Author's response to reviews

Title: Policy talk: Indepth semi-structured interviews with 84 Ghanaian doctors and medical directors on improving recruitment and retention of doctors in remote Ghana.

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To the Editors of HRH:

Many thanks for the very helpful review of our manuscript “Policy Talk: In-depth semi-structured interviews with 84 Ghanaian doctors and medical directors on improving recruitment and retention of doctors in remote Ghana.”

Below is a detailed response to the comments of the Reviewers, indicating where and how we have revised the manuscript in response to their suggestions.

**Reviewer 1 (Wondergem):**

R1 Comment 1: *It is not clear to me how doctors were NOT selected in facilities with more than six doctors because six doctors is the maximum per facility to be interviewed.* To clarify the selection process we have added the following sentence to the Methods section on page 4, para 6: **“In facilities with more than 6 doctors eligible for the study, the first 6 available for interviewed.”**

R1 Comment 2: *One minor issue is that most of the study concerns "pull-factors" with 'push-factors' mentioned but not systematically explored. For instance systems to punish doctors who not show up are limited. I wonder if there are more such 'push-factors' that came out of the study. Yes, both physicians and leaders placed greater emphasis on pull factors, and that shapes the results accordingly.*

R1 Comment 3: *Finally, The font used for the quotes is not always adhered too strictly. Thanks, we have corrected the format so that all quotes are now uniform.*

**Reviewer 2 (Dovlo):**

R2 Comment 1: *In general, the only thing I find missing is the absence of some data on why the people interviewed came to work in rural regions (for those from such regions). That I think would have enriched the discussion a lot. We fully agree, and new material has been added on this topic on page 11, paras 4-5.*

R2 Comment 2: *Secondly, perhaps a sense of what other rural workers (e.g., nurses, lab technicians and even teachers) thought about doctors retention in rural areas will have perhaps given us some hidden aspects that may not flow directly from the interviewees. In our parallel study of nurses they commented only on their own preferences for recruitment and retention (not those of doctors), and regrettably no interviews were carried out with lab technicians or teachers in these other sectors.***

R2 Comment 3: *I was rather interested in investigating a bit more the differences in responses between doctors currently resident in rural areas and those in Accra or Kumasi. A few snippets came out but not in a coherent and structured way.*
appreciate the suggestion, and have added the following new discussion on page 12, para 7 in the Results. “There were subtle differences in the articulation of incentive priorities between doctors residing in rural areas and those residing in urban areas. Where all doctors agreed on the importance of career development, recognition or rewards, mentorship and improved terms of contract, doctors residing in urban areas where more likely to emphasize financial incentives, clear terms of contract and career development. Doctors residing in rural areas were more likely to emphasize career development, clear terms of contract and rewards or recognition. These differences in relative ordering of priority may reflect differences underlying motivational values and ideologies for rural service between doctors residing in rural and urban areas.”

R2 Comment 4: Again, it was unclear to me how "leaders" (in regional capitals and Accra MOH) may differ in opinion from actual practicing doctors in rural areas. We agree, and we have added the following new text to the Results page 14, para 4. “The opinion of leaders and practicing doctors in rural areas did not differ remarkably. Both emphasized career development, clear terms of contract and the importance of rewards or recognition. However, Regional leaders often had a better appreciation of political levers and the range of feasible incentives, and they more readily debated the pros and cons of various policy options, such as requisite rural credits for specialization, or easier access to specialization or fellowships after a successful period of rural service. Leaders also advocated for compulsory rural rotations with punitive measures for defaulters, and emphasized the need for career opportunities that were integrated with rural services, in order to build clinical capacity through training.”

R2 Comment 5: Much was made of "moonlighting income" and some understanding of what quantitative part it played in incomes will give a helpful policy picture. We agree this would be valuable information, but we’re not aware of any comprehensive source for such estimations in Ghana. Securing those data would require a significant study unto itself, as locum varies between individuals, areas of specialization, professional reputation, and location. Qualitative policy data suggest that the rural salary top-up provided by the MOH (20-30% of base salary) was far below the income lost from urban moonlighting, suggesting high salaries from locum in some settings.

