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MABEL

Medicine in Australia: Balancing Employment and Life
2011

Specialist

enquiries@mabel.org.au www.mabel.org.au Telephone: 03 8344 2600

MABEL has been endorsed by:

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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 state job title:

4. Do you intend to return to clinical medical work in Australia?

¹ Yes – *Please go to Section G and complete the final two sections of the survey*

² Unsure – *Please go to Section G and complete the final two sections of the survey*

³ No – *As you do not intend returning to clinical work in Australia you do not need to complete the rest of the survey. Please return this survey in the reply-paid envelope provided. Thank you for your participation.*

B About your job satisfaction

5. Please indicate how satisfied or dissatisfied you are in the various aspects of your work as a doctor.

	Very Dissatisfied	Moderately Dissatisfied	Not Sure	Moderately Satisfied	Very Satisfied	N/A
Freedom to choose your own method of working	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Amount of variety in your work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Physical working conditions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Opportunities to use your abilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Your colleagues and fellow workers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Recognition you get for good work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Your hours of work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Your remuneration	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Amount of responsibility you are given	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Taking everything into consideration, how do you feel about your work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
The balance between my personal and professional commitments is about right	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
I have a poor support network of other doctors like me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
The IT systems I use are very helpful in day-to-day practice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
It is difficult to take time off when I want to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
My patients have unrealistic expectations about how I can help them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
The majority of my patients have complex health and social problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Running my practice is stressful most of the time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Research publications are important to my career	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
The hours I work are unpredictable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
I often undertake tasks that somebody less qualified could do	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

7. Would you like to change your hours of work (including day time and after hours)?

- 1 No
- 2 Yes, I'd like to increase my hours
- 3 Yes, I'd like to decrease my hours

8. What is the likelihood that you will:

	Very Unlikely	Unlikely	Neutral	Likely	Very Likely
Leave direct patient care (primary or hospital) within FIVE YEARS?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Leave medical work entirely within FIVE YEARS?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Reduce your clinical workload in the next FIVE YEARS?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

C About the places where you work

9. Excluding on-call, for how many HOURS in your MOST RECENT USUAL WEEK at work did you undertake work in each of the following settings? (Include ALL of the work you do as a doctor) (If none, write 0)

	Actual hours per week
Public hospital (including psychiatric hospital)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Private hospital	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Private medical practitioner's rooms or surgery	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Residential/aged care health facility (nursing/residential home, hospice etc.)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Laboratory or radiology facility	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Community health centre	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Government department, agency or defence forces	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Tertiary education institution	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
TOTAL HOURS WORKED	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk

10. Do you work in private practice?

- 1 Yes, in a public or private hospital and private consulting rooms
- 2 Yes, in a public or private hospital only— Go to question 14
- 3 No— Go to question 15

SPECIALIST

11. 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; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
No. of females	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>

12. 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; height: 20px;" type="text"/>
No. of allied health professionals		<input style="width: 30px; height: 20px;" type="text"/>
No. of administrative staff		<input style="width: 30px; height: 20px;" type="text"/>
No. of other staff		<input style="width: 30px; height: 20px;" type="text"/>

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

¹ Yes
² No

14. What is your business relationship with the practice?

¹ Principal or partner
² Associate
³ Salaried employee (e.g. receive fixed annual salary & benefits with tax deducted)
⁴ Contracted employee (e.g. receive fixed payment for specified time or a % of billings before tax)
⁵ Locum
⁶ Other (please specify)

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 are you paid for this hospital work?

¹ Fee-for-service/bill patients directly
² Fixed payment per session or hour
³ Salary—no rights to private practice
⁴ Salary with rights to private practice
⁵ Other, please specify

D

About your workload

18. 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 9)		<input style="width: 40px; height: 20px;" type="text"/>	hrs/wk
Direct patient care (face-to-face, phone consultations, home visits: with or without a medical student present)		<input style="width: 40px; height: 20px;" type="text"/>	hrs/wk
Indirect patient care (medical notes, reports, phone calls, meeting patients' families)		<input style="width: 40px; height: 20px;" type="text"/>	hrs/wk
Education activities (teaching, research, continuing medical education)		<input style="width: 40px; height: 20px;" type="text"/>	hrs/wk
Management and administration		<input style="width: 40px; height: 20px;" type="text"/>	hrs/wk
Other		<input style="width: 40px; height: 20px;" type="text"/>	hrs/wk

SPECIALIST

19. 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

20. 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	<input style="width: 30px;" type="text"/>
Total number of public patients seen in a public hospital	<input style="width: 30px;" type="text"/>
Total number of private patients seen in a public hospital	<input style="width: 30px;" type="text"/>
Total number of private patients seen in a private hospital	<input style="width: 30px;" type="text"/>

