

## Focus on Doctors Enrolled in a Specialty Training Program

### 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](http://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](http://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](http://www.mabel.org.au).



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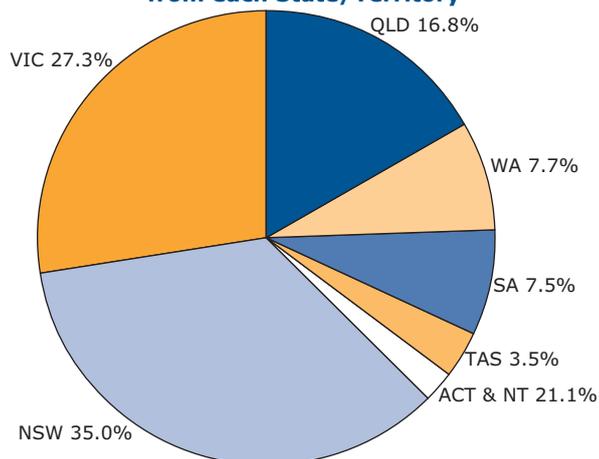
# Focus on Doctors Enrolled in a Specialty Training Program

The Wave 1 (2008) survey was sent to 4,214 doctors enrolled in a specialty training program, of which 864 (20.6%) responded. A number of these and other doctors had changed their doctor type and filled out a different version of the survey. As a result, 1,072 specialists in training provided responses for analysis. All data below are weighted to provide national estimates.

The median age of specialists in training was 32 years, with 85.6% aged 26–40 years and 11.2% aged 41–55 years. 58.4% were male and 41.6% were female.

Almost 80% of specialists in training worked in New South Wales, Victoria or Queensland (Figure 1).

**Figure 1: Percent of respondents from each State/Territory**



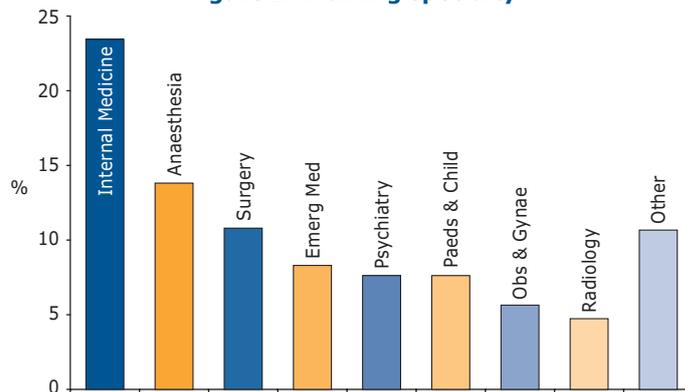
Over 91% of specialists in training were working in major metropolitan centres, with 7% working in inner regional centres.

More than 80% of doctors were enrolled in eight of the 17 different specialist training programs (Figure 2). These were Internal Medicine (Adult), Anaesthesia, Surgery, Emergency Medicine, Psychiatry, Paediatric and Child Health, Obstetrics and Gynaecology or Radiology.

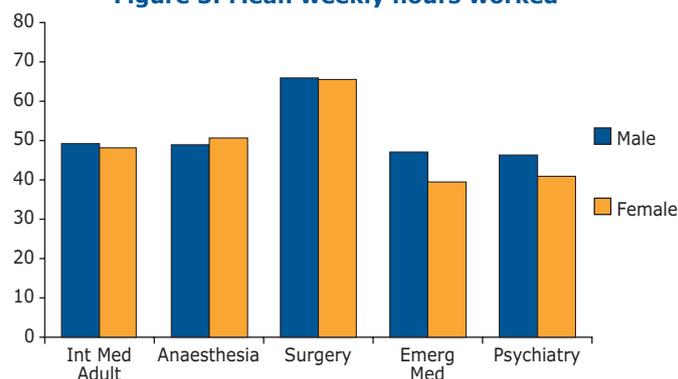
The mean reported hours worked per week was 48.4 hours for males and 45.2 hours for females.

