Author’s response to reviews

Title: Migrant physicians’ entrance and advancement in the Swedish medical labour market: a cross-sectional study

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Author’s response to reviews:

We are very pleased with the comments from reviewers, and for the opportunity to submit this revised version of the manuscript, where we have addresses and worked through the points raised. The new manuscript is uploaded as a separate file. In our comments about the revisions made, we sometimes refers to rows, and it is then the row in the manuscript version with track changes that is meant. We have also uploaded our responses in a separate document.

Comment by reviewer 1

Comment by the authors and revisions made

It is interesting that the Abstract does not reference the terms 'social field' 'symbolic capital' or 'medical field' which are claimed as core concepts (line 62-5). In this way, the Abstract probably plays down the conceptual/ theoretical contributions of this research.

Comment by the authors and revisions made

Comment:

Thank you for making us aware of not addressing this important aspect in the abstract.

Revisions made:
This has been changed and we have added the following to the Abstract:

In the background: `The empirical findings are discussed in light of Bourdieu´s concept symbolic capital as adapted in the Swedish medical field.´

In the Conclusion: `Based on the respondents’ experiences, our interpretation is that MPs as a group are hierarchically positioned lower in the Swedish medical field than physicians trained in the country.´

Comment by reviewer 1

Line 62 says 'to explore this research topic' - but it is not very clear from the preceding paragraphs what the research topic is - something about the process of MPs becoming part of the Swedish workforce? A more explicit statement of the purpose of this paper made within those first 61 lines would be welcome. Moving up the last paragraph in the section may be useful.

Comment by the authors and revisions made

Comment:

You are right, the paragraph with the purpose of the study appears a little too late in the introduction, and if it earlier it becomes more clear what we were set out to do. Your formulation “how MPs becomes a part of the Swedish workforce” was also hitting the nail on the head, so thank you for that.

Revisions made:

We moved the paragraph with the purpose earlier in the introduction to make the aim more clear. We also erased `this research topic´ and instead wrote (and added a word) to your splendid formulation ‘how MPs becomes a part of the Swedish medical workforce´ to make the purpose even clearer. Since the move we also moved and changed a sentence to avoid unnecessary repetition.

Comment by reviewer 1

Otherwise this appears to be a solid descriptive paper, which positions migrant physician research in the broader migration literature at least to some extent. There may be scope to include some policy recommendations.

Comment by the authors and revisions made
Comment:

We thank you very much for this appraisal and positive comments.

Revisions made:

In the section Implications for practice and future research we added the following:

To integrate language training and MMI in bridging programmes, is a further recommendation for practice based on this study. More specified training in the job-seeking process may also be useful, i.e. when to apply, how to write an application and questions that might come up during a job interview. Our study further implies that language training, internship or auscultation opportunities would be useful as soon as possible upon arrival, thus even before bridging programmes.

Comment by reviewer 2

First of all I think this article is interesting for those persons, especially scientists and policymakers, who are involved in or responsible for admittance procedures of International Medical Graduates. Of course the outcome of this study is also very important for the subjects of this research project: the migrant physicians. The researchers did their work thoroughly. A response rate of 57% is quite high, especially considering the target group of this study.

Comment:

Thank you so much, we were very pleased by reading this.

Reviewer 2, comment #1

1. distribution of questionnaires; no information is given (line 106 and further; line 504) about how the researchers obtained names, e-mail addresses etc. of the MPs in Sweden. Was the Department of Health involved in this study? Did the Department of Health gave a contribution to this research by giving the names and e-mail addresses of MPs? If the researchers were not supported by the Department of Health, how did the researchers obtain data on MPs in Sweden?

Comment by the authors and revisions made

We obtained names and contact information from the University administrative/admission units, in Sweden this is public information.
Revisions made:

We added “provided by the universities giving the programme” to a sentence (please see rows 143-144).

Reviewer 2, comment #2.

2. in this study the position of junior doctors (e.g. line 118 and further and line 178 and further) is mentioned. In this section (response and respondents' demographics) the researchers state: "A few had worked as junior doctors ..... previous to enrolling in the CPP ...." I understand that MPs can work as medical assistants, nurses, etc. before enrolling in the CPP. But CPP is necessary for licensing to practice as a medical doctor in Sweden. Is a junior doctor not licensed to work as a medical doctor?

