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MABEL

Medicine in Australia: Balancing Employment and Life

2010

Specialist

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Space is provided at the end of this survey to make additional written comments.
Please write responses in boxes provided using a dark pen. Check boxes can be ticked or crossed.

A About your current situation

1. Are you currently doing any clinical medical in Australia?
   - [1] ☐ Yes – *If yes, please go to* ***Section B*** *below and complete the main survey*
   - [2] ☐ No – *Continue*

2. Are you permanently retired from all types of paid work?
   - [1] ☐ Yes – *As you are permanently retired from all types of paid work you do not need to complete the rest of the survey. Please return this survey in the reply-paid envelope provided. Thank you for your participation.*
   - [2] ☐ No – *Continue*

3. Which of the following statements describe your current situation? (Tick all that apply)
   - ☐ Doing medical work in Australia that is non-clinical (e.g. medico-legal, teaching, research, committee work)
   - ☐ Maternity leave
   - ☐ Home duties/childcare
   - ☐ Enrolled as a student
   - ☐ Extended leave (e.g. sick leave, long service leave)
   - ☐ Working outside Australia in a clinical role
   - ☐ Working outside Australia in a non-clinical, but medical role
   - ☐ Working outside Australia in a non-medical role
   - ☐ Doing non-medical work in Australia. Please state job title: ____________

4. Do you intend to return to clinical medical work in Australia?
   - [1] ☐ Yes – *Please go to Section G and complete the final two sections of the survey*
   - [2] ☐ Unsure – *Please go to Section G and complete the final two sections of the survey*
   - [3] ☐ No – *As you do not intend returning to clinical work in Australia you do not need to complete the rest of the survey. Please return this survey in the reply-paid envelope provided. Thank you for your participation.*

B About your job satisfaction

5. Please indicate how satisfied or dissatisfied you are in 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	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Amount of variety in your work	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Physical working conditions	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Opportunities to use your abilities	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Your colleagues and fellow workers	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Recognition you get for good work	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Your hours of work	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Your remuneration	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Amount of responsibility you are given	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Taking everything into consideration, how do you feel about your work?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
The balance between my personal and professional commitments is about right	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
I have a poor support network of other doctors like me	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
The IT systems I use are very helpful in day-to-day practice	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
It is difficult to take time off when I want to	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
My patients have unrealistic expectations about how I can help them	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
The majority of my patients have complex health and social problems	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Running my practice is stressful most of the time	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Research publications are important to my career	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
The hours I work are unpredictable	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

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

1 ☐ No

2 ☐ Yes, I'd like to increase my hours

3 ☐ Yes, I'd like to decrease my hours

8. **What is the likelihood that you will:**

	Very Unlikely	Unlikely	Neutral	Likely	Very Likely
Leave direct patient care (primary or hospital) within FIVE YEARS?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Leave medical work entirely within FIVE YEARS?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Reduce your clinical workload in the next FIVE YEARS?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

9. **This and the following question ask about any workplace aggression directed toward you in the last 12 months whilst you were working in medicine (i.e. any circumstance or location in which you performed your role as a medical practitioner), including:**

- *Verbal or written abuse, threats, intimidation or harassment* – such as ridicule, abusive email, racism, bullying, contemptuous treatment and non-physical threats or intimidation;
- *Physical threats, intimidation, harassment or violence* – such as a raised hand or object, unwanted touching, damage to property and sexual or other physical assault.

For each potential source of aggression, please tick the box that most closely matches how often you experienced each type of aggression in the past 12 months.

	Frequently (once or more each week)	Often (a few times each month)	Occasionally (a few times each 6 months)	Infrequently (a few times in 12 months)	Not at all
A. Aggression from patients					
Verbal or written abuse, threats, intimidation or harassment	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Physical threats, intimidation, harassment or violence	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
B. Aggression from relatives or carers of patients					
Verbal or written abuse, threats, intimidation or harassment	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Physical threats, intimidation, harassment or violence	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
C Aggression from any workplace co-worker					
Verbal or written abuse, threats, intimidation or harassment	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Physical threats, intimidation, harassment or violence	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D. Aggression from any other person external to the workplace					
Verbal or written abuse, threats, intimidation or harassment	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Physical threats, intimidation, harassment or violence	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

10. **Please indicate whether or not the following actions to prevent or minimise aggression have been implemented in your main workplace.**

	Yes	No	Unsure	Not applicable
Policies, protocols and/or procedures for aggression prevention and management	1 ☐	2 ☐	3 ☐	
Warning signs in reception and patient / public waiting areas	1 ☐	2 ☐	3 ☐	
Alerts to high risk of aggression (e.g. on patient record)	1 ☐	2 ☐	3 ☐	
Restricting or withdrawing access to services for aggressive persons	1 ☐	2 ☐	3 ☐	
Incident reporting and follow-up	1 ☐	2 ☐	3 ☐	
Education and training (for self and other staff)	1 ☐	2 ☐	3 ☐	
Duress alarms in consultation and treatment areas	1 ☐	2 ☐	3 ☐	
Clinician escape optimised in consultation / treatment rooms (e.g. seated closer to door than patient, two exits in rooms)	1 ☐	2 ☐	3 ☐	
Optimised lighting, noise levels, comfort and waiting times in patient / public waiting areas	1 ☐	2 ☐	3 ☐	
Patient / public access restrictions (e.g. advisory signs, locked doors to treatment and storage areas)	1 ☐	2 ☐	3 ☐	
Building security systems (e.g. burglar alarms, deadlocks, window bars, surveillance cameras, security personnel)	1 ☐	2 ☐	3 ☐	
Safety and security measures for after hours or on-call work, or home visits (e.g. security escort to external areas at night, movement register, working in pairs, satellite phones)	1 ☐	2 ☐	3 ☐	4 ☐

Other (please specify) ______________________

C About the places where you work

11. **Excluding on-call, for how many HOURS in your MOST RECENT USUAL WEEK at work did you undertake work in each of the following settings?** (Include ALL of the work you do as a doctor) (If none, write 0)

	Actual hours per week
Public hospital (including psychiatric hospital)	☐☐☐ hrs/wk
Private hospital	☐☐☐ hrs/wk
Private medical practitioner's rooms or surgery	☐☐☐ hrs/wk
Residential/aged care health facility (nursing/residential home, hospice etc.)	☐☐☐ hrs/wk
Laboratory or radiology facility	☐☐☐ hrs/wk
Community health centre	☐☐☐ hrs/wk
Government department, agency or defence forces	☐☐☐ hrs/wk
Tertiary education institution	☐☐☐ hrs/wk
Other	☐☐☐ hrs/wk
TOTAL HOURS WORKED	☐☐☐ hrs/wk

12. **The next THREE questions relate to the place where you work. If nothing has changed since the last time you did the MABEL survey, tick box and go to question 16.**

1 ☐ No change since I last completed the MABEL survey

13. **Do you work in private practice?**

1 ☐ Yes, in a public or private hospital and private consulting rooms
2 ☐ Yes, in a public or private hospital only — *Go to question 17*
3 ☐ No — *Go to question 18*

14. **What is the total number of specialists who work in your current, main private practice?**
(Include yourself if applicable) (If none, write 0)

	Full-time	Part-time
No. of males	☐☐	☐☐
No. of females	☐☐	☐☐

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15. How many other health workers or professionals are employed in your current, main private practice? (If none, write 0)

No. of nurses . . . .
No. of allied health professionals . . . .
No. of administrative staff . . . .
No. of other staff . . . .

16. Is your current, main private practice co-located with other specialist practices?

1 Yes
2 No

17. What is your business relationship with the practice?

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

18. How many hours a week do you work as a hospital locum? (If zero, write 0). . . . .

19. What is the main hospital in which you work (i.e. spend most time)?

Hospital name . . . .
Postcode . . . .

20. How are you paid for this hospital work?

1 Fee-for-service/bill patients directly
2 Fixed payment per session or hour
3 Salary—no rights to private practice
4 Salary with rights to private practice
5 Other, please specify

D About your workload

21. Excluding on-call, 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) (If none, write 0)

TOTAL HOURS WORKED PER WEEK (Should equal the TOTAL in question 11). . . . . hrs/wk
Direct patient care (face-to-face, phone consultations, home visits: with or without a medical student present) . . . . hrs/wk
Indirect patient care (medical notes, reports, phone calls, meeting patients' families). . . . . hrs/wk
Education activities (teaching, research, continuing medical education) . . . . hrs/wk
Management and administration . . . . hrs/wk
Other. . . . . hrs/wk

22. In relation to education activities, are you involved in any of the following teaching activities, including formal and informal teaching? (Tick all that apply)

Teaching medical students
Teaching interns or other pre-vocational trainees
Teaching registrars
No, I am not involved in any teaching

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23. In your most recent USUAL week at work, for around HOW MANY patients did you provide care?
(Include face-to-face, out-of-hours and telephone consultations in ALL SETTINGS) (If none, write 0)

Total number of patients seen in private consulting rooms. . . . .

