Reviewer's report

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

Version: 2
Date: 11 December 2014

Reviewer: Giuliano Russo

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ORIGINAL POINT: Clarity of findings. It is unclear what conclusions the authors draw on DP’s effect on physicians’ retention. The statement from the abstract “...dual practice can impact both positively and negatively on retention in the public sector, through multiple conceptual channels including those previously identified in the literature...” is too ambiguous, and such an ambiguity seems to pervade the manuscript Results and Discussion. Unexpectedly, at the very end of the paper, it is stated that: “As such, it seems that the primary lesson from this case study is that it is questionable whether dual practice increases retention in the public sector.....”. To me the reported findings seem to suggest that DP’s supposed ability to retain physicians is somewhat overstated in the ZA case, and that at least for the people Interviewed, the hypothesis of DP as a stepping-stone towards private practice may be a better interpretation of the interviewees’ transitory state of operating both in public and in private. If this is the case, the authors should be more direct and providing enough evidence to put together a convincing case.

YOUR ANSWER: We would respectfully disagree with this point and note that it conflicts with the view of another reviewer that ‘The authors rightly mention that dual practice is complex and context-specific...’. In addition none of the other reviewers considered our findings ‘too ambiguous’.

MY REPLY: I DO NOT THINK YOU HAVE SATISFACTORILY RESPONDED TO THE POINT ABOVE.

ORIGINAL POINT: Issues with the study design. If you’re planning to show that DP does not necessarily work the way policy-makers in ZA think, probably you need to talk to all those physicians who decided not to engage in DP in the country, that is, non-specialists, racial minorities and female physicians; you may discover that DP is not accessible to everyone, or that it has undesirable features for some physicians. But if you limit yourself to talking to mostly white and male specialists, I am not surprised you will get the message that DP is good and helps retain physicians in the public? I understand qualititative findings do not need to be representative, but your choice of sample reduced the external validity of your work and forces you to further qualify your findings.

YOUR ANSWER: As noted in the methods section, and further expanded upon
from before, ‘Repeated, unsuccessful attempts were made to track down further black respondents including through snowballing (asking respondents if they know of other sought after respondents).’ A further note is also now made in the discussion section to highlight that this may have biased results even though we endeavoured to avoid it.

MY REPLY: I DO NOT THINK THIS ANSWERS SATISFACTORILY THE ISSUE RAISED. IF YOU FAILED TO CONTACT AND RECRUIT THE RELEVANT PEOPLE FOR YOUR INTERVIEWS, THIS MEANS YOU ENDED UP WITH A BIAISED SAMPLE.

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ORIGINAL POINT: You also lump together the views of those public specialists who practice private services within a public hospital (H1) and those who practice outside (P1). To my eyes, motivations across these two groups can be substantially different, and you should be able to tease them out (e.g. the hypothesis that DP reduces migration cost to the private can only be truly valid for H1 physicians). Rather than dual practice, many researchers prefer to talk about ‘multiple job-holding’ (Berman et al, 2004), and recent work on physicians’ DP in Africa shows that the traditional three-way distinction of public, private and dual practice doctors is a gross simplification (Russo, G, McPake B, et al. “Negotiating Markets for Health: An Exploration of Physicians’ Engagement in Dual Practice in Three African Capital Cities.” Health Policy and Planning, September 26, 2013. doi:10.1093/heapol/czt071). I think some of your quotes seem to support this idea –e.g., what the specialist in the quote at the end of pag.13 is really saying is that he dropped his job in the private not because he was working too much, but because he wanted to concentrate on his public clinical job AND on his academic career). This underscores the necessity to understand: (a) the multiple forms of dual practice that exist in your country; (b) how many hours physicians are willing to dedicate to any of them, and; (c) the terms of the trade-off between each of their professional activities.

YOUR ANSWER: It is recognized in the introduction and abstract that for the purposes of the paper the understanding of dual practice Used is a simplification of the many forms it can take; it is also noted that numerous other studies also do this (presumably also for practical purposes). However, the point about the difference between those practicing privately in the same building and off-site is now highlighted in the paper. As noted above, the paper limits its scope to issues of retention only and not absenteeism and time distribution issues. Absenteeism is an important issue but beyond the scope of this paper. It should be noted that another reviewer praised the paper for being ‘clear in its scope and not overly ambitious’.

MY REPLY: AGAIN, I DO NOT THINK THIS ANSWERS AT ALL MY ORIGINAL POINT.

Level of interest: An article whose findings are important to those with closely related research interests

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