

Reviewer's report

Title: International Medical Graduates in Family Medicine: An Examination of Professional Characteristics and Attitudes

Version: 1 **Date:** 22 March 2006

Reviewer: Shoou-Yih Daniel Lee

Reviewer's report:

General

The manuscript reports an analysis that uses secondary data collected in the Community Tracking Study to examine whether differences exist between IMG and USMG family physicians regarding their personal and professional characteristics as well as perceptions about medical practices. The comparison is comprehensive, including many factors that may have implications for the accessibility and quality of medical care. Several interesting differences are found between IMGs and USMGs in terms of age, professional experience and qualification, practice attributes (size, location, patient mix), satisfaction with medical career, and clinical practices. The authors do a rather good job discussing the potential implications of these differences for medical care delivery. Some of these differences also suggest interesting questions for future research.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Despite these strengths, the analysis is rather rudimentary and exploratory. It raises many possibilities but provides no answer to any specific research question or policy/practical concern. The only thing I learn after reading the manuscript is that IMGs and USMGs seem different; otherwise, I don't feel particularly informed. And because the analysis is only bivariate, it's unsure if the IMG-USMG differences are "real" (in a statistical sense) or are due to other factors. For example, results show that IMGs are less likely than USMGs to be board certified. Can the difference be explained by age, training opportunities, years of practice, employment setting, etc., such that once these variables are controlled for, the IMG-USMG difference in board certification becomes statistically nonsignificant?

The rationale for using the 1996-97 CTS data is weak, given the availability of more recent data (i.e., 1998-99 and 2000-01).

In constructing the dichotomous measures regarding physicians' perceptions about clinical care, the authors eliminate the neutral response (i.e., "neither agree nor disagree"). What does "eliminate" mean? Are physicians reporting neither agree nor disagree dropped from the analysis? Another option is to make the variable trichotomous in order to retain the neutral response, because it is also meaningful.

It's unclear how the response regarding career satisfaction is collapsed to create dissatisfied versus satisfied groups in the analysis. Is the neutral response also eliminated?

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

P. 7: In discussing physician revenue from treating Medicaid and Medicare patients, the authors state, "The greater involvement of IMG family physicians in these programs suggests both a great dependence on publicly financed programs and ..." It's unclear from the sentence who depends on publicly financed programs—physicians or their patients?

Discretionary Revisions (which the author can choose to ignore)

Not all the research cited in the manuscript is specifically about family physicians. So I assume you may be interested in taking a look at a study that my colleagues and I did regarding IMG and USMG medical practices (Lee SYD, Dow W, Wang V, VanGeest J. "Use of deceptive tactics in physician practices: Are there differences between U.S. and international medical graduates?" Health Policy 2004;67(3):17-24.).

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.