

Focus on Specialists

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.

In this issue...

Message from Tony Scott

About MABEL

Policy Reference Group

Focus on Specialists

New frequently asked questions

Publications and presentations

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.



THE UNIVERSITY OF
MELBOURNE



MELBOURNE INSTITUTE®
of Applied Economic and Social Research



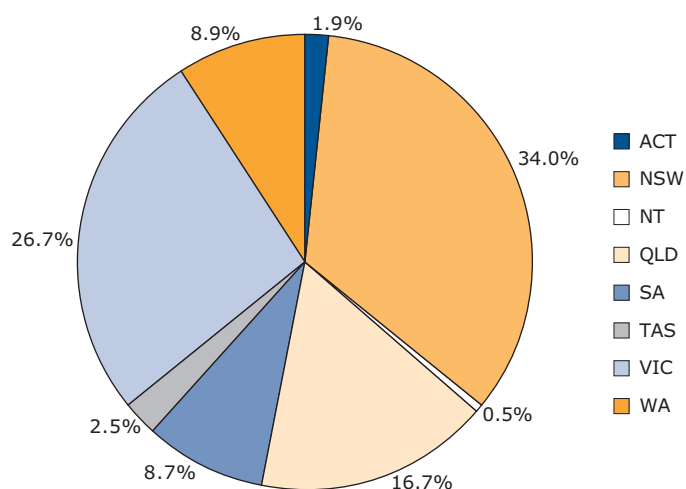
MONASH University
Medicine, Nursing and Health Sciences

Focus on Specialists

The Wave 1 (2008) survey was sent to 19,579 specialists, of which 4,311 (22.3%) responded. A number of these and other doctors had changed their doctor type and filled out a different version of the survey, providing 4,596 specialists for analysis. All data below are weighted to provide national estimates.

Three in four specialists were from New South Wales, Victoria or Queensland, as shown in Figure 1 below.

Figure 1: Proportion of specialists by State



Specialists by specialty

As presented in Table 1, nearly a quarter of specialists practised internal medicine, while half of specialists practised in specialties other than pathology, surgery or internal medicine.

Table 1: Number of specialists by specialty

Specialty	Number of specialists	% of total specialists
<i>Internal Medicine</i>		
Paediatric medicine	245	5.3%
General medicine	108	2.3%
Gastroenterology	88	1.9%
Thoracic medicine	81	1.8%
Geriatrics	81	1.8%
Others	592	12.9%
Total internal medicine	1,195	26%
Pathology	171	3.7%

<i>Surgery</i>		
General surgery	193	4.2%
Orthopaedic surgery	147	3.2%
Otolaryngology	54	1.2%
Plastic/reconstructive surgery	42	0.9%
Others	130	2.8%
Total surgery	566	12.3%
<i>Other Specialties</i>		
Anaesthesia (excluding intensive care)	618	13.5%
Psychiatry	428	9.3%
Obstetrics and gynaecology	250	5.4%
Diagnostic radiology (including ultrasound)	209	4.6%
Emergency medicine	203	4.4%
Others	575	12.5%
Total other specialties	2,283	49.7%
No response	380	8.2%
TOTAL SPECIALISTS	4,596	100%

The analysis below compares all specialists with surgeons and internal medicine specialists, showing similar patterns across these groups.

Table 2: Comparison by specialty

Characteristics	Internal medicine	Surgery	All specialists
Average age in years	50.5	53.1	51
% Female	28.8%	4.5%	22.5%
Average hours worked	46	47	42.07
Percent doing on-call	79.6%	79.08%	73.89%
Average number of times called out	0.84	1.03	0.55

Except for surgeons, female specialists worked fewer hours than their male counterparts. Internal medicine specialists and surgeons worked longer hours compared to all specialists, with large proportions working more than 50 hours per week as shown in Figures 2 and 3 below.

