

Centre for Research Excellence in Medical Workforce Dynamics

Medicine in Australia: Balancing Employment and Life (MABEL)

Cross cutting themes



FACULTY OF
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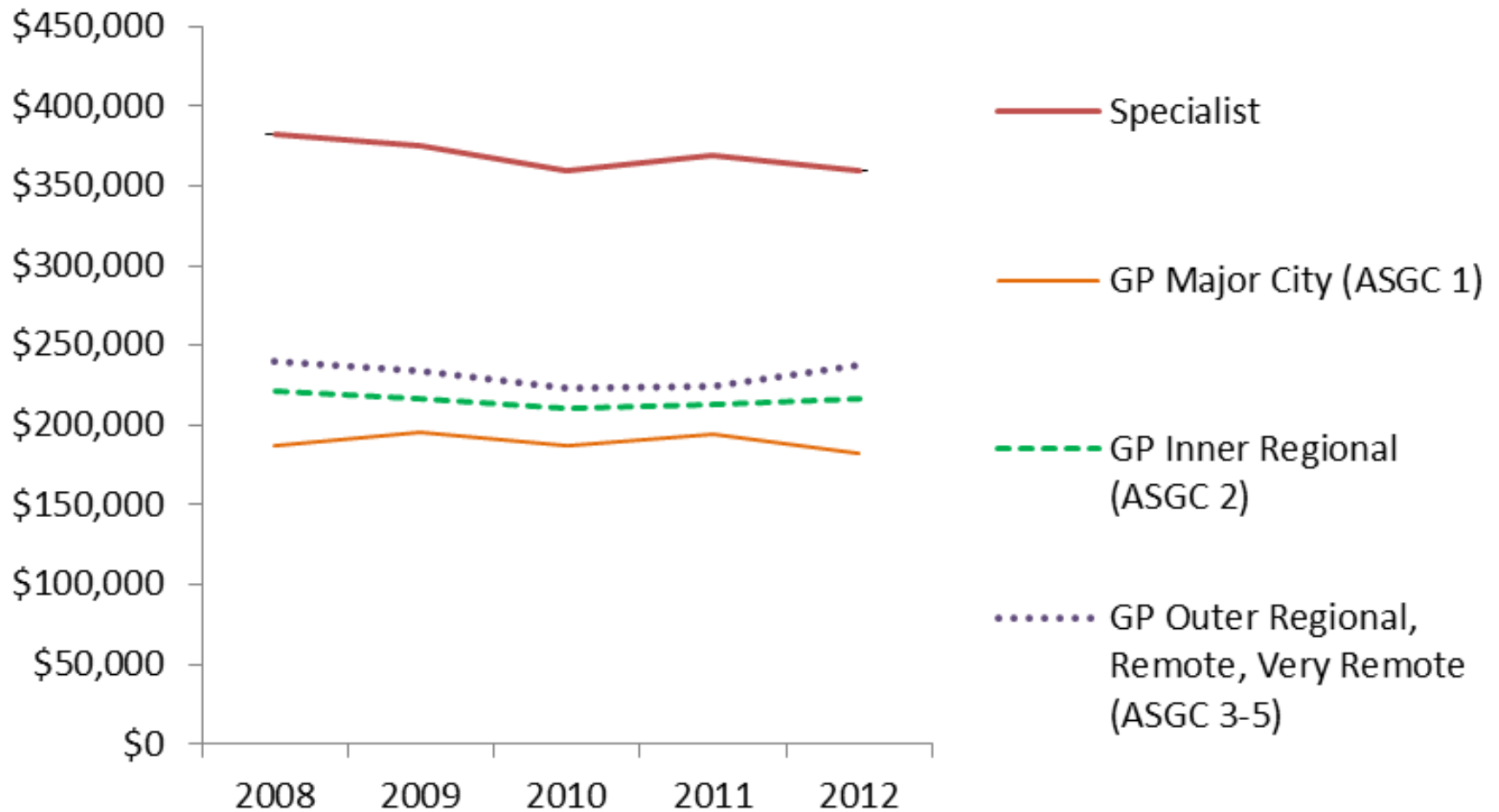
Outline

