Reviewer's report

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

Version: Date: 10 March 2006

Reviewer: Jouke van der Zee

Reviewer's report:

General
It is a paper about a relevant topic: feminisation of the medical workforce and the increase of part time work that is part of this phenomenon refutes the validity of previous manpower studies. It is also correctly pointed out that this is an international trend. The questions asked can be answered by the data collected. So far the good news.

However, there seems to be a discrepancy between the abstract and the conclusion on the one hand and the rest of the paper, that, in my opinion, should be reduced either by adapting the abstract or by rewriting the rest of the paper (1).

A second general remark concerns the international element in the paper; although it is true that the phenomenon described occurs in other countries, too, the paper is not very accessible to non-British/Scottish readers due to a lot of specific jargon/abbreviations and local terms (sessions instead of hours worked) (2).

ad 1): A basic difficulty in the paper is that the policy question is longitudinal (number of GP’s is rising, but does the amount of working hours rise accordingly due to the possible increase of parttime working) and the answer is crosssectional: do male doctors work more hours than female doctors and do they do different sort of work.

In order to translate this longitudinal question to these crossectional data; an analysis per age category is crucial. If, for instance, male/female differences are less pronounced in younger age groups (that is: if younger male GPs are systematically more engaged in parttime work than their older colleagues) than the male/female differences are partly due to differences in age composition of the GP-profession. Figures 2 and 3 are intended to address this point, but comparison is difficult. A simple table or a graph with the averages and standard deviation properly tested gives much more insight (by the way the number of age categories could be reduced under 30 and over 60 seem to me more relevant than under 24, 25-29 and 60-64, 65-69 and 70 and over). (More sophisticated analyses could be carried out to test whether male/female discrepancies are different per age group).

I would suggest to focus on this type of analysis in the paper.

Finally the conclusion (in the abstract) that General practice in Scotland has been very successful in attracting high quality women into the specialty cannot be derived from the data presented; the conclusion should focus on how to adapt the manpower planning and what the consequences might be of the difference task profiles of male and female GPs.

ad 2) the reason why the paper is difficult to understand for non British readers is sometimes obvious (why talk about sessions instead of hours worked; what is a session and why is it so relevant; in spite of the international character of the phenomenon all references are British; the second paragraph of the background section is full of jargon and abbreviations) and sometimes more indirect.

For instance the subdivision of the doctors into principals and non-principals confuses (in my opinion) the issue. First one has to explain what principals and non-principals are, secondly there seems to me a complicated reasoning behind the choice to include the non-principals in the paper (like: if one limits the selection of doctors to principals one might underestimate the actual male/female discrepancies because female GPs might prefer a (sheltered) position as non-principal
that of a principal; but in that case this line of reasoning should be part of the introduction, otherwise one could just mention the results of the non-principal survey briefly in the discussion.

Now table 4 and 5 are devoted to non principals showing information that is not directly relevant to the main problem of the paper.

A similar remark could be made about the data on retirement plans; the policy and research question behind the inclusion of this topic into the paper is only implicit. If it is a relevant question it should be included into the introduction; it does not seem to be related to the male/female issue and if the authors intended to write a paper on manpower planning (of which retirement age or intentions form a relevant part) the design of the paper should be considerbaly different and much broader.

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

see above: the paper is relevant but lack focus; lines of reasoning should be made explicit

conclusions can not be derived from the questions asked and data presented; gender issue and retirement issue seem to be related imlicitly.

it is not clear why the non-principal survey is relevant for this paper; this should be clarified (or, preferably, omitted)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
categories could be reduced if observations are lacking (under 2 sessions or over 11; lowest and highest age groups); figure 2 should be replaced by a graph ar a table with average nr of sessions per age group for males and females; now an exact comparison is difficult

in case the non-principal survey data are retained by the authors, table 1 and 5 could be combined into one graph

Discretionary Revisions (which the author can choose to ignore)

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

Level of interest: An article whose findings are important to those with closely related research interests

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

Statistical review: Yes

Declaration of competing interests:

I have no competing interest, except a vivid interest in the subject