Figure 2: Average hours worked by gender and specialty

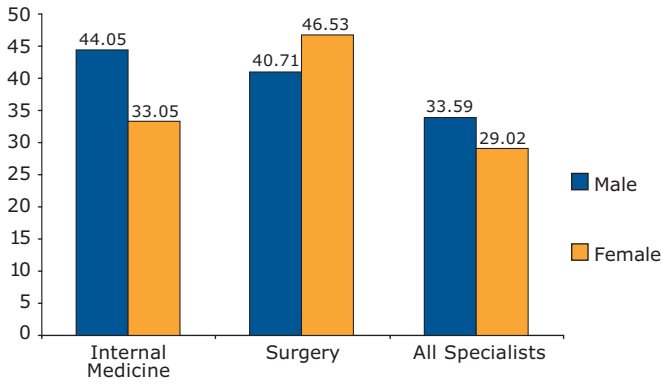
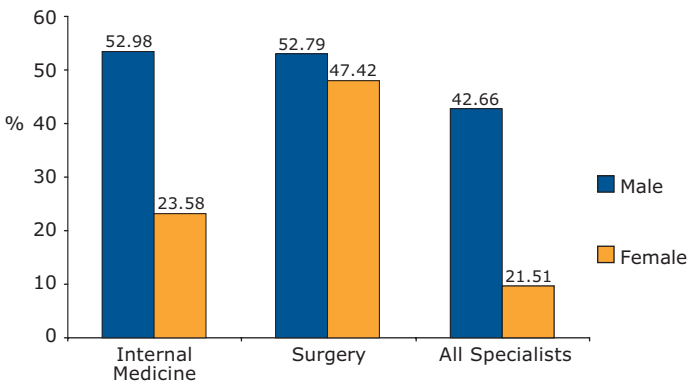
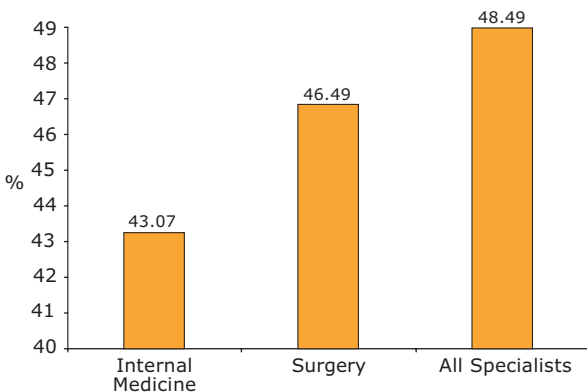


Figure 3: Percent working more than 50 hours per week by gender and specialty



Almost 50% of specialists, 48% of males and 51% of females reported that the balance between their personal and professional commitments was about right (Figure 4). There were few differences between males and females.

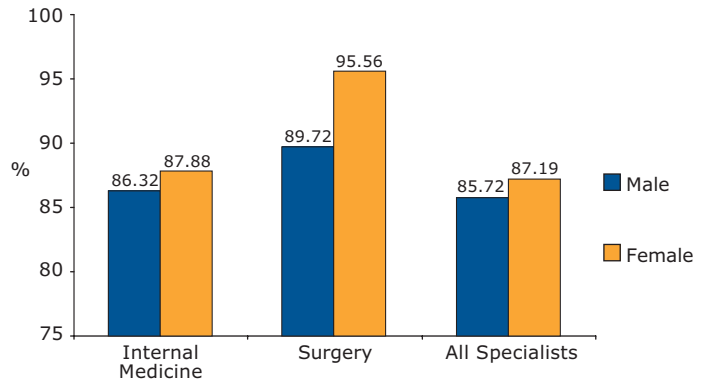
Figure 4: Percent who 'strongly agree' or 'agree' that "The balance between my personal and professional commitments is about right"



As shown in Figure 5 below, nearly 87% of the specialists felt satisfied or very satisfied with their jobs. Only about 9% were dissatisfied or very dissatisfied. There were few differences between male and female specialists, with

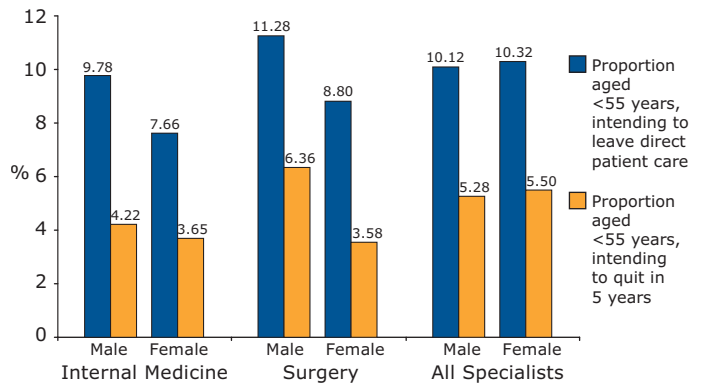
the exception of surgeons, where females were almost 6 percentage points more satisfied than males.

Figure 5: Job satisfaction by specialty and gender



When asked about the likelihood that they will leave direct patient care within five years, just over 10% of specialists reported that they were likely to do so. Males were more likely to want to quit than females, and male surgeons were most likely to want to quit (Figure 6). These figures are for those aged under 55 years, and so we exclude those close to retirement.

Figure 6: Intentions to leave direct patient care and quit medical work entirely in five years, for those aged under 55 years, by specialty and gender



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 Durga Shrestha and Anthony Scott.

Contact details: Anne Leahy, Survey Manager, enquiries@mabel.org.au, phone (03) 8344 2600