

Medicine in Australia: Balancing Employment and Life

Introduction

Welcome to the latest issue of *MABEL Matters*. MABEL remains the only source of independent, national data on doctors' working lives. As data collection for the ninth wave of the MABEL survey begins we would like, as always, to express our sincere thanks to the many thousands of doctors across Australia who give their valuable time each year to complete the survey. It is a long haul for participating doctors and we hope this newsletter gives some insight into the research we have been undertaking using the data you provide, which in turn informs the debate around medical workforce policy in Australia. We also acknowledge funding support from the National Health and Medical Research Council (NHMRC).



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The future of MABEL

Our current NHMRC funding for the MABEL survey ends in December 2016, but we have submitted an application for a new NHMRC Centre of Research Excellence that would extend the MABEL survey for another five years. We will find out if this application is successful later this year.

One exciting plan for the survey, assuming we get funding, is that in alternate years we would have a clinical questionnaire which focusses on the quality and value of care. The question of interest is this: how can doctors best be supported to improve the quality of care they provide and to reduce low-value care? This would be a new line of research, complementing our ongoing work on rural practice, career choices, and the impact of family life on workforce participation.

MABEL survey progress

- Eight annual waves of the MABEL survey have now been completed, with around 8,400 doctors responding in Wave 8 in 2015.
- Almost 50 per cent of all doctors chose to fill out the survey online in Wave 8, with the percentage for hospital doctors and registrars higher at around 70 per cent.
- About 4 per cent of the invite letters we send out each year (about 600 in 2015) are classified 'return to sender'. In this light we would be grateful if you could keep your contact details held by the Australasian Medical Publishing Company up-to-date, given that we use their Medical Directory of Australia as our sample frame. (This can be done directly with AMPCo at www.ampc.com.au or via the MABEL home page at www.mabel.org.au.)





Research results roundup

Key summary findings from recent research based on MABEL survey data are outlined below. (Formal publication title and details follow each summary.)



What are the patterns of rural outreach services provided by specialist doctors?

- Models of outreach work (whether ‘fly-in fly-out’ or ‘hub and spoke’) vary between specialist providers based in the city and the country.
- The provision of hub and spoke services to multiple nearby towns is the more common model of rural specialists’ outreach work.
- Private rural specialists travel shorter distances than comparable metropolitan specialists.
- Multi-level policy development and planning is necessary in order to promote integrated and accessible services by specialists travelling from different locations to do outreach work.

Source: Service distribution and models of rural outreach by specialist doctors in Australia: a national cross-sectional study. O’Sullivan BG, McGrail MR, Joyce CM & Stoelwinder J. *Australian Health Review*. 2015. <http://dx.doi.org/10.1071/AH15100>

Is the provision of rural outreach services by specialists stable over time?

- Half of all specialists providing outreach tend to visit the same town over time.
- Repeated service provision to the same location is most common for mid-career male specialists working in mixed, mainly private, practice.
- The rate of ongoing outreach work varies across specialties, but is most common for generalists and otolaryngologists.
- Better-targeted outreach service strategies that take into account career stage and practice conditions would help ensure improved access to specialists.
- Financial incentives may also help increase ongoing service provision by specialists working solely in private practice.

Source: The stability of rural outreach services: a national longitudinal study of specialist doctors. O’Sullivan BG, Stoelwinder, J & McGrail, MR. 2015. *Medical Journal of Australia*, 203(7): 297.



Which GPs are geographically mobile?

- Between 2008 and 2012, GPs working in small rural towns (that is, with a population of less than 5,000) and remote areas had the highest mobility rates.
- GPs living in a rural location for less than three years are most at risk of leaving rural practice.
- Younger GPs (less than 40 years old) and those working as either salaried or contract employees are most likely to be mobile.
- This study helps policy makers to understand the characteristics of GPs who are more likely to move work location, how often such moves occur, and where GPs tend to move to and from.

Source: Geographical mobility of general practitioners in rural Australia. McGrail MR & Humphreys JS. 2015. *Medical Journal of Australia*, 203(2): 92–96.



How much time do doctors spend on non-clinical activities?

- Doctors spend on average just under seven hours per week, or 16 per cent of their working time, on non-clinical activities (management, administration, teaching and research).
- Doctors who are male, younger, work fewer hours and have lower life satisfaction spend relatively more time on non-clinical activities.
- Doctors in the private sector are less likely to undertake non-clinical activities.
- Lower job satisfaction is associated with longer management and administration hours, but not with time spent in education-related activities.
- Specialists are more likely to work long non-clinical hours, whereas GPs are more likely to report no time spent on non-clinical activities.



