

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:

Royal Australasian College of Physicians	Internal Medicine Society of Australia and New Zealand
Royal Australasian College of Surgeons	Australasian Society of Career Medical Officers
Royal College of Pathologists of Australasia	Australian Rheumatology Association
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Royal Australian and New Zealand College of Ophthalmologists	Rural Doctors Association of Australia
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THE UNIVERSITY OF
MELBOURNE



MELBOURNE INSTITUTE
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MONASH University
Medicine, Nursing and Health Sciences

A About your current situation

1. Are you currently doing clinical work within Australia?

- Yes – If yes, please go to Section B below and complete the main survey
 No – If no, continue

2. Do you intend to return to clinical work within Australia?

- Yes
 No
 Unsure

3. Which of the following statements describes your current situation? (Tick all that apply)

- Permanently retired from all types of medical work
 Doing medical work in Australia that is non-clinical (e.g. medico-legal, teaching, research, committee work)
 Maternity leave
 Home duties/childcare
 Enrolled as a student
 Extended leave (e.g. sick leave, long service leave)
 Working outside Australia in a clinical role
 Working outside Australia in a non-clinical, but medical role
 Working outside Australia in a non-medical role
 Doing non-medical work in Australia. Please state job title:

As you are not doing clinical work in Australia you do not need to complete the rest of the survey. Please return this survey in the reply-paid envelope provided. Thank you for your cooperation.

B About your job satisfaction

4. Please indicate how satisfied or dissatisfied you are with each of the various aspects of your work as a doctor.

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

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
The 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; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> hrs/wk
Private hospital	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> hrs/wk
Private medical practitioner's rooms or surgery	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> hrs/wk
Residential/aged care health facility (nursing/residential home, hospice etc.)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> hrs/wk
Laboratory or radiology facility	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> hrs/wk
Community health centre	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> hrs/wk
Government department, agency or defence forces	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> hrs/wk
Tertiary education institution	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> hrs/wk
Other	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> hrs/wk
TOTAL HOURS WORKED	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> hrs/wk

9. The next THREE questions relate to the place where you work. If nothing has changed since the last time you did the MABEL survey, tick box and go to question 13.

- No change since I last completed the MABEL survey

10. 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 14
- No—Go to question 15

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; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
No. of females	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

SPECIALIST

12. How many other health workers or professionals are employed in your current, main private practice? (If none, write 0)
- No. of nurses
- No. of allied health professionals
- No. of administrative staff
- No. of other staff
13. Is your current, main private practice co-located with other specialist practices?
- Yes
- No
14. 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)
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?
- 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

18. 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
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

SPECIALIST

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.
- Total number of patients seen in hospital or other settings
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 %
- Referrals from other specialists %
- Referrals from other sources %
22. 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)
23. How long does a standard private consultation last?
- New patient/ Initial consultation minutes
- Subsequent consultations minutes
- Not Applicable (Tick box)
24. Approximately what percentage of patients do you bulk bill/charge no co-payment?
- Per cent %
- Not Applicable (Tick box)
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. \$
- Subsequent consultations \$
- Not Applicable (Tick box)
26. 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 30
27. 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"/> | |
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"/> | <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"/> | |
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)
- Very limited
- Average
- Very good

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

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

32. Turning to time spent away from work: (If none, write 0)

How many WEEKS holiday did you take in the past year? weeks

How many WEEKS of parental or maternity leave did you take in the past year? weeks

Approximately how many DAYS off work due to illness did you have in the past year? days

Approximately how many DAYS off work did you have for other reasons in the past year? days

E About your finances

The following information will be used to examine the effect of financial issues on your work–life balance, and will remain strictly confidential.

33. What are your (approximate) TOTAL personal earnings from ALL of the work you do as a doctor? (If possible, base this on your last personal income tax return or payslip) Please write in ONE COLUMN where you have the most accurate information and can best remember.

	Annual	OR	Fortnightly
Gross earnings in \$ (before tax)	<input type="text"/>		<input type="text"/>
Net earnings in \$ (after tax)	<input type="text"/>		<input type="text"/>

34. In addition to this, did you receive any ongoing 'in kind' benefits or subsidies as part of your current job/s (e.g. car, house, school fees, salary packaging)?

- Yes
- No

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

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

\$

Don't Know (Tick box)

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

\$

Don't Know (Tick box)

Not Applicable (Tick box)

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

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

39. Do you have other sources of personal income apart from your medical work? (Profit from other business interests, dividend income, bank interest, rental income etc.)

