SUPPLEMENTARY FILE

INTERVIEW GUIDE

[Thank the participant for attending the interview]

[Participant to have read the PIS and consent form, and returned a completed copy of the consent to the researcher prior to the interview]

[Researcher and participant to introduce themselves. Researcher to introduce the evaluation and the purpose of the interview]

[Reiterate that the information participants provide will be anonymised and confidential. Check that the participant is comfortable with the interview being recorded]

START RECORDING

In this interview I am interested in hearing about your experiences of delivering physical activity (PA) guidance to a patient, your opinion as a clinical expert in PA on the barriers, challenges and solutions to improving health care professionals given PA advice and views on current interventions/developments.

Please be assured that you will remain anonymous and the research team will not share your comments with anyone else, so be as honest as you can. If there are any questions that you would prefer not to answer you do not have to answer them. If at any point you do not understand what I am asking or need some clarification, please feel free to ask as we go along. You will be given an opportunity to say anything that we have not covered at the end of the interview.
Do you have any questions about the interview before we begin?

**DEMOGRAPHICS and KNOWLEDGE**

Q1. State your role, level of study, experience and current location of work (primary or secondary care)

Q1a. What is your speciality/discipline?

Q1b. How many years’ experience post-graduation do you have?

Where work- eg hospital

Q1c. Do you know the basic recommendations for physical activity a week?

Q2. Which statement best describes your own PA:

1. Currently meeting the CMO PA guidelines of 150 mins moderate/75 min vigorous weekly PA or combination of both

2. Currently doing some PA 30 mins moderate physical activity (MPA) per week, but not meeting CMO PA guidelines of 150 mins moderate/75 min vigorous weekly PA or combination of both

3. Currently doing less than 30 min MPA per week

PRIOR TO COVID AND AFTER- why??

Q3. Tell me about the education and training that you have received in relation to PA
[Education and training during formal medical degree and Continuous Professional Development; Knowledge of PA guidelines; Feelings/confidence around delivering CMO PA guidance] Under/postgrad

Q4. If someone is diagnosed with chronic disease that can be improved by PA, what do you currently do in terms of delivering PA guidance?

[Explore who delivers guidance, whether part of standard procedure or ad hoc, whether content of guidance is general advice or adheres to guidelines; eg motivational interview

Q4a. Why this approach;

Q4b. What s/he thinks of this approach;

Q4c. What individuals/practice could do differently?

Q4d. What works well and why?

Q4e. What needs to change for this to happen?

Signposting, etc.].

Q5. What do you do differently for those who have chronic disease versus those who don’t in terms of the advice you give for PA guidance?

Q5a. Given an Example;

Q5b. What works well and why?

Q5c. What works less well?
Q6. What would be your ‘top tip’ for promoting PA to your patients with chronic disease and those without?

[Explore what they do well and would share with their fellow colleagues as something that is exemplar practice]

Q7. What would help you to deliver the CMO PA guidelines to your patients? Can make a note that they haven’t seen it- what can help you deliver the guidance. How should training be delivered.

Prompts if needed: time, resources, partnerships with providers, better training, other people I could refer to in house, policy commitment for PA promotion

Q8. What in your opinion are the challenges and barriers that prevent HCPs giving PA advice?

Prompts here-Consider intrinsic and extrinsic

Q9. How do you engage hard-to-reach HCPs who are less enthusiastic or even anti PA?

Q9a. What works why and how?

Q9b. What works less well and why?

Q10. Should we not bother engaging those HCPs who are less enthusiastic, yes or no and why?
Q11. What education /resources out there for HCPs do you feel is most effective at enabling us to promote the guidelines?

[Prompts: The 2019 guidelines Infographics, PA training, Mentoring]

What works well and why?

What should we do that would help you to see/ access the info.

Q12. How can we embed more PA into undergraduate and postgraduate curriculums?

Consider delivery type/method, scalability, consider assessment

Q13. What do you think are the solutions to increase HCP giving PA advice?

Consider policy, motivating practices, clinicians

RESOURCES AND INTERVENTIONS

Q14. Do you think the 2019 update has been helpful or not?

Q14a. Why is this?

Q15. Have you seen the CMO PA infographics? If so which ones?

Q15a. If yes- how do you use it?

Where would you find it?

Q16. What else would you like to see in the guidelines?
Q17. What other action or resources should accompany the implementation of the CMO PA guidelines?

Q18. Do you use any other PA related guidelines? Yes/No... Why?

Q19. Do you know about MM? (yes/no)

MM is an online suite of resources that provide time specific consultations for HCP across 11 conditions

Q20. Do you currently use MM resources? (yes/no)

Q20a. If you do use it, how do you use it?

Q20b. If you don’t use it, why not?

Q21. What works well and why?
Q22. What does not work well and why?

Q23. In your opinion what could be improved about moving medicine to make it more fit for your purpose as a clinician?

COVID-19

Q24. Has COVID-19 changed the frequency or way you given PA advice?

Q25. If you are giving PA advice during COVID-19 can you give an example of where and how and why you have given PA advice?

Q26. Are you currently giving any specific advice to reduce sedentary behaviour during covid?

Q27. Are you targeting any specific groups?

Q28. Can you give an example of where you have done this? Eg educating, asking qu’s. do you bring this up in conversation.

OTHER

Q29. What are your thoughts about the current process where rehab typically stops after Band 6?
Q30. Is there anything else that you would like to add about delivering PA before we finish or anything you have not said?