Reviewer’s report

Title: Medical School Attrition In Ireland - Beyond the Statistics. A 10 Year Retrospective Study

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Reviewer: Janke Cohen-Schotanus

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Medical School Attrition – Beyond the Statistics. A 10 Year Retrospective Study.

This descriptive paper reports the attrition rates of one Irish medical school during a period of 10 years. Included were ten cohorts of medical students from one medical school. The authors stated that the aim of the study was to determine medical student attrition rate in Ireland and to study the ‘why and when’ of attrition. The results of the study show that attrition rates are low and that students drop out because of academic struggling, absenteeism, social isolation, depression and leave of absence.

This is a well written manuscript that addresses an important topic in medical education. However, my main concern is that the current paper appears to be a local (faculty) policy paper instead of an international article publishing new results. The authors do not make clear what this study does add to what is known already from international literature. The authors also did not explain clearly why their study should be of interest to an international group of readers. This feeling is strengthened by the practical suggestions at the end: they are mainly focused on the local situation.

Some more detailed questions and remarks:

1. The background section is too much focused on the local situation of the authors. The aims of the study, determine attrition rates and the ‘when and why’ of attrition, are also too much focused on the local situation. I suggest to frame the aims of the study in an international context and move the paragraphs “Medical Programmes at University College Cork, Ireland”, “Two-Year Rule” and “Student Welfare” to the method section.

2. The paragraph :” factors associated with Medical School Attrition” does indeed belong in the (theoretical) Background section. The background section will improve if the authors use the international literature to argue the relevance of their research questions and to make clear what their study does add to what is known already from other studies. Why should readers of other countries be interested in attrition rates of one Irish medical school?

3. I miss clear research questions at the end of the background section.

4. Method section. This section could be better structured: Context and participants, Instruments/variables, Procedure, Analysis.
5. The authors do not make clear why they look at so many variables of student files? Why did they not look at a selection of variables (based on international literature for example)?

6. It is not clear to me how the authors used exit interviews and staff interviews.

7. The process of identification of variables is not clearly described. How were the investigators instructed for the process?

8. What is meant with: “subsequent to this, and after literature review (BM), other variables were added”. Why was this done? Why did the authors include variables which were 'not usually documented' or 'likely to be underreported' (table 1)? This looks like major flaw in the research design.

9. Discussion. Also the discussion starts with a too local focus.

10. A limitation of the study relates to restricted statistical analysis because of lack of comparative data for the general medical student population. I agree with this observation, but I’m afraid that this a a major flaw of the study. Another important limitation of the study is that only one medical school was involved.

11. The implications for future policy and research are also focused on the local situation. Further, some of the suggestions, (for example peer mentoring and support and organization of alcohol-free and sporting events) go far beyond the outcomes of this study.

**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.

**Declaration of competing interests:**

I declare that I have no competing interests.