Reviewer's report

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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Reviewer: Delanyo Dovlo

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The paper is a well written qualitative analysis of interviews on retention in rural areas and provides, in an interesting template information on some of the policy needs required to address a common and nagging problem in many countries.

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. 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.

The methodology seemed adequate to me with sufficient cross checks, the sampling seemed adequate in terms of numbers being a qualitative approach.

o 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.

o 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.

o Much was made of "moonlighting income" and some understanding of what quantitative part it played in incomes will give a helpful policy picture.

o I thought even though the UW Region lacked private hospitals, talking to private practitioners running private for profit clinics would have yielded some information - might it be better for government to invest in hospitals for such entrepreneurs?

o 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?)

o 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?

o 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

- 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.

- 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.

- 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?

- 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.

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?

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.

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.

In conclusion, I think it is a useful contribution to the discussion on retention in rural areas and with minor revision should be accepted for publication.

**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.

**Declaration of competing interests:**

I do not hold any financial or non-financial competing interests but should make
the following disclosure. "I am a Ghanaian physician and a former Director of HR in the MOH (1995-1999) who also practiced medicine in rural Ghana in the 1980s.