Reviewer's report

Title: Global Health Opportunities within Pediatric Subspecialty Fellowship Training Programs: A Survey of the Virtual Landscape

Version: 1 Date: 5 April 2013

Reviewer: Brett Nelson

Reviewer's report:

I commend the authors on this work. There is clearly growing interest and participation in global health (GH) among pediatric physicians at all levels of training, and the authors report on the first-ever (to both my and the authors’ understandings) assessment of reported GH opportunities among select pediatric sub-specialties.

Using AMA-FRIEDA and program websites, the authors conducted a cross-sectional review of programs in 6 selected subspecialties for the years 2008 and 2011. They found a strong trend of increased GH opportunities reported across disciplines and a statistically significant increase within pediatric critical care per AMA-FRIEDA.

The study had a thoughtful approach, and the paper is well written. My only concern – although not a fatal concern – with the paper is in the inherent limitations of some of the source data (AMA-FRIEDA; discussed below).

Major Compulsory Revisions: None

Minor Essential Revisions:

1. In the first line of the Background, the annual under-five mortality rate should please be updated to the latest figure: 6.9 million.

2. With regard to Reference 5, the authors can update the year to the latest, 2012 AAMC Graduation Questionnaire; however, the percentage of 2012 graduates reporting participating in a GH elective is roughly the same as 2011.

3. Just to note, the authors describe in the Methods that they a priori limited their study to only 6 key pediatric sub-specialties, and I believe doing so is probably reasonable for the arguments provided. However, these 6 sub-specialties only capture 51% of programs.

4. When reporting the results from the AMA-FRIEDA database in the Results section, instead of simply stating, “The remaining programs had no information available regarding ‘international experience,’” I would recommend the authors specifically mention the percentages of programs with no information available each year. This no-response rate for this AMA-FRIEDA question will be just under 50%. The authors do correctly mention this study limitation in the Discussion section.
5. As noted above, please update Reference 5 to the 2012 questionnaire.

6. Please update Reference 12 (and the corresponding data in text, if necessary) to the 2011-2012 ACGME Data Resource Book.

7. Table 1: Many might argue the example that is provided to help define “Track” ("In addition to the standard curriculum ... additional training and experience in global health") would not necessarily be an adequate definition or example of a GH track. Typically, tracks are considered an established GH initiative that requires the completion of specific requirements and/or leads to a specific certificate. Therefore, I believe the example the authors use to meet the criteria of a “track” (which may just constitute a couple of arbitrary GH lectures and an abroad elective) would overestimate the number of actual global health tracks. Nevertheless, by appropriately supplying the readers with their example/definition, the authors do allow the reader to interpret this finding accordingly.

In summary, this article provides a useful, first-ever contribution to the literature on reported GH opportunities in select pediatric sub-specialties. The response rate of the original data source is limited but is noted as such. Nevertheless, the article is novel and relevant to the readership of BMC Medical Education.

**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.