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# MABEL

Medicine in Australia: Balancing Employment and Life  
2009

## General Practitioner & GP Registrar

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**MABEL has been endorsed by:**

Royal Australian College of General Practitioners  
 Australian College of Rural and Remote Medicine  
 Rural Doctors Association of Australia  
 Rural Health Workforce Australia  
 Australian General Practice Training  
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## A About your current situation

1. Are you currently doing clinical work within Australia?

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

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

- Yes  
 No  
 Unsure

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

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

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

## B About your job satisfaction

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

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

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
The amount of work I delegate to other health professionals has increased in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The balance between my personal and professional commitments is about right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a poor support network of other doctors like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The IT systems I use are very helpful in day-to-day practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# GENERAL PRACTITIONER & GP REGISTRAR

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
It is difficult to take time off when I want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My patients have unrealistic expectations about how I can help them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The majority of my patients have complex health and social problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running my practice is stressful most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The hours I work are unpredictable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have good supervision/mentoring support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

7. What is the likelihood that you will:

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

Potential influences on decision-making:

- The following questions outline two different job support options.
- Each job support option comprises the same four key elements, but with differing characteristics.
- You will also have the opportunity to indicate if neither option would influence your decision to stay in a rural or remote community.

Please state which option (A or B) would most strongly influence how long you continue in practice in a rural or remote community.

8. Which option (A or B) would you prefer?

	<b>Option A</b>	<b>Option B</b>
Locum relief guarantee	Guaranteed paid locum 6 weeks in 12 months	No paid locum relief
GP retention payments	No change in retention payments	50% increase in payments
Rural skills loading	10% procedural and emergency/on-call rural skills loading	20% procedural and emergency/on-call rural skills loading
Family isolation	No secondary school costs paid	50% secondary school costs paid for children boarding away from home

- Neither option would influence my decision to stay  
 Option A  
 Option B

9. Which option (A or B) would you prefer?

	<b>Option A</b>	<b>Option B</b>
Locum relief guarantee	No paid locum relief	Guaranteed paid locum 4 weeks in 12 months
GP retention payments	25% increase in payments	No change in retention payments
Rural skills loading	10% procedural and emergency/on-call rural skills loading	20% procedural and emergency/on-call rural skills loading
Family isolation	100% secondary school costs paid for children boarding away from home	No secondary school costs paid

- Neither option would influence my decision to stay  
 Option A  
 Option B

10. Which option (A or B) would you prefer?

	<b>Option A</b>		<b>Option B</b>
Locum relief guarantee	No paid locum relief		Guaranteed paid locum 6 weeks in 12 months
GP retention payments	25% increase in payments		50% increase in payments
Rural skills loading	20% procedural and emergency/on-call rural skills loading		No rural skills loading
Family isolation	No secondary school costs paid		50% secondary school costs paid for children boarding away from home

Neither option would influence my decision to stay

Option A

Option B

11. Which option (A or B) would you prefer?

	<b>Option A</b>		<b>Option B</b>
Locum relief guarantee	No paid locum relief		Guaranteed paid locum 4 weeks in 12 months
GP retention payments	No change in retention payments		25% increase in payments
Rural skills loading	No rural skills loading		10% procedural and emergency/on-call rural skills loading
Family isolation	100% secondary school costs paid for children boarding away from home		50% secondary school costs paid for children boarding away from home

Neither option would influence my decision to stay

Option A

Option B

## C About the places where you work

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

	Actual hours per week	
Private medical practitioner's rooms or surgery . . . . .	<input type="text"/> <input type="text"/> <input type="text"/>	hrs/wk
Community health centre or other state-run primary care organisation . . . . .	<input type="text"/> <input type="text"/> <input type="text"/>	hrs/wk
Public hospital (including psychiatric hospital) . . . . .	<input type="text"/> <input type="text"/> <input type="text"/>	hrs/wk
Private hospital . . . . .	<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"/>	hrs/wk
Aboriginal health service . . . . .	<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"/>	hrs/wk
Tertiary education institution . . . . .	<input type="text"/> <input type="text"/> <input type="text"/>	hrs/wk
Other . . . . .	<input type="text"/> <input type="text"/> <input type="text"/>	hrs/wk
TOTAL HOURS WORKED . . . . .	<input type="text"/> <input type="text"/> <input type="text"/>	hrs/wk

13. 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 17.

