Reviewer's report

Title: What is the discrepancy of perception in primary care between physicians and patients in South Korea?: a qualitative study using focus group discussion

Version: 2
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Reviewer: Ben Hudson

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Major Compulsory Revisions

1. This paper seems to contain some interesting findings, and could be of interest to readers from countries with similar or different systems of primary care. Unfortunately the English is so poor that it is at best difficult to read and is frequently incomprehensible. As such, it’s difficult to read and review and I’d encourage the authors to re-write the manuscript (possibly with input from a colleague for whom English is a first language) and submit the paper again.

Minor essential revisions

2. It would be helpful if a couple of paragraphs outlining the South Korean health system could be included in the introduction - for example: how is primary health care funded, do clinics have an enrolled population, what is the typical size of a primary care clinic (both number of doctors and of patients)? Similarly, it would be useful to provide some information about primary care doctors in South Korea - for example: is there a minimum entry requirement to practice in primary care, how many years postgraduate training is needed, how are primary care doctors regulated and represented, how do their pay and conditions compare with doctors in secondary care, is primary care generalist or specialist (e.g. paediatrics, gynaecology)? I was stunned to read in table 3 that the physician participants saw 65 to 120 patients per day. Is this typical for primary care doctors in South Korea?

3. In the Methods section, it would be useful to include more information about how participants were selected. The patients were purposively selected which I understand means that they were selected based on some particular characteristic(s), a process which tends to lead to a non-representative sample. The authors should justify why they took this approach, explain which characteristics they sought in participants, and describe the method they used to identify and approach potential participants. The physician participants were selected by “deliberative selection” - I’m not clear what that means, the authors should explain and justify the process.

4. In the Results section, the authors write that “the final common themes from the categories included…” (line 198, p9). However the following list of themes matches the sub-headings in the guidelines for the focus groups (table 1), which
suggests that the participants were led to these themes by the prompting in the focus groups. This should be clarified and discussed.

5. At line 244, p11, the authors comment that “participating physicians...disagreed that the quality of care in the secondary or tertiary hospitals were better than their clinics”. However, this is contradicted by the subsequent illustrative quotes.

6. The participants’ comments presented under the “Continuity” theme are largely concerned with information sharing and contacting patients by text. These are important topics, but don't really fit the continuity heading, which suggests consideration about ongoing relationships between patients and doctor.

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

Quality of written English: Not suitable for publication unless extensively edited

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.