

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Comparison of British and French expatriate doctors' characteristics and motivations
AUTHORS	Quantin, Catherine; Abbas, Rachid; Hagi, Mathieu; LE BRETON, Gwenaelle; Romestaing, M; Carnet, Dider

VERSION 1 - REVIEW

REVIEWER	Stephen Bach Professor of Employment Relations Department of Management King's College Lobndon SE1 9NH
REVIEW RETURNED	06-Aug-2012

RESULTS & CONCLUSIONS	<p>Up to a point but the reserach is based on the use of GMC data - this only provides data on those eligible to work, not necessarily those working</p> <p>Also the results suggest that people migrate for a mix of personal/professional reasons - this does not take us very far in explaining the outcomes. How do we know people move to France for the climate - it seems a large assumption. In general I would like to know how the study adavances our understanding of migration issues.</p> <p>Interestingly the authors use the term expatriation rather than migration - more could be made about what is distinctive about movemnet between France and the UK and vice versa - is it classical migration or....</p>
REPORTING & ETHICS	The authors say ethical approval was not required which puzzled me - they must have gained consent from those responding to the questionnaire and for the study overall?

REVIEWER	Bruno Marchal Postdoctoral research fellow Department of Public Health, Institute of Tropical Medicine, Antwerp (Belgium)
	I report there is no conflict of interest.
REVIEW RETURNED	28-Aug-2012

THE STUDY	The aim of the study is well described, but rather indirectly. The research question is not well described, although the reader understands what the authors looked for.
------------------	--

	Given that the aim (and I would assume the research question as well) is geared towards exploration and description of the phenomenon of expatriation of health professionals, this poses no problems.
RESULTS & CONCLUSIONS	In general, the interpretation is straightforward and the authors draw plausible conclusions. A minor comment here is that it cannot be inferred from the results that British doctors settle preferably in the Cote d'Azur region because of its climate. The geographic distribution of doctors in France is in towns and cities (incl. Paris) and the southern regions. I think it is more plausible that British doctors settle where opportunities are favourable and/or where their partners live - after all the major reason for their expatriation. A discussion of policy issues and consequences would be welcome.
REPORTING & ETHICS	- No need to adhere to reporting statement or guidelines - No discussion of ethical issues, but this neglect does not pose a problem for this kind of study or topic.
GENERAL COMMENTS	- Write out the abbreviation EEA (p. 3 line 48) - Repetition of (41%) on p. 6 line 34 - The conclusion that the lack of an active policy stands not in the way of migration of UK doctors is perhaps overstating the results: UK doctors mainly move to join their partners (p. 10 lines 9-16)

VERSION 1 – AUTHOR RESPONSE

Reviewer Stephen Bach:

“Up to a point but the research is based on the use of GMC data - this only provides data on those eligible to work, not necessarily those working”

We suppose that people who register and are eligible to work do work. We are not aware of any unemployment in France or in Great Britain regarding GPs.

“Also the results suggest that people migrate for a mix of personal/professional reasons - this does not take us very far in explaining the outcomes. How do we know people move to France for the climate - it seems a large assumption. In general I would like to know how the study advances our understanding of migration issues.”

It is true that we did not ask about the climate in our questionnaire. However, The French Riviera represents the highest medical density with the Paris area. Moreover, since the 18th century, British people have traditionally settled on the French Riviera. Hence, the name “Promenade des anglais” in Nice. We agree with your remark and therefore edited our text. We also insisted on the interest of British doctors like all British people in architectural sites both in Paris and in the south of France, which may be another reason for migration. The environmental aspect and the quality of life may have also played an important part in their choice of migration.

“Interestingly the authors use the term expatriation rather than migration - more could be made about what is distinctive about movement between France and the UK and vice versa - is it classical migration or.... “

Consequently, we can confirm that it is probably a classical migration rather than a specific one for doctors as British people are traditionally keen on settling in the south of France or in Paris.

“The authors say ethical approval was not required which puzzled me - they must have gained consent from those responding to the questionnaire and for the study overall?”

Of course we gained consent from the doctors responding to the questionnaire to participate in the study. We obtained data from the National Medical Councils. The French Medical Council approved this study and contacted the doctors directly to be sure of their consent and to keep anonymity. Moreover, members of this council are co-authors of this paper.

Reviewer Bruno Marchal

“I report there is no conflict of interest. The aim of the study is well described, but rather indirectly. The research question is not well described, although the reader understands what the authors looked for. Given that the aim (and I would assume the research question as well) is geared towards exploration and description of the phenomenon of expatriation of health professionals, this poses no problems.” We agree with your comment on the research question and have modified it accordingly at the end of the introduction.

“In general, the interpretation is straightforward and the authors draw plausible conclusions. A minor comment here is that it cannot be inferred from the results that British doctors settle preferably in the Cote d'Azur region because of its climate. The geographic distribution of doctors in France is in towns and cities (incl. Paris) and the southern regions. I think it is more plausible that British doctors settle where opportunities are favourable and/or where their partners live - after all the major reason for their expatriation.”

It is true that we did not ask about the climate in our questionnaire. However, The French Riviera represents the highest medical density with the Paris area. Moreover, since the 18th century, British people have traditionally settled in the French Riviera. Hence, the name “Promenade des anglais” in Nice. We agree with your remark and therefore edited our text. We also insisted on the interest of British doctors like all British people in architectural sites both in Paris and in the south of France, which may be another reason for migration. The environmental aspect and the quality of life may have also played an important part in their choice of migration.

“The conclusion that the lack of an active policy stands not in the way of migration of UK doctors is perhaps overstating the results: UK doctors mainly move to join their partners (p. 10 lines 9-16)” Regarding policy issues, we agree that the conclusion that the lack of an active policy in France stands not in the way of migration of UK doctors is in accordance with the results and edited the text as suggested by the Reviewer.

“No discussion of ethical issues, but this neglect does not pose a problem for this kind of study or topic.”

Of course we gained consent from the doctors responding to the questionnaire to participate in the study. We obtained data from the National Medical Councils. The French Medical Council approved this study and contacted the doctors directly to be sure of their consent and to keep anonymity. Moreover, members of this council are co-authors of this paper.

“Write out the abbreviation EEA (p. 3 line 48)”

Done

“Repetition of (41%) on p. 6 line 34”
done