Author’s response to reviews

Title: The relationship between gender, parenthood and practice intentions among Family Medicine residents: Cross-sectional analysis of national Canadian survey data

Authors:

M. Ruth Lavergne (ruth_lavergne@sfu.ca)
Andrea Patterson (a.gonzalez@alumni.ubc.ca)
Megan Ahuja (megan.ahuja@ubc.ca)
Lindsay Hedden (lindsay_hedden@sfu.ca)
Rita McCracken (rita.mccracken@ubc.ca)

Version: 1 Date: 24 Apr 2019

Author’s response to reviews:

The relationship between gender, parenthood and practice intentions among Family Medicine residents: Cross-sectional analysis of national Canadian survey data

Response to reviewer comments

Thank you for your helpful and constructive comments. Below we provide responses to each comment and note where corresponding changes to the manuscript were made.

Reviewer reports:

Reviewer #1: This is large scale descriptive study that provides insights into the practice patters among FM residents. The way in which the study was conducted appears quite strong and detailed, and despite the limitations of cross-sectional data, the author ground has produced interesting findings.

A few points to consider would be the following minor points from my perspective:

1. Where there national, or even programmatic, differences? I would expect (although it is unfounded) that particular medical school might focus on family and community practice (or at least have a stronger interest), which might also affect decision making.
This is an excellent point. We did not have access to program-level data and are not able to speak to the contents of training at a program level. We do adjust for regional differences in multivariable models and observe significant variation among regions (Appendix 2), though pronounced effects by gender and parenthood remain in adjusted models.

2. When the authors mention FM resident need to be supported, it is not clear what this means specifically. Moreover, there might be some published literature in the area upon which to guide discussion or suggestions. At the moment, it comes across as a little vague.

It is true there is published literature about supports for physician parents, though none specific to primary care. We have clarified the introduction and added citations as follows (lines 165-169):

“A better understanding of how parenthood shapes practice intentions could inform supports for physician parents. These could include financial support for parental leave (17), resources to identify locums or other forms of coverage for physicians in practice (17), as well as processes to improve reintegration into training and practice following leave, and childcare (18).”

We have also added additional detail and citations in the discussion section (lines 374-378):

“Though parents and female FM residents have practice intentions that correspond with health system needs for comprehensive care across the life course, supports such as paid parental leave, assistance arranging practice coverage, and childcare may be needed to ensure they can deliver comprehensive care, both during residency and as they transition from residency into practice (20,21).”

3. I would be curious if the FM resident remain in geographical or geospatial area of their residency after completion, or at least until the children are of a specific area (ie. 18 yo).

We do not have data on whether or not residents remain in the region of their training. The Canadian Institute for Health Information tracks information on physician migration between provinces but it is not possible to identify those physicians who have just completed residency training.

4. Another variable, which is beyond the scope of this study of course, would be to explore the extent to which household income predicts decision making.

This is an excellent point, but as the reviewer notes we are not able to explore how household income shapes decision-making. This analysis is a first step in a broader program of research that includes qualitative interviews with family medicine residents and early-career physicians. How financial considerations shape decision-making will be examined in this future work.
5. Is there anything specific about the Canadian context that makes these results unique, or would be expected the same elsewhere? HRH journal is an international readership after all. For instance, the debt load following medical school in the US is likely higher (on average) than that in Canada, would this complicate the model?

We observe that a key feature within the Canadian context is that physicians have considerable choice among options (including how they structure their practice within fee-for-service or among models in some provinces) in the Canadian context. We expect this applies in the US too as well as other countries where fee-for-service is widespread and/or practice options variable. We have included the following text in the discussion section (lines 421-427):

“Within the Canadian context, physicians completing family medicine residencies have considerable autonomy in how they choose to structure their practice. Though payment and organizational models differ among provinces, a majority of physicians are in fee-for-service practice and can choose where they practice, what services they offer, and in many cases which patients they take on. This is not unique to Canada, and we expect findings may have relevance in other settings where a range of practice options exist.”

Reviewer #2: Thanks for the opportunity to review the paper.

It is interesting work with potential policy implications. The question is pertinent, and the study is conducted well. I have a few minor comments.

Page 6: Line 130 to 136. Please expand this paragraph to provide more insight on the intersection of gender and parenthood. Besides financial, what other stressors impact parents? Which parent is impacted more? What are those limited benefits that are offered, and who are they offered to? The knowledge gap is in fact in this intersection.

This is an excellent point. We have expanded the introduction accordingly:

“While studies examining primary care practice patterns by gender often point to parental responsibilities as a potential confounding or intervening factor, few have examined parenthood or the interaction between parenthood and gender directly (6). Most physicians work more than a 40-hour week and may experience stress managing professional and personal obligations, including caregiving (15). Parental leave may also put a financial burden on physician parents. Canadian residents qualify for basic employment insurance leave (a maximum of approximately $550 per week, up to 52 weeks) with some limited top-ups depending on province (17). Physicians in practice may have even more limited benefits (18,19) and may be faced with the stress of making arrangements to cover time away (16). These factors may contribute to the observation that parenthood has a negative impact on career satisfaction and success (10).

Child bearing and child rearing are important issues that define and distinguish the career experiences of female compared with male physicians (12), and so the impact of parenthood on
practice intentions may differ by gender. A prospective study of physicians after graduation showed that practice patterns that have been associated with female physicians (part-time work, more primary care work, less involvement in academic and hospital work) were more common among parents compared to non-parents (10). A study of the Canadian physician workforce between 1991 and 2006 found having children reduced hours of market work among female physicians while work at home increased twice as much among female physician parents compared to male physician parents (13). In addition male physician spouses are much less likely to be employed, and if employed had fewer hours worked outside the home (13). Once children were over age 18, differences between male and female primary care physicians’ working hours diminish (14), but over the course of their career female physicians spend more time on childcare responsibilities (9). Also, compared to both male parents, and male and female-non parent physicians, women physicians who have children have the lowest self-reported career-success ratings and satisfaction (10).”

Page 14. Line 308. The second paragraph of the discussion can be about 'what is the contribution of this study to the knowledge.' Or 'How do the results address the knowledge gap?'

Thank you. We have more clearly indicated this through the addition of the following text (now lines 372-374):

“This study contributes new knowledge, building on the existing understanding of the drivers of differences in hours worked and income, and examining the nature of practice within primary care.”

There are some minor grammatical and syntax errors. i.e. Line 101-102. Check verbs. Line 109 'since 2002 has ranged from ...' is hanging without subject. Line 113: Physician's gender. Line 309 'may be needED to. Please do a thorough revision for grammatical and syntax errors.

We have corrected these (and other) errors using tracked changes. Thank you for flagging these!