PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (see an example) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Use and usefulness of guidelines for sickness certification: results from a national survey of all general practitioners in Sweden
AUTHORS	Ylva Skånér, Prof Gunnar H Nilsson, Dr Britt Arrelöv, Christina Lindholm, Elin Hinas, Anna Löfgren Wilteus, Prof Kristina Alexanderson

VERSION 1 - REVIEW

REVIEWER	Peter Donceel Professor of Insurance Medicine Department of Public Health Katholieke Universiteit Leuven Belgium I declare that I have no competing interests
REVIEW RETURNED	25/08/2011

GENERAL COMMENTS	Sickness certification is an important task for treating physicians in many countries but remains a neglected area in the scientific literature. This manuscript is based on a well conducted nation wide questionnaire study in Sweden and focuses on the use of guidelines in sickness certification. It is very clearly written, the data are well presented and the discussion is adequate and useful. What I miss in the paper is some more information about the precise role of physicians in Sweden with regard to sickness certification. A short overview about their task, the timing as well as the content and the purpose of the certificate would be very useful for the reader who is not familiar with the Swedish social security system. The authors could also give some complementary information about the content of the guidelines. The main reference to the guidelines is a Swedish government report. A few examples of both the overarching and the disease-specific guidelines would enable the reader to further appreciate the data and the discussion in this interesting paper.

REVIEWER	Tuula Oksanen, Team Leader, Finnish Institute of Occupational Health, Finland No competing interests.
REVIEW RETURNED	03/10/2011

RESULTS & CONCLUSIONS	Results are given as crude prevalences in the text. The authors might consider reporting crude and adjusted prevalence ratios.
GENERAL COMMENTS	Dear authors

	this is a nice study investigating how new guidelines are adopted by GPs in Sweden. The guidelines tackle an important issue since in an international perspective the level of sickness absence in Sweden is high. The study includes more than 4000 GPs who responded to a survey. Nearly all of these GPs had consultations about sickness certification on weekly basis. The results demonstrate that a nationwide launch of guidelines can prove to be successful in terms of their awareness, use, and usefulness. The study provides important evidence how especially younger and those with less experience could benefit from the guidelines and how their use facilitated the contacts with the patient, the insurer and the workplace. All of these factors are sure to improve the performance, the job satisfaction let alone the competence of the physician. However, I have three recommendations for the authors. First. I would like the authors to put their study into a larger framework. In the introduction they could state with a couple of sentences why the guidelines were launched and what was expected from them. In the discussion they could then evaluate (had they access to data) whether these objectives were met or (had they not access to such data) whether the objectives were reasonable and how they could be evaluated. Second. They authors might want to focus on a specific question and not to show all data they have using quite extensive tables. For example, (as seen in tables) the differences by experience and age are interesting; the less experienced use the guidelines more as do the younger who also encounter less problems with their use. Also, I would rather see a more sophisticated way of describing the results than reporting prevalences only, i.e. crude and adjusted prevalence ratios in the tables and text. Third. The main finding appears to be that the majority of the GPs are aware of the guidelines and have used them. From the GPs perspective, the use of the guidelines has facilitated their contacts with patients and insurance offices. But what about from the patients' and insurers' perspective? What could be expected in the long run? What would the authors say about the generalizability of the results let alone the guidelines to other countries? Minor issues: - could the authors give an example of the guidelines for the international reader who cannot check their appearance from the named website. - include the study year into the Abstract.

VERSION 1 – AUTHOR RESPONSE

Reviewer 1

1. What I miss in the paper is some more information about the precise role of physicians in Sweden with regard to sickness certification. A short overview about their task, the timing as well as the content and the purpose of the certificate would be very useful for the reader who is not familiar with the Swedish social security system.
Response

The role of the physician regarding sickness certification in Sweden is the same as in most countries (with a few exceptions – such as the Netherlands), when it comes to handling consultations involving possible sickness certification. Information about this has now been added in the last paragraph in the Introduction section of the revised manuscript, just before the aim.

2. The authors could also give some complementary information about the content of the guidelines. The main reference to the guidelines is a Swedish government report. A few examples of both the overarching and the disease-specific guidelines would enable the reader to further appreciate the data and the discussion in this interesting paper.
Response
We have added information about both the overarching guidelines and the diagnosis-specific guidelines, giving two examples (acute lumbago and appendicitis) in the end of the Introduction section.

