Reviewer's report

Title: Gender performance among general practitioners. Results of a training programme

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Reviewer: Eva E Johansson

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This paper is an interesting attempt to look into GPs' and trainee GPs' implementation of gender sensitive recommendations regarding three common diseases in primary care. As it stands now, however, the presentation suffers from unclearness on some crucial points, which therefore need major compulsory revisions. I hope my rather detailed critic, the comments and suggestions - after thorough reading of the manuscript - will be helpful to the authors in making the presentation of aim, method and findings clearer.

1. The aim:
There are different formulations in abstract and in the main text which leaves the reader confused, with a lot of questions?
“..whether GPs' performance can be stimulated by a training programme”. Does the study really investigate that? Shouldn’t there have been a group that did not get the training modules to compare with to answer that question?

Compare with the aim on page 4: “whether the training programme actually contributed to GPs' gender performance” and further down: “investigate the performance of specially trained GPs in relation to gender sensitive recommendations”. How does the training programme come in here? Is this a study of adherence to recommendations? And, why are not the authors interested in presenting what happened between GP and GP trainee when the forms were recommended and implemented in tutor-trainee discussions?

To conclude, I recommend the researchers to consider what the aim with this presentation really is and to be consistent throughout the paper.

2. Since the aim is unclear (and the method is the answer to the aim) the method part, too, is unclear:

What is meant with “explorative, prospective, observational study”, i.e., how are these scientific concepts actually realized?

-Prospective - in what sense? Did you start at a base line and compared how things developed after the training modules?
-Explorative is often a word used in qualitative research. How is the explorative part conducted here?
-Observational? To me this is a concept used for data gathering by observations
instead of forms, interviews or questionnaires, for instance observations of
doctor-patient interactions registered by a researcher who don’t take part
her/himself. Which are the observations in this study?

3. The Method part is also unclear regarding the presentation of the
recommendations for GPs, and the training programme. For instance; who are
“our partners”? The presentation of how the study was done, ought to be
understood by reading the article text. It is not appropriate just to refer to material
or texts that can not easily be found and read by the reader. “Video consults”?

4. The texts in the boxes are indistinct. For clarity, could the recommendations
right through maybe be formulated in a consequent mode, so that the ‘shoulds’
comes first and the motives for them afterwards. For instance. “In chest pain
diabetes should be paid attention to, as…..” and then the grounded motives for
this follows. Or “ GPs should know that depression in women might be masked in
anxiety”, therefore…..” And what is the recommendation to be followed?

Re recommendations regarding depression:
Regarding sexuality, is it not the same for both gender? “The GP should ask
about sexual experiences and decrease in libido, as……?”

5. “Decreasing level of socioeconomic deprivation”, box 1?. Isn’t decreasing and
deprivation words of the same meaning? ‘Decreasing level of socioeconomic
status’ or ‘level of socioeconomic deprivation’, maybe?

6. Regarding the registration form? What was the purpose with filling in the form?
To score gender performance? Or, to make GPs reflect, keep up and develop
gender awareness? Or to check out how the GPs reflected and performed?
Anyway, which are the outcome measures?
And how did recommendations turn into “required performance”?

Results
7. One hundred patients is (not relatively small) but quite a big sample. Or, it
depends on if the number is chosen to prove an effect of the programme, or if it
is a sample for exploration of eventual effects?

Furthermore, are the quantitative outcome measures solid enough to ground any
conclusions at all regarding “right” or “wrong” gender conduct in the
consultations? Is it really meaningful to draw statistical conclusions on mean
values on “required performance” (expressed as “mean gender performance was
1.84”), or to compare women and men in a t-test?

8. I certainly believe there are interesting experiences in this study to share with
the readers, but the statistic work on very loose outcome measures seems as
over-doing and a mistreat of the material? Why not consider a qualitative
approach in analysis of the forms?

Discussion
8. I do not agree that this study shows that gender performance can be
stimulated. We don’t know how the GPs acted before to training programme, do we?

10. I do agree to the different flaws of the study discussed. Still, and I wish the authors would be more explorative here, it could be interesting to read about some qualitative impressions from the GPs about how the training programme and the discussions over a form might have changed ways of thinking about gender issues in these three diseases.

To sum up. In the present form the paper is not ready for publication. As it is of great importance that gender issues are highlighted and efforts to implement gender in clinical work is shared with others, I hope the authors hereby have been inspired to re-work data and revise the writing into a more clear paper.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests