Reviewer's report

Title: Tuberculosis suspicion and knowledge among private and public general practitioners in Oman

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Reviewer: S F Hussain

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Tuberculosis suspicion and knowledge among private and public general practitioners in Oman

Reviewer's Comments:

An interesting study but needs major revision before re-submission.

Title: this was a questionnaire study and the title should reflect the methodology e.g. A questionnaire study to assess knowledge and ability to suspect TB

Introduction: Shorten it to focus on a) trends in TB prevalence in Oman and how this compares to regional and international trends, b) characteristics of TB patients in Oman e.g. low socioeconomic group, ex-pat workers and are these likely to see private practitioners and c) role of private practitioners in TB control.

Methods: a) Include the two questionnaires that were used in the study as appendix or online attachment. These form the basis of study and inferences drawn from them. b) TB suspicion score and TB knowledge score: are these validated score, what were the possible ranges for these scores, and what score would have been considered a satisfactory cut-off for a competent practitioner.

Results: a) in the abstract it was recorded that Less than 40% of all GPs considered TB as one of the three most likely diagnoses. In results this is not been discussed directly. Table 2 shows that in fact 60-77% private GP and 75-93% of public GP in fact considered TB as one of the three diagnosis in the five TB cases, b) the diagnostic accuracy for non-TB cases appears to be worse than for TB, c) private GP attended TB courses less than public GP. However this has to be seen in context with presentation of TB cases. 10.4% of private GP had seen TB cases in the last year and 11% attended TB course, whereas 64.1% public GP had seen TB cases yet only 19.2% attended a course. One can argue that in fact educational need of public GP is greater but only one in five had attended TB course. Educating private GP further who scarcely see TB patient is unlikely to influence TB services in Oman.

Discussion: Needs major changes.

Para 1 and last highlight the same issue that this study did not actually assess the actual practice.
A para on how does the knowledge of GP in Oman compares with GP from other low prevalence countries. As the law does not permit private GP to manage TB patients, the focus of education for the two groups of GP would be different. It is also not clear how much the deficiency of knowledge is contributory to a slower decline and whether the target of 1 case/100,000 population is realistic. Factors that have produced a slow decline and in fact a rise in many countries are migration, HIV and other immunosuppressive states, poverty/overcrowding, TB resistance etc. The reasons in Oman may be unique and need to be considered, before assuming To strengthen TB control program, there is a need to train GPs on TB identification.

Adoption of a Private Public Mix (PPM) strategy for TB control may not be relevant in Oman as private sector is forbidden by law to treat TB. Though continued education is desirable in all aspects but because of the fact only a small minority of TB patients present in private sector education e.g. by attending a seminar will have minimal impact on TB control in Oman.

Finally I must congratulate TB control program in Oman for achieving a great reduction in TB notification over the last 25 years and aiming to improve it further.