Dear Editor

With enormous surprise we received your communication from June 18, including the comments of a new reviewer to the document “Dentist education and labor markets in Mexico. Elements for strategic planning”. In a recent mail received from you (February 2012) we were informed that the document was finally approved and ready for publication. We will appreciate an explanation regarding this confusion. Nonetheless we appreciate the comments provided by Dr. Bärnighausen which we found very positive. The new version of the article that is attached contains adjustments upon his comments. We would like to request a response from you regarding the ultimate status of the article as soon as possible.

Adjustments made upon observations provided by Dr. Till Bärnighausen:

MINOR ESSENTIAL COMMENTS

1. Mixed-methods approach

This study uses both qualitative interview and quantitative data to draw conclusions about the dentist labor market in Mexico – could the authors reflect on their conceptual approach to combining qualitative and quantitative data in this “mixed methods” approach in the Methods section.

Answer: In the method’s section, a paragraph explaining the benefits of the use of mixed methods for the understanding of complex phenomena and the way this approach was used to analyze our data, is now included.

2. Qualitative results

The authors briefly describe their qualitative coding approach All analytical categories were defined prior to data processing. Specifically, the write that the “coding classifications used for conceptual ordering of information collected during the interviews were: working conditions, hiring methods, unemployment, underemployment, income and benefits.” Based on this description, I would have expected subsections in the Results section on each of the themes covered in
the qualitative interviews. Would it be possible to expand the description of the results to clearly distinguish between these different themes?

In addition, given that qualitative data has been coded and interpreted, the rigor of the qualitative component of this study could be improved by backing up claims based on interpretation of interview responses with representative quotes from the interviews. Such an approach would probably also provide interesting nuances to some of the broader summary statements based on the qualitative reviews, such as “Interviewed employers perceive an excessive number of dentists in the country and assert that academic institutions train more resources than the country and health institutions require. This exacerbates job searching and placement of graduates in the labor market.”

Answer: The method’s section now clarifies that the results presented emerge initially from the analysis of quantitative data, and the role of qualitative data to support the interpretation of context variables. Furthermore, it was specified the way in which results are organized upon variables and categories under study. The list of variables was adjusted and the results of the study are presented following the order of these categories. Results are now separated in two broad sections “training” and “labor market”. Additionally, description and analysis were complemented by verbatim quotations taken from interviews according to the reviewer recommendations.

3. Paper sub-sections
The division of the paper into sections does not follow the convention in public health and medicine. The current “Discussion” section is really a “Results” section – in addition, the description of the qualitative results could be enhanced by providing more nuance and detail. The current “Conclusion” section is really a “Discussion” section. Please consider re-labeling these sections. The “Discussion” section could be enriched by adding thoughts on limitations of the current study and need for future research work.

Answer: We agree with the reviewer. Previous sections in the article were organized according to the format and guidelines established by the journal for this type of papers. However, in the new version we follow the recommendations of the reviewer. At the beginning of the discussion we included a paragraph describing the limitations of the study. We also pointed out throughout the discussion the needs for further research to advance in the understanding in the dentist’s labor markets in developing countries.

4. Implications for Health Policy
One of the strength of this article is that it brings to light several important problems in the dentist labor market in Mexico – problems that could be addressed with health policy reforms. The paper does feature an implications section, but this section is short and remains very general. Please consider rewriting the implications section to include concretely stated policy recommendations that summarize the actionable insights gained through this study.
Answer: Following the new logic of organization of the paper, the section “implications for health policy” is now renamed “conclusions” which include contents regarding policy implications. This section was expanded with new insights about the role of policy in moving towards a better understanding of educational and labor institutions to avoid negative and deleterious consequences for professionals and beneficiaries of health services.

Also, we move away from the notion of strategic planning to get into the broader notion of policy. Policy has a more comprehensive perspective and entails the need to design but also to implement activities following specific objectives. A further change based on this modification is the title of the article that now is: “Dentist education and labor market in Mexico. Elements for policy definition”.

Finally we consider that the comments and adjustments suggested allowed for important improvements in the current version. We appreciate the efforts of reviewers and editors. We hope that changes made to the document match the expectations of the editorial group and the document could be published as soon as possible.

Sincerely,

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