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MABEL

Medicine in Australia: Balancing Employment and Life
2009

General Practitioner & GP Registrar

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MABEL has been endorsed by:

Royal Australian College of General Practitioners
 Australian College of Rural and Remote Medicine
 Rural Doctors Association of Australia
 Rural Health Workforce Australia
 Australian General Practice Training
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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 work as a doctor.

	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 work	<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 work?	<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 amount of work I delegate to other health professionals has increased in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

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	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
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"/>
Running my practice is stressful most of the time	<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"/>
I have good supervision/mentoring support	<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 (including day time and after hours)?

- 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	
Private medical practitioner's rooms or surgery	<input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/>	hrs/wk
Community health centre or other state-run primary care organisation	<input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/>	hrs/wk
Public hospital (including psychiatric hospital)	<input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/>	hrs/wk
Private hospital	<input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/>	hrs/wk
Residential/aged care health facility (nursing/residential home, hospice etc.)	<input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/>	hrs/wk
Aboriginal health service	<input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/>	hrs/wk
Government department, agency or defence forces	<input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/>	hrs/wk
Tertiary education institution	<input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/>	hrs/wk
Other	<input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/>	hrs/wk
TOTAL HOURS WORKED	<input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/>	hrs/wk

9. How many GPs work in your current main practice? (Include yourself if applicable) (If none, write 0)

	Full-time	Part-time
No. of males	<input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/>
No. of females	<input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/>

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

No. of nurses	<input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/>
No. of allied health professionals	<input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/>
No. of administrative staff	<input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/>
No. of other staff	<input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid #ccc;" type="text"/>

11. Is your current main practice co-located with other health or welfare professionals?

- Yes
- No

12. What is your business relationship with the practice? (Tick one box)

- Principal or partner
- Associate
- Salaried employee (e.g. receive fixed annual salary & benefits with tax deducted)
- Contracted employee (e.g. receive fixed payment for specified time or a % of billings before tax)
- Locum
- Other (please specify)

13. When did you start working at this practice?

Month

Year

14. My opportunities for continuing medical education and professional development are:

- Very limited
- Average
- Very good

15. Do you currently work in a hospital?

- Yes
- No—Go to question 19

16. How are you paid for this hospital work?

- Fee-for-service/bill patients directly
- Fixed payment per session or hour
- Salary with rights to private practice
- Other (please specify)

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

Hospital name

Postcode

18. How long have you worked at this hospital?

Months

Years

D About your workload

19. 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: 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 activities, including formal and informal teaching? (Tick all that apply)

- Teaching medical students
- Teaching interns or other pre-vocational trainees
- Teaching registrars
- No, I am not involved in any teaching

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21. 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 patients seen in hospital or other settings
22. Excluding emergencies or urgent needs, for how many days does a patient typically have to wait for an appointment with: (Please write average number of days)
 You, their preferred doctor in the practice? days
 Any doctor in the practice? days
23. How long does a NEW patient typically have to wait for an appointment in your practice?
 No. of days days
 No. of weeks weeks
 Not taking new patients at present (Tick box)
24. How long does an average consultation last? (Please write number of minutes) mins
25. Approximately what percentage of patients do you bulk bill/charge no co-payment? %
26. What is your current fee for a standard (level B) consultation? (Include Medicare rebate and patient co-payment. Please write dollar amount; write 0 if you bulk bill 100% of your patients) . . . \$
27. 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 31
28. What are your after-hours on-call ratios for practice and hospital work?
 (For example, 5 weeknights per fortnight equals 1 in 2)
- | | Practice work | Hospital 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"/> | <input type="checkbox"/> |
29. In your last usual week at work, how many TIMES were you actually called out? (If none, write 0)
- | | Practice work | Hospital 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"/> | <input type="checkbox"/> |
30. If your on-call arrangements do not fit the above descriptions, please elaborate below:
31. Arranging a locum at short notice is usually: (Tick one box)
 Moderately easy
 Rather difficult
 Very difficult
 Not Applicable
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) 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"/>

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)?
- Yes
 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?
- Sole trader
 Partnership
 Company
 Trust
 Don't Know
 Not Applicable

39. 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

40. In the last year, approximately what percentage of your total gross earnings did you receive from each of the following sources? (Please enter percentage figure where applicable)
- | | |
|--|------------------------------------|
| Payments from patients for services covered by Medicare (include Medicare rebate and patient co-payment) | <input type="text"/> % |
| Payments from patients for services not covered by Medicare (e.g. insurance, certificates, private patients) | <input type="text"/> % |
| Government incentive schemes and grants (e.g. rural incentives) | <input type="text"/> % |
| Hospital work (salary and other payments) | <input type="text"/> % |
| Other sources (including non-medical/business; specify source and %) <input type="text"/> | <input type="text"/> % |
| TOTAL | <input type="text" value="100"/> % |

41. Do you (or your employer) regularly contribute to a superannuation scheme?
- Yes
 No—Go to question 43

42. For how many years have you (and/or an employer on your behalf) contributed to a superannuation scheme?
 No. of years
43. 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
44. 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)
45. 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)
- Net household income (after tax)

F About your geographic location

46. In how many locations do you practise?
47. Where is your main place of work?
 Town/Suburb
 Postcode
48. How long have you been practising in or close to this geographic location?
 No. of months
 No. of years
49. Where do you live?
 Town/Suburb
 Postcode
50. The opportunities for social interaction for you and your family in the geographic location of your main job are:
 (Tick one box)
- Very limited
 Average
 Very good
51. 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 location | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

54. 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 56

55. 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 your family circumstances

56. Are you currently living with a partner or spouse?
 Yes
 No

57. 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

58. Is your partner/spouse also a medical doctor?
 Yes
 No
 Not Applicable

59. How many dependent children do you have?

60. What is the age in years of your youngest dependent child?
 Age
 Not Applicable (Tick box)

61. 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

62. 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

63. Year of birth

64. Gender

- Male
 Female

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

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

- A medical school in Australia
 A medical school in the country specified:

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

- Yes
 No
 Not Applicable

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

- Yes
 No
 Unsure

69. What GP and other medical qualifications have you obtained in Australia (e.g. FRACGP, FRACP, FACRRM, diploma)?

- 1.....
 2.....
 3.....
 4.....
 5.....

- None: I am currently a GP registrar (Tick box)
 None: I have qualifications from overseas which are recognised in Australia (Tick box)
 Not Applicable (Tick box)

70. If you are a GP Registrar:

In what year did you start this training program?
 In what year do you expect to complete the program and become a Fellow?
 Not Applicable (Tick box)

71. Since you graduated, how many years and 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

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

- Australian citizen
- Permanent resident
- Temporary resident

73. What type of medical registration do you have?

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

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

- Excellent
- Very good
- Good
- Fair
- Poor

75. All things considered, how satisfied are you with your life in general? (Tick one box)

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

76. The questions below ask about 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								Applies to me perfectly
I see myself as someone who:	1	2	3	4	5	6	7		
Does a thorough job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is communicative, talkative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is sometimes somewhat rude to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is original, comes up with new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worries a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a forgiving nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tends to be lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is outgoing, sociable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Values artistic experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets nervous easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does things effectively and efficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is reserved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is considerate and kind to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an active imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is relaxed, handles stress well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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