

Author's response to reviews

Title: Workforce participation among international medical graduates in the National Health Service of England: a retrospective longitudinal study

Authors:

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Author's response to reviews: see over

Dear Mr. Shaw

Re: Workforce participation among international medical graduates in the National Health Service of England: a retrospective longitudinal study

We would like to express our gratitude to you and the reviewers for your comments on the above article, and to be given the opportunity to revise it for publication in Human Resources for Health. We have given consideration to each of the observations and suggestions raised, and details of how we have addressed them are outlined below.

Please do not hesitate to contact me if further information is required. We look forward to hearing from you in due course.

Yours sincerely,

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Reviewer: Christopher Ricketts

Major Compulsory Revisions.

Reviewer Comment:

Table 2 and Figure 2 need further consideration. The authors have made no mention of the fact that a doctor's age at entry into the workforce may be influenced by the pattern of medical training in each of the countries or areas under investigation. For example, US training is 4 years postgraduate which is different from the UK. How does this affect any observed age effects? Doctors from different training regimes will be limited in the age at which they could enter the workforce. Figure 2 may not be very effective when printed.

Author Response:

We believe that 'age at entry into the workforce' is more likely to be a function of the factors that affect a doctors' decision to leave their country of qualification 'post-training' rather than different patterns of medical training. We accept that this might affect the age at which a doctor could enter the UK workforce, but 'hypothesize' that economic and/ or political reasons are more likely to drive this. Consequently, extra text has been added to the 2nd paragraph of the Results (see p.7).

Figure 2: We have tried and tested various symbols and line-styles in place of colour, but they just don't work (unlike in Figure 1). In our opinion, this is the only effective way of presenting this data. A colour laser printer will produce a very good quality print which can easily be interpreted by the reader (I can verify this myself). If sufficiently interested, the reader could apply to me for the data upon which the graphic is based.

Discretionary Revisions.

Reviewer Comment:

The authors exclude any doctors currently in the workforce in 1991 because their date of entry was unknown. These data are therefore censored in a different way (end point may be known but start point isn't). Can the authors say anything about how comparable this group is?

Author Response:

Within the context of this article the key comparison is length of stay in the workforce. Although we do not say so directly, we do state (in the Discussion on p.10) that we are likely to have underestimated length of stay by excluding this group of doctors, i.e. their 'lengths of stay' are likely to be of a longer duration.

Reviewer: Dr Scott Greer

Reviewer Comment:

I do wonder about the "doctors per capita" in figure 5. That can't be right. It's not per capita.

Author Response:

The reviewer is correct - it's actually 'doctors per 1,000 population'. We have corrected this where appropriate.