Author’s response to reviews

Title: Challenges in physician supply planning: the case study of Belgium

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Author’s response to reviews: see over
Dear Editors,

First of all, we would like to thank the reviewers for their in-depth reading of our manuscript entitled “Challenges in physician supply planning: the case study of Belgium”, and the relevant questions and comments they raised.

We are pleased to submit today a revised version of our paper for publication in Human Resources for Health. Please, find herewith a Revisions Note in which we indicate how we addressed each of the referee’s comments. Our answers are in italic font. Moreover, we highlighted (with ‘comments’ and highlighted text) all changes made when revising the manuscript. Since Dr Dominique Roberfroid considered that his contribution to this paper was insufficient to be co-author, he asked us to remove his name in the list of authors.

We are confident that in its current format our paper will trigger the interest of many readers of Human Resources for Health.

Best regards,

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Revisions Note

Referee #1:

As a “case study of Belgium”, this article seems to include too much information on other countries in the case description section. The methods section implies a systematic review of international literature on manpower planning, but the article is not. I recommend clarifying the study design and the method followed.

Since this paper derived from a larger report (Belgian study on medical manpower planning - KCE Report), we reported in the original version the whole search strategy used for the international benchmarking, that is not really adapted for this specific paper. So, the study design and the methods followed were reviewed according to the objectives of this paper.

2. The case description section is also overloaded with elements that would better be addressed in the discussion section. Each heading within the case description section looks a bit like a result-and-discussion section. This does not help in making it a clear article.

We fully agree with this evaluation. We would like to contrast each Belgian challenge with bordering countries’ experiences. However, we systematically reduced the explanations on the Belgian situation for the foreign situations. In this revised version, the Belgian Case study and the international issues were separated in distinct sections. The specific situation of Belgium was in-depth developed to tackle the complexity of the situation in our country and proper evaluations of each policy was added since new data were available in the meantime. The part on ‘Lessons learned from the international comparison’ was completely remodeled to emphasize effective/ineffective strategies adopted by bordering countries to tackle challenges they faced, often similar than those experienced in Belgium.

3. It seems as though the article is meant as a kind of summary of the KCE-report “Physician workforce supply in Belgium: current situation and challenges”. This report is an impressive piece of work, but the “summary” they made for this article is not very readable. It misses a lot of detail information that is necessary to really appreciate the complexity of the task of planning and monitoring the workforce. It would be better to focus on just a few elements, instead of describing and discussing everything that is included in this article.

In the original version, a lot of descriptions and explanations were omitted in the case study. This led to an incomplete picture of the Belgian complex situation and a difficulty to apprehend the issues to be considered in the planning of the healthcare workforce. In this revised version, we tried to better explain each challenge, the policies implemented to tackle each of them as the evaluation of the effectiveness of strategies adopted.
4. In the introduction it is stated that they will examine the hypothesis of inadequate or inadequately implemented policies instead of examining deficiencies in the forecasting tools. I think that would be a good idea. But a significant part of the article is concerned with data and modeling issues.

The original version of this paper gave a significant part to data and modeling issues. It was useless, since a first paper was already published with these specific issues (Roberfroid D, Léonard C, Stordeur S: Physician supply forecast: better than peering in a crystal ball? Hum Resour Health 2009, 7:10.). The extensive description of the Belgian forecasting model and its possible alternatives was replaced by references to this article, allowing this paper to better fit with its main objective, i.e. to examine the hypothesis of inadequate or inadequately implemented policies. The policies implemented in Belgium were more extensively described, as the evaluation of their effectiveness.

5. Perhaps the most intriguing question is: after having decided on a numerous clausus of 700 for the total intake in the training schemes for medical graduates with a specific distribution by general and specialist training and by region, what policies were developed to reach these targets and what were their effects? Phrased differently: what went wrong with the implementation process to reach the desired target? The article would profit from addressing this issue.

These questions represented the core of our revision process. We reconsidered the structure as the content of this paper, re-orienting it to obtain answer to these questions. The separation between the Belgian case study and the international benchmarking contributed to a better development of the Belgian situation, its difficulties and solutions that were envisaged. In the ‘discussion’ section a summary of all challenges and solutions adopted (successful or amended with ‘adverse consequences’) was added.

