Reviewer's report

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

Version: 1 Date: 24 March 2009

Reviewer: Johan Hansen

Reviewer's report:

General

The study addresses an interesting topic, namely the communication between GPs and specialists. It has the potential of providing more empirical information on what the barriers to better communication are and how these should be lowered. However, with a number of modifications this message would come across much better.

Major Compulsory Revisions

1. The background now poses a number of issues that may be supported better by existing empirical evidence. For example, does better communication - by means of joint postgraduate courses - indeed improve quality of care? Such elaborations would contribute to the sense of necessity of such a study, especially since its focus is on perceptions of communication.

2. Also the research question can be broadened, as it now only specifies assessment of communication, while the study itself also goes into the amount and direction of communication.

3. The stated hypotheses below the general research question need to be described better, and they are not always answered in the empirical section that follows. E.g., the study does not examine the (perceived) variation in quality of GP letters, whether GPs read specialists’ letters, or whether specialists indeed do not wish to learn from GPs. Are these hypotheses (if they really are hypotheses) necessary for the article?

4. The methods section of the study is well described. A strong suit of the study is that it uses quantitative data, both from the GP and specialist side. It is also valuable that the results section not only goes into the straightforward findings of the included tables themselves, but also describes some possible differences between subgroups of GPs or specialists. It is not clear, though, whether each of these comparisons is relevant, especially since in many cases hardly any differences occur. In order to remain included, their relevance should be explained more.

5. More could be gained from seeking for differences that are better reduced by means of policy or practice changes, and for describing how the various topics are related. E.g., is it indeed the case that both parties are more positive if they
have more personal contacts (combining table 3 and 4). And are more active doctors in terms of giving feedback also the ones who receive more feedback (table 5)? The article should have room to present such findings, especially since the current table 2 (distribution of medical specialists) hardly provides any additional information.

5. In the discussion, only a few weaknesses are mentioned, that are not always relevant. For example, the fact that no regional differences could be determined does not appear relevant in an international context. In addition, more information should be provided about the context in which the research took place. E.g., are the findings indicative for other countries with a GP gatekeeper system? Apart from a single remark in the discussion this topic is not addressed.

Minor Essential Revisions
A few minor typographical errors, such as 'fro,' instead of 'from'.

Discretionary Revisions

**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.