Reviewer’s report

Title: Recruiting General Practitioners for palliative care research in primary care: real-life barriers explained

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Reviewer: Geoffrey Keith Mitchell

Reviewer's report:

This is an important study addressing what will become an increasingly important topic, particularly as the prevalence of death rises with more people surviving to old age and dying of non-malignant diseases. There are very many useful insights that will help to facilitate research into end of life care.

There are, however, a few comments about the observations, conclusions and recommendations of the project. The first is that I like the way they have used Grol's analysis of the steps of agreeing to research to present their findings. While this is good, it tends to mask the most important problems for their difficulties, which in my estimation relate to research design. Some are in the latter sections of the paper. The most important one is the effort required to participate. Enthusiastic GPs signed up to participate, and did not progress, to recruitment. There were a lot of steps and time required to participate in activities that were not part of the day to day rhythm of the practice. They found participating too onerous.

Secondly, they were asked to think of patient risk of dying, and this hindered their identification and engagement with at risk individuals. Zheng L et al's paper (J Palliat Care:2013;20(5), the precursor of Ref 3, is a vitally important reference which shows how changing the focus from palliation to increasing needs increases improves awareness dramatically.

The second problem is what is being offered. The SPINOZA project is a prospective project, which requires the GP to identify future palliative care needs.

The most successful recruitment studies go to the GP with the name of one of their patients needing increased help, and offering them concrete proposals for their patients that might help. It is essential that what is offered fits in with day-to-day practice. If it steps too far out of what day to day practice requires, it becomes an "extra" activity which will get pushed down, and ultimately out of the priority pile. The comments from the GP who stated that it would be too hard to have a palliative care discussion with every patient who was positive for screening. She is absolutely right. So part of the design has to either limit the intervention to very late stage patients to limit numbers, or offer a spectrum of interventions proportional to the patient's need and have larger numbers.

Reference 16 shows just how successful the approach of linking the project to a known patient was. In another study of carers of advanced cancer patients, GP recruitment was 155/158 using this approach (Mitchell et al Br J Gen Pract 2013; 63: e683-e690. doi: 10.3399/bjgp13X673694) You find the
patients where they congregate and go back to the GP with a name and a plan that fits into day to day practice. Hence a critical step in recruitment is to work out what will fit into day to day practice and design the intervention to fit that.

There is another slant that could be taken - to discuss the challenges of doing research in prospective projects or retrospective trials where the patients have to be found and particular data gathered. Here you have to make it as easy as possible to participate. Personally I think that requires that the research team makes it as easy as possible for the GP to participate. consider for example the 2 week audit of every patient looking for at risk patients. Too much work for potentially small numbers of patients. If the RA can generate a list of all the patients from the previous 2 weeks and get the GP to go through that list just saying yes or no, it would not interrupt the flow of consultations at all, and the assessment could be achieved in about five minutes. This is very expensive but very effective. (See Mitchell Palliat Med 2018 Feb;32(2):384-394)

So I think the value of the paper is high, but it could do with re-arranging either the results to put the most important points first, or to rearrange the discussion to match the most important points first. I would separate out the challenges of patient based interventions from those conducting audit or questionnaire type projects.

Are the methods appropriate and well described?
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No

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Unable to assess

Are the conclusions drawn adequately supported by the data shown?
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