

MABEL user id:

Please write id shown on
letter if different to id above

MABEL

Medicine in Australia: Balancing Employment and Life

Hospital Doctor Not Enrolled in a Specialty Training Program (Interns & Medical Officers)

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MABEL has been endorsed by:

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

Australian Medical Council

Royal Australasian College of Physicians

Royal Australasian College of Surgeons

Royal College of Pathologists of Australasia

Royal Australian and New Zealand College
of Ophthalmologists

Royal Australian and New Zealand College
of Radiologists

Australia and New Zealand College of Anaesthetists

Joint Faculty of Intensive Care Medicine

Australian College of Rural and Remote 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

Australian Healthcare and Hospitals Association

Medical Oncology Group of Australia Incorporated

Australian Orthopaedic Association

Rural Doctors Association of Australia

Rural Health Workforce Australia



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. Do you plan to apply for a place on a specialist training course in the future?

- Yes
 Unsure
 No, I already have a place
 No, I already have a specialist/GP qualification— Go to question 8
 No— Go to question 8

5. What year do you expect to begin specialist training?

Year

Don't know

HOSPITAL DOCTOR NOT ENROLLED IN A SPECIALTY TRAINING PROGRAM

6. Which specialist training course have you been accepted into/are you waiting to commence?

- | | |
|---|---|
| <input type="checkbox"/> Not Applicable—I do not currently have a place | <input type="checkbox"/> Internal medicine (adult medicine) |
| <input type="checkbox"/> Paediatrics and Child Health | <input type="checkbox"/> Occupational Medicine |
| <input type="checkbox"/> Palliative Medicine | <input type="checkbox"/> Public Health Medicine |
| <input type="checkbox"/> Rehabilitation Medicine | <input type="checkbox"/> Anaesthesia |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Emergency Medicine |
| <input type="checkbox"/> General Practice | <input type="checkbox"/> Intensive Care Medicine |
| <input type="checkbox"/> Medical Administration | <input type="checkbox"/> Obstetrics and Gynaecology |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Surgery | |

7. Which specialty program listed in question 6 above would you most like to enrol in?

Please specify:

Not Applicable

8. 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 are choosing a specialty in which to work, and you have the choice between two specialties, A and B.
- Everything about the two specialties is the same, except for the characteristics shown in the tables below.
- Even if you would not choose either specialty, we would like you to state which you think is better.

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

	Specialty A	Specialty B
Expected average annual earnings	\$250,000	\$200,000
Change in total hours worked	10% decrease	10% increase
On-call arrangements	1 in 4, infrequently called out	1 in 10, frequently called out
Control over hours	High	Low
Academic/Research opportunities	Poor	Excellent
Continuity of care	Rarely see patients more than once	Regularly see patients more than once
Opportunities for procedural work	None	Enough

Prefer Specialty A Prefer Specialty B

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

	Specialty A	Specialty B
Expected average annual earnings	\$150,000	\$200,000
Change in total hours worked	No change	10% increase
On-call arrangements	1 in 2, frequently called out	1 in 4, infrequently called out
Control over hours	High	Medium
Academic/Research opportunities	Average	Poor
Continuity of care	Regularly see patients more than once	Rarely see patients more than once
Opportunities for procedural work	Some	Enough

Prefer Specialty A Prefer Specialty B

HOSPITAL DOCTOR NOT ENROLLED IN A SPECIALTY TRAINING PROGRAM

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

	Specialty A	Specialty B
Expected average annual earnings	\$200,000	\$150,000
Change in total hours worked	10% increase	10% decrease
On-call arrangements	1 in 2, frequently called out	1 in 4, infrequently called out
Control over hours	High	Low
Academic/Research opportunities	Excellent	Average
Continuity of care	Regularly see patients more than once	Sometimes see patients more than once
Opportunities for procedural work	Enough	Some

Prefer Specialty A

Prefer Specialty B

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

	Specialty A	Specialty B
Expected average annual earnings	\$150,000	\$200,000
Change in total hours worked	10% increase	No change
On-call arrangements	1 in 4, infrequently called out	1 in 2, frequently called out
Control over hours	Low	High
Academic/Research opportunities	Poor	Excellent
Continuity of care	Regularly see patients more than once	Rarely see patients more than once
Opportunities for procedural work	Enough	None

Prefer Specialty A

Prefer Specialty B

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

	Specialty A	Specialty B
Expected average annual earnings	\$250,000	\$200,000
Change in total hours worked	No change	10% increase
On-call arrangements	1 in 10, frequently called out	1 in 4, frequently called out
Control over hours	High	Low
Academic/Research opportunities	Poor	Excellent
Continuity of care	Sometimes see patients more than once	Rarely see patients more than once
Opportunities for procedural work	None	Some

Prefer Specialty A

Prefer Specialty B

14. Which specialty (A or B) would you prefer?

	Specialty A	Specialty B
Expected average annual earnings	\$200,000	\$250,000
Change in total hours worked	10% decrease	10% increase
On-call arrangements	1 in 4, frequently called out	1 in 4, infrequently called out
Control over hours	Low	Medium
Academic/Research opportunities	Excellent	Average
Continuity of care	Regularly see patients more than once	Rarely see patients more than once
Opportunities for procedural work	Some	Enough

Prefer Specialty A

Prefer Specialty B

15. Which specialty (A or B) would you prefer?

	Specialty A	Specialty B
Expected average annual earnings	\$200,000	\$250,000
Change in total hours worked	No change	No change
On-call arrangements	1 in 10, frequently called out	1 in 4, frequently called out
Control over hours	Low	Medium
Academic/Research opportunities	Average	Excellent
Continuity of care	Sometimes see patients more than once	Regularly see patients more than once
Opportunities for procedural work	Enough	None

Prefer Specialty A

Prefer Specialty B

HOSPITAL DOCTOR NOT ENROLLED IN A SPECIALTY TRAINING PROGRAM

16. Which specialty (A or B) would you prefer?

	Specialty A	Specialty B
Expected average annual earnings	\$150,000	\$250,000
Change in total hours worked	10% increase	10% decrease
On-call arrangements	1 in 4, frequently called out	1 in 2, frequently called out
Control over hours	Medium	High
Academic/Research opportunities	Average	Poor
Continuity of care	Rarely see patients more than once	Sometimes see patients more than once
Opportunities for procedural work	Some	None

Prefer Specialty A

Prefer Specialty B

17. Which specialty (A or B) would you prefer?

	Specialty A	Specialty B
Expected average annual earnings	\$150,000	\$250,000
Change in total hours worked	10% increase	No change
On-call arrangements	1 in 4, frequently called out	1 in 4, infrequently called out
Control over hours	Medium	Low
Academic/Research opportunities	Poor	Average
Continuity of care	Regularly see patients more than once	Sometimes see patients more than once
Opportunities for procedural work	Enough	Some

Prefer Specialty A

Prefer Specialty B

C About the places where you work

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

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

Hospital name

Postcode

20. How long have you worked at this hospital?

Months (if less than a year)

Years

21. What is your salaried position?

Intern
 CMO
 HMO Yr 1
 HMO Yr 2
 HMO Yr 3
 Other hospital medical officer

D About your workload

22. 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 18)

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

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23. 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—procedures and telephone consultations for day time and out of hours)
24. 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 27
25. 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 of these HOURS were actually spent in direct patient care?
 How many TIMES were you actually called out?
26. 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
27. 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?
28. 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.

29. 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"/> |
30. In addition to this, did you receive any ongoing 'in kind' benefits or subsidies as part of your your current job/s (e.g. car, house, school fees, salary packaging)?
 Yes No
31. What is the approximate annual total value in dollars of these benefits? (If zero, write 0)
32. 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.
33. Do you (or your employer) regularly contribute to a superannuation scheme?
 Yes No—Go to question 35
34. For how many years have you (and/or an employer on your behalf) contributed to a superannuation scheme?
 No. of years
35. 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
36. 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)

HOSPITAL DOCTOR NOT ENROLLED IN A SPECIALTY TRAINING PROGRAM

37. 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

38. 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

39. Where is your main place of work?

Town/Suburb

Postcode

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

No. of months (if less than one year)

No. of years

41. Where do you live?

Town/Suburb

Postcode

42. 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"/>

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

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

Town

State

Not Applicable

45. 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

46. 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

47. Year of birth.....
48. Gender
 Male Female
49. In what year did you complete your basic medical degree?.....
50. In which country did you complete your basic medical degree?
 A medical school in Australia
 A medical school in the country specified:
51. If you did your degree at a medical school outside Australia, have you completed the AMC Certificate examination?
 Yes No Not Applicable
52. 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
53. What is your residency status? (Please tick one)
 Australian citizen Permanent resident Temporary resident
54. Do you have:
 Full (unconditional) medical registration
 Conditional medical registration
 Other (please specify)

H About your family circumstances

55. Are you currently living with a partner or spouse?
 Yes No
56. What is the employment status of your partner/spouse?
 Not in the labour force (e.g. caring for dependents, studying) Currently seeking work
 Full-time employment Part-time employment Not Applicable
57. How many dependent children do you have? (If none, write 0)
58. What is the age in years of your youngest dependent child?
 Age.....
 Not Applicable
59. 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
60. **Thank you for completing the survey. Please provide any further comments below.**

