The role of regulation in influencing income-generating activities amongst public sector doctors in Peru

Authors: Manuel Jumpa, Stephen Jan, Anne Mills.

The paper examines the opinion of doctors regarding the aspects that drive them to have dual practice and the need to regulate this type of practice in Peru.

This is an analysis of a highly relevant phenomenon in the participation of personnel in the production of health services. The conditions that characterize labour markets in developing countries clearly push doctors (and other workers) to share their time in two or more jobs in order to complete their income. Dual practice is common in developing countries but the specific way in which this is carried out depends on the structure of the health system and its capacity to define dual practice as something convenient or not, and to regulate it according to legal and political conditions.

My comments to the paper are:

a) It will be good to have at least a very general idea on how the Peruvian health system is structured. A table containing information about the sub-systems (public, social security and private), the population they cover and the availability of doctors per population could be very helpful.

b) Besides this general description, specific issues such as quasi-private clinics should be described on a footnote.

c) Results could be presented in a different way. The way is presented makes for the reader very difficult to follow. As it happens in qualitative type of research, opinions are highly subjective and sometimes contradictory between informants. Authors should provide a more structured and "interpreted" description of results.

d) In my opinion results could be condensed in one or two tables and description should be done more fluidly giving the voice to authors. Verbatim quotations should be used only to strengthen special issues that authors want to highlight.

e) Variations by type of primary employment (private, public and social security) should be stressed. In my opinion this would say more about the reasons why doctors decide to go dual practice than knowing their type of clinical speciality.

f) In countries with segmented health systems there are clear variations on job conditions. For example, within the public sector, social security institutions tend to grant higher salaries and better benefits to workers than public assistance institutions.

g) It would be important to know the capacity of private hospitals to hire doctors. It seems to me that, even though under decline, solo practice is the more prevalent type of participation in the private sector than being the employee of a private hospital. This is not clear throughout the article and it is important for the interpretation of the fact that doctors believe that younger doctors participate more in the private sector. In other countries, it happens exactly the opposite. Those that reach certain degree of qualification, experience, prestige, are those with more probabilities to combine public and private practice.

h) One issue that is not mentioned in the article is the difference between generalists and specialists. Unlike UK, in Latin America, primary care doctors tend to have much less prestige than specialists, to receive lowe salaries and to have less opportunities to participate in the labour market. Is it possible to address this issue in the interpretation of results?

i) Following the previous comment, the statement that "findings (of the paper) are consistent with those found in other settings" does not seem to sustain. I think that some of the findings are not consistent with previous reports. It would be good that authors quote some of the works that can confirm the statement.
j) The statement that because of macroeconomic conditions have pushed doctors to find secondary or tertiary jobs is difficult to sustain. In my opinion dual practice has always been there, particularly because doctors have always seen solo practice as the environment where they can practice with full autonomy. The nature of the phenomenon may be changing and the reasons why doctors do dual practice may be more varied. Therefore worsening economic situation can not be regarded the only factor (or even the main) behind dual practice.


General

-----------------------------------------------------------------------------------------------------------------
Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

-----------------------------------------------------------------------------------------------------------------
Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

-----------------------------------------------------------------------------------------------------------------
Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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