

MABEL user id:

Please write id shown on
letter if different to id above

MABEL

Medicine in Australia: Balancing Employment and Life

Specialist

enquiries@mabel.org.au www.mabel.org.au Telephone: 03 8344 2600

MABEL has been endorsed by:

Royal Australasian College of Physicians
 Royal Australasian College of Surgeons
 Royal College of Pathologists of Australasia
 Royal Australian and New Zealand College of Radiologists
 Royal Australian and New Zealand College of Ophthalmologists
 Australian and New Zealand College of Anaesthetists
 Australian College of Rural and Remote Medicine
 Joint Faculty of Intensive Care Medicine
 Australian Society of Anaesthetists
 Australia and New Zealand Society of Palliative Medicine Inc
 Australian and New Zealand Society for Geriatric Medicine
 Australian Society of Plastic Surgeons

Australian and New Zealand Intensive Care Society
 Australian and New Zealand Society of Nephrology
 Rural Doctors Association of Australia
 Rural Health Workforce Australia
 Australian Healthcare and Hospitals Association
 Medical Oncology Group of Australia Incorporated
 Australian Orthopaedic Association
 Australian Medical Council
 Confederation of Postgraduate Medical Education Councils
 Postgraduate Medical Council of Victoria
 Postgraduate Medical Council of South Australia
 Postgraduate Medical Education Council of Queensland
 NSW Institute of Medical Education and Training
 Australian General Practice Training



THE UNIVERSITY OF
MELBOURNE



MELBOURNE INSTITUTE
of Applied Economic and Social Research



MONASH University
Medicine, Nursing and Health Sciences

A About your job satisfaction

1. Please indicate how satisfied or dissatisfied you are with each of the various aspects of your work as a doctor.

	Very Dissatisfied	Moderately Dissatisfied	Not Sure	Moderately Satisfied	Very Satisfied	N/A
Freedom to choose your own method of working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of variety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities to use your abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your colleagues and fellow workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition you get for good work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your hours of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your remuneration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of responsibility you are given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking everything into consideration, how do you feel about your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
The balance between my personal and professional commitments is about right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a poor support network of other doctors like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The IT systems I use are very helpful in day-to-day practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is difficult to take time off when I want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My patients have unrealistic expectations about how I can help them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The majority of my patients have complex health and social problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running my practice is stressful most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research publications are important to my career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The hours I work are unpredictable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Would you like to change your hours of work (including day time and after hours)?

- No
- Yes, I'd like to increase my hours
- Yes, I'd like to decrease my hours

4. What is the likelihood that you will:

	Very Likely	Likely	Neutral	Unlikely	Very Unlikely
Leave direct patient care (primary or hospital) within FIVE YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leave medical work entirely within FIVE YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B Your preferences for different types of jobs

Please read the following:

- You are asked to state which of the two jobs (A or B) is better.
- You are then asked which job you would choose, including the option of staying in your current job.
- Everything about the jobs you are comparing is the same, except for the characteristics shown below.

SPECIALIST

Please use the following table to answer questions 5 and 6:

	Job A	Job B
Change in earnings	No change	20% increase
Change in total hours worked	10% decrease	No change
On-call arrangements	1 in 10, frequently called out	1 in 4, frequently called out
Percentage of time in private practice	50%	90%
Teaching/research opportunities	No teaching or research	Some teaching and research
Time spent in administration	15%	10%
Location	Large regional centre	Metro-based

5. Which job do you think is better? Job A Job B
6. Which job would you choose? Job A Job B Stay at my current job

Please use the following table to answer questions 7 and 8:

	Job A	Job B
Change in earnings	20% decrease	No change
Change in total hours worked	No change	10% increase
On-call arrangements	1 in 4, infrequently called out	1 in 2, frequently called out
Percentage of time in private practice	10%	90%
Teaching/research opportunities	Some research	Some teaching
Time spent in administration	5%	15%
Location	Large regional centre	Metro-based with option to visit regional communities

7. Which job do you think is better? Job A Job B
8. Which job would you choose? Job A Job B Stay at my current job

Please use the following table to answer questions 9 and 10:

	Job A	Job B
Change in earnings	No change	20% decrease
Change in total hours worked	10% decrease	10% increase
On-call arrangements	1 in 4, frequently called out	1 in 4, infrequently called out
Percentage of time in private practice	50%	10%
Teaching/research opportunities	Some teaching and research	Some research
Time spent in administration	5%	15%
Location	Metro-based	Metro-based with option to visit regional communities

9. Which job do you think is better? Job A Job B
10. Which job would you choose? Job A Job B Stay at my current job

Please use the following table to answer questions 11 and 12:

	Job A	Job B
Change in earnings	20% increase	No change
Change in total hours worked	No change	10% increase
On-call arrangements	1 in 2, frequently called out	1 in 10, frequently called out
Percentage of time in private practice	90%	50%
Teaching/research opportunities	Some research	No teaching or research
Time spent in administration	15%	10%
Location	Metro-based	Metro-based

11. Which job do you think is better? Job A Job B
12. Which job would you choose? Job A Job B Stay at my current job

SPECIALIST

Please use the following table to answer questions 13 and 14:

	Job A	Job B
Change in earnings	20% increase	20% increase
Change in total hours worked	10% increase	10% decrease
On-call arrangements	1 in 10, frequently called out	1 in 2, frequently called out
Percentage of time in private practice	10%	50%
Teaching/research opportunities	Some teaching and research	No teaching or research
Time spent in administration	5%	15%
Location	Metro-based with option to visit regional communities	Metro-based

13. Which job do you think is better? Job A Job B
14. Which job would you choose? Job A Job B Stay at my current job

Please use the following table to answer questions 15 and 16:

	Job A	Job B
Change in earnings	20% increase	20% decrease
Change in total hours worked	10% decrease	10% increase
On-call arrangements	1 in 4, frequently called out	1 in 4, infrequently called out
Percentage of time in private practice	10%	50%
Teaching/research opportunities	Some teaching and research	Some research
Time spent in administration	15%	10%
Location	Metro-based	Large regional centre

15. Which job do you think is better? Job A Job B
16. Which job would you choose? Job A Job B Stay at my current job

Please use the following table to answer questions 17 and 18:

	Job A	Job B
Change in earnings	No change	20% increase
Change in total hours worked	10% increase	No change
On-call arrangements	1 in 2, frequently called out	1 in 4, infrequently called out
Percentage of time in private practice	50%	10%
Teaching/research opportunities	Some teaching	No teaching or research
Time spent in administration	10%	5%
Location	Large regional centre	Metro-based

17. Which job do you think is better? Job A Job B
18. Which job would you choose? Job A Job B Stay at my current job

Please use the following table to answer questions 19 and 20:

	Job A	Job B
Change in earnings	20% decrease	20% increase
Change in total hours worked	No change	10% decrease
On-call arrangements	1 in 4, infrequently called out	1 in 10, frequently called out
Percentage of time in private practice	50%	10%
Teaching/research opportunities	Some teaching and research	Some teaching
Time spent in administration	5%	10%
Location	Metro-based with option to visit regional communities	Large regional centre

19. Which job do you think is better? Job A Job B
20. Which job would you choose? Job A Job B Stay at my current job

SPECIALIST

Please use the following table to answer questions 21 and 22:

	Job A	Job B
Change in earnings	20% decrease	No change
Change in total hours worked	10% increase	10% decrease
On-call arrangements	1 in 10, frequently called out	1 in 4, frequently called out
Percentage of time in private practice	10%	90%
Teaching/research opportunities	Some teaching	Some research
Time spent in administration	10%	10%
Location	Metro-based	Metro-based with option to visit regional communities

21. Which job do you think is better? Job A Job B
22. Which job would you choose? Job A Job B Stay at my current job

C About the places where you work

23. In your most recent USUAL week at work, for approximately how many HOURS did you undertake work in each of the following settings? (Include ALL of the work you do as a doctor)

	Actual hours per week
Public hospital (including psychiatric hospital)	<input style="width: 100%;" type="text"/>
Private hospital	<input style="width: 100%;" type="text"/>
Private medical practitioner's rooms or surgery	<input style="width: 100%;" type="text"/>
Residential/aged care health facility (nursing/residential home, hospice etc.)	<input style="width: 100%;" type="text"/>
Tertiary education institution	<input style="width: 100%;" type="text"/>
Other	<input style="width: 100%;" type="text"/>
TOTAL HOURS WORKED	<input style="width: 100%;" type="text"/>

24. Do you work in private practice?

- Yes, in a public or private hospital and private consulting rooms
- Yes, in a public or private hospital only—Go to question 28
- No—Go to question 30

