Reviewer’s report

Title: Planning for self-sufficiency of the rural medical workforce in Australia: findings of ten years’ MABEL evidence

Version: 0 Date: 11 Sep 2018

Reviewer: Jacalyn Duffin

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This is an interesting summary of previously published work (some in HRHE) by the same authors. The information is derived from a fascinating ongoing survey of Australian physicians. It is written with new discussion of some policy implications mostly with respect to education. The summary is rather like an op-ed rather than providing new observations or evidence. The discussion of its inadequacies is correct as it admits to several problems inherent in the data, but it misses the point that researchers in other countries have made similar observations and recommendations with respect to medical education and ultimate choice to work in rural areas, so the context could be broadened to enhance relevance and readership.

At the outset the authors should introduce the reasons for why relying on OTDs is a problem. The "virtue" of national self-sufficiency stands in contrast to the twin "shames" of poaching on developing nations and (worse!) of hostility to immigrants in general and OTDs in particular; the plight of OTDs in Australia is reflected in the lack of support and poor reception described at the end of the paper (citing ref 47).

The attempt to explore the "history" of the situation is welcome - although the source of information about the temporal cohorts could be better explained. Since a historical timeline has been invoked (although perhaps it is irrelevant) many (older) non-Australians recall vividly the famous flying doctor program as an attempt to enhance rural access to care- when was it? and what happened to it? Was it too expensive? Too unstable? Was its demise a prompt for the MABEL survey? I see there are several historical articles about it in Medline and the matter could be dealt with in a sentence or two.

The enormous recent boost in medical school enrollment needs to be better explicated --- did it enhance or hinder the goal toward rural self-sufficiency? How much of it was within programs to include rural-origin students. I believe the answers are embedded in the paper, but perhaps they could be explained more explicitly.

I find it difficult to decide if the paper should be published or not - mostly because it has a lot of self-citation (references 25 to 47 inclusive) and the new "evidence" here is hard to find, notwithstanding the title. However, as someone who did not know about the MABEL project in advance, I think it is perhaps a useful summary.
Small things

p. 5 line 50 WHEN exactly was the initial invitation? 2008? Or?

p. 6 What proportion of the 20K total respondents are OTD? - and does it match their proportion in the total possible number of respondents?

p. 8 para beginning Figure 1 is convoluted and hard to follow. Rewrite? Make a table? - the "cohorts" by decade are also confusing. Are these based on surveys done at those times? Gov't statistics? or are they retrospective from MABEL? The statement that the "method" has previously been published (ref 25) is unhelpful and reinforces the (possibly erroneous?) impression that the paper is recycling previously published material.

p. 9 first paragraph last sentence, long and convoluted. Why state it backwards in time? i.e."in each preceding 5 or 10 year period, an incrementally smaller proportion" Confusing—say it forward in time.

Could the figure have an N for each category? -- also it would be good if somehow the response rate of all MDs could be indicated on Figure.

To broaden the context, discussion should include more reference to two sorts of things:

1. Work on other medical education strategies to enhance rural practice e.g., published work on Canada, Japan, Norway, US, India. In preparing this review, I was surprised to find several papers about such initiatives in Australia that were not cited in this present paper—The Australia papers were by U Orda et al., T Woolley et al., K. Mendis et al., and others. Why were they not cited? If there's something wrong with them, it should be explained.

2. Work on the experiences of OTDs (aka FMGs) from other countries - I am familiar only with Canada (but I am sure there would be others). See these items below simply for example---there may be more from other countries.


Wright D; Mullally S; Cordukes MC. "Worse than being married": the exodus of British doctors from the National Health Service to Canada, c. 1955-75. Journal of the History of Medicine & Allied Sciences. 65(4):546-75, 2010 Oct.

Laurence Monnais (Editor), David Wright (Editor). Doctors beyond Borders: The Transnational Migration of Physicians in the Twentieth Century - U Toronto Press 2016
Strasser R; Cheu H. Needs of the many: Northern Ontario School of Medicine students' experience of generalism and rural practice. Canadian Family Physician. 64(6):449-455, 2018 Jun.

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