Reviewer’s report

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

Version: 1 Date: 22 November 2007

Reviewer: Trevor W Lambert

Reviewer’s report:

General

1. The argument in the discussion seems to me to be confused and confusing. Perhaps it’s because it includes phrases like ‘work-based learning paradigm’ which convey little to the reader. But on the one hand it is argued that in the past juniors ‘…received limited supervision and support…’ and on the other hand it is argued that the EWTD has made it more difficult to provide such support. I do not understand what the Discussion is trying to say. There is rather vague talk about new models of learning and a suggestion that in some sense the idea of training being about ‘the acquisition of skills and knowledge’ is out of date and it is regrettable that such a view ‘still prevails in medicine’.

2. To address these issues I think it is necessary to revise the discussion to convey the key points in a clearer way, and to establish where the authors are reporting what the consultants said, and where they are adding their own comments and interpretation.

3. Some of the excerpts are over-long and repetitive, and not immediately germane to the points which follow. One or two examples are given below.

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Major Compulsory Revisions

1. The paper is a victim of timing, in that the recently published Tooke Report recommends changes to MMC and in particular the return to a 1-year house officer training followed by a three-year broad-based training prior to higher specialist training. The results of the study should be discussed in this context in the Discussion and Tooke should be mentioned in the Background.

2. (Page10) What are referred to as ‘research questions’ at the head of Page 10 are not questions at all, but themes. Can they be recast as questions or hypotheses? As it is they appear, to this reader at least, to be obscure in purpose (particularly the first, which seems to amount to ‘consultants telling us what they think of medical education’).

8. (Page 13) The text at the foot of page 13 contends that there is anxiety and raised suspicion (whatever that is) resulting from the EWTD. However the
excerpts given are confusing at best and do not support these contentions.

9. (Page 14) The interviewees apparently ‘all’ say that current trainees are less confident and able to work independently than they were themselves. This sweeping generalisation seems unlikely. Also, they are hardly objective judges. Points which should be made in the narrative.

Minor Essential Revisions


2. (Page 7) ‘due to consultants’ heavy work load’ is missing the apostrophe.

3. (Page 7) How is it known that consultants did not participate due to heavy work load or lack of interest in the research topic? Is this speculation by the researchers, or were non-responders asked to give reasons?

4. (Page 7) ‘1 Scot’ not ‘1 Scott’

5. (Page 10) Can phrases like ‘the disease trajectory’ be revised? Write in English, please.

6. (Page 11) I cannot understand what the final sentence of the first excerpt means (the sentence starting ‘I think that this is a load of…’). As such I don’t think it a terribly good example.

7. (Page 12) poor English – ‘resulted to’ rather than ‘resulted in’.

8. (Page 22) ‘gastrectomy’, maybe?!


What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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

Quality of written English: Not suitable for publication unless extensively edited

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.