Author's response to reviews

Title: Is there a need for a GP consultant in a university hospital?

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We thank both reviewers for their positive critical comments. As Jan De
Maeseneer does not suggest any changes in our manuscript we will answer the
crucial remark made by Geoffrey Mitchell concerning the potential workload of a
GP consultant.

Mitchell assumes that the three specialties comprise about 60% of
interdisciplinary consultations. Table 2 shows, that these three disciplines
comprise 31% + 4% + <4% = 39% at the most. Nevertheless Mitchell is right in
his final conclusion: 60% of the 878 dermatologic consultations fits the expertise
of the GP. This means 527 consultations for a GP yearly, a substantial workload
for a future GP consultant. Furthermore both samples had a considerable
number of missing reports (40 and 25% resp); these facts should be taken into
account when estimating the potential workload for a GP consultant.

We have changed the last part of the Discussion according to the calculation
above.

In view of this we changed the Recommendations as well. We now state our
results give sufficient arguments to start a pilotstudy into the role of a GP
consultant in a hospital. We agree with Mitchell that such a pilot will learn us
more about the acceptance of a GP consultant by specialists and possibly open
possibilities for the GP in supporting treatment decisions.

Yours sincerely,

Jan Schuling