Reviewer's report

Title: How do GPs and specialists assess their mutual communication? A survey

Version: 1 Date: 17 March 2009

Reviewer: Viviane Van Casteren

Reviewer's report:

The paper addresses the issue of communication between GPs and specialists, an important issue for the continuity and the quality of care. The focus is on procedural aspects of this communication. The authors build on their previous studies in which they used a qualitative approach.

Despite the interest of the issue, before deciding on acceptance of this paper, the authors are requested to answer several questions and to take into account several comments, which I catalogued under “Major Compulsory Revisions”. I strongly encourage the authors to make the effort taking into account these comments as the article will benefit from it.

Major compulsory revisions

Background

• Page 4: one of the hypotheses tested is “specialists have the impression that GPs do not read their letters”. To which question is this related in the questionnaire? I presume to “GP follows the recommendation made by the specialist in his report”. However, there is a distinction between not reading a letter and not following up the specialist’s recommendation. The GP might have read the letter but might have a reason for not following up the advice.

• Page 4: another hypothesis tested is “the quality of the GPs’ referral letters varies”. What is meant by “quality”? As this question was included in the questionnaire, I would like to know what instructions were given to the GPs and the specialists in order to avoid differences in interpretation.

Methods

• Page 4: The authors need to give some clarification on “The testing of the answered questions was done through non-parametric tests”. This means that the dependent variable was considered ordinal. What were in this case the possible answers? From table 4, one can have the impression that the dependent variable was categorical (agree/not agree) and in that case, chi square testing could be used.

• Page 4: The authors should explain what groups were systematically compared. This will help reading the results chapter. It is obvious that GPs as a group were systematically compared with specialists as a group. Moreover, within the group of specialists, 3 subgroups were compared. Was this done systematically or only for some specific questions and in that case, why? It appears from the results chapter that also subgroups according to age, sex,
status of trainer and some other characteristics were compared within the group of GPs on the one hand and within the group of specialists on the other hand. It is unclear whether these comparisons were done systematically for all the questions or only limited to some questions and in that case, why?

Results

• Page 5: The first paragraph concerns the basic respondent characteristics and the comparison with the national data. The authors refer to table 1 and 2, but do not at all describe the results. You can see from both tables that responding GPs and specialists have quite similar characteristics as their national colleagues, but it is worthwhile spending a sentence on this. Were there some statistical tests done here? The results of these tests could then be outlined in table 1 and 2 in an additional column.

• Page 5 and 6: In the following subheadings the authors should report the results in a far more standardized way: comparison GPs-specialists; comparison among the 3 groups of specialists, comparison according to other characteristics within the group of GPs and specialists. As it is now, sometimes significant differences are reported, sometimes not significant differences are reported, and sometimes nothing is said on a possible significant difference and this, each time on other characteristics. For the comparison between the total group of GPs ad specialists, I propose to add a column in table 4 to present the p value next to each question.

• Page 5: Do not use a wording like “substantially”, but replace it with “significant” if the test is significant.

• Page 5: “Correspondence”: What is the reason to highlight the comparison between university and peripheral hospitals in this matter and not elsewhere? See comments above.

Is the difference between 77% and 70.8% agreement on the joint medical record significant? See comments above.

“….irrespective of their age….” and what about other characteristics, like sex? See comments above.

• Page 6: “Feedback”: Why are only the results of the comparison between trainers and non-trainers highlighted? What about the impact of sex and age for instance? See comments above.

• Page 6: “Further education: What is meant by “epidemiological differences between primary and secondary care”? How was this made clear to the respondents? Is the 45% for GPs significantly different from the 36% for specialists? See comments above.

Also for the other comparisons in this subheading, indicate the level of significance.

Discussion

• I would like the authors to emphasize what these findings add to the existing literature.
• In the part of the discussion on “correspondence”, the authors refer to the development of a digital referring system (Care Domain). As there is a reference available in Pubmed (from 2007, Mastboom) on this initiative, it is worthwhile adding.

Minor Essential revisions

Methods
• Page 4: If I understood it well, non-respondents received 2 reminders?
• Page 4: A dot is missing at the end of the first sentence.

Results
• Page 5: “contact by telephone”: refer here to the corresponding table. Do not present p<0.0005, but p<0.001.
• Page 6: “feedback”: Do not present p<0.0005, but p<0.001.
• Page 6: “Feedback”: Indicate the corresponding tables, where the results can be found.
• Page 6: “further education”: refer to the corresponding table.

Rephrase the sentence or make 2 sentences of “…For the GPs, no such difference between trainers and non-trainers was found nor for length of practice.

Tables
• Table 4: In all figures, commas should be replaced with dots.

Questions on correspondence: “Generally, the GPs referral is qualitatively good.” Was the question asked exactly like this? If yes, this is very confusing, as the referral letter is meant? As I already commented above, what is meant by “qualitatively good”?

GP agrees / specialist agrees: above both columns

Discretionary revisions

Background
• Reference (9) is rather old. Can it not be replaced by a more recent publication?

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

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests.