Reviewer's report

Title: Scaling up family medicine training in Gezira, Sudan; A 2 years' in-service master program using modern information and communication technology: an observational study

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Reviewer: Per Kallestrup

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This is the description and reporting of an effort to scale up Family Medicine Training in Gezira, Sudan through a 2 years in-service master programme incorporating various components as well as modern information and communication technology.

There is no doubt that this effort is extremely important in the quest to alleviate the huge lack of human resources for health in LMICs as well as countries affected by geographical challenges. As such this reporting is very welcome and very appropriate for this journal 'Human Resources for Health'.

There is therefore no reservation in the view of this reviewer that this paper is very welcome for publication as it demonstrates as well an impressive endeavor as an important and detailed description that may serve as an inspiration and potential model for other regions/countries with similar primary health care challenges.

Not only has the programme been successful in scaling up in a degree that is very seldom seen – 207 graduates – but doing this concurrently in widely distributed health centers – a total of 158 - of which 84 had never been served by a doctor before. Thus it is not only the scale up of training, but simultaneously a tremendous strengthening of these facilities. Well done and thank you to the authors and project leaders for showing this example.

Thus, I have only the following minor suggestions for revisions:

Minor Essential Revisions:
- Results, Enrollment of candidates – it is described that “the recruitment of doctors was followed by recruitment of other health care workers, like laboratory technicians and nurses” – does this mean that these were also given a Master degree of Family Medicine? Or what is meant by this? And if so, how many of the 207 – and what about their charge and responsibilities etc afterwards?
- Results, The students, 1. Paragraph – “Examples of self-assessed evaluations ….” – we need to know whether this evaluation was done prior to commencement of the programme (I think it is stated in another place that this is baseline situation, but it would serve well to mention this here as well as /or in the capture for the figure
Discretionary Revisions:
- Background, 2. Paragraph – “Vertical programs like HIV, malaria …” – HIV, malaria etc are not vertical programs, but diseases, that are often targets for vertical programs …. But it is very true, that vertical programs should be integrated – so it is just a matter of wording.
- Background, 3. Paragraph – “…started in 1960s …” – “… started in the 1960s …”
- Results, The training component – “… and service requirement.” – “… and service requirements.”
- Results, Structure of the program, 2. Paragraph – it is stated that the electronic medical records were used to assess the real practice of the candidates – this sounds like a clinical electronical portfolio was developed and utilized. This could be deliberated further, as this tool may be very helpful for others. Similarly it is described that the candidate’s social accountability, community mobilization and health promotion were also evaluated – this also deserves more description and examples.

**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

No competing interests.