Reviewer's report

Title: Inequality in provider continuity for children by Australian General Practitioners

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Reviewer: nikki turner

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1. Aim 2: equity of access
This methodology does not answer equity of access. It gives pointers to it, but this is not necessarily a direct measure of equity of access. I reiterate the point that parental recall of a GP does not automatically equate to equity of access: I recommend the authors review and soften this aim - ie this is a pointer towards equity of access.

2. Sample size and population size. The sample size is clearly listed at 30.789 from 105 kindergartens. I would still like the authors to list the full population size of this age group in the 105 kindergartens they were sampling from. Also I am still unclear as to whether all children attend kindergarten in this area, so how genuinely representative this sample is of the local population. Some estimate of the percentage of children in this age group in this area who attend kindergarten will be useful to give us a better idea of how representative this is. Once again the reason for this is that often the most marginalised children may not be a kindergarten or have completed questionnaires hence it would be valid in the discussion to suggest that due to possible biases this may be an underestimation of measures of equity to access.

3. Figure 1 - thank you for clarifying the figure. I think, if I have understood it correctly, the 8 years could be usefully labelled 8+ years to help interpret this.

4. A GP displaying transient care' is defined as a GP who was not named in a current year but was named in subsequent years. While this may show transient care, is it possible that this is just family preference moving around GPs and back to the original one? Hence I would suggest this is a proxy measure, or 'suggestive' of transient care, but not an absolute or definitive measure.

5. Thank you to the authors for very helpful improvements, it is helpfully easier to read now. The points I have raised are all small points except for my concern that the measures used here cannot be directly translated to proving disparities in equity. As I have suggested above a parent naming or not naming a GP may point to a disparity in equity of access, but there are other possible interpretations e.g. it may points to parental choice to shift between GPs more frequently for some groups, or to family mobility as an issue (which in a different way can create concerns with equity). Hence I would still recommend the authors reconsider the discussion that this data definitely shows concerns over disparities in equity. I feel their findings are important, certainly point to concerning aspects
that different groups report continuity of GP in different ways which may well suggest there are differences in equity issues. I would like to see a bit of discussion re the possible interpretations (I would be particularly interested to know whether mobility may be an issue for Indigenous children as we see in NZ Maori children), while still raising the concern that the most likely interpretation of this is access to care. I do not feel this requires a significant rewrite, but would appreciate a few sentences recognising that the measures used here are not direct measures of equity.

Thank you to the authors for a very interesting article.