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Please write id shown on  
letter if different to id above

# MABEL

Medicine in Australia: Balancing Employment and Life

2009

## Doctor Enrolled in a Specialty Training Program (Specialist Registrar)

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### MABEL has been endorsed by:

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Postgraduate Medical Council of Victoria	Australian Private Hospitals Association
Postgraduate Medical Council of South Australia	Medical Oncology Group of Australia Incorporated
Postgraduate Medical Education Council of Queensland	Australian Orthopaedic Association
Postgraduate Medical Institute of Tasmania	Australian Rheumatology Association
NSW Institute of Medical Education and Training	Rural Doctors Association of Australia
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THE UNIVERSITY OF  
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MELBOURNE INSTITUTE  
of Applied Economic and Social Research



MONASH University  
Medicine, Nursing and Health Sciences

## A About your current situation

1. Are you currently doing clinical work within Australia?

- Yes – If yes, please go to Section B below and complete the main survey  
 No – If no, continue

2. Do you intend to return to clinical work within Australia?

- Yes  
 No  
 Unsure

3. Which of the following statements describes your current situation? (Tick all that apply)

- Permanently retired from all types of medical work  
 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:

*As you are not doing 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 cooperation.*

## B About your job satisfaction

4. 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"/>

5. 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	<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"/>

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	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
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"/>

6. 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

7. What is the likelihood that you will:

	Very Unlikely	Unlikely	Neutral	Likely	Very Likely
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"/>
Reduce your clinical workload in the next FIVE YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C About the places where you work

8. Excluding after-hours and 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) . . . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>	hrs/wk
Private hospital . . . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>	hrs/wk
Private medical practitioner's rooms or surgery . . . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>	hrs/wk
Residential/aged care health facility (nursing/residential home, hospice etc.) . . . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>	hrs/wk
Tertiary education institution . . . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>	hrs/wk
Other . . . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>	hrs/wk
TOTAL HOURS WORKED . . . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>	hrs/wk

9. Approximately how many hours per week do you work as a hospital locum? (If zero, write 0) . . . . .

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

Hospital name . . . . .

Postcode . . . . .

11. How long have you worked at this hospital?

Months . . . . .

Years . . . . .

## D About your workload

12. Excluding after-hours and 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 8) . . . . .    hrs/wk  
 Direct patient care (face-to-face, phone consultations, home visits) . . . . .    hrs/wk  
 Indirect patient care (medical notes, reports, phone calls, meeting patients' families) . . . . .    hrs/wk  
 Education activities (academic research, continuing medical education) . . . . .    hrs/wk  
 Management and administration . . . . .    hrs/wk  
 Other . . . . .    hrs/wk

13. 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) . . . . .

14. 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 17

15. 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? . . . . .    hrs/wk  
 How many HOURS were actually spent in direct patient care? . . . . .    hrs/wk  
 How many TIMES were you actually called out? . . . . .    times/wk

16. 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 (Tick one box) . . . . .

17. 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.

18. 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) . . . . .

Net earnings in \$ (after tax) . . . . .

19. 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

20. What is the approximate annual total value in dollars of these benefits?

(If zero, write 0) . . . . .

21. 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) . . . . .

DOCTOR ENROLLED IN A SPECIALTY TRAINING PROGRAM (SPECIALIST REGISTRAR)

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

- Yes
- No—Go to question 24

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

No. of years .....

24. 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)

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

25. 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) .....

26. 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

27. 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

28. Where is your main place of work?

Town/Suburb .....

Postcode .....

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

No. of months .....

No. of years .....

30. Where do you live?

Town/Suburb .....

Postcode .....

31. 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	<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"/>

32. For how many years did you live in a rural area up until the age you left secondary school? (If none, write 0) .....
33. Please indicate the main rural area where you lived up until school leaving age.  
 Town .....   
 State .....   
 Not Applicable (Tick box) .....
34. 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—Go to question 36
35. 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

## G About your family circumstances

36. Are you currently living with a partner or spouse?  
 Yes  No
37. 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
38. Is your partner/spouse also a medical doctor?  
 Yes  
 No  
 Not Applicable
39. How many dependent children do you have? (If none, write 0) .....
40. What is the age in years of your youngest dependent child?  
 Age .....    
 Not Applicable (Tick box) .....
41. 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
42. 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                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My partner is restricted in his/her employment and/or the time and hours he/she works due to a lack of available childcare | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My partner is overqualified for his/her current job due to the limited availability of suitable jobs                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**H** 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. Do you have medical qualifications from overseas which are NOT recognized in Australia?  
 Yes  
 No  
 Unsure

49. 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	

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

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

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? (Tick one box)  
 Australian citizen  
 Permanent resident  
 Temporary resident

54. What type of medical registration do you have?  
 Full (unconditional) medical registration  
 Conditional medical registration  
 Other (please specify)

