Rural medical specialists: Their work and satisfaction

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Monash University School of Rural Health

MABEL - Medicine in Australia: Balancing Employment and Life Survey
Centre for Research Excellence in Medical Workforce Dynamics
## Importance of local specialists

1. Local, timely referral & support (within region & nearby towns)
   - Happy supported GPs and generalists

2. Local comprehensive care & follow-up
   - Improved rural health outcomes
   - Reduced out-referral

3. Less patient transport & dependence on locums/ outreach
   - Reduced health system & patient costs
   - Reduced cultural barriers

4. Enable regional training
   - Secure the next generation of specialists and rural generalists
Major strategic directions

- Integrated regional training hubs
- Rural generalist pathway
- Regional cancer strategy
- Closing the Gap:
  - Chronic diseases, eye health, ear health, maternal and child health
So what do we know?

- Apart from 15% specialists working in non-metropolitan areas:
  - Distribution of different specialist types?
  - How nature of work varies, is it better than metropolitan?
  - Are they happy?

- Evidence needed for regional specialist workforce development

**AIM:**

- Systematically explore the characteristics of regional specialists, their work and job satisfaction
What can we expect?

- Balance between:
  1. Specialists viable to work rurally (large vs small regions)
  2. Those relevant to address rural health

- Regional service hubs
  - General surgery
  - General medicine
  - Emergency medicine
  - Paediatrics
  - Obstetrics & gynaecology
  - Psychiatry
  - Cardiology
  - Oncology / Other physicians
Methods

- X-sectional study
  - 3479 MABEL respondents
- Relatively representative
  - Non-response sample weights
- Outcome: Modified Monash levels
  - Metropolitan n=2893
  - Large regions 50,000+ population n=345
  - Small regions <50,000 population n=241

Covariates:
- Age, sex, hours of work, on call, practice type
- Professional satisfaction:
  - Hours of work
  - Remuneration
  - Variety of work
  - Amount of responsibility given
  - Colleagues and fellow workers
  - Opportunities to use your abilities
  - Overall satisfaction
- Opportunities for professional development
Compared with metropolitan

Large regions
- Similar demographics
- 1.8 > hours

Small regions
- Males OR 2.1 (95% CI 1.6-2.9) **
- Later career OR 1.7 (1.2-2.5) *
- < private practice OR 0.3 (95% CI 0.2-0.6) **
- 1.6 > hours
- Higher on-call ratio 1.6 (1.1-2.4) *

** p<0.001  * p<0.05
### Their distribution (c.t. anaesthetists)

<table>
<thead>
<tr>
<th>Type</th>
<th>Large OR, 95% CI</th>
<th>Small OR, 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>General surgeon</td>
<td>1.6 (0.9-3.0)</td>
<td>4.8 (2.7-8.8) **</td>
</tr>
<tr>
<td>General physician</td>
<td>1.7 (0.9-3.2)</td>
<td>5.4 (2.9-10.3) **</td>
</tr>
<tr>
<td>Paediatrician</td>
<td>0.5 (0.3-0.9) *</td>
<td>1.2 (0.7-2.3)</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>0.6 (0.4-1.0) *</td>
<td>0.7 (0.4-1.4)</td>
</tr>
<tr>
<td>Endocrinologist</td>
<td>0.2 (0.04-0.8) *</td>
<td>0.2 (0.03-1.7)</td>
</tr>
<tr>
<td>Obstetrician &amp; gynaecologist</td>
<td>0.7 (0.4-1.3)</td>
<td>1.8 (1.0-3.2)</td>
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</table>
## Satisfaction: Compared with metropolitan

<table>
<thead>
<tr>
<th>Yes satisfied v.s no</th>
<th>Large OR 95% CI</th>
<th>Small OR 95% CI</th>
</tr>
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<tbody>
<tr>
<td>Hours worked</td>
<td>1.0 (0.7-1.5)</td>
<td>0.7 (0.5-1.1)</td>
</tr>
<tr>
<td>Remuneration</td>
<td>1.3 (0.8-2.0)</td>
<td>1.3 (0.8-2.3)</td>
</tr>
<tr>
<td>Variety of work</td>
<td>1.0 (0.5-1.7)</td>
<td>0.9 (0.5-1.8)</td>
</tr>
<tr>
<td>Amount of responsibility</td>
<td>1.2 (0.6-2.4)</td>
<td>1.1 (0.5-2.3)</td>
</tr>
<tr>
<td>Colleagues and fellow workers</td>
<td>0.6 (0.4-1.0)</td>
<td>0.6 (0.3-1.1)</td>
</tr>
<tr>
<td>Opportunities to use your abilities</td>
<td>0.8 (0.5-1.3)</td>
<td>0.8 (0.5-1.4)</td>
</tr>
<tr>
<td>Overall satisfaction</td>
<td>1.0 (0.5-1.7)</td>
<td>0.6 (0.4-1.1)</td>
</tr>
<tr>
<td>Opportunities for continuing medical education</td>
<td><strong>0.4 (0.2-0.6)</strong></td>
<td><strong>0.2 (0.1-0.3)</strong></td>
</tr>
</tbody>
</table>

Adjusted for sex, career stage, overseas trained, practice type, whether do on call, hours worked (except for satisfaction with hours worked), specialists in general medicine/general surgery or not.
In summary

1. **Regional specialists just as satisfied as metropolitan**
   - Good variety of work, responsibility & remuneration
   - Poor access to professional development
   - Slightly longer work hours, on-call

2. **Gaps in mix of services**
   - Potential that some regions doing ok
   - But on average not achieving regional hubs

3. **Small regions reliant on**
   - General physicians, general surgeons
   - Older, male, overseas-trained specialists
## Where to intervene?

<table>
<thead>
<tr>
<th>Training and development</th>
<th>Organisational policies and programs</th>
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<tbody>
<tr>
<td>o Specific focus on relevant specialties</td>
<td>o Build critical mass</td>
</tr>
<tr>
<td>o Relevant skills - regional rotations, accredited posts, rural connections/networks</td>
<td>o Systems to manage on-call demands</td>
</tr>
<tr>
<td>o Increase PD</td>
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<tr>
<th>Regional workforce planning and recruitment</th>
<th>Employment of overseas-trained specialists</th>
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<tr>
<td>o Denoting the gaps, strategies to fill them</td>
<td></td>
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<tr>
<td>o Public and private sector employment opportunities</td>
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</tbody>
</table>

Other Research

CSIRO PUBLISHING
Australian Health Review
http://dx.doi.org/10.1071/AH16159

It’s more than money: policy options to secure medical specialist workforce for regional centres

Jennifer May\textsuperscript{1,5} AM, BMed (Hons), PhD, FRACGP, FACRRM, Director
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Conclusion

- Achieving well-balanced hubs of regional specialist services is possible with **commitment**.
- It will require:
  - Targeted and **coordinated** effort from the regions, universities, colleges, government
  - Focus on specific specialties that are lagging/needed
  - A regional focus (workforce and population need)
  - Engagement with training and employment pathways
  - Improved PD and work conditions
MABEL: Longitudinal survey of Australian doctors

**Policy Brief**
Centre for Research Excellence in Medical Workforce Dynamics

**Solving Australia’s rural medical workforce shortage**

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**Forthcoming publication** *Australian Journal of Rural Health*: O’Sullivan BG, McGrail MR, Russell D. Rural specialists: the nature of their work and professional satisfaction by geographic location of work.