Author's response to reviews

Title: Productivity in medical education research: an examination of countries of origin

Authors:

Asif Doja (adoja@cheo.on.ca)
Tanya Horsley (thorsley@royalcollege.ca)
Margaret Sampson (msampson@cheo.on.ca)

Version: 2 Date: 18 April 2014

Author's response to reviews: see over
Dear Editors of *BMC Medical Education*,

Attached is a re-submission of our paper entitled “Productivity in medical education research: an examination of countries of origin” (original MS: 7733046729250188). The suggested changes have been made in the submitted manuscript. The specific reviewer comments were addressed as follows:

**Reviewer 1**

1. The authors only reported the number of publication. The authors defended the decision not to use h-index as the quality measure. However, since the authors were interested in assessing and identifying the productivity and influence of researchers in the education field, they should provide the information, either using a total citation number or h-index per researchers. In this analysis, the authors do not have to limit themselves in the comparison of the country of origin. They could be able to identify the number of publications per researcher and then identify the h-index of these researchers, which can be done relatively easily. With these information, the readers can be benefitted to identify the most influential individuals in the field.

*The use of the h-index in medical education is an area of active research in our group. We have in fact recently submitted a paper dealing with this very subject. Because of this, we feel it would be a conflict of interest to include data regarding the h-index in this paper.*

**Reviewer 2**

1. Authors undertake bibliographic research methods – which is logical given the question – and ‘network analysis’ – which is of very limited use, as the authors indicate in the ‘limitations’ section.

In response to this comment, we have decreased the number of author network diagrams from 3 to 2.

2. The authors note that excluding ‘commentaries, opinions, etc’ is – possibly – not the best way of excluding data, given the topic. Perhaps – this is my assumption – much ‘tacit knowledge’ is contained there.

*In response to this concern, we have in fact included the non-evaluative studies (reviews, commentaries, etc) in our analysis. These results are summarized in Table 2.*

3. …given the data, there could easily be a graph produced on increasing numbers of publications over the years.

*This graph has been added as Figure 1 in the manuscript.*
4. Discussion and Conclusions: are, unfortunately, mostly speculative. After stating the ranking of research, and re-stating this after dividing it by medical schools – there is not much more to say. Yet, authors ask ‘critical questions’ and then speculate on the answers, without any base in the data collected. To my mind, this does not help the study and should be removed. Perhaps a one paragraph comment on ‘key research needed’ could list all points briefly. 

*This has been added to the discussion.*

Reviewer 3

Please note that the Reviewer 3 stated that their comments were discretionary/optional.

1. It would be useful to determine what a search of an alternative database such as Scopus would reveal and whether the numbers would be similar.

*While we recognize the value in validating our finding in an independent source, Scopus does not formally “index” records to the extent that would permit us to isolate a comparable group of records – we cannot isolate the “evaluative studies” in Scopus. As well, the scientific literature in Scopus is drawn from MEDLINE and Embase, with the indexing stripped out. Thus, it does not represent an independent source. We did search “Medical Education” in Web of Science. It also lacks formal indexing, but does at least represent an independent data source.*

*This term was present in 26,209 records.*

*We searched for material indexed as “Education, Medical” in PubMed (through the GoPubMed interface, and so examined only the most recent 100,000 records) and compared country rankings.*

*Table 3 summarizes these finding. The order was the same through the first 6 countries, adding some confidence to our findings. As well, we broadened the search to examine country productivity for all records indexed a “Education, Medical”. Again, the order through the first 6 countries remained unchanged.*

2. An additional aspect would be to examine the numbers of non-evaluative studies, as well as the geographical origins of these and whether the numbers would differ from the numbers in the current study.

*This has been done (Table 2).*

3. It may be useful to look at developing countries only in a separate subset…More extensive discussion on the phenomenon of Western medical schools driving medical education curriculum reform.

*A section in the discussion has been added, going into more detail regarding the discrepancies between medical education in the West and in the developing world.*
Sincerely,

Asif Doja (Corresponding Author)