

Influencing policy through research: Medicine in Australia: Balancing Employment and Life (MABEL)

What is MABEL? Medicine in Australia: Balancing Employment and Life (MABEL) is Australia's national panel survey of 10,000 doctors. Starting in 2008 and now running for over 11 annual waves, MABEL is designed to improve access to health care by influencing the geographic distribution of doctors, and understanding workforce participation, doctor's career choices, and working patterns. The latest Wave 11 included new questions on doctor's health and wellbeing and use of electronic shared records and video consultations. MABEL survey data are also linked to MBS and PBS data. Though there are many other surveys of doctors on workforce issues, the panel design (following up individuals every year) is unique and there is nothing else like it internationally.

What impact has it had?

The main users of MABEL data are national and state governments and the many national and State-based medical and rural health organisations. MABEL's most notable national health policy impact to date was the use of MABEL data to develop the Modified Monash Model (MMM), a new geographic classification scheme to allocate funding to medical workforce programs in rural areas¹. MMM was proposed by MABEL Chief Investigators Emeritus Prof. John Humphreys (Monash University) and Dr. Matthew McGrail (The University of Queensland) as part of a submission to a Senate Enquiry² and recommended in the Mason review of health workforce programs³. This was based on a paper published using MABEL data that described how GP workload varied by population size⁴. MMM was adopted and first used by the Department of Health in 2015, and is now applied to over 15 workforce programs that allocate over \$1bn to support access to medical care and other health services rural areas in Australia, including in aged care and NDIS. MABEL researchers have subsequently been part of a number of Department of Health Working Groups to help implement the measure and provide expertise to other policy changes to health workforce distribution. The measure has continuing strong support from the rural health sector and from the Commonwealth Department of Health. In addition to MMM and other evidence that has been used to support rural distribution, MABEL data are regularly used by researchers and key medical workforce stakeholders, including medical colleges, to provide evidence and data on a range of current issues within the medical workforce. De-identified MABEL data are provided to external researchers at minimal cost to maximise the use of the data. We have 260 external data users from across Australia and overseas, and receive 2-3 data requests per month.

Our strategy for impact. Having an impact on national policy is difficult, and relies on a range of factors under the control of researchers and also range of factors outside of the control of researchers. *Factors under the control of researchers* include firstly producing high quality research. This was possible through the initial funding from NHMRC which gave researchers control over quality and data collection, so we could use the best evidence-based methods in our data collection and research. High quality research is defensible and more likely to be resistant to criticism by vested interests as it supports credibility. But of course, this is never enough on its own. Communication with key stakeholders – that is organisations who might use the research – was deemed essential from the outset and we established a National Policy Advisory Group before we submitted the initial NHMRC grant.

This group has helped shape the content of the survey and the research into the context of national medical workforce policy issues, whilst also giving them access to research before it is published. Overtime we have built a community of support from many potential research users that is providing long term benefits by including their views in the design of research, as well as increasing the likelihood of relevance and uptake of research findings and helping secure future funding. This also helps manage expectations about what MABEL can deliver, as we cannot address all of the issues facing the medical workforce. Our annual MABEL Research and Policy Forum brings policy makers and MABEL researchers together to set key policy issues alongside relevant evidence.

We also adopted a process of gathering our own data on impact, through external enquiries and contacts about MABEL, that may have led to the use of the data for a variety of purposes and from a variety of different organisations. This approach was based on a paper by one of our Chief Investigators (Prof. John Humphreys) that classified the different types of external engagement and impact and provided a framework for measurement⁵. This helped us track what impact we were having. Researchers also need tenacity, stamina and patience. It helps if researchers have a passion for what they do. A final point is that researchers are not trained as lobbyists and many think that it is not our job to do this, yet we are now expected to have 'an impact'. However, communications and lobbying is an increasingly essential skill for research impact which Universities need to invest and support in much more. Impact is also determined by many *factors that are outside the control of researchers*. This includes the timing, where a research input into a decision-making process is well received, has a community of support, and is supported by the political process. Yes - this does mean that excellent research not supported by the political climate will not have an impact, but of course still might if a different government is elected. The bureaucracy needs to trust that you are going to help them and not embarrass them, and constant communication here is also vital – they do not like surprises. They are risk averse but also very open to new ideas from research that can help them. But it is also difficult as there can be high turnover, and it costly to build up trust again. MABEL and MMM were used to design policy, which can be less threatening than the evaluation of existing policy.

In summary, thinking about impact when designing research is essential, as is a good communications strategy throughout – this is not just about media but building a network and a community of support. High quality research, perseverance, and inevitably some luck with respect to things we cannot control, also matter.

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