Author's response to reviews

Title: Consultant Medical Trainers, Modernising Medical Careers (MMC) and the European Time Directive (EWTD): Tensions and Challenges in a Changing Medical Education Context.

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I would be grateful if you considered for publication the submitted article, entitled: `Consultant Medical Teachers, Modernising Medical Careers (MMC) and the European Time Directive (EWTD): Tensions and Challenges in a Changing Medical Education Context.¿`

The reviewers¿ comments have now been addressed and details are provided below.

First reviewer¿s comments:

1. Recent developments in postgraduate medical education including, The Tooke Report (2008) have been taken into consideration and discussed in the Introduction and the Background.
2. The fact the findings are not surprising adds to the validity of this study as it clearly reflects the views of those involved in postgraduate medical education. The findings confirm anecdotal evidence.
3. There was no bias with respect to the sample selection. Our sample was diverse as it included attendees of a short-training course as well as Consultants who did not attend the course and were recommended by the interviewees. This is explained in the recruitment section on pages 7-8.
4. Reference to PMETB is made in the Background and the Conclusions section.
5. Some quotations have been deleted and/or are now shorter. The paper is now shorter.

6. The main aim of this paper is to explore the implications of cultural changes, resulting from MMC and the ETWD as perceived and experienced by Consultant Trainers. Appropriate preparation and training of those involved in MMC is also discussed in light of cultural changes. This is mentioned in the last paragraph of the Background section on page 7.

7. The implications of EWTD are better defined in the Background and also supported by our study data (pp. 11-13).

Second reviewer’s report

General
1. The discussion has now been re-written taking into consideration the reviewers’ comments. The first two sentences: “Pedagogy still prevails in medicine” (previously page 26) have been deleted. I have also clarified that juniors received limited formal supervision and support in the past. Now they receive formal supervision but have lost the informal opportunities for learning due to the fragmentation of medical teams and the introduction of EWTD.

2. As above.

3. The excerpts chosen are now shorter and germaine to the points which follow.

Major compulsory revisions
1. The findings of this paper are discussed in light of recent developments in postgraduate medical education, including the Tooke report.

2. (Pages 10-11) This paper reports on the findings of a qualitative study. Qualitative studies do not test a hypothesis. They usually aim at exploring research respondents’ views and raising understanding about an issue/phenomenon. However, the research questions have been rephrased so that they can be clearer to quantitative researchers/readers.

3. (Pages 12-13) We have made alterations to the text at the foot of page 12. “Creating anxiety and raising suspicion” has been deleted. In addition to this we have made the excerpts shorter (pp. 12-13).

8. (Page 13) This paper reports on Consultant Trainers’ perceptions of medical trainees. Narrative research does not treat interviewees as “objective” or subjective judges, nor it aims to test if the interviewee’s views apply to the whole population. However, in this paper the views of Consultant Trainers are critically discussed within a changing medical education context and implications for policy are considered.

Minor Essential Revisions
1. (Page 2): Changed to “Loss of continuity of Care”.

2. (Page 8) See below.

3. (Page 8) The sentence “The response rate was low” in the research topic
has been deleted as it reflected anecdotal evidence. Non-responders were not asked about their reasons for not taking part in this study.

4. (Page 8) `1 Scot`

5. (Page 11) `Disease trajectory` has not been changed as it is a well known English phrase, commonly used by medical educationalists, researchers and lay people.

6. (Page 11) This excerpt has been deleted.

7. (Page 12) Changed to `resulted to`.

8. (Page 18) Changed to `gastrectomy`.

9. This excerpt has been deleted.

10. This excerpt has been deleted.

11. (Page 20) `Asynchronous presence` has been changed to limited Trainer-Trainee contact and `shared conceptualisation` to `shared understanding`.

No revisions were recommended by the third reviewer.

In addition the following amendments were made by the author:

Page 2 `Formal` was added before `supervision in the findings section. In the same paragraph `discourse` was changed to perceptions.

Pp. 2-4. The abstract and summary points have been revised to reflect the main points made in the analysis and discussion of this paper.

There is large potential significance for a research paper demonstrating evidence of lack of preparation resulting from recent medical and medical education changes. This paper is certainly timely. It adds on existing evidence of the implications of MMC and EWTD for the medical workforce. It merits publication in an international general medical journal; BMC Medical Education, which plays a major role in encouraging debate and opinion.

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