

# MABEL

Medicine in Australia: Balancing Employment and Life

The Medicine in Australia: Balancing Employment and Life (MABEL) panel survey of doctors. Lessons for engagement

Professor Anthony Scott

In collaboration with

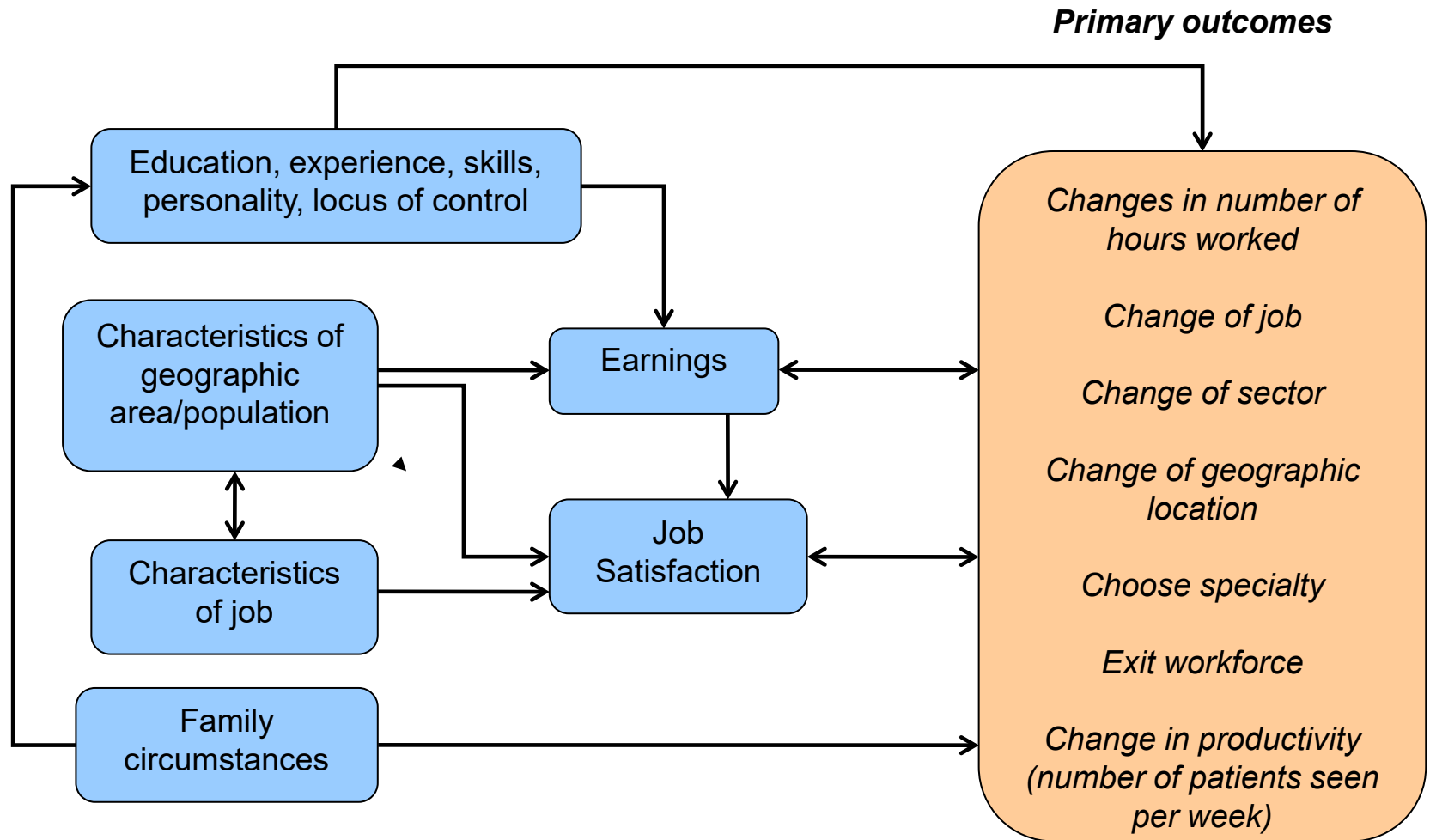
# About the MABEL Survey

- National Longitudinal (Panel) Survey of doctors
- ~10,000 respondents each year
- Hospital doctors, registrars, GPs, Specialists
- 11 annual waves (2008-2018)
- ‘Top-up’ samples every year

