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Mabel username id:

MABEL

Medicine in Australia: Balancing Employment and Life

2018

General Practitioner & GP Registrar

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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 three sections of the survey*
   - [2] ☐ Unsure – *Please go to Section G and complete the final three 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 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Amount of variety in your work	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Physical working conditions	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Opportunities to use your abilities	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Your colleagues and fellow workers	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Recognition you get for good work	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Your hours of work	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Your remuneration	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Amount of responsibility you are given	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Taking everything into consideration, how do you feel about your work?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

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 amount of work I delegate to other health professionals has increased in the past 12 months	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
The balance between my personal and professional commitments is about right	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
I have a poor support network of other doctors like me	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
It is difficult to take time off when I want to	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
I can take time off at short notice, for example if one of my children is ill or for a home maintenance emergency	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
My patients have unrealistic expectations about how I can help them	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
The majority of my patients have complex health and social problems	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Running my practice is stressful most of the time	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
The hours I work are unpredictable	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
I have good supervision/mentoring support	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
I often undertake tasks that somebody less qualified could do	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
I normally consult with others in the practice about the management of patients with complex health and social problems	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Formal structures are in place to encourage communication amongst practice staff (e.g. regular meetings)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
My colleagues understand the need for work–life balance	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
I cannot work my preferred hours due to a lack of jobs offering those hours	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

7. Imagine you would like to **REDUCE** your hours of work. How achievable is this? (Tick one box)

1 ☐ This could be achieved easily within my current job
2 ☐ This could be achieved with some difficulty in my current job
3 ☐ I would have to change jobs, but there are suitable opportunities in my local area
4 ☐ I would have to change jobs, and such jobs are scarce
5 ☐ This would be impossible
6 ☐ Don't know

8. This question asks about any workplace aggression directed towards you in the past 12 months whilst you were working in medicine (i.e. any circumstance or location in which you performed your role as a medical practitioner), including:

- Verbal or written abuse, threats, intimidation or harassment – such as ridicule, abusive email, racism, bullying, contemptuous treatment and non-physical threats or intimidation;
- Physical threats, intimidation, harassment or violence – such as a raised hand or object, unwanted touching, damage to property and sexual or other physical assault.

For each potential source of aggression, please tick the box that most closely matches how often you experienced that type of aggression in the past 12 months.

	Frequently (once or more a week)	Often (a few times each week)	Occasionally (a few times each 6 mths)	Infrequently (a few times in 12 mths)	Not at all
A. Aggression from patients:					
Verbal or written abuse, threats, intimidation or harassment	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Physical threats, intimidation, harassment or violence	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
B. Aggression from relatives or carers:					
Verbal or written abuse, threats, intimidation or harassment	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Physical threats, intimidation, harassment or violence	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
C. Aggression from any workplace supervisor or co-worker:					
Verbal or written abuse, threats, intimidation or harassment	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Physical threats, intimidation, harassment or violence	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

9. The following behaviours are often seen as examples of negative behaviour in the workplace. Over the last six months, how often have you been subjected to the following negative acts at work? Please select the response that best corresponds with your experience over the last six months.

	Never	Now and then	Monthly	Weekly	Daily
Someone withholding information which affects your performance	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Repeated reminders of your errors or mistakes	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Persistent criticism of your work and effort	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Spreading of gossip and rumours about you	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Being shouted at or being the target of spontaneous anger (or rage)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Being ignored or excluded (being 'sent to Coventry')	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Being ignored or facing a hostile reaction when you approach	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Practical jokes carried out by people you don't get on with	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

C About the places where you work

10. 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
Private medical practitioner's rooms or surgery	☐ hrs/wk
Community health centre or other state-run primary care organisation	☐ hrs/wk
Public hospital (including psychiatric hospital)	☐ hrs/wk
Private hospital	☐ hrs/wk
Residential/aged care health facility (nursing/residential home, hospice etc.)	☐ hrs/wk
Aboriginal health service	☐ hrs/wk
Government department, agency or defence forces	☐ hrs/wk
Tertiary education institution	☐ hrs/wk
Other	☐ hrs/wk
TOTAL HOURS WORKED	☐ hrs/wk

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

	Full-time	Part-time
No. of males	☐	☐
No. of females	☐	☐

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

No. of nurses	☐
No. of allied health professionals	☐
No. of administrative staff	☐
No. of other staff	☐

13. What is your business relationship with your current main practice? (Tick one box)

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

1 ☐ Very limited
2 ☐ Average
3 ☐ Very good

16. Do ambulances bring acutely unwell patients to your workplace for you to assess?

1 ☐ Yes
2 ☐ No

17. Do you currently work in a hospital?

1 ☐ Yes
2 ☐ No—*Go to question 20*

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

Hospital name ....

