MABEL Matters
Centre for Research Excellence in Medical Workforce Dynamics
No. 9 May 2014

Medicine in Australia: Balancing Employment and Life

Welcome to the latest *MABEL Matters*. This issue reports on the recent MABEL Research Forum, held alongside our first MABEL Data Users' Workshop. We also report highlights from recent MABEL research, including some facts about 'Life as an Intern', a study about GPs' working hours (by the Centre for Health Economics Research and Evaluation at UTS), and the public–private sector choices of specialists. Our sincere thanks are extended to the thousands of doctors who continue to give their valuable time by completing the MABEL survey. To further facilitate participation, the online survey can now be completed using a 'tablet' computer.

MABEL progress

Six annual waves of the MABEL survey have now been conducted, with around 10,000 doctors responding each year. With Wave 7 (2014) just underway, only two more waves have funding under the current NHMRC grant; additional funding will be sought in 2015. In addition to our ongoing research, two of our PhD students recently completed their studies. Using MABEL data, Danny Hills undertook research on aggression in clinical practice and Michelle McIsaac investigated the equity and mobility of GPs. We continue to receive almost weekly MABEL data enquiries from a range of organisations.

MABEL Research Forum

Our second forum in April showcased research by the Centre for Research Excellence and the 100+ external users of the MABEL data. The forum was attended by more than 70 people from medical training colleges and other organisations, universities, and state and federal governments. Policy issues and research relating to MABEL's three research themes (rural workforce supply and distribution, workforce participation and career transitions) as well as cross-cutting themes were discussed.

Associate Professors Jan Coles and Deborah Coleville from the Australian Federation of Medical Women gave an excellent overview of some key inflexibilities and attitudes disadvantaging medical women throughout their training and careers. This is particularly relevant as the proportion of women in medicine continues to increase. Other presentations related to the impact of earnings on hours worked in the public and private sectors; factors associated with doctors' health status; the role of locus-of-control and personality in job satisfaction; the extent of specialist outreach services in rural and remote Australia; and determinants of doctors' mobility across areas of low, medium and high socio-economic status.

The session on career transitions included a special panel discussion on 'Competition in Medical Careers' (see photo for members of the panel). We extend our thanks to all session chairs, presenters and participants for their contributions to another successful forum.

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Career Transitions Panel members (from left): Associate Professor Terry Brown (Chair, Confederation of Postgraduate Medical Education Councils), Kunal Luthra (Vice President, Australian Medical Students' Association), Robyn Burley (Director of Workforce Planning & Development, NSW Ministry of Health), Dr James Churchill (Australian Medical Association Council of Doctors in Training), Associate Professor Catherine Joyce (Monash University), Professor Richard Doherty (Dean, Royal Australasian College of Physicians), Maureen McCarty (Health Workforce Australia)

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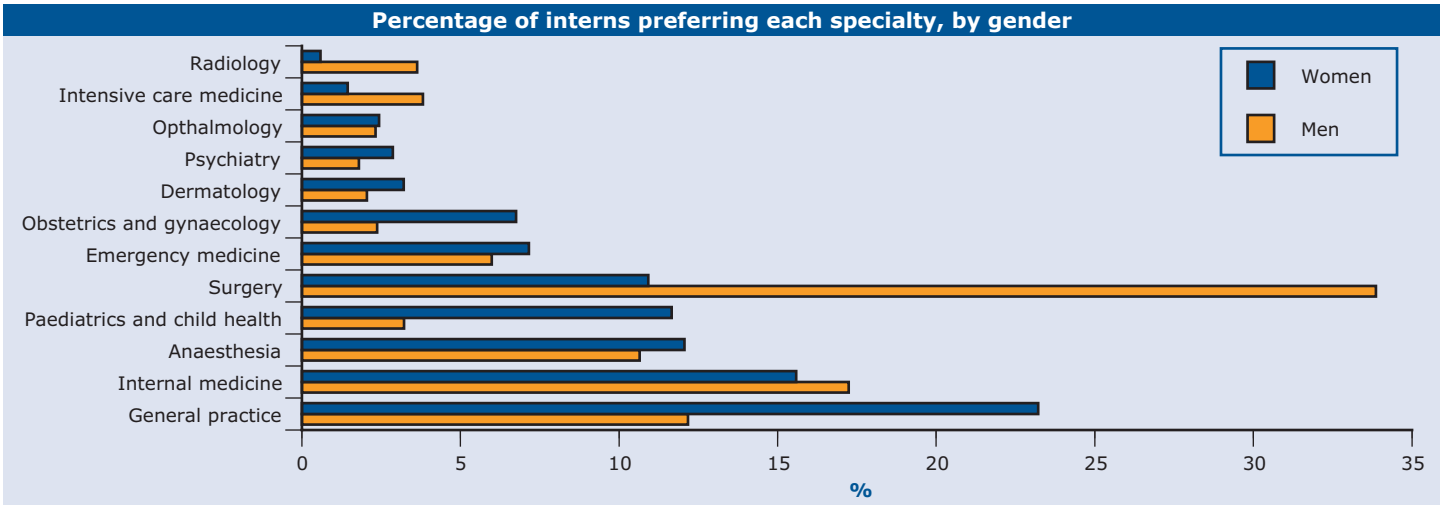
Life as an intern

