Reviewer’s report

Title: Conceptualizing the Impacts of Dual Practice on the Retention of Public Sector Doctors - Evidence from South Africa

Version: 1 Date: 8 October 2014

Reviewer: Ligia Paina

Reviewer’s report:

Thank you for the opportunity to review this manuscript. It is an article that makes a significant contribution to an area that has been underexplored, to date: dual practice and its role in health workforce policy and management. This article sheds light about the context in South Africa. I think it is timely, well designed, and well written. I don’t have any major revisions to propose, but do highlight some minor ones that I would like the authors to consider.

- Major Compulsory Revisions: NONE

- Minor Essential Revisions

1. Overall
   a. The authors have rightly identified an area that is under-explored and they contribute to it through a case study of specialists in South Africa. To maintain coherence, it would be helpful if the authors ensured that, throughout the article and the discussion, it is clear that they examined retention in the context of specialists – and that the framework and related findings might be different for general practitioners and other types of health workers. In that vein, even the title should be more focused – as the authors examined dual practice for specialists – not all public sector doctors.

2. Methods
   a. The authors rightly mention that dual practice is complex and context-specific. It would be helpful to have one or two sentences in the methods (or in the discussions/limitations section) to reflect on whether the findings relate solely to the city in which they were studied, or if the setting was broadly representative of other urban areas in S. Africa. Also, the authors could explain whether there were any selection criteria that they used to select the study site and the field sites.

   b. The respondents and respondent types need to be explained with greater clarity. This section now mentions both “core” and key informant respondents. The former is better explained than the latter, but could use some re-writing to improve flow and cohesiveness. It would also be helpful to specify the criteria for selecting the latter, the types of topics discussed, and how the data from different respondents was combined.

   c. On page 9, you discuss repeat interviews – which is really an important
strength of your methods. It would be helpful to list whether some respondents refused to be interviewed again and why.

d. Related to point c, on page 9, the last two sentences are unclear – please re-write to be more specific about “others” and who you followed-up with for a second interview.

e. Finally, please list the various specialties that providers belonged to, unless you think that infringes confidentiality.

3. Findings

a. It would be interesting if you could reflect on differences among specialties – and whether there are characteristics of the various specialties that influence dual practice (e.g. later in the article – page 19 – the authors briefly mention that surgeons and anesthesiologists have a theatre roster times – a unique feature that could provide opportunities for greater accountability).

b. While I think the way you structured the findings is easy to understand, I seem to find some of the negative impacts to actually have a positive impact on retention (e.g. page 13, para after the first quote). In revisiting this section, it would be helpful if you reviewed the positive and negative impacts to ensure consistency/coherence. Also, linking back to your conceptual framework, perhaps you could find organizational and individual layers that you could tease out.

c. In the revised conceptual framework, it was interesting to see increased feedback – although this didn’t seem to feature in your written findings. Also, I was surprised that you no longer showed the organizational and policy context. I realize that you mention that Figure 2 is really looking at the individual layer, but I suggest adding the other layers back to this figure, so as to not imply that they are no longer important based on your interview findings.

4. Discussion

a. Good discussion. To enhance it, I suggest reflecting on the heterogeneity among providers and focusing your policy recommendations only to specialists. Perhaps it would be useful to add future research on other types of doctors.

- Discretionary Revisions

The authors can consider adding color/textures to the figures in order to help the reader better distinguish between the various concepts and dimension that they mention.

**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:**
I declare that I have no competing interests