Reviewer's report

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

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Reviewer: Geoffrey Mitchell

Reviewer's report:

This paper addressed a subject which I had not considered for a long time. As a GP working in a regional centre, where hospital access to treat my own patients was considered normal in the 1980's, but which is a small part of practice for GPs in the area now, the idea of a GP having a role in a university teaching hospital was something I had not even considered. However, the proposition that referrals of patients to specialists from another specialty is a reasonably common phenomenon, so it is not unreasonable to think that there would be a role for a generalist for at least some of the work.

The authors have sought to determine whether there is a viable role for a hospital-based GP. The critical issue here is whether the selection of cases is representative of the spectrum of conditions seen in hospital. The authors have assumed that if 25% of cases referred to a specialty could have been managed by a GP, then this would trigger a more in-depth analysis.

The case review mechanism used was useful, and the analysis of referral cases most interesting. However, the authors have been forced to make a value judgement on whether there was sufficient workload to warrant a GP consultant. On the basis that 28% of the cases examined could have been managed by a GP, they determined that the role was probably not viable. I think the science of the submission is sound.

I think the authors have missed one important point which may require them to reconsider their conclusion. Workload is determined by the gross number of consultations undertaken, and no attempt was made to quantify the TOTAL number of consultations that might be suitable for a GP. In the index hospital, assuming that the three specialties comprised say 60% of referrals, then 28% of 60% of 2842 is 477 consultations in a year, or 8-9 consultations per day. A sessional GP might be warranted – say one half day session every day or second day. The other issue is what would the acceptance of such a role be? It may be that if a GP were available, specialists might be prepared to refer more often.

The other issue is how much general work is done by the specialist without referral. Were a GP available, would there be an inclination to use this person's servicewhere they may choose to handle the problem themselves?

I think there is sufficient work present in the extrapolated sample to at least consider a pilot of the role. I would like the authors to reconsider their conclusions, and determine if taking into account the absolute numbers of
potential GP consultations might lead to a changed conclusion.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.