Mean working hours were similar across the most popular five specialist training programs, with the exception of surgery, where mean weekly hours worked reached around 65 hours for male and female trainees (Figure 3). The overall trend for male trainees to work longer hours was more apparent in Emergency Medicine and Psychiatry.

**Figure 2: Training specialty**

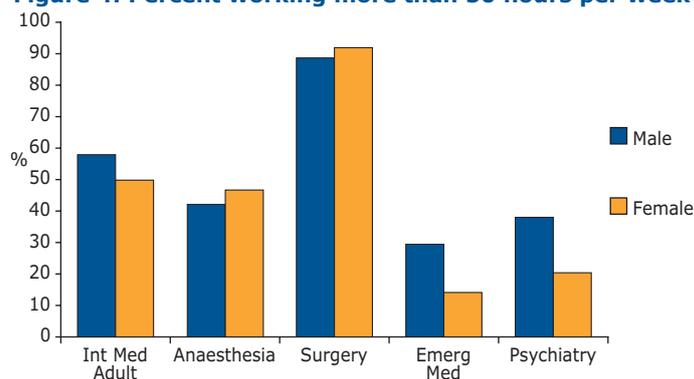


**Figure 3: Mean weekly hours worked**



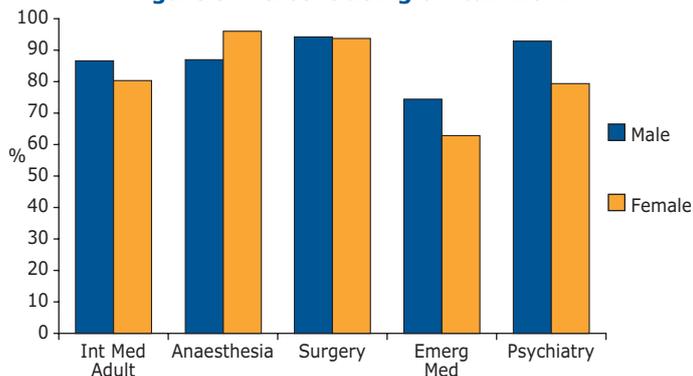
Approximately 50% of male and 40% of female specialists in training reported working 50 or more hours per week. As demonstrated in Figure 4, there was considerable variation across the top five specialist training programs, with around 90% of surgical trainees working 50 or more hours per week. Gender differences were again more apparent in Emergency Medicine and Psychiatry.

**Figure 4: Percent working more than 50 hours per week**



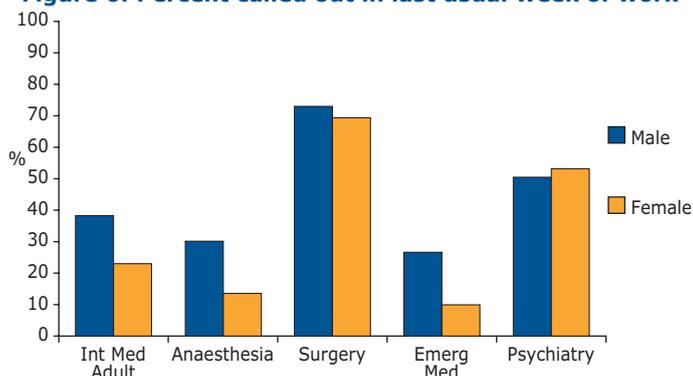
Around 81% of male and 77% of female specialists in training reported working on-call. Figure 5 shows the proportions for male and female trainees in the top five specialist training programs.