Postcode ....

19. Which of the following clinical services do you provide at this hospital? (Tick all that apply):

1 ☐ Emergency Department care
2 ☐ Acute inpatient care (paediatric, psychiatric or medical patients)
3 ☐ Procedural care (e.g. obstetrics, anaesthetics, operative surgery excluding excision of skin lesions)
4 ☐ Surgical assisting
5 ☐ Aged care
6 ☐ Other (please specify)

D About your workload

20. 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 10).......... 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

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

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

22. The questions below ask about your extended skills. 'Extended' skills include emergency medicine and other specialist skills you've gained and for which you trained for at least six months.

	Do you *currently* use extended skills in the following areas? (Tick all that apply)	Which of the following extended skills have you trained in but *do not currently* use? (Tick all that apply)
Anaesthetics	1 ☐	2 ☐
Obstetrics (deliveries)	3 ☐	4 ☐
Operative surgery	5 ☐	6 ☐
Emergency medicine	7 ☐	8 ☐
Adult internal medicine	9 ☐	10 ☐
Mental health	11 ☐	12 ☐
Indigenous health	13 ☐	14 ☐
Palliative medicine	15 ☐	16 ☐
Paediatrics	17 ☐	18 ☐
Adolescent health	19 ☐	20 ☐
Geriatrics	21 ☐	22 ☐
Remote medicine	23 ☐	24 ☐
Population health	25 ☐	26 ☐
Other (1) *Please specify*:	27 ________	28 ________
Other (2) *Please specify*:	29 ________	30 ________
Not Applicable/No extended skills (Tick box)	31 ☐	32 ☐

23. What is/was your (one) main extended skill (of the extended skills you ticked above)?

Main extended skill . . . . . . ________

No extended skills *(Tick box and skip next two questions)*. . . . . ☐

24. For how many years did you/ have you practised this skill?

No. of years . . . . ☐☐ years

25. Please indicate the degree to which you agree or disagree with the following statements about your main extended skill.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I developed this skill to diversify my practice	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
I developed this skill because I saw it was needed where I worked or planned to work	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
I used this skill as soon as I was qualified in it	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
My local health service doesn't/didn't have the facilities for practising this skill	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Other local clinical staff support/supported me using this skill	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
I can't/couldn't sustain my overall clinical workload and use this skill	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
The local health service managers support/ supported me to use this skill	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
There is/was a sufficient volume of work to regularly use this skill	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
I developed this skill for increased financial reward	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

26. 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 . . . . ☐☐☐

27. 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

28. 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) ☐

29. How long does an average consultation last? (Please write number of minutes) ☐ mins

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

31. Including the Medicare rebate and patient co-payment where applicable, what is your current fee for a standard (level B) consultation? (Please write dollar amount) $ ☐

32. 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 36*

33. What are your 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	☐	☐
1 weekend in	☐	☐
Not Applicable (Tick box)	☐	☐

34. 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	☐	☐
Weekend: times per weekend	☐	☐
Not Applicable (Tick box)	☐	☐

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

36. Arranging a locum at short notice is usually: (Tick one box)
    1 ☐ Moderately easy
    2 ☐ Rather difficult
    3 ☐ Very difficult
    4 ☐ Not Applicable

37. 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

38. How many vacancies for GPs does your (main) practice currently have advertised or registered with a recruitment or workforce agency? (If none, write 0)
    Number of vacancies ☐
    Number of these vacancies which have been unfilled for three months or more? ☐
    Don't Know (Tick box) ☐
    Not Applicable (Tick box) ☐

39. In your last usual week at work, did you use digital health technologies/solutions for the following activities?

	Yes	No, but would like to	No, and don't need to	Not applicable
Sending/receiving referrals from other health practitioners	1 ☐	2 ☐	3 ☐	4 ☐
Communicating/messaging with other clinicians about patient care	1 ☐	2 ☐	3 ☐	4 ☐
Viewing pathology or diagnostic imaging results	1 ☐	2 ☐	3 ☐	4 ☐
Ordering pathology tests or diagnostic imaging	1 ☐	2 ☐	3 ☐	4 ☐
Storing advanced care planning documents	1 ☐	2 ☐	3 ☐	4 ☐
Completing/viewing event summaries (e.g. discharge summaries/specialist reports)	1 ☐	2 ☐	3 ☐	4 ☐
Writing prescriptions	1 ☐	2 ☐	3 ☐	4 ☐
Viewing medicines information	1 ☐	2 ☐	3 ☐	4 ☐
Viewing immunisation information	1 ☐	2 ☐	3 ☐	4 ☐
Viewing patient information entered by other health professionals outside my main place of work	1 ☐	2 ☐	3 ☐	4 ☐
Entering/updating patient information during or after consultations or procedures	1 ☐	2 ☐	3 ☐	4 ☐
Clinical audit and research	1 ☐	2 ☐	3 ☐	4 ☐
Using digital decision support tools to help inform clinical decisions (e.g. clinical dashboards; automated alerts, warnings and reminders; algorithms; electronic clinical guidelines and pathways)	1 ☐	2 ☐	3 ☐	4 ☐