21. Approximately what percentage of these were: (Please write percentage number of referrals from each applicable source) (If none, write 0)

GP referrals to you	<input style="width: 30px;" type="text"/>	%
Referrals from other specialists	<input style="width: 30px;" type="text"/>	%
Referrals from other sources	<input style="width: 30px;" type="text"/>	%

22. How long does a new PRIVATE patient typically have to wait for an appointment?

No. of days	<input style="width: 30px;" type="text"/>	days
No. of weeks	<input style="width: 30px;" type="text"/>	weeks
Not taking new patients at present (Tick box)	<input type="checkbox"/>	
Not Applicable (Tick box)	<input type="checkbox"/>	

23. How long does a standard private consultation last?

New patient/ Initial consultation	<input style="width: 30px;" type="text"/>	minutes
Subsequent consultations	<input style="width: 30px;" type="text"/>	minutes
Not Applicable (Tick box)	<input type="checkbox"/>	

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

Per cent	<input style="width: 30px;" type="text"/>	%
Not Applicable (Tick box)	<input type="checkbox"/>	

25. 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	\$	<input style="width: 60px;" type="text"/>
Subsequent consultations	\$	<input style="width: 60px;" type="text"/>
Not Applicable (Tick box)		<input type="checkbox"/>

26. Do you do any on-call yourself? (Including public holidays, weekends and weekdays outside of 8am to 6pm)

- Yes
- No—Go to question 30

27. What are your on-call ratios for public and private sector work? (For example, 5 weeknights per fortnight equals 1 in 2)

	Public sector work	Private sector work
1 weeknight in	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
1 weekend in	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
Not Applicable (Tick box)	<input type="checkbox"/>	

28. 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"/>
Weekend: times per weekend	<input type="text"/>	<input type="text"/>
Not Applicable (Tick box)	<input type="checkbox"/>	

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

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

¹ Very limited
² Average
³ Very good

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

¹ Moderately easy
² Rather difficult
³ Very difficult
⁴ 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.) 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) \$	<input type="text"/>		<input type="text"/>
After tax (net earnings) \$	<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)?

¹ Yes
² No

35. What is the approximate annual total value in dollars of these benefits? (If zero, write 0)

36. What is the total level of financial debt that you currently have as a result of your medical education and training? (Give dollar amount; include HECS debt, other debt associated with training and living expenses) (If zero, write 0)

\$
 Don't Know (Tick box)

37. What is the total level of financial debt that you currently have from owning your practice or premises? (If zero, write 0)

\$
 Don't Know (Tick box)
 Not Applicable (Tick box)

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

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

39. 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.)

- ¹ Yes
- ² 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?

- ¹ Yes
- ² No

42. 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)

- ¹ Strongly Disagree
- ² Disagree
- ³ Neutral
- ⁴ Agree
- ⁵ Strongly Agree

43. 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)

44. What is your total gross and net HOUSEHOLD income? (Include your and your partner's earnings, income from other business interests, dividends, interest etc.) The figures below should be equal to or greater than your personal earnings provided in question 33. Please write in ONE COLUMN ONLY, where you have the most accurate information or can best remember.

	Annual	OR	Fortnightly
Before tax (gross household income) \$	<input type="text"/>		<input type="text"/>
After tax (net household income) \$	<input type="text"/>		<input type="text"/>

F About your geographic location

45. In how many locations do you practise?

46. Where is your main place of work?

Town/Suburb
 Postcode

47. Where do you live?

Town/Suburb
 Postcode

48. The opportunities for social interaction for you and your family in the geographic location of your main job are: (Tick one box)

- 1 Very limited
- 2 Average
- 3 Very good

49. 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"/>

50. 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 52

51. 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

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

- 1 Yes
- 2 No—Go to question 54

53. 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

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

- ¹ Yes
- ² No

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

- ¹ Not in the labour force (e.g. caring for dependents, studying)
- ² Currently seeking work
- ³ Full-time employment
- ⁴ Part-time employment
- ⁵ Not Applicable

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

- ¹ Yes
- ² No
- ³ Not Applicable

57. For how many years did your spouse/partner live in a rural area up until the age he/she left secondary school? (If none, write 0)

Don't know (Tick box)

Not Applicable (Tick box)

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

Town

State

Don't know (Tick box)

Not Applicable (Tick box)

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

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60. 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

--	--

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

H About you

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

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

64. Please list any medical qualifications you have obtained in Australia since the last time you completed the MABEL survey (e.g. FRACP, FRACS, AMC examination, diploma).