**Figure 5: Percent doing on-call work**



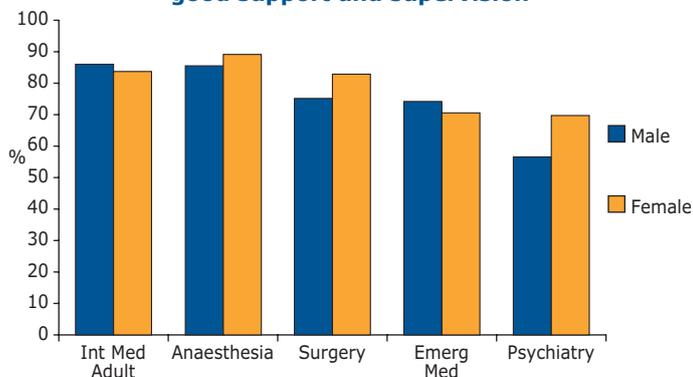
Overall, 40% of male and 28% of female specialists in training were called out in the last usual week. The proportions of male and female trainees called out varied across the most popular specialist training programs and by gender, except in Surgery and Psychiatry where call-out rates were relatively high and the gender proportions were similar (Figure 6).

**Figure 6: Percent called out in last usual week of work**



Approximately 80% of respondents overall agreed or strongly agreed that they had good support and supervision from qualified specialists. Proportions for male and female trainees in the top five specialties are shown in Figure 7.

**Figure 7: Percent receiving good support and supervision**

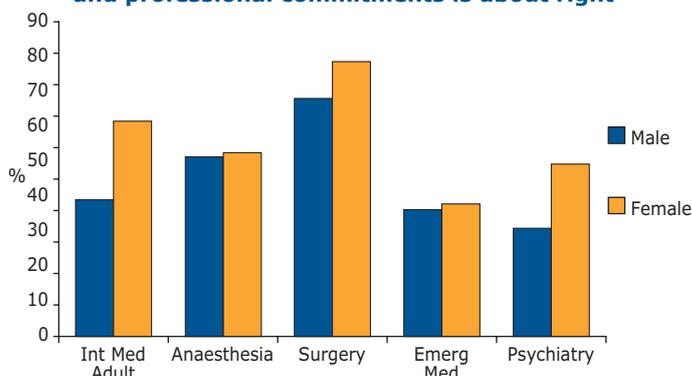


Overall, approximately 49% of specialists in training disagreed or strongly disagreed with the statement that the balance between their personal and professional

commitments was about right. This differed by gender, with 44.3% of males and 56.2% of females dissatisfied with their work–life balance.

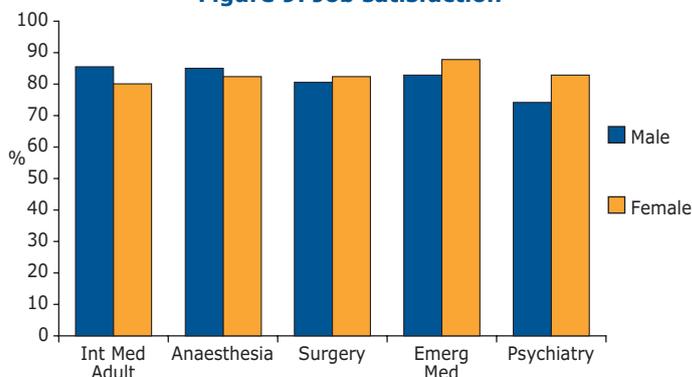
Across the most popular specialties, the greatest dissatisfaction with work–life balance was indicated by surgical trainees (Figure 8).

**Figure 8: Percent who 'strongly agree' or 'agree' that "The balance between my personal and professional commitments is about right"**



Despite the expressed concerns of a significant proportion of specialists in training about their work–life balance, 85% of male and female specialists in training were moderately or very satisfied with their job. Satisfaction levels by gender in the five most popular specialties are shown in Figure 9.

**Figure 9: Job satisfaction**



Relatively few doctors enrolled in a specialist training program expressed an intention to quit medicine. While 10.3% indicated they were likely or very likely to leave direct patient care within five years, only 2.9% indicated they were likely or very likely to leave medicine entirely within five years.

## 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](http://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<br>What influences the choice of specialty of young doctors? A discrete choice experiment from the MABEL longitudinal survey of doctors<br>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   |

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