Author's response to reviews

Title: Collaboration of general practitioners and exercise providers in promotion of physical activity. A written survey among general practitioners

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Author's response to reviews: see over
Dear Editor,

First of all we want to thank both reviewers for the attention they have given to our manuscript and the useful recommendations they have made.

We have been able to respond to all the remarks that were made. Our response is presented here below point-by-point. Revised text is in the manuscript is printed in red, but I do not know whether this is still visible when the text-file is uploaded.

Reviewer Lilach Malatsky:

Minor essential revisions:

1. Reviewer Lilach Malatskey asked how many questioners were sent and whether the study sample was representative of the whole group of Dutch GPs. 800 questionnaires were sent, as described in the methods, line 121 in the original paper, and in line 121 of the revised version. In the results section the following line (143-144) is added: “Compared to the whole Dutch population of GP’s, respondents were slightly younger (1.5 years) and were more often working alone (47% versus 28%).”

2. The second remark of this reviewer was that the option of outdoor physical activity should be given in the questionnaire. Since the main scope of our paper was to investigate collaboration between GPs and local exercise facilities, this question was not included in the described questionnaire. Since also reviewer Naama Constantini remarked that a relation should be made to the fact that not all physical activity is performed at a facility, we have now briefly mentioned the possibility of non organized physical activity in the introduction and in the discussion of our paper. 
Introduction line 75-76: “Physical activity can of course be performed non-organised but compliance may be difficult, especially for people who are not intrinsically motivated to exercise.”
The next line is changed slightly: Therefore, to integrate exercising as a part of daily life, it should preferably take place under guidance from physical activity professionals, but in regular local exercise facilities outside the health care setting (red text was added in line 78-79).
Discussion line 261-263: “GP’s could of course also stimulate patients to exercise non-organised (e.g. walking, cycling). However, for people who are not used to be physically active this may be more difficult to maintain.”

Reviewer Naama Constantini:

Minor essential revisions:

1. All mentioned grammar and style mistakes are corrected. Thanks!

2. Reference 11 and 13 are indeed the same and reference 13 is removed
Discretionary revisions:
1. Clarification of RIVM is no longer necessary since we have replaced a number of Dutch references were replaced by international studies and references to increase the relevance to the international public, as was asked for by this reviewer.

2. Instead of 9 Dutch references, there are only 2 left which were hard to replace. References 14, 16, 25, 42, 43, 44 and 46 from the original paper were removed and replaced.

3. Reviewer Constantini suggests to provide the raw numbers in the paragraph discussing the differences between GPs who are collaborating in formal alliances and GPs who do not participate.

Answering to this recommendation has consequences for the structure of the text. We have doubts whether this change improves the readability of the text, but would like to leave this to the editor.

Below we give the original text and the revised text of the paragraph “Differences in referral between GPs in a formal alliance for stimulating physical activity and GPs who are not”:

Original text: GPs participating in a formal alliance significantly more often said to refer patients to a practice nurse or a physical therapist within their own practice to increase their physical activity, compared to GPs who were not involved in an alliance (46% versus 32%).

Revised text: GPs participating in a formal alliance significantly more often said to refer patients to a practice nurse (n=21; 37%) or a physical therapist (n=25; 46%) within their own practice to increase their physical activity, compared to GPs who were not involved in an alliance. Sixty-three of these GPs (23%) refer patients to a practice nurse and 86 (32%) to a physical therapist.

Original text: Additionally, GPs participating in a formal alliance more often refer patients to a local fitness centre (40% versus 21%) or specific exercise facility (37% versus 16%) after initial contact with the nurse practitioner or physical therapist. GPs not participating in a formal alliance were less informed about local exercise facilities and mentioned this more often as a reason for omitting referral (22% versus 9%) (Figure 2).

Revised text: Additionally, the former GPs more often refer these patients to a local fitness centre (n=23; 40% versus n=56; 21%) or a specific exercise facility (n=21; 37% versus n=42; 16%) after initial contact with the nurse practitioner or physical therapist. GPs not participating in a formal alliance were less informed about local exercise facilities and mentioned this more often as a reason for omitting referral (n=59; 22% versus n=5; 9%) (Figure 2).

4. Validation: the questionnaire was developed for this study and rather not validated in an earlier study.

5. Exercise setting: the recommendation to relate to the fact that not all exercise is performed in a gym was followed, as described earlier (lines 75-79 and 261-263).

6. Limitation

The reviewer asks whether we can assume that responders and non responders were equally engaged where it comes to their attitude towards physical activity. As we have also mentioned in the original study, we can not assume that. We have changed the text slightly, also because of the remark that was made by reviewer Lilach Malatskey concerning the representativeness of the study sample to the whole population of Dutch GPs.
Limitations of the study:

**Original text** Although the study sample was representative with respect to age, sex, form of practice and region, respondents may have a more positive attitude towards stimulating physical activity than non-respondents. A response of 43% is rather high in studies with GPs.

**Revised:** Although the respondents were representative for the study sample with respect to age, sex, form of practice and region, respondents may of course have a more positive attitude towards stimulating physical activity than non-respondents, and maybe also compared to the whole population of Dutch practitioners. A response of 43% is rather high in studies with GPs (line 319-323).

We hope that the revised version of our paper will be accepted for your journal.

Sincerely,

Chantal Leemrijse
On behalf of all authors