Total number of patients seen in hospital or other settings . . . .

24. Approximately what percentage of these were: (Please write percentage number of referrals from each applicable source) (If none, write 0)

GP referrals to you . . . . %

Referrals from other specialists . . . . %

Referrals from other sources . . . . %

25. How long does a new PRIVATE patient typically have to wait for an appointment?

No. of days . . . . days

No. of weeks . . . . weeks

Not taking new patients at present (Tick box) . . . .

Not Applicable (Tick box) . . . .

26. How long does a standard private consultation last?

New patient/ Initial consultation . . . . minutes

Subsequent consultations . . . . minutes

Not Applicable (Tick box) . . . .

27. Approximately what percentage of patients do you bulk bill/charge no co-payment?

Per cent . . . . %

Not Applicable (Tick box) . . . .

28. What is your current fee for a standard private consultation? (Include Medicare fee and patient co-payment if applicable. Please write dollar amount; write 0 if you bulk bill 100% of your patients)

New patient/initial consultation. . . . . $

Subsequent consultations . . . . $

Not Applicable (Tick box) . . . .

29. Do you do any on-call yourself? (Including public holidays, weekends and weekdays outside of 8am to 6pm)

1 ☐ Yes
2 ☐ No—*Go to question 33*

30. What are your on-call ratios for public and private sector work?
(For example, 5 weeknights per fortnight equals 1 in 2)

	Public sector work	Private sector work
1 weeknight in		
1 weekend in		
Not Applicable (Tick box)		

31. In your last usual week at work, how many TIMES were you actually called out? (If none, write 0)

	Public sector work	Private sector work
Weeknights: times per week		
Weekend: times per weekend		
Not Applicable (Tick box)		

32. If your on-call arrangements do not fit the above descriptions, please elaborate below:

33. Opportunities for continuing medical education and professional development are: (Tick one box)

1 ☐ Very limited
2 ☐ Average
3 ☐ Very good

34. Arranging a locum is usually: (Tick one box)

- [1] ☐ Moderately easy
- [2] ☐ Rather difficult
- [3] ☐ Very difficult
- [4] ☐ Not Applicable

35. Turning to time spent away from work: (If none, write 0)

How many WEEKS holiday did you take in the past year? . . . . ☐☐ weeks

How many WEEKS of parental or maternity leave did you take in the past year? . . . . ☐☐ weeks

Approximately how many DAYS off work due to illness did you have in the past year?. . . . . ☐☐☐ days

Approximately how many DAYS off work did you have for other reasons in the past year?. . . . . . ☐☐☐ days

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.

36. 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.) This should be your personal earnings rather than total practice earnings. Please write in ONE COLUMN where you have the most accurate information and can best remember.

	Annual	OR	Fortnightly
Before tax (gross earnings) $.	☐☐☐☐☐☐☐☐		☐☐☐☐☐☐
After tax (net earnings) $	☐☐☐☐☐☐☐☐		☐☐☐☐☐☐

37. 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)?

- [1] ☐ Yes
- [2] ☐ No

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

39. 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) (If zero, write 0)

$ . . . . ☐☐☐☐☐☐☐☐

Don't Know (Tick box) . . . . ☐

40. What is the total level of financial debt that you currently have from owning your practice or premises? (If zero, write 0)

$ . . . . ☐☐☐☐☐☐☐☐

Don't Know (Tick box) . . . . ☐

Not Applicable (Tick box) . . . . ☐

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

- [1] ☐ Sole trader
- [2] ☐ Partnership
- [3] ☐ Company
- [4] ☐ Trust
- [5] ☐ Don't Know
- [6] ☐ Not Applicable

42. 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.)

- [1] ☐ Yes
- [2] ☐ No

43. 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 and other payments) . . . . . %

Other sources (including non-medical/business; specify source and %) %

TOTAL . . . . . 100 %

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

1 Yes
2 No

45. 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". (Tick one box)

1 Strongly Disagree
2 Disagree
3 Neutral
4 Agree
5 Strongly Agree

46. 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) . . . . .

47. What is your total gross and net HOUSEHOLD income? (Include your and your partner's earnings, income from other business interests, dividends, interest etc.) The figures below should be equal to or greater than your personal earnings provided in question 36. Please write in ONE COLUMN ONLY, where you have the most accurate information or can best remember.

