

Doctors want extra cash to work in the bush: study

August 8 2012

City doctors would need a salary increase of up to \$200,000 to entice them work in some country areas, a University of Melbourne study has determined.

The research, Getting [Doctors](#) into the Bush: GP's Preferences for Rural Location, investigated what incentives and compensation was needed to entice GPs to shift to rural locations.

Nearly 4,000 GPs were asked to choose between their current employment and two hypothetical job offers. The fictitious jobs included various working hours, town size and locations, overtime responsibilities, general staffing levels and levels of likely social interaction.

Sixty five per cent of respondents said they wouldn't quit their current position for any of the country jobs.

The research found incentives equivalent to 130% of annual earnings — or about \$237,000 — would be required for GP's to accept a job in a remote, inland town with poor social interaction and a big workload.

An increase of about 64% of a doctor's current average annual salary — or roughly \$116,000 — would be required to encourage them to a basic job in an inland town with less than 5,000 people.

Moving to an inland town with between 5,000 and 20,000 people would

require incentives of at least 37% of current earnings, or roughly \$68,000.

Lead researcher Professor Tony Scott, from the Melbourne Institute of Applied Economic and Social Research, said the desired compensation varied according to the practice location and workplace conditions.

“If on-call is low and hours worked do not change, the job becomes more attractive and the compensation required is less,” he said.

A Senate inquiry is currently investigating how existing incentive programs affect the recruitment and retention of country doctors.

Professor Scott said governments should tailor incentive programs to specific regional areas.

“Designing schemes to encourage doctors to locate and remain in remote and rural areas requires an understanding of the various factors that motivate doctors’ decisions.”

“Incentive programs are currently based on the ‘average GP’ and the ‘average rural area’, but there is scope to make them more dependent on the type of area and population size,” he said.

The research used data from the Medicine in Australia: Balancing Employment and Life longitudinal survey of doctors.

Provided by University of Melbourne

Citation: Doctors want extra cash to work in the bush: study (2012, August 8) retrieved 30 April 2024 from <https://medicalxpress.com/news/2012-08-doctors-extra-cash-bush.html>

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