Reviewer's report

Title: Widening access to medicine may improve GP recruitment in deprived and rural communities.

Version: 2
Date: 1 May 2015

Reviewer: Chris van Weel

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This paper analyses GPs’ personal socio-economic background in relation to level of deprivation of their current practice, finding a clear positive relation. The study was based on a cross-sectional e-mail questionnaire, with a 41.5% response rate.

The relevance of the research question is clearly articulated and the study findings are presented and discussed while acknowledging the limitations of the study. In general, the findings have a strong ‘face validity’.

The manuscript triggers a couple of comments:

1. The title is a bit confusing. As I read it the authors refer to ‘medicine’ as in the study of medicine, but the relevance of their paper is in medical practice or health care. I suggest a clarification.

2. The literature reviewed in the introduction and discussion comes mainly from the US. However, the Scottish situation may resemble more the European, and in particular the EU situation. It would be interesting to include more information from other EU countries. At least for rural primary health care there is a well organised group in WONCA that may have reported on this in conference abstracts.

3. The mainly implicit assumption is that GPs with a lower socio-economic may be better placed to relate to lower socio-economic communities. It is a question whether this is really true, and how far this goes. Primary health care has to relate to a large variety of communities and individuals, all with their own characteristics. And it is questionable if recruitment of GPs from that exact background mix is the way for men-power planning. Recruitment of medical students with the social skills and intelligence to bridge culture, social divides etc, and the development of teaching strategies in the medical curriculum to build such skills, might be more effective approaches. In particular as GPs, once settled, practice for decades in the area and populations in Western Europe change rapidly. The discussion might at least address this aspect.

4. Registrars settle in majority, in the area of their training. Even in a ‘homogeneous’ country like the Netherlands, this is the case and this might be another approach to enhance general practice for deprived communities: the focus of ‘champion-GP-trainers’ in under-privileged communities, rotations of registrars through such practices. Again, this might be something to add to the discussion.
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 declare that I have no competing interests