

MABEL user id:

Please write id shown on
letter if different to id above

MABEL

Medicine in Australia: Balancing Employment and Life

Doctor Enrolled in a Specialty Training Program (Specialist Registrar)

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MABEL has been endorsed by:

| | |
|---|---|
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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 job.

| | 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 in your job | <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 job? | <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"/> |
| I have good support and supervision from qualified specialists | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There is enough time for me to do personal study | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Research publications are important to progress my training | <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?

- 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:

- Imagine that you have completed your training and are choosing a job as a specialist.
- You have the choice between two jobs, A and B.
- Everything about the two jobs is the same, except for the characteristics shown in the tables below.
- Even if you would not choose either job, we would like you to state which you think is better.

DOCTOR ENROLLED IN A SPECIALTY TRAINING PROGRAM (SPECIALIST REGISTRAR)

5. Which job (A or B) would you prefer?

| | 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, frequently called out | 1 in 2, frequently called out |
| Percentage of time in private practice | 90% | 90% |
| Teaching/research opportunities | No teaching or research | Some teaching and research |
| Time spent in administration | 5% | 15% |
| Location | Metro-based | Metro-based with option to visit regional communities |

Prefer Job A

Prefer Job B

6. Which job (A or B) would you prefer?

| | Job A | Job B |
|--|-------------------------------|---|
| Change in earnings | 20% decrease | 20% increase |
| Change in total hours worked | 10% increase | 10% decrease |
| On-call arrangements | 1 in 4, frequently called out | 1 in 2, frequently called out |
| Percentage of time in private practice | 50% | 10% |
| Teaching/research opportunities | Some research | Some teaching |
| Time spent in administration | 15% | 5% |
| Location | Large regional centre | Metro-based with option to visit regional communities |

Prefer Job A

Prefer Job B

7. Which job (A or B) would you prefer?

| | Job A | Job B |
|--|---|---------------------------------|
| Change in earnings | No change | 20% decrease |
| Change in total hours worked | 10% increase | No change |
| 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 | No teaching or research | Some research |
| Time spent in administration | 10% | 5% |
| Location | Metro-based with option to visit regional communities | Large regional centre |

Prefer Job A

Prefer Job B

8. Which job (A or B) would you prefer?

| | Job A | Job B |
|--|-------------------------------|---|
| Change in earnings | 20% decrease | 20% increase |
| Change in total hours worked | 10% decrease | No change |
| On-call arrangements | 1 in 4, frequently called out | 1 in 2, frequently called out |
| Percentage of time in private practice | 50% | 90% |
| Teaching/research opportunities | Some teaching | No teaching or research |
| Time spent in administration | 10% | 5% |
| Location | Large regional centre | Metro-based with option to visit regional communities |

Prefer Job A

Prefer Job B

9. Which job (A or B) would you prefer?

| | 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 |

Prefer Job A

Prefer Job B

DOCTOR ENROLLED IN A SPECIALTY TRAINING PROGRAM (SPECIALIST REGISTRAR)

10. Which job (A or B) would you prefer?

| | Job A | Job B |
|--|-------------------------------|---------------------------------|
| Change in earnings | No change | 20% increase |
| Change in total hours worked | No change | 10% increase |
| On-call arrangements | 1 in 2, frequently called out | 1 in 4, infrequently 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 | Large regional centre |

Prefer Job A

Prefer Job B

11. Which job (A or B) would you prefer?

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

Prefer Job A

Prefer Job B

12. Which job (A or B) would you prefer?

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

Prefer Job A

Prefer Job B

13. Which job (A or B) would you prefer?

| | Job A | Job B |
|--|--------------------------------|-------------------------------|
| Change in earnings | 20% increase | 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 | 90% | 90% |
| Teaching/research opportunities | Some teaching | Some research |
| Time spent in administration | 5% | 10% |
| Location | Large regional centre | Metro-based |

