

## Medicine in Australia: Balancing Employment and Life

### Introduction

Welcome to the latest issue of *MABEL Matters*. As MABEL's eighth wave of data collection begins, we would like to express our sincere thanks to the thousands of doctors who continue to give their valuable time by completing the MABEL survey each year. This edition of our newsletter reports on the third MABEL Research Forum, held in April; provides some updates on future research directions; and summarises MABEL research to-date on 'Life as a GP'.

### MABEL survey progress

Seven annual waves of the MABEL survey have now been completed, with around 9,200 doctors responding in Wave 7 in 2014. In Wave 7 we experimented with an email approach to junior doctors, which helped to increase response rates. Junior doctors (interns; PGY1, 2, 3+; and registrars) are a notoriously difficult group to contact due to their high mobility. However, they are also a very important group given the increasing competition in medical careers. With Wave 8 (2015) just underway, only one more wave of funding is available under the current NHMRC grant. Additional funding will be sought in 2015–2016.

### MABEL Research Forum

Our third MABEL Research Forum was held on 24 April at the Melbourne Business School. In addition to summarising and presenting the latest research using MABEL data, discussion was held around a range of policy issues, providing the essential context for the MABEL survey which helps ensure it remains relevant. Some forum presentations are available on our website: [www.melbourneinstitute.com/miaestr/events/special%20events/Forum\\_MABEL\\_2015/forum\\_MABEL\\_2015\\_program.html](http://www.melbourneinstitute.com/miaestr/events/special%20events/Forum_MABEL_2015/forum_MABEL_2015_program.html).

In the first session on 'What do we want from our medical workforce', issues such as skill-mix changes, work flexibility, leadership and courage were raised and discussed by an



Forum session on 'What do we want from our medical workforce?' L to R: Brendan Murphy, CEO, Austin Hospital; Philip Davies, Deputy Director General, Queensland Health; Leanne Wells, CEO, Consumers Health Forum; Wendy Southern, Deputy Secretary, Department of Health.

eminent panel of medical employers and consumers. The second session on 'Medical careers' focussed on doctors' working lives, and was chaired by Mukesh Haikerwal, a GP and past president of the AMA. This session looked at verbal and physical aggression, doctors' mental health, and after-hours work and women in medicine; it included research from MABEL that has addressed some of these issues. Stephen Leeder, editor of the *MJA*, chaired the third session on 'Integrating research and evaluation into medical workforce policy'. John Humphreys summarised the experience from MABEL in this regard. This was followed by a panel discussion about whether the available data are 'up to it' (Maureen McCarty, Department of Health; Louisa Jorm, Centre for Big Data in Health, UNSW), and whether researchers are up to the task (Caroline Laurence, University of Adelaide). The last session focussed on 'Rural medical workforce'. Matthew McGrail from the CRE highlighted the latest research from MABEL, while the panel discussed the current range of policy issues (Jenny Johnson, RDAA; Paul Cutting, Department of Health; Leslyanne Hawthorne, University of Melbourne; Lucie Walters, ACCRM).



Tony Scott introducing the MABEL Survey at the forum.

### In this issue...

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# Research roundup: Rural

by Dr Matthew McGrail

This research theme has two overarching aims:

- to understand how changes in personal and professional circumstances of doctors 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, the MABEL team has published 11 academic articles that focus specifically on doctors practising in rural and remote areas of Australia. Each publication provides rigorous evidence on key workforce issues relating to rural practice. Key findings relating to GPs point to:

- the critical importance of locum relief incentives to increased rural retention;
- a strong disincentive to choosing rural practice because of potential on-call burden, locum difficulties, and location in small inland towns;
- a strong association between town size and work and life experience;
- a higher on-call and hospital workload in smaller towns; and
- similar satisfaction across most professional aspects by town size.

The mobility of GPs—job relocations into, within and out of rural areas—is a critical area of interest. A new paper has just been accepted by the *Medical Journal of Australia*, which examines the mobility of rural GPs (excluding registrars) across six years of MABEL (2008–2013). Annual retention rates of GPs were about 95 per cent in large

regional cities, 89–92 per cent in other rural towns and 82–89 per cent in remote communities. Overall, the annual ‘risk’ of a rural GP moving to a metropolitan location was 1 in 31, whilst the ‘risk’ of intra-rural moves was 1 in 14. Notable factors associated with the increased risk of leaving rural practice included being an International Medical Graduate (IMG), being younger and being employed through contracts or salaries.

There are many additional factors contributing to the increased mobility of rural doctors. Using MABEL data, we will explore the impact on mobility of:

- less desirable work environments (e.g. high workload or on call);
- career stage (e.g. early, mid or late);
- family stage (e.g. having dependants or school age children);
- amenity or attractiveness of work settings (e.g. coastal); and
- the role of professional and non-professional satisfaction.

