Reviewer's report

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

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Reviewer: George Somers

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This paper provides a valuable insight into the factors influencing career choice by Malawian medical graduates. It is well written and based on what seems to be good research.

First, some editor notes, not for publication.
1. The use of brackets around quotations is variable, and should be made consistent.
2. The reference style needs to be checked, particularly for reference 6 and possibly 9 and 12, in which there appears to be repetition.

Comments:
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 understandable that the interns interviewed would see this as urgent, as a large number of medical students follows them.

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 Malawi doctors, who may see their success as achievable for themselves.

This is a valuable paper, and highlights the similarities among career concerns of medical graduates throughout the world. It also identifies lessons valuable for local policy makers in Malawi.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

'I declare that I have no competing interests'