Medical graduates are facing a much more competitive labour market as a result of the expansions of medical schools and continuing liberalisation of immigration policy. In order to make good career choices, it is important that doctors have unbiased information about their different career options. Our recent MABEL research draws on the 2010 to 2012 MABEL surveys to provide some facts describing life as an intern.

The specialty preferences of interns are shown in the figure below. Male interns are most likely to prefer surgery (33 per cent), followed by internal medicine (17 per cent), general practice (12 per cent) and anaesthesia (11 per cent). Meanwhile for female interns 23 per cent prefer general practice, followed by internal medicine (16 per cent), anaesthesia (12 per cent), and paediatrics and child health (also 12 per cent).

Interns are especially likely to be dissatisfied with their pay, autonomy and working hours, most of which, however, usually improves once they become qualified. The median annual earnings of interns is around $66,000 compared with $225,000 for their GP and specialist counterparts, so this suggests a roughly five-fold increase in salaries over the course of a medical career. Interns participating in MABEL reported an average medical education debt of $49,696, which falls to $24,837 for HMOs beyond PGY1. The average hours worked per week as an intern is 49, with those in the top 25 per cent of the distribution working 55 hours per week. These working hours typically fall to an average of 40 per week for GPs and specialists. Overall 83 per cent of interns report excellent or very good health, compared with 76 per cent of GPs and specialists.

A full version of the article is available in the *2014 Internship and Residency Guide* published by the Australian Medical Students' Association.



Hospital-based doctors and working hours

A recent study of hospital-based doctors shows that almost half would prefer to reduce their working hours. Drawing on MABEL data, the study investigates factors associated with a desire to reduce workload, including age, gender, health status, family circumstances, job satisfaction, working hours, income, and the proportion of hours spent in private practice. The study also examines reasons for subsequent changes in actual working hours.

Of the 5,698 hospital-based doctors in the analysis 48 per cent overall stated a preference for reducing hours: 50 per cent of both specialists and specialist registrars; and 39 per cent of hospital non-specialists. A preference to reduce hours was positively related to female gender, a workload of more than 40 hours per week, and (more) time spent working in a private setting. A preference for reduced hours was negatively associated with better health and high job satisfaction. An inverted U-shape relationship was observed for age, with younger and older doctors less likely to prefer reduced hours. Of the total 4,584 doctors who completed working-hour intention data for both Waves 3 and 4 of MABEL, 49 per cent (2,226) indicated in Wave 3 a preference for reduced hours. Of these only 32.1 per cent (712 doctors) actually reduced hours by more than five hours per week in the subsequent year (27 per cent of specialists who had preferred reduced hours, 44 per cent of specialist registrars and 47 per cent of hospital non-specialists). Successful reduction in hours was associated with being older, female, and working more than 40 hours per week.

The findings from this research enable policy makers to consider two linked issues separately: the factors associated with doctors preferring to work fewer hours, and the factors associated with actually reducing hours as preferred. The findings suggest that, in order to maintain labour supply in the health workforce, policy design should be centred on improving doctors' job satisfaction and health. For the full report see Norman and Hall, *Internal Medicine Journal* (2014), 'Can hospital-based doctors change their working hours? Evidence from Australia'.

Public, private or both? Analysing factors influencing the labour supply and sector choice of medical specialists

A recent working paper by members of the MABEL research team investigates the factors influencing medical specialists' allocation of working hours between the public and private sectors. The research assumed that specialists can choose from a set of job packages characterised by the number of hours spent working in each sector.

