Author’s response to reviews

Title: Experiences of Foreign Medical Graduates (FMGs), International Medical Graduates (IMG) and Overseas Trained Graduates (OTG) on entering developing or middle income countries like South Africa: A Scoping Review

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Author’s response to reviews:

Please refer to the document under personal cover labelled Reviewers corrections. It was uploaded in the attachment of files section. The reviewers comments are detailed there together with the author’s response in table format.

Reviewers Comments

Issue to address

How it was addressed

Reviewer 1

1. Is the question posed by the authors new and well defined?

The research question posed in this paper may not necessarily be new, but the author does offer a new perspective which could be more effectively introduced and emphasized throughout. The commentary and focus on SA is important, as a case example (as both a sending and receiving country).

Perhaps it would be best to frame the focus on SA more explicitly as an exemplar from the outset - the author seems to be looking at the literature for what is applicable to SA. One could, however, encourage the paper to be about more than the implications of the findings for SA but for LMIC more broadly, which as the author rightly argues, has been less of a focus in the literature.

SA is classified as an UMIC not an LMIC according to WHO latest reports.

http://www.who.int/healthinfo/global_burden_disease/definition_regions/en/
The word MIC was used to include LMIC and UMIC countries to broaden the base.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

The methods as described are adequate, but some important sections are encouraged. The databases used for the systematic search would be good to include.

I would not use the term 'results' on line 168 because it causes the reader to think this is the findings section. Actually, there is a bit of a mix of content that should be in the methods and some in the results.

In regards to the inclusion and exclusion criteria for the documents it is not clear why the literature on residency match was excluded - unless it is more clearly outline in the title, abstract and elsewhere that the focus in on the implications of the literature for SA and other LMIC without a residency match system.

It is unclear whether the literature that included nurses (or others) along with physicians was excluded - not sure that would necessarily be appropriate because that would unnecessarily exclude articles.

It is not clear why systematic reviews were excluded.

Details as to the data analysis strategy would aid in the assessment of rigour and replicability - as well as its ability to match the research objectives/questions.

The methods sections has been revised.

This has been included: Pubmed, medline

This has been revised.

It was decided that the experience of medical doctors specifically was the entry point of our research and hence other categories of HCW were excluded. If an article included doctors as well as nurses then we did include the article, however if it was nurses or other HCW only then it was excluded.
Primary data sources were reviewed. Reviews both systematic and scoping would be classified as secondary sources.

Details have now been included.

3. Are the data sound and well controlled?

This is difficult to assess without a more fulsome accounting of the details needed of the methods noted above.

This section has been revised.

3. Does the manuscript adhere to the relevant standards for reporting and data deposition?

The presentation of results/findings is quite thin when the content that is more appropriate for the methods section is extracted and moved. Because it is not clear in the methods how the data were analyzed, it is not clear how and what will be reported in the 'results' or findings section.

Some of the details in the discussion would be more appropriate for a results section (e.g., starting from section on Professional and Personal Barriers - which seems to be a key emergent theme from a qualitative analysis of the articles included for analysis - in fact, I would tease apart the professional from personal barriers (there is more on the former than the latter) - and consideration of key factors such as gender and country of origin discussed).

In some of the barriers/challenged presented, such as the underutilization of the skills of the IMGs, this is something all doctors (and nurses) report - see recent OECD report 2016 on skill mix and utilization.

This has been revised. Thematic analysis was performed and the details are included.

This was noted and corrected.

Small sample sizes and results that were presented in most papers meant that gender and country of origin and religion were not presented as key factors in a way that we could generalise.

Agreed.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

The discussion and conclusions are not quite what was expected. As noted above, the discussion had material more appropriate for a results section. In the discussion, this would have been a good place to bring the key findings of usefulness to a SA and LMIC context (with clarity that this is the focus in the introduction, abstract and title). The discussion needs to make clear how this analysis advances our knowledge beyond other reviews.
This was noted and corrected.

6. Do the title and abstract accurately convey what has been found?

Yes, the title and abstract are accurate. Given the specific concern with LMIC and SA in particular, perhaps this could be included in the title and abstract.

This has been done.

7. Is the writing acceptable?

Yes, the writing is by and large clear and concise.