No change since I last completed the MABEL survey

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

	Full-time	Part-time
No. of males . . . . .	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
No. of females . . . . .	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

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

No. of nurses . . . . .	<input type="text"/> <input type="text"/>
No. of allied health professionals . . . . .	<input type="text"/> <input type="text"/>
No. of administrative staff . . . . .	<input type="text"/> <input type="text"/>
No. of other staff . . . . .	<input type="text"/> <input type="text"/>

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

- Yes
- No

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

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

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

- Very limited
- Average
- Very good

19. Do you currently work in a hospital?

- Yes
- No—Go to question 23

20. Have your working arrangements in this hospital changed since the last time you did the MABEL survey?

- Yes
- No—Go to question 23

21. How are you paid for this hospital work?

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

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

Hospital name

Postcode

## D About your workload

23. 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

24. 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

## GENERAL PRACTITIONER & GP REGISTRAR

25. 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 . . . . .
26. Excluding emergencies or urgent needs, for how many days does a patient typically have to wait for an appointment with: (Please write average number of days)
- You, their preferred doctor in the practice? . . . . .   days
- Any doctor in the practice? . . . . .   days
27. How long does a NEW patient typically have to wait for an appointment in your practice?
- No. of days . . . . .   days
- No. of weeks . . . . .   weeks
- Not taking new patients at present (Tick box) . . . . .
28. How long does an average consultation last? (Please write number of minutes) . . . . .   mins
29. Approximately what percentage of patients do you bulk bill/charge no co-payment? . . . . .   %
30. What is your current fee for a standard (level B) consultation? (Include Medicare rebate and patient co-payment. Please write dollar amount; write 0 if you bulk bill 100% of your patients) . . . \$
31. 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 35
32. What are your after-hours on-call ratios for practice and hospital work?  
 (For example, 5 weeknights per fortnight equals 1 in 2)
- |                                     | Practice work                             | Hospital work                             |
|-------------------------------------|---|---|
| 1 weeknight in . . . . .            | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 1 weekend in . . . . .              | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Not Applicable (Tick box) . . . . . | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
33. In your last usual week at work, how many TIMES were you actually called out? (If none, write 0)
- |                                      | Practice work                             | Hospital work                             |
|--------------------------------------|---|---|
| Weeknights: times per week . . . . . | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Weekend: times per weekend . . . . . | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Not Applicable (Tick box) . . . . .  | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
34. If your on-call arrangements do not fit the above descriptions, please elaborate below:
- 
35. Arranging a locum at short notice is usually: (Tick one box)
- Moderately easy
- Rather difficult
- Very difficult
- Not Applicable
36. 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.

37. 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"/>

38. 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

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

40. 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) . . . . .

41. 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) . . . . .

42. What is the status of your private practice for tax purposes?
- Sole trader  
 Partnership  
 Company  
 Trust  
 Don't Know  
 Not Applicable

43. 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

44. 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<br>(include Medicare rebate and patient co-payment) . . . . .     | <input type="text"/>             | % |
| Payments from patients for services not covered by Medicare<br>(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"/> | % |

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

Yes  
 No

46. 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

47. 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) .....

48. 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

49. In how many locations do you practise? .....

50. Where is your main place of work?

Unchanged since I last completed the MABEL Survey (Go to question 53) .....

Town/Suburb .....

Postcode .....

51. Where do you live?

Unchanged since I last completed the MABEL survey .....

Town/Suburb .....

Postcode .....

52. 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

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

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



54. Are you subject to restrictions on your location of practise?

- Yes—I am required to work in an Area of Need
- Yes—I am required to work in a District of Workforce Shortage
- No—Go to question 56

55. Please indicate the reason/s for these restrictions.

- I hold a Permanent Resident Visa
- I hold a Temporary Resident Visa
- I am undertaking a return of service period for a Medical Rural Bonded Scholarship or Bonded Medical Place
- I am undertaking a compulsory rural placement as part of my training
- Other

## G About your family circumstances

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

- Yes
- No

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

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

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

- Yes
- No
- Not Applicable

59. How many dependent children do you have? .....

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

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

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

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I am restricted in my employment and/or the time and hours I work due to a lack of available childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My partner is restricted in his/her employment and/or the time and hours he/she works due to a lack of available childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My partner is overqualified for his/her current job due to the limited availability of suitable jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# H About you

63. Please list any GP and other medical qualifications you have obtained in Australia since the last time you completed the MABEL Survey. (E.g. FRACGP, FRACP, FACRRM, AMC Certificate examination, diploma)

Not Applicable (Tick box)

1.....

2.....

3.....

4.....

5.....

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

Yes

No

Unsure

65. If you are a new GP Registrar this year:

In what year do you expect to complete the program and become a Fellow?.....

Not Applicable (Tick box)

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

Unchanged since I last completed the MABEL survey

Australian citizen

Permanent resident

Temporary resident

67. 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)

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

Excellent

Very good

Good

Fair

Poor

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

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