- Hospital non-specialists report relatively long hours on management and administration activities.
- These results have implications for workforce planning models.

Source: Australian doctors' non-clinical activities: results from the Medicine in Australia: Balancing Employment and Life (MABEL) survey of doctors. Joyce C, Eyre H, Wang WC & Laurence C. 2015. *Australian Health Review*, 39(5): 588–594.

Which doctors transition to non-clinical roles?

- Over the five years to 2012 just 3.2 per cent (498 doctors) of the 15,195 doctors who responded to MABEL made the transition from a clinical role to a completely non-clinical role.
- Doctors over 50 years of age were more likely to transition to a non-clinical role than younger doctors (6.1 per cent compared with 1.7 per cent).
- Increasing age was the strongest predictor of transition to a non-clinical role.
- Specialists, hospital non-specialists and specialist registrars were more likely than GPs to make the transition to a totally non-clinical role.
- There is minimal evidence of a relationship between lower job satisfaction and making this transition, or higher life satisfaction and making the transition.
- Ongoing research is examining the types of non-clinical roles that are being taken up.

Source: Characteristics of doctors transitioning to a non-clinical role in the MABEL study. Vaswani N, Eyre H, Wang W & Joyce C. 2015. *Asia Pacific Journal of Health Management*, 10(2).

Fourth MABEL Research Forum and Data Users Workshop

Our latest MABEL Research Forum was held on 6 May. The theme of this year's forum was 'How does the health care system influence doctors' working lives?'

An initial session on key trends in the medical workforce included presentations from Professor Leslyanne Hawthorne, talking about medical workforce immigration; Dr Joanne Epp, discussing the role of corporate medical

practices; and Consumers Health Forum CEO Leanne Wells, summarising the impact of increasing patients' expectations. As well as sessions on the rural medical workforce, we also held a session entitled 'Is flexible medical training possible?', with contributions from the College of Physicians, the AMA Council of Doctors in Training, and the Australian Medical Students' Association. The final session wrapped up with issues concerning the funding of medical practice, including the proposed 'health care homes' model and continuing changes to Medicare. The session included presentations from Dr Steve Hambleton, who chaired the government's Primary Health Care Advisory Group; Professor Bruce Robinson, Chair of the MBS Review Taskforce; and Dr Ewen McPhee, President of RDAA.

Examples of new external research using MABEL data

The MABEL team receives around two applications each month to use the de-identified MABEL data. Applicants are required to complete an application form and memorandum of understanding, which ensures that the data are used for the intended purpose only and that the applicants have the required skills and understanding to undertake high quality research on their specified topics. Examples of two research projects currently being undertaken are outlined below.



The career paths of Fellows of the Australian College of Rural and Remote Medicine (ACCRM)

- This research is being undertaken by Dr Akil Islam, a GP Academic Registrar who is studying the career outcomes of ACCRM Fellows.
- The research is funded by Australian General Practice Training (AGPT).
- This project came about by Dr Lucie Walters, President of ACCRM, attending our MABEL Research Forum in 2015.

- Dr Islam is being supervised by Associate Professor Lachlan McIver, who is the Chair of ACCRM Research Committee, with support from Dr Matthew McGrail of the MABEL team. Akil has visited the MABEL team in Melbourne, and we wish him well in his research.

The relationship between doctor characteristics and reporting of a medical negligence claim

- Emma Lockwood is undertaking research which will help target policies to better support doctors at risk of a complaint. Emma is undertaking a Masters in Psychology at the University of Melbourne and also works at the Australian Health Practitioner Regulation Agency.
- As a part of her Master thesis Emma will be examining the relationship between doctor characteristics and the likelihood of a malpractice claim being reported.
- This includes the role of 'life events', such as the death of a relative or being the victim of violence, on doctors' working lives and the quality of care they provide. MABEL also collects data on personality, locus of control and the risk aversion of doctors, in addition to a range of other practice characteristics.
- Emma is being supervised by Professor Stephen Bowden from the Melbourne School of Psychological Sciences, and is also working with Associate Professor Marie Bismark from the Centre for Health Policy at the University of Melbourne and Professor Anthony Scott from the MABEL team.

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