	Annual	OR	Fortnightly
Before tax (gross household income) $			
After tax (net household income) $			

F About your geographic location

48. In how many locations do you practise? . . . . .

49. Where is your main place of work?

Unchanged since I last completed the MABEL Survey . . . . .

Town/Suburb . . . .

Postcode . . . . .

50. Where do you live?

Unchanged since I last completed the MABEL survey . . . . .

Town/Suburb . . . .

Postcode . . . . .

51. The opportunities for social interaction for you and your family in the geographic location of your main job are: (Tick one box)

1 Very limited
2 Average
3 Very good

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I don't have many friends or family members in my current work location	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
It is easy to pursue my hobbies and leisure interests in my current work location	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
My partner does not have many friends or family members in this work location	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
There are good employment opportunities for my partner in this work location	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
The choice of schools for our children is adequate in this work location	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

53. **Are you subject to restrictions on where you practise?**

- 1 ☐ Yes—I am required to work in an Area of Need
- 2 ☐ Yes—I am required to work in a District of Workforce Shortage
- 3 ☐ No—*Go to question 55*

54. **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

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

- 1 ☐ Yes
- 2 ☐ No—*Go to question 57*

56. **Where are you providing these services or clinics?**

1. Town/suburb . . . . ☐
   Postcode . . . . ☐☐☐☐
2. Town/suburb . . . . ☐
   Postcode . . . . ☐☐☐☐
3. Town/suburb . . . . ☐
   Postcode . . . . ☐☐☐☐

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G About your family circumstances

57. Are you currently living with a partner or spouse?
   - [1] Yes
   - [2] No

58. Were you living with a partner or spouse one year ago?
   - [1] Yes
   - [2] No

59. What is the employment status of your partner/spouse?
   - [1] Not in the labour force (e.g. caring for dependents, studying)
   - [2] Currently seeking work
   - [3] Full-time employment
   - [4] Part-time employment
   - [5] Not Applicable

60. What was the employment status of your partner/spouse one year ago?
   - [1] Not in the labour force (e.g. caring for dependents, studying)
   - [2] Currently seeking work
   - [3] Full-time employment
   - [4] Part-time employment
   - [5] Not Applicable

61. Is your partner/spouse also a medical doctor?
   - [1] Yes
   - [2] No
   - [3] Not Applicable

62. For how many years did your spouse/partner live in a rural area up until the age he/she left secondary school? (If none, write 0). . . . .

   Don't know (Tick box) . . . .

   Not Applicable (Tick box) . . . .

63. Please indicate the main rural area where your spouse/partner lived up until school leaving age.

   Town . . . .

   State . . . .

   Don't know (Tick box) . . . .

   Not Applicable (Tick box) . . . .

64. How many dependent children do you have? (If none, write 0) . . . .

65. What is the age in years of each dependent child?

   Not Applicable (Tick box) . . . .

   Child 1. . . . .

   Child 2. . . . .

   Child 3. . . . .

   Child 4. . . . .

   Child 5. . . . .

   Child 6. . . . .

66. Which of the following forms of childcare are you using for your children of pre-school age? (Please tick all that apply)

- [ ] Relatives or friends
- [ ] Nannies
- [ ] Childcare at work (i.e. provided by an employer)
- [ ] Other day care (childcare centre, family day care, kindergarten etc.)
- [ ] Not Applicable

67. Which of the following forms of childcare were you using for your children of pre-school age one year ago? (Please tick all that apply)

- [ ] Relatives or friends
- [ ] Nannies
- [ ] Childcare at work (i.e. provided by an employer)
- [ ] Other day care (childcare centre, family day care, kindergarten etc.)
- [ ] Not Applicable

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I am restricted in my employment and/or the time and hours I work due to a lack of available childcare	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
My partner is restricted in his/her employment and/or the time and hours worked due to a lack of available childcare	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
My partner is overqualified for his/her current job due to the limited availability of suitable jobs	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

H About you

69. Please list any medical qualifications you have obtained in Australia since the last time you completed the MABEL survey (e.g. FRACP, FRACS, AMC examination, diploma).