- Earnings
- Workplace aggression
- Location choice in metro areas

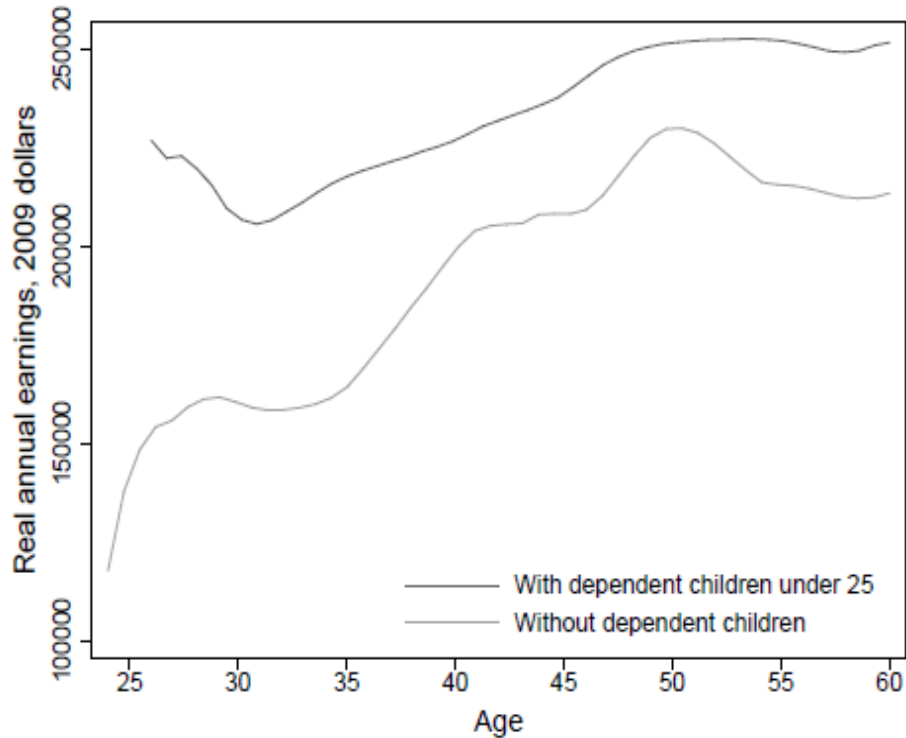
Factors influencing earnings

- Scott A. **Getting the balance right between generalism and specialisation - does remuneration matter?** Australian Family Physician. 2014; 43: 229-232.
- Cheng TC, Scott A, Jeon S, Kalb G, Humphreys J & Joyce C. 2011. **What factors influence the earnings of general practitioners and medical specialists? Evidence from the Medicine in Australia: Balancing Employment and Life survey.** Health Economics, 21(11): 1300-1317.
- Schurer S, Kuehnle D, Scott A, Cheng TC. **One Man's Blessing, Another Woman's Curse? Family Factors and the Gender-Earnings Gap of Doctors.** Melbourne Institute Working Paper No. 24/12.