Labour supply response

The results show that specialists respond to increases in hourly earnings by reallocating working hours to the sector where earnings are increased, while leaving total working hours unchanged (see figure below). When hourly earnings in one sector are increased by 1 per cent, the expected hours worked in that sector increase by between 0.21 and 0.54 per cent, while the expected hours in the other sector decrease by a corresponding amount. The expected shifts are larger for male than female specialists.

The labour supply response varies by age and medical specialty. Male specialists under the age of 60 are most responsive to changes in relative earning possibilities, with responses to a 1 per cent increase in hourly earnings in a sector varying between 0.39 and 0.77 per cent. Male specialists over 60 years and female specialists over 50 years are not responsive to changes in hourly earnings. Male specialists aged 40–49 years and female specialists aged 30–39 years are most responsive to changes in hourly earnings.

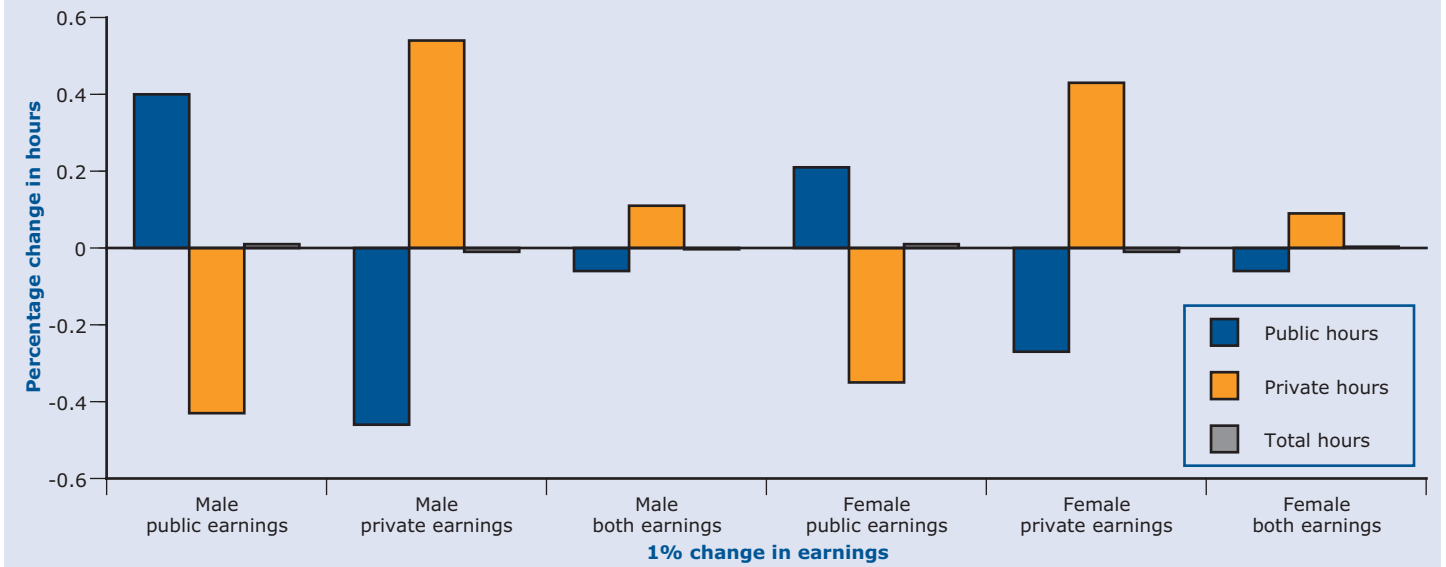
Individual and household characteristics also affect hours worked. The total number of hours worked decreases generally with age. Meanwhile the presence of young children significantly reduces the weekly hours worked by female specialists but not male specialists. The reduction in hours is larger when children are younger (less than 10 years). This mirrors the effects in the general population. Having a partner in employment has no effect on hours worked by male or female specialists.

