

MABEL user id:

Please write id shown on
letter if different to id above

MABEL

Medicine in Australia: Balancing Employment and Life

Specialist

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MABEL has been endorsed by:

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 Australia and New Zealand Society of Palliative Medicine Inc
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THE UNIVERSITY OF
MELBOURNE



MELBOURNE INSTITUTE
of Applied Economic and Social Research



MONASH University
Medicine, Nursing and Health Sciences

A About your job satisfaction

1. 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"/> |

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

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | 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"/> |
| 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"/> |

3. 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

4. What is the likelihood that you will:

| | Very Likely | Likely | Neutral | Unlikely | Very Unlikely |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

B Your preferences for different types of jobs

Please read the following:

- You are asked to state which of the two jobs (A or B) is better.
- You are then asked which job you would choose, including the option of staying in your current job.
- Everything about the jobs you are comparing is the same, except for the characteristics shown below.

SPECIALIST

Please use the following table to answer questions 5 and 6:

| | Job A | Job B |
|--|---|-------------------------------|
| Change in earnings | No change | 20% decrease |
| Change in total hours worked | No change | 10% increase |
| On-call arrangements | 1 in 10, frequently called out | 1 in 4, frequently called out |
| Percentage of time in private practice | 10% | 50% |
| Teaching/research opportunities | Some teaching | Some teaching and research |
| Time spent in administration | 10% | 15% |
| Location | Metro-based with option to visit regional communities | Metro-based |

5. Which job do you think is better? Job A Job B
6. Which job would you choose? Job A Job B Stay at my current job

Please use the following table to answer questions 7 and 8:

| | Job A | Job B |
|--|-------------------------------|---------------------------------|
| Change in earnings | 20% decrease | 20% increase |
| Change in total hours worked | 10% increase | No change |
| On-call arrangements | 1 in 2, frequently called out | 1 in 4, infrequently called out |
| Percentage of time in private practice | 10% | 50% |
| Teaching/research opportunities | Some teaching and research | Some teaching |
| Time spent in administration | 10% | 5% |
| Location | Metro-based | Large regional centre |

7. Which job do you think is better? Job A Job B
8. Which job would you choose? Job A Job B Stay at my current job

Please use the following table to answer questions 9 and 10:

| | Job A | Job B |
|--|---|--------------------------------|
| Change in earnings | No change | 20% increase |
| Change in total hours worked | No change | 10% decrease |
| On-call arrangements | 1 in 2, frequently called out | 1 in 10, frequently called out |
| Percentage of time in private practice | 10% | 90% |
| Teaching/research opportunities | Some teaching | Some research |
| Time spent in administration | 5% | 15% |
| Location | Metro-based with option to visit regional communities | Large regional centre |

9. Which job do you think is better? Job A Job B
10. Which job would you choose? Job A Job B Stay at my current job

Please use the following table to answer questions 11 and 12:

| | Job A | Job B |
|--|---|-------------------------------|
| Change in earnings | 20% decrease | No change |
| Change in total hours worked | 10% decrease | 10% increase |
| On-call arrangements | 1 in 4, infrequently called out | 1 in 4, frequently called out |
| Percentage of time in private practice | 50% | 10% |
| Teaching/research opportunities | No teaching or research | Some research |
| Time spent in administration | 10% | 5% |
| Location | Metro-based with option to visit regional communities | Large regional centre |

11. Which job do you think is better? Job A Job B
12. Which job would you choose? Job A Job B Stay at my current job

SPECIALIST

Please use the following table to answer questions 13 and 14:

| | Job A | Job B |
|--|-------------------------------|-------------------------------|
| Change in earnings | 20% increase | No change |
| Change in total hours worked | No change | 10% increase |
| On-call arrangements | 1 in 2, frequently called out | 1 in 4, frequently called out |
| Percentage of time in private practice | 50% | 10% |
| Teaching/research opportunities | Some teaching and research | No teaching or research |
| Time spent in administration | 15% | 10% |
| Location | Large regional centre | Metro-based |

13. Which job do you think is better? Job A Job B
14. Which job would you choose? Job A Job B Stay at my current job

Please use the following table to answer questions 15 and 16:

| | Job A | Job B |
|--|---|--------------------------------|
| Change in earnings | 20% decrease | 20% increase |
| Change in total hours worked | 10% increase | No change |
| On-call arrangements | 1 in 2, frequently called out | 1 in 10, frequently called out |
| Percentage of time in private practice | 10% | 90% |
| Teaching/research opportunities | Some research | Some teaching and research |
| Time spent in administration | 10% | 5% |
| Location | Metro-based with option to visit regional communities | Metro-based |

15. Which job do you think is better? Job A Job B
16. Which job would you choose? Job A Job B Stay at my current job

Please use the following table to answer questions 17 and 18:

| | Job A | Job B |
|--|---|-------------------------------|
| Change in earnings | No change | 20% decrease |
| Change in total hours worked | No change | 10% decrease |
| On-call arrangements | 1 in 4, frequently called out | 1 in 2, frequently called out |
| Percentage of time in private practice | 90% | 10% |
| Teaching/research opportunities | No teaching or research | Some teaching and research |
| Time spent in administration | 10% | 15% |
| Location | Metro-based with option to visit regional communities | Large regional centre |

17. Which job do you think is better? Job A Job B
18. Which job would you choose? Job A Job B Stay at my current job

Please use the following table to answer questions 19 and 20:

| | Job A | Job B |
|--|--------------------------------|---|
| Change in earnings | No change | 20% increase |
| Change in total hours worked | 10% increase | 10% decrease |
| On-call arrangements | 1 in 10, frequently called out | 1 in 4, infrequently called out |
| Percentage of time in private practice | 50% | 10% |
| Teaching/research opportunities | No teaching or research | Some teaching |
| Time spent in administration | 15% | 10% |
| Location | Metro-based | Metro-based with option to visit regional communities |

19. Which job do you think is better? Job A Job B
20. Which job would you choose? Job A Job B Stay at my current job

SPECIALIST

Please use the following table to answer questions 21 and 22:

| | Job A | Job B |
|--|--------------------------------|-------------------------------|
| Change in earnings | 20% increase | No change |
| Change in total hours worked | 10% increase | 10% decrease |
| On-call arrangements | 1 in 10, frequently called out | 1 in 4, frequently called out |
| Percentage of time in private practice | 90% | 90% |
| Teaching/research opportunities | Some teaching | Some research |
| Time spent in administration | 5% | 10% |
| Location | Large regional centre | Metro-based |

21. Which job do you think is better? Job A Job B
22. Which job would you choose? Job A Job B Stay at my current job

C About the places where you work

23. In your most recent USUAL week at work, for approximately how many HOURS did you undertake work in each of the following settings? (Include ALL of the work you do as a doctor)

| | Actual hours per week |
|--|---|
| Public hospital (including psychiatric hospital) | <input style="width: 100%;" type="text"/> |
| Private hospital. | <input style="width: 100%;" type="text"/> |
| Private medical practitioner's rooms or surgery | <input style="width: 100%;" type="text"/> |
| Residential/aged care health facility (nursing/residential home, hospice etc.) | <input style="width: 100%;" type="text"/> |
| Tertiary education institution. | <input style="width: 100%;" type="text"/> |
| Other | <input style="width: 100%;" type="text"/> |
| TOTAL HOURS WORKED. | <input style="width: 100%;" type="text"/> |

24. 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 28
- No—Go to question 30

25. What is the total number of specialists who work in your current, main private practice? (Include yourself if applicable)

| | Full-time | Part-time |
|----------------------|---|---|
| No. of males. | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| No. of females | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

