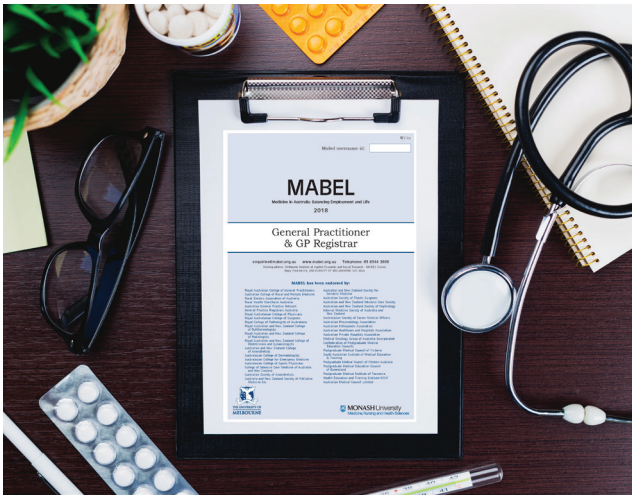
MABEL Matters

No. 13,
August 2018

Medicine in Australia: Balancing Employment and Life

Thank you for your ongoing support of the MABEL survey; we encourage you once again to take the time to respond this year. Your input to MABEL has helped build this unique and wide-reaching data resource, which in turn helps us understand the needs, motivations, career trajectories, work–life balance and wellbeing of Australian medical doctors. MABEL continues to be the only longitudinal survey of doctors in Australia and its tenth wave results will be released soon. This unrivalled trove of data continues to form the basis of important research findings by academics, medical colleges, medical practitioners and governments.



In this issue...

As the NHMRC funding for MABEL ended in Wave 9 we currently have no long-term funding for the survey, hence we are working on securing finance wave by wave. Wave 11 is being launched late this year (in September rather than June) due to a delay in getting funding, and we are grateful to the Australian Government Department of Health, which is providing most of the funding, as well as the Australian Digital Health Agency and the Victorian Department of Health and Human Services for their contributions. Many medical colleges and other stakeholders assisted our funding efforts by expressing their support to relevant government ministers, and we are counting on their ongoing support for Wave 12 and beyond.

This year we are especially urging junior doctors (interns, medical officers and registrars) to respond. New survey questions added in Wave 11 relate to aggression and bullying in the workplace; rural training; the use of digital health technologies; and doctors' health and wellbeing.

Update on the survey

The tenth annual wave of MABEL data (collected in 2017) will be released in 2018.

- 8937 doctors responded to the survey in Wave 10.
- Of these, 7784 (87 per cent) had filled in the survey previously and 1153 (13 per cent) were new respondents.
- Specialists were the largest group of respondents (41 per cent of total), followed by GPs (37 per cent) and junior doctors (22 per cent).
- The proportion choosing to complete the survey online increased from 50 to 54 per cent between 2016 and 2017.

About 4 per cent of our letters inviting doctors to participate in MABEL in Wave 10 were classified 'return to sender'. 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.online.fbe.unimelb.edu.au/mabelsurvey/ContactUpdate.aspx**.

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MABEL Research Roundup

Rural workforce distribution

MABEL's unique longitudinal dataset provides robust evidence to assist decision-making on medical workforce policy. This is important at a time of increased medical graduate supply, greater competition for vocational training places, and ongoing policy interventions promoting rural distribution.

Improving rural retention is not all about money

Perhaps surprisingly, remuneration and incentives are not the primary factors influencing the retention of rural primary healthcare workers. Rather, complex issues including geographical, professional, financial, educational, regulatory and personal considerations are involved. MABEL evidence suggests that retention strategies should be multifaceted and 'bundled' to ensure they are tailored to the individual needs of doctors and the towns where they work.

Russell D, McGrail M, Humphreys J. Determinants of rural Australian primary healthcare worker retention: A synthesis of key evidence and implications for policymaking. Australian Journal of Rural Health. 2017;25(1).

Rural specialists satisfied but would like more support

Overall job satisfaction, and satisfaction with the variety of work and level of responsibility, show no differences across rural and metropolitan specialists, though rural specialists could benefit from better on-call support and professional development opportunities. The training of more general medical and surgical specialists, along with the continued use of overseas-trained specialists, remains important for building service capacity in smaller regional areas (<50,000 population).

O'Sullivan BG, McGrail MR, Russell D. Rural specialists: The nature of their work and professional satisfaction by geographic location of work. Australian Journal of Rural Health. 2017;25(6).

