Reviewer’s report

Title: The Implications of the Feminization of the Primary Care Physician Workforce on Service Supply: a Systematic Review

Version: 2

Date: 14 March 2014

Reviewer: William Weeks

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Review of ‘The implications of the feminization of the primary care workforce on service supply: a systematic review.’

Thanks to the authors for their explanations and responsiveness to my critique. I do continue to have some concerns….

Major compulsory revisions

1. The authors state that they clarified their definition of ‘primary care’, but they do so only very late in the article, in the limitations section. Most people who do research in this area consider primary care physicians to include those physicians who are the first contact for a patient with an undiagnosed health concern or for maintenance of health; for most people this generally included family practice, general practice, general internal medicine and general pediatrics. And there’s consistency in that women are much more likely to go into those practices (and OBGYN) than other specialties. In AMA surveys, for those practices, physicians self-identify as PCPs – while not all so self-identify (for instance, the internist or pediatrician with a subspecialty in gastroenterology or cardiology), most of them are considered PCPs. This might be a difference between Canada and Europe, where general practitioners prevail, and the US, where there are fewer and fewer GPs, as they’ve been replaced by FPs and general internists and pediatricians.

Indeed, the first two citations reference GPs, and the AMA document (citation 3) notes this: ‘In Figures 3-17, primary care specialties (internal medicine, family medicine/ general practice, pediatrics, and internal medicine/pediatrics) are shaded differently for easy reference.’ So I believe that the authors need to be explicit about what they are really studying, and they should clarify for readers very early in the paper what they mean by PCPs, like in the introduction, or at a minimum in the methods section.

If they really are studying FPs and GPs, as seems to be the case when examining their search terms, that’s fine, just say that. I don’t think that referring to general internists as ‘specialist physicians’ clarifies anything, rather it creates confusion.

2. I don’t think I’d add the limitation of including only if they provide raw comparisons of hours. If that’s in the methods, then you just follow the methods.
It’s not a limitation unless you think including other papers that did not provide raw comparisons of hours would have come up with different results – which, having written several such papers, I don’t think would be the case.

3. I think I’d still have a second reviewer look at the 74 full text articles. Just because of my familiarity with the work, I found a couple of errors with one article. Generally, with a systematic review, two people independently review at least the chosen full-text articles and they generally even present kappa statistics. Sorry, but that there isn’t enough time isn’t a good excuse.

4. In your statement that ‘in Canada, at least, the proportion….’ Is also the case in the UK and some other European countries. If you’re going to include all the countries, and you’re going to make generalizations about them, you ought to be thorough.

5. There is an unneeded comma in the sentence beginning ‘An important issue that was not covered…’ Also, an unneeded comma in the phrase starting ‘however, small numbers….’

6. When the authors write ‘there were at least 36 healthcare systems’, do they mean countries?

7. You cannot really say ‘an additional 7…’ when one of the seven was already in the prior statement, to which you are supposedly adding new studies. Better would be: ‘In addition, seven…."

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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

Declaration of competing interests:

I’ve written a couple of the cited articles.