Reviewer's report

Title: Family Physician Practice Visits Arising from the Alberta Physician Achievement Review

Version: 1 Date: 24 May 2013

Reviewer: Gisele Bourgeois-Law

Reviewer's report:

This paper is one in a series of papers published in the past several years on the Alberta PAR program. The authors report on the final steps of working with physicians to facilitate practice change and subsequent confirmation of those changes, which has not been previously reported. The paper indirectly addresses the misconception that MSF is useful for identifying problems physicians may have with the “softer” competencies, but that it may perhaps be less helpful in identifying problems in the “medical expert” role.

The second and third of the three questions were well defined. The first question was unclear in the sense that the first thought that sprang to mind was “Why would the MSF scores received by the “flagged “physicians NOT be lower than those achieved by a representative group of physicians? Isn’t that why they were flagged?” Was there concern that PAR scores had increased over the years so that the flagged physicians wouldn’t necessarily have been in the bottom 10% previously? The reviewer felt she must be missing something, and a bit more explanation would have been helpful.

6th paragraph in the background: it is unclear how many visitors participate in a visit to a single practitioner’s office.

The methods are well described.

In the Results section: Table 1 suggests different demographics for the visited PAR physicians (larger proportion of males, IMGs, and rural physicians. Potential reasons for this are not discussed anywhere in the paper. It was noted that there is no “Discussion” section to this paper; the authors go directly from Results to Conclusions.

In the Results section, under “Office”, second paragraph 8th line: “storing mediations” should probably be “stored medications”

In the Results section, the subsection on Treatment and interventions shifts intermittently from the past to the present tense and back again, which is jarring. The other subsections are fine.

A few questions/comments for the authors regarding the Results/Conclusions:
- Re the themes and subcategories: have you considered looking at the relationship between problems with patient assessment and those with
treatment/intervention? i.e. could most of the issues around treatment be related to an inaccurate initial diagnosis?

-In 78% of the visited physicians, areas for practice improvement were identified and practice change documented. Could the authors tell us a bit more about what happened with the other 22%? Were these “false positives” in the sense that no changes were identified? Did the physicians refuse to change? Did they try and not succeed?

-More detail on how the various practice changes were confirmed would be helpful. How will the long-term compliance with/sustainability of the changes be assessed?

-It would be interesting in the future to consider doing practice reviews on physicians who were NOT flagged, and to compare the number and types of areas for improvement that are identified. Is there a “false negative” rate? Do physicians who have good communication skills avoid being flagged for “medical expert” issues?

I would classify the above as Minor/Discretionary Revisions. A Discussion section would be useful.

**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