Reviewer's report

Title: Affecting patients with work-related problems by educational training of their GPs: a cost-effectiveness study

Version: 0 Date: 06 Oct 2018

Reviewer: Mark Gabbay

Reviewer's report:

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This is a useful study, but fails to relate to work on this topic done elsewhere, particularly in the UK which has already suggested the differences in sickness absence certification are unlikely to be greatly influenced by GP variability, so the relative low effect of this intervention isn't surprising. There was a considerable programme of training done by the RCGP in certification for sickness absence which isn't referred to at all in this paper. Shiels, Gabbay, Hillage etc have published widely in this area, as have the team at Cardiff with the RCGP. The authors should read this literature and review their introduction and discussion in the light of these very relevant papers and findings.

Background

Shiels and Gabbay, 2004 onwards show in their multifactorial analyses of variations in sick not length that GPs are not a significant factor. The authors should search this literature, and the RCGP training programme about 5-6 years ago.

Methods 1st para 2nd sentence seems to be referring to a paper that isn't referenced where the methods are said to be laid out in detail. The next sentence- whose work self-efficacy and QoL? Later on in this paragraph suggests that this was a cluster, not individual randomisation?

Intervention- did the authors refer to the RCGP training for UK GPs. This was an extensive nationwide programme- surely they should be aware of that and the findings of the evaluations? At the end of that paragraph- what were the costs of this training in GP time, materials,
development of course and the opportunity costs for the practice? That's quite a lot of time away from patients and other work.

Population- presumably unemployed patients were excluded, is that normal in sickness certification in Holland

Outcome measures

Is there a theoretical justification for anticipating GPs can influence the main outcome measure? How, and within what timeframe? Surely there are very many confounders.

Costs can't see that practice costs for the training and additional time in consultation related to the intervention have been included? I'm sorry but I really don't by the idea that these costs were less than half a euro. That implies around 30 seconds or less additional time spent in the consultation- if that's true, no wonder it didn't have much impact. What about the time spent training etc?

Discussion- no reference made to a large number of relevant papers in UK research on this topic- this is relevant and should be consulted and included, as well as Scandinavian etc.

Conclusion Not at all clear how or why the inference that targeting will improve is based upon the data, what the underpinning evidence or theoretical mechanism for this would be, or how it might be delivered in practice.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No
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I am able to assess the statistics

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