**Reviewer's report**

**Title:** Family physician and endocrinologist coordination as the basis for diabetes care in clinical practice

**Version:** 8  **Date:** 20 April 2008

**Reviewer:** David Simmons

**Reviewer's report:**

This is a much better written manuscript. It is important that this study is published.

The conclusion is that family practitioners when supported by secondary care services can deliver metabolic outcomes comparable to those in secondary care (assuming repeated measures analysis shows this).

The power to detect a 10% difference in HbA1c <6.5% would be about 355 not 40 in each group-requires review by a statistician.

The data require repeated measures analysis-requires review by a statistician.

Why would you want something which is more expensive but achieves the same outcome? This should be discussed examples would be it provides care closer to home, to avoid swamping of secondary services, to lead to better management for other patients. The lower out of pocket expenses and potential changes in other costs were not evaluated, but the additional direct costs given are very useful. A comment on the importance of increasing drugs (and therefore their costs) should be made

Please comment on the hospitalisation in both groups and referral for face to face review by the specialist services (eg foot event) during the 30 months.

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

**Quality of written English:** Acceptable

**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'