

Medicine in Australia: Balancing Employment and Life

Message from Tony Scott



We are sending you this newsletter to inform you of some initial results from the first wave of the MABEL longitudinal survey of doctors. Thank you to all of the 10,512 doctors who filled out the MABEL Wave 1 survey in 2008. This includes 3,912 GPs, 4,603 specialists, 1,072 doctors enrolled in a specialist training program, and 925 non-specialist hospital doctors. This is a tremendous response, and

the MABEL team would like to express their sincere thanks to those doctors for taking the time to fill out the survey. I hope you will continue to participate in this landmark national survey of doctors.

The second wave of this survey will be posted to you in June 2009. The success of MABEL and the usefulness of its results depend on its longitudinal design, so I hope you

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are able to complete it again. As before, we will send you a hard copy of the questionnaire, or you can log on and fill out the survey online (www.mabel.org.au). The survey is also shorter this year since many of the questions in the first wave of our longitudinal survey do not need to be asked every year.

About MABEL

The MABEL Survey has been funded by the National Health and Medical Research Council (NHMRC) for five years until 2011, and has been endorsed by key medical colleges and organisations. MABEL also has a Policy Reference Group which provides advice about the medical workforce policy issues that inform the collection and analysis of data. The reference group helps to ensure results are used by key decision makers. For further details see www.mabel.org.au.

Endorsements

Since Wave 1 was sent out in June 2008, MABEL has now also been endorsed by the *Royal Australian College of General Practitioners* and the *Australian College of Emergency Medicine*. This is in addition to endorsements from 32 other specialty colleges, associations and medical training organisations.

The full list is on www.mabel.org.au/endorse.html.



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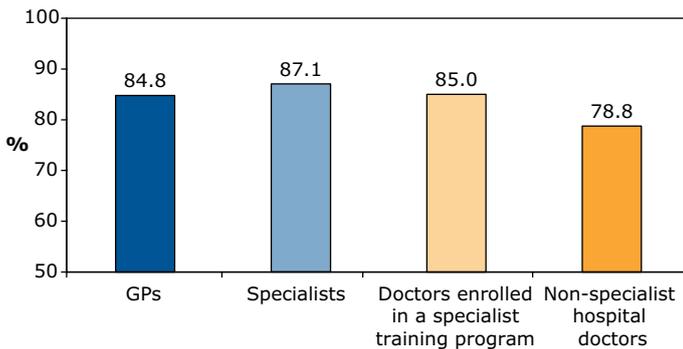
MONASH University
Medicine, Nursing and Health Sciences

Results from Wave 1

Are doctors happy with their work?

- Figure 1 shows the percentage of doctors who are very or moderately satisfied with their work as a doctor.
- Specialists were the most likely to be satisfied, followed by doctors enrolled in specialty training programs, GPs, and non-specialist hospital doctors (e.g. interns, medical officers).

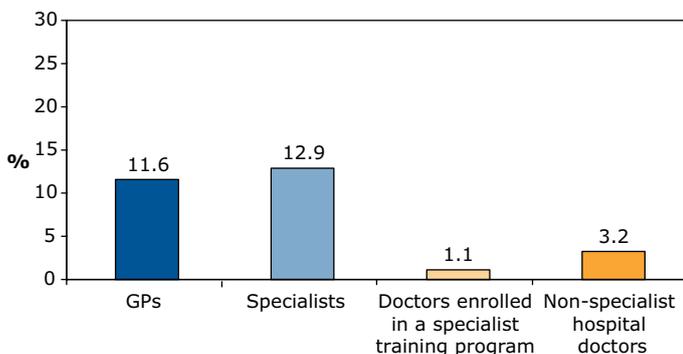
Figure 1. Percent of doctors 'very' or 'moderately' satisfied with their work



Intentions to quit

- Although satisfaction levels are relatively high, Figure 2 shows that almost 12% of GPs and 13% of specialists are 'very likely' to quit medical work entirely within the next five years.
- This proportion would equate to the loss of around 2,500 GPs and 2,500 specialists.
- Intentions to quit are largely driven by those over 55 years old who expect to retire, and thus reflects the loss to the workforce of the 'baby boomer' generation.

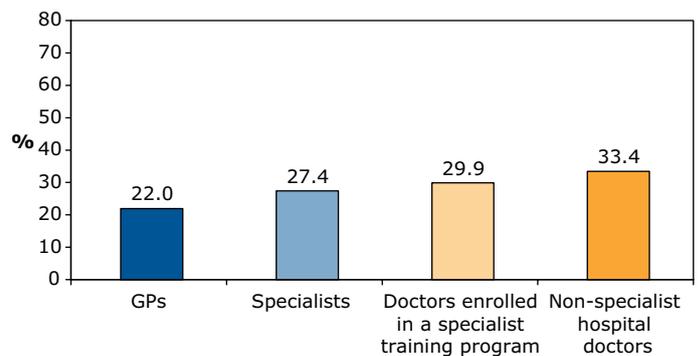
Figure 2. Percent of doctors 'very likely' to leave medical work entirely within the next five years



