Reviewer's report

Title: Experience as a doctor in the developing world: does it benefit the clinical and organisational performance in general practice?

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Reviewer: stephen gillam

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Review: Experience as a doctor in the developing world; does it benefit the clinical and organisational performance in general practice?

1. The question posed by the authors is interesting, if loosely defined, and of importance for medical educationalists. The authors were seeking associations between the experience of working overseas and various clinical and organisational indicators in later practice.

2. However, there was little consideration of what that overseas experience consists in, what skills it is likely to generate and how those skills might benefit practice and which indicators will change as a result. I wasn’t clear quite what had guided their choice of items for the regression.

3. In considering the limited literature in this field, the authors make two salient observations. Firstly causality cannot be inferred from any observed associations. Secondly, qualitative studies exploring the benefits of this experience in more detail are needed. The idea of a prospective study is dismissed as “nonsensical because the choice of working in a developing country is likely to set you apart”. The possibility of selection bias is surely important in interpreting a study of this nature. Those drawn to work overseas may differ from their colleagues in all sorts of ways that indirectly affect their practice. (Presumably, for example, more “tropical doctors” belong to faith-based groups.) These temporary migrants “may be healthier” in other ways!

4. Am not a statistician but the multiple regression seemed straight-forward. Confidence intervals were provided. With so many indicators (26 of 51 ‘aspects’ or 385 indicators?), some significant associations were to be expected. None of these were particularly intuitive.

5. While it easy to say this in retrospect and in the light of negative findings, an interview based study would have provided more interesting findings. It might have served as the preliminary to a more focused quantitative study of this nature.

6. The use of data based on visits nine years ago is surely questionable. Following on from the above, there may be legitimate, validated measures of clinical and organisational quality that these routine data sets fail to capture.
7. The authors seem to be scrabbling rather to generate conclusions from equivocal findings. The conclusions were unconvincing. To attribute the choice for overseas experience to probable “differences in personality” begs questions about what differences and how they might affect practice, questions that this study doesn’t begin to address. The final conclusion that “experience in a developing country is probably as valuable for later performance in general practice as experience at home” appears to have little basis in the study findings or previous discussion.

In conclusion, I would not ordinarily recommend this paper for publication. There is a case for drawing attention to the negative findings of this study, possibly in a letter or short report.

**Level of interest:** An article of limited interest

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests.