# Mapping the roots of specialist disparities

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Mulder et al. provide useful baseline data on demographic disparities in the Dutch medical career progression.[1] However, the analysis has substantial limitations for investigating a complex issue like cultural cloning.

The retrospective cohort dataset likely has limited applicability to contemporary dynamics. Student populations have undoubtedly changed since 2002–2004, so it is unclear if findings based on this cohort still hold. The authors could do more to address this issue of representativeness.[2] The study shows there are outcome differences between demographic groups but does not examine the selection process itself. The constrained range of demographic variables—relying solely on sex and migrant background—provides a narrow view. A truly robust intersectional analysis would incorporate data on other marginalized identities known to affect medical career progression, like race, disability, sexual orientation, and socioeconomic status.[3]

The authors' strict reliance on cultural cloning theory seems to constrain the analysis. While a useful framework, cultural cloning is difficult to measure quantitatively; other factors are undoubtedly at play, like biased grading,[4] lack of mentors,[5] stereotype threat,[6] etc. The authors would provide a more critical perspective by discussing alternative explanations for the observed disparities. Finally, there are limits to generalizing one country's data to cultural cloning processes globally. Racism and exclusion manifest differently across contexts, so attempting to fit diverse settings into one theoretical model is flawed.[7]

**Declaration of interests**

None.

**References**

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