

Reviewer's report

Title: Effectiveness of strategies to encourage general practitioners to accept an offer of free access to online evidence-based information: A randomised controlled trial.

Version: 1 **Date:** 12 June 2009

Reviewer: Shaun Treweek

Reviewer's report:

General

This is an interesting and well-written paper. I only have one major point but I think it is an important one. It and some lesser points are listed below under the headings used by Biomed Central.

Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

Investigating the use of incentives to increase the uptake of an EBM resource is a good idea, especially since the authors have looked at so many. But I think it is a bit difficult to disentangle the potentially positive effect of an incentive (eg. endorsement by an opinion leader) from the potentially negative effect of the extra work required to take part in the study over and above using the EBM resource itself (eg completing an online survey). I don't think it is surprising that there is a drop of around 17% in acceptance rate in moving from Group 1's 'Get a free EBM resource' to Group 2-7's 'Get a free EBM resource in return for doing something for us'. I wonder whether what you have shown is not the effect of incentives but rather the effect of disincentives, namely the burden of participating in a research study. This is touched on in the Discussion and is summarised rather well in the Abstract's Conclusions section but I think it deserves more attention. In particular, I think the authors need to explain why they chose to add additional participation burden to the GPs randomised to Groups 2 to 7; to me it seems fairly obvious that this would lead to a lower uptake than for Group 1. That Group 5 in particular has the lowest uptake is, I think, predictable because the amount of work they have to do is fairly substantial. What is being investigated here is something like 'Is a \$600 EBM resource likely to be useful enough for me to spend extra time developing learning objectives, using the resource and completing a survey about meeting my learning objectives?'. As the authors found, most GPs decided the answer was 'No'. Maybe they can get the points by just sitting through a few talks (this may not be the case in Australia but I do know that points are handed out for just attending a talk in some countries). Would it have been possible to, say, monitor use of the resource without GPs actually having to complete an additional survey at 12-months, for example? In other words, the work for the GPs was the the same for all groups but the incentives changed? That said, I do agree with the authors

that, given that the GPs do need to do some work as part of the research participation, then no particular incentive managed to mitigate the burden of that research participation in the minds of the GPs (and hence participation was around 10% for all incentives).

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Introduction

Page 4, last paragraph. 'National Institute of Clinical Studies' should have 'NICS' after it so that we know what NICS is later in the article.

Page 4. Do you have any feeling for what Australian GPs' views are on how useful BMJ Clinical Evidence is? I guess there is an assumption that it is viewed positively but some GPs may, for whatever reason, seen it, been unimpressed and made an informed decision to not use it in the future. Their non-participation is then not a reluctance to use an EBM resource, or even to take part in a study, but because they don't rate the resource being offered.

Methods

Page 6, second paragraph. Were any reminders sent to GPs within the four-week period allowed to return the consent form?

Results

Page 9, last paragraph. Delete 'rate' after '..sender [rate] (0.5%)'.

Discussion

I think it would be useful to comment on whether the involvement of Medicare might be expected to make GPs a bit uneasy. There are good practical reasons for involving them but I wondered whether GPs might not want to share data (or risk data being shared) with the organisation that deals with payments.

Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

None

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests