

Are practice locations associated with GPs having school-age children and working spouses?

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Background

Reduced educational opportunities for children and employment opportunities for spouses/life partners deter many GPs from rural practice, although evidence quantifying these associations is lacking. This study is the first longitudinal research quantifying associations between observed GP work locations and (i) having children with schooling needs; and (ii) having a life partner with employment needs.

Methods

Participants included 4,377 vocationally registered GPs responding to at least 2 MABEL (Medicine in Australia: Balancing Employment and Life) national longitudinal study annual surveys 2008-2014. The main outcome, GP work location, was categorised according to remoteness and population size (Modified Monash Model, MMM). The effect of having children with educational needs was examined sequentially, defined by the GP's oldest school-aged child: Pre-school aged children only (0-4 years) versus having no children, primary-school aged children (5-11 years) versus pre-school, and secondary-school aged children (12-18 years) versus primary-school aged children. Partner in the workforce was defined by whether a GP had a life partner either currently working or looking for work. Generalized estimating equation models with a logit function, which aggregated all observations per GP 2008-2014, tested associations with work location, with analyses stratified by gender.

Findings

Male GPs with only young children (pre-school or primary age) are somewhat more likely (though not statistically significant) to be working in rural locations; however, male GPs with secondary school children are significantly less likely to be working in rural areas, particularly smaller towns (MMM 3-7). Female GPs with only young children (pre-school or primary age) are somewhat less likely (though not statistically significant) to be working in rural areas, whilst female GPs with secondary school children are distributed equally to female GPs with only primary school children.

Male GPs with a partner in the workforce were equally likely as male GPs without a partner in the workforce to be working in a rural or metropolitan location; in contrast, female GPs with a partner in the workforce were significantly less likely to be working in smaller rural towns (MMM 4-7).

What this study adds to current knowledge

This is the first systematic, national-level study using rigorous longitudinal methods showing that GP work location is related to partner employment and educational opportunities for their children, capturing the dynamic nature of these data. Uniquely, it differentiates the influence of these factors according to GP gender and child educational stage, as well as using a finer measure of rural practice. Contrasting patterns are seen between male and female GPs, relating to associations of work location with both partner employment needs and educational opportunities for their children.

Implications and recommendations

These findings reinforce the importance of considering the family needs of GPs. Rural health workforce policy and planning should adjust for the effects of partner employment needs and changes in children's age over time. Additionally, the development of educational and partner employment options—particularly secondary school pathways in smaller regional centres (<50,000 population)—are important to attract and retain this critically important professional workforce.

Presenter

Dr Matthew McGrail is a full-time Senior Research Fellow of the Monash University School of Rural Health, based at Churchill campus. His research interests include measures of access to health care, workforce distribution, rural workforce location decisions and mobility, and rural health workforce policies and incentives. Matthew is a Chief Investigator of the NHMRC-funded Centre for Research Excellence in Medical Workforce Dynamics, which conducts the MABEL study (Medicine in Australia: Balancing Employment and Life), where he leads the Rural workforce supply, distribution and mobility research theme. He was also Chief Investigator of the recently completed Centre of Research Excellence in Rural and Remote Primary Health Care program, where he led research of improved measures of healthcare access, notably producing the national Index of Access. Matthew was a co-developer, with Emeritus Prof John Humphreys, of the Modified Monash Model which was adopted in 2015 by the federal Department of Health to underpin many of their rural health workforce incentives and policies.