Reviewer's report

Title: The impact of economic factors on migration considerations among Icelandic specialist doctors: a cross-sectional study

Version: 2 Date: 12 September 2013

Reviewer: John Colin Harris Dewdney

Reviewer's report:

The impact of economic factors on migration considerations among Icelandic specialist doctors: a cross-sectional study

Review of an amended version of a paper received for review in July 2013

This paper has changed from a relatively straightforward report on an electronic questionnaire survey of emigration intentions of medical specialists in Iceland to something like a potted version of a thesis on specialist medical staffing in a national health service at a time of financial crisis.

I saw the original paper as a sort of follow-on from the author group's paper “Icelandic doctors’ job satisfaction in times of economic crisis and a comparison with Norwegian doctors”, assuming that the subsequent specialist paper was essentially a more detailed examination of a sub-set of data from a wider survey of doctors in Iceland and Norway. I assumed that that comparative paper would have contained sufficient descriptive material to outline the salient features of the health care systems in both countries. It would also include material relating to the nature of the economic crisis or crises to which it referred, and therefore the authors of the paper under review had not duplicated this descriptive explanatory material in the specialist doctor survey report, but simply cited the reference of their comparative paper which was to be forthcoming in the Scandinavian Journal of Primary Health Care.

Unfortunately the comparative paper did not become available and my assumptions have proved incorrect. So now we are looking at a more ambitious paper which attempts to provide background information on the economic crisis, the technical details of a survey and analysis of the findings, and an analysis of the policy implications of those findings. This has called for the input of much wider expertise than the original brief straightforward report – which was, in my opinion, more or less a “research note”.

What is of interest now?

As I said in my first review, the survey took place some time ago and what is now really of interest to “Iceland health system watchers” is the extent to which predictions based on the survey findings have been and are being realized; what, if anything, has been done to cope with problems, perhaps foreshadowed by the survey findings, that have occurred or are occurring; and what one can say about
On 7 October 2011 the Boston Consulting Group (BCG) published an online report “Health Care System reform and short term savings opportunities; Iceland Health Care project”. This project had been commissioned by Iceland’s Minister of Welfare. Among the report’s suggestions for reform were review of the “whole (private) specialist model” and of the primary care model in the capital area. Among comments on the then being formulated 2012 healthcare budget, the report noted that the budget savings target could equate to the laying off of 157 doctors. The report made no reference to migration of medical personnel.

The Iceland Review Online on 28 June 2011, under the headline “Foreign Physicians Recruited to Fill Empty Positions in Akureyri Hospital” reported “Icelandic healthcare clinics have begun to look for foreign physicians as Icelandic physicians are not returning to Iceland after completing their specialist education. Indian doctors have been hired by the hospital in Akureyri and more are expected to come.” The newspaper item notes that the importation of Indian doctors to Iceland is not new and that “fewer and fewer” Icelandic doctors were returning to Iceland”.

In July 2011, Iceland review Online reported the medical director of the Primary Healthcare of the Capital, Dr Ludvik Gunnarsson, as saying that the number of postgraduates expected to return from specialist training abroad had declined after recent cutbacks in the health care system. He is quoted as saying “We might lose a generation of physicians” and “an imminent collapse of the healthcare system is impending and it cannot survive further cuts”. The news item concluded with the statement “Gunnarsson has been asked to meet with representatives of the Ministry of Welfare to explain his position further. Gubjartur Hannesson, the Minister for Welfare, will not be present as he is currently on holiday”.

Iceland’s Ministry of Welfare on 16 April 2013 published a statement from the Minister of Welfare, Gubjartur Hannesson, which had appeared in Public Service Review: Europe – Issue 25. The Minister noted that “After four difficult years, Treasury finances are rapidly recovering and in 2013, for the first time, there are no cuts in healthcare expenditures, and appropriations have been slightly increased. Nevertheless, there are great challenges ahead that need to be made to ensure that Icelandic health care system retains its position among Europe’s best . . . “. The Minister’s statement made no reference to medical staffing.

These brief notes are obviously not a full account of the changing picture since 2008 – such an account would be of interest but beyond the scope of this paper.

What to do with the revised paper submitted for this review?

1. I do not recommend publication of the revised version of the paper as it stands.

2. I recommend that the authors’ be asked to consider the following suggestions for further revision:
(a) Excision of all the material commencing on page 14 with the words “Policy makers should take our findings seriously” and ending on page 14 with “the National Medical Association.” This material is in my opinion somewhat banal and adds nothing to the findings of the survey. If it is intended to relate to the “policy implications” of the survey findings, it doesn’t. The note in the authors’ response to Reviewer 1’s point regarding policy implications suggests to me that it would be better to avoid going beyond some brief statement along the lines that obviously the findings call for adequate continuing monitoring of the migration situation and call for timely consideration of appropriate strategies to cope with foreseeable problems on the part of the relevant authorities.

(b) Giving a separate paragraph to the particular concerns relating to younger specialists, and noting that the survey did not gather any information regarding opinions and intentions of Icelandic doctors actually undertaking postgraduate studies abroad at the time the survey was conducted.

(c) Giving a separate paragraph to specialists who have engaged in overseas employment during their holidays. I wonder why this predictor did not appear in the original Table 3. The sentence in the revised text on the working-holiday people doesn’t really address the question raised by Reviewer 1 regarding consideration of intention of long-term versus short migration does it? However, it seems probable that the questionnaire did not ask for information on this point. The authors’ response notes suggest banning working holidays for specialists – a very contentious suggestion! From my notes on what has happened since the GFC began it appears that the major real impact on the specialist workforce may have been non-return of trainees overseas – again it would be helpful to have some numerical data but this may be difficult to obtain. (Incidentally, the BCG report notes the constrained output of published information from the Iceland Ministry of Welfare – ‘Iceland health service watchers’ would welcome a reasonably detailed and timely Annual Report year-by-year from the Ministry.)

(d) Moving the paragraph beginning “Because of Iceland’s small population” (page 12) forward to Background. Because the English expression “quite a few” often really means “quite a lot of” – such are the vagaries of the English expression – some re-wording is desirable. The second paragraph in Background could open with “Despite its small population of 320,000, Iceland’s doctor density of relatively high (one per 272 citizens). However, having only a small population, Iceland has only a small number of specialists in each specialty and so is particularly vulnerable to emigration by specialists.” The statistics in the rest of the paragraph, if moved from pages 12 & 13 to Background, might probably appear to some journal readers in, say, parts of Africa to indicate a very generous availability of staff.

(e) Consideration of excising the rest of the paragraph referred to in (d) or perhaps, with some additional information to show a pre-GFC to 2010 comparison, moved to Background as further evidence of the effects of the economic crisis on the health system.

(f) Review possible typo in the References list entries 21 (Brain or brain?)
(g) Tidying up Table 1. To avoid confusion do not use the use word “doctors” anywhere in this table or its footnotes, use “specialists” throughout. The table entry “Total* 419” is better labelled as a sub-total of your total sample. In the specialty listing I suggest “. . . administration and other stated specialty” rather than “. . . administration, and other”.

(h) Consideration of Inclusion of some discussion of the literature relating to the value of a one-off “opinion and intention” type survey as an aid to decision makers.

(i) Consideration of inclusion of material relating to the developments noted in my notes above regarding events since 2010. An important point is that there is still not readily accessible information as to the actual numbers of specialists who have emigrated since 2008 nor of the scale of the reduction in return of post-graduate specialist trainees from overseas.

(j) Consideration of any other further modifications suggested by Reviewer 1.

(k) Change the Abstract to accommodate changes made in the main text.