

Focus on General Practitioners

Message from Tony Scott



Merry Christmas to all of our MABEL participants. This newsletter contains some further results from Wave 1 of the MABEL Survey that was conducted in 2008. We have spent 2009 conducting detailed cleaning and de-identification of the data, and have begun to write papers and reports for publication. There are four issues of the December *MABEL Matters*, one each for general practitioners,

specialists, doctors enrolled in specialty training programs, and interns and medical officers. The baseline data presented will provide a solid foundation for examining changes over time in our key outcomes and attitudes to work. These are also available for download from our website www.mabel.org.au, where you should also check for details of other publications and presentations. We hope you find this feedback useful.

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Thank you to those who have completed the Wave 2 survey in 2009. The research team very much appreciates the time you take to fill out the MABEL survey and provide important information that will be used to support the medical workforce in the face of substantial health care reform. We have some new Frequently Asked Questions on the back page of this newsletter (and on our website), so if you are unsure about whether you should fill out the survey please read these or get in touch and we will be happy to discuss. We encourage you to fill out as much of the survey as you can, so if a question or section doesn't seem relevant to your particular situation, just skip it and continue with the rest of the survey. We'd rather receive an incomplete survey than no survey at all, as we can still use the information you provide.

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. Just under 10,500 doctors responded to Wave 1 in 2008, and Wave 2 is currently being conducted. The strength of MABEL is the longitudinal design, range of questions, and strong potential to influence medical workforce policy. For further details see www.mabel.org.au.

Policy Reference Group

The 6th meeting of the MABEL Policy Reference Group was held on 19th November in Melbourne. Group members were updated with progress and asked for feedback on some preliminary results from Wave 1. There was consensus that the final results from a number of analyses will be very useful in informing medical workforce policy. As usual, they also provided useful insights to the research team on current policy developments. Members of the Policy Reference Group are listed on our website www.mabel.org.au.



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Focus on General Practitioners

The Wave 1 survey was sent to 22,137 GPs, of which 3,873 (17.5%) responded. A number of GPs and other doctors had changed their 'doctor type' and consequently filled out a different version of the survey, resulting in 3,907 GP surveys for analysis. All data below are weighted to reflect national estimates.

Approximately 35.5% of the GP respondents work in a rural location, and the distribution by state and territory is shown in Figure 1.

Figure 1: Percentage of GPs per state or territory in Wave 1 cohort

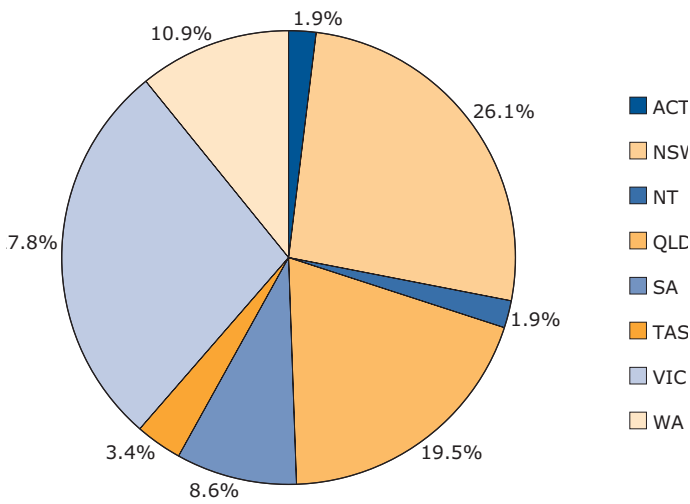


Table 1: GP characteristics

	Urban GPs*	Rural GPs*
Number	2500	1376
GP Registrars	110	129
Age (mean)	51.5	48.9
% Female	48.9%	39.3%
% International medical school	15.0%	23.7%
% Doing on-call	44.1%	74.0%
No. times called out (per week)	1.6	3.5
% Doing hospital work	15.8%	49.6%
Average years in a rural area before leaving school	2.7	4.9

* Missing location – 31 GPs.

Figure 2 shows that rural GPs are working on average about 5 hours per week more than urban GPs.

Female GPs are working on average about 11–12 hours less per week than male GPs.

Almost half of male GPs in rural areas are working more than 50 hours per week, compared to 18% of female GPs in the same areas. The percentage working more than 50 hours per week is much lower in urban areas (Figure 3).