# Aims of the MABEL Survey

- To conduct high quality research that informs and evaluates policy that impacts on the medical workforce
- To improve knowledge exchange between researchers and end-users
- To build capacity in health workforce research

# MABEL Conceptual Framework



# What did we add compared to other data sources?

- *Not* about counting or describing
- Interested in understanding *why*
- Essential for evidence-based policy design
- Association → Causality
- Need a range of information
- Need a panel / longitudinal survey
- Individual's data linked over time
- Most data items not collected anywhere else
- Research questions embedded into data collection
- Data are accessible

# Understanding impact: origins of MABEL

- Idea came from me in identifying a gap in evidence/knowledge/research, and built on my existing expertise (as a health economist)
- Then gathered existing academic experts in health workforce (ie who gave published) needed to apply for NHMRC funding. *None of us were medical practitioners.*
- Needed longitudinal (panel) survey design to ensure scientific quality
- Policy Reference Group also part of the application
- Engagement plan part of the application

# Who funded MABEL?

- Wave 11 (2018)
  - Australian Government Department of Health
  - Australian Digital Health Agency
  - Department of Health and Human Services (Victoria)
- Wave 10 (2017)
  - The University of Melbourne
  - Medibank Better Health Foundation
  - NSW Ministry of Health
  - Department of Health and Human Services (Victoria)
- Waves 1 to 9 (2008 to 2016)
  - NHMRC: Health Services Research Grant (2007-2011); Centre of Research Excellence (2012-2016)
  - Department of Health (2008),
  - Health Workforce Australia (2013)

# Engagement framework



## 'Making evidence count': A framework to monitor the impact of health services research

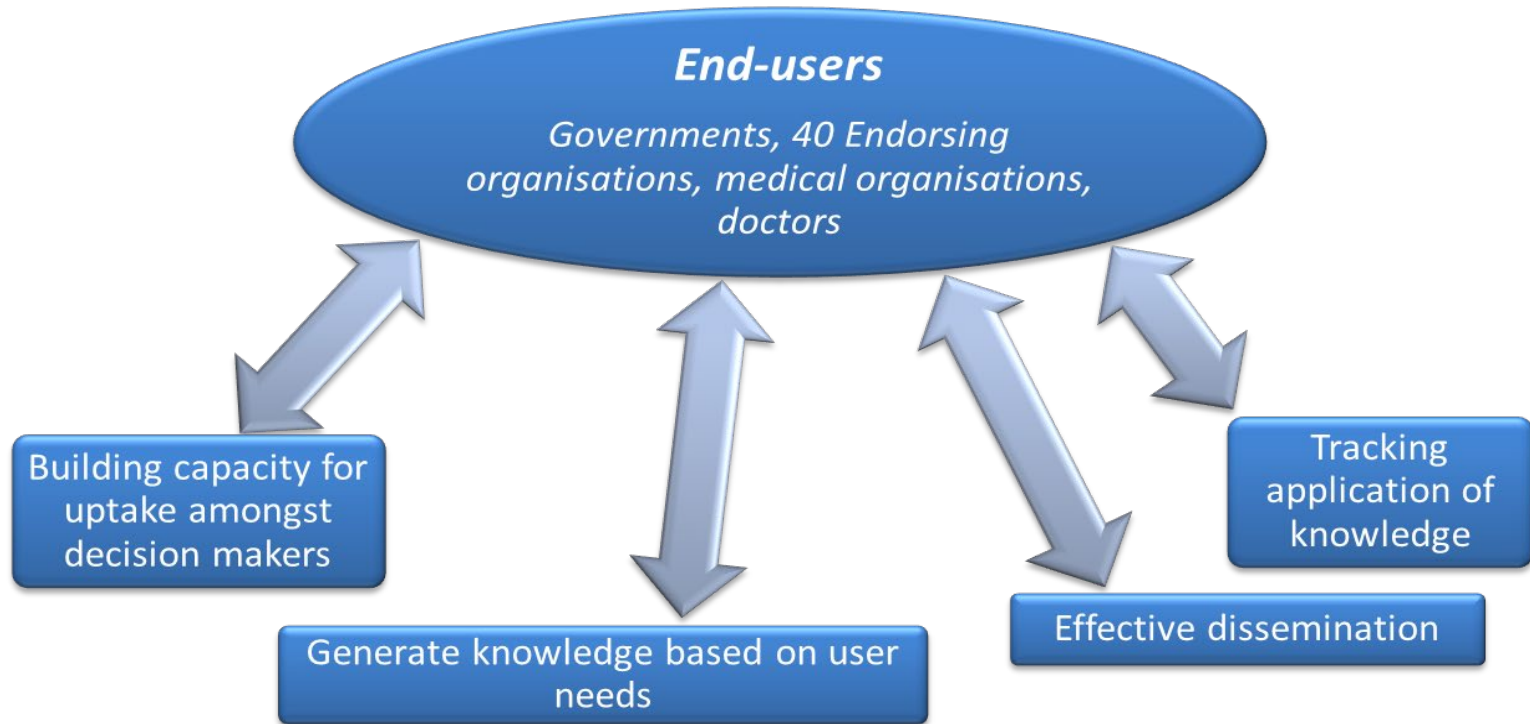
Penny Buykx PhD, CERTADDSTUD, GRADDIPAPPPSYCH, BBSC✉, John Humphreys PhD, DIPED, BA(HONS), John Wakerman MBBS, MTH, David Perkins PhD, BA(HONS), David Lyle PhD, MBBS, Matthew McGrail PhD, GRADDIP IT, BSC, Leigh Kinsman PhD, MHSC, BHSC, RN ... [See fewer authors](#) ^

