Reviewer's report

**Title:** Differences in level of confidence in Diabetes Care between different groups of trainees: the TOPDOC Diabetes Study

**Version:** 1  **Date:** 3 June 2014

**Reviewer:** Colin Perry

**Reviewer's report:**

This is an interesting post hoc analysis of data gathered as part of the TOPDOC study, focusing on the differences in level of confidence between groups of trainees.

**Major essential revisions**

The junior doctors studied have a median two years of full-time training. This means many of the respondents will be at the stage of completing foundation training or earlier. While the comparison is between regions, it seems likely that in junior doctors so early in their training, the medical school they attended may have had a major influence rather than the region in which they work. Can the data be viewed in this way?

The most important question here seems to be confidence vs competence - are there any markers of competence in the respondents?

It would be very helpful to give the findings some context - are there any data from other specialties that indicate level of confidence in doctors of a similar stage in training managing other conditions? Are these findings likely to apply across the board or are they specific to diabetes?

In table 4, physicians appear more confident in most aspects of diabetes. This is not surprising (as the authors acknowledge). Results for the other three groups look similar. What stage were these trainees at in their training? It might be more interesting to look at the subspecialties of the physicians - were there differences between specialties? It might also be more relevant to focus on emergencies - were physicians not training in diabetes sufficiently confident in managing these emergencies, which are encountered as part of general internal medicine?

**minor essential revisions**

in the results section "training needs" there is a word missing in the second last sentence

HONK is now renamed HHS (hyperosmolar hyperglycaemic state)

**discretionary revisions**
the categories reviewed are a mixture of inpatient and outpatient scenarios - I wonder whether focusing on emergencies might be better than including questions of diagnosis (especially IGT)

**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