Reviewer’s report

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

Version: 1 Date: 22 Jan 2019

Reviewer: Geoffrey Keith Mitchell

Reviewer's report:

This is a paper on an important topic, and the authors have revised it extensively in response to the reviewer's feedback. The authors have done well to address the issues raised.

However, I am suggesting two substantial additions to the paper on reflection. I believe there are two reasons that are fundamental to the difficulties that the researchers had to recruiting and retaining of participants. The first is that the whole process was too complex, requiring attendance at training, recruiting patients, gathering data on patient progress, and having patients and carers also gathering data online. I think the researchers should reflect on whether too much was being attempted at once. They acknowledge that it would have been better to have research staff be involved in recruitment and other tasks. Was there a pilot phase to test the methods of recruitment and data collection? Could the project have been split into multiple smaller ones? Could the process be as close to normal practice as possible? Could data be collected that were being collected as part of routine practice, and using GP software?

Was the project piloted to detect potential problems and address them early? If not, this deserves analysis.

Second, the project was framed around early palliative care. This implies cancer care and the last few weeks of life. An almost identical project could have been conducted around the idea of advance care planning and clinical care planning for known likely complications. This is very different from most people's perception of palliative care - cancer, relatively short time frame to death. GPs did not want to raise the issue of death in the short term, but that was not the object of the project. Framing the project in different or similes: Planning "just in case" things progress; A Rainy day project (carrying an umbrella to prevent getting wet. Also the participants seemed to suggest that palliative care was an all or nothing approach, where clearly a proportional response is needed, depending on the patient's situation. Also this sort of planning involves both advance care planning (what are the patient's wishes?) and clinical care planning (preparing for predictable problems, educating carers and patients about what to do when the problems arise), and all causes of death, not just cancer, are involved. It is a small step from normal geriatric care to this sort of anticipatory care. The words death and treatment can be avoided all together with a conversation like this.

Clearly these points can be expressions in the discussion, as the project has been completed.
Finally, the paper needs extensive revision by a native English speaker - there are a lot of errors that detract from the paper's content. Also be cautious about using emotive words and phrases. For example: (line 400 p18) Insight: defensive attitude of GPs to change their palliative care practice, e.g. EXCUSES formulated as... Better to take the emotion out: Reasons for not preparing rather than the word "excuses".

**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.

Unable to assess

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If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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Please indicate the quality of language in the manuscript:

Not suitable for publication unless extensively edited

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