Reviewer’s report

Title: Doctor and practice characteristics associated with differences in patient evaluations of general practice

Version: Date: 5 May 2006

Reviewer: Sudha Xirasagar

Reviewer’s report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
1. Some brief description of the development and validity/reliability of the constructs of the Europep instrument is needed to preface the methods section.

2. A listing of the survey items, even if in a reworded format (if it is copyrighted) is needed to understand what exactly the authors are studying.

3. A table showing univariate statistics of the GP clinic participation rate in the 10 counties, patient survey completion rate (out of 100 distributed in each clinic), and county-wise percent not used in analysis due to missing data would be helpful.

4. Methodology and Results: The major issues of concern in this paper relate to analysis and interpretation of findings.
   a) It is not clear why the authors choose to dichotomize their dependent variable, when they could use an aggregated and averaged construct score for each dimension. They are losing the contribution of information of the ordinal scale lower grades. Of course an aggregate construct score, which would range between 0 and 4 (I presume, don’t have the instrument to cite) is potentially likely to have a lot of variation within this range across the 27 thousand odd responses, (again actual sample analysed, with all items answered is not indicated). As long as these distributions are normal, it makes sense to use it as a continuous variable, as per standard literature.
   b) Using each GP characteristic one at a time in separate regressions does not take into account confounding by other characteristics. For example the effect GP working hours on care dimensions may be modified by gender or age or any other variable that the authors studied. It is not clear why the authors chose not to adjust for the various characteristics and uncover the factors of significance. Running one multiple regression analysis using their control variables as well as GP variables as independent variables to disentangle confounding should yield meaningful relationships that can then be interpreted for policy and health service planning purpose. Currently, there is no basis to interpret the findings due to immense potential for confounding.

5. The policy or clinical or professional significance of the study should be set out upfront in the introduction section. Accordingly, the study purpose (which should be distinguished from study objectives) needs to be set out in the upfront section. As of now, it is not clear what the authors seek to contribute to the field in terms of directions for action, by carrying out this study.

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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)
1. The authors recognize that macro health system contexts can greatly influence the way patients perceive and experience office based care. It would be helpful if the authors were to present an overview of the Danish healthcare system and the role of GPs and their relationship to patients (a line is mentioned in passing that GPS have a list system and serve as gatekeepers.

2. The authors should define â€œlistkeepers.â€ For some audiences, it may be also helpful to define how GPs serve as gatekeepers in Denmark.
3. Page 3 line 2: national project sponsored by whom (Government, the payer for services, or an organisation). Describe DanPEP briefly.

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 of importance in its field

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

**Statistical review:** Yes

**Declaration of competing interests:**

I declare that I have no competing interests.