

Mabel username id:

MABEL

Medicine in Australia: Balancing Employment and Life
2014

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 work 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 specify occupation:

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 with each of 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 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Amount of variety in your work | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Physical working conditions | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Opportunities to use your abilities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Your colleagues and fellow workers | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Recognition you get for good work | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Your hours of work | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Your remuneration | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Amount of responsibility you are given | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Taking everything into consideration, how do you feel about your work? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

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 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| I have a poor support network of other doctors like me | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| It is difficult to take time off when I want to | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| My patients have unrealistic expectations about how I can help them | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| The majority of my patients have complex health and social problems | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Running my practice is stressful most of the time | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Research publications are important to my career | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| The hours I work are unpredictable | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| I often undertake tasks that somebody less qualified could do | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

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

C About the places where you work

8. 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) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk |
| Private hospital | <input type="text"/> <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"/> <input type="text"/> hrs/wk |
| Residential/aged care health facility (nursing/residential home, hospice etc.) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk |
| Laboratory or radiology facility | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk |
| Community health centre | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk |
| Government department, agency or defence forces | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk |
| Tertiary education institution | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk |
| Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk |
| TOTAL HOURS WORKED | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk |

9. 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 13
- 3 No—Go to question 15

10. 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 | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| No. of females | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

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

| | |
|--|---|
| No. of nurses | <input type="text"/> <input type="text"/> |
| No. of allied health professionals | <input type="text"/> <input type="text"/> |
| No. of administrative staff | <input type="text"/> <input type="text"/> |
| No. of other staff | <input type="text"/> <input type="text"/> |

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

- ¹ Yes
- ² No

13. What is your business relationship with your current main 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 per session or a % of billings before tax)
- ⁵ Locum
- ⁶ Other (please specify)

14. When did you start working at this practice?

Month

Year

15. How many hours a 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?

No. of years

No. of months

18. 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

19. 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 8)..... 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

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

- Teaching or supervising medical students
- Teaching or supervising interns and pre-vocational trainees
- Teaching or supervising specialist registrars
- No, I am not involved in any teaching or supervision

21. In relation to non-clinical activities **OUTSIDE** your usual place of work, are you currently involved in any of the following activities? (Please tick all that apply)

- Elected office bearer (e.g. president, treasurer) or board member of a national or state-level professional organisation (e.g. the Australian Medical Association, the College of Physicians).
- Committee member in a national or state-level professional organisation, advisory group and/or steering group.
- I am not currently involved in any of the activities listed above.

22. 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 public patients seen in a public hospital.

Total number of private patients seen in a public hospital

Total number of private patients seen in a private hospital

23. 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)

24. How long does a standard private consultation last?

New patient/ Initial consultation minutes

Subsequent consultations minutes

Not Applicable (Tick box)

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

Per cent %

Not Applicable (Tick box)

26. 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)

27. 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 31

28. 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 | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 1 weekend in | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Not Applicable (Tick box) | <input type="checkbox"/> | |

29. 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 | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Weekend: times per weekend | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Not Applicable (Tick box) | <input type="checkbox"/> | |

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

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

- ¹ Very limited
- ² Average
- ³ Very good

32. 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.

33. 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) \$ | | OR | |
| After tax (net earnings) \$ | | | |

34. 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

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

(If zero, write 0)

36. 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)

37. 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)

38. 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

39. How much personal gross income, in addition to income from your medical work, do you receive from other sources each year? (e.g. bank interest, dividend income, rental income and profit from business interests) (If none, write 0)

\$

40. 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)

41. 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 33. 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) \$ | <input type="text"/> | | <input type="text"/> |
| After tax (net household income) \$ | <input type="text"/> | | <input type="text"/> |

F About your geographic location

42. In how many locations do you practise?

43. Where is your main place of work?
 Town/Suburb
 Postcode

44. How long have you been practising in or close to this geographic location?
 No. of years
 No. of months

45. Where do you live?
 Town/Suburb
 Postcode

46. 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 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| It is easy to pursue my hobbies and leisure interests in my current work location | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| My partner does not have many friends or family members in this work location | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| There are good employment opportunities for my partner in this work location | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| The choice of schools for our children is adequate in this work location | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

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

48. Please indicate the main rural area where you lived up until school leaving age.
 Town
 State
 Not Applicable (Tick box)

49. 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 51

50. 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

Not Applicable

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

- ¹ Yes
- ² No—Go to question 65

52. Where are you providing these services? Please list up to three locations below.

| | Town/Suburb | Postcode |
|----------------------|---|---|
| Location 1 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Location 2 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Location 3 | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

53. Do you provide any of these services in a **non-metropolitan** location (i.e. a rural, regional or remote location)?

- ¹ Yes
- ² No—Go to question 65

54. At which non-metropolitan location did you spend the most time in the last 12 months? (Tick one box)

- ¹ Location 1
- ² Location 2
- ³ Location 3

55. How often did you visit this location in the last year?

No. of visits

56. In what year did you start providing services to this location?

57. How long does it take to travel to this location from your normal place of residence?

- ¹ Less than 1 hour
- ² From 1 to 3 hours
- ³ 4 or more hours

58. Are you paid a salary/fixed payment for your services at this location?

- ¹ Yes
- ² No

59. What main approach do you take to patient co-payments (gap payments) for your services at this location?

- ¹ Mostly I charge patients a gap payment
- ² Mostly bulk bill patients under Medicare
- ³ Mostly no patient charges are applied and no Medicare claim is made

60. Do you currently receive any reimbursement or subsidy for your services to this location (e.g. for travel costs)?

- ¹ Yes, from the Commonwealth, e.g. Rural Health Outreach Fund
- ² Yes, from another source
- ³ No

61. Did you lead the establishment of the service to this location?

- ¹ Yes
- ² No

62. Are you required to provide services to this location as part of your employment conditions at your main place of work?

- ¹ Yes
- ² No

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

| I provide this service in order to: | Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Grow my practice | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Provide healthcare to disadvantaged people | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Maintain a personal connection to a region | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Provide complex healthcare in challenging situations | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Provide support for local rural health staff | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

64. For how long do you plan to continue providing services to this location?

- 1 For less than five years – Go to question 68
- 2 For five years or more – Go to question 68

65. Are you considering travelling to provide services in a non-metropolitan (i.e. rural, regional or remote) location in the next five years?

- 1 Yes
- 2 No

66. Have you previously travelled to provide services in a non-metropolitan location?

- 1 Yes
- 2 No – Go to question 68

67. Have you previously received Commonwealth funding, e.g. through MSOAP, for providing services to a non-metropolitan location?

- 1 Yes
- 2 No

G About your family circumstances

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

- 1 Yes
- 2 No

69. 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

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

- 1 Yes
- 2 No
- 3 Not Applicable

71. For how many years did your partner/spouse 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)

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

Town

State

Don't know (Tick box)

Not Applicable (Tick box)

73. How many dependent children do you have? (If none, write 0 and skip the next two questions)

74. 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

75. 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

76. 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 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| My partner is restricted in his/her employment and/or the time and hours worked due to a lack of available childcare | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| My partner is overqualified for his/her current job due to the limited availability of suitable jobs | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

H About you

77. Year of birth

78. Gender

1 Male

2 Female

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

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

1 A medical school in Australia

2 A medical school in the country specified:

81. In which medical school in Australia did you complete your basic medical degree?

- | | |
|---|--|
| 1 <input type="checkbox"/> Not Applicable | 2 <input type="checkbox"/> University of Newcastle |
| 3 <input type="checkbox"/> University of Adelaide | 4 <input type="checkbox"/> University of Notre Dame WA |
| 5 <input type="checkbox"/> Australian National University | 6 <input type="checkbox"/> University of Notre Dame Sydney |
| 7 <input type="checkbox"/> Bond University | 8 <input type="checkbox"/> University of NSW |
| 9 <input type="checkbox"/> Deakin University | 10 <input type="checkbox"/> University of Queensland |
| 11 <input type="checkbox"/> Flinders University | 12 <input type="checkbox"/> University of Sydney |
| 13 <input type="checkbox"/> Griffith University | 14 <input type="checkbox"/> University of Tasmania |
| 15 <input type="checkbox"/> James Cook University | 16 <input type="checkbox"/> University of WA (undergraduate) |
| 17 <input type="checkbox"/> University of Melbourne (undergraduate) | 18 <input type="checkbox"/> University of WA (postgraduate) |
| 19 <input type="checkbox"/> University of Melbourne (postgraduate) | 20 <input type="checkbox"/> University of Western Sydney |
| 21 <input type="checkbox"/> Monash University (undergraduate) | 22 <input type="checkbox"/> University of Wollongong |
| 23 <input type="checkbox"/> Monash University (postgraduate) | |
| 24 <input type="checkbox"/> University of New England & University of Newcastle Joint Medical Program | |

82. If you completed your medical degree in Australia, were you an international student (i.e. were you a citizen of a country outside of Australia and New Zealand)?

- 1 Yes
 2 No
 3 Not Applicable

83. If you completed your medical degree outside of Australia:

What year did you first arrive in Australia?

In what year were you first registered to work as a doctor in Australia?

Not Applicable (Tick box)

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

- 1 Yes
 2 No
 3 Not Applicable

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

- 1 Yes
 2 No
 3 Unsure

86. Please indicate all medical qualifications that you have obtained in Australia.

| | Number of qualifications | Names of qualifications |
|----------------------------------|--------------------------|-------------------------|
| Masters degree | <input type="text"/> | <input type="text"/> |
| PhD | <input type="text"/> | <input type="text"/> |
| Postgraduate diploma/certificate | <input type="text"/> | <input type="text"/> |
| Fellowship of college | <input type="text"/> | <input type="text"/> |

87. Do you have a research-based degree from medical school in addition to your primary medical qualification? For example: BSc(Med)(Hons), BSc(Hons), MBBS(Hons).

- 1 Yes
 2 No

88. Please indicate how many other health and non-health related qualifications you have obtained in Australia.

No. of qualifications

SPECIALIST

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

| | Main specialty in which you practise (Where you are qualified & recognised under the Health Insurance Act) | Second specialty in which you practise |
|--|---|---|
| PHYSICIAN: | | |
| Cardiology | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Clinical genetics | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Clinical pharmacology | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Endocrinology | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Gastroenterology and hepatology | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| General medicine | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Geriatric medicine | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> |
| Haematology | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| Immunology and allergy | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| Infectious diseases | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> |
| Medical oncology | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> |
| Neurology | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> |
| Nuclear medicine | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> |
| Nephrology | 14 <input type="checkbox"/> | 14 <input type="checkbox"/> |
| Rheumatology | 15 <input type="checkbox"/> | 15 <input type="checkbox"/> |
| Respiratory and sleep medicine | 16 <input type="checkbox"/> | 16 <input type="checkbox"/> |
| SURGERY: | | |
| General surgery | 17 <input type="checkbox"/> | 17 <input type="checkbox"/> |
| Cardiothoracic surgery | 18 <input type="checkbox"/> | 18 <input type="checkbox"/> |
| Oral and maxillofacial surgery | 19 <input type="checkbox"/> | 19 <input type="checkbox"/> |
| Orthopaedic surgery | 20 <input type="checkbox"/> | 20 <input type="checkbox"/> |
| Otolaryngology | 21 <input type="checkbox"/> | 21 <input type="checkbox"/> |
| Paediatric surgery | 22 <input type="checkbox"/> | 22 <input type="checkbox"/> |
| Plastic surgery | 23 <input type="checkbox"/> | 23 <input type="checkbox"/> |
| Urology | 24 <input type="checkbox"/> | 24 <input type="checkbox"/> |
| Neurosurgery | 25 <input type="checkbox"/> | 25 <input type="checkbox"/> |
| Vascular surgery | 26 <input type="checkbox"/> | 26 <input type="checkbox"/> |
| OTHER SPECIALTIES: | | |
| Addiction medicine | 27 <input type="checkbox"/> | 27 <input type="checkbox"/> |
| Anaesthesia | 28 <input type="checkbox"/> | 28 <input type="checkbox"/> |
| Dermatology | 29 <input type="checkbox"/> | 29 <input type="checkbox"/> |
| Emergency medicine | 30 <input type="checkbox"/> | 30 <input type="checkbox"/> |
| Intensive care medicine | 31 <input type="checkbox"/> | 31 <input type="checkbox"/> |
| Medical administration | 32 <input type="checkbox"/> | 32 <input type="checkbox"/> |
| Obstetrics and gynaecology | 33 <input type="checkbox"/> | 33 <input type="checkbox"/> |
| Occupational and environmental medicine | 34 <input type="checkbox"/> | 34 <input type="checkbox"/> |
| Ophthalmology | 35 <input type="checkbox"/> | 35 <input type="checkbox"/> |
| Paediatrics and child health | 36 <input type="checkbox"/> | 36 <input type="checkbox"/> |
| Pain medicine | 37 <input type="checkbox"/> | 37 <input type="checkbox"/> |
| Palliative medicine | 38 <input type="checkbox"/> | 38 <input type="checkbox"/> |
| Pathology | 39 <input type="checkbox"/> | 39 <input type="checkbox"/> |
| Psychiatry | 40 <input type="checkbox"/> | 40 <input type="checkbox"/> |
| Public health medicine | 41 <input type="checkbox"/> | 41 <input type="checkbox"/> |
| Radiology | 42 <input type="checkbox"/> | 42 <input type="checkbox"/> |
| Radiation oncology | 43 <input type="checkbox"/> | 43 <input type="checkbox"/> |
| Rehabilitation medicine | 44 <input type="checkbox"/> | 44 <input type="checkbox"/> |
| Sexual health medicine | 45 <input type="checkbox"/> | 45 <input type="checkbox"/> |
| Sport and exercise medicine | 46 <input type="checkbox"/> | 46 <input type="checkbox"/> |
| OTHER SPECIALTY not specified above | 47 <input type="checkbox"/> | 47 <input type="checkbox"/> |

