Author's response to reviews

Title: Retention rate of physicians in public health administration and their career path in Japan

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

We are pleased to submit our revised manuscript entitled “Retention rate of physicians in public health administration and their career paths in Japan”.

We have made the appropriate changes in the manuscript in accordance with the reviewers’ instructions and suggestions. Please find the revised document attached. We have also included our responses to each individual comment below, indicating our specific revisions.

We hope this revised version is satisfactory in making the appropriate clarifications according to your request for revision. We would be very pleased if it is accepted for publication in “BMC Health Service Research.”

Sincerely,
Soichi Koike
Reviewer: Richard Klaghofer

1. The question posed by the authors is well defined.
   Thank you very much for this comment.

2. The methods are not well described, particularly statistical tests and procedures are not described, used statistical software is not mentioned.
   I have added a mention of the statistical test in the Method section. We did chi-square analyses for the change of retention rate by years-of-experience categories and also the change in facility type distribution and specialty distribution in the 2004 and 2006 cohorts. We defined statistical significance as a p-value of <.01. We used SPSS 16.0 J for our statistical analyses. All of this information has been added to the Method section. Thank you very much for your advice.

3. The manuscript does not adhere to the relevant standards for reporting and data deposition. The method section is not structured in design, measures, sample and statistics. Result section: neither in the text nor in the Tables and figures, results of the statistical tests and their significance (p-values) is reported. Please report, which of the changes and differences are statistical significant! The legends (titles?) of the figures are definitely too long.
   Thank you very much for your advice. I have restructured the Method section in accordance with your suggestions. In the Method section, we have added subheadings for “Study design and settings”, “Measures”, “Samples,” and “Statistical analysis,” also included a description of the software we used. Along with these changes, I have also added the results of the chi-square analyses with their relevant p-values in the Results section. With regard to the figure legends, I have made shorter legends to help readers more easily interpret the figures.

4. The discussion tends to overflow and should be focused on the main results! On the other hand no limitations of the study are reported.
   I have focused more on a discussion derived directly from result of this study in the revised version of the manuscript. I have deleted some parts and moved others to other sections as appropriate. I have also added a section on the limitations of the study.

5. Title and abstract are ok.
   Thank you very much for this comment.
Reviewer: Martha Macleod

Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

1. Background: Although it is indeed the case that physicians who serve as public health specialists play significant roles, it is not self-evident what constitute these roles within the public health administrative agencies, or why the roles are particularly important. Clarification of this point and a slight expansion of the context of their work (i.e. what public health physicians actually do in the course of their work) would be important to have in the Background section. Without this clarification, it is not evident why hiring non-physicians as directors is problematic. Without this explication, some unanswered questions arise later in the manuscript ... E.g. if the roles played by public health physicians are primarily administrative, then what would keep clinically-minded physicians in the role, particularly early in their careers? Do the working conditions (e.g. workplace hours) of public health physicians contribute to their being more women in these roles? It might be helpful to address these latter two questions on pages 8-9 in the discussion.

Thank you very much for your suggestion. I have added a discussion of the roles of physicians in public health administration agencies and their expected competencies in the third paragraph of the Introduction, and also added a reference by Tachibana et al. Although we realize some of the questions you raised are very important, unfortunately we are unable to collect the appropriate data solely from the data of the survey conducted by the Ministry of Health, Labour and Welfare. For example, we are unable to verify why some changes occurred, whether the responding physicians worked full-time or part-time, or how much they were paid. Therefore, I have discusses these issues in the newly added Limitations section at the end of the Discussion.

2. Method: It is not clear why pediatric and obstetrics/gynecology specialists were selected for comparison. This would be helpful.

Thank you very much for pointing this out. The reason I chose obstetrics/gynecology and pediatric specialists for comparison is because the retention rate of these specialists is decreasing, and also because it has become an issue of heated debate in Japan. References 12 and 13 deal with this issue. To clarify this point, I have elaborated added a discussion of the issue in the Method section as well as in the Discussion section: in the third paragraph under the subsection “Current status of physicians in public health administration agencies,” I discuss how pediatrics and obstetrics/gynecology have attracted much public attention in Japan.

3. Discussion: On page 8, the first paragraph beginning, “In the United States....” is extraneous and it is unclear why these points are being made. The first four sentences
Could be deleted without losing substance. If they are retained, it is important that they be reframed in the context of the argument. The last two sentences in that paragraph, “In Japan, it seems necessary…”, would flow more logically if they were included in the discussion on page 9 about retaining and ensuring the quality of public health physicians.

Thank you very much for your advice. I have deleted the paragraph and moved the last two sentences to the “Retaining and ensuring quality section” subsection. In doing so, I found the flow of the argument to be much smoother. Thank you very much for your suggestion.

4. Discussion: On page 9, the “approaches” named are more like goals than approaches. How are the particular approaches being enacted?

I have changed “approaches” to “goals,” as you have suggested.

5. Discussion: Other questions arise here. For example, Do roles for public health physicians in administration need to be reviewed in order to make them more attractive to younger physicians?

Thank you very much. This is indeed one of the most important points of our study. A number of measures are suggested to make a career in public health more attractive. To clarify this point, I have expanded the last paragraph of the subsection “Retaining and ensuring the quality of public health physicians.”

Minor essential revision request

1. Background: There needs to be some clarification at the beginning of the manuscript re public health administration roles. Providing such a context is a necessary basis for the interpretation of findings for non-Japanese readers. Only a sentence or two are needed.

In the third paragraph, I have added some brief text to clarify public health administration roles.

2. Method: There is a typo in the 1994 numbers? Should it be 227,775?

Thank you very much for pointing this out. I have fixed the error. It should be 277,775. I have also revised the whole text to check all of the cited statistics.

3. Method: Clarification is needed on p. 4 in the last sentence of the paragraph that begins, “To assess the current status….” about whether the physicians reported namely, “physicians employed by government agencies” are the same as “physicians in public health administration agencies”. Do physicians employed in government agencies
include other physicians as well?

I have checked the consistency of the expressions and fixed any errors in designating the physicians described. By definition, in Japan those who are working in clinical medicine at national hospitals are technically categorized as physicians employed by the government; these were not included in the scope of this study. Those working at national hospitals not involved in the public administration were categorized as clinicians in the Survey; thus they are clearly excluded from the physician population we investigated.

4. Discussion: On page 7, last sentence that begins, “However, from the perspective…” should the sentence refer to “the quality of public health services rather than to the “quality of public health physicians”?

Thank you very much. I have changed the wording of that sentence.

5. Discussion: On page 9, it is not clear why the graduates working temporarily in public health administration would be “pushing down the retention rate”. Rewording of the sentence is needed.

Thank you very much. I have reworded this expression as “causes retention rate to be underestimated.”


Although this report is written in Japanese, I have added this document to the References. Thank you very much.