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Supporting Information

Supplementary methods

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Supplementary methods

Randomisation

Sample selection and randomisation occurred concomitantly. AMPCo provided the research team with a list of 24,574 unique identifiers (not names) and the associated postcodes of all GPs in Australia listed as currently practising in Australia. The research team statisticians then selected a simple random sample of 1000 GPs from the sampling frame, and sorted the sample by remoteness and state (75% of the sample were from metropolitan and 25% from non-metropolitan areas; this split was not planned, but reflects the AMPCO dataset/sampling frame). GPs were assigned to intervention or control groups, stratified by remoteness (three strata for metropolitan and one stratum for non-metropolitan to match the 75%/25% split), each stratum with 25 blocks of size ten. We stratified in this way as a previous study by our group found that non-metropolitan GPs were significantly more likely to consent to participation in a research study.[1]

Sample size and statistical analysis

To examine the effect of the promised financial incentive, both absolute differences and odds ratios between response rates in the control and intervention arm were calculated with 95% confidence intervals using the exact Clopper-Pearson method. To determine whether the resulting odds ratio was significantly greater than 1, logistic regression was conducted. To examine response speed, a nonparametric Wilcoxon rank sum test was performed as the distributions did not meet the assumptions of normality. The study which randomised 964 GPs, had 80% power to detect a difference in response rate of 7.3% ($\alpha = 0.05$), assuming participation rate of 17% in the control arm.
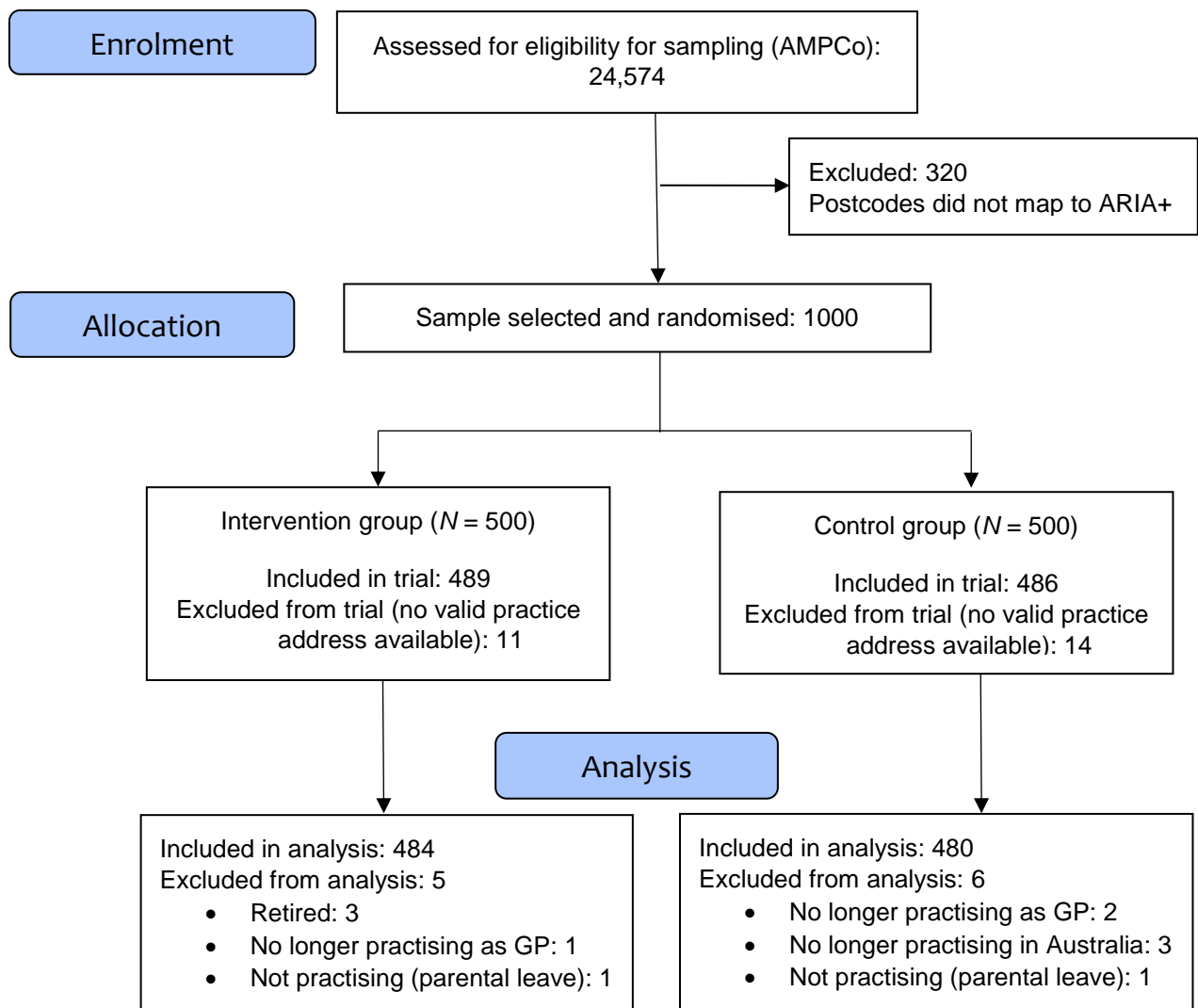
Reference

1 Herrmann A, Carey ML, Zucca AC, et al. Australian GPs' perceptions of barriers and enablers to best practice palliative care: a qualitative study. BMC Palliat Care 2019; 18: 90.

Table. Participant characteristics at baseline for the intervention and control groups

Characteristic	Intervention	Control
General practitioners	500	500
Sex		
Men	264 (53%)	277 (56%)
Women	231 (47%)	215 (43%)
Other/missing data	5	8
Practice location		
Metropolitan	374 (75%)	372 (74%)
Regional/remote	126 (25%)	128 (26%)
State or territory		
NSW	165 (33%)	167 (33%)
VIC	120 (24%)	115 (23%)
QLD	110 (22%)	110 (22%)
WA	44 (9%)	49 (10%)
SA	40 (8%)	39 (8%)
ACT	10 (2%)	8 (2%)
TAS	9 (2%)	11 (2%)
NT	2 (0.4%)	1 (0.2%)

Figure. CONSORT 2010 flow diagram for our trial*

Enrolment

Assessed for eligibility for sampling (AMPCo): 24,574

Excluded: 320
Postcodes did not map to ARIA+

Allocation

Sample selected and randomised: 1000

Intervention group (*N* = 500)

Included in trial: 489
Excluded from trial (no valid practice address available): 11

Control group (*N* = 500)

Included in trial: 486
Excluded from trial (no valid practice address available): 14

Analysis

Included in analysis: 484
Excluded from analysis: 5
- Retired: 3
- No longer practising as GP: 1
- Not practising (parental leave): 1

Included in analysis: 480
Excluded from analysis: 6
- No longer practising as GP: 2
- No longer practising in Australia: 3
- Not practising (parental leave): 1

ARIA+ = Accessibility/Remoteness Index of Australia (Australian Bureau of Statistics. Australian Standard Geographical Classification (ASGC) remoteness classification [website]. Updated June 2014. http://www.abs.gov.au/websitedbs/D3310114.nsf/home/remoteness+structure#Anchor2 (viewed Feb 2022).

* In both this trial and the survey, data for 964 GPs was included in the analysis. For the survey, 11 GPs who were retired and no longer practising were deemed ineligible and excluded from the analysis. No valid practice address was identified before sending letters (15) or after sending letters (returned to sender because of invalid address, 10), and these GPs were also excluded, leaving 964 valid participants.