Reviewer's report

Title: Improving the relevance of randomised trials to primary care: a qualitative study investigating views towards pragmatic trials and the PRECIS-2 tool.

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Reviewer: Karla Hemming

Reviewer's report:

This is a well written and interesting paper which would make a good contribution to the literature. It is likely to be highly cited as the study has an interesting and novel finding.

Specific points

1. In the introduction you say that the NIHR, NIH etc all aim to fund pragmatic trials. Is this really so? Can you provide some evidence to back this claim up. PCORI might be the exception here - but i don't think that the NIHR for example has any specific remit or advice on how and if the trials it funds should be pragmatic. Maybe it is the word "aim" here and perhaps simply saying "funds" would soften this statement.

2. One person from each category seems too low. The authors attempt to defend this by saying that the study targeted an elite group - even if this is the case the findings of this study will still be highly limited when only one group member was included.

3. There is a very long delay between the study conduct and the submission of this paper.

4. How did you identify the participants? I don't think this information is included. Related to this, what were participants told about the study at the time of first contact. How many people approached did not want to participate?

5. I'm not a qualitative researcher so this comment might be misinformed - but did you not have to consider if saturation was reached?

6. Can you clarify what you mean by 24 individuals or groups (I'm not sure hwat you mean by groups here)

7. I found the fact that developers of guidelines and clinicians use evidence in different ways very insightful. To me this seems entirely the appropriate way that evidence should be used.

8. Could you give some examples of the misconceptions of the term pragmatic trial. In my own experience, people have come to me thinking that this terms means the trial can be pragmatic and so low quality. So for example, they might say that in the control arm the outcome can be assessed in an unreliable way and more reliable way in the intervention arm. When i protest, they
say "well this is a pragmatic trial". It would be good to have some examples of misconceptions - highlighting these can be a way of correcting these misconceptions.

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