

MABEL user id:

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:

Royal Australian College of General Practitioners	Australian General Practice Training
Royal Australasian College of Physicians	Australian General Practice Network
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Joint Faculty of Intensive Care Medicine	Internal Medicine Society of Australia and New Zealand
Australian Medical Council	Australasian Society of Career Medical Officers
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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  
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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"/>

	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 . . . . .



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

Yes  
 No

23. 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

24. 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) .....

25. 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

26. 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

27. Where is your main place of work?

Town/Suburb .....   
 Postcode .....

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

No. of months .....    
 No. of years .....

29. Where do you live?

Town/Suburb .....   
 Postcode .....

30. 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"/>

31. 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 33

32. 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

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

- Yes
- No

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

- Not in the labour force (e.g. caring for dependents, studying)
- Full-time employment
- Not Applicable
- Currently seeking work
- Part-time employment

35. Is your partner/spouse also a medical doctor?

- Yes
- No
- Not Applicable

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

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

Age .....    
 Not Applicable (Tick box) .....

38. 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
- Childcare at work (i.e. provided by an employer)
- Not Applicable
- Nannies
- Other day care (childcare centre, family day care, kindergarten etc.)

39. 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

40. Have you completed the AMC Certificate examination since the last time you did the MABEL survey?

- Yes  
 No  
 Not Applicable

41. Do you have medical qualifications from overseas which are NOT recognized in Australia?

- Yes  
 No  
 Unsure

42. Which specialty training program are you enrolled in?

- Paediatrics and Child Health  
 Palliative Medicine  
 Rehabilitation Medicine  
 Dermatology  
 Medical Administration  
 Ophthalmology  
 Psychiatry  
 Surgery  
 Internal medicine (adult medicine)  
 Occupational Medicine  
 Public Health Medicine  
 Anaesthesia  
 Emergency Medicine  
 Intensive Care Medicine  
 Obstetrics and Gynaecology  
 Pathology  
 Radiology

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

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

- Unchanged since I last completed the MABEL survey  
 Australian citizen  
 Permanent resident  
 Temporary resident

45. What type of medical registration do you have?

- Unchanged since I last completed the MABEL survey  
 Full (unconditional) medical registration  
 Conditional medical registration  
 Other (please specify)

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

- Excellent  
 Very good  
 Good  
 Fair  
 Poor

