Reviewer’s report

Title: China rural health workforce project: research design and baseline description

Version: 2 Date: 28 September 2012

Reviewer: Vivian Lin

Reviewer’s report:

Major compulsory revisions

The stated purpose of the paper is to describe the research design and baseline characteristics from the China Rural Health Workforce Project. To do so adequately, the following revisions are necessary:

- Re-write the background, so to contextualise the paper from the perspective of the importance of rural health workforce in the Chinese health reforms rather than from the perspective of the HRH literature being focused on elsewhere in the world and China not getting enough attention. There is important historical background on the development of the rural health workforce in China, along with current health reform expectations, which points to why the issue is so important at this time of major systemic reform. The historical training and level of skills of barefoot doctors should be explained (especially as the use of Chinese medicine is covered in the baseline data in the paper). More recent changes to rural health workforce policy, including training and remuneration, should also be described. Worldwide imbalance in HRH is not particularly relevant for this particular paper, nor developments in specific countries such as India. (The comparative literature review might be useful in a later paper arising from this study).

- Provide much more detail about the methodology, as this should be one of the main foci for the paper and should give the reader a sense of the robustness of the study, as well as what new information will become available in the future as the data is analysed. How representative are these counties? How were these counties selected? What does it mean to randomly choose a county? Table 1 should not be compared against China over all but to rural counties in China. If these counties were representative of high, middle and low levels of development, than comparative data from these 3 levels of development in China should be provided. How was the cluster survey conducted? What was the sampling method? (The paper states that Yongchuan was sampled differently – why? What were the differences?). The paper refers to interviews and questionnaires, was it close-ended but with answers obtained verbally? What was the response rate in each county and is the profile of respondents in each county representative of that county? What were the issues canvassed in these various questionnaires? Were data item definitions comparable to national workforce statistics to enable comparisons? How was the questionnaire piloted? The discussion section refers to experiences during field work – what was the nature of the field work?
- Clarify the results section further. How does the education level of village doctors in these counties compare with national workforce statistics for rural doctors? How does the income compare? What if public health subsidy was added to the income, then what would be the average income? How does the mean age of village doctors compare with national workforce statistics for rural doctors?

- Strengthen the discussion section with more discussions about the education system for rural health workforce and rural health policy for HRH since there have been various policy developments over the last 10 years, often by different provinces. You should recognise the diversity of policy experiences in recent years, given provincial initiatives in implementing health reforms, and discuss the extent to which this study is suggestive of the overall experience in China.

- Expand the conclusion to draw out the policy value and implications of the study. For instance, you can discuss the value of a longitudinal study for policy development. You may also wish to include discussions about relevant international experiences which can be drawn upon to inform policy development in China, eg Thailand.

- A good edit by a native English speaker would be helpful. For instance, ‘trend’ should not be used when reporting cross-sectional data (ie in relation to practice of Chinese medicine). What does ‘formation process’ mean in relation to aging of village doctors. The last 3 pages of the discussion section need major re-work to make sense in English.

**Level of interest:** An article of importance in its field

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests