

Mabel username id:

MABEL

Medicine in Australia: Balancing Employment and Life
2017

General Practitioner & GP Registrar

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

Mailing address: Melbourne Institute of Applied Economic and Social Research – MABEL Survey
Reply Paid 84574, UNIVERSITY OF MELBOURNE VIC 3010

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Space is provided at the end of this survey to make additional written comments.
 Please write responses in boxes provided using a dark pen. Check boxes can be ticked or crossed.

A About your current situation

1. Are you currently doing any clinical medical work in Australia?

- ¹ Yes – If yes, please go to Section B below and complete the main survey
² No – Continue

2. Are you permanently retired from all types of paid work?

- ¹ Yes – As you are permanently retired from all types of paid work you do not need to complete the rest of the survey. Please return this survey in the reply-paid envelope provided. Thank you for your participation.
² No – Continue

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

- Doing medical work in Australia that is non-clinical (e.g. medico-legal, teaching, research, committee work)
 Maternity leave
 Home duties/childcare
 Enrolled as a student
 Extended leave (e.g. sick leave, long service leave)
 Working outside Australia in a clinical role
 Working outside Australia in a non-clinical, but medical role
 Working outside Australia in a non-medical role
 Doing non-medical work in Australia. Please specify occupation:

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 amount of work I delegate to other health professionals has increased in the past 12 months	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 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"/>
I can take time off at short notice, for example if one of my children is ill or for a home maintenance emergency	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
My patients have unrealistic expectations about how I can help them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
The majority of my patients have complex health and social problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Running my practice is stressful most of the time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
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 have good supervision/mentoring support	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"/>
I normally consult with others in the practice about the management of patients with 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"/>
Formal structures are in place to encourage communication amongst practice staff (e.g. regular meetings)	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 colleagues understand the need for work-life balance	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 cannot work my preferred hours due to a lack of jobs offering those hours	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

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

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

8. Imagine you would like to **reduce** your hours of work. How achievable is this? (Tick one box)

- 1 This could be achieved easily within my current job
- 2 This could be achieved with some difficulty in my current job
- 3 I would have to change jobs, but there are suitable opportunities in my local area
- 4 I would have to change jobs, and such jobs are scarce
- 5 This would be impossible
- 6 Don't know

C About the places where you work

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

	Actual hours per week			
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

10. 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"/>

11. 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"/>

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

- ¹ Yes
² No

13. What is your business relationship with your current main practice? (Tick one box)

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

14. When did you start working at this practice?

Month

Year

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

- ¹ Very limited
² Average
³ Very good

16. Is your practice accredited?

- ¹ Yes
² No

17. Did your current main practice apply (to the Department of Health) to participate in the Health Care Homes trial?

- 1 Yes
- 2 No— Go to question 19
- 3 Don't know— Go to question 19

18. Was this practice selected by the Department of Health to participate in the Health Care Homes trial?

- 1 Yes
- 2 No
- 3 Don't know

19. Do you currently work in a hospital?

- 1 Yes
- 2 No— Go to question 23

20. How are you paid for this hospital work?

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

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

Hospital name

Postcode

22. How long have you worked at this hospital?

No. of years

No. of months

D About your workload

23. Excluding on-call, how many HOURS in your MOST RECENT USUAL WEEK at work did you spend on the following activities? (Include ALL of the work you do as a doctor in ALL jobs/workplaces) (If none, write 0)

TOTAL HOURS WORKED PER WEEK (Should equal the TOTAL in question 9)..... 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 or supervisory activities, including formal and informal teaching and supervision? (Tick all that apply)

- Teaching or supervising medical students
- Teaching or supervising interns and other pre-vocational trainees
- Teaching or supervising GP registrars
- No, I am not involved in any teaching or supervision

25. The question below asks about advanced skills and their application. 'Advanced skills' here refers to specialised training of at least 6 months which is outside the normal scope of practice for GPs.