I would suggest using one term, IMGs, but accounting for a search that includes the other terms. If the author disagrees, it would be good to justify the use of the term FMGs.

The reason why FMG was used is that FMG is a mesh term and hence was used instead of the more common IMG.

MeSH (Medical Subject Headings) is the National Library of Medicine's controlled vocabulary thesaurus, used for indexing articles for the MEDLINE®/PubMed® database. Each article citation is associated with a set of MeSH terms that describe the content of the citation.


MeSH Heading
Foreign Medical Graduates Add
Tree Number(s)
M01.526.407.435
M01.526.485.810.390
N02.360.810.390
Unique ID
D005550
Annotation
specify geog; DF: FOREIGN MED GRAD
Scope Note
Physicians who hold degrees from medical schools in countries other than the ones in which they practice.
Entry Version
FOREIGN MED GRAD
Abbreviation
Entry Term(s)
Foreign Medical Graduate Add
Foreign Medical Graduates Add
Graduate, Foreign Medical Add
Graduates, Foreign Medical Add
Medical Graduate, Foreign Add
Medical Graduates, Foreign Add
Pharm Action
Registry Number
CAS Type 1 Name
NLM Classification #
Previous Indexing
Physicians (1966-1967)
See Also
Consider Also
Public MeSH Note
70
Online Note
History Note
70(68)
Entry Combination
Heading Mapped to
Frequency
Note
Source
Indexing Information
Date Established
1970/01/01
Date of Entry
1999/01/01
Revision Date
2016/07/01

Major Compulsory Revisions

* The methods section requires a description of the analysis undertaken as described above.

* Related to this, a more thorough presentation of findings seems in order - moving content from the discussion. As a result, the discussion would need to be expanded to make clear what the specific implications are of what was found and how the analysis constitutes an advance of the literature.

This has been done.

* There are a number of important sources that have not been included in the literature review, perhaps they were considered:


* The author may wish to consider the following published in 2017 (the first especially in light of the focus on Canadians studying abroad - which was an issue raised of SA citizens studying abroad):


Review articles were not included as primary sources of data were only considered.

This article did not come through in the database search under the key headings. It has been included.

Articles specifically on refugees were excluded from this review as these are a special case of health workers who are working outside their home countries without their specifically choosing this career option.

This article did not come through in the database search under the key headings. It has been included.
Exclusion criteria in terms of dates was December 2016. The authors have reviewed these articles now and feel that they would uphold the exclusion.

Reviewer 2

Reviewer #2: The review article is a welcome contribution to the growing knowledge on issues surrounding the integration of migrant medical personnel in recipient countries. Though limited to English-source documents, it highlights the problems encountered by migrating health personnel and their recipient institutions. Several response strategies by authorities point to the needs for comprehensive linguistic and socio-cultural adjustment measures to be undertaken for a win-win situation to emerge for both migrating staff and their respective recipient countries.

Thank you.

A few minor editorial issues need to be addressed prior to publication (indicated by running line count):

Line 71: add a "/" between the words "and or".

All these corrections have been corrected in the manuscript.

Major revisions have been done and therefore line numbers are now mismatched.

Lines 80-82: The sentence starting with: "This deficiency ...." needs clarification. Currently, it is the term "deficiency" may be related both 60 doctors per 100,000 population in SA and 152 per 100,000 in developed countries.

Line 162: replace "excel" with "Table 1"

Line 194: the term "lead" should probably read "led".

Line 205: reduce the space between "1, 5"

Line 220: "remove the word "which" after "...patient care,"

Line 236: add a comma after "however"

Line 237: "FMGS" to read "FMGs"

All these corrections have been corrected in the manuscript.

Major revisions have been done and therefore line numbers are now mismatched

Line 283: reduce space after the word
"work"

Line 300: correct spelling of the word "facilitates"

Line 301: add "in Australia" after "2005"

Line 319: "HIC" to read "HICs"

Line 322: start a new line after "Limitations of the study"

Line 327: add a comma after "For example"

Line 342: check punctuation after "however"

For all references: please adjust punctuation after author first name abbreviation(s) to the one employed in Table 1, check for correct upper and lower case uses, e.g. line 372