Figure 2: Average total hours worked per week

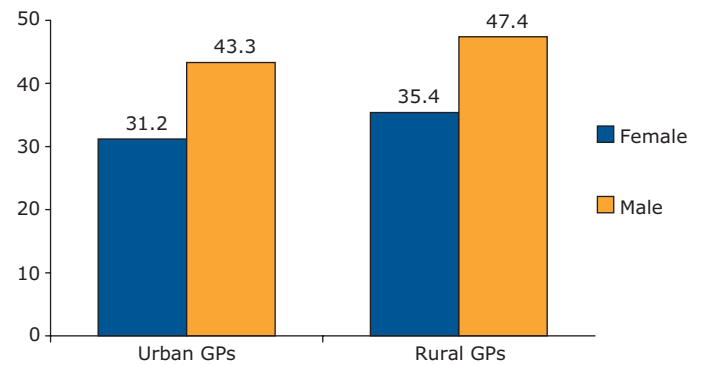
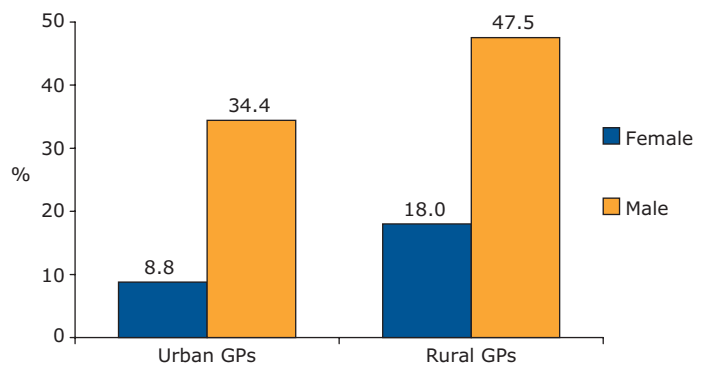


Figure 3: Percent working more than 50 hours per week



Rural GPs and male GPs are more likely to agree that their work hours are unpredictable (Figure 4).

Figure 5 shows that slightly more urban GPs than rural GPs agree that their work–life balance is about right, and more female GPs agree that their work–life balance is about right.

Figure 4: Percent who 'strongly agree' or 'agree' that "The hours I work are unpredictable"

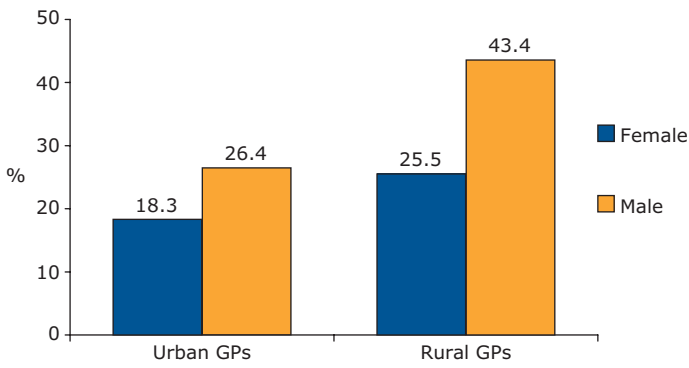
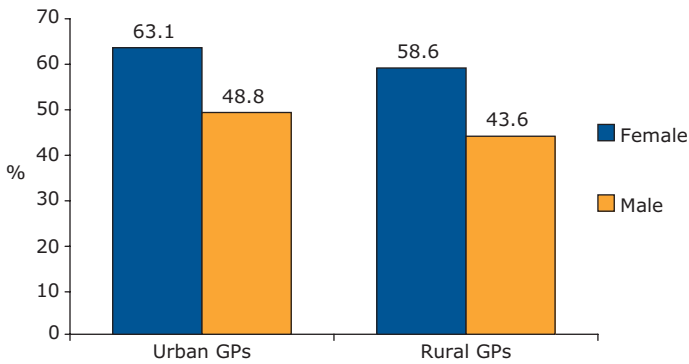
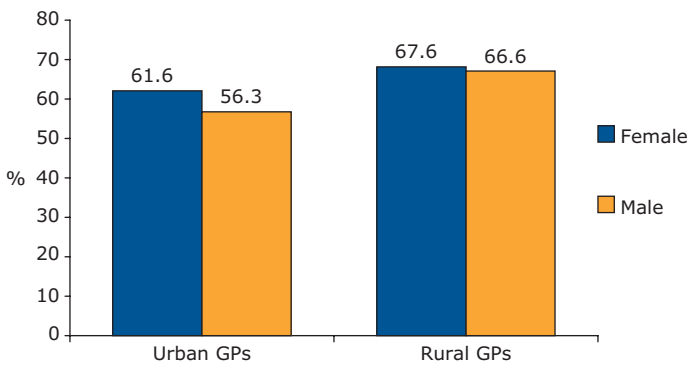


Figure 5: Percent who 'strongly agree' or 'agree' that "The balance between my personal and professional commitments is about right"



Rural GPs are somewhat more satisfied with their remuneration than urban GPs (Figure 6). 67% of males in rural areas are moderately or very satisfied compared to 56% of males in urban areas.

Figure 6: Percent who are 'very satisfied' or 'moderately satisfied' with their remuneration



Although rural GPs work longer and more unpredictable hours than GPs in urban areas, they are only slightly less likely to be happy with their work–life balance, more happy with their remuneration, and equally likely to be satisfied with their jobs (Figure 7).

Over 10% of GPs aged under 55 years indicated an intention to leave direct patient care in the next five years (Figure 8). These figures are slightly higher for urban GPs.

