Introduction

Welcome to the latest issue of MABEL Matters. This year marks the tenth wave of the annual MABEL survey, and we would like to thank all of you for your ongoing support and participation in this unique research. With the ending of our NHMRC Centre of Research Excellence funding, data collection for Wave 10 in 2017 is being supported by the University of Melbourne, Medibank Better Health Foundation, NSW Health, the Victorian Department of Health and Human Services, and (at the University of Melbourne) the Melbourne Medical School and the Melbourne School of Population and Global Health. We are very grateful for their financial support. At this stage we are continuing to seek further funding for future research into the medical workforce.

Important medical workforce policy issues continuing to affect doctors’ working lives include the future of Medicare funding, medical workforce oversupply, distribution in rural areas, and doctors’ health and wellbeing. A focus this year has been on using MABEL data to help address the continuing doctor shortage in rural areas, with a policy brief on this issue released by the research team in March. General practice also came under the microscope in a joint report just published with ANZ Health on trends in general practice, which includes new analysis of MABEL data.

Further published research has focused on aggression in the workplace by gender, and specialists in rural areas, a group that is beginning to attract the attention of policymakers.

Update on the survey

- Nine annual waves of the MABEL survey have now been completed, with around 8550 doctors responding in Wave 9 in 2016, an increase on 2015.
- Of these, 7625 filled out the survey in a previous wave and almost 1000 were new respondents.
- More than 50 per cent of all doctors chose to fill out the survey online in Wave 9, with the percentage for hospital doctors and registrars higher at around 80 per cent.
- About four per cent of the invite letters we send out each year 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 (AMPCo) 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.ampco.com.au or via the MABEL home page at www.mabel.org.au.)
Research roundup

Summaries of key findings from some of the papers published using MABEL data over the last year are presented below.

**Gender differences in doctors’ experience of aggression in the workplace**

- Female clinicians report higher rates of aggression in the workplace than male clinicians, from both internal sources (e.g. colleagues) and external sources (e.g. patients, their relatives and carers).
- Male GPs and GP registrars experience higher rates of external aggression than female GPs, while female specialists experience higher rates of both internal and external aggression than their male counterparts.
- Hospital non-specialists and specialist registrars do not indicate gender differences in their experience of aggression.
- Characteristics associated with a reduced risk of workplace aggression include greater experience in medicine (for women) and being older (for men).

- Unpredictable work hours, being a rural or regional practitioner and certain personality traits are associated with an increased experience of aggression, regardless of gender.
- Strategies to reduce workplace aggression should include a consideration of clinician gender, personality, age, experience and location.

**Read more:** Hills D. Differences in risk and protective factors for workplace aggression between male and female clinical medical practitioners in Australia. *Aust Health Rev* 2016; DOI: 10.1071/AH16003.

**Rural practice still struggles to attract doctors**

**Which Australian-trained doctors are choosing to practise rurally?**

- Late-career doctors are more likely than early-career doctors to work in a rural location, a potential concern given that (more permanent) workforce migration to rural areas tends to occur early in careers.
- However, early-career GPs are slightly more likely than late-career GPs to practise rurally.
- While there is strong evidence that doctors of rural origin are more likely than those of metropolitan origin to work in a rural location, over 70 per cent of rural-origin GPs work in a metropolitan area.
- Key to the shortage of GPs in rural areas, despite increasing overall graduate numbers, is the low proportion of graduates choosing general practice.
- Government investment in rural medical training, workforce recruitment and retention policies needs augmenting with incentives aimed at increasing the proportion of graduates choosing general practice.

**Does rural vocational training attract more graduate GPs to rural areas?**

- GP medical graduates who complete rural vocational training are more likely to work in a rural area. This effect is sustained for five years following graduation, although it declines slightly over time.
- Graduates who are of rural origin are more likely than those of metropolitan origin to practise rurally, whether they complete rural training or not.
- Graduates of rural origin who complete rural vocational training are the most likely to practise rurally and continue doing so for at least five years.
- Rural vocational training appears to be effective. To optimise recruitment and retention of GPs in rural practice, policy must focus on the periods leading up to and immediately following vocational training.


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**What motivates specialists to provide rural outreach?**

- 18 per cent of specialists surveyed by MABEL in 2014 provided a rural outreach service, meaning that they regularly travelled away from their main practice to provide services in a rural area.
- 26 per cent of these specialists were required to provide outreach services as a condition of employment.
- Over half of them said they provided outreach to grow their practice; the next two most commonly cited reasons were to maintain a personal connection to a region (26 per cent) and the challenge of providing complex healthcare (18 per cent).
- Less common reasons for outreach were to provide healthcare to disadvantaged people (12 per cent) and to support rural health staff (6 per cent).


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**In brief**

And in further published research using MABEL data …

- Gravelle et al. (2016) found that increased competition amongst GPs led to lower prices charged and higher bulk-billing rates.
- Schurer et al. (2016) found that female GPs with children earn $31,000 less than comparable female GPs without children, while male GPs with children earn $46,000 more than their peers without children.
- Russell and McGrail (2016) found that procedural GPs work more hospital hours and more total hours each week than non-procedural GPs.
- O’Sullivan et al. (2016) found evidence that subsidies for specialists promote outreach services in remote areas.
- Bardoel and Drago (2016) found that better-quality IT services in doctors’ workplaces are associated with better work–life balance.

**For a full list of publications, go to mabel.org.au/results.**

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**The GP earnings gap**

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**The fifth MABEL research forum:**

**The challenges of balancing medical workforce supply and distribution**

As we go to print, preparations are underway for the fifth annual MABEL Research Forum. The forum aligns key policy issues with research findings from MABEL. This year’s experts will discuss everything from how policymakers should respond to the predicted oversupply of doctors and their distribution, to examining key structural changes in the market for GP services. Key questions include: How can we get more doctors into rural areas? Are larger practices better? How can we best support doctors’ health and wellbeing as competition in medical training increases? A full report on the forum will be made available shortly after the event.

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Trends in general practice

In conjunction with the ANZ bank, the Melbourne Institute recently released a report on trends in general practice, as revealed by MABEL data from the last nine years.

The ANZ – Melbourne Institute Health Sector Report found that although the number of GPs continues to grow, they are increasingly outnumbered by specialists. Practice sizes have increased and, although they have earned less from Medicare since the rebate freeze in 2013, GP hourly earnings have increased. However job satisfaction has decreased since 2013, a worrying trend for those hoping to recruit and retain doctors in general practice.

MABEL in the media

- MABEL researchers released a policy brief in March that addressed the continuing shortage of doctors in rural areas, which exists at the same time as government concerns about an oversupply of medical graduates. Professor Tony Scott discussed the key findings of the brief on national radio, including ABC 774, and on ABC News 24. http://www.abc.net.au/worldtoday/content/2016/s4635780.htm
- Dr Stefanie Schurer discussed the challenge of achieving gender equity in medicine with prominent female doctors in an RACP podcast, ‘Mind the (Gender) Gap’.
- MABEL findings on workplace aggression were reported in Medical Observer and 6 minutes. A feature article on the topic was also published in the August edition of Surgical News.

MABEL acknowledgement

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