R2 Comment 6: I thought even though the UW Region lacked private hospitals, talking to private practitioners running private for profit clinics would have yielded some information. We did not include private facilities below the level of hospitals, and hence the inclusion of them in UW would have introduced irregularities in the sampling scheme.

R2 Comment 7: I was hoping to see a clearer description of what the MOH/GHS had already in terms of policy and how they had performed on this policy. (e.g., a few years back, rural allowances were tried, I believe a number of schemes - housing, cars etc do exist but what is wrong with them?) We agree this is important context; please
R2 Comment 8: I understand in many rural hospitals the Cuban medical brigade have been essential in keeping services going in addition to Ghanaian doctors. Has that had any impact on professional isolation? The interview guide did not include any specific questions regarding Cuban doctors, and no comments emerged on this topic. As included on page 7, para 5, doctors did indeed comment on the value of visiting foreign doctors, but there was no specification about land of origin.

R2 Comment 9: On page 6 - in addition to a number of other areas that the MOH should want to invest in investigating the point is made in paragraph 2 of doctors remaining in teaching hospitals passing the entry exams to PG training more successfully. I think these are things that can easily be formally confirmed and not remain suppositions. The focus of the study is on physician perceptions (of fairness in this case), not the actual grading.

R2 Comment 10: Clearly career management and tailoring systems to suit locations etc is a major issue. It will be good to perhaps know a bit more about what the level of authority is for Regional Directors of Health in some of these areas or whether it is a wholly centralized system. We have added the following point of clarification on page 13, para 2: “In-service training for doctors is run by Regional HR Managers in collaboration with facility directors”.

R2 Comment 11: Mentoring, coaching and technical support issues came up often. Is it completely absent? The MOH used to send key specialists for outreach services in recent past years - some discussion of this may enrich the discussion. The study focused on individual perceptions and expressed priorities, rather than a review of recent or current visiting programs. Note the new discussion of the current policy process on Page 16, paras 3-6.

R2 Comment 12: Internet connectivity - some remote districts (e.g., Juabeso-Bia) in the past have acquired internet access - how did they do it? Are there lessons from such existing examples of what could be done? We agree there are notable differences between regions and municipalities, but the private sector actors are crucial here, and we have no data on their policies.

R2 Comment 13: Continuing Education - some discussion with the Medical Council on what it offers and how may give a richer view of the situation in relation to this. On pages 8-9 we report doctor’s views on the accessibility of these courses offered by the Medical Council, as gleaned in the course of interviews.

R2 Comment 14: For me a major concern reading the paper is - what is there to hold the MOH/GHS accountable or encourage the senior officials to institute such incentives for rural work? Clearly the reforms have been unable to tackle this well identified problem for a long time and perhaps some questions as to why this is so would be good for the paper (since MOH staffers backed the study, they could
also be sources of information and data). What will encourage better marketing of rural medical work? Is there any thought to do this? There has been significant degree of follow-up to this study, and the complementary research conducted on discrete choice among medical students, but that follow-up is now in the realm of policy discussions and developments within the Ministry. Note discussion of the current policy process on Page 16, paras 3-6.

R2 Comment 15: Ghana has over the past decade revised salary policy and increased incomes significantly. Some discussion of this and why it fails to discriminate favorably towards rural practice will be a good context for the content of the paper. We agree; please see added text on this history, in paras 3 and 4, page 15.

R2 Comment 16: Finally it is good to indicate in some way what combination of financial and non-financial incentives will work. Sometimes the discussion may appear to suggest each incentive as mutually exclusive of each other when in fact they complement and augment the move to a threshold of being retained in an area. We agree, note the added discussion of the current policy process on Page 16, paras 3-6.

Please see the uploaded revised manuscript to accompany this cover note. We are pleased to acknowledge the many constructive comments and questions from the reviewers, and we are sure the manuscript has been considerably improved through their contributions.

Rachel Snow, on behalf of the co-authors