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MABEL

Medicine in Australia: Balancing Employment and Life

2012

Doctor Enrolled in a Specialty Training Program (Specialist Registrar)

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MABEL has been endorsed by:

Royal Australian College of General Practitioners	Postgraduate Medical Institute of Tasmania
Royal Australasian College of Physicians	NSW Institute of Medical Education and Training
Royal Australasian College of Surgeons	Australian General Practice Training
Royal College of Pathologists of Australasia	Australian General Practice Network
Royal Australian and New Zealand College of Ophthalmologists	General Practice Registrars Australia
Royal Australian and New Zealand College of Radiologists	Australian Society of Anaesthetists
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	Australia and New Zealand Society of Palliative Medicine
Australian and New Zealand College of Anaesthetists	Australian and New Zealand Society for Geriatric Medicine
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Postgraduate Medical Council of South Australia	Medical Oncology Group of Australia Incorporated
Postgraduate Medical Council of Western Australia	Australian Orthopaedic Association
Postgraduate Medical Education Council of Queensland	Australian Rheumatology Association
	Rural Doctors Association of Australia
	Rural Health Workforce Australia



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Medicine, Nursing and Health Sciences

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 with each of the various aspects of your work as a doctor.

	Very Dissatisfied	Moderately Dissatisfied	Not Sure	Moderately Satisfied	Very Satisfied	N/A
Freedom to choose your own method of working	¹ <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 job?	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"/>
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"/>
I have good support and supervision from qualified specialists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
There is enough time for me to do personal study	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 progress my training	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?

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

C About the places where you work

8. 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
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

9. Approximately how many hours per week do you work as a hospital locum? (If zero, write 0)

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

Hospital name

Postcode

11. How long have you worked at this hospital?

No. of years

No. of months

21. What is the approximate annual total value in dollars of these benefits?
(If zero, write 0)
22. 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)
23. 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)
24. 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
25. 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 19. 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

26. Where is your main place of work?
Town/Suburb
Postcode
27. How long have you been working in or close to this geographic location?
No. of years
No. of months
28. Where do you live?
Town/Suburb
Postcode
29. 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"/> |
30. 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 32

H About you

38. If you completed your medical degree in Australia, were you an international student (i.e. were you a citizen of a country outside of Australia and New Zealand)?

- 1 Yes
 2 No
 3 Not Applicable

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

- 1 Yes
 2 No
 3 Not Applicable

40. If you completed your medical degree outside of Australia:

What year did you first arrive in Australia?

In what year were you first registered to work as a doctor in Australia?

Not Applicable (Tick box)

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

- 1 Yes
 2 No
 3 Unsure

42. Please indicate all medical qualifications that you have obtained in Australia.

	Number of qualifications (e.g. 1, 2 etc)	Name of degree (e.g. MBBS, FRACP)
Undergraduate degree	<input type="text"/>	<input type="text"/>
Graduate entry medical degree	<input type="text"/>	<input type="text"/>
Masters degree	<input type="text"/>	<input type="text"/>
PhD	<input type="text"/>	<input type="text"/>
Postgraduate diploma/certificate	<input type="text"/>	<input type="text"/>
Fellowship of college	<input type="text"/>	<input type="text"/>
Others	<input type="text"/>	<input type="text"/>
I have qualifications from overseas which are recognised in Australia (Tick box)		<input type="checkbox"/>

43. Which specialty training program are you enrolled in?

- 1 Paediatrics and Child Health
 2 Palliative Medicine
 3 Rehabilitation Medicine
 4 Dermatology
 5 Medical Administration
 6 Ophthalmology
 7 Psychiatry
 8 Surgery
 9 Internal medicine (adult medicine)
 10 Occupational Medicine
 11 Public Health Medicine
 12 Anaesthesia
 13 Emergency Medicine
 14 Intensive Care Medicine
 15 Obstetrics and Gynaecology
 16 Pathology
 17 Radiology

44. In what year do you expect to complete the program and become a qualified specialist?

45. Which specialist training courses have you applied for in the past? (Please tick all that apply)

- None, not applicable
- Paediatrics and Child Health
- Palliative Medicine
- Rehabilitation Medicine
- Dermatology
- Medical Administration
- Ophthalmology
- Psychiatry
- Surgery
- Internal medicine (adult medicine)
- Occupational Medicine
- Public Health Medicine
- Anaesthesia
- Emergency Medicine
- Intensive Care Medicine
- Obstetrics and Gynaecology
- Pathology
- Radiology

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

- ¹ Australian citizen
- ² Permanent resident
- ³ Temporary resident

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

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

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

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

49. 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		
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 <input type="checkbox"/>	⁸ <input type="checkbox"/>	⁹ <input type="checkbox"/>	¹⁰ <input type="checkbox"/>		

