Author's response to reviews

Title: Educational and labor markets of dentists in Mexico. Elements for its strategic planning.

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Author's response to reviews: see over
Dear Editorial Team Members:

Below please find the responses provided by the authors of the article “Dentist education and labor markets in Mexico. Elements for strategic planning” ID: 1186010658507640, to reviewer comments. Modifications to the manuscript have been highlighted in bold font.

The authors consider that addressing the reviewers’ comments and making adjustments in response to their suggestions have improved the paper’s content and structure. Therefore we would like to express our gratitude both to the reviewers and the journal’s editorial board.

Thank you for your consideration and we look forward to your final decision.

Sincerely,

Luz María González-Robledo

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1. Major Compulsory Revisions:

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<td>Case Description</td>
<td>5</td>
<td>Need to clarify the collection of qualitative information through interviews. First, there is a reference to the package of interview questions (ii) that is not found in the document or in the attachments. Second, it is not clear what is meant by ‘key informants.’ It is made clear from what sectors and institutions the informants came, but how large a sampling and how representative of these institutions were these informants is not clear. The results of these interviews are used often in the discussion so it should be important to show that the information gathered is reliable.</td>
<td>Additional details on qualitative data collection have been incorporated into the Case Description section as follows: Paragraph 5. ‘Key informant’ has been defined as: “...an individual that, given his/her labor background, experience and institutional position, could offer informed opinions about the topics under investigation. In the selection of these informants we attempted to identify individuals occupying top institutional positions...” Paragraphs 5-6. The text now describes the convenience sampling used to identify informants as well as selection criteria. This type of sampling does not seek external but rather internal validity of information. (For further clarification on this issue see Patton MQ. Qualitative evaluation and research methods 2nd ed. Newbury Park, CA: Sage Publications; 1990.) Likewise we specify that the ‘snowball sampling’ technique was used, resulting in a final sample of 43 informants. We have described their institutional affiliation, position at work, type of topic assessed (training, employment or regulation) and the types of questions asked. Paragraph 6. The topics assessed are described in the interviews for each of the key informant categories. This information is also presented in Table 3.</td>
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<td>Conclusions</td>
<td>6</td>
<td>This paragraph is important because it highlights some of the challenges that result from lack of strategic planning. However, several of these challenges are mentioned in the conclusion and are not discussed in the paper. For example, the paper would be stronger if it were to show some evidence of not only the unemployment/wastage of HRH in dentistry but also of the distribution of those that are employed. The distribution disparity will show that despite the unemployed/wastage there is much of the population who need dentist services and have no access. Also, this paragraph mentions other consequences of</td>
<td>Contributing evidence to support the conclusions has been incorporated into the Discussion and Evaluation section. This evidence is related to the argument concerning existing challenges due to the lack of strategic planning as well as the geographical distribution of those who are employed and the causes of educational and employment attrition. Paragraph 6. Information about the number of employed dentists by sector (public and private) was included. Information about geographical distribution (rural / urban) and about the type of labor market link (employer, salaried, self-</td>
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lack of strategic planning – such as desertions or adapting to health care trends. However, other than the literature that is available and referenced at the end, there is not much evidence to show desertions except a small mention of choices that women may make to leave the profession to be a homemaker. So, some of the conclusions are interesting but should be more relevant and impactful if these aspects are brought into evidence in the ‘discussion and evaluation’ section of the article.

Much like Paragraph 7, there are some conclusions or assumptions that are mentioned here that are not a result of the evidence or evaluation/discussion in the body of the article – such as improvement of the service provision and the geographic distribution of dentists. These topics need to be further discussed in the earlier sections because they are key to the findings of the paper. Here the paper presents the problem of the country’s – particularly the private universities – over-production of dentists. As a result, the there appear to me more dentists than the country needs, or at least more than the labor market can support, and so there is a surplus with unemployment and wastage. However the conclusion jumps from there to say that there is an access problem and a geographic distribution problem, without strategic planning. The reader needs to see this in the evidence of the evaluation section first. This point is very interesting and the ultimate point of the paper, but is not presented in the evidence. It should also be interesting to know as well what the oral health situation is of the population and how the improvement of that would be linked to better planning. It is said here, but no evidence is provided to support this assumption.

In paragraphs 4 and 7 of the Discussion and Evaluation section, information was added to emphasize that the problem is not the surplus of graduates per se, but the low demand from public and social security institutions that do not consider oral health a priority area of health care. Paragraph 7 also discusses the unequal geographical distribution given that more than 90% of dentists are located in urban areas.

Data referring to the demand for oral care was eliminated, as we were not able to identify reliable recent information to support the statement regarding the epidemiological relevance of oral health (the data presented had come from reports published over 10 years ago).

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<td>Introduction</td>
<td>1</td>
<td>The actual title of the document referenced is “The Toronto Call to Action 2006-2016: Towards a Decade of Human Resources for Health in the Americas”</td>
<td>This correction has been made in response to the reviewer’s recommendation in Paragraph 1 of the Introduction.</td>
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The constant mobility of workforce among health subsectors is not the problem. The problem is unmanaged migration of the personnel, when key health resources are lost from needed areas (such as from primary care to more advanced specialties) or losing HRH from public health sector to private sector or losing rural workers to city centers. This correction has been made in response to the reviewer’s recommendation in Paragraph 2 of the Introduction.

It should be interesting to discuss why the universities add dental schools, expand their number of seats, and demonstrate increased admissions to dental programs while over 37% of dentists are either unemployed, underemployed or wasted; and graduates have trouble finding work. Even though the universities are not producing the number of dentists within any planning alignment with the health authority objectives or health needs – it does seem that market demand itself would deter this increase in dentist production. This surplus is unusually large (37%). Perhaps this large amount of unemployment/underemployment/wastage is actually lower than other health professions – the conclusions says that this phenomenon is actually higher in dentistry – or larger than other professions overall? Could this be the reason that so many people go into dentistry? It may be interesting to address this element. Paragraph 4 has been modified to indicate that public universities enjoy autonomy by constitutional mandate, meaning that, in line with higher education regulations, they can create new schools without considering the number of students to be trained in each profession. In the same paragraph we have highlighted that universities respond to a social demand for higher education and not to the requisites defined by public and private health institutions. Additionally, given the low demand of dentists by health institutions, the rates of under- and unemployment are the highest of all health professions. For the vast majority of dentists in Mexico, the link between their profession and the labor market is made not through salaried institutional positions, but instead through the establishment of independent private practices providing care to clients who pay for services out-of-pocket.

There is no reference that shows that oral pathologies are in the top 10 causes of consultations over the last 10 years? That is not in sync with other countries so it should be interesting to know more about this in Mexico. The Mexican health care system responds poorly to oral health problems, therefore registration of oral pathologies and subsequently, its reflected share of the epidemiological burden is quite low. Since recent reliable data is unavailable from the current information system on oral care demand, this aspect has been eliminated from the article.

### 3. Discretionary Revisions

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<td>Introduction</td>
<td>2</td>
<td>Rather than 'scarce motivation' – it would be better said 'lack of motivation' or 'low morale.' This is one example of wording improvements - the document needs professional editing before publication.</td>
<td>A correction was made to Paragraph 2 as suggested by the reviewer. Furthermore, a professional editor has reviewed the entire article and made several language-related improvements.</td>
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<tr>
<td>Introduction</td>
<td>5</td>
<td>It will be useful to state the purpose of the paper</td>
<td>This paragraph has been added to the end of</td>
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(http://www.observe rh.org/fulltext/toronto cltoaction.pdf)
in a separate paragraph and to state it earlier. the Introduction.