Reviewer II

1. First. I would like the authors to put their study into a larger framework.
In the introduction they could state with a couple of sentences why the guidelines were launched and what was expected from them.
In the discussion they could then evaluate (had they access to data) whether these objectives were met or (had they not access to such data) whether the objectives were reasonable and how they could be evaluated.
Response
We have now included some additional information about the wider context for the guidelines in the introduction section; some information is given in the first paragraph and some additional in the third paragraph.
Some expectations of the guidelines, such as more consistent use of sickness certification between physicians, easier for employers and social insurance officers to assess the right to sickness benefits, etc cannot be evaluated using the type of data this study is based on. However, expectations regarding having a good base for discussions with patients regarding reasonable duration of sick leave when having certain diagnoses might have been reached, according to the results from this study. The same could be said regarding communication with other health care staff, such as midwifes regarding the need of sick leave during pregnancy. Several different types of data are needed to establish to what extent different types of expectations have been met.
Here, we can only say something about the physicians' experiences. We prefer not to speculate about other met expectations – both as we do not have data about this and that it substantially would increase the space required. Instead we conclude, in the conclusion, that:
In general, the guidelines have fulfilled positive expectations put on them.

2a. Second. They authors might want to focus on a specific question and not to show all data they have using quite extensive tables. For example, (as seen in tables) the differences by experience and age are interesting; the less experienced use the guidelines more as do the younger who also encounter less problems with their use.
Response
Before submitting the manuscript the first time we carefully considered this. However, this is the first ever study of the implementation of sickness certification guidelines in a whole country. When presenting the data in different types of forum there has been a great interest in the results also for different subgroups, why we choose this more detailed presentation of the results. E.g., in Sweden, as in some other countries, not only young physicians are the less experienced ones – some physicians, for instance in their in-residence phase of training, might have begun their medical training rather late in life, and thus be of higher ages.
2b. Results are given as crude prevalences in the text. The authors might consider reporting crude

and adjusted prevalence ratios. [...] Also, I would rather see a more sophisticated way of describing the results than reporting prevalences only, i.e. crude and adjusted prevalence ratios in the tables and text.
Response
We, of course, have considered this. However, it is not obvious what should be adjusted for, (e.g. from a theoretical perspective) that is, what factors would affect the use of, or the experience of, the sick-leave guidelines. Nevertheless, we adjusted for factors often used in this type of studies (age and sex), which did not affect the results, and we, therefore, chose only to show the crude prevalence ratios. This is stated somewhat clearer than before in the paragraph Statistical analysis in the method section.

3. Third. The main finding appears to be that the majority of the GPs are aware of the guidelines and have used them. From the GPs perspective, the use of the guidelines has facilitated their contacts with patients and insurance offices. But what about from the patients' and insurers' perspective? What could be expected in the long run? What would the authors say about the generalizability of the results let alone the guidelines to other countries?
Response
These are very good questions. However, the patents' and insurers' perspectives did not fall under the scope of this study. Here, the aim was to study the guidelines from the physicians' perspective – as that is what we have data about. Of course, the questions raised by the reviewer are important questions for other studies, based on other data.
We can guess that as the majority of the physicians stated that the sick-leave guidelines facilitated the contacts with the patients and a large proportion also with the insurance officers, those also might have found them useful. However, that is of course only speculations. Another perspective of importance here is the serious critique placed on health care for how sickness certification cases have been managed, that is, the large variation in whether a patient has been given a sickness certificate or not, and in variations in duration of those, as well as regarding the low quality of the issued sickness certificates. The sick-leave guidelines can also provide bases for development of the care at an organizational level, e.g. regarding policies.
However, we wish to refrain from stating too much about aspects we do not have data on.
Regarding the generalizability to other countries: the results from studies on GPs problems in handling sickness certification cases are surprisingly alike. Therefore, GPs in other countries could probably also gain from these types of guidelines. A comment on this is now included in the Conclusion section.

Minor issues

4. Could the authors give an example of the guidelines for the international reader who cannot check their appearance from the named website?
Response
This was also a comment from Reviewer I. Both information about the general overarching guidelines and for two specific diagnoses (acute lumbago and appendicitis) is provided in the introduction section.

5. Include the study year into the Abstract
Response
This information has now been included in the Design paragraph in the Abstract.

Additional revisions that have been made
Author's name
The name of Anna Löfgren is now Anna Löfgren Wilteus
Results, first paragraph

Line 3-4: A correction has been made regarding the proportion of GPs using guidelines at least once a week. The number is correct (907), but instead of 21.7%, the proportion is 28.5%; “Slightly more than a fourth”.
Results, last paragraph, first sentence:
The word “difficult” was changed to “problematic” to be consistent with the wording in Table 4 (and in the questionnaire).
Results, last paragraph, last sentence:
The text changed to: “Those in resident training to a higher rate needed further competence development regarding this area than the other groups of physicians (PR=1.27) (table 5).”
Tables 1, 4 and 5
The headlines for the lower section of the tables have been changed in order to make the wording consistent throughout the tables. Correct text: “Frequency of GPs’ consultations involving sickness certification”
References
The reference list has been updated; one reference was added, Cohen 2009 (nr 18).

Minor corrections
Page 4, paragraph 2, line 2: Correction of spelling, “decisions”
Page 5, end of paragraph 1: “continuously” added for clarification.
Page 7, paragraph 2, line 2: “all” added.
Page 9, paragraph 1, line 3: “stated the same” instead of “stated that”, changed for clarification.