1

2

3

4

5

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

- 1 Yes 2 No 3 Unsure

66. Have you changed the main specialty in which you practise since you last completed the MABEL survey?

- 1 Yes 2 No—Go to question 68

67. 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	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Clinical genetics	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Clinical haematology.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Clinical immunology (incl. allergy)	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Clinical pharmacology.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Endocrinology.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>

SPECIALIST

	Main speciality in which you practise (Where you are qualified & recognised under the Health Insurance Act)	Second speciality in which you practise
Gastroenterology	7 <input type="checkbox"/>	7 <input type="checkbox"/>
General medicine	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Geriatrics	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Infectious diseases	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Intensive care—internal medicine	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Medical oncology	12 <input type="checkbox"/>	12 <input type="checkbox"/>
Neurology	13 <input type="checkbox"/>	13 <input type="checkbox"/>
Nuclear medicine	14 <input type="checkbox"/>	14 <input type="checkbox"/>
Paediatric medicine	15 <input type="checkbox"/>	15 <input type="checkbox"/>
Renal medicine	16 <input type="checkbox"/>	16 <input type="checkbox"/>
Rheumatology	17 <input type="checkbox"/>	17 <input type="checkbox"/>
Thoracic medicine	18 <input type="checkbox"/>	18 <input type="checkbox"/>
PATHOLOGY:		
General pathology	19 <input type="checkbox"/>	19 <input type="checkbox"/>
Anatomical pathology	20 <input type="checkbox"/>	20 <input type="checkbox"/>
Clinical chemistry	21 <input type="checkbox"/>	21 <input type="checkbox"/>
Cytopathology	22 <input type="checkbox"/>	22 <input type="checkbox"/>
Forensic pathology	23 <input type="checkbox"/>	23 <input type="checkbox"/>
Haematology	24 <input type="checkbox"/>	24 <input type="checkbox"/>
Immunology	25 <input type="checkbox"/>	25 <input type="checkbox"/>
Microbiology	26 <input type="checkbox"/>	26 <input type="checkbox"/>
SURGERY:		
General surgery	27 <input type="checkbox"/>	27 <input type="checkbox"/>
Cardiothoracic surgery	28 <input type="checkbox"/>	28 <input type="checkbox"/>
Orthopaedic surgery	29 <input type="checkbox"/>	29 <input type="checkbox"/>
Otolaryngology	30 <input type="checkbox"/>	30 <input type="checkbox"/>
Paediatric surgery	31 <input type="checkbox"/>	31 <input type="checkbox"/>
Plastic/reconstructive surgery	32 <input type="checkbox"/>	32 <input type="checkbox"/>
Urology	33 <input type="checkbox"/>	33 <input type="checkbox"/>
Neurosurgery	34 <input type="checkbox"/>	34 <input type="checkbox"/>
Vascular surgery	35 <input type="checkbox"/>	35 <input type="checkbox"/>
OTHER SPECIALTIES:		
Anaesthesia (excl. intensive care)	36 <input type="checkbox"/>	36 <input type="checkbox"/>
Dermatology	37 <input type="checkbox"/>	37 <input type="checkbox"/>
Diagnostic radiology (incl. ultrasound)	38 <input type="checkbox"/>	38 <input type="checkbox"/>
Emergency medicine	39 <input type="checkbox"/>	39 <input type="checkbox"/>
Intensive care—anaesthesia	40 <input type="checkbox"/>	40 <input type="checkbox"/>
Medical administration	41 <input type="checkbox"/>	41 <input type="checkbox"/>
Obstetrics and gynaecology (incl. gynaecological oncology)	42 <input type="checkbox"/>	42 <input type="checkbox"/>
Occupational medicine	43 <input type="checkbox"/>	43 <input type="checkbox"/>
Ophthalmology	44 <input type="checkbox"/>	44 <input type="checkbox"/>
Psychiatry	45 <input type="checkbox"/>	45 <input type="checkbox"/>
Public health medicine	46 <input type="checkbox"/>	46 <input type="checkbox"/>
Radiation oncology	47 <input type="checkbox"/>	47 <input type="checkbox"/>
Rehabilitation medicine	48 <input type="checkbox"/>	48 <input type="checkbox"/>
Sport and exercise medicine	49 <input type="checkbox"/>	49 <input type="checkbox"/>
OTHER SPECIALTY not specified above	50 <input type="checkbox"/>	50 <input type="checkbox"/>

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

- Australian citizen
- Permanent resident
- Temporary resident

69. What type of medical registration do you have?

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

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

<small>Completely Dissatisfied</small>	1	2	3	4	5	6	7	8	9	<small>Completely Satisfied</small>
	<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"/>

72. 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.

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

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

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In case of loss of included reply-paid envelope, please forward survey to:
 Melbourne Institute of Applied Economic and Social Research – MABEL Survey
 Reply Paid 84574
 UNIVERSITY OF MELBOURNE VIC 3010