

Medical Labour Force Survey Victoria, 2005

Registration Number

--	--	--	--	--	--

The information collected in this survey will be used only to compile statistical aggregates for the purpose of national, state and regional workforce planning. Your cooperation in completing this form will greatly contribute to making these statistics accurate and reliable.

Queries regarding this survey can be directed either to the Australian Institute of Health and Welfare on (02) 6244 1154 or to the Department of Human Services (DHS) Service and Workforce Planning Section on (03) 9616 7317. Summary statistics and information on Institute publications are available on the Institute's Internet Home Page at <http://www.aihw.gov.au>

Please return your completed form to the Medical Practitioners Board of Victoria.

1 Sex Male ₁ Female ₂

2 Year of birth

3 Country of birth

Australia <input type="checkbox"/> ₁	UK/Ireland <input type="checkbox"/> ₃	Asia <input type="checkbox"/> ₅
New Zealand <input type="checkbox"/> ₂	Other Europe <input type="checkbox"/> ₄	Other <input type="checkbox"/> ₆

4 Do you identify as being of Aboriginal or Torres Strait Islander origin? Yes ₁ No ₂

5 Are you an Australian citizen? Yes ₁ No ₂

If **No**, do you have permanent resident status in Australia? Yes ₁ No ₂

6 Where do you currently reside? NSW ₁ Vic ₂ Qld ₃ SA ₄ WA ₅

Tas ₆ NT ₇ ACT ₈ Overseas ₉ → **Go to Qn 8**

7 What is the postcode of your place of permanent residence?

8 Is your name on the latest register in another State or Territory? Yes ₁ No ₂

If **Yes**, please tick all of the other States in which you are registered.

NSW <input type="checkbox"/> ₁	Qld <input type="checkbox"/> ₃	SA <input type="checkbox"/> ₄	WA <input type="checkbox"/> ₅
Tas <input type="checkbox"/> ₆	NT <input type="checkbox"/> ₇	ACT <input type="checkbox"/> ₈	

9 What year did you get your initial (basic) qualification in medicine?

10 Where was your initial qualification in medicine obtained?

NSW <input type="checkbox"/> ₁	South Australia <input type="checkbox"/> ₄	UK/Ireland <input type="checkbox"/> ₇
Victoria <input type="checkbox"/> ₂	Western Australia <input type="checkbox"/> ₅	Asia <input type="checkbox"/> ₈
Queensland <input type="checkbox"/> ₃	New Zealand <input type="checkbox"/> ₆	Other (please specify) <input type="checkbox"/> ₉
Tas <input type="checkbox"/> ₁₀	<input type="text" value=""/>	

10a In Victoria, do you have:

General registration? ₁ Specific registration? ₂ Provisional registration? ₃

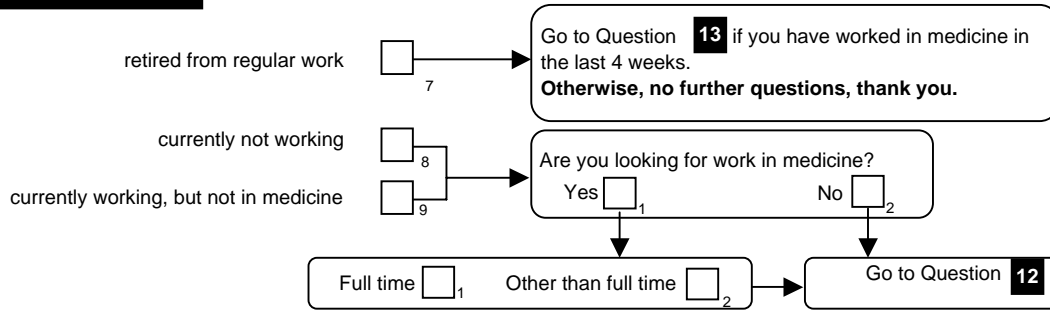
11 Which of the following describes your current work status?

Working in medicine 'Working in medicine' includes the practice of medicine, or work that is principally concerned with the discipline of medicine, e.g. medical research, administration, or teaching of medicine. 'Working in medicine' includes those normally engaged in medicine but currently on leave.

- working **only** in Victoria ₁ → Go to Question **13**
- working **mainly** in other State(s) but **also** working in Victoria ₂ → Go to Question **13** but answer all further questions only in respect of your work in Victoria.
- working **mainly** in Victoria but **also** working in other State(s) ₃
- working **only** in other State(s) ₄ → No further questions, thank you
- working in medicine overseas ₅
- working in Victoria but currently **on leave for three months or longer** (e.g. maternity, study, long service leave) ₆ → Go to Question **13** but answer all further questions only in respect of your work in Vic. **prior to leave.**

Question 11 continues over the page

Not working in medicine



12 Persons not working in medicine

A. Please tick main reason for not working in medicine

Have not yet commenced 1 Change in career 3 Postgraduate study in other field 5
 Retirement from the workforce 2 Family responsibilities 4

Other (please specify) 6

B. Are you planning to enter/re-enter the medical workforce? Yes 1 No 2

C. If yes, please tick the likely time frame for re-entry.

Next 12 months 1 2 to 5 years 2 6 to 10 years 3

If you are NOT working in medicine, no further questions. Thank you.

Please fill in the remainder of the questionnaire with specific reference to your usual working arrangements over the LAST FOUR WEEKS.

13 During the last 4 weeks, how many hours PER WEEK did you work in medical jobs?

(Exclude time spent on travel between work locations, but include travel to home visits or other calls out. Exclude time spent on professional voluntary activities. Please estimate where exact figures are not known.)

Total hours actually worked PER WEEK *(Excluding hours on call not worked. Should be less than 100 hours.)*

Hours PER WEEK in direct contact with patients

Hours on call not worked PER WEEK

14 During the last 4 weeks, how many hours PER WEEK did you work in each field of medicine?

	→	HOURS
<i>(A clinician is mainly involved in clinical practice, i.e. diagnosis and/or treatment including recommending preventive action to patients, including pathologists and radiologists)</i>	→	Clinician <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
<i>(eg, responsible for a hospital Department. Exclude hours doing administration or bookwork relating to being a clinician, teacher, researcher etc)</i>	→	Administrator <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
		Teacher or educator <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
		Researcher <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
		Public health physician <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
		Occupational health physician <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
<i>(Provides medical advice in a legal environment, eg tribunals, coroner)</i>	→	Medico-legal physician <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
Other (please specify) <input style="width: 200px; height: 20px;" type="text"/>		<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
Total hours (Should equal total hours in Question 13)		<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

15

During the last 4 weeks, how many hours PER WEEK did you work in each of the following settings?

(Should equal total hours in Question 13)

(Hours per week in each work setting)

	Publicly operated	Privately operated
Private medical practitioner's rooms or surgery (other than those listed below) ----->	<input type="text"/>	<input type="text"/>
Ambulatory centre, day surgery, community health centre, outpatient clinic, (non-residential health facilities)	<input type="text"/>	<input type="text"/>
24-hour or other medical centre not included above ----->	<input type="text"/>	<input type="text"/>
Aboriginal health service	<input type="text"/>	<input type="text"/>
Hospital (including psychiatric hospital)	<input type="text"/>	<input type="text"/>
Other residential health care facility (e.g. nursing home, hospice)	<input type="text"/>	<input type="text"/>
Tertiary education institution	<input type="text"/>	<input type="text"/>
Defence forces	<input type="text"/>	<input type="text"/>
Government department or agency (e.g. laboratory, research organisation)	<input type="text"/>	<input type="text"/>
Other (please specify) <input type="text"/>	<input type="text"/>	<input type="text"/>

16

What are the three main locations where you have worked over the last 4 weeks?

(Include outreach services.)

	Postcode	Total hours worked in each locality	Locality (Only write down the locality if the postcode is not known.)
First location (suburb, town, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second location (suburb, town, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third location (suburb, town, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>

17

In how many weeks over the last year, did your work include scheduled sessions for patient care?

(Average number of weeks worked per year in direct patient care is an important workforce planning determinant)

18

How many more years do you intend to remain in the medical workforce?

19

What languages other than English do you currently use professionally in patient/client encounters?

None ₁ French ₃ Italian ₅ Mandarin ₇ Cantonese ₉
 German ₂ Greek ₄ Spanish ₆ Vietnamese ₈ Arabic ₁₀
 Other ₁₁ Please specify

20 For practitioners who did some clinical work (even if not your main job): Please complete ONE column most appropriate to your area of clinical practice.

1 GP/primary care practitioner

2 Non-specialist in hospital (salaried)

3 Specialist (includes private & hospital)**

4 Specialist-in-training ** (eg. Registrar)

1. Do you work **mainly** in:

general practice? 1

a special interest area? 2
(please specify)

2. Are you currently:

Vocationally registered (VR)? 1

RACGP fellowship? 2

a GP Registrar 3

other? 4

3. Are you currently working:

as a locum? 1

through a deputising service? 2

as a locum and in a deputising service? 3

as none of these? 4

4. How many primary care medical practitioners work at your main practice location?

1 2 3

4 5 or more

5. In the last 4 weeks, how many hours of clinical work did you do between 6pm - 7am?

1. What is your salaried position?

Intern 1

HMO Yr 1 2

HMO Yr 2 3

HMO Yr 3 4

CMO 5

other hospital medical officer? 6

2. Are you currently:

a GP registrar? 1

a recognised GP? 2

an other GP? 3

other? 4

3. Are you awaiting entry to a specialist training course?

Yes 1 No 2

4. How many years do you expect to be working mainly as a hospital non-specialist?

<1 1 2

3 or more

5. Do you have the right of private practice?

Yes 1 No 2

From the specialty list below please write the codes for your specialist qualifications and the specialties in which you practise:

1. Specialist qualifications:

Code If **Other** specify:

Main

2nd

3rd

2. Specialties in which you practise:

Code If **Other** specify:

Main

2nd

3rd

* A specialist is a person who holds a qualification awarded by, or equivalent to that awarded by, the relevant specialist professional college in Australia.

A specialty is an area of work for which you are qualified for recognition under the Health Insurance Act.

1. Please indicate the specialty in which you are training by writing in the code boxes the corresponding code from the specialty list provided below:

Code If **Other**, specify:

2. In what year do you expect to complete your specialist training?

Specialty and subspecialty areas

Internal medicine

- 01 Cardiology
- 47 Clinical genetics
- 02 Clinical haematology
- 03 Clinical immunology (incl. Allergy)
- 04 Clinical pharmacology
- 05 Endocrinology
- 06 Gastroenterology
- 07 General medicine
- 08 Geriatrics
- 09 Infectious diseases
- 48 Intensive care - internal medicine
- 10 Medical oncology
- 11 Neurology
- 12 Nuclear medicine (incl. ultrasound)
- 13 Paediatric medicine
- 14 Renal medicine
- 50 Respiratory & sleep medicine
- 15 Rheumatology
- 16 Thoracic medicine

Pathology

- 17 General pathology
- 18 Anatomical pathology
- 19 Clinical chemistry
- 20 Cytopathology
- 21 Forensic pathology
- 22 Haematology
- 23 Immunology
- 24 Microbiology

Surgery

- 25 General surgery
- 26 Cardiothoracic surgery
- 27 Neurosurgery
- 28 Orthopaedic surgery
- 42 Otolaryngology
- 29 Paediatric surgery
- 30 Plastic/reconstructive surgery
- 31 Urology
- 32 Vascular surgery

Anaesthesia

- 33 Anaesthesia (excl. intensive care)
- 49 Intensive care - anaesthesia
- 52 Pain medicine
- 53 Palliative care

Radiology

- 35 Diagnostic radiology (incl. ultrasound & nuclear medicine)
- 45 Radiation oncology

Other specialities

- 34 Dermatology
- 36 Emergency medicine
- 38 Medical administration
- 39 Obstetrics and gynaecology (incl. Gynaecological oncology)
- 40 Occupational medicine
- 41 Ophthalmology
- 43 Psychiatry
- 44 Public health medicine
- 46 Rehabilitation medicine
- 51 Oral/maxillo-facial surgery
- 98 Other (not listed above)

Thank you for your time.

Please return the completed questionnaire to the Medical Practitioners Board of Victoria.