Reviewer's report

Title: "Doctors ready to be posted are jobless on the street..." the deployment process and shortage of doctors in Tanzania

Version: 1 Date: 08 Oct 2018

Reviewer: Sunanda Ray

Reviewer's report:

Thank you for asking me to review the rewrite of this submission.

General comments: Although the revisions have improved the paper somewhat, I feel most of my queries were left unanswered. The paper should stand alone as a publication, and the reader should not have to refer to other papers by the same authors to understand the subject matter of this manuscript. For clarity, previous papers from the same project that have relevant points should be briefly summarised and referenced appropriately. In rewriting, the authors need to focus on what new knowledge or insights they are presenting since most of what they have presented has been published elsewhere, as demonstrated in their literature review.

Specific comments:

1. Abstract: line 52, this line is not clear. The term career pathways could be used instead of plans, improved working relationships and team-building.... rural attachments for medical students....

2. Line 97: The AMOs were trained at an advanced diploma.....

3. Lines 103-122 could be more succinctly summarised, including only key points relevant to the objectives of this manuscript, rather than a description of the history of policy changes.

4. Use of abbreviations: An abbreviation should be accompanied by full text the first time it is used. Thereafter the abbreviation should be used, or omitted. For example MUHAS and KCMUco are used in lines 178-9 but thereafter the full terms are still being used - eg line 192-3, 196, 229 etc. SIDA is the correct abbreviation for Swedish International Development Cooperation Agency. The term MD is used throughout the manuscript. The first time it is used it needs to be spelled out. If it is the abbreviation for medical doctor then it used be used next to the full text in line 97. The term MD is not used uniformly in all African countries and has different meanings. In some contexts it may mean Doctor of
Medicine similar to a PhD, in others it may be like a first qualification for doctors similar to MBBS or MBChB. After AMO has been spelled out, it should be used in the abbreviated form consistently (see line 339, 361) or not at all.

5. Aims of the paper: lines 168-9, I suggest, "this study aims to explore the experiences and perceptions of a sample of doctors working in Tanzania's health sector, in relation to the deployment process following internship".

6. Lines 204-212: "We stopped data collection after the 20th interview after information saturation" is repeated at the beginning and end of this paragraph.

7. Lines 326-34. Comment 14: I repeat the comment I made earlier that the case of the psychiatrist in a consultant hospital cannot be compared to placement of doctors in rural areas, so the argument should be rephrased or omitted.

8. Line 360: in some districts even the District Medical Officer does not have a degree - this has not been explained. Is the DMO an AMO with management responsibilities? In many African countries, the DMO is a doctor. Further confusion with lines 378-382.

9. The Discussion should follow strictly from the results. Again the term analyse (line 385) is incorrect in use here, explore is more appropriate, as in the nature of qualitative research. If the authors are attached to the "lost in transition syndrome (how does that abbreviate to LOTA?), this should be in the introduction. The way it links to the three main themes in the results is ambiguous. The case for the missing doctors does not emerge from the research but from the authors' previous publications. The connection with the pool of available doctors is also unclear. The results should not be repeated in the discussion, which makes it long and rambling. The discussion should synthesize the key points and lead to recommendations based on the three key themes.

10. Line 428: again the lost in transition. The usefulness of this point is not obvious. Are these doctors on the medical register and can be located from the register? If they give up medical practice then they may be lost, but I do not believe that is the point being made here.

11. Lines 484-488: this section referring to Turkman's stages does not add to the paper and should be omitted. The authors have not suggested the relevance of this to their argument.
12. The heading Conclusion should be renamed Conclusion and recommendations. The authors should suggest whose responsibility it is to carry out these proposed activities, for example who should develop team-building in workplaces? How do the authors suggest territorialism between AMOs and MDs can be reduced? Are there job descriptions for each? What about supervision and mentorship? The rural attachment for medical students - this would be a training institution initiative? Is this not happening at present? I suggest this is a more medium plan strategy than long term. The Ministry of Health - does it have a workforce development plan? Line 548: consider other health cadres…..

13. REFERENCES: All the references need to be reviewed with careful attention to detail. Some are incomplete, for example references 39 and 49. The authors need to be stated in full (a common problem with reference managers). For example several documents are government ones. The authors are stated as URT instead of the United Republic of Tanzania. Lehmann et al are referred to in the text as Uta which I believe is her first name. The World Bank is referred to in the text but does not appear in the reference. The WHO is referred to in the text when it was not the author of the article, which appeared in the Bulletin of the WHO which is not the same thing.

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