MABEL researchers will be examining a number of other important characteristics of rural medicine. One key area is the notion of rural pathways and the role of rural background and training locations. MABEL’s longitudinal dataset enables us to track doctors through their fellowship period and early career work location decisions. Two other doctor groups of interest are specialists and IMGs who work in rural areas, whilst rural GPs who do procedural work will also be further investigated.

Rural doctors remain important contributors to the MABEL study. Their support and continued involvement in providing information is crucial for improving the provision of health services to rural communities. The MABEL team is extremely grateful for the valuable time that these doctors spend in completing the annual survey.



## Michelle McIsaac awarded her PhD

Michelle McIsaac, one of our first MABEL PhD students, was awarded her PhD in late 2014. Her thesis was on the location choice of GPs and focussed on decisions to locate in areas of low socio-economic status, measuring equity in the distribution of GPs across socio-economic areas.

She found that GPs seem to be located in areas of demand, but not in areas of highest need for health care. She examined factors influencing the likelihood of GPs locating in low, medium or high socio-economic status areas. Policy simulations suggest that GPs are not very responsive to relocation incentives. Papers are currently submitted to journals.

# Research roundup: Work–life balance

by Professor Guyonne Kalb

The aims of this 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 for men and women; across family status, such as whether children are present; and across other characteristics.

Two papers are currently under review with refereed journals and have been published as Melbourne Institute working papers:

- 'Overall labour supply decisions of general practitioners (GPs) and specialists' (Working Paper 10/15, available at [www.melbourneinstitute.com/downloads/working\\_paper\\_series/wp2015n10.pdf](http://www.melbourneinstitute.com/downloads/working_paper_series/wp2015n10.pdf)); and
- 'The public and private hours choice of specialists' (Working Paper 40/13, available at [www.melbourneinstitute.com/downloads/working\\_paper\\_series/wp2013n40.pdf](http://www.melbourneinstitute.com/downloads/working_paper_series/wp2013n40.pdf)).

Another two papers are in progress and are expected to be completed by the end of this year:

- 'Working hours and on-call choices for GPs'; and
- 'Specialists' choice of public or private sector: DCE'.

So far work from the CRE team shows that financial incentives are unlikely to address supply shortages. For female doctors, the presence of young children is the most important factor determining labour supply. We also observe substantial differences between male and female doctors (see Table 1). Thus, a new project investigating the hours choices by doctors with young children aims at establishing the role of employment options and childcare restrictions in these choices.

Figure 1 shows the distribution of hours worked by female doctors who had a new child during the survey period and for whom we observe hours worked before and after the child is born. Thus we are comparing the hours worked by the same doctors before and after childbirth. For female GPs and specialists, the distribution clearly shifts to the left, indicating a shift from full-time to part-time work. For hospital non-specialists and specialists in training there is also a shift but it is much weaker. A question arising from this is whether part-time work is a real option for these doctors. The same comparisons for male doctors show that not much change occurred in hours worked, before and after childbirth.

**Table 1: Average weekly work hours by gender of doctor and age of youngest child**

Age of youngest child	Male doctors	Female doctors
Age 0–4	46.24	26.99
Age 5–9	47.43	32.41
Age 10–15	48.39	34.85
No child/child>15	43.18	40.69

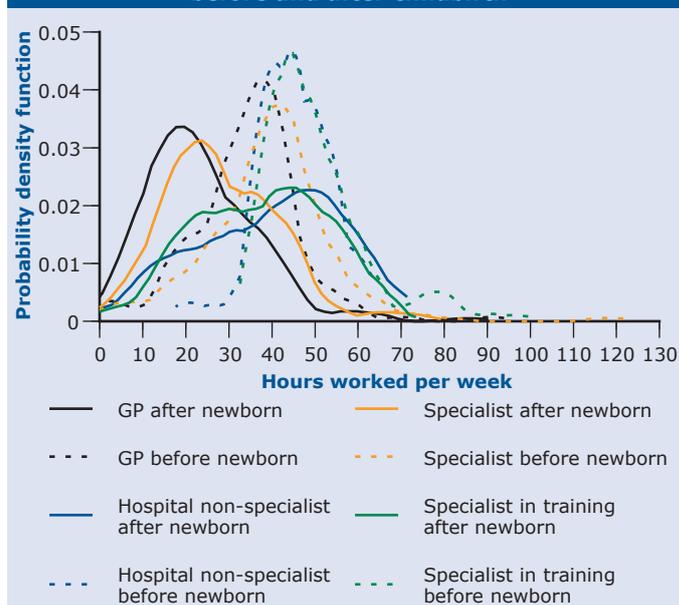
Source: MABEL data, Waves 1–6.

From the MABEL survey responses it seems that female employment is more restricted by a lack of childcare than male employment. Some descriptive analysis shows that women who state that they are restricted in employment due to a lack of childcare work fewer hours than other women.