40. To what extent do you agree or disagree with the following statements about the use of digital health technologies/solutions?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
They improve patient health outcomes and satisfaction (e.g. fewer errors)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
They are too difficult and time consuming to use	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Colleagues and support staff already extensively use digital health technologies	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
There is insufficient support (e.g. training, on-site IT support, funding)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
They improve care processes (e.g. improve care co-ordination, continuity of care, reduce duplication)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
My patients are concerned about data privacy and security	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Easily sharing information with others involved in patient care from different organisations is very important	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
New IT systems are often incompatible with existing IT systems	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I have no concerns about data privacy or security	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
They save time for me and my patients	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
The quality and relevance of stored information is poor	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
I receive support and advice on IT security from my main place of work (e.g. on password protection/ encryption, staff training, firewalls, back-ups)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
My main place of work has provided guidance to me on what to do if a cyber security incident is detected	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

41. At your main work location, do you currently use an electronic health record? In other words, do you maintain information about your patients' health and healthcare in a computer-readable format?

1 ☐ Yes
2 ☐ No

42. How often do you use real-time video consultations for clinical services?

- [1] Not Applicable
- [2] Applicable to my practice but have never used them
- [3] Less than once per month
- [4] 1–3 times a month
- [5] Every week
- [6] Every day

43. How would you describe the video consultations you were involved with during the last usual month? (Tick all that apply)

- [1] The patient was with me and we talked to a specialist elsewhere
- [2] The patient was with me and we talked to another health professional elsewhere
- [3] I was alone and talked to a patient who was elsewhere with a specialist
- [4] I was alone and talked to a patient who was elsewhere with another health professional
- [5] I was alone and talked to a patient elsewhere who was also alone
- [6] Other
- [7] Not Applicable

44. Were any of these video consultations provided to patients in a rural area?

- [1] Yes
- [2] No
- [3] Not Applicable

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.

45. 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) $.			
After tax (net earnings) $			

46. 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)?

- [1] Yes
- [2] No

47. How would you describe the ownership structure of the main practice in which you work? (Tick one box)

- [1] Sole trader
- [2] Partnership
- [3] Company/Corporation
- [4] Trust
- [5] Don't Know
- [6] Not Applicable

48. 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)

$ . . . .

49. 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 45. 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) $	☐☐☐☐☐☐☐☐		☐☐☐☐☐☐
After tax (net household income) $	☐☐☐☐☐☐☐☐		☐☐☐☐☐☐

F About your geographic location

50. Where is your main place of work?

Town/Suburb . . . . ☐

Postcode . . . . ☐☐☐☐

51. Where do you live?

Town/Suburb . . . . ☐

Postcode . . . . ☐☐☐☐

52. 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 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
It is easy to pursue my hobbies and leisure interests in my current work location	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
My partner does not have many friends or family members in this work location	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
There are good employment opportunities for my partner in this work location	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
The choice of schools for our children is adequate in this location	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

53. 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 55*

54. 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

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

1 ☐ Yes
2 ☐ No

56. What is the employment status of your partner/spouse? (Tick one box)

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

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

58. 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. . . . . ☐☐

59. 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 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
My partner is restricted in his/her employment and/or the time and hours worked due to a lack of available childcare	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

H About you

60. Did you participate in rural placements as part of your basic medical degree?

1 ☐ Yes
2 ☐ No—*Go to question 62*

61. Where did you undertake these placements? If applicable please list up to three locations and the TOTAL time spent in each.

	Town	State/Territory (or country if not Australia)	Total time spent in location
Location 1 . . .			1 ☐ < 12 weeks 2 ☐ From 3 to 12 months 3 ☐ More than 1 university year
Location 2 . . .			1 ☐ < 12 weeks 2 ☐ From 3 to 12 months 3 ☐ More than 1 university year
Location 3 . . .			1 ☐ < 12 weeks 2 ☐ From 3 to 12 months 3 ☐ More than 1 university year

62. During the first 10 years after completing your basic medical degree, how many years (0 to 10) did you spend training or working in a rural area? (If none, write 0 and skip the next question) . . . .

63. Where did you do this rural training or work? If applicable, please list up to three locations where you had the longest rural exposure.

