

Medicine in Australia: Balancing Employment and Life

MABEL SURVEY WINNER OF AWARD FOR IMPACT ON HEALTH POLICY

Welcome to the latest MABEL Matters newsletter. In 2018 the MABEL team led by Professor Anthony Scott was the worthy recipient of the Health Services Research Association of Australia and New Zealand (HSRAANZ) Impact Award. This award recognised the use of MABEL survey data in the development of the Modified Monash Model (MMM). MMM is a new geographic classification scheme used to improve the way resources for primarily health workforce programs are directed to areas of high healthcare need. MMM was first used by the Department of Health in 2015 and is now applied to over 20 workforce programs that allocate more than \$1 billion to support access to medical care across Australia.

UPDATE AND CLOSURE OF THE MABEL SURVEY

Wave 11 of the annual MABEL Survey was distributed in September 2018 and we are currently in the process of cleaning and preparing the survey data for analysis. Regretfully, however, we must inform you that Wave 11 is the final wave. Since funding for our NHMRC Centre for Research Excellence ended with Wave 9 in 2016 we have exhausted all options to secure new, multi-year funding for the survey.

Funding for Wave 10 in 2017 was provided by The University of Melbourne, Medibank Better Health Foundation, the NSW Department of Health, and the Victorian Department of Health and Human Services. Wave 11 in 2018 was funded by the Australian Government Department of Health, the Victorian Department of Health and Human Services, and the Australian Digital Health Agency. We are grateful for the financial support from these organisations.

The process of maintaining funding has been difficult and ultimately unsustainable, given that a regular annual survey is essential to the study design and quality of the research.

THANK YOU

We would like to acknowledge the tens of thousands of doctors who have completed the MABEL survey since Wave 1 in 2008, with a special thanks to those who have returned a survey every year. In taking the time to complete the survey you have provided data that is not collected anywhere else, produced valuable evidence that has informed medical workforce policy, and built significant capacity in medical workforce research in Australia.

FUTURE RESEARCH ON THE MEDICAL WORKFORCE

Although the survey will end, data from Wave 11 and the previous 10 waves will continue to be used as the basis of further research. In addition to the MABEL team we also have around 300 external users of MABEL de-identified data producing research. Thus this unique dataset will continue to inform key policy questions in a sector with very little other accessible data on the medical workforce. We will also continue to answer our research questions using other data where possible, and look for ways to continue to build capacity in this area.

UPDATE ON THE SURVEY

The 11th annual wave of MABEL data (collected in 2018-19) will be released later this year.

-  9,145 doctors responded to the survey in Wave 11.
-  Of these, 7,495 (82 per cent) had completed a previous wave survey and 1,650 (18 per cent) were new respondents.
-  Specialists were the largest group of respondents (42 per cent of total), followed by GPs (36 per cent) and junior doctors (22 per cent).
-  The proportion of doctors electing to do the survey online (as opposed to completing a paper copy) increased from 54 per cent in 2017 to 57 per cent in 2018.



MABEL RESEARCH ROUNDUP 2018-19

MABEL's unique longitudinal dataset provides important evidence to assist medical workforce policymakers at a time of high medical graduate supply, increased competition for vocational training places, concerns about doctors' health and wellbeing, and policy interventions aimed at promoting rural distribution and access to health services.

A full list of MABEL publications can be found at <https://melbourneinstitute.unimelb.edu.au/mabel/results-and-publications>.

Do financial incentives improve access to GPs in areas of need?

In the midst of continuing changes to medical workforce incentive programs, two studies have shed light on the role of such incentives in increasing the supply of GPs to areas of need.

The first study addresses the effectiveness of financial incentives in influencing established General Practitioners (as opposed to new ones only) to relocate into neighbourhoods with relatively low socio-economic status. It finds that established GPs are not very mobile, especially when they are practice owners, even when financial incentives are offered. Overall, it suggests that financial considerations are only one of many factors that influence GPs in deciding where to work.

Mclsaac M, Scott A, Kalb G. The role of financial factors in the mobility and location choices of General Practitioners in Australia. Human Resources for Health 2019 (17).

The second study examined the effectiveness of the introduction of the General Practice Rural Incentives Program (GPRIP) in 2010, when GPs in hundreds

of locations, mainly inner regional areas, suddenly became eligible for rural financial incentives. Incentives were also increased for those already in non-metropolitan areas. The policy change increased the entry of newly qualified GPs to newly added locations but had no effect on the entry or exit of other GPs, suggesting that location incentives should be targeted at newly qualified GPs.

Yong J, Scott A, Gravelle H, Sivey P, McGrail M. Do rural incentive payments affect entries and exits of general practitioners? Social Science & Medicine 2018 (214).

Evidence on medical careers and training

Is there enough capacity to train new doctors? Supervision of GP registrars in rural Australia

With half of all GP registrars supported (by the Australian General Practice Training Program) to train in rural areas, the existence of suitable rural general practitioner supervisors is critical. This paper explored factors related to this supervisory role. It found that 57.8 per cent of rural GPs were supervising GP registrars in 2016. Meanwhile, performing this supervisory role was strongly related to being Australian-trained, working in a large practice, and having previously supervised medical students and interns. As practices continue to grow in size they may provide new capacity to assist with the vocational training of GP registrars.

