

Supplementary File 2.

Supplementary Table. Ideas about specialisation within primary care, that may impact on identification of OA	
Code	Examples
Some GPs take on the responsibility for management of respiratory diseases within the practice	<p>[P3] <i>"There are an infinite number of new guidelines coming out, inhalers, protocols you've got to follow and as I say, I think you're seeing us all kind of increasingly become kind of specialists within the surgery... So, I think at least over the last ten years that's been a definite shift".</i></p> <p>[P2] <i>"So one partner is the respiratory lead and another doctor has helped a lot with that. So those two doctors are sort of more expert. So if we have a respiratory problem that we're thinking 'Oh maybe I should know how to deal with this', you might speak to them".</i></p>
Some GPs have become de-skilled at asthma management	<p>[P11] <i>"I think there are two things that drive the deskilling. One is that the nurses have become increasingly strong in their area...the second reason why it is, I think, is that the sort of confusing array of inhalers has been daunting. Made worse by medial-political imperatives. So 'Alright, we're going to switch to this' and then we're off on another thing' and we all get slightly battle-worn about inhaler switching, when there was a very short, small little formula, you knew where you were. I'd feel very out of my depth quite quickly with the different devices and what's in them".</i></p> <p>[P6] <i>"The doctors are very good now, sort of as the years have gone on they will refer quite quickly for the nurse to see them and do the full assessment. So basically the doctors do rely on us... I think we all expect our general practitioners to be expert on everything and sometimes they don't know the guideline, they really don't".</i></p>
Some GPs see asthmatics only in certain circumstances	<p>[P9] <i>"Really, as a GP, most of the time, I see the acute exacerbations or I see them if there is a problem where the nurse brings up some problem.... Complexity or not responding to medication or some confusion about the diagnosis and stuff like that".</i></p> <p>[P4] <i>"I tend to get the complex ones that were fours and fives [SIGN/BTS stepwise management plan]"</i></p>
Increased GP workloads has resulted in practice nurses taking on more asthma management	<p>[P4] <i>"I think it's going to have to be the way [nurse-led clinics] because there just aren't enough of us anymore. Even here, we find it difficult to attract doctors to come here".</i></p> <p>[P3] <i>"Increasingly the GPs have been needed to just do general stuff and that workload [asthma management] has moved completely to the nurses".</i></p>
Some practice nurses are the respiratory experts within practices	<p>[P5] <i>"Having worked in a GP practice where the GP actually relied on me and said, 'well you know more about asthma than me, what do you want me to do?'... I suppose in a way it's nice that they would hold their hands up and turn round and say, I don't know what you're on about".</i></p> <p>[P10] <i>"Yeah, I mean I tend to go to the other nurse because the other nurses have done their diplomas in asthma. I'd probably see the nurses rather than a doctor".</i></p>
Asthmatics receive chronic disease management in specialised clinics, primarily delivered by practice nurses and nurse practitioners	<p>[P1] <i>"Previously I was seeing them for their full asthma reviews, but I do less of that now as they tend to fit them into specific clinics".</i></p> <p>[P3] <i>"So historically, there was a GP lead who used to do annual asthma and COPD reviews alongside our practice nurses who are the people that mostly do it. But increasingly the GPs have been needed to just do general stuff and that workload has moved completely to the nurses".</i></p> <p>[P7] <i>"We have two nurses who are advanced nurse practitioners who also have interest in respiratory disease as well. So a lot of our chronic disease management is done through the advanced nurse practitioners".</i></p> <p>[P9] <i>"In this surgery, the majority of the reviews and even the diagnosis is done by our very qualified nurses who take care of the chronic disease management. They do the annual reviews and they do all the QOF work as well".</i></p>

Supplementary Table. Ideas about specialisation within general practice, which may impact on identification of occupational asthma (OA). GP=general practitioner; COPD=chronic obstructive pulmonary disease; SIGN/BTS=Scottish Intercollegiate Guideline Network/British Thoracic Society; QOF=Quality Outcomes Framework.