6. Finally, it does not follow from the results presented that “a global manpower picture” with “comparable manpower databases” from different countries and “integrating manpower planning” with service and financial planning is a prerequisite for an effective HRH planning. Although I believe that a comprehensive model is a kind of ideal to be strived for, manpower planning should also be done with the least parameters possible.

We simplified this section in the abstract, since this conclusion was written within the full KCE Report which was larger and encompassed a supply-induced demand analysis and an evaluation of different forecasting models. These two questions being not the focus of this paper, a conclusion that corresponds to the results reported here was needed.
Referee #2:

Overall, this is a good paper. The authors were able to describe the challenges but improvements can be made, especially to address the paper’s objectives: to identify the key challenges in HRH planning in Belgium and to formulate recommendations for an effective HRH planning.

*We thank the referee for this positive appreciation.*

More specifically, the focus of the paper moves quickly from HRH planning in Belgium to HRH policies in selected European countries. This is done through comparisons of country policies but some policies are only described for other countries than Belgium and no mention or comparison to Belgium is done (e.g. paragraphs 4 and 5 under Specialty Imbalances section and the fifth paragraph under Geographical distribution of medical practitioners section are about France; and paragraph ninth or last paragraph under Geographical distribution of medical practitioners section is about Germany and Austria).

*We fully agree with this important remark that was already formulated by the first referee. As we already said (Referee 1, questions 2 and 3), we systematically reduced the explanations on the Belgian situation for the foreign situations. In this revised version, the Belgian Case study was in-depth developed to tackle the complexity of the situation in our country and proper evaluations of each policy was added since new data were available in the meantime. The part on ‘Lessons learned from the international comparison’ was completely revised. For each challenge, the experience on foreign countries facing the same issue was reported as the strategies they adopted.*

Therefore, this paper could be about “Challenges in Physician Supply Planning in Selected European Countries” instead of focusing only on Belgium. In that case, it would be useful to add in the introduction section of this paper, the list of selected European countries to be included in this paper (e.g. France, Austria, Germany, The Netherlands). There is mention of other European countries all across the paper that it should be clear upfront.

*We preferred to maintain our initial intent, i.e. to develop the Belgian situation. The bordering countries considered in the international comparison were only four. The mention of other European countries concerned specifically these four ones. To avoid any ambiguity the mention other ‘selected’ European countries was added when needed.*

As mentioned above, the authors were able to describe the challenges but came short on the recommendations, especially in relation to the identified challenges. Given the described challenges, what would be the recommendations for Belgium and selected European countries? This area needs more work.

*We reconsidered the whole paper, re-orienting it to obtain adequate answers to the identified challenges. In the ‘discussion’ section a summary of all challenges and
solutions adopted (successful or amended with ‘adverse consequences’) was added. Moreover, some recommendations were added for Belgium and other European countries.

More specific comments and requests for clarification:

- The paper states that it is not assessing models; however the fourth paragraph under the “Right Number” section is solely dedicated to scenarios modeling.

We agree with this remark. The submitted paper gave a too large part to data and modeling issues. It was useless, since a first paper was already published with these specific issues (Roberfroid D, Léonard C, Stordeur S: Physician supply forecast: better than peering in a crystal ball? Hum Resour Health 2009, 7:10.). The extensive description of the Belgian forecasting model was replaced by references to this paper.

- At the end of the third paragraph under Specialty Imbalances, are the available positions in all specialties outweighing student numbers or only for general practitioners?

Yes. This statement concerns all specialties. This was added in the text.

- Under Geographical distribution of medical practitioners section, end of first paragraph: it is stated that the low numbers of physicians in rural area have more to do with retention than with recruitment – could this statement be verified? Are the medical practitioners being “easily” recruited and then leaving the rural area shortly after getting there? Or is it also hard to recruit them?

This sentence was rephrased since there are as many recruitment difficulties than retention difficulties in rural and underserved areas.

Overall suggestion: A table summarizing the various policies and their impact or key challenges associated with them would be very helpful.

We did not add a summarizing table since the separation between the Belgian case study and the international benchmarking, respecting the same sub-chapters, already helps the reader to make a parallel between Belgium and other countries.

Typos and repetitions:

- Fifth paragraph under International mobility of students and practitioners: repetition (“the Commission officially… against Austria and Belgium”)

- First paragraph under Dynamic approach: the statistics applied ARE methodologically bounded.

These typos and repetitions were corrected in the revised version.