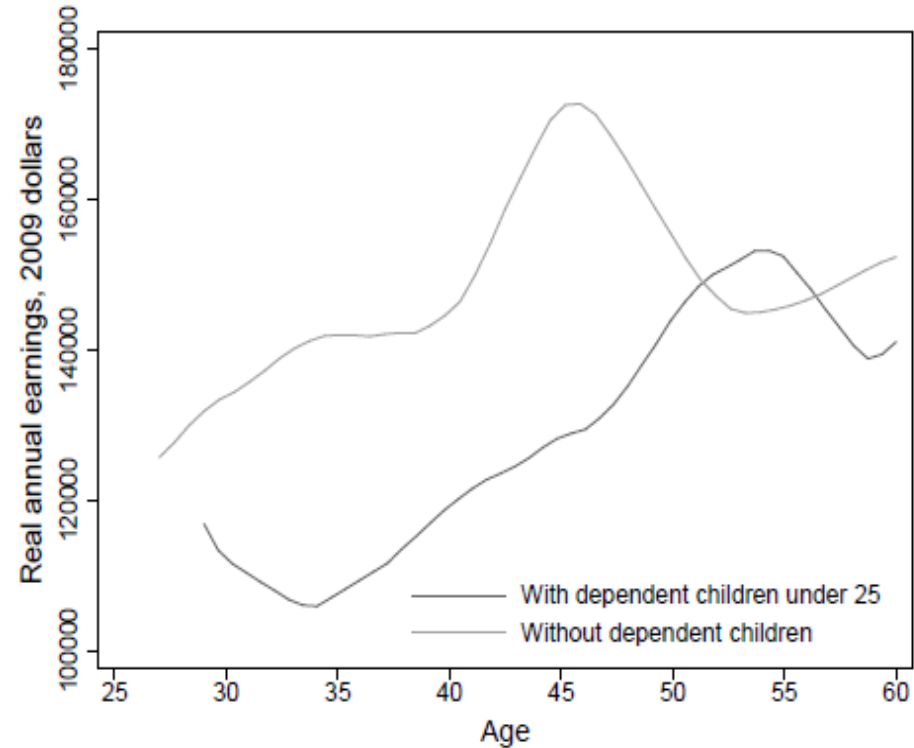
GPs and specialists



Women and men GPs



(a) Men

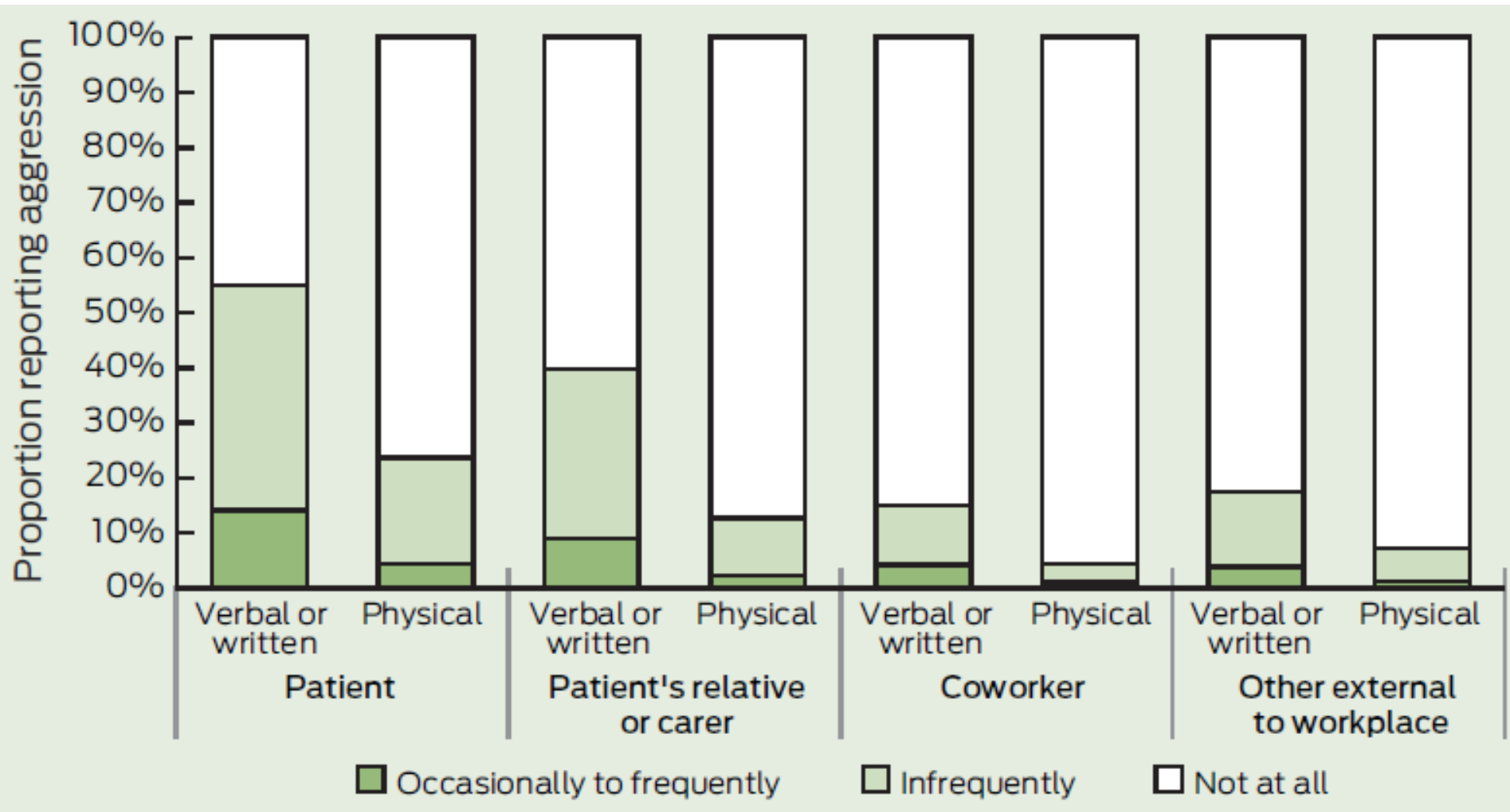


(b) Women

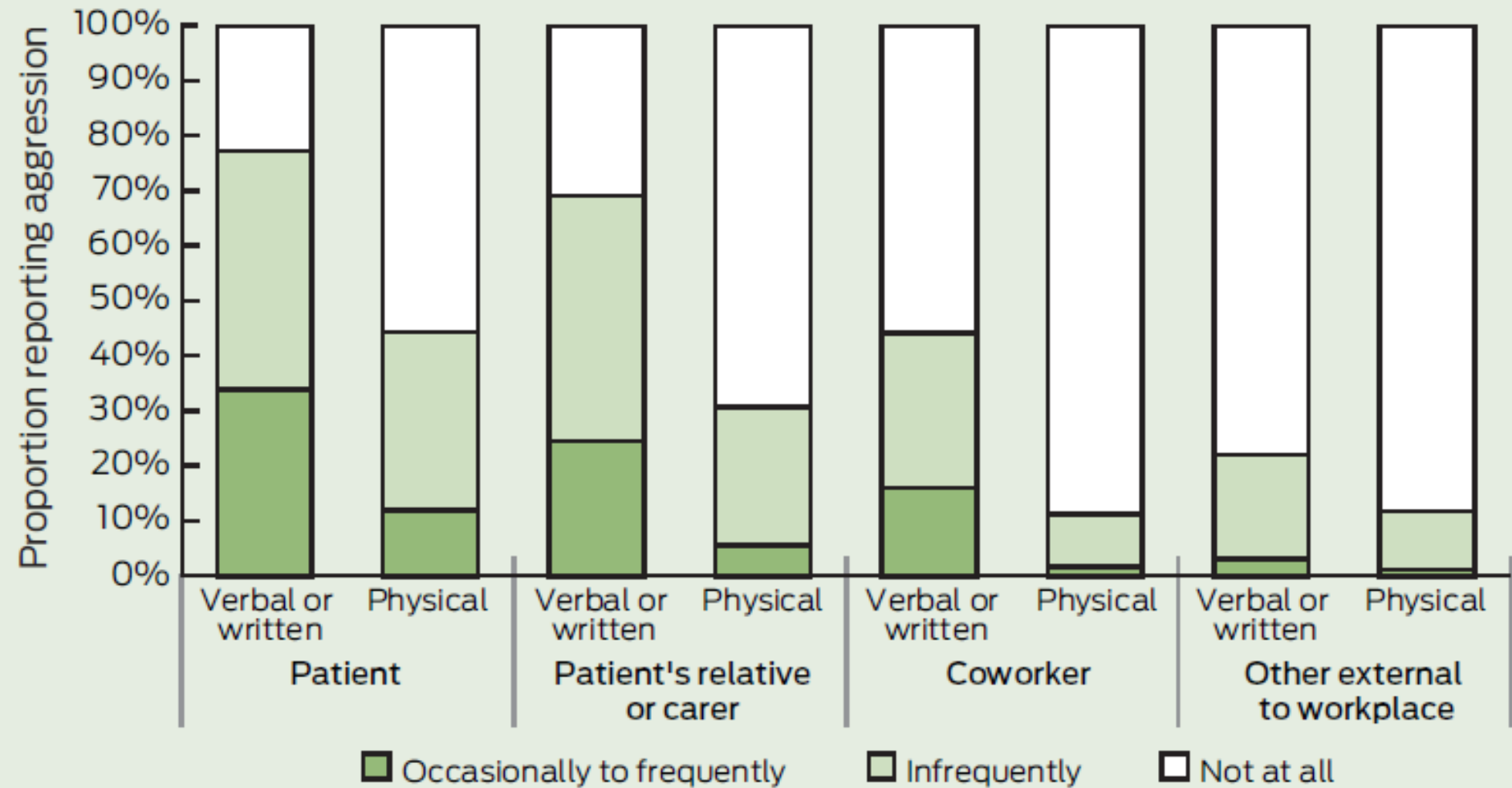
Workplace aggression

- Hills D. & Joyce C. **Internal and external aggression in clinical medical practice: Associations with job satisfaction, life satisfaction and self-rated health** (submitted).
- Hills D & Joyce C. 2013. **Personal, professional and work factors associated with Australian clinical medical practitioners' experiences of workplace aggression.** Annals of Occupational Hygiene, 57(7), 898-912
- Hills D & Joyce C. 2013. **A review of research on the prevalence, antecedents, consequences and prevention of workplace aggression in clinical medical practice.** Aggression and Violent Behavior: A Review Journal, 18(5), 554-569
- Hills D, Joyce C & Humphreys J. 2013. **Workplace aggression prevention and minimisation in Australian clinical medical practice - a national study.** Australian Health Review, 37(5): 607-613.
- Hills D, Joyce C & Humphreys J. 2012. **A national study of workplace aggression in Australian clinical medical practice.** Medical Journal of Australia, 197(6): 336-340.
- Hills D, Joyce C & Humphreys J. 2011. **Prevalence and prevention of workplace aggression in Australian clinical medical practice.** Australian Health Review, 35(3): 253-261.

Prevalence of aggression in Australia: GPs



For Hospital non-specialists



