Author's response to reviews

Title: Postgraduate career intentions of medical students and recent graduates in Malawi: a qualitative interview study

Authors:

Nicola Bailey (nicki.bailey83@gmail.com)
Kate L Mandeville (kate.mandeville@lshtm.ac.uk)
Tim Rhodes (tim.rhodes@lshtm.ac.uk)
Mwapatsa Mipando (mipando@medcol.mw)
Adamson S Muula (muula@medcol.mw)

Version: 2 Date: 29 July 2012

Author's response to reviews: see over
Postgraduate career intentions of medical students and recent graduates in Malawi: a qualitative interview study

RESPONSE TO REVIEWERS

Thank you to both reviewers for their very helpful comments. Their comments are addressed individually below.

Reviewer 1

Minor essential revisions

1. There are a couple of minor grammatical and formatting issues to consider:
   - I would separate points in a list by semi-colons (abstract / background, p2)
   - Misplaced apostrophe in government’s (p 15)
   - Practise as a verb, should have an S (e.g. p 16 x 2, p20)
   - Other abbreviations that could be added (p 26): CHAM, NGO, EHRP

We have made the above changes throughout the document.

Discretionary Revisions

2. A couple of points on methodology: data saturation was not mentioned, and neither was triangulation, which would be a useful approach in a study of this sort; I would be interested to know if the authors considered these areas.

We have addressed these comments under Methods (Study Participants) on page 9. This section now includes the following: “Two interns and four fourth year medical students were purposively selected on their background characteristics. They were then each asked to nominate one peer to be interviewed. As this was an exploratory piece of work, intended to generate hypotheses for future studies, it was felt that interviewing twelve participants would be adequate. If new themes were still emerging after twelve interviews, the researchers planned to continue up to sixteen interviewees or until recurring themes began to emerge. In addition, in order to triangulate the results, seven COM faculty members were also interviewed as key informants, including non-clinical lecturers and clinical staff who also practise at QECH”

3. Also I note the authors ‘hypothesised’ year 4 students had sufficient clinical exposure; I wonder if they were able to test this in any way?

Our hypothesis was informed by the experience of two of the authors (Dean and Deputy Dean of the Malawi College of Medicine), who oversee the medical curriculum and regularly assess the clinical competence and professionalism (as proxies for exposure) of medical students from all years.

We felt this hypothesis was borne out by the responses given by the 4th year students in their interviews. They had clearly constructed preferences regarding their postgraduate plans, yet there were fewer reservations over working conditions as we found in interviews with the qualified interns.

However, we take the reviewer’s point and have modified this paragraph on page 8 to read:
“Fourth year students rather than final year students were selected as it was hypothesised that they would have considerable clinical exposure by that stage of their medical education which would allow them to have constructed views on their career plans, yet still have different perspectives to interns. By the fourth year, medical students have completed their initial clinical attachments and are now rotating around specialties.”

4. A map of the country / region may be useful (e.g p 7)

A map of Malawi showing the main urban centres has now been added to the paper as Figure 1 and referenced on page 7.

Reviewer 2

1. The use of brackets around quotations is variable, and should be made consistent.

We have used brackets where a quotation has been inserted into the middle of a clause, and not used them where the quotation is the main subject of the clause.

2. The reference style needs to be checked, particularly for reference 6 and possibly 9 and 12, in which there appears to be repetition.

We have checked the references and updated reference 1 to the Global Health Observatory Database. Reference 6 is a report published by the consultant organisation Management Sciences for Health, which is why it is cited as both author and publishing organisation. This applies to references 9 and 12 as well. Otherwise, the references are in BioMed Central style.

3. Longer comment:

I was intrigued by the similarity of career choice issues as expressed by the students and graduates in Malawi and those of students in Melbourne, Australia, where I work(1). Despite the vastly different socio-cultural milieu, factors important to both groups are similar. This may reflect a similarity in medical career paths. It may also reflect a similarity in the nature of individuals who are selected into medical schools, perhaps throughout the world.

