Reviewer's report

Title: Swiss resident's speciality choices - impact of gender, personality traits, career motivation and life goals

Version: 1 Date: 22 July 2006

Reviewer: Olaf Gjerl?w Aasland

Reviewer's report:

General

This is an interesting study, based on a unique data set. However, I can see several areas where the information given is insufficient, or where substantial improvement could be made.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. The study is prospective in the sense that data on gender, personality traits, career motivation and life goals were collected in 2001 and used to predict the choice of specialty that 85% of the residents had made in 2005 (15% had not made their choices yet). Here I would like to know:
   a. What are the characteristics of the group who has not made their choice yet (using the same predictors)?
   b. How long does it take in Switzerland to complete specialty training?
   c. Are there data on possible future specialty choice in the surveys from 2000 and 2003, and if so, to what extent have the residents changed their opinion during the study period?
   d. How many of the doctors virtually change their specialty choice during the first years of residency?
   e. What is the distribution of specialties among active Swiss doctors, and to what extent is the study cohort making the same specialty choices as their older colleagues?
   f. To what extent may external factors like job opportunities, partnerâ€™s career etc. influence the choice of specialty?
   g. Why is primary care not an important choice by itself? (it is included in the Internal medicine category)
   h. What is the criterion for placing a specialty in the high technology category? (which to me seems quite heterogeneous)
   i. What are the excluded specialties? (Other) Are some of these typical male or female specialties?
   j. To what extent are the five included instruments (SOC, RCE, PAQ, CMQ and GOALS) measuring states as opposed to traits? (Some of the scores may have changed considerably over the study period)

2. There is a lack of an ideological backdrop in this study. The main theme is to what extent gender influences specialty choice, but the authors do not discuss what in their opinion is the optimal situation: That all specialties have equal gender distribution? That some specialties should be dominated by women and other by men? That the state regulates the specialties according to actual need? In this perspective the Conclusions becomes rather diffuse, and the main message of the study is really not clear.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

k. Table 4: Why is this extensive ANOVA-table without test statistics?

3. Most of the studies referenced in this paper are from other countries than Switzerland, and this should be mentioned. The cultural differences with regard to residency training and specialty choice are quite extensive.

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Discretionary Revisions (which the author can choose to ignore)
I am not sure whether the ANOVA/ANCOVA method used is the best, but I will leave this for a statistican to decide

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

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes

Declaration of competing interests:

I declare that I have no competing interests