Author's response to reviews

Title: Undergraduate medical education in general practice/family medicine throughout Europe - a descriptive study

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Author's response to reviews: see over
Dear Editor,

We thank you for the useful revision of our paper, and hereby send you a revised version. Both reviewers suggested that we expand the Discussion section. We have done that – and thereby included six more references.

As the study did not collect data on human subjects, no approval from an ethics committee was needed. We have now stated this in the Methods section.

Below our responses to the reviewers’ comments are listed.

Oslo, Oct 6th 2013
Sincerely,
Mette Brekke

Reviewer 1 – authors’ responses

Reviewer’s report
Title: Mapping of undergraduate medical education in general practice/family medicine throughout Europe – a descriptive study
Version: 1 Date: 30 August 2013
Reviewer: Paula Vainiomäki Vainiomäki

Reviewer’s report:
1. Is the question posed by the authors well defined?
   Yes, well defined and important issue to describe

2. Are the methods appropriate and well described?
   Yes, appropriate and sufficiently well defined.
3. Are the data sound?
Yes

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes, response rate of 64 % is OK

5. Are the discussion and conclusions well balanced and adequately supported by the data?
Sufficiently

6. Are limitations of the work clearly stated?
Yes

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Yes

8. Do the title and abstract accurately convey what has been found?
Yes

9. Is the writing acceptable?
Some minor problems, maybe misprints University of Oulu should be written in a correct way (table 3)

Response: This has been corrected.

In Background second chapter 8th line is something wrong in the sentence:
Since students are greatly influenced by the cultures of the institutions in which they train, the negative...... Should probably be: in which they are trained
Response: This has been corrected.

Discretionary Revisions

This article has an important message: general practice/family medicine is the basis of sustainable medical services and should have a strong position in medical education.

Even though this is more a descriptive article, there still is room for the authors to consider, if the discussion part could have been broadened, as descriptive articles often get more scientific value of a deeper discussion part.

Response: You are right. We have broadened the Discussion section, and included six more references (nr 11 and 14-18).

One (even short) chapter about the possible impacts and consequences of the results could have been added. It is important for health care authorities to realize that there are medical schools where general practice has no or a very tiny position in the curriculum during basic medical education. In addition, there are countries who license graduates to work independently in primary care without any postgraduate training.

Response: We have included this in the Discussion section.

There is also an agreement of mutual recognition of qualifications inside the European Union; and therefore these issues should be generally known.

Another issue there probably should have been mentioned is that the amount of general practice in the curriculum does not guarantee the quality and outcome of the teaching, even though it is the basic requirement for these.
**Response:** We have now stated this in the Discussion section (first paragraph).

Try to put into the Discussion:

Important for health care authorities to be aware of this – also in light of EU requirements.

No universal request for postgraduate training

**Response:** Also reviewer 2 suggested that we broaden the discussion. We have now done that, and have included your points above, as well as those of Reviewer 2 – see the revised manuscript.

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

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**Reviewer 2 – authors’ responses**

**Reviewer’s report**

Title: Mapping of undergraduate medical education in general practice/family medicine throughout Europe - a descriptive study

Version: 1 Date: 25 August 2013

Reviewer: Paul Van Royen

**Reviewer’s report:**

**Major compulsory revisions**

1. the formulation of the research question and aims, the authors use the word ‘mapping’- but this means much more than just a survey on some closed yes/no
questions and some explorative questions about how many weeks and place in
the curriculum. Mapping in curriculum terms, means much more and goes into
the content of the curricula. This research already starts with the paradigm that
the curriculum is very discipline based and neglects other structural concepts of
medical curriculum, such as problem-based teaching and integrated curriculum
design. At least this weakness of the current survey should be discussed in the
limitations section.