	Do you <i>currently</i> use advanced skills in the following areas? (Tick all that apply)	Do you have advanced skills in any of the following areas that you <i>do not currently</i> use? (Tick all that apply)
Anaesthetics	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Obstetrics (deliveries)	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Operative surgery	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Emergency medicine	7 <input type="checkbox"/>	8 <input type="checkbox"/>
Adult internal medicine	9 <input type="checkbox"/>	10 <input type="checkbox"/>
Mental health	11 <input type="checkbox"/>	12 <input type="checkbox"/>
Indigenous health	13 <input type="checkbox"/>	14 <input type="checkbox"/>
Palliative medicine	15 <input type="checkbox"/>	16 <input type="checkbox"/>
Paediatrics	17 <input type="checkbox"/>	18 <input type="checkbox"/>
Adolescent health	19 <input type="checkbox"/>	20 <input type="checkbox"/>
Geriatrics	21 <input type="checkbox"/>	22 <input type="checkbox"/>
Remote medicine	23 <input type="checkbox"/>	24 <input type="checkbox"/>
Population health	25 <input type="checkbox"/>	26 <input type="checkbox"/>
Other (1) <i>Please specify:</i>	27 <input style="width: 150px; height: 15px;" type="text"/>	28 <input style="width: 150px; height: 15px;" type="text"/>
Other (2) <i>Please specify:</i>	29 <input style="width: 150px; height: 15px;" type="text"/>	30 <input style="width: 150px; height: 15px;" type="text"/>
Not Applicable/No advanced skills	31 <input type="checkbox"/>	32 <input type="checkbox"/>

26. Approximately what proportion of your overall clinical practice hours are accounted for by your main area of special interest practice?

1 <25%

2 25-50%

3 51-75%

4 >75%

27. 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

28. 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

29. 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)

30. How long does an average consultation last? (Please write number of minutes) mins

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

32. Including the Medicare rebate and patient co-payment where applicable, what is your TOTAL current fee for a standard (level B) consultation? (Please write dollar amount) \$

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

1 Yes

2 No— Go to question 37

34. What are your 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"/>
1 weekend in	<input type="text"/>	<input type="text"/>
Not Applicable (Tick box)	<input type="checkbox"/>	<input type="checkbox"/>

35. 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"/>
Weekend: times per weekend	<input type="text"/>	<input type="text"/>
Not Applicable (Tick box)	<input type="checkbox"/>	<input type="checkbox"/>

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

37. Arranging a locum at short notice is usually: (Tick one box)

- 1 Moderately easy
- 2 Rather difficult
- 3 Very difficult
- 4 Not Applicable

38. 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

39. How many vacancies for GPs does your (main) practice currently have advertised or registered with a recruitment or workforce agency? (If none, write 0)

Number of vacancies

Number of these vacancies which have been unfilled for three months or more?

Don't Know (Tick box)

Not Applicable (Tick box)

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.

40. What are your (approximate) TOTAL PERSONAL earnings from ALL of the work you do as a doctor?

(If possible, base this on your last personal income tax return or payslip.) This should be your personal earnings rather than total practice earnings. Please write in ONE COLUMN where you have the most accurate information and can best remember.

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

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

- 1 Yes
- 2 No

42. What is the approximate annual total value in dollars of these benefits?

(If zero, write 0)

43. 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)

44. 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)

45. How would you describe the ownership structure of the main practice in which you work? (Tick one box)

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

46. In the last year, approximately what percentage of your total gross earnings from medical work 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 of medical income (specify source and %) %

TOTAL 100 %

47. How much personal gross income, in addition to income from your medical work, do you receive from other sources each year? (E.g. bank interest, dividend income, rental income and profit from business interests) (If none, write 0)

\$

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

- 1 Yes
- 2 No— Go to question 50

49. For how many years have you (and/or an employer on your behalf) contributed to a superannuation scheme?

No. of years

50. Please indicate the degree to which you agree with the following statement: "Given my current financial situation and prospects, I believe I will have enough to live on when I retire". (Tick one box)

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

51. 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 40. 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) \$			
After tax (net household income) \$			

F About your geographic location

52. Where is your main place of work?

Town/Suburb

Postcode

53. Where do you live?

Town/Suburb

Postcode

54. 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	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 easy to pursue my hobbies and leisure interests in my current work location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
My partner does not have many friends or family members in this work location	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 are good employment opportunities for my partner in this work location	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 choice of schools for our children is adequate in this location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

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

56. Please indicate the main rural area where you lived up until school leaving age.

Town

State

Not Applicable (Tick box)

57. 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 59

58. 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

Not Applicable

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

1 Yes

2 No – Go to question 61

60. Where are you providing these services? Please list up to three locations below.

	Town/Suburb	Postcode
Location 1	<input type="text"/>	<input type="text"/>
Location 2	<input type="text"/>	<input type="text"/>
Location 3	<input type="text"/>	<input type="text"/>

G About your family circumstances

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

- 1 Yes
 2 No

62. What is the employment status of your partner/spouse? (Tick one box)

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

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

- 1 Yes
 2 No
 3 Not Applicable

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

Don't know (Tick box)