O'Sullivan B, Russell D, McGrail M, Sampson M, Warrington A, Wallace G, Bentley M, Couch D. Factors related to rural general practitioners supervising general practice registrars in Australia. Australian Journal of General Practice 2019 (48).



Is publishing research important in medical careers?

As competition for vocational training places and consultant positions intensifies, this research investigated whether undertaking and publishing research is an important aspect of doctors' medical careers, and how this varies by medical specialty and (rural versus metropolitan) location. It found that 65 per cent of registrars, 60 per cent of pre-vocational doctors in training, and 36 per cent of consultants agree that research publication is important to progress their training. Rural location was significantly associated with lower research importance for pre-vocational doctors and consultants. There were also variations by specialty, with the importance of research publications relatively high for: pre-vocational doctors pursuing surgery and obstetrics and gynaecology; registrars enrolled in surgery and internal medicine training; and consultants in internal medicine, pathology, radiology and paediatrics. The study provides evidence that research importance is associated with career stage, notably being a junior doctor.

McGrail M, O'Sullivan B, Bendotti H, Kondalsamy-Chennakesavan S. Importance of publishing research varies by doctors' career stage, speciality and location of work. Postgraduate Medical Journal 2019 (95).

Will reliance on overseas doctors continue? Ten years of MABEL evidence

The shortage of doctors in rural Australia has been addressed for many years by a requirement for newly arrived overseas-trained doctors (OTDs) to work up to 10 years in under-served, mostly rural, communities in order to access reimbursement for medical services through Medicare. With a view to reducing this dependence on OTDs the number of Australian-trained doctors has more than doubled

since the late 1990s. However, this research shows that recent, locally-trained graduates have been less likely to work either as general practitioners, or in rural communities, than local graduates of the 1970s and 1980s. It concludes that rural self-sufficiency will be enhanced by selecting rural-origin students, increasing the balance of generalist doctors, improving opportunities for training in rural areas, and using innovative service models. Although self-sufficiency is the goal, it is likely that overseas-trained doctors will remain a mainstay for rural areas for the foreseeable future.

O'Sullivan B, Russell D, McGrail M, Scott A. Reviewing reliance on overseas-trained doctors in rural Australia and planning for self-sufficiency: applying 10 years' MABEL evidence. Human Resources for Health 2019 (17).

Public-private mix of doctors: does relative pay in the private and public sector matter?

The balance of doctors working within the public and private sectors can influence access to healthcare. This research investigates the factors influencing non-GP specialists' allocation of time between the public and private sectors. The results show that non-GP specialists respond to changes in earnings by reallocating working hours to the sector with relatively higher earnings, while leaving total working hours unchanged. The effect is relatively small and varies by gender, age and medical specialty. Family circumstances such as the presence of young, dependent children reduce the hours worked by female specialists but not male specialists.

Cheng T, Kalb, G, Scott A. Public, private or both? Analysing factors influencing the labour supply of medical specialists. Canadian Journal of Economics (2018) 659-691.

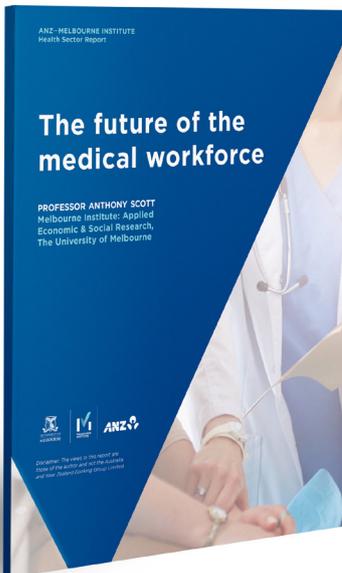
FIT FOR THE FUTURE? USING RESEARCH TO SUPPORT THE MEDICAL WORKFORCE

UPCOMING 7TH MABEL RESEARCH AND POLICY FORUM, 8 NOVEMBER 2019

How do we ensure the medical workforce is fit for the future? Improving access to high quality medical care can save lives but requires a medical workforce that is in the right locations and specialties, is using optimal models of care, and operates within supportive work environments. This forum will highlight how research can be used to support a medical workforce which is fit for the future.

THE FUTURE OF THE MEDICAL WORKFORCE

The Melbourne Institute released the third ANZ-Melbourne Institute Health Sector Report in June. The 2019 report addresses 'The future of the medical workforce', and follows the June 2017 report on trends in general practice, and the June 2018 report on the (non-GP) medical specialists' sector.



This report examines implications of the increase in the number of doctors in Australia, and changes in workforce composition, for the future of the medical workforce. Intense competition, job insecurity and an increasing awareness of bullying and harassment are likely to affect the nature of medical training and how junior doctors are supported through the training pipeline.

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Ideally, additional support will mean that future doctors are more productive and motivated, even if they are working fewer hours. Despite the increase in supply of doctors, their earnings continue to grow over time, with some weak evidence that female doctors' earnings are catching up.

The private sector may benefit most from the increased supply, but only if the value proposition of private healthcare improves and there continues to be adequate demand. Technological change and access to better information could help create value through disruption, proactive adoption and use. However, careful evaluation is needed to ensure the benefits of technology are real and delivered to those most in need of healthcare.

Scott A. ANZ - Melbourne Institute Health Sector Report. The future of the medical workforce. Melbourne Institute of Applied Economic & Social Research, The University of Melbourne. June 2019.

ACKNOWLEDGEMENT

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