- Yes
- No

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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) %

Payments from patients for services not covered by Medicare (e.g. insurance, certificates, private patients) %

Government incentive schemes and grants (e.g. rural incentives) %

Hospital work (salary and other payments) %

Other sources (including non-medical/business; specify source and %) %

TOTAL 100 %

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

Yes
 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)

Strongly Disagree
 Disagree
 Neutral
 Agree
 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.) 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 type="text"/>		<input type="text"/>
Net household income (after tax)	<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?

Unchanged since I last completed the MABEL Survey

Town/Suburb

Postcode

47. Where do you live?

Unchanged since I last completed the MABEL survey

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)

Very limited
 Average
 Very good

SPECIALIST

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 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 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

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

- Yes
- No—Go to question 54

53. Where are you providing these services or clinics?

1. Town/suburb	<input style="width: 100%;" type="text"/>
Postcode	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
2. Town/suburb	<input style="width: 100%;" type="text"/>
Postcode	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
3. Town/suburb	<input style="width: 100%;" type="text"/>
Postcode	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

G About your family circumstances

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

- Yes
- No

55. Were you living with a partner or spouse one year ago?

- Yes
- No

56. 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

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57. What was the employment status of your partner/spouse one year ago?

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

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

- Yes
- No
- Not Applicable

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

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

61. Which of the following forms of childcare are you using for your children of pre-school age? (Please tick all that apply)

- Relatives or friends
- Nannies
- Childcare at work (i.e. provided by an employer)
- Other day care (childcare centre, family day care, kindergarten etc.)
- Not Applicable

62. Which of the following forms of childcare were you using for your children of pre-school age one year ago? (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

63. 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

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.....

SPECIALIST

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

- Yes
- No
- Unsure

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

- Yes
- 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	<input type="text"/>	<input type="text"/>
Clinical genetics	<input type="text"/>	<input type="text"/>
Clinical haematology	<input type="text"/>	<input type="text"/>
Clinical immunology (incl. allergy)	<input type="text"/>	<input type="text"/>
Clinical pharmacology	<input type="text"/>	<input type="text"/>
Endocrinology	<input type="text"/>	<input type="text"/>
Gastroenterology	<input type="text"/>	<input type="text"/>
General medicine	<input type="text"/>	<input type="text"/>
Geriatrics	<input type="text"/>	<input type="text"/>
Infectious diseases	<input type="text"/>	<input type="text"/>
Intensive care—internal medicine	<input type="text"/>	<input type="text"/>
Medical oncology	<input type="text"/>	<input type="text"/>
Neurology	<input type="text"/>	<input type="text"/>
Nuclear medicine	<input type="text"/>	<input type="text"/>
Paediatric medicine	<input type="text"/>	<input type="text"/>
Renal medicine	<input type="text"/>	<input type="text"/>
Rheumatology	<input type="text"/>	<input type="text"/>
Thoracic medicine	<input type="text"/>	<input type="text"/>
PATHOLOGY:		
General pathology	<input type="text"/>	<input type="text"/>
Anatomical pathology	<input type="text"/>	<input type="text"/>
Clinical chemistry	<input type="text"/>	<input type="text"/>
Cytopathology	<input type="text"/>	<input type="text"/>
Forensic pathology	<input type="text"/>	<input type="text"/>
Haematology	<input type="text"/>	<input type="text"/>
Immunology	<input type="text"/>	<input type="text"/>
Microbiology	<input type="text"/>	<input type="text"/>
SURGERY:		
General surgery	<input type="text"/>	<input type="text"/>
Cardiothoracic surgery	<input type="text"/>	<input type="text"/>
Orthopaedic surgery	<input type="text"/>	<input type="text"/>
Otolaryngology	<input type="text"/>	<input type="text"/>
Paediatric surgery	<input type="text"/>	<input type="text"/>
Plastic/reconstructive surgery	<input type="text"/>	<input type="text"/>
Urology	<input type="text"/>	<input type="text"/>
Neurosurgery	<input type="text"/>	<input type="text"/>
Vascular surgery	<input type="text"/>	<input type="text"/>

SPECIALIST

OTHER SPECIALTIES:

	Main speciality in which you practise (Where you are qualified & recognised under the Health Insurance Act)	Second speciality in which you practise
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"/>

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

- Unchanged since I last completed the MABEL survey
- Australian citizen
- Permanent resident
- Temporary resident

69. What type of medical registration do you have?

- Unchanged since I last completed the MABEL survey
- 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>											<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"/>	<input type="checkbox"/>

72. 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>Applies to me perfectly</small>
I see myself as someone who:	1	2	3	4	5	6	7	
Does a thorough job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>