Not Applicable (Tick box)

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

Town

State

Don't know (Tick box)

Not Applicable (Tick box)

66. How many dependent children do you have? (If none, write 0 and skip the next two questions)

67. What is the age in years of each dependent child?

Not Applicable (Tick box)

Child 1

Child 2

Child 3

Child 4

Child 5

Child 6

68. 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

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

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

H About you

70. Year of birth

71. Gender

1 Male
2 Female

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

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

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

74. Did you participate in rural placements as part of your basic medical degree?

1 Yes
2 No—Go to question 76

75. Where did you undertake these placements? If applicable please list up to three locations and the TOTAL time spent in each.

	Town	State/Territory (and country if not Australia)	Total time spent in location
Location 1 ...	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	1 <input type="checkbox"/> < 12 weeks 2 <input type="checkbox"/> From 3 to 12 months 3 <input type="checkbox"/> More than 1 university year
Location 2 ...	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	1 <input type="checkbox"/> < 12 weeks 2 <input type="checkbox"/> From 3 to 12 months 3 <input type="checkbox"/> More than 1 university year
Location 3 ...	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>	1 <input type="checkbox"/> < 12 weeks 2 <input type="checkbox"/> From 3 to 12 months 3 <input type="checkbox"/> More than 1 university year

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

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

77. 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

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

- 1 Yes
 2 No
 3 Not Applicable

79. If you completed your medical degree outside 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)

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

- 1 Yes
 2 No
 3 Unsure

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

	Number of qualifications	Names of qualifications
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"/>

82. Do you have a research-based degree from medical school in addition to your primary medical qualification?
 For example: BSc(Med)(Hons), BSc(Hons), MBBS(Hons).

- 1 Yes
 2 No

83. Please indicate how many other health and non-health related qualifications you have obtained in Australia.

No. of qualifications

84. If you are a GP Registrar:

In what year did you start this training program?

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

Are you training in your preferred specialty? (Please write 'yes' or 'no')

Not Applicable (Tick box)

85. 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)

No. of years

No. of months

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

¹ Australian citizen

² Permanent resident

³ Temporary resident

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

General registration

Specialist registration

Provisional registration

Limited registration

Non-practising registration

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

¹ Excellent

² Very good

³ Good

⁴ Fair

⁵ Poor

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

Completely
Dissatisfied

¹

²

³

⁴

⁵

⁶

⁷

⁸

⁹

Completely
Satisfied

¹⁰

90. The statements below refer to 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'.

I see myself as someone who:	Does not apply to me at all							Applies to me perfectly
	1	2	3	4	5	6	7	
Does a thorough 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"/>	7 <input type="checkbox"/>	
Is communicative, talkative	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"/>	
Is sometimes somewhat rude to others	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"/>	
Is original, comes up with new ideas	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"/>	
Worries a lot	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"/>	
Has a forgiving nature	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"/>	
Tends to be lazy	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"/>	
Is outgoing, sociable	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"/>	
Values artistic experiences	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"/>	
Gets nervous easily	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"/>	
Does things effectively and efficiently	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"/>	
Is reserved	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"/>	
Is considerate and kind to others	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"/>	
Has an active imagination	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"/>	
Is relaxed, handles stress well	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"/>	

91. Please answer each of the following questions using a 1 to 7 point scale, where 1 means 'Strongly disagree' and 7 means 'Strongly agree'.

	Strongly disagree							Strongly agree
	1	2	3	4	5	6	7	
I have little control over the things that happen to 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"/>	7 <input type="checkbox"/>	
There is really no way I can solve some of the problems I have	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"/>	
There is little I can do to change many of the important things in my life	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"/>	
I often feel helpless in dealing with the problems of life	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"/>	
Sometimes I feel that I'm being pushed around in life	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"/>	
What happens to me in the future mostly depends on 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"/>	7 <input type="checkbox"/>	
I can do just about anything I really set my mind on doing	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"/>	

92. This question asks about everyday risk-taking in relation to different types of activities.

How likely are you to engage in each of the following activities (with a score of 1 being 'very unlikely' and 5 being 'very likely')?

	Very unlikely					Very likely
	1	2	3	4	5	
Financial risks (e.g. investments with an uncertain outcome)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
Career and professional risks (e.g. publicly challenging your professional colleagues)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
Clinical risks (e.g. recommending a treatment which is new to your usual practice or is controversial)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	

