MABEL Matters
Centre for Research Excellence in Medical Workforce Dynamics
No. 8 May 2013

Medicine in Australia: Balancing Employment and Life

Welcome to the 8th edition of *MABEL Matters*. This issue outlines several new initiatives as well as research findings based on the evidence provided by the 10,000 or so doctors who complete the MABEL survey each year. The continuing success of MABEL and the Centre for Research Excellence in Medical Workforce Dynamics (CRE) would not be possible without the ongoing support of the thousands of doctors who participate in the MABEL survey every year. We very much appreciate the time it takes to do this survey, and value highly the commitment shown by participants. Our thanks also go to members of our National Advisory Group for keeping us informed about key issues in the medical workforce policy arena.

This edition of *MABEL Matters* addresses the following three issues. ***What's new in research?*** With the inception of the CRE in 2012, we have reorganised our research into three themes: workforce participation; career transitions; and rural workforce supply and distribution. ***What's new in knowledge exchange?*** The CRE is pleased to announce the first in our new series of *Policy Briefs* that aim to highlight and discuss key policy issues and research findings from MABEL. An exciting sign that MABEL is maturing is provided by our Inaugural MABEL Research Forum, held on 12 April in Melbourne. This Forum helped to showcase the range of research currently being undertaken by researchers using MABEL data. We also now have a National Advisory Group (previously the Policy Reference Group) with an expanded membership to advise on knowledge transfer and capacity building issues, two areas of focus for the CRE. ***What's new in capacity building?*** An important goal of the CRE is to improve capacity building in medical workforce research. One key way we are doing this is by enabling researchers and others outside the MABEL team to use the MABEL data. In addition to the MABEL research team, more than 50 individuals from across Australia and North America are now using the data in their research.

In this issue...

Keep in touch

You can easily keep in touch with us by visiting our website (www.mabel.org.au) or receiving updates as they become available on Twitter *@MabelSurvey*, LinkedIn and Facebook. The MABEL group on LinkedIn will post updates on research as it happens.

Participants at the Inaugural MABEL Research Forum, April 2013

THE UNIVERSITY OF MELBOURNE
FACULTY OF BUSINESS & ECONOMICS
MELBOURNE INSTITUTE® of Applied Economic and Social Research
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ISSN 1836-8174 (Print)
ISSN 1836-8247 (Online)

www.mabel.org.au

New research themes

Participation in the Medical Workforce
(led by Professor Guyonne Kalb)

The aims of this new research theme are:

- to understand factors influencing doctors' decisions on the number of hours worked;
- to investigate how these factors influence the allocation of working hours across sectors and in clinical and non-clinical work; and
- to examine how the effects of these factors differ across men and women; across family status, such as whether children are present; and across other characteristics.

Given the context of an increasing proportion of women entering the medical workforce and reductions in the hours worked by both male and female doctors, this theme aims to explore the reasons for these changes and the implications for medical workforce policy and planning. The research relating to this theme also examines gender and workforce participation issues. Notwithstanding changes over time, age and gender continue to be key determinants of working hours (see Figure 1), and changes in the composition of the medical workforce over time (e.g. a larger proportion of female doctors) thus affect overall supply.

A particular focus of this theme is the role of economic incentives and family factors on hours worked. Work by the CRE team investigating the impact of financial incentives and non-financial factors on doctors' workforce participation decisions shows that financial incentives in themselves are unlikely to address supply shortages. For female doctors, as for women in other occupations, the presence of young children is the most important factor determining labour supply.

Career Transitions
(led by Associate Professor Catherine Joyce)

During the course of their careers doctors move through a number of critical transition points, such as when choosing a field of specialty. Other possible transitions include periods of time spent outside the workforce (e.g. for parental leave or study); working outside Australia; or moving into a non-clinical role.

