Reviewer's report

Title: What determines income inequality between French male and female GPs - the role of medical practices.

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Reviewer: Madelon Kroneman

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Health Policy Review
What determines income inequality between French male and female GPs – the role of medical practices

This paper addresses the differences in income of female an male GPs and tries to explain these differences from physician characteristics, practice characteristics, type of patients and intensity of activities.

The paper draws on previous research for methodology, as such making the results comparable with previous research, which is mainly conducted in other countries.

The authors conclude that there is a difference between males and females that can be attributed to the number of consultations and visits performed. They also find (if I understand this well) that female physicians perform more expensive consultations, thus diminishing the income gap.

Major compulsory revisions
1. Since the scope of BMC Family Practice is not on gender differences but on aspects of primary health care, including clinical management of patients, professional training, shared decision making, and the organisation and evaluation of health care in the community, I would expect that the discussion should focus on the meaning of income differences for healthcare provision and expenditure.

2. Also, the discussion should be phrased in such a way that it is comprehensible for non-economists as well, since a large part of the readers will have no economic background. As a non-economist, I had a hard time understanding the paper

3. Furthermore, I think it is necessary to describe the methods and findings in a more concise way.

4. The authors have chosen to place the methods section at the end of the paper. Since this section contains important information to understand the results section, I would advice to place this section in between the Backgrounds and the Results.
5. The Background section discusses in detail the previous research. I would suggest shortening this section and focusing on the common findings of these studies.

6. The methods section and results section will benefit from some more clarification and clearer formulations.

Minor essential revisions
The comments are rather detailed, but some are essential for understanding the paper correctly.

Methods section:
7. Please avoid footnotes. The footnotes in this text sometimes offer important additional information and none of them are longer than half a line, thus including them in the text will improve legibility.

8. Retroceded fees are fees for a locum?

9. What do you mean with “The salaried activities and various indemnities are exclusively declarative data”.

10. “To specify incomes..” Do you mean here to explain or to estimate incomes?

11. The authors use both number of services and working time as independent variables. Aren’t these highly correlated, implying one cannot include both entities in the analysis?

12. “We also expect that income decrease with having a specialised practice or a particular manner of practicing that represents 30% of the doctor’s practice”. I do not understand what the authors state here? What kind of specialism is meant here? Can you provide an example? Since the physicians under study here are GPs, who are generalists in nature, it is not clear to me what kind of specialism is meant here.

13. I would suggest to rephrase the sentence “patient profiles associated with radically different resources”. I think you mean that some categories of patients visit the doctor more often and with more complex problems.

14. Please provide a legend with the formulas. (Explaining M and F for instance)

15. The methods section does not address the statistical tests used for testing the significance of the differences.

16. The Appendix with the variables could be elaborate:
• Please provide a definition of what is considered a rural area
• Please provide the way GPs are asked about their health. Is this done in a validated way?
• Salaried(%) : % of total income?
• Percentage of visits: what is the denominator?
• What is frequently in the special services mentioned here? Is this a yes/no variable or is it continuous, just providing the number of these services? Similar question for the number of certain patients: what is “many”?
• Number of vacations: why use number instead of number of days or weeks? What is considered a vacation? One day off, a week, longer?

17. Please give table titles that fully describe the table content. For instance: Table 4. Income decomposition should read: Decomposition of the difference in income between male and female GPs. Are only significant differences shown here? If not, why were not all variables included in the table. Please also use consequent terms for variables (location is the same as rural region?)

18. Table 4 is rather complicated and may benefit from clearer headings, for instance providing the same terms as in formula (1.4) and making clear that the third column is an addition of the former two.

19. Table 3: Please indicate why doctor’s practice variables are not included in the table

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20. What do you mean with “combine the experience effect”?

Conclusion

21. I do not understand what the authors mean with the “adjective ‘mechanical’”

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests