

Medical Labour Force Census, 2005, Western Australia

Along with the many other medical practitioners who regularly respond to this census, your cooperation in answering the following questions is needed because accurate information for workforce planning is vital to your profession.

The data is being collected by the Western Australian Department of Health. The Australian Institute of Health and Welfare (AIHW) will amalgamate data from Western Australia with that from all other States and Territories into a national medical labour force profile to be used only for the purposes of national, state and regional planning.

The gathering of this data complies with the Privacy Act 1991.

The confidentiality of the information you provide will be carefully protected and no personal identifying information will be disclosed by the Department. Queries regarding this questionnaire can be directed to the Australian Institute of Health and Welfare on (02) 6244 1154.

You are invited to visit the AIHW web site: www.aihw.gov.au to view reports from previous years.

Please return your completed form to the Medical Board of Western Australia.

NOTE: unless otherwise indicated, please use a black pen to answer the questions and place a cross inside the appropriate box or print clearly where written answers are required

About your registration

1. Where did you obtain your initial qualification in medicine?

Australia (please specify state/territory)

or

Overseas

New Zealand

UK/Ireland

Other (please specify)

2. In which year were you awarded that qualification?

3. Do you have

General registration in Western Australia?

OR

Conditional registration in Western Australia?

4. Sex

Male

Female

5. Year of birth

6. Where do you currently reside?

Australia (please specify state/territory)

or

Overseas (please specify country)

7. Are you of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'yes' boxes)

No

Yes, Aboriginal

Yes, Torres Strait Islander

8. Are you an Australian citizen?

(Please mark one box only)

Yes, Australian citizen

No, permanent resident

No, temporary resident

Your employment

NOTE: for the following questions, 'working in medicine' includes:

The practice of medicine, or work that is principally concerned with the discipline of medicine, eg research, administration or teaching of medicine, in which you:

- worked in Australia for a total of one hour or more **LAST WEEK** in a job or business (including own business) for pay, commission, payment in kind or profit;
- usually work, but away from work on leave, or rostered off.

9. LAST WEEK were you

Working in medicine in Australia? → **Go to Q13**

Working in medicine in Australia but on leave for **less than 3 months**? → **Go to Q12**

Working in medicine in Australia but on leave for **3 months or more**? → **Go to Q12**

Working in medicine overseas? → **Go to Q11**

Not working in medicine? → **Go to Q10**

10. LAST WEEK were you

Working, but not at all in medicine?

Not working at all?

11. LAST WEEK did you take active steps to look for work in medicine in Australia?

(Active steps include: applying for work in medicine, enquiring about a job, answering an advertisement, registering with an employment agency, advertising for work or contacting people in the profession about a job.)

No, not at all

No, because retired from regular work

No, because about to start working in medicine

Yes, looked for full-time work

Yes, looked for part-time work

No further questions

Thank you for your time. Please return this form to the Medical Board of Western Australia.

12. Please continue but answer all further questions only in respect of your usual job(s) in a typical week prior to your current leave, rather than 'LAST WEEK'. → **Go to Q14**

13. When answering the following questions please refer to your working arrangements LAST WEEK.

14. In your job LAST WEEK, did you work

- Only in Western Australia? → **Go to Q16**
- Mainly in Western Australia & also in another state(s)? → **Go to Q15**
- Mainly in another state(s) & also in Western Australia? → **Go to Q15**
- Only in another state(s)? →

There are no further questions ←

Thank you for your time. Please return this form to the **Medical Board of Western Australia.**

15. Have you already completed a form for this 2005 survey?

- Yes → **There are no further questions**
Thank you for your time. Please return this form to the **Medical Board of Western Australia.**
- No → **Go to Q16**

16. At what main locations did you work LAST WEEK and how many hours did you work at each? Include any medical work interstate.

(Please provide up to three main locations – this information will help planning for practitioners in regional areas.)