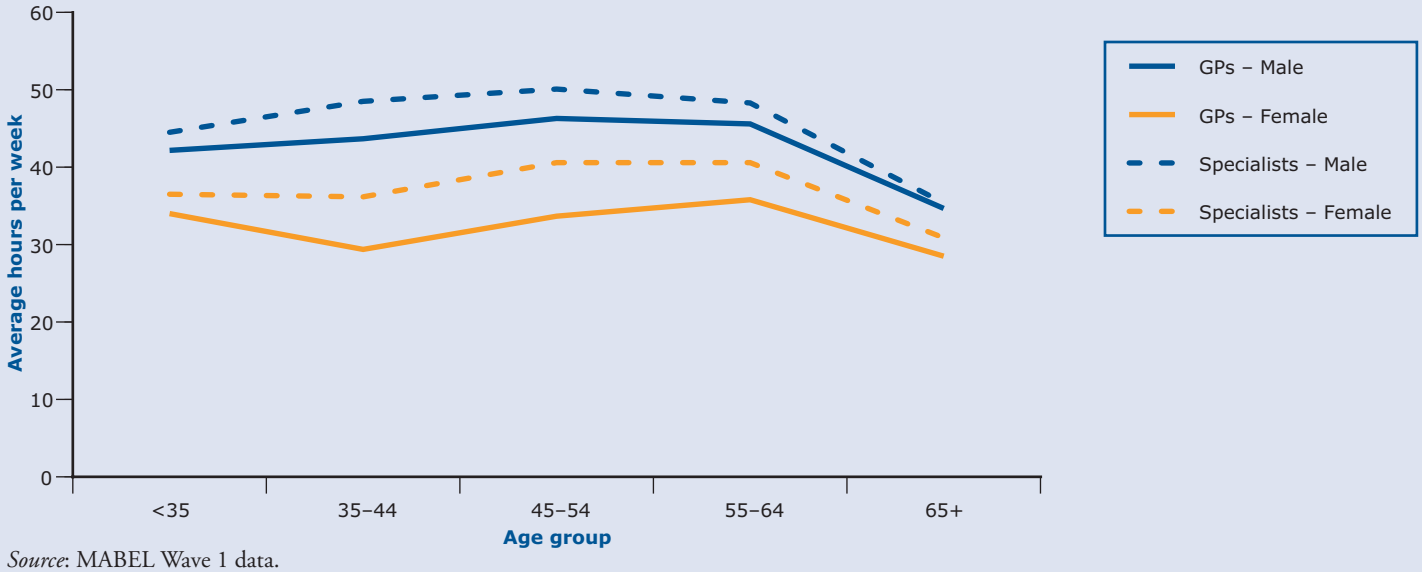
The Career Transitions theme of the CRE aims to:

- develop an understanding of the key factors influencing doctors' decisions at significant transition points during their careers; and
- provide evidence to inform medical workforce policy design to influence these transitions.

Career transitions are important for medical workforce policy and planning because they affect the size of the workforce available to provide clinical services. For example, we know that older doctors' decisions about reducing hours and retiring from clinical or medical work have a significant impact on workforce supply levels—particularly now that approximately one-third of the Australian medical workforce falls into the 50-plus age range. One of the questions we are currently investigating relates to older doctors' preferences and practices with regard to working patterns as they approach retirement, and the factors associated with different patterns. This investigation will provide information to assist the development of policies which enable doctors in the later stages of their careers to continue making a valuable contribution to the medical workforce though a range of clinical and non-clinical roles (e.g. teaching).

We also know from the recent Health Workforce 2025 reports that the balance in the medical workforce between

Figure 1: Average hours of work for GPs and specialists by age group and gender, 2011



Source: MABEL Wave 1 data.

generalists (including those in general practice and 'generalist' specialities) and specialists/sub-specialist roles is leaning too far in favour of the specialties, resulting in current or future shortages of generalists. Published work from the CRE's team has identified some of the factors that influence junior doctors' preferences about which medical specialty they will pursue. These include opportunities for procedural work and academic work, as well as expectations about how much they will earn in the future (Sivey et al. 2012, http://dx.doi.org/10.1016/j.jhealeco.2012.07.001).

Rural Workforce Supply and Distribution
(led by Dr Matthew McGrail)

This theme has two overarching aims:

- to understand how changes in personal and professional circumstances influence the decision to stay in, or leave, rural and remote areas; and
- to provide evidence of the effectiveness of current and future medical workforce policy initiatives in improving recruitment and extending lengths of stay in rural and remote areas.

To date MABEL researchers have published a wide range of findings on key rural medical workforce issues. Recently we provided evidence that International Medical Graduates (IMGs) mandated to work in rural areas experience significant dissatisfaction over and above the usual reduced satisfaction of working in small rural areas, but this additional dissatisfaction was not evident in non-mandated IMGs. Our 2012 paper, demonstrating that equitable resource allocation of recruitment and retention incentives to rural and remote doctors should be predominantly based on population size rather than remoteness, received strong support in the final report of the Senate Inquiry into the Factors Affecting the Supply of Health Services and Medical Professionals in Rural Areas. Our seminal working paper on GPs' preferences regarding rural locations (to be published in *Social Science and Medicine*) provided the first available evidence of the level of compensation or work attributes required to 'shift' GPs into perceived less desirable rural locations. These research findings follow a further five MABEL papers, published in 2010–11, which focused on various rural medical workforce issues. Please visit our website for details of these publications.

With five years of data collected, our research team is now in a position to capitalise more fully on the longitudinal aspect of the data in MABEL. Since we are following up the same doctors each year we can observe their geographic mobility into and out of rural and remote areas over time. This in conjunction with the rest of the MABEL data helps reveal how personal and professional circumstances influence these location changes. Our research findings will provide evidence previously unavailable to policy-makers on the key factors influencing location decisions. This will enable future medical workforce policy initiatives to better target recruitment, retention and service provision in rural and remote areas.

NEW! Policy Brief No. 1: Key Issues in Medical Workforce Policy

We are pleased to announce the first in a new series of MABEL *Policy Briefs*. These briefs are designed for people on the front line in developing and implementing medical workforce policy. Our aim is to contribute to debate and highlight key research findings and evidence. In the inaugural issue we present a summary of the current main policy issues and challenges, as identified by members of the CRE's National Advisory Group comprising major stakeholders in the field (see our website for membership of the Group). We identify key questions for policy in five areas: rural workforce supply and distribution; education and training; career transitions; medical workforce participation; and models of care and skill mix. Future *Policy Briefs* will focus on specific policy issues, reviewing why the issue is important, what the available evidence shows, and what the implications are for policy.

MABEL survey progress

- We would like to thank the almost 11,000 doctors who made time to complete the Wave 5 survey in 2012. We continue to achieve an excellent year-on-year response rate. Each year we receive responses from around 80 per cent of doctors who responded the previous year.
- In Wave 5 we received responses from 88.7 per cent of doctors who had responded to all previous waves (i.e. Waves 1–4 from 2008 to 2011).
- The total numbers of doctors completing the survey each year were: 10,498 in 2008; 10,304 in 2009; 9,949 in 2010; 9,773 in 2011; and 10,871 (provisional) in 2012. From 2009 a cohort of doctors new to clinical practice, mainly interns and international medical graduates, has been included.

Report from the Inaugural MABEL Research Forum

Our first MABEL Research Forum was held on 12 April at the University of Melbourne in the Melbourne Business School. The aim of the Forum was to disseminate results from research using MABEL data, but to do so in the context of key medical and health workforce policy issues. Eighty participants from medical colleges, postgraduate education councils, rural workforce agencies, Health Workforce Australia, the Department of Health and Ageing, State health departments, as well as academic researchers contributed to a day of discussion around a number of research projects. The Forum was opened by Penny Shakespeare, First Assistant Secretary of the Health Workforce Division of the Department of Health and Ageing. Researchers from the MABEL team, as well as other researchers using de-identified MABEL data, presented findings on a range of topics broadly aligned with our three research themes (medical workforce participation, career transitions, and rural workforce supply and distribution). Each of these sessions was chaired by a decision-maker who provided an overview of policy issues in that area: Dan Jefferson from the Victorian Department of Health, Jane Austin from Health Workforce Australia, and Lou Andreatta from the Department of Health and Ageing. The final session of the day was on the future role of longitudinal surveys of the medical workforce. This session was chaired by Ian Crettenden from Health Workforce Australia, with presentations by Anthony Scott who leads the CRE and MABEL, Don Roberton from the Medical Schools Outcomes Database, and Adrian Webster from the Australian Institute of Health and Welfare. We extend our warm thanks to all participants.

Penny Shakespeare opened the Inaugural MABEL Research Forum

Impact of research

Members of the CRE are regularly invited to speak or provide information and summary data to a range of organisations, some of which are endorsing organisations. Requests by end-users for access to information also provide a strong indication of the value of the MABEL data. This is in addition to the impact of MABEL research findings published in journals, media mentions, and research by the 56, mainly academic, external users of de-identified MABEL data. For example, in the six months since November 2012, requests relating to MABEL have come from the Royal Australasian College of Physicians, the Royal Australian College of General Practitioners, the Rural Doctors Association of Australia, the Department of Health and Ageing, Health Workforce Australia, the NSW Ministry of Health, the Department of Health (Victoria), the Australian Primary Healthcare Research Institute, the Melbourne Health Medical Advisory Committee, and various media outlets. The Department of Health and Ageing, for example, used MABEL data to construct and validate a proposed new geographic classification system to be used in allocating incentives for rural GPs.

Recent publications

Cheng TC, Joyce C & Scott A. 2013. An empirical analysis of public and private medical practice in Australia. *Health Policy* (accepted 17 April 2013).

Hills D & Joyce C. 2013. Personal, professional and work factors associated with Australian clinical medical practitioners' experiences of workplace aggression. *Annals of Occupational Hygiene* (accepted 14 February 2013).

Hills D, Joyce C & Humphreys J. 2012. A national study of workplace aggression in Australian clinical medical practice. *Medical Journal of Australia*, 197(6): 336–340.

Hills D, Joyce C & Humphreys J. 2012. Validation of a job satisfaction scale in the Australian clinical medical workforce. *Evaluation & the Health Professions*, 35(1): 47–76. doi: 10.1177/0163278710397339

Humphreys J, McGrail M, Joyce C, Scott A & Kalb G. 2012. Who should receive recruitment and retention incentives? Improved targeting of rural doctors using medical workforce data. *Australian Journal of Rural Health*, 20(1): 3–10.

McGrail M, Humphreys J, Joyce C & Scott A. 2012. International medical graduates mandated to practice in rural Australia are highly unsatisfied: Results from a national survey of doctors. *Health Policy*, 108(2): 133–139.

Scott A, Witt J, Humphreys J, Joyce C, Kalb G, Jeon SH & McGrail M. 2013. Getting doctors into the bush: General practitioners preferences for rural location. *Social Science and Medicine* (accepted 22 January 2013).

Sivey P, Scott A, Witt J, Joyce C & Humphreys J. 2012. Junior doctors' preferences for specialty choice. *Journal of Health Economics*, 31(6): 813–823.

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