Attitudes about working hours

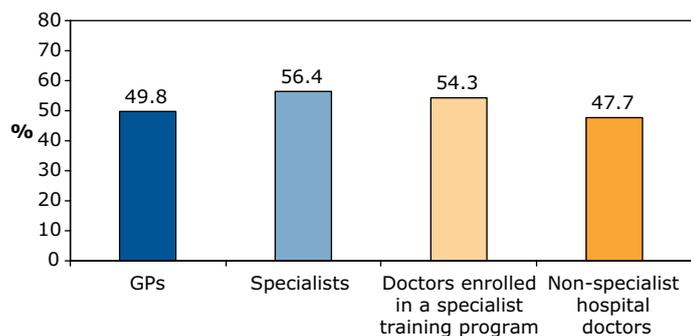
- Around a quarter of all doctors are very or moderately dissatisfied with their hours of work.
- Figure 3 shows that non-specialist hospital doctors were most likely to be dissatisfied with their hours, followed by doctors enrolled in specialty training programs, and specialists. GPs are the least dissatisfied with their hours of work.
- For specialists and GPs, men were more likely to be dissatisfied with their hours of work than women. This could reflect that male doctors generally work longer hours relative to female doctors. In contrast, for the other groups of largely junior doctors, female doctors were more likely to be dissatisfied with their hours of work.

Figure 3. Percent of doctors 'very' or 'moderately' dissatisfied with hours of work



- Around 50% of doctors would like to reduce their working hours.
- Figure 4 shows that the desire to reduce hours is greatest for specialists and doctors enrolled in specialty training programs.
- Furthermore, for GPs and specialists, men were more likely to want to decrease their hours of work than women.
- For non-specialist hospital doctors and doctors enrolled in specialty training programs, women were more likely to want to reduce their hours of work.
- The desire of females to reduce hours of work is in line with their dissatisfaction with hours of work.

Figure 4. Percent of doctors wanting to decrease their working hours



Summary

- These initial results show that over 80% of doctors are satisfied with their work.
- However, the results also reveal that non-specialist hospital doctors (e.g. interns and medical officers) were the least satisfied overall and most likely to be dissatisfied with their hours of work.
- Specialists were the most likely to want to reduce their hours of work.
- Almost 12% of GPs and 13% of specialists, an estimated 5,000 doctors, intend to retire or quit medical work in the next five years.
- Further analysis of the MABEL data will be undertaken in the next few months to learn more about the determinants of these preferences and intentions. Look out for conference presentations, reports and journal articles, and visit our website at www.mabel.org.au for further results and publications from MABEL.
- The data presented in these graphs are preliminary. Compared to national figures, our respondents were on average 1 year younger, 5 percentage points more likely to be female, and 4 percentage points more likely to come from non-metropolitan areas.

Where can I learn more about MABEL?



Anne Leahy, Survey Manager

For further information about MABEL please visit our website at www.mabel.org.au, or contact us by email: enquiries@mabel.org.au. You can also contact directly the Principal Investigator (Professor Anthony Scott, ph: 03 8344 2100; email: a.scott@unimelb.edu.au) or the Survey Manager (Anne Leahy, ph: 03 8344 2600; email: enquiries@mabel.org.au).



Frequently asked questions

"I receive many surveys. Why should I fill out this one? What makes it different?"

MABEL is unique in that it is not just another academic exercise. Our Policy Reference Group helps to ensure that the results will be used to improve your working life. The results will guide national workforce policy, whilst providing important information to professional organisations.

"I filled this out last year, why do I need to fill it out again?"

We want to examine changes over time in the working lives of doctors. This provides a much more powerful analysis of the causes of these trends and therefore leading to more effective policy solutions.

"I'm worried about submitting information through the online survey. Is it secure?"

Yes, the website has secure encryption and the padlock icon should appear on your browser. If you remain concerned, then please fill out the hard copy.

"I am retired but still undertaking a few hours per week of clinical work – should I fill out the survey?"

Yes, please fill out the survey as best you can. We want to include all doctors who are doing any clinical work.

"I am a surgical assistant and I am not sure which survey I should fill in."

Please fill out the survey "Hospital Doctor Not Enrolled in a Specialist Training Program".

"I have been sent the wrong version of the survey. I am now a qualified specialist."

You can contact us either by phone, email or fax, telling us your username and which version of the survey you would like. Alternatively, you can fill out the survey online and choose the correct version before you start the survey.

The MABEL team



Back row (from left): Dr Matthew McGrail, Dr Sung-Hee Jeon, Terence Cheng, Professor John Humphreys, Associate Professor Guyonne Kalb, Dr Stefanie Schurer, Michelle McIsaac, Daniel Kuehnle, Peter Sivey.

Front row (from left): Dr Catherine Joyce, Durga Shrestha, Professor Tony Scott, Anne Leahy, Michelle Wilson.