26. How many other health workers or professionals are employed in your current main practice?

| | |
|--|---|
| No. of nurses. | <input style="width: 100%;" type="text"/> |
| No. of allied health professionals | <input style="width: 100%;" type="text"/> |
| No. of administrative staff. | <input style="width: 100%;" type="text"/> |
| No. of other staff | <input style="width: 100%;" type="text"/> |

27. Is your current practice co-located with other specialist practices?

- Yes
- No

28. 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)

SPECIALIST

29. When did you start working at this practice?
- Month
- Year
30. How many hours a week do you work as a hospital locum? (If zero, write 0).
31. What is the main hospital in which you work (i.e. spend most time)?
- Hospital name.
- Postcode.
32. How long have you worked at this hospital?
- Months (if less than a year)
- Years
33. 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

34. Excluding after hours and on-call work, 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)
- TOTAL HOURS WORKED PER WEEK (Should equal the TOTAL in question 14)
- Direct patient care (face-to-face, phone consultations, home visits: with or without a medical student present)
- Indirect patient care (medical notes, reports, phone calls, meeting patients' families)
- Education activities (teaching, research, continuing medical education)
- Management and administration
- Other
35. In your most recent USUAL week at work, for around HOW MANY patients did you provide care? (Include new and existing patients in ALL SETTINGS—eg. hospital and private practice—procedures and telephone consultations for day time and out of hours)
- Total number of patients seen in private consulting rooms
- Total number of patients seen in hospital or other settings
36. Approximately what percentage of these were: (Please write percentage number of referrals from each applicable source)
- GP referrals to you
- Referrals from other specialists
- Referrals from other sources
37. How long does a new PRIVATE patient typically have to wait for an appointment?
- No. of days (if less than a week)
- No. of weeks
- Not taking new patients at present
- Not Applicable
38. How long does a standard private consultation last?
- Minutes
- Not Applicable
39. What is your current fee for a standard private consultation? (Include Medicare fee and patient co-payment if applicable)
- \$
- Not Applicable

SPECIALIST

40. Approximately what percentage of patients do you bulk bill/charge no co-payment?
 Per cent
 Not Applicable
41. 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 44
42. In your last usual week at work: (If none, write 0)
 How many HOURS were you rostered or listed for after hours or on-call?
 How many HOURS were actually spent in direct patient care?
 How many TIMES were you actually called out?
43. In your most recent usual month, what was your on-call ratio? (For example, if it is 1 in 8, type 8 in the box provided.)
 1 in.
 Not Applicable
44. Opportunities for continuing medical education and professional development are:
 Very limited
 Average
 Very good
45. Arranging a locum is usually:
 Moderately easy
 Rather difficult
 Very difficult
 Not Applicable
46. Turning to time spent away from work: (If none, write 0)
 How many WEEKS holiday did you take in the past year?
 How many WEEKS of parental or maternity leave did you take in the past year?
 Approximately how many DAYS off work due to illness did you have in the past year?
 Approximately how many DAYS off work did you have for other reasons in the past year?
47. In general, would you say your health is:
 Excellent
 Very good
 Good
 Fair
 Poor

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.

48. 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 style="width: 80px; height: 20px;" type="text"/> | | <input style="width: 80px; height: 20px;" type="text"/> |
| Net earnings in \$ (after tax) | <input style="width: 80px; height: 20px;" type="text"/> | | <input style="width: 80px; height: 20px;" type="text"/> |
49. 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

SPECIALIST

50. What is the approximate annual total value in dollars of these benefits? (If zero, write 0)
51. 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)
 \$
 Don't Know.
52. What is the total level of financial debt that you currently have from owning your practice or premises?
 \$
 Don't Know.
 Not Applicable
53. What is the status of your private practice for tax purposes?
 Sole trader
 Partnership
 Company
 Trust
 Don't Know
 Not Applicable
54. 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
55. 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 or other payments)
 Other sources (including business/non-medical; please specify % and source)
56. Do you (or your employer) regularly contribute to a superannuation scheme?
 Yes
 No—Go to question 58
57. For how many years have you (and/or an employer on your behalf) contributed to a superannuation scheme?
 No. of years
58. 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".
 Strongly Agree
 Agree
 Neutral
 Disagree
 Strongly Disagree
59. 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)
60. 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

61. In how many locations do you practise?

62. Where is your main place of work?
 Town/Suburb
 Postcode

63. How long have you been practising in or close to this geographic location?
 No. of months (if less than one year)
 No. of years

64. Where do you live?
 Town/Suburb
 Postcode

65. The opportunities for social interaction for you and your family in the geographic location of your main job are:

- Very limited
- Average
- Very good

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

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | 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"/> |

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

68. Please indicate the main rural area where you lived up until school leaving age.
 Town
 State
 Not Applicable

69. 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

70. 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

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

- Yes
- No

SPECIALIST

72. Where are you providing these services or clinics?

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

G About you

73. Year of birth.....

74. Gender

Male
 Female

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

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

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

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

Yes
 No
 Not Available

78. What specialist postgraduate qualifications have you obtained in Australia? (e.g. FRACP, FRACS, diploma)

| | |
|--|---|
| 1..... | <input style="width: 100%;" type="text"/> |
| 2..... | <input style="width: 100%;" type="text"/> |
| 3..... | <input style="width: 100%;" type="text"/> |
| 4..... | <input style="width: 100%;" type="text"/> |
| 5..... | <input style="width: 100%;" type="text"/> |
| None: I have qualifications from overseas which are recognised in Australia .. | <input style="width: 100%;" type="text"/> |

79. What is the main speciality in which you practise? (If you practise in a second speciality, please specify)

| | Main speciality in which you practise (Where you are qualified & recognised under the Health Insurance Act) | Second speciality in which you practise |
|---|---|---|
| INTERNAL MEDICINE: | | |
| Cardiology | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Clinical genetics | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Clinical haematology..... | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Clinical immunology (incl. allergy) | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Clinical pharmacology..... | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Endocrinology | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Gastroenterology | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| General medicine | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Geriatrics..... | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Infectious diseases | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Intensive care—internal medicine | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Medical oncology | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Neurology..... | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

SPECIALIST

| | | |
|---------------------------|--|--|
| Nuclear medicine | | |
| Paediatric medicine | | |
| Renal medicine | | |
| Rheumatology | | |
| Thoracic medicine | | |

PATHOLOGY:

| | | |
|----------------------------|--|--|
| General pathology | | |
| Anatomical pathology | | |
| Clinical chemistry | | |
| Cytopathology | | |
| Forensic pathology | | |
| Haematology | | |
| Immunology | | |
| Microbiology | | |

SURGERY:

| | | |
|--------------------------------------|--|--|
| General surgery | | |
| Cardiothoracic surgery | | |
| Orthopaedic surgery | | |
| Otolaryngology | | |
| Paediatric surgery | | |
| Plastic/reconstructive surgery | | |
| Urology | | |
| Neurosurgery | | |
| Vascular surgery | | |

OTHER SPECIALTIES:

| | | |
|--|--|--|
| Anaesthesia (excl. intensive care) | | |
| Dermatology | | |
| Diagnostic radiology (incl. ultrasound) | | |
| Emergency medicine | | |
| Intensive care—anaesthesia | | |
| Medical administration | | |
| Obstetrics and gynaecology (incl. gynaecological oncology) | | |
| Occupational medicine | | |
| Ophthalmology | | |
| Psychiatry | | |
| Public health medicine | | |
| Radiation oncology | | |
| Rehabilitation medicine | | |
| OTHER SPECIALTY not specified above | | |

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

| | | |
|--------------|--|--|
| Years | | |
| Months | | |

81. What is your residency status? (Please tick one)

- Australian citizen
- Permanent resident
- Temporary resident

82. Do you have:

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

H About your family circumstances

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

- Yes
- No

84. 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

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

86. What is the age in years of your youngest dependent child?
Age.....
Not Applicable

87. 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

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

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