

MABEL user id:

Please write id shown on
letter if different to id above

MABEL

Medicine in Australia: Balancing Employment and Life
2009

Specialist

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MABEL has been endorsed by:

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 Australian Society of Anaesthetists
 Australia and New Zealand Society of Palliative Medicine Inc
 Australian and New Zealand Society for Geriatric Medicine
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 Australian and New Zealand Society of Nephrology

Internal Medicine Society of Australia and New Zealand
 Australasian Society of Career Medical Officers
 Australian Rheumatology Association
 Australian Orthopaedic Association
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THE UNIVERSITY OF
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Medicine, Nursing and Health Sciences

A About your current situation

- 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
- Do you intend to return to clinical work within Australia?
 - Yes
 - No
 - Unsure
- 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

- 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	<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"/>

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
The balance between my personal and professional commitments is about right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a poor support network of other doctors like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The IT systems I use are very helpful in day-to-day practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is difficult to take time off when I want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIALIST

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
My patients have unrealistic expectations about how I can help them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The majority of my patients have complex health and social problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Research publications are important to my career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The hours I work are unpredictable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Would you like to change your hours of work (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
Public hospital (including psychiatric hospital)	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> hrs/wk
Private hospital	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> hrs/wk
Private medical practitioner's rooms or surgery	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> hrs/wk
Residential/aged care health facility (nursing/residential home, hospice etc.)	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> hrs/wk
Laboratory or radiology facility	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> hrs/wk
Community health centre	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> hrs/wk
Government department, agency or defence forces	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> hrs/wk
Tertiary education institution	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> hrs/wk
Other	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> hrs/wk
TOTAL HOURS WORKED	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> hrs/wk

9. Do you work in private practice?

- Yes, in a public or private hospital and private consulting rooms
- Yes, in a public or private hospital only— Go to question 13
- 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 style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
No. of females	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" 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 style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
No. of allied health professionals	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
No. of administrative staff	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
No. of other staff	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>

SPECIALIST

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

- Yes
 No

13. What is your business relationship with the practice?

- 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)

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?

Months
 Years

18. How are you paid for this hospital work?

- Fee-for-service/bill patients directly
 Fixed payment per session or hour
 Salary—no rights to private practice
 Salary with rights to private practice
 Other, please specify

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

SPECIALIST

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. Approximately what percentage of these were: (Please write percentage number of referrals from each applicable source) (If none, write 0)
- GP referrals to you %
- Referrals from other specialists %
- Referrals from other sources %
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 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 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)

- Very limited
- Average
- Very good

32. Arranging a locum is usually: (Tick one box)

- Moderately easy
- Rather difficult
- Very difficult
- Not Applicable

33. 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.

34. 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"/>	

35. 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

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

(If zero, write 0)

37. 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)

38. 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)

39. What is the status of your private practice for tax purposes?

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

SPECIALIST

40. 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

41. 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 style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	%
Payments from patients for services not covered by Medicare (e.g. insurance, certificates, private patients)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	%
Government incentive schemes and grants (e.g. rural incentives)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	%
Hospital work (salary and other payments)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	%
Other sources (including non-medical/business; specify source and %) <input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	%
TOTAL	<input style="width: 40px; height: 20px; text-align: center; border: 1px solid black;" type="text" value="100"/>	%

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

- Yes
 No—Go to question 44

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

No. of years

44. 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

45. 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)

46. What is your total gross and net HOUSEHOLD income? (Include your and your partner's earnings, income from other business interests, dividends, interest etc.) Please write in ONE COLUMN ONLY, where you have the most accurate information or can best remember.

	Annual	OR	Fortnightly
Gross household income (before tax)	<input style="width: 100px; height: 20px;" type="text"/>		<input style="width: 100px; height: 20px;" type="text"/>
Net household income (after tax)	<input style="width: 100px; height: 20px;" type="text"/>		<input style="width: 100px; height: 20px;" type="text"/>

F About your geographic location

47. In how many locations do you practise?

48. Where is your main place of work?

Town/Suburb
 Postcode

49. How long have you been practising in or close to this geographic location?

No. of months
 No. of years

SPECIALIST

50. Where do you live?

Town/Suburb

Postcode

51. 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

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

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

54. Please indicate the main rural area where you lived up until school leaving age.

Town

State

Not Applicable (Tick box)

55. 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 57

56. 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

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

- Yes
- No—Go to question 59

58. Where are you providing these services or clinics?

1. Town/suburb

Postcode

2. Town/suburb

Postcode

3. Town/suburb

Postcode

G About your family circumstances

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

- Yes
 No

60. 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

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

- Yes
 No
 Not Applicable

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

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

64. 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

65. 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

66. Year of birth

67. Gender

- Male
 Female

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

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

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

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

- Yes
- No
- Not Applicable

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

- Yes
- No
- Unsure

72. What specialist and other medical qualifications have you obtained in Australia (e.g. FRACP, FRACS, diploma)?

1.....	
2.....	
3.....	
4.....	
5.....	
None: I have qualifications from overseas which are recognised in Australia ..	

73. 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
INTERNAL MEDICINE:		
Cardiology		
Clinical genetics		
Clinical haematology.....		
Clinical immunology (incl. allergy)		
Clinical pharmacology.....		
Endocrinology		
Gastroenterology		
General medicine		
Geriatrics.....		
Infectious diseases		
Intensive care—internal medicine		
Medical oncology		
Neurology.....		
Nuclear medicine		
Paediatric medicine		
Renal medicine.....		
Rheumatology		
Thoracic medicine.....		
PATHOLOGY:		
General pathology.....		
Anatomical pathology		
Clinical chemistry.....		
Cytopathology.....		
Forensic pathology		
Haematology		
Immunology		
Microbiology		

SPECIALIST

	Main speciality in which you practise (Where you are qualified & recognised under the Health Insurance Act)	Second speciality in which you practise
SURGERY:		
General surgery	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cardiothoracic surgery	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Orthopaedic surgery	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Otolaryngology	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Paediatric surgery	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Plastic/reconstructive surgery	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Urology	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Neurosurgery	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Vascular surgery	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
OTHER SPECIALTIES:		
Anaesthesia (excl. intensive care)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Dermatology	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Diagnostic radiology (incl. ultrasound)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Emergency medicine	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Intensive care—anaesthesia	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Medical administration	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Obstetrics and gynaecology (incl. gynaecological oncology)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Occupational medicine	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Ophthalmology	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Psychiatry	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Public health medicine	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Radiation oncology	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Rehabilitation medicine	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
OTHER SPECIALTY not specified above	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

74. Since you graduated, how many years and/or months have you spent **NOT** practising as a doctor?
 (Include time to bring up a family, time in non-medical jobs or study; exclude holidays and medically-related study leave) (If none, write 0)

Years

Months

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

Australian citizen

Permanent resident

Temporary resident

76. What type of medical registration do you have?

Full (unconditional) medical registration

Conditional medical registration

Other, please specify

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

Excellent

Very good

Good

Fair

Poor

SPECIALIST

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

<small>Completely Dissatisfied</small>										<small>Completely Satisfied</small>
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"/>	<input type="checkbox"/>

79. 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’.

	<small>Does not apply to me at all</small>	<small>1</small>	<small>2</small>	<small>3</small>	<small>4</small>	<small>5</small>	<small>6</small>	<small>7</small>	<small>Applies to me perfectly</small>
I see myself as someone who:									
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"/>

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

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