1 . . . . ____________________

2 . . . . ____________________

3 . . . . ____________________

4 . . . . ____________________

5 . . . . ____________________

70. Do you have medical qualifications from overseas which are NOT recognised in Australia?

1 ☐ Yes
2 ☐ No
3 ☐ Unsure

71. Have you changed the main specialty in which you practise since you last completed the MABEL survey?

1 ☐ Yes
2 ☐ No—*Go to question 73*

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

	Main speciality in which you practise (Where you are qualified & recognised under the Health Insurance Act)	Second specialty in which you practise
INTERNAL MEDICINE:		
Cardiology	1 ☐	1 ☐
Clinical genetics	2 ☐	2 ☐
Clinical haematology	3 ☐	3 ☐
Clinical immunology (incl. allergy)	4 ☐	4 ☐
Clinical pharmacology	5 ☐	5 ☐
Endocrinology	6 ☐	6 ☐
Gastroenterology	7 ☐	7 ☐
General medicine	8 ☐	8 ☐
Geriatrics	9 ☐	9 ☐
Infectious diseases	10 ☐	10 ☐
Intensive care—internal medicine	11 ☐	11 ☐
Medical oncology	12 ☐	12 ☐
Neurology	13 ☐	13 ☐
Nuclear medicine	14 ☐	14 ☐
Paediatric medicine	15 ☐	15 ☐
Renal medicine	16 ☐	16 ☐
Rheumatology	17 ☐	17 ☐
Thoracic medicine	18 ☐	18 ☐
PATHOLOGY:		
General pathology	19 ☐	19 ☐
Anatomical pathology	20 ☐	20 ☐
Clinical chemistry	21 ☐	21 ☐
Cytopathology	22 ☐	22 ☐
Forensic pathology	23 ☐	23 ☐
Haematology	24 ☐	24 ☐
Immunology	25 ☐	25 ☐
Microbiology	26 ☐	26 ☐
SURGERY:		
General surgery	27 ☐	27 ☐
Cardiothoracic surgery	28 ☐	28 ☐
Orthopaedic surgery	29 ☐	29 ☐
Otolaryngology	30 ☐	30 ☐
Paediatric surgery	31 ☐	31 ☐
Plastic/reconstructive surgery	32 ☐	32 ☐
Urology	33 ☐	33 ☐
Neurosurgery	34 ☐	34 ☐
Vascular surgery	35 ☐	35 ☐
OTHER SPECIALTIES:		
Anaesthesia (excl. intensive care)	36 ☐	36 ☐
Dermatology	37 ☐	37 ☐
Diagnostic radiology (incl. ultrasound)	38 ☐	38 ☐
Emergency medicine	39 ☐	39 ☐
Intensive care—anaesthesia	40 ☐	40 ☐
Medical administration	41 ☐	41 ☐
Obstetrics and gynaecology (incl. gynaecological oncology)	42 ☐	42 ☐

	Main speciality in which you practise (Where you are qualified & recognised under the Health Insurance Act)	Second specialty in which you practise
Occupational medicine	43 ☐	43 ☐
Ophthalmology	44 ☐	44 ☐
Psychiatry	45 ☐	45 ☐
Public health medicine	46 ☐	46 ☐
Radiation oncology	47 ☐	47 ☐
Rehabilitation medicine	48 ☐	48 ☐
Sport and exercise medicine	49 ☐	49 ☐
OTHER SPECIALTY not specified above	50 ☐	50 ☐

73. What is your residency status? (Tick one box)

1 ☐ Unchanged since I last completed the MABEL survey
2 ☐ Australian citizen
3 ☐ Permanent resident
4 ☐ Temporary resident

74. What type of medical registration do you have?

1 ☐ Unchanged since I last completed the MABEL survey
2 ☐ Full (unconditional) medical registration
3 ☐ Conditional medical registration
4 ☐ Other, please specify ______

75. In general, would you say your health is: (Tick one box)

1 ☐ Excellent
2 ☐ Very good
3 ☐ Good
4 ☐ Fair
5 ☐ Poor

76. All things considered, how satisfied are you with your life in general? (Tick one box)

Completely Dissatisfied 1	2	3	4	5	6	7	8	9	Completely Satisfied 10
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐

77. Please answer each of the following questions using a 1 to 7 point scale, where 1 means 'Strongly disagree' and 7 means 'Strongly agree'.

	Strongly disagree 1	2	3	4	5	6	Strongly agree 7
I have little control over the things that happen to me	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
There is really no way I can solve some of the problems I have	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
There is little I can do to change many of the important things in my life	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
I often feel helpless in dealing with the problems of life	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
Sometimes I feel that I'm being pushed around in life	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
What happens to me in the future mostly depends on me	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
I can do just about anything I really set my mind on doing	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐

78. **Thank you for completing the survey. Please provide any further comments below.**

In case of loss of included reply-paid envelope, please forward survey to:

Melbourne Institute of Applied Economic and Social Research – MABEL Survey
Reply Paid 84574
UNIVERSITY OF MELBOURNE VIC 3010

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