Comment by the authors and revisions made

Comment:

Before the CPP, the MMI, and before being licensed in Sweden as a medical doctor one can work as a junior doctor. However, to work as a junior doctor one must have a special permit/ordinance and with this follows certain restrictions. Once licensed, then the physician can practice independently.

Revisions made:

We have clarified when it is possible to work as a junior doctor in Sweden, and that the position is restricted. Please see rows 137 – 138 for the clarifying. For clarity, we also added (see row 197-198): (a restricted position available before being licensed) after junior doctors in the paragraph concerning the MPs previous jobs.

Reviewer 2, comment #3.

3. the routes that lead to a Swedish license to practice (line 110 and further) is difficult to understand. Am I right when I conclude that the Mandatory Medical Internship (MMI) is part of the Complementary Program for Physicians (CPP)? How is it possible that the CPP lasts for 10 months (line 113) and the MMI, which is part of CPP, lasts for 18-21 months (line 115)?

Comment by the authors and revisions made

Comment:
Thank you for this comment, we found after new readings of the manuscript that we expressed ourselves somewhat unclear in our description. The MMI is not included in the CPP. The MMI stand alone, as another phase that one has to undertake in the licensing process. The MMI is neither included in the Swedish medical education.

Revisions made:

We have clarified that the MMI is no part of the CPP by adding/revising our formulation to instead be as follows (rows 130-133):

`Route 1, 2 and 3 can be seen as one phase in the licensing process. Until June 2016, all three routes also then had to be followed by another, stand-alone, phase: the 18–21-month MMI, which is assessed by a test. (After July 2016, the MMI are however only applicable to those taking route 2 or 3.)´

Text before revision:

`Until June 2016, all three routes included the 18–21-month MMI, which is assessed by a test. After July 2016, this internship became applicable only for routes 2 or 3.´

Reviewer 2, comment #4.

4. question with regard to the status of the MMI. Onwards line 262 it becomes clear that the MMI is mandatory not only for MPs but also for Swedish trained doctors and EEA-trained doctors. If I see it correctly the situation is as follows. For MPs the CPP is a first phase necessary for licensing as a medical doctor, but without MMI (second phase) a MP becomes fully licensed?

Comment by the authors and revisions made

Comment:

The CPP (and/or route 1) are for MPs with an education from outside of EU/EEA necessary to complete to be licensed as a medical doctor in Sweden. However, the MMI is a phase also necessary before licensing, but now only for those taking route 2 (CPP) or 3 (the Swedish medical education).

In the Introduction (row 60 – 62), we have the sentences `In Sweden, MPs trained outside the EU/EEA, as well as physicians trained in Sweden, has to apply for and complete a mandatory medical internship (MMI), and must pass an assessment before they can obtain a Swedish license to practise.´
And yes, the MMI is mandatory also for Swedish trained doctors, but not for EEA-trained doctors as they in their medical education have what corresponds to MMI included in their education. However, occasionally and as an example, Swedish citizens study for a medical degree in for example Poland or the U.K. and then go back to Sweden to do their MMI at home.

Revisions made:

Please see the revision on row (130-133) that was based on comment # 3 which we hope clarified this. We have also made it more explicit that the MPs concerned in our study have a medical degree from outside EU/EEA in the abstract (rows 12-13) and in the manuscript (rows: 67, 270).

Reviewer 2, comment #5.

5. I guess that typing mistakes can be corrected by the editor, but on line 294 the word "heterogenic" should be changed in "homogenic".

Comment by the authors and revisions made

Comment:

Thank you for drawing our attention to this embarrassing writing mistake.

Revisions made:

We changed “heterogenic” to “a homogenous group”.

Reviewer 2, comment #6.

6. The outcomes of this research are very much congruent with my PhD-research (Herfs, PGP, 2011; International Medical Graduates in the Netherlands). I missed referral to this study.

Comment by the authors and revisions made

Comment:

Thank you for sharing information about your thesis! It was mostly interesting to read about how non-EEA-IMGs in the Netherlands can obtain license to practice and about the two different assessment procedures and the IMGs difficulties with assessments and in the medical education (even if the majority did not experience any difficulties). Also was it very interesting to read
about the different points of view that the IMGs and the trainers had regarding the IMGs competence. This thesis was very much relevant for our research regarding this study/article, but also for the data that we have collected which we will analyse and present in the future.

Revisions made:

We added the thesis as a reference as it contributed to our empirical arguments and discussion (please see row 43, 49, 56-57, 279-280, 352-354, 370-371).