

Key Issues in Medical Workforce Policy

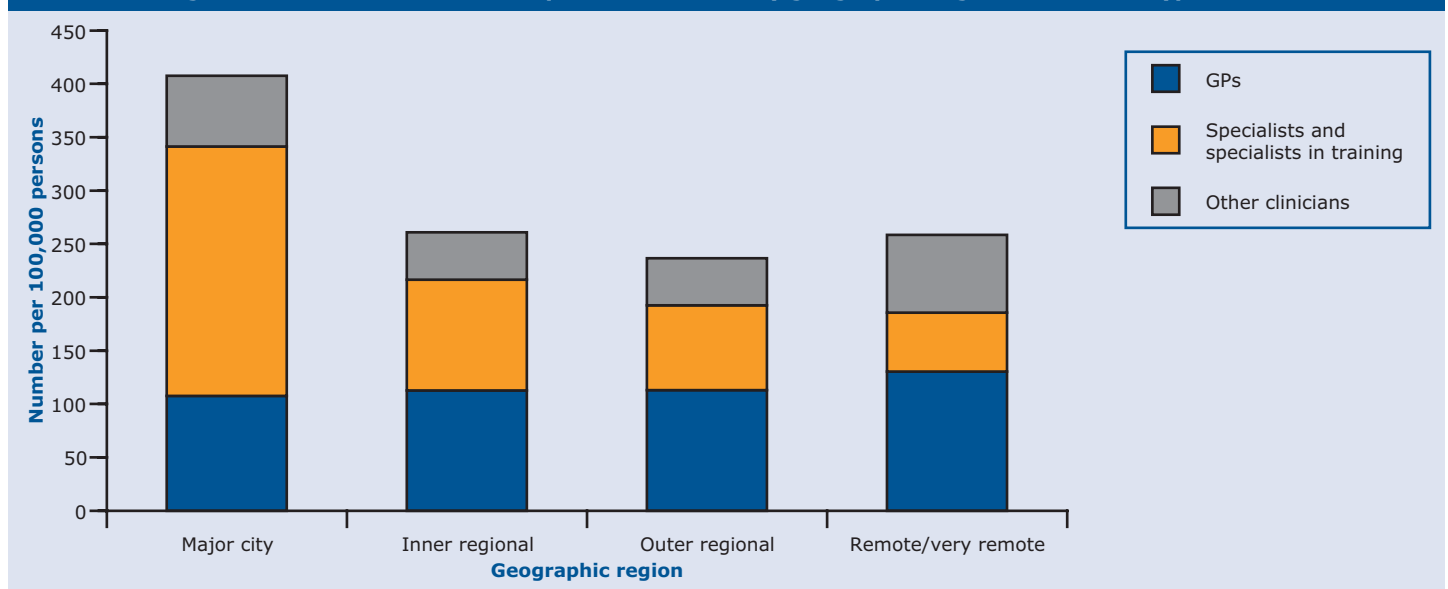
Welcome to Issue 1 of the Centre for Research Excellence (CRE) in Medical Workforce Dynamics *Policy Brief* series. The Briefs are designed for those in the front lines of developing and implementing medical workforce policy. We aim to contribute to debate about relevant issues and highlight key research findings. In this inaugural issue, we present a summary of key current policy issues and challenges, as identified by members of the CRE's National Advisory Group, which comprises key stakeholders in the field (see <https://mabel.org.au/> for membership of the Group). We outline key questions for policy in five areas. Future *Policy Briefs* will focus on specific policy topics, and will review why an issue is important, what the available evidence shows, and what the implications are for policy.

Rural workforce supply and distribution

Persistent geographic maldistribution of the medical workforce has been documented in recent reports such as *Health Workforce 2025* (volumes 1 to 3)¹ and the rural health workforce supply Senate Inquiry² (see also Figure 1). Current rural retention and recruitment programs are under internal review by the Australian Government Department of Health and Ageing. Published work from the CRE team confirms that rural background is a significant predictor

of practising in a rural area for both general practitioners (GPs) and specialists.³ Other findings from the MABEL team show that International Medical Graduates (IMGs) mandated to practise in rural areas have lower job satisfaction than both Australian-trained doctors and non-mandated IMGs;⁴ and that local areas can be characterised by particular attributes (such as climate, socio-economic status, proximity to the coast) which may exert an influence on the doctors' choice of location across non-metropolitan areas.⁵

Figure 1: Number of full-time equivalent doctors by geographic region and doctor type, 2011⁶



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Key questions

- How effective are current schemes targeting locally-trained graduates in influencing intent or ability to practise in a rural area after graduation (e.g., Bonded Medical Places Scheme, Medical Rural Bonded Scholarships, Extended Rural Cohort (Victoria))?
- What aspects of rural practice do young doctors value and find appealing? What incentives or initiatives might be effective in capitalising on these?
- What factors act as barriers to rural practice being seen as an attractive career choice (e.g., work intensity, after-hours arrangements, lifestyle factors, professional isolation, employment opportunities for spouse, hospital closures and perceived long hours)? What incentives or initiatives might be effective in addressing these perceived barriers?
- What are the geographic mobility patterns of doctors? How long do doctors stay in rural areas on average? To what extent is there movement from metropolitan areas to rural areas? How do young doctors interested in rural practice build a career pathway?
- Do differing employment arrangements for doctors in rural areas across states make a difference to doctors' productivity, job satisfaction, recruitment or retention?
- What are the employment outcomes and career trajectories for IMGs?

Education and training

A large expansion of medical graduates is occurring, with implications for the capacity of postgraduate medical training to cope with this increase. Innovative models to support sustainable and effective medical training are a key current focus of Health Workforce Australia. Its *Work Plan 2012–2013* includes several relevant programs, such as the Clinical Supervision Support Program, Integrated Regional Clinical Training Networks, and the National Medical Training Network.⁷ There is a limited supply of residency and specialty training places under the traditional model based in large public hospitals. Larger graduate cohorts are placing this system under considerable pressure, and driving innovations such as a broader range of training settings. This is likely to influence the length and quality of training, and to impact on the career pathways of doctors.

Key questions

- What impact will changes in medical training have on costs and quality of care?
- How will the expansion of postgraduate medical training into new settings influence the quality of training and the working conditions of junior doctors and their supervisors?
- How can we ensure that clinical placements and other aspects of medical education are of consistently high quality? What key factors determine quality?
- How can medical training be used to encourage the choice of generalist practice?