25. What is the total number of specialists who work in your current, main private practice? (Include yourself if applicable)

	Full-time	Part-time
No. of males	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
No. of females	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

26. How many other health workers or professionals are employed in your current main practice?

No. of nurses	<input style="width: 100%;" type="text"/>
No. of allied health professionals	<input style="width: 100%;" type="text"/>
No. of administrative staff	<input style="width: 100%;" type="text"/>
No. of other staff	<input style="width: 100%;" type="text"/>

27. Is your current practice co-located with other specialist practices?

- Yes
- No

28. What is your business relationship with the practice?

- Principal or partner
- Associate
- Salaried employee (e.g. receive fixed annual salary & benefits with tax deducted)
- Contracted employee (e.g. receive fixed payment for specified time or a % of billings before tax)
- Locum
- Other (please specify)

29. When did you start working at this practice?
 Month
 Year
30. How many hours a week do you work as a hospital locum? (If zero, write 0)
31. What is the main hospital in which you work (i.e. spend most time)?
 Hospital name
 Postcode
32. How long have you worked at this hospital?
 Months (if less than a year)
 Years
33. How are you paid for this hospital work?
 Fee-for-service/bill patients directly
 Fixed payment per session or hour
 Salary—no rights to private practice
 Salary with rights to private practice
 Other, please specify

D About your workload

34. Excluding after hours and on-call work, how many HOURS in your MOST RECENT USUAL WEEK at work did you spend on the following activities? (Include ALL of the work you do as a doctor in ALL jobs/workplaces)
 TOTAL HOURS WORKED PER WEEK (Should equal the TOTAL in question 14)
 Direct patient care (face-to-face, phone consultations, home visits: with or without a medical student present)
 Indirect patient care (medical notes, reports, phone calls, meeting patients' families)
 Education activities (teaching, research, continuing medical education)
 Management and administration
 Other
35. In your most recent USUAL week at work, for around HOW MANY patients did you provide care? (Include new and existing patients in ALL SETTINGS—eg. hospital and private practice—procedures and telephone consultations for day time and out of hours)
 Total number of patients seen in private consulting rooms
 Total number of patients seen in hospital or other settings
36. Approximately what percentage of these were: (Please write percentage number of referrals from each applicable source)
 GP referrals to you
 Referrals from other specialists
 Referrals from other sources
37. How long does a new PRIVATE patient typically have to wait for an appointment?
 No. of days (if less than a week)
 No. of weeks
 Not taking new patients at present
 Not Applicable
38. How long does a standard private consultation last?
 Minutes
 Not Applicable
39. What is your current fee for a standard private consultation? (Include Medicare fee and patient co-payment if applicable)
 \$
 Not Applicable

SPECIALIST

40. Approximately what percentage of patients do you bulk bill/charge no co-payment?
 Per cent
 Not Applicable
41. Do you do any after hours or on-call yourself? (Including public holidays, weekends and weekdays outside of 8am to 6pm)
 Yes
 No— Go to question 44
42. In your last usual week at work: (If none, write 0)
 How many HOURS were you rostered or listed for after hours or on-call?
 How many HOURS were actually spent in direct patient care?
 How many TIMES were you actually called out?
43. In your most recent usual month, what was your on-call ratio? (For example, if it is 1 in 8, type 8 in the box provided.)
 1 in.
 Not Applicable
44. Opportunities for continuing medical education and professional development are:
 Very limited
 Average
 Very good
45. Arranging a locum is usually:
 Moderately easy
 Rather difficult
 Very difficult
 Not Applicable
46. Turning to time spent away from work: (If none, write 0)
 How many WEEKS holiday did you take in the past year?
 How many WEEKS of parental or maternity leave did you take in the past year?
 Approximately how many DAYS off work due to illness did you have in the past year?
 Approximately how many DAYS off work did you have for other reasons in the past year?
47. In general, would you say your health is:
 Excellent
 Very good
 Good
 Fair
 Poor

E About your finances

The following information will be used to examine the effect of financial issues on your work–life balance, and will remain strictly confidential.

48. What are your (approximate) TOTAL personal earnings from ALL of the work you do as a doctor?
 (If possible, base this on your last personal income tax return or payslip) Please write in ONE COLUMN where you have the most accurate information and can best remember.
- | | Annual | OR | Fortnightly |
|---|---|----|---|
| Gross earnings in \$ (before tax) | <input style="width: 100%; height: 20px;" type="text"/> | | <input style="width: 100%; height: 20px;" type="text"/> |
| Net earnings in \$ (after tax) | <input style="width: 100%; height: 20px;" type="text"/> | | <input style="width: 100%; height: 20px;" type="text"/> |
49. In addition to this, did you receive any ongoing 'in kind' benefits or subsidies as part of your current job/s (e.g. car, house, school fees, salary packaging)?
 Yes
 No

SPECIALIST

50. What is the approximate annual total value in dollars of these benefits? (If zero, write 0)

51. What is the total level of financial debt that you currently have as a result of your medical education and training? (Give dollar amount; include HECS debt, other debt associated with training and living expenses)
 \$
 Don't Know.

52. What is the total level of financial debt that you currently have from owning your practice or premises?
 \$
 Don't Know.
 Not Applicable

53. What is the status of your private practice for tax purposes?

- Sole trader
- Partnership
- Company
- Trust
- Don't Know
- Not Applicable

54. Do you have other sources of personal income apart from your medical work? (Profit from other business interests, dividend income, bank interest, rental income etc.)

- Yes
- No

55. In the last year, approximately what percentage of your total gross earnings did you receive from each of the following sources? (Please enter percentage figure where applicable)

Payments from patients for services covered by Medicare (include Medicare rebate and patient co-payment)
 Payments from patients for services not covered by Medicare (e.g. insurance, certificates, private patients)
 Government incentive schemes and grants (e.g. rural incentives)
 Hospital work (salary or other payments)
 Other sources (including business/non-medical; please specify % and source)

56. Do you (or your employer) regularly contribute to a superannuation scheme?

- Yes
- No—Go to question 58

57. For how many years have you (and/or an employer on your behalf) contributed to a superannuation scheme?

No. of years

58. Please indicate the degree to which you agree with the following statement: "Given my current financial situation and prospects, I believe I will have enough to live on when I retire".

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

59. How much (in dollars) did you pay for professional medical liability, or malpractice, insurance premiums in the last year? (If this was provided by someone else on your behalf, write 0)

60. What is your total gross and net HOUSEHOLD income? (Include your and your partner's earnings, income from other business interests, dividends, interest etc.) Please write in ONE COLUMN ONLY, where you have the most accurate information or can best remember.

	Annual	OR:	Fortnightly
Gross household income (before tax)	<input style="width: 100px;" type="text"/>		<input style="width: 100px;" type="text"/>
Net household income (after tax)	<input style="width: 100px;" type="text"/>		<input style="width: 100px;" type="text"/>

F About your geographic location

61. In how many locations do you practise?

62. Where is your main place of work?
 Town/Suburb
 Postcode

63. How long have you been practising in or close to this geographic location?
 No. of months (if less than one year)
 No. of years

64. Where do you live?
 Town/Suburb
 Postcode

65. The opportunities for social interaction for you and your family in the geographic location of your main job are:

- Very limited
- Average
- Very good

66. Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I don't have many friends or family members in my current work location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to pursue my hobbies and leisure interests in my current work location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My partner does not have many friends or family members in this work location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are good employment opportunities for my partner in this work location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The choice of schools for our children is adequate in this work location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. For how many years did you live in a rural area up until the age you left secondary school? (If none, write 0)

68. Please indicate the main rural area where you lived up until school leaving age.
 Town
 State
 Not Applicable

69. Are you subject to restrictions on your location of practise?

- Yes—I am required to work in an Area of Need
- Yes—I am required to work in a District of Workforce Shortage
- No

70. Please indicate the reason/s for these restrictions.

- I hold a Permanent Resident Visa
- I hold a Temporary Resident Visa
- I am undertaking a return of service period for a Medical Rural Bonded Scholarship or Bonded Medical Place
- Other
- Not Applicable

71. Do you travel to provide services/clinics in other geographic areas?

- Yes
- No

72. Where are you providing these services or clinics?

1. Town/suburb

Postcode

2. Town/suburb

Postcode

3. Town/suburb

Postcode

G About you

73. Year of birth

74. Gender

Male

Female

75. In what year did you complete your basic medical degree?

76. In which country did you complete your basic medical degree?

A medical school in Australia

A medical school in the country specified:

77. If you did your degree at a medical school outside Australia, have you completed the AMC Certificate examination?

Yes

No

Not Available

78. What specialist postgraduate qualifications have you obtained in Australia? (e.g. FRACP, FRACS, diploma)

1.....

