Reviewer’s report

Title: Comparison of French training and non-training general practices: A cross-sectional study

Version: 0 Date: 22 Dec 2015

Reviewer: Kirsty Foster

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Comments to authors on manuscript MEED-15-00228-2

The authors aim to ascertain the 'representativeness' of a large number of general practices across a particular geographical area of France. They assert, backed by the literature, that this is a reasonable indicator of good quality general practice training for medical students in France. This is important in view of the need for increased specialty trained GPs but is of very local interest. They have analysed exiting data to give a snapshot of a number of characteristics of trainers compared with nontrainers and while this is a large undertaking I question its interest to a broad medical education audience.

The methods section indicates that the data (with the exception of training status) was all provided by Regional Health Care Insurance. 52 doctors were excluded from the study because they were not registered on the RCHI database and a further 648 because they had 'special clinical specialism'. In my experience it is common for well trained GPs to have special interests and training in addition to their specialist GP training and this improves quality of care available in the community. This may have affected the results and I would need to see more explanation of why the decision to exclude such a high number of potential participants.

Results are presented in the tables which are easier to look and reduce the need to repeat in the text. There is some explanation needed which could be in the text. In table 1 the phrase 'Set-up anteriority' is not usual in English. Does it mean "years in general practice"? In Table 2 the first
section is Age which is clear but I am not sure about how the 'By visits' list links. In addition the significance of 'exemption status' requires explanation.

In Table 3 - procedures suggest using Cervical (or Pap) smears rather than Vaginal smear - assuming this is cervical cancer screening. Also does 'plasters' refer to application of plaster casts? The mammograms figure presumably refers to percentage of women registered with the GP who have had a mammogram in the recommended time period.

The reference to using Pearson Chi squared test to 'qualitative' variables is a little misleading and needs reworded. What is meant is that the test was used to look at whether there were significant difference between categories of respondent e.g. male and female. The study does not have a qualitative element.

The authors identify significant limitations to the study including the lack of ability to assess quality of performance. They highlight that they did not explore the provision of holistic care at all and, since this is the keystone of quality general practice this is a major issue for a future study. I see no data supporting the statement "Regarding the doctor-patient relationship, a recent study in England stressed that GP training practices offer more patient-centred care than non-training practices, which is consistent with our findings."

The discussion section compares the findings with those of similar studies already published in other European countries and in Australia. The manuscript would be much improved by extrapolating some of these findings and exploring more - thus enhancing the literature rather than replicating studies already done. For example. Ref 9 indicates that more training practices have 5 or more GPs working together - was this data collected in France? More rural regional practices in Australia have more GPs and this may be a factor in motivation to teach and in providing quality supervision. These are the sorts of issues which would make an interesting discussion.

The conclusion in the paper is very general and needs to be much stronger. There are no clear recommendations about how the situation may be improved. One key issue from the data presented is the need to encourage more GPs to become involved in training and more research may well be needed. To move this literature forward the study needs to consider the complexity of issues involved in provision of a high standard of GP training - not least to consider the
patients view. For example if there is there data available from RHCI about complaints received
from patients about services - and those upheld - it might be an interesting comparison.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

No

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I recommend additional statistical review

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