First location

Postcode

and
Location (suburb/town)

Hours worked in this location

Second location

Postcode

and
Location (suburb/town)

Hours worked in this location

Third location

Postcode

and
Location (suburb/town)

Hours worked in this location

The remaining questions relate to work in Western Australia. If you practised interstate, please answer in respect of your practice(s) in Western Australia only.

17. How many hours did you work in medical jobs LAST WEEK?

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

NB: the working week of medical practitioners averages around 45 hours

Please answer to the nearest hour

- A. Total hours actually worked LAST WEEK**
(excluding hours on call not worked)
- B. Hours LAST WEEK on call not worked**

18. LAST WEEK, how many of the total hours (in 17A above) involved direct contact with patients?

Include hours in scheduled patient sessions & other face-to-face or telephone consultations

Exclude hours on call not worked Hours

19. LAST WEEK, how many hours did you work in each of the following medical fields/roles/occupations?

Please answer to the nearest hour HOURS

Clinician
(during these hours you were involved in clinical practice, ie, diagnosis &/or treatment, including pathologists & radiologists - include hours spent on all aspects of your work as a clinician, eg paperwork, report writing)

Medical administrator
(during these hours you were primarily responsible for overall management of a health unit, health department, hospital, Division etc. - exclude hours doing administration or paperwork related to your work in another medical field/role, eg exclude paperwork relating to being a clinician, teacher, researcher, etc)

Teacher or educator
(during these hours you were primarily responsible for training/educating other health professionals. Exclude time spent on your own continuing education)

Researcher

Public Health Physician
(during these hours you were involved with diseases of public health significance with the aim of preventing/ameliorating public health threats, &/or responsible/involved in public health policy)

Occupational health physician
(during these hours you were involved in/responsible for occupational related health work environment assessment)

Medico-legal physician
(during these hours you were involved in/responsible for providing medical advice in a legal context, eg tribunals, coroner requests, hospital legality)

Other (please specify field/occupation)

TOTAL HOURS LAST WEEK
(should equal total hours recorded in Q17A above.)

20. LAST WEEK, how many HOURS did you work in each of these settings? Please record whether public &/or private.

'Privately operated' includes non-profit organisations

(HOURS across all places worked last week should equal total HOURS in Q17A above.)

	Publicly operated	Privately operated
Private medical practitioners' rooms or surgery (incl. home-based practice, locum activities, phone/email counselling time spent in patients homes; exclude commercial or industrial worksites)	<input type="text"/>	<input type="text"/>
24-hour or other medical centre not included above (incl. after hours service)	<input type="text"/>	<input type="text"/>
Non-clinical office (eg medico-legal office, tribunal meeting rooms, insurance office media/journal office, Division of GP office, etc)	<input type="text"/>	<input type="text"/>
Ambulatory centre, day procedure centre, outpatient clinic (non-residential health facilities)	<input type="text"/>	<input type="text"/>
Aero retrieval service, mobile clinic	<input type="text"/>	<input type="text"/>
Aboriginal health service	<input type="text"/>	<input type="text"/>
Community health centre (youth, women, family planning clinic, non-residential, drug rehab, domiciliary care service)	<input type="text"/>	<input type="text"/>
Hospital (incl. psychiatric hospital emergency depts, radiology units, laboratories and hospital-based research)	<input type="text"/>	<input type="text"/>
Other residential care facility (eg nursing home, hospice, residential drug rehabilitation)	<input type="text"/>	<input type="text"/>
Laboratory or radiology facility (not in a hospital) (incl. Australian Red Cross Blood Service)	<input type="text"/>	<input type="text"/>
Defence force facility	<input type="text"/>	<input type="text"/>
Commercial or industrial organisation	<input type="text"/>	<input type="text"/>
Government department or agency	<input type="text"/>	<input type="text"/>
Educational institution (high school, university, vocational education/training institution)	<input type="text"/>	<input type="text"/>
Other (Please specify) <input type="text"/>	<input type="text"/>	<input type="text"/>