90. 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)

No. of years

No. of months

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

- Australian citizen
- Permanent resident
- Temporary resident

92. What type of medical registration do you have? (Please tick all that apply)

- General registration
- Specialist registration
- Provisional registration
- Limited registration
- Non-practising registration

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

- Excellent
- Very good
- Good
- Fair
- Poor

94. 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 | 10 | Completely Satisfied |
| | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | 9 <input type="checkbox"/> | 10 <input type="checkbox"/> | |

95. The statements below refer to the type of person you are. There is growing evidence that these characteristics are related to doctors' job satisfaction and decisions about work. The information you provide will remain strictly confidential and you will not be identifiable.

Please answer each of the following questions using a 1 to 7 point scale, where 1 means 'Does not apply to me at all' and 7 means 'Applies to me perfectly'.

| | Does not apply to me at all | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Applies to me perfectly | | | | | |
|---|-----------------------------------|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|-------------------------------|--------------------------|---|--------------------------|---|--------------------------|
| I see myself as someone who: | | | | | | | | | | | | | | |
| Does a thorough job | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> |
| Is communicative, talkative | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> |
| Is sometimes somewhat rude to others | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> |
| Is original, comes up with new ideas | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> |
| Worries a lot | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> |
| Has a forgiving nature | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> |
| Tends to be lazy | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> |
| Is outgoing, sociable | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> |
| Values artistic experiences | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> |
| Gets nervous easily | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> |
| Does things effectively and efficiently | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> |
| Is reserved | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> |
| Is considerate and kind to others | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> |
| Has an active imagination | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> |
| Is relaxed, handles stress well | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> | 6 | <input type="checkbox"/> | 7 | <input type="checkbox"/> |

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

97. This question asks about everyday risk-taking in relation to different types of activities.

How likely are you to engage in each of the following activities (with a score of 1 being 'very unlikely' and 5 being 'very likely')?

| | Very unlikely | | | | | Very likely |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------|
| | 1 | 2 | 3 | 4 | 5 | |
| Financial risks (e.g. investments with an uncertain outcome) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| Career and professional risks (e.g. publicly challenging your professional colleagues) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |
| Clinical risks (e.g. recommending a treatment which is new to your usual practice or is controversial) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | |

98. The personal life events listed below can have an important influence on a person's work-life balance.

For each statement below, please indicate 'YES' or 'NO' as to whether you experienced the event during the past 12 months. For each statement you answer 'YES', please indicate how long ago the event occurred or commenced.

| | No | Yes | If 'YES', please indicate how long ago it happened. | | | |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|----------------------------|
| | | | 0 to 3 months ago | 4 to 6 months ago | 7 to 9 months ago | 10 to 12 months ago |
| Serious personal injury or illness to self | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Serious personal injury or illness to a close relative or family member | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Death of spouse or child | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Death of other close relative or family member (e.g. parent or sibling) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Death of a close friend | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Victim of physical violence (e.g. assault) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Victim of a property crime (e.g. theft, housebreaking) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Named as defendant in a medical negligence claim | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

99. We would like your email address to assist us in contacting you in future Waves. If we are unable to contact you by mail when distributing the MABEL survey, we will contact you by email instead. This information will be used only for this purpose. If possible, please provide a non-work email address to facilitate contact in the event you change jobs.

Email address:

