Author's response to reviews

Title: The feminization of the medical work force, implications for Scottish primary care: a survey of Scottish general practitioners.

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Author's response to reviews:

Thank you for sending us the very helpful reviewers' comments. We realise the work involved in providing such detailed comments and it is very much appreciated. It is always difficult to know how to edit and present a large data-set and we are very grateful for their advice on this. We have addressed all the points made by the reviewers and these are listed below, by reviewer.

Referee 1. Prof. Bonnie Sibbald

Methods of data analysis: This was an oversight we have inserted a short paragraph on methods of analysis and the statistical package used. Calculations were based on chi-square or Mann Whitney tests where appropriate. We did perform a linear regression which showed only gender to be significantly associated with workload. We understand that many readers would consider age a likely confounder was age, however, even when that is taken into account the sex differences remain (see new table 3) and further discussion below.

Men working less than full-time and the need for longitudinal data: We agree that the rise in part-time working in men is an issue particularly among younger doctors and that longitudinal studies are required to see if this is a transient phenomenon. We now have included this in the discussion and have also added a caution that the work patterns particularly of women now may not reflect those women in the future.

Referee 2. Prof Jouke van der Zee

Analysis by age and the need for longitudinal data: Thank you for this suggestion. We have now inserted a new table (3) in place of figures 2a and 2b which indicates the differences in workload between the different sexes by age band. We think this makes the point more clearly that the sex difference persists across the different age groups. We have repeated this analysis for all the comparisons made in the study with the same result. Except in the small <29 yrs age group male workload significantly predominates in every kind in either sex. We believe that presenting this repeatedly in tabular form would unnecessarily clutter the paper and so refer to this phenomenon in the text.

The age groups have been chosen to parallel those used by the UK national statistics division. We have however condensed the lowest and highest age groups as suggested. As above we accept that a longitudinal approach exemplified by Prof. Van der Zee's own important recent work may be more illuminating and it is our intention to repeat our study. We now draw attention to the limitations of the crosssectional approach.

Conclusion: We accept that the reference to the quality of women attracted to general practice in Scotland cannot be sustained by the data presented in the paper (although it is true!) and have removed it. We now make reference to the further research (particularly longitudinal studies) required and how man-power planning may need to be adapted.

"Sessions": Our sincere apologies for not explaining this term. UK doctors, and general practitioners in particular, measure their working week in sessions which roughly reflect a morning's or afternoon's work around 3.5 to 4 hours. We therefore used this as the unit by which we asked doctors to calculate their working time. It has a lot of meaning in the UK. We now provide an explanation for this. We have explained
the abbreviations in the text and expanded most to improve the ease of reading.

Figures and Tables: We have reduced the categories in the tables as suggested. We don't see how we can combine table 1 (Contracted commitment per week of general practice principals) and old table 5 (age-sex distribution of the general practice non-principal respondents). We have removed old figure 3 as this pictorially displayed the same data as table 5.

International References: We have expanded the discussion and reference section to include more international references.

Sub-division of principals and non-principals. Whereas in the fairly recent past almost all general practice in the UK was delivered by doctors in partnership with one another, increasingly employed sessional doctors have had an increasing role in delivering these services (as much as one fifth of all general medical services in the UK are now delivered by them). This group take a much reduced role in the management and strategic planning aspects of general practice. They are mainly young and female and therefore it was essential to take their views into account in this study. We believe table 5 and 6 are important in illustrating this and the many forms this type of role can take. However, because of the various roles this group may have, the survey naturally had to be different in many aspects from that of the principals (all the data is not presented in this paper). Analysing them together with the principal data would not have been appropriate. The reason we included retirement plans was to show that the smaller number of hours worked by women were not off-set by plans to retire later, in fact the opposite is true.

As suggested by Professor van der Zee we now explain the reasoning behind presenting this data in the introduction and we hope this adequately clarifies things.

Dr Gunilla Risberg

One of the great positive aspects of external review is to be introduced to a new field of literature. We thank Dr. Risberg for correcting our sloppy use of the word gender and have used sex instead. (one unfortunate consequence we noticed when corresponding about this, however, was that our e-mails that had the word sex in them were initially processed as "adult spam" by our e-mail programs!)

Explanation of "sessions" see above.

A full discussion of why women choose or are forced to choose different careers in medicine is perhaps out-with the scope of this article, but we accept that we should have been more careful about what we did say. However, we do now refer to this.

Table 9 and figure 6: Our apologies for this error. The paper was as you have probably guessed derived from a much longer and more detailed report. These references should have been removed.

We do feel that the article has been greatly improved by the very constructive criticisms we received. Please let us know if there is anything further we can do to improve it.

Yours sincerely

Brian McKinstry