Research informs rural workforce policy reform

With the extensive application of rural-focussed policies since the late 1990s rural distribution is improving. The current government nevertheless faces further challenges about how to tailor rural workforce policies to better support the general practice workforce in smaller communities. Much of the policy agenda to date has focussed on educational and regulatory strategies, but more evidence-based interventions are needed to optimise sustainable employment conditions in these communities and reduce individual burdens.

Walters L, McGrail M, Carson D, Russell D, O'Sullivan B, Strasser R, Hays R, Kamien M. Where to next for rural general practice policy and research in Australia? Medical Journal of Australia. 2017;207(2).

Specialist rural outreach could alleviate rural shortages

Rural outreach service models represent a legitimate and feasible approach to improving access to specialist medical care in regional and remote Australia. Services should be appropriately targeted and coordinated around the existing primary and specialist care service base so as to maximise effectiveness. Understanding the key drivers of specialist outreach work will assist policy makers in fostering outreach services where they are needed.

O'Sullivan BG, Stoelwinder JU, McGrail MR. Specialist outreach services in regional and remote Australia: Key drivers and policy implications. Medical Journal of Australia. 2017;207(3):98–9.

GP work-location decisions are affected by family needs

The work opportunities for a GP's spouse or partner and the educational stage of their children, mediated by a GP's gender, influence the likelihood of GPs working rurally. To address distribution and improve the retention of GPs in smaller communities (outside major regional centres), attractive employment opportunities for partners and good rural secondary schools are essential.

McGrail M, O'Sullivan B, Russell D. Family effects on the rurality of GPs' work location: A longitudinal panel study. Human Resources for Health. 2017;15(1):75.

Research helps inform which locally-trained doctors go rural

Achieving an adequate supply of locally-trained rural doctors remains a key policy challenge, with proportionally fewer establishing- and early-career doctors (than late-career doctors) working in rural locations. Attracting more Australian-trained doctors of both rural and metropolitan origin into general practice remains a key element of improved rural medical supply.

McGrail MR, Russell D. Australia's rural medical workforce: Supply from its medical schools against career stage, gender and rural origin. Australian Journal of Rural Health. 2017;25(5):298–305.

Health and wellbeing

The health and wellbeing of doctors, especially mental health, has attracted attention of late in line with reported high rates of stress, mental illness and attempted suicide across the profession. By enabling researchers to track trends in doctors' health and wellbeing over time in parallel with other life events, MABEL's longitudinal dataset (and new Wave 11 questions) will help to inform policy in this area.

The influence of work conditions on doctors' self-rated health

Adverse psycho-social working conditions (such as conflict in the workplace and work–life imbalance) negatively influence doctors' self-rated health and can have flow-on effects to patient care. Gender differences are evident. For female doctors unsatisfactory work arrangements and work–life imbalance are associated with poorer self-rated health, while for male doctors poorer self-rated health is associated with task-based job stressors.

Milner A, Witt K, Spittal MJ, Bismark M, Graham M & LaMontagne AD. The relationship between working conditions and self-rated health among medical doctors: Evidence from seven waves of the Medicine in Australia Balancing Employment and Life (MABEL) survey. BMC Health Services Research. 2017(17).

MABEL in the media

While the MABEL team publish MABEL results and opinions, reports based on MABEL data requests from various external groups also end up in the media. The following reports were all based on MABEL data.

Doctors under the microscope

The University of Melbourne's *Pursuit* published a report on how doctors' working lives and conditions affect their efficiency and effectiveness.

Fraser S. Putting doctors under a data microscope. Pursuit [Internet]. 22 May 2017

Building regional specialist service hubs

To help provide specialist healthcare close to where it is needed, ongoing research is needed to help identify the professional and personal factors driving the decision making of regional specialists.

Fraser S. Building regional specialist service hubs. Med J Aust Insight [Internet]. 2017 Issue 26, 10 July 2017

Are doctors reporting worse health?

Although most doctors report very good general health, a small proportion report fair or poor general health. It is this group who need encouragement to seek help from the various Doctors' Health Advisory Services.

Munir VL. Are doctors reporting worse health? Med J Aust Insight [Internet]. 2017 Issue 36, 18 Sept 2017

Doctors shouldn't work more than fifty hours per week

Some doctor groups still work 'unsafe' hours, contrary to the Australian Medical Association's recommendations. The expectation that doctors will work long hours needs to change in order to address the rising morbidity and mortality from mental illness in the sector.