Examining the question of whether doctors would like to change their hours worked, many women with children aged 0–4 and 5–9 seem to work the hours they want already, certainly to a larger extent than men and other women. Overall, female GPs are most content with their current hours, while female specialists in training are most likely to want to decrease their hours. The latter group may be more restricted in their hours choices.

Further research will use multivariate panel data techniques to examine hours worked over time, controlling for as many relevant factors as are available (e.g. location, specialty). This should give a clearer view on the time-varying influencing factors (e.g. childbirth, children going to school, ageing, health) and potential hurdles (lack of childcare, inflexible employment) that are faced in obtaining the desired hours of work.

**Figure 1: Hours distribution for women before and after childbirth**



Source: MABEL data, Waves 1–6.

# Contributing to the debate on the Medicare rebate freeze and GP co-payments

A key feature of the debate on GP co-payments and the resulting freeze on Medicare rebates was a lack of research and evidence on how patients and doctors respond to price signals. The MABEL survey is in a good position to address this gap in evidence and inform the debate around Medicare funding. A recent Melbourne Institute Policy Brief ('The GP co-payment: A short postmortem and a new research agenda on Medicare' <[www.melbourneinstitute.com/downloads/policy\\_briefs\\_series/pb2015n01.pdf](http://www.melbourneinstitute.com/downloads/policy_briefs_series/pb2015n01.pdf)>) and an article in *The Conversation* ('How likely are doctors to charge more due to the rebate freeze?' <[www.theconversation.com/how-likely-are-doctors-to-charge-more-due-to-the-rebate-freeze-38375](http://www.theconversation.com/how-likely-are-doctors-to-charge-more-due-to-the-rebate-freeze-38375)>) discuss how patients and GPs might respond to such policies and, in doing so, point to an important future research agenda for informing medical workforce policy.



## Life as a GP

Tony Scott was invited to present at the 'Future of General Practice 2015' conference, organised by General Practice Registrars Australia and held in April. Many medical students and interns lack objective data by which to choose a specialty, and MABEL can provide important information to influence the career choices of junior doctors. Tony summarised the findings of MABEL data and research on the working lives of GPs in relation to work-life balance; earnings; work in a rural location; and job satisfaction. Life as a GP is characterised by relatively low working hours (compared with other specialties), and traditional gender roles in relation to looking after young children. GPs seem to trade off higher earnings for a better work-life balance, although earnings are higher if the GP is self-employed or located in a non-metropolitan area. Around half of GPs seem happy with their work-life balance. GPs are just as satisfied as specialists. GPs in rural areas have higher workloads, including more procedural work, but are just as satisfied as GPs in metropolitan areas.

## Recent journal articles

- **A man's blessing or a woman's curse? The family-earnings gap of doctors.** Schurer S, Kuehnle D, Scott A & Cheng TC. *Industrial Relations* (forthcoming).
- **Adoption, implementation and prioritization of specialist outreach policy in Australia: A national perspective.** O'Sullivan BG, Joyce C & McGrail MR. 2014. *Bulletin of the World Health Organization*, 92: 512–519.
- **Australian doctors' non-clinical activities: Results from the MABEL survey of doctors.** Joyce C, Wang WC, Eyre H & Laurence C. *Australian Health Review* (forthcoming).
- **Competition, prices and quality in the market for physician consultations.** Scott A, Sivey P, Gravelle H & Yong J. *Journal of Industrial Economics* (forthcoming).
- **Getting the balance right between generalism and specialisation – Does remuneration matter?** Scott A. 2014. *Australian Family Physician*, 43(4): 69–72.
- **Longitudinal evidence for a midlife nadir in human beings: Results from four data sets.** Cheng TC, Powdthavee N & Oswald A. *Economic Journal*, DOI: 10.1111/ecoj.12256.
- **Retaining rural doctors: Doctors' preferences for rural medical workforce incentives.** Li J, Scott A, McGrail MR, Humphreys J & Witt J. 2014. *Social Science & Medicine*, 121: 56–64.
- **Rural outreach by specialist doctors in Australia: A national cross-sectional study of supply and distribution.** O'Sullivan BG, Joyce C & McGrail MR. 2014. *Human Resources for Health*, 12: 50.
- **The future of medical careers.** Scott A & Joyce C. 2014. *Medical Journal of Australia*, 201(2): 82–83.
- **Workplace aggression in clinical medical practice: Associations with job satisfaction, life satisfaction and self-rated health.** Hills D & Joyce C. 2014. *Medical Journal of Australia*, 201(9): 535–540.



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Contact details: Anne Leahy, Survey Manager, Phone (03) 8344 2600, Email [enquiries@mabel.org.au](mailto:enquiries@mabel.org.au)