Prefer Job A

Prefer Job B

C About the places where you work

14. 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: 100px; height: 20px;" type="text"/> |
| Private hospital | <input style="width: 100px; height: 20px;" type="text"/> |
| Private medical practitioner's rooms or surgery | <input style="width: 100px; height: 20px;" type="text"/> |
| Residential/aged care health facility (nursing/residential home, hospice etc.) | <input style="width: 100px; height: 20px;" type="text"/> |
| Tertiary education institution | <input style="width: 100px; height: 20px;" type="text"/> |
| Other | <input style="width: 100px; height: 20px;" type="text"/> |
| TOTAL HOURS WORKED | <input style="width: 100px; height: 20px;" type="text"/> |

15. Approximately how many hours per week do you work as a hospital locum? (If zero, write 0)
16. What is the main hospital in which you work (i.e. spend most time)?
 Hospital name
 Postcode
17. How long have you worked at this hospital?
 Months (if less than a year)
 Years

D About your workload

18. Excluding after hours 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)
 Indirect patient care (medical notes, reports, phone calls, meeting patients' families)
 Education activities (academic research, continuing medical education)
 Management and administration
 Other
19. 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)
20. 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 23
21. In your last usual week at work: (If none, write 0)
 How many HOURS were you rostered or listed for after hours and on-call?
 How many HOURS were actually spent in direct patient care?
 How many TIMES were you actually called out?
22. In your most recent usual month, what was your on-call ratio? (For example, if it is 1 in 8, write 8 in the box provided.)
 1 in
 Not Applicable
23. 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?
24. 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.

25. 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 type="text"/> | | <input type="text"/> |
| Net earnings in \$ (after tax) | <input type="text"/> | | <input type="text"/> |

26. 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

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

28. 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.

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

- Yes
- No— Go to question 31

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

No. of years

31. 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

32. 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)

33. 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

34. 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 type="text"/> | | <input type="text"/> |
| Net household income (after tax) | <input type="text"/> | | <input type="text"/> |

F About your geographic location

35. Where is your main place of work?

Town/Suburb
 Postcode

36. How long have you been working in or close to this geographic location?

No. of months (if less than one year)
 No. of years

37. Where do you live?

Town/Suburb
 Postcode

38. 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"/> |

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

40. Please indicate the main rural area where you lived up until school leaving age.

Town

State

Not Applicable

41. 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

42. 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

I am undertaking a compulsory rural placement as part of my training

Other

Not Applicable

G About you

43. Year of birth

44. Gender

Male

Female

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

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

A medical school in Australia

A medical school in the country specified:

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

Yes

No

Not Applicable

48. Which specialty training program are you enrolled in?

- | | |
|---|--|
| <input type="checkbox"/> Paediatrics and Child Health | <input type="checkbox"/> Palliative Medicine |
| <input type="checkbox"/> Rehabilitation Medicine | <input type="checkbox"/> Dermatology |
| <input type="checkbox"/> Medical Administration | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Internal medicine (adult medicine) | <input type="checkbox"/> Occupational Medicine |
| <input type="checkbox"/> Public Health Medicine | <input type="checkbox"/> Anaesthesia |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Intensive Care Medicine |
| <input type="checkbox"/> Obstetrics and Gynaecology | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Radiology | |

49. In what year did you start this training program?

50. In what year do you expect to complete the program and become a qualified specialist?

51. 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
 Months

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

- Australian citizen Permanent resident Temporary resident

53. Do you have:

- Full (unconditional) medical registration
 Conditional medical registration
 Other (please specify)

H About your family circumstances

54. Are you currently living with a partner or spouse?

- Yes No

55. What is the employment status of your partner/spouse?

- | | |
|--|---|
| <input type="checkbox"/> Not in the labour force (e.g. caring for dependents, studying) | <input type="checkbox"/> Currently seeking work |
| <input type="checkbox"/> Full-time employment | <input type="checkbox"/> Part-time employment |
| <input type="checkbox"/> Not Applicable | |

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

57. What is the age in years of your youngest dependent child?

Age
 Not Applicable

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

- | | |
|---|--|
| <input type="checkbox"/> Relatives or friends | <input type="checkbox"/> Nannies |
| <input type="checkbox"/> Childcare at work (i.e. provided by an employer) | <input type="checkbox"/> Other day care (childcare centre, family day care, kindergarten etc.) |
| <input type="checkbox"/> Not Applicable | |

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

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