Figure 7: Overall job satisfaction

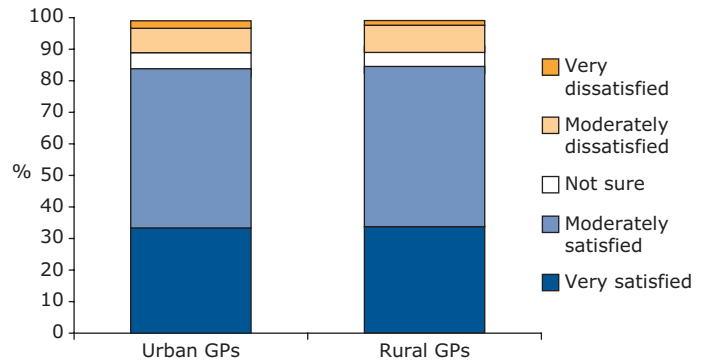
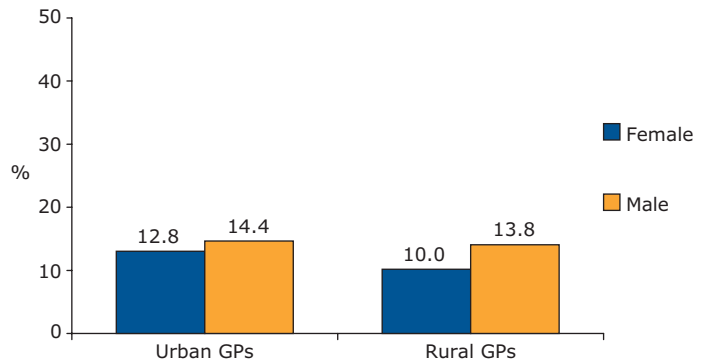


Figure 8: Percent 'likely' or 'very likely' to leave direct patient care in the next five years (those aged under 55)



New frequently asked questions

“I am a full time surgical assistant, I am not employed by the hospital, nor am I in training for any specific specialty. I do not see patients other than when they are on the operating table. I have been sent the ‘Hospital doctor not enrolled in a specialty’ survey to complete, much of which does not seem relevant to my circumstances. Is this the most appropriate questionnaire for me?”

Whilst this version of the survey might not be the perfect ‘fit’ for you, you should nevertheless complete the ‘Hospital doctor’ survey sent to you. If some questions seem inappropriate to your particular position you could omit them and/or add clarifying comments at the end of the survey. Please fill in as much as you can.

“I am an anatomical pathologist and do not see patients face to face: my patients are the slides from their biopsies and resection specimens. As I do not see patients this could be taken as indicating that I do nothing all day when I am at work, which is definitely not the case. Your surveys do not cater to doctors like me so why should I complete it?”

We appreciate that the work of pathologists and also radiologists may not be fully captured in our specialist survey. The question on how many patients you see per

week should be answered ‘not applicable’. Unfortunately, it is not possible for us to have surveys which cater to every individual specialty or doctor’s particular circumstances. We encourage people to fill out as much of the survey as they can.

“Why do you ask questions in the survey about my personal earnings as a doctor and my household income? What will this information be used for?”

Income and earnings usually play an important role, alongside other factors, in people’s decisions about the hours that they work, the type of work they do, why they change jobs, and geographic location of work. They are often not the most important factor in these decisions, but do play a role. The information will enable us to examine the importance of earnings in influencing these decisions. In this way we hope to gain valuable information about what is important to doctors and the factors that influence their decision-making.

“My mailing address has changed, who should I contact?”

The Australian Medical Publishing Company (AMPCO):
(02) 9562 6666 or www.mda.com.au.

Publications and presentations

Below is a summary of current output from Wave 1 of the survey. Many of the papers presented at conferences during 2009 are works-in-progress which are close to submission to journals, and some will also be published more quickly as reports that will become available on the MABEL website over the next couple of months.

<i>Conference presentations</i>	<i>Title</i>
General Practice and Primary Health Care Conference, 17th July, Melbourne	Baseline cohort of the Medicine in Australia: Balancing Employment and Life (MABEL) longitudinal study
Australian Health Economics Society, 1st & 2nd October, Hobart	Getting doctors into the bush: preferences for rural location of General Practitioners What influences the choice of specialty of young doctors? A discrete choice experiment from the MABEL longitudinal survey of doctors What factors influence the earnings of GPs and medical specialists in Australia? Evidence from the MABEL study
Health Services Research Association, 25th & 26th November, Brisbane	Baseline cohort of the Medicine in Australia: Balancing Employment and Life (MABEL) longitudinal study
Rural Doctors Association Queensland, 5th–7th June, Gold Coast	Baseline cohort of the Medicine in Australia: Balancing Employment and Life (MABEL) longitudinal study
Royal Australian College of Surgeons, Victorian Annual General Scientific and Fellowship Meeting, 23rd October, Lorne	MABEL (Medicine in Australia: Balancing Employment and Life): Results for Surgeons

This newsletter was prepared by Matthew McGrail and Anthony Scott.

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