Reviewer's report

Title: Part-time and full-time medical specialists, are there differences in allocation of time?

Version: 1 Date: 22 July 2005

Reviewer: William Weeks

Reviewer's report:

General

In this paper, the authors ask an interesting question: whether there are differences in the proportion of time allocated to different tasks when comparing full time and part time physicians. They use a survey methodology with a modest response rate to compare three different types of physicians in the Netherlands: internists, surgeons, and radiologists. They conclude that there are not many differences in the time allocation to different tasks between full time and part time physicians. While an interesting concept, the paper is quite difficult to read as written. First, the background section is wordy and redundant. I would stick to the question being asked and focus the entire paper on that.

Second, the methods leave out important details – although the authors state that they defined full time as 1.0 ftee and part time as anything else, they don’t tell me how they determined the 1.0 ftee. Is it self-report, from an administrative dataset, etc? In addition, this methodology offers a very important limitation that they bring up in the discussion – that being that there might be differences between, say ½ time physicians and 0.9 time part time physicians’ time allocation. Better methods would be to examine some extremes – say full time (1.0) vs. <3 day a week (0.6 or less) physicians. From their data, it looks like the average of the comparison group is still a 4 day workweek, so I guess I’m not surprised by their negative results.

Third, the results are hard to follow and interpret. I would suggest focusing on what appears to be the focus of the paper - % allocation of time, not actual time spent. I’m not clear how to interpret the comparison of hours – of course they’d be different. Since the focus in on % allocation, that would be the preferable outcome of interest, and shouldn’t be distracted from with the additional data. Also, there are far too many tables: narrow the focus and present the results in a more succinct and meaningfully interpretable way.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Revise so that the manuscript is easier to read. Ensure that elements of the paper are contained within the correct heading (introduction, methods, etc).

Define how 1.0 FTEE was determined

Consolidate the tables into a meaningful and interpretable few.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

Perform an analysis of the subset of physicians who are part-part timers (ie, <50%, or some other
Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**Level of interest:** An article of limited interest

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** No

**Declaration of competing interests:**

I declare that I have no competing interests.