	Town	State/Territory (or country if not Australia)
Location 1		
Location 2		
Location 3		

64. 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

65. If you completed your medical degree outside 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) . . . .

66. Please indicate all NEW medical qualifications that you have completed in the last 12 months.

	Number of qualifications	Names of qualifications
Masters degree		
PhD		
Postgraduate diploma/certificate		
Fellowship of college		

67. 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

68. 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? . . . .

Are you training in your preferred specialty? (Please write 'yes' or 'no') . . . .

Not Applicable (Tick box) . . . .

69. 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 . . . .

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

1 Australian citizen
2 Permanent resident
3 Temporary resident

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

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

I About your health and wellbeing

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

- [1] Excellent
- [2] Very good
- [3] Good
- [4] Fair
- [5] Poor

73. 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	Completely Satisfied 10
[1] ☐	[2] ☐	[3] ☐	[4] ☐	[5] ☐	[6] ☐	[7] ☐	[8] ☐	[9] ☐	[10] ☐

74. Please respond to each of the following statements using a 1 to 7 point scale, where 1 means 'Strongly disagree' and 7 means 'Strongly agree'.

	Strongly disagree 1	2	3	4	5	6	Strongly agree 7
You can learn new things but you can't really change your basic intelligence	[1] ☐	[2] ☐	[3] ☐	[4] ☐	[5] ☐	[6] ☐	[7] ☐
No matter who you are, you can significantly change your intelligence level	[1] ☐	[2] ☐	[3] ☐	[4] ☐	[5] ☐	[6] ☐	[7] ☐

75. 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.

			If 'YES', please indicate how long ago it happened.			
	No	Yes	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] ☐	[2] ☐	[1] ☐	[2] ☐	[3] ☐	[4] ☐
Serious personal injury or illness to a close relative or family member	[1] ☐	[2] ☐	[1] ☐	[2] ☐	[3] ☐	[4] ☐
Death of spouse or child	[1] ☐	[2] ☐	[1] ☐	[2] ☐	[3] ☐	[4] ☐
Death of other close relative or family member (e.g. parent or sibling)	[1] ☐	[2] ☐	[1] ☐	[2] ☐	[3] ☐	[4] ☐
Death of a close friend	[1] ☐	[2] ☐	[1] ☐	[2] ☐	[3] ☐	[4] ☐
Victim of physical violence (e.g. assault)	[1] ☐	[2] ☐	[1] ☐	[2] ☐	[3] ☐	[4] ☐
Victim of a property crime (e.g. theft, housebreaking)	[1] ☐	[2] ☐	[1] ☐	[2] ☐	[3] ☐	[4] ☐
Were the subject of a complaint, concern or notification to a health regulation body (e.g. AHPRA, NSW Health Professional Councils Authority, QLD Health Ombudsman)	[1] ☐	[2] ☐	[1] ☐	[2] ☐	[3] ☐	[4] ☐
Had restrictions (e.g. undertakings, conditions, suspensions or cancellations) placed on your medical registration	[1] ☐	[2] ☐	[1] ☐	[2] ☐	[3] ☐	[4] ☐
Named as defendant in a medical negligence claim	[1] ☐	[2] ☐	[1] ☐	[2] ☐	[3] ☐	[4] ☐
Other (please specify) ________	[1] ☐	[2] ☐	[1] ☐	[2] ☐	[3] ☐	[4] ☐

76. This and the following five questions relate to how you have been feeling during the PAST 30 DAYS.
For each question below please select the option which best describes how often you experienced this feeling.
(Tick one box per row)

During the past 30 days, about how often did you feel:	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Nervous	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Hopeless	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Restless or fidgety	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
So depressed that nothing could cheer you up	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
That everything was an effort	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Worthless	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

77. Considering your responses in the previous question all together, during the past 30 days did you have these feelings more often than usual, about the same as usual, or less often than usual? (If you *never* experience any of the feelings listed above select the 'Never' response below and *go to question 80.*)

A lot more often than usual	Somewhat more often than usual	A little more often than usual	About the same as usual	A little less often than usual	Somewhat less often than usual	A lot less often than usual	Never - Go to Q80
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐

78. During the past 30 days, how many times did you see a doctor or other health professional about these feelings?

No. of days (If none, write 0).. ☐☐

79. During the past 30 days, how often have physical health problems been the main cause of these feelings?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

80. 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: ____________________

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

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Completing this questionnaire may be distressful for some individuals. If you need urgent assistance, please contact *Lifeline's* 24-hour telephone crisis support service by calling 13 11 14. Information about depression, anxiety and related disorders and treatments can be obtained from Beyond Blue by calling 1300 224 636 or emailing infoline@beyondblue.org.au . For help and support from *Doctors' Health Services Pty Ltd* go to https://www.doctorportal.com.au/doctorshealth/# for the contact details of your local service.

In case of loss of included reply-paid envelope, please forward survey to:

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