Factors associated with experiencing aggression

- More aggression associated with:
 - younger doctors
 - external locus of control
 - IMG
 - more hours of work
 - poor peer support
 - unpredictable working hours
 - patients with unrealistic expectations
- Less aggression associated with:
 - Optimised lighting, waiting areas
 - Systems of incident reporting / follow up
 - Presence of 5 or more prevention strategies

Location choice of GPs

- McIsaac M. Locational Choice of General Practitioners: Exploring Supply, Mobility, and Equity in Australia. PhD Thesis
- Focus on factors influencing GP supply in postcodes
- Focus on mobility across areas of low, medium and high socio-economic status in metro areas

GP supply in postcodes

- More GPs per head of population in areas with:
 - High incomes of the population
 - High labour force participation rates
 - Metro areas
 - More hospitals
 - More private schools
 - More young males
 - Fewer young females
 - More females over 25 yrs old
- Mortality rate not associated with number of GPs
- Spillovers from characteristics of adjacent areas

Location choice of GPs

Table 4.7: Location Choice of Metropolitan GPs in Australia

	Low SES	Middle SES	High SES
Mean for all GPs*			
Consult fee	42.1	48.8	53.0
Percentage of patients bulk-billed	81.4	67.6	52.0
GPs per 10,000**	13.7	17.7	18.3
Consultations per week	131.1	121.1	105.1
Weekly revenue	5,309	5,441	5,278
Annual earnings	195,212	194,640	177,189
Mean for full-time practice-owning GPs***			
Consult fee	42.1	49.8	52.9
Consultations per week	154.3	139.3	123.6
Weekly revenue	5,981	6,033	5,946
Annual earnings	213,234	229,447	223,222
Mean for full-time employee GPs****			
Consult fee	42.3	46.4	52.6
Consultations per week	138.6	130.1	113.1
Weekly revenue	5,800	5,942	5,841
Annual earnings	235,275	194,349	166,531

Mobility across metro areas (over 4 years)

Table 5.2: Transition Table of Relocation Choice

	Stay (t)	Move Low SES (t)	Move Middle SES (t)	Move High SES (t)	Total
Low SES (t-1)	401 (93.7%)	4 (0.9%)	10 (2.3%)	13 (3.1%)	428
Middle SES (t-1)	1,092 (93.2%)	6 (0.5%)	38 (3.2%)	36 (3.1%)	1,172
High SES (t-1)	1,720 (94.2%)	9 (0.5%)	29 (1.6%)	68 (3.7%)	1,826
Total	3,213 (93.8%)	19 (0.6%)	77 (2.2%)	117 (3.4%)	3,426

- More mobility associated with:
 - earnings, less complex patients, high consult lengths
 - Non-practice owning GPs, younger GPs

Policy simulation

Table 5.11: Policy Simulation: Predicted Effect of \$15,000 Relocation Incentive for GPs Relocating into Areas with Low SES

Location choice	Change	Predicted probability
Stay	-0.0001	0.936
Move to low SES	0.0099	0.029
Move to middle SES	-0.0050	0.017
Move to high SES	-0.0047	0.018

153 extra GPs in low SES areas at a cost of \$2.3m

Future research

- ARC grant submitted on competition in medical labour markets
- ARC grant submitted on health workforce migration
- ARC grant submitted on portfolio careers