benefit to the reader or the study itself.

4) Page 16, paragraph 1, 1st sentence. Could the authors please clarify whether this was determined through from the data in the present study or should it have been referenced from another study?

5) Page 16 paragraph 2. A comment regarding the differences in levels of experience and the impact that may have had upon participations contributions should be added here. Would newly qualified podiatrists have been as comfortable disclosing their opinions in the company of their superiors?
6) Page 16/17. An additional comment regarding the strengths vs weaknesses of the IPA approach relative to other qualitative approaches would be beneficial for the reader.

Discretionary revisions

1) Page 2, ABSTRACT, paragraph 1. “However, there is no evidence that identifies or supports the most appropriate strategies and content for its delivery”. It may be more appropriate to state that “Patient education has undoubtedly led to improved clinical outcomes, however no attempts have been made to optimise its content or delivery to maximise benefits.”

2) Page 3, BACKGROUND, paragraph 2. An additional comment following reference [9] could be made suggesting that more appropriate content and delivery could sustainably improve foot health outcomes.

3) Page 5, results. Did the newly qualified podiatrists have any post-qualification experience of working with patients with RA? It would be useful to know if their experiences were obtained in an educational clinical setting under supervision, or post qualification as an autonomous professional practitioner.

4) Page 10, theme 4, Paragraphs 2&3. The socioeconomic factors in relation to compliance/adherence to advice appear to be very important here and could be expanded upon. A general comment in the discussion regarding the importance of not-only clinical effectiveness of various formats of education programmes but also cost-effectiveness pertaining to cost-to-self for patients (particularly with regards to footwear) could be beneficial for readers.

5) Page 11, paragraphs 2&3. General comment: this appears to be one of the most important findings of the study as it appears to conform to the idea that optimal care should be highly individualised according to patient needs. This is touched upon in the discussion (page 15) but could possibly be emphasised further.

6) Page 15, paragraph 3 final sentence. General comment: is this not already conducted in Health Promotion units/subjects? Granted this is not disease specific, but health education and patient empowerment is not a new concept in undergraduate education.

7) Page 17 paragraph 2. An additional comment regarding the potential importance of other AHPs and/or consultants perceptions of the provision of foot health education could be beneficial here.

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

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:

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