I am not familiar with health service delivery in Malawi, but suspect that it might have some similarities with Indonesia, whose system I do understand. While the paper does provide considerable information on the Malawi health system, I wonder if the etic-emic dilemma is at play, both at the developing nation/developed nation level and the medical culture level. I felt as if it were described from a western viewpoint and missed some of the essential ingredients of a developing country limiting the understanding of the impact of important career determinants identified in this study. It may also have missed some of the subtleties of medical career pathways.

Again, I can only draw from my experience in South East Asia and India, although I recently found similarities when I visited Nigeria. I offer the following in the hope that the authors might find it useful and relevant. I am not an expert in the Malawi Health System. In the places I mentioned, the vast bulk of primary health care is delivered by nurses, midwives and community health workers. This paper does mention this briefly, but as it is central to the understanding of one of the main conclusions of the paper… that Family Medicine should be recognised as a specialty, and that this would improve the retention of local graduates and their willingness to work in the District Hospitals.

If Malawi is similar to these other developing countries, Family Medicine is a fledgling specialty, vastly underrated by the public and specialists. General Practitioners are usually either recent graduates, doctors awaiting a place in a postgraduate program or who have not succeeded in gaining specialty training or specialists ‘moonlighting’ to bolster their income from public hospital specialist practice. As a result, general practice is not well regarded. Even if General Practice is rebranded as the Specialty of Family Medicine (as it nominally is in the West), it is still considered a poor cousin to the specialities both in remuneration and status. It is unlikely to appease the need for many of the graduates who see specialisation as the best way forward. In any case, Specialists in Family Medicine, tend to work from within the community often in Community Health Centres (Puskesmas in Indonesia) and less so in District Hospitals.
The District Hospitals are usually staffed predominantly with 'generalist' specialists. These, in the USA as well as in many developing countries, include general physicians (internal medicine), general surgeons, obstetricians and paediatricians, often supported by anaesthetists and family physicians. In Indonesia, recent graduates in these specialties, not interns, must spend time in rural district hospitals. The equipment at most district hospitals is sufficient to support this level of specialisation.

Most sub-specialists, (e.g., cardiac surgeons), become these after starting as a general specialist (general surgeon) and progressing through further training. Sub-specialists do require large population centres and major hospitals with advanced equipment to function. These, clearly, would not be appropriately placed in a District Hospital. Equally, a nation such as Malawi would only be able to support a limited number of these.

So, if this context is at all relevant (and it may not be), then the interpretation of the comments may be reviewed. If specialisation is the natural conclusion to medical training (as it would seem to be), and two years’ work in a District Hospital is a pre-requisite to gaining a scholarship for this training, it stands to reason that all graduates would aspire to work in a District hospital for some time. The alternative is to join the ranks of general practitioners.. It is clear that role models are an essential ingredient for developing self-efficacy(2). The return of specialists from overseas training is not likely to increase the uptake of places in District Hospitals as they are unlikely to work there, although it may well increase the retention of Malawian doctors, who may see their success as achievable for themselves.


We thank the reviewer for these comments, which were both interesting and enlightening. We were particularly interested in the reviewer’s reference to Bandura’s paper discussing the concept of collective efficacy and therefore the importance of role models, and have incorporated both references cited by the reviewer into the paper (page 24). We have also clarified that specialists returning from training are unlikely to take positions in district hospitals, but could prove to increase the retention of Malawian graduates by being present as role models (page 24).

We have also modified our discussion to reflect the reasonable conclusion that graduates undertake work at district level (and cut it short) as a necessary step in their careers in order to access highly valued specialty training (page 21). It increasingly appears that progression to specialty training may be a universal need of medical graduates, rather than dependent on the context, perhaps resulting from selective entry of high-achieving individuals and a more homogenous socialisation at medical schools than previously acknowledged.

Finally, we have acknowledged the fact that family medicine is unlikely to hold the same prestige as other specialties in the short to medium term (page 22).