2.....

3.....

4.....

5.....

None: I have qualifications from overseas which are recognised in Australia ..

79. What is the main speciality in which you practise? (If you practise in a second speciality, please specify)

	Main speciality in which you practise (Where you are qualified & recognised under the Health Insurance Act)	Second speciality in which you practise
INTERNAL MEDICINE:		
Cardiology	<input type="text"/>	<input type="text"/>
Clinical genetics	<input type="text"/>	<input type="text"/>
Clinical haematology.....	<input type="text"/>	<input type="text"/>
Clinical immunology (incl. allergy)	<input type="text"/>	<input type="text"/>
Clinical pharmacology.....	<input type="text"/>	<input type="text"/>
Endocrinology	<input type="text"/>	<input type="text"/>
Gastroenterology	<input type="text"/>	<input type="text"/>
General medicine	<input type="text"/>	<input type="text"/>
Geriatrics.....	<input type="text"/>	<input type="text"/>
Infectious diseases	<input type="text"/>	<input type="text"/>
Intensive care—internal medicine	<input type="text"/>	<input type="text"/>
Medical oncology	<input type="text"/>	<input type="text"/>
Neurology.....	<input type="text"/>	<input type="text"/>

SPECIALIST

Nuclear medicine	<input type="text"/>	<input type="text"/>
Paediatric medicine	<input type="text"/>	<input type="text"/>
Renal medicine	<input type="text"/>	<input type="text"/>
Rheumatology	<input type="text"/>	<input type="text"/>
Thoracic medicine	<input type="text"/>	<input type="text"/>
PATHOLOGY:		
General pathology	<input type="text"/>	<input type="text"/>
Anatomical pathology	<input type="text"/>	<input type="text"/>
Clinical chemistry	<input type="text"/>	<input type="text"/>
Cytopathology	<input type="text"/>	<input type="text"/>
Forensic pathology	<input type="text"/>	<input type="text"/>
Haematology	<input type="text"/>	<input type="text"/>
Immunology	<input type="text"/>	<input type="text"/>
Microbiology	<input type="text"/>	<input type="text"/>
SURGERY:		
General surgery	<input type="text"/>	<input type="text"/>
Cardiothoracic surgery	<input type="text"/>	<input type="text"/>
Orthopaedic surgery	<input type="text"/>	<input type="text"/>
Otolaryngology	<input type="text"/>	<input type="text"/>
Paediatric surgery	<input type="text"/>	<input type="text"/>
Plastic/reconstructive surgery	<input type="text"/>	<input type="text"/>
Urology	<input type="text"/>	<input type="text"/>
Neurosurgery	<input type="text"/>	<input type="text"/>
Vascular surgery	<input type="text"/>	<input type="text"/>
OTHER SPECIALTIES:		
Anaesthesia (excl. intensive care)	<input type="text"/>	<input type="text"/>
Dermatology	<input type="text"/>	<input type="text"/>
Diagnostic radiology (incl. ultrasound)	<input type="text"/>	<input type="text"/>
Emergency medicine	<input type="text"/>	<input type="text"/>
Intensive care—anaesthesia	<input type="text"/>	<input type="text"/>
Medical administration	<input type="text"/>	<input type="text"/>
Obstetrics and gynaecology (incl. gynaecological oncology)	<input type="text"/>	<input type="text"/>
Occupational medicine	<input type="text"/>	<input type="text"/>
Ophthalmology	<input type="text"/>	<input type="text"/>
Psychiatry	<input type="text"/>	<input type="text"/>
Public health medicine	<input type="text"/>	<input type="text"/>
Radiation oncology	<input type="text"/>	<input type="text"/>
Rehabilitation medicine	<input type="text"/>	<input type="text"/>
OTHER SPECIALTY not specified above	<input type="text"/>	<input type="text"/>

80. Since you graduated, how many years and/or months have you spent NOT practising as a doctor? (Include time to bring up a family, time in non-medical jobs or study; exclude holidays and medically-related study leave) (If none, write 0)

Years	<input type="text"/>	
Months	<input type="text"/>	<input type="text"/>

81. What is your residency status? (Please tick one)

- Australian citizen
- Permanent resident
- Temporary resident