First published: 21 March 2012 | <https://doi.org/10.1111/j.1440-1584.2012.01256.x> | Cited by: 17

- Canadian Health Services Research Foundation. Issues in Linkage and Exchange between Researchers and Decision Makers. Ottawa: Canadian Health Services Research Foundation, 1999.
- Almeida C, Bascolo E. Use of research results in policy decision-making, formulation, and implementation: a review of the literature. Cadernos de Saude Publica Rio de Janeiro. 2006;22:S7-S19.



# Engagement Plan



# Building capacity with decision makers

Training	MABEL Data Users Workshop.
Supporting use of MABEL data	Data requests from end users. Endorsing organisations are offered simple descriptive analyses free of charge.
Using MABEL data in commissioned research	DHHS (Victoria), NSW Ministry of Health, World Bank, Department of Health.

# Generation of knowledge based on user needs

- National Advisory Group
  - ‘Policy’ stakeholders
  - Carefully designed terms of reference
  - Informal contact in between formal meetings
- Annual MABEL Research Forum

# Effective dissemination

Channel	Activity	Targeted stakeholder group
Targeted feedback of results	Use of a freelance journalist	Medical community survey respondents
Social and print media.	Regular articles in general print and social media and online blogs (e.g. Croakey, The Conversation). Dissemination to promote events and publications and feedback to respondents.	General public and community, medical community, politicians and policy makers
Annual Conference	MABEL Research Forum	Governments, medical community
Newsletter	<i>MABEL Matters</i> newsletter sent to all survey respondents	Survey respondents, medical community governments
Professional and policy workshops and conferences	Regular invitations to speak at professional and policy workshops and conferences about MABEL.	Survey respondents, medical community governments
Academic conferences	Presentations and organised sessions at leading international academic conferences.	International and national academic
Academic publications	High quality academic papers	International and national academic

# Tracking the application of knowledge in specific contexts

- Collect data on ‘user-pull’ contacts made with MABEL researchers by external organisations.
- Reviewed at each research team meeting.
- Systematically track the outcome of these contacts over time
- Construct narratives about research impact and systematically follow up the outcomes of each contact.