Munir VL. MABEL: doctors shouldn't work in excess of 50 hours per week. Med J Aust Insight [Internet]. 2018 Issue 6, 19 Feb 2018

Gender disparity in earnings

The hot topic of pay inequality within medicine has reared its head with reports of female GPs earning close to $41,500 less than males, and female general surgeons earning $162,000 less than males, for performing the same jobs based on a 38-hour week.

- *Worsley R. 2017. Women doctors earning far less than men. Medical Observer [Internet]. 30 August 2017*
- *Maitland-Scott I. 2017. 'It's not okay to pay us less to do the same work as men'. Medical Observer [Internet]. 1 September 2017*
- *Smith P. 2018. Part 5: 'Shocked but not surprised': GP income data reveals extent of gender gap. Australian Doctor [Internet]. 25 May 2018*
- *Harrison C. 2018. Part 6: Why do female GPs earn less? An expert explains the factors at play. Australian Doctor [Internet]. 25 May 2018*

Comparing doctors' earnings

A special report focussing on doctors' earnings highlighted a reduction in GPs' hourly earnings between 2015 and 2016; gender disparities in earnings; and the wide variation in earnings both within and between specialist groups.

- *O'Rourke G. 2018. Part 1: GP earnings are sliding, exclusive data reveal. Australian Doctor [Internet]. 21 May 2018*
- *Unknown. 2018. Part 2: Here's the latest income data for 31 specialties. Where do you sit? Australian Doctor [Internet]. 21 May 2018*
- *Smith P. 2018. Part 3: Should GPs walk away from bulk billing? Australian Doctor [Internet]. 21 May 2018*
- *Unknown. 2018. Part 4: GPs have their say on latest earnings data. Australian Doctor [Internet]. 21 May 2018*

GP satisfaction

GPs report significantly greater dissatisfaction with their remuneration, recognition and work hours than with other aspects of their jobs, according to a report from the RACGP that used MABEL data.

- *The Royal Australian College of General Practitioners. General Practice: Health of the Nation. East Melbourne, Vic: RACGP, Sept 2017.*

Sixth MABEL Research and Policy Forum

Finding ways to support the medical workforce

7 June 2018

A broad range of issues relating to doctors and medical workforce policy were discussed at the annual MABEL forum, with a focus on relevant MABEL research. The forum was attended by a mix of representatives from the medical colleges, stakeholder organisations, governments and academia.

Session 1: New models of care

This session emphasised the challenges facing the nation's health system, including:

- the roll-out of My Health Record,
- evolution of digital systems and health technologies, and
- corporatisation of general practice.

Session 2: Improving access through changing the distribution of doctors

The second session addressed the maldistribution of the medical workforce. Topics included:

- streamlining GP training and the new rural generalist training scheme,
- changes to rural bulk-billing incentives and bonded placements,
- the concept of a 'fit for purpose' medical workforce to address population needs,
- limiting the need for junior doctors to reapply for jobs annually, and
- using the Department of Health's Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) workforce analysis tool to assist with needs-based health workforce planning.

Session 3: Changing the culture of medical training

The final session addressed the issues of:

- workplace aggression,
- unprofessional behaviour,
- anticipating and coping with adverse medical events by instilling a 'growth mindset', and
- working conditions as psycho-social stressors that impair health.

Anthony Scott, Janice Biggs, Enrico Coiera and Tamara Lee at the MABEL Research & Policy Forum

Trends in the non-GP specialist sector

Following on from the 2017 report on trends in general practice, the Melbourne Institute with support from the ANZ bank released a report on the medical specialist sector in June 2018. This report outlines key trends and challenges, as well as detailing the marked variation in earnings both within and between medical specialties.

In the context of ever-increasing health expenditures and a lack of routine data collection it is difficult to judge if the specialist sector could provide increased value for money. In keeping with international trends, key challenges relate to public reporting of performance and quality; reducing the level of low-value care; increasing fee transparency; changes to the MBS; and the linking of hospital funding to quality. Calls for better value care, combined with a growing supply of specialists, could increase competition and put pressure on private practice revenues and business models.

These pressures present opportunities to develop the sector in a more strategic way so as to improve the health outcomes of the population.

Scott A. 2018. ANZ – Melbourne Institute Health Sector Report, Specialists. Melbourne Institute of Applied Economic & Social Research, The University of Melbourne. 14 June 2018.

Listen to Tony Scott and Richard Grayson discuss the report on the ANZ Bluenotes podcast: bluenotes.anz.com/posts/2018/06/podcast--both-sides-of-price-transparency-

Acknowledgement

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