Reviewer's report

Title: Identification of Recruitment and Retention Strategies for Rehabilitation Professionals in Ontario, Canada: Results from Expert Panels

Version: 5 Date: 9 September 2008

Reviewer: Tim Martineau

Reviewer's report:

General
Most of the changes requested in the first review have been partially or fully addressed. Some of those not fully addressed have been commented on in the Discretionary Revisions category. In re-reading this paper a few more suggestions have been also added to this category.

Major Compulsory Revisions

1. The major problem with this paper remains the lack of a clear conceptual framework for this study. Though there may be a few peculiarities to the rehabilitation sub-group of health professionals, there are many commonalities between recruitment and retention factors across the health professions and indeed across public service providers in general. There is sufficient literature to draw on for supporting a conceptual framework for this study. It is necessary to demonstrate how each of the themes contributes to reducing shortages of rehabilitation professionals through improved recruitment and retention, on order to justify the recommended strategies. It may be possible to extract these justifications from the Newfoundland study report if it based on sufficient theoretical foundations. Otherwise a broader review of the literature on recruitment and retention – which is plentiful – will be required.

ADDED-More literature provided, but no conceptual framework.

As well as justifying the choice of categories, as mentioned in the first review they need some brief explanation – in particular the use of the terms 'marketing' and 'skills mix' in the context of recruitment and retention.

ADDED-Not done.

Also the link between education and recruitment and retention needs to be explained.

ADDED- Not done.

No distinction has been made between strategies for improving recruitment (eg. Increase public awareness of rehabilitation careers) and those to improve retention (e.g. Ensure open and timely communication between employer and worker). There is some overlap but some strategies are appropriate for only one
of the two tasks. This should be mentioned in the limitations of the study or in the discussion.

ADDED- Some acknowledgement of this issue, but insufficiently addressed.

2. The full references for each of these strategies reviewed and listed in Tables 3 & 4 have not yet all been included in the list of references (e.g. Shoo et al., 2005; Human Capital Alliance, 2005).

ADDED- Done, but not in the main list of references.

The same numbering system as used in the main text would make it easier to link to the list of references.

ADDED- Done

Discretionary Revisions

1. In Background section:
   - "some authors have reported" is better than "some literature have (sic) cited …"

ADDED- Done

2. In Methods section:
   - "searches of non-empirical literature …" is more accurate

ADDED- Done

   - "importance" is a weak dimension as it does not link directly to the desire outcome i.e. more staff. "impact" would have been a better term. The study design cannot be changed, but it would be useful to comment on this in the discussion as guidance for readers who might wish to undertake a similar study.

   - state in the text that only a small number of strategies were re-worded and that reviewers had access to the original documents if they wanted.

ADDED- Done

3. In Results section:
   - The sentence beginning "following Round 1 .." would be clearer divided into two.

ADDED- Done

4. In Conclusion section:
   - My comment on the final sentence has not been clearly addressed. The additional sentence in the section on professional development (p20 in my copy) refers to "rehabilitation clinicians' perspective on recruitment and retention strategies", whereas the final sentence in the conclusion refers to "qualitative studies that can further investigate the specific barriers and challenges that limit the implementation of these workforce strategies". There is no reference to
rehabilitation clinicians' perspectives.
ADDED: Not adequately addressed.

5. Tables:
- "added by panel" has NOT been included in Table 3
ADDED: Done