Response: Thank you for this comment. None of the authors are native English speakers.
By using the word “mapping” for our aim of this study, we were not aware that it
comprised more meaning than simply assessing and describing something – even curricula.
We have therefore now omitted the word “mapping” (title/abstract/end of background section)
and use other, simpler words instead, which reflect our aim more correctly. Of course, we would
have liked to be able to really “map” the curricula, but this clearly would have been out of the
scope for this study.
You are also right that by labelling a curriculum to include or not include GP, we assume that the
curriculum is discipline based. We theoretically may have labelled some medical schools falsely
as not having GP training – even if their problem based or case based curriculum should include
something referring to GP. We have now included a brief discussion on this topic under
Limitations of the study – see first paragraph in the Discussion section.

2. To have a good mapping of the curricula, there is need for a systematic
analysis of learning objectives. In that way the word ‘mapping’ (also in the title) is
not well chosen and in my view not appropriate.

Response: We got your point, and have changed the title accordingly.

3. This is also reflected in the data presented. The data in the different tables are
very specified on the level of the different universities and medical schools,
whereas the level of detail for the survey is rather broad and of less granularity.
So a less detailed presentation of the data (not for each university but more on
country or region level) would be more appropriate to get this in balance.
**Response:** This is a difficult request. To present data in tables for each country or even for regions would have made the results more easy to grasp. The problem is that not all universities have responded from each country – as discussed under Limitations of the study: For example, we got data only from seven universities in Russia, while the number of medical schools in this country is more than 60. Similarly, for Turkey we have data from 29 universities out of more than 50, etc. Therefore, we cannot provide reliable “statistical” information from these countries (and even less so for some regions) and chose to provide the data from each university. This makes the results transparent, and as this is a purely web-based journal, space is not a limit. But, we have presented the main trends regarding the distribution of “less than optimal” curricula in the text – see third paragraph of the Results section.

4. Regarding the methods: all data were accepted as they arrived from the respondents- Was there any check afterwards? How were the respondents informed about how the information would be used for research/ an article?

**Response:** The incoming data from a particular country were checked by the Euract representative from that country. It varies, though, how well informed he/she is about BME education in the country, and he/she can not be expected to have detailed knowledge about the length of the curricula, especially not in the bigger countries.

The request to participate was sent by e-mail and included written information on the setting and purpose of the study.

5. It is not clear how reliable the received data are. For instance: did the question for rotations only include the core curriculum or also electives? This could give important differences in counting the weeks. The same for number of weeks versus number of days for GP/FM rotations?

**Response:** We did not ask about elective periods. Some respondents have added information on electives, which we have not included. We thus think that the data are reasonably reliable and that they include information on the curriculum available for all students.
6. In all tables there is clearly data presentation also about the moment of the rotations. However this element is not discussed, although this may influence specialty selection and the choice of students for GP/FM.

**Response:** You are right. We have now included this element into the Discussion section – see last paragraph.

7. Also the situation of the curricula should be discussed within the context of the differences in health care system (see Phameu project http://www.nivel.nl/en/dossier/Total-primary-care-strength) and educational context of the different European countries

**Response:** To broaden the discussion was also suggested by Reviewer 1. We have now expanded this section accordingly. We have included the Phameu project (even if the database has not been operable in the time span available for this revision...). The expanded Discussion section has led to six more references (number 11 and 14-18).

**Minor Essential revisions**

8. In the research question (final paragraph of the background section): please clarify what is meant by ‘clinical work outside hospitals’ – Did this include also rotations in other primary care settings than GP/FM practices.

**Response:** No, in fact it did not – the question in the questionnaire was explicitely about practice in a GP’s office. Our formulation in the Background section thus was imprecise, and it has been changed accordingly.

9. in tables 3 and 4 – what is the meaning of the question marks for the duration of the rotations? was there no answer or did the respondents not know?
Response: The question marks have been replaced by “no information” - we were not able to obtain reliable information regarding rotations in these cases.

10. The conclusion is formulated in a rather concise and purely negative way. It would be useful to state also that in the majority of all universities there is a clear GP/FM curriculum.

Response: You are right. We have now changed the conclusion accordingly. Besides, the main findings are discussed in a positive way (Discussion – second paragraph).

Level of interest: An article whose findings are important to those with closely related research interests

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