Reviewer’s report

Title: International Medical Graduates in Family Medicine: An Examination of Professional Characteristics and Attitudes

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Reviewer: Stephen S. Mick

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This manuscript, focusing on family medicine, is another paper in the extremely long and rich literature on IMGs. Although, as the authors argue, its focus is on family medicine—which has not been as thoroughly studied as other specialties, most of its findings are very consistent and congruent with literally decades of studies of IMGs generally or of IMGs in certain specialties. It would have been good had the authors acknowledged the similarities and parallels of their results with those of many, many other researchers. As such, there is not much that is news in the manuscript other than it has the family medicine focus and has some interesting data on the CTS vignettes portion of the survey.

There are several more specific areas of concern that I have:

1. The greater proportion of IMGs in urban areas than USMGs. This has always been true if one uses as the denominator the total number of IMGs in the country or of a state. However, if one sorts physicians into smaller areas, e.g., counties, and uses the number of physicians in the county as the denominator (e.g., USMGs + IMGs) and then uses USMGs then IMGs separately as numerators, a very different picture emerges. Many, many counties across the United States have mildly to heavily disproportionate presences of IMGs in these smaller locations. [The Fink et al study cited by the authors focuses on Medically Underserved Areas (MUAs), which does not show IMG-USMG disproportions; but, MUAs are very specific federally designated locales and do not provide a broader and more inclusive assessment of regions and areas in need.] In short, one can have the finding that this present paper reveals AND the disproportionate presence of IMGs in rural or needy, or both, locales.

The authors cannot do anything in their data to perform the analysis that is suggested, but they should at least show a bit more refined understanding of the location question and temper their conclusions accordingly. I refer the authors to some of the work on this topic, even if it does not specifically identify family medicine physicians:


2. Location within urban places. Here again, the authors are glossing over an important subtlety. In
many cities, IMGs appear to be the majority providers in inner city or poor neighborhoods, although there are plenty of exceptions to this. The main point, however, is that urban location issues are more refined than the present ms. suggests. I suggest that the authors examine another paper by Mick to see what previous research has shown:


3. Age of data: Although nothing can be done about the age of the CTS data, I am uncertain how apt it is to be publishing information in the mid-2000s using mid-1990s data. On the other hand, so much of what the present ms. yields is consistent with much of the literature on IMGs generally that there is a sort of validation of their findings and a sense that probably this is what one would find if the data had just been collected. But, of course, we cannot say this with certainty. I have no suggestion about what to do here.

4. Board certification: The findings about board certification are also consistent with numerous other studies. The question is whether it matters in terms of medical outcomes. Again, the issue is a subtle one.

The last review of any outcome assessment is the paper cited below, and although board certification is not always a variable in studies assessed, the important overall point is that there is no consistent information that the quality of care provided by IMGs versus USMGs is different. Perhaps a more updated review might reveal hitherto unseen differences, but I do not think that work has been done. Hence, again, there is a subtlety here that the authors should acknowledge.


5. Cross-sectional study: Aside from the obvious point that causal statements cannot be made, what else is at issue here methodologically and why? The answer resides in the potential for selection effects, differential response patterns for IMGs vs. USMGs, and the inability to assess any possible maturation effects. A thorough assessment of the possibility of other methodological issues that might limit the meaning of the findings is required.

Summary: Whether this manuscript makes any new headway into the IMG issue is one that the editors will have to determine. Certainly it presents 10-year old data for a specialty that may not have been as deeply studied as others, but its findings are no different than literally hundreds of studies done since the early 1950s. There are also needed refinements of the data that are probably not possible, given that such analyses would require matching with other data, e.g., the Area Resource File.