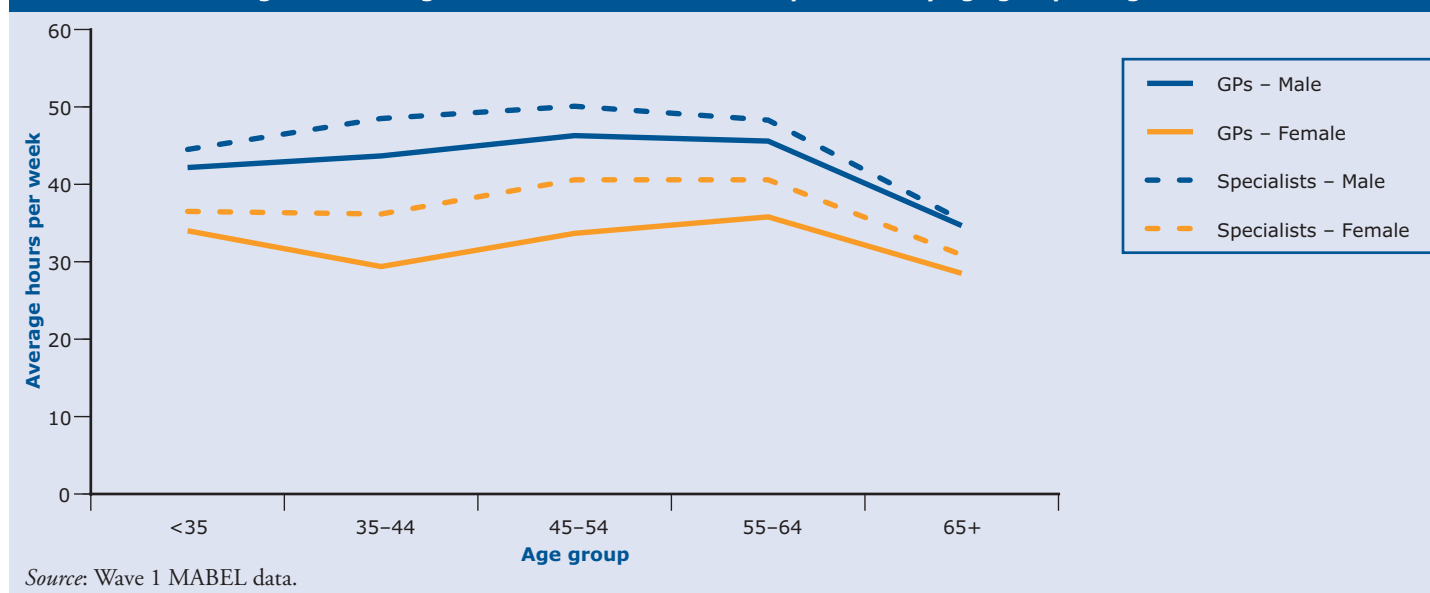
Career transitions

Commencement of a specialty training program is a key transition point in doctors' careers. Understanding doctors' preferences about specialty choice is of vital importance to ensuring that the numbers of doctors trained in various specialties match with the need. Published work from the CRE team has shown that junior doctors' specialty choice preferences are influenced by factors such as opportunities for procedural or academic work as well as expected future earnings.⁸ Volume 3 of *Health Workforce 2025* highlights the issue of balance between generalism and specialism as a key current challenge.¹ One of the mechanisms designed to address this is the new *National Medical Training Advisory Network: Discussion Paper* on the implementation of the Network which was released in February 2013, and which outlines the key functions of the Network as linking all interested parties and developing training plans in light of supply and demand trends.⁹

Key questions

- What factors affect choice of field of practice within medicine, and in particular the choice between generalist (including general practice and 'generalist' specialities), specialist and sub-specialist roles?
- What incentives or initiatives might be effective in increasing the number of medical graduates choosing generalist roles which are currently in shortage? For example, how important are training models, recognition and support for generalism, professional development and support opportunities?
- What are the critical stages at which doctors make career choices? What are effective means of influencing career choices/transitions?

Figure 2: Average hours of work for GPs and specialists by age group and gender⁶



- What is the career trajectory for international students trained in Australian medical schools?
- How do we best use members of the medical workforce who are approaching retirement?

Medical workforce participation

Health Workforce 2025 includes the latest projections of future supply, modelled using particular assumptions about hours worked.¹ Notwithstanding changes over time, age and gender continue to be key determinants of working hours (see Figure 2), and a changing composition of the medical workforce over time (e.g. a larger proportion of female doctors) thus affects supply. Collection of data by the Australian Health Practitioner Regulation Agency¹⁰ will assist in providing reliable population-level data on doctors' working hours and types of work. Work from the CRE team (presented at the International Health Economics Association Conference) investigating the role of financial incentives and non-financial factors in doctors' workforce participation decisions shows that financial incentives alone are unlikely to address supply shortages.¹¹ For female doctors, as with women in other occupations, the presence of young children is the most important factor influencing labour supply. In a slightly different context, the CRE team has shown that in enticing doctors to rural locations, non-pecuniary factors such as the amount of on-call, the ease with which a locum doctor can be arranged or the social interactions that are available in a location are all important.¹²

Key questions

- What are the implications of a growing female medical workforce?
- Is the general trend of declining working hours observed to the same extent in different sub-groups of doctors (e.g., by gender, cohort, geographic location)?
- What are the key drivers of decisions about the proportion of time spent in different types of medical work (e.g., clinical versus non-clinical; public versus private sector)?

Models of care and skill mix

Recognition of the increasing burden of chronic medical conditions has contributed to an increase in the number of government initiatives aimed at treating these, including the provision of new subsidies or funding for allied health professionals and nurses. In addition, an emphasis by Medicare Locals on primary care may influence the work conditions and roles of general practitioners in particular.¹³

Key questions

- What implications do changing models of care have for workforce requirements (e.g., chronic disease care coordination, multidisciplinary team-based care, increased use of non-medical clinicians such as practice nurses, nurse practitioners, physician assistants)?
- What implications do changing models of care have for doctors' roles, doctors' professional satisfaction, or patients' access to care?

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The Centre for Research Excellence (CRE) in Medical Workforce Dynamics is a collaboration between the Melbourne Institute of Applied Economic and Social Research at the University of Melbourne, and Monash University, and is funded by the National Health and Medical Research Council. The CRE has four key objectives: to describe and understand the determinants of trends in key measures of the labour supply of doctors; to evaluate and simulate the effects of policy change; to support and enhance knowledge exchange and the use of our research in applied contexts; and to build capacity in health workforce research.

The Medicine in Australia: Balancing Employment and Life (MABEL) national longitudinal survey of doctors is one of the CRE's primary activities. MABEL has, since its inception in 2007, established itself as a national resource for medical workforce research with a growing international reputation. Work currently underway addresses many of the key questions outlined in this *Policy Brief*, under the three themes of the CRE's research program: rural workforce supply and distribution, career transitions, and workforce participation.

**Do you have a comment or a suggestion for a future *Policy Brief*?
Contact us at enquiries@mabel.org.au**