

Author's response to reviews

Title: Ageing medical workforce - where will our medical educators come from?

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Author's response to reviews: see over



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28 September 2009

Dear Mario,

Re: Ageing Medical Workforce – where will our medical educators come from?

Thank you for your letter of 10 September 2009 providing reviewers comments on our paper. As requested, we have made the recommended revisions and have attached a summary of the changes we have made.

Best regards

Deborah Schofield

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Attachment 1: Response to reviewers comments

Reviewer 1: Dr Catherine Joyce

1. Page 2, para 3: Is the final sentence of the para meant to read "...43 per cent of the current (or 2000) general practitioner workforce..."

Correction made, para 3, page 2.

2. Page 3, para 1 Only 1 reference is given for the intergenerational reports - the 2002 report. No citation is provided for the 2007 report.

Additional reference added, para 1, page 3.

3. Page 5, para 1: It is not clear what the source is for the data on average age of practitioners.
Explanation added, para 2, page 5.

4. Table 1 is not required. All the information included in the table is already in the text.

Table 1 removed from manuscript.

5. How were "medical educators" defined?

Definition for medical educators added on page 9.

6. There is an assumption that medical practitioners move from being clinicians to being medical educators but what is the evidence that this occurs?

It has been clarified on page 11, para 1 that this assumption has not been made.

7. It is not clear what the phrase "assuming that there is no workforce exit" means in the final sentence of this para ("In twenty years time..."). (This is also used elsewhere in the paper.)

The method used for calculating these figures has been clarified and this assumption is no longer relevant, and so this text has been removed.

8. It is also not clear why this information on medical educators is placed first in the results section.

This paragraph has been altered and moved to the end of the results section, page 9.

9. Page 6, para 2: Why are these data presented here rather than in the following subsections? The subsection is called "Characteristics of medical educators".

These results have been revised (in accordance with comment 10) and moved to the section called 'Future medical education workforce', page 9.

10. I am perplexed by the claim that there will be 170 male GPs aged 45-49 in 2025. The size of this figure suggests that this relates only to those who were in the workforce in 2000, and does not take account of those entering the workforce after that point, but this is not made clear. If it does account for workforce entrants as well as exits, then the methods used for this are not explained sufficiently clearly. These comments apply equally to the other figures in this para.

These results have been revised to take into account workforce entrants, see page 9.

11. Page 6, para 3: It would be more descriptive if the subheading for this section referred to either the time period (1985-2005) and/or “number of practitioners”.

The headings have been revised, page 6.

12. Page 7, para 3: What is the basis for the p value reported? What type of analysis was undertaken?

An explanation of the type of analysis undertaken to obtain this result has been added to page 6, para 2.

13. Page 8, para 2: Prior to the presentation of the projections, I would have found it useful to see some information on the historical net attrition rates which form the basis of the projections.

This information has been added, see Tables 1 and 2.

14. Page 9, para 4: The information presented on “current age of health care professionals” is for medical professionals only, is not the most recent data available and repeats what was presented in the results section.

The reference to “current age of health care professionals” has been removed and the text amended, bottom of page 10.

15. Page 10, para 1: I am perplexed by the claim that the number of GPs and specialists in the 45-49 and 50-54 age groups will be less in twenty years time than now. How can you say what these numbers will be without projecting entrants as well as exits? See also comment (4) on Page 6, para 2 above.

These results have been revised to take into account workforce entrants, see page 9.

16. Discussion section: The Discussion section (including the Conclusion) is quite repetitive and does little more than re-state the findings. It needs to be strengthened to provide a better indication of the implications and the importance of the study’s findings (the “so what?” question).

Additional detail on how these findings fit with the work of others and government policy has added to the discussion.

17. The implications for providing medical education is certainly one issue, and this is mentioned, although I think further discussion is required to link the number of clinicians with the provision of medical education. Broader medical workforce policy implications could also be discussed.

The link between medical educators and clinicians has been further highlighted on page 10. Broader workforce policy implication has also been added to the discussion.

18. Discussion section: There is no discussion of the limitations of the study. What are the key assumptions made in the projections and what are these sensitive to? For example: How likely is it that the rates of retirement will remain steady in the future? What factors would be likely to impact on them?

Limitations have been added on page 12.

19. Title: The paper does not discuss leadership at all.

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The title has been revised.

20. Page 3, para 1: “Treasury” not “Treasurer”

This term has been changed, page 3.

21. Page 9, para 2: Typo: 50 percent (space needed).

Space has been added, page 10.

22. Page 9, para 3: The report on the GP workforce is 2005 not 2002.

This date has been corrected, page 10.

23. Page 9: The phrase “the results of this paper” is used twice on this page. I think this should either be “the results of this study” or “the results reported in this paper”

This phrase has been revised, page 9 and 10.

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Reviewer 2: Prof Niki Ellis

1. Provide additional explanation on how the net attrition and cumulative attrition were calculated. I don't really understand how the cohorts were formed. Are we looking at a period of time, ie two five year blocks (1995-2000 and then 2000-2005), and counting the number of doctors in each five-year age bracket, for each of those two periods of time? Or has a cohort been created in 1995 that we follow over 10 years (with extrapolation of the specialists in the second five years. I am sure demographers would understand this, but the readership is broader.

Further detail and explanation added in para 4, page 4.

2. Similarly more information is needed to understand how the attrition rate is calculated. For example I do not understand what Nti is. Is it some average of all people in the 45 year old group over five years? Is it the number of people in the 45 year old group remaining at the end of the five year period? The explanation of the method for projecting attrition rates is clear on the other hand.

Further detail has been provided in para 2, page 5 and in the formula for cumulative attrition on page 5.

3. Some terms need further explanation or definition. The term medical educators is introduced for the first time in results. How were medical educators defined and identified?

Definition for medical educators added on page 9.

4. The phrase 'no workforce exit' appears in results. I find this confusing in an article on attrition. 'Assuming that there is no workforce exit' as stated on page 6 is an example. It needs explanation.

The method used for calculating these figures has been corrected and this assumption is no longer relevant, and so this text has been removed.

5. Finally I would like to query the use of the term 'physician' to describe the generic medical workforce, ie GPs plus specialists. This is American terminology, not Australian. Suggest define, or better still use an alternative - doctors, medical practitioners.

This term has been replaced with 'general medical practitioners'.

6. Page 6, suggest change the heading 'The medical workforce in Australia' to 'Gender of the medical workforce in Australia'.

Headings changed, page 6.

7. Top of page 9 - The most striking feature of figure 1, discussed here, is the blip of specialist retirements in 2005 - 2010. This presented without comment, but I think needs some explanation.

Explanation of this blip has been added on page 8, para 3.

8. I think the discussion should do more to position these findings in context.

Additional detail on how these findings fit with the work of others and government policy has added to the discussion.

9. The article opens with reference to ageing of the pop more generally, so do we know how the medical workforce compares? Is it the same? Arguments have been constructed that the attrition in the health workforce is higher, ie people leave it earlier, because the working environments are of poor quality (from a human factors point of view) and so we should be focussing on retention to a much

greater extent than we do, ie compared to recruitment, so this is quite an important point.

Discussion of this has been added at the top of page 121.

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