Reviewer's report

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

Version: 1 Date: 12 March 2006

Reviewer: Gunilla Risberg

Reviewer's report:

General

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

I have no major compulsory revisions. The research question is well defined, the methods seem appropriate and well described, and the results are well accounted for. I have some major remarks about the discussion and conclusion that are important to me. However, I will put them in the next paragraph because they might be regarded as going beyond what a reviewer should interfere with?

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

When focusing on differences between women and men there is a risk of reinforcing existing gender-related stereotype dichotomies. I see this tendency when the authors conclude: "This may be in part due to the nature of the job which emphasises communication skills and team work with which women feel comfortable …...". There are more men than women among Scottish primary care doctors. For what reasons are they there? Maybe because they feel comfortable with communication skills and team work?

On way to avoid this risk of reinforcing gendered dichotomies is to analyse the differences found from a gender perspective. What structures in society make women work more part-time than men? How come men are not “down to a prioritisation between home and work life”? I would welcome an analysis like this in the discussion. It might shed some light on and give some ideas for the planning required to address the problem the authors are discussing.

In the figures and tables the authors use the terms “gender”, “male” and “female”, instead of sex, men and women. I wonder why? The tables and figures refer to the number and percentage of women and men. Gender is a wider concept than sex and includes more than biology. It was originally introduced to designate how different societies and cultures interpret biological sex. It refers to the constantly ongoing social construction of what is considered ‘feminine’ and ‘masculine’, based on sociocultural norms and power. No such factors are related to in the tables and the figures or in the text referring to them.

The authors have done a great job in explaining the Scottish (Brittish) primary care system and its organisation to those who are not familiar with it. (Like me who is a family physician in Sweden.) However, there is one important word I do not quite understand the meaning of: What is a “session”?
I would welcome an explanation in the "background".

In my version of the manuscript there were 5 tables (tables 1-5) and 3 figures (figures 1-3). In the text one more table and one more figure were mentioned, surprisingly enough table 9 and figure 6. If these figures are to be referred to they have to be added to the manuscript and be given adequate numbers.

Discretionary Revisions (which the author can choose to ignore)

None

What next?: Accept after minor essential revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.