

Reviewer's report

Title: Why don't physicians adhere to guideline recommendations in practice? An analysis of barriers among Dutch general practitioners

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Reviewer: Michael Cabana

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Lugtenberg and colleagues present the results of an interesting analysis of Dutch GP comments regarding twelve national clinical practice guidelines. Of interest is the finding that different guideline recommendations have a different profile of barriers to adherence. Although this has been described before in previous studies, Lugtenberg et al. add further definition and texture to the different types of barriers. The description on page 5 that CME accreditation only occurs if the content of CME is based on nationally endorsed guidelines is interesting for comparative purposes, as well. The manuscript could be strengthened by some modifications.

Major Compulsory Revisions

1. Although the limitation that focus groups can only identify possible barriers qualitatively, 'rather than qualifying their relative importance,' is discussed on page 16 in the limitations paragraph, this should be emphasized more in the introduction or with the description of the data for Table 2 and/or Table 3.
2. The presentation of data in Table 2 is initially ambiguous. For example, in the row labeled "attitude" in the "key recommendations" column, it is not clear if the 51 refers to the number of comments stated or the number of recommendations (out of 56) where attitude was a barrier to adherence. In reading the text on page 9, the sentence states "Barriers related to attitude were perceived for 91% of key decisions." I assume the 91% refers to 51 of 56 recommendations. This connection is not immediately clear. It may help, simply to include the percentages (that are used in the text) in Table 2, as well.
3. The last sentence of the abstract suggests that focus groups might be "an innovative medium for guideline education and implementation." It is not clear if the data support this statement. Additional discussion or data presentation would be helpful.

Minor Essential Revisions

1. The recruitment of the participants on page 7 is very helpful. It would be interesting to know if all the GPs that responded to the advertisement were included in the study. For example, did the 30 GPs represent all the responders, or were there other GPs that responded that were not included in the final focus groups? If so, was there any selection criteria to determine which GPs would

participate (e.g., first-come, first served, etc.?)

2. In Table 3, the use of the word 'relevant' in the key, suggests a level of importance that may or may not be present. Although the barrier was 'mentioned' by one GP, it may or may not be relevant to the population of GPs (and, as a result, may or may not be relevant to implementers of guidelines). I think it would be more accurate to use 'mentioned' or 'described' instead of 'relevant'

Level of interest: An article of importance in its field

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'