Reviewer's report:

Title: Medical residents' perceptions of their competencies and training needs in health care management: an international comparison

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Reviewer: Chris van Weel

This paper compares the perceived management competences of residents from four countries. It concludes that perceived competences depend on the actual training received and that simply defining requirements for competence levels is in itself insufficient.

The paper is well written, with aims well stated and a methodology applied that is suited to answer the research question. The low number of participants is an issue, and the authors pay attention to this in the discussion.

I have a number of questions, relating to the background of the study and the presentation and discussion of the findings. The results present the findings per country, and most of the discussion is spent in reviewing the findings again per country. This way, the paper looks a bit ‘four studies in one’. What I would like to see, as an uninitiated reader in these matters is, why the authors opted for an international comparison, and what they expected to learn from this study approach that could not be learned from a single-country study. This way, I feel the authors are doing a disservice to their own data.

Let me try to clarify what I mean and what I miss: the findings are analysed in detail within each national cluster, and perceived needs are related to residents’ characteristics (f.e. gender or duration of training) and to training programme characteristics (courses vs on the job learning, timing of courses and instructions etc). In each national cluster, there is heterogeneity, and perceived competences appear to be multi-factorial in their determination. This, in itself, is interesting although it may not surprise or be new knowledge.

The multi-national setting of the study allows to introduce an additional factor: the context of training and practice, as the four countries differ in their health care system, the role of residents and the training programmes. This would allow to review an interpretation of the findings in terms of generalisability: can findings from one national panel be translated to another country? Could findings from, for example, a Dutch study be used to improve, say, a Canadian programme? However, the structure of this paper does not make this possible. In the discussion contextual information only is presented occasionally.

I would suggest to restructure the paper, in presenting the findings as in the current country-specific format, but focus the discussion on the integrated interpretation: how common is the low level of perceived competence, and do resident and training programme correlate in a consistent way; and to what
extent is there common ground; how important are care and training context
factors determining the outcome? The recommendations could than add to that
what is already stated: to what extent can training development be directed by
the international study findings and where is ‘national’ or ‘local’ research
indispensable for this.

A second point to be considered is the specialty training of the residents. Some
specialties are more societal in their functioning, with more emphasis on
communication and interpersonal competences, than others. Compare general
practice and eye surgery. To what extent could this be a determinant, and to
what extent are differences between the four countries in fact ‘specialty’
differences?