Research Uptake Record Form – CRE in Medical Workforce Dynamics

1. Type of uptake	<input type="checkbox"/> Request for information <input type="checkbox"/> Invitation to speak <input type="checkbox"/> Invitation to submit evidence/consult/provide expert advice <input type="checkbox"/> Third-party use of MABEL <input type="checkbox"/> Other
2. Date	<a href="#">Click here to enter a date.</a>
<b>Organisation details</b>	
3. Name of organisation	
4. Name of contact person	<div>Organisation type</div> <div>Choose an item.</div>
5. Type of organisation	<div>Choose an item.</div> <div>           Government department            Government agency (eg. HWA, Productivity Commission)            Endorsing organisation            Other: NAG Member            Other (specified below)         </div>
6. Contact information	
7. Related output/s	
8. Uptake/use details	
9. Outcomes / actions arising	

# What impact have we had?

- Main national policy impact:
  - Modified Monash Model being implemented across >\$1bn of Commonwealth grants programs



*Aust. J. Rural Health* (2018) 26, 329–334

Learning from history: How research evidence can inform policies to improve rural and remote medical workforce distribution

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# Impact

- Strong relationship with Commonwealth Department of Health
  - Membership of Commonwealth rural workforce working groups
  - Funding for MABEL in 2018
- One enquiry every two weeks about MABEL (47 in 2017/18). These include requests for data, invitations to speak, and serving on committees (recorded in research uptake forms)

# Impact

- Used to inform policy of using financial incentives to get GPs to go rural.
- Used as exemplar of data collection by World Bank who recommended use in low and middle income countries [2].
- 300+ media articles.
- 95 MABEL journal articles: 70+% in top quartile journals across multiple disciplines.
- 380+ external users of MABEL data in 8 countries.
- 7 MABEL workshops for 450 policy makers and stakeholders from across Australia.
- Survey methods/questions used in Thailand, New Zealand, Sweden, English NHS. MABEL consulted/questions used in surveys by Beyond Blue, Medical Board of Australia, AMA, and PAMELA (pharmacists).



# Impact

- Appointment to DH Distribution Working Group that changed measurement of GP workforce shortages.
- - MABEL used in advocacy by colleges (e.g. RACGP Health of Nation Report)
- Questions on use of digital health technology used by Australian Digital Health Agency to influence uptake
- - NSW Health designed specialty choice website used by doctors
- - MABEL data used by VIC govt to investigate rising medical wage costs - major component of hospital spending.
- - Provided evidence to DH on impact of COVID-19 on doctors incl. telehealth.
- - Used in 5 ANZ Health Sector Reports using MABEL data, having direct impact on private medical practice

# Reflections - how would we have done things differently?

- How survey was established is important for eventual impact (co-design)
- Health economics origins. Focus on some issues that policy makers and some stakeholders aren't interested in, but are still very important from societal perspective (e.g. role of incentives, role of private sector)
- Impact from data vs impact from our research
- MABEL is national, not local.
- More time need for engagement?
  - Many issues and many stakeholders – did not have the internal capacity?
  - Focus on one issue at a time?
  - Employed dedicated communications staff? Who should do this?
- Difficulty getting funding for longitudinal survey with same questions each year. Need core questions with more modules to cater for specific needs.

# MABEL

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Funding for MABEL has been provided by the National Health and Medical Research Council (2007 to 2016: 454799 and 1019605); the Australian Government Department of Health and Ageing (2008); Health Workforce Australia (2013); and in 2017 The University of Melbourne, Medibank Better Health Foundation, the NSW Ministry of Health, and the Victorian Department of Health and Human Services. In 2018 funding is being provided by the Australian Government Department of Health, Department of Health and Human Services (Victoria), and the Australian Digital Health Agency. The study was approved by The University of Melbourne Faculty of Business and Economics Human Ethics Advisory Group (Ref. 0709559) and the Monash University Standing Committee on Ethics in Research Involving Humans (Ref. CF07/1102-2007000291).

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