Implications

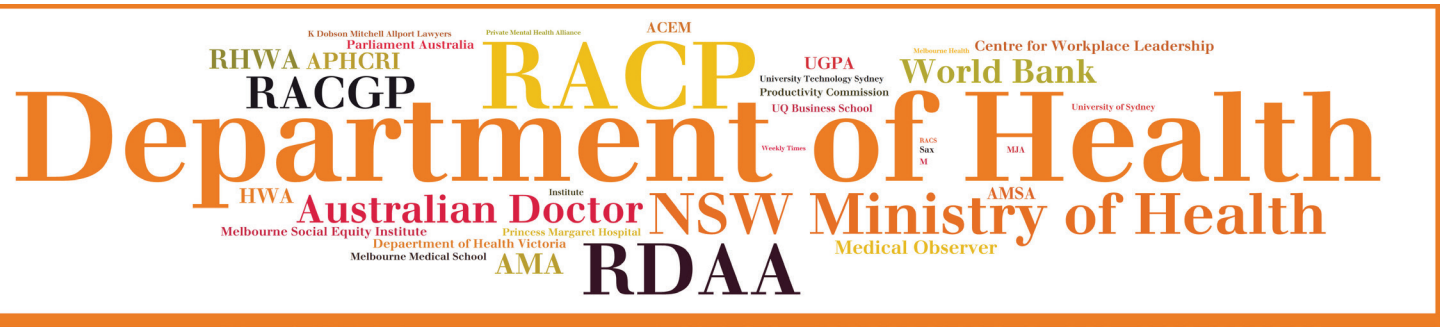
The implications of this analysis depend on whether any shortage of doctors is general (with evidence of rising waiting times and earnings in both sectors) or limited to the public sector (resulting from a mal-distribution of specialists between sectors). The response of public hospitals should depend on this. With a general shortage any pay increases in the public sector are likely to flow through to the private sector, with no net effect on supply. But if the public sector shortage results from mal-distribution (reflected in waiting times which are long and rising in the public sector but stable or falling in the private sector) then increasing public sector pay may be more effective in increasing the supply of existing specialists' labour to public hospitals. This information about the responsiveness of specialists to changes in earnings provides important evidence on the potential effectiveness of wage policies to help solve recruitment and retention difficulties.

Melbourne Institute Working Paper No. 40/13, 'Public, Private or Both? Analysing Factors Influencing the Labour Supply of Medical Specialists', by Dr Terence Chai Cheng, Professor Guyonne Kalb and Professor Anthony Scott, can be downloaded from <melbourneinstitute.com/downloads/working_paper_series/wp2013n40.pdf>.

Percentage increase in hours worked in response to a 1 per cent increase in hourly earnings in the public, private or both sectors, by gender



Engagement and impact



Number of requests since November 2012: around three enquiries per month

Type of request		Type of organisation	
Request for information/data	21	Other (media, university, individual)	22
Submit evidence/consult/provide expert advice	11	Endorsing organisation	13
Third party use (citation in report)	8	Government department	10
Other	5	Government agency	4
Invitation to speak	4		

Recent journal articles

Cheng TC, Joyce C & Scott A. 2013. An empirical analysis of public and private medical practice in Australia. *Health Policy*, 111(1), 43–51. dx.doi.org/10.1016/j.healthpol.2013.03.011

Hills D & Joyce C. 2013. Personal, professional and work factors associated with Australian clinical medical practitioners' experiences of workplace aggression. *Annals of Occupational Hygiene*, 57(7), 898–912. doi: 10.1093/annhyg/met012

Hills D & Joyce C. 2013. A review of research on the prevalence, antecedents, consequences and prevention of workplace aggression in clinical medical practice. *Aggression and Violent Behavior: A Review Journal*, 18(5), 554–569. doi: 10.1016/j.avb.2013.07.014

Hills D, Joyce C & Humphreys J. 2013. Workplace aggression prevention and minimisation in Australian clinical medical practice – A national study. *Australian Health Review*, 37(5), 607–613. doi:10.1071/AH3149

O'Sullivan B, Joyce C & McGrail M. The adoption, implementation and prioritisation of specialist outreach policy in Australia. *Bulletin of the World Health Organisation*. Accepted January 2014 (forthcoming).

Scott A. 2014. Getting the balance right between generalism and specialisation: Does remuneration matter? *Australian Family Physician*. 43(4), 229–232.

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*, 96, 33–44. doi:10.1016/j.socscimed.2013.07.002

Professor Deborah Cobb-Clark (Director, Melbourne Institute) and Professor Tony Scott (Professorial Research Fellow, Centre for Research Excellence in Medical Workforce Dynamics, incorporating MABEL) at the MABEL Research Forum

MABEL acknowledgement

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