

# Medical Labour Force Census, New South Wales

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 NSW Department of Health. The Australian Institute of Health and Welfare (AIHW) will amalgamate data from NSW 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 and use of this data complies with State and Federal privacy legislation. Please note that the completion of this survey will be taken as your agreement to the use of your Registration Number for the purpose of recording your registration status and qualifications data and using de-identified data for time series analysis. The confidentiality of the information you provide will be carefully protected and no personal identifying information will be disclosed by the Department.

**Please direct all enquiries regarding this questionnaire to the Workforce Development & Leadership Branch, NSW Health (02) 9391 9486 or fax (02) 9391 9019**

Labour Force Profiles and summary information can be accessed on the NSW Health Department's website at [www.health.nsw.gov.au/pubs](http://www.health.nsw.gov.au/pubs) . Previous Medical labour force reports can be accessed at [www.aihw.gov.au](http://www.aihw.gov.au) .

**Please return your completed form to the NSW Medical Board, PO Box 104, Gladesville, NSW 2111.**

**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 New South Wales?

OR

Conditional registration in New South Wales?

### 4. Sex

Male

Female

### 5. Year of birth

1  9

### 6. What is the postcode and location of your usual residence?

Postcode in Australia

Location in Australia (suburb/town)

Country, if overseas

### 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 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 NSW Medical Board.

### 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 NSW?  → Go to Q16

mainly in NSW & also in another state(s)?  → Go to Q15

mainly in another state(s) & also in NSW?  → Go to Q15

only in another state(s)?

**There are no further questions** ←

*Thank you for your time. Please return this form to the NSW Medical Board.*

15. Have you already completed a form for this 2006 survey?

Yes  → **There are no further questions**  
*Thank you for your time. Please return this form to the NSW Medical Board.*

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 NSW.  
If you practised interstate, please answer in respect of your NSW practice(s) 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*

<i>(HOURS across all places worked last week should equal total HOURS in Q17A above).</i>	Publicly operated	Privately operated
Private medical practitioners' rooms or surgery ..... <input type="text"/>	<input type="text"/>	<input type="text"/>
<i>(incl. home-based practice, locum activities, phone/email counselling time spent in patients homes; exclude commercial or industrial worksites)</i>		
24-hour or other medical centre not included above ..... <input type="text"/>	<input type="text"/>	<input type="text"/>
<i>(incl. after hours service)</i>		
Non-clinical office ..... <input type="text"/>	<input type="text"/>	<input type="text"/>
<i>(eg medico-legal office, tribunal meeting rooms, insurance office media/journal office, Division of GP office, etc)</i>		
Ambulatory centre, day procedure centre, outpatient clinic (non-residential health facilities) ..... <input type="text"/>	<input type="text"/>	<input type="text"/>
Aero retrieval service, mobile clinic ..... <input type="text"/>	<input type="text"/>	<input type="text"/>
Aboriginal health service ..... <input type="text"/>	<input type="text"/>	<input type="text"/>
Community health centre ..... <input type="text"/>	<input type="text"/>	<input type="text"/>
<i>(youth, women, family planning clinic, non-residential, drug rehab, domiciliary care service)</i>		
Hospital ..... <input type="text"/>	<input type="text"/>	<input type="text"/>
<i>(incl. psychiatric hospital emergency depts, radiology units, laboratories and hospital-based research)</i>		
Other residential care facility ..... <input type="text"/>	<input type="text"/>	<input type="text"/>
<i>(eg residential aged care centre, hospice, residential drug rehabilitation)</i>		
Laboratory or radiology facility (not in a hospital) (incl. Australian Red Cross Blood Service) ..... <input type="text"/>	<input type="text"/>	<input type="text"/>
Defence force facility ..... <input type="text"/>	<input type="text"/>	<input type="text"/>
Commercial/industry/business ..... <input type="text"/>	<input type="text"/>	<input type="text"/>
Government department or agency ..... <input type="text"/>	<input type="text"/>	<input type="text"/>
Educational institution ..... <input type="text"/>	<input type="text"/>	<input type="text"/>
<i>(high school, university, vocational education/training institution)</i>		
Other (Please specify) ..... <input type="text"/>	<input type="text"/>	<input type="text"/>

21. In the last year, how many weeks did your medical work in NSW involve scheduled sessions for patient care?

Number of weeks

No scheduled sessions for patient care

22. In your work LAST WEEK, did you practise at all as a:

(Please mark one box only. If you worked in more than one clinical capacity, select the one in which you spent most time last week).

GP/primary care practitioner?  → Go to Q28

Specialist (incl. private rooms & hospitals)?  → Go to Q32

(A specialist holds a qualification awarded by, or equivalent to that awarded by, the relevant specialist professional college in Australia)

specialist-in-training?  → Go to Q26

hospital non-specialist (salaried)?  → Go to Q23

none of the above?

There are no further questions.

Thank you for your time.

Please return this form to the NSW Medical Board.

23. Answer questions 23 to 25 if you were engaged in any clinical work last week (in NSW) and this was (mainly) as a HOSPITAL NON-SPECIALIST

What is your salaried position? Intern   
RMO Yr 1   
RMO Yr 2   
RMO Yr 3   
CMO/HMO   
Other hospital medical officer

24. Are you currently: an RACGP trainee?   
a recognised GP?   
an other GP?   
(eg a GP without a Medicare Provider Number)  
other?

25. Have you applied for entry to a specialist training course? Yes   
No

There are no further questions for hospital non-specialists.

Thank you for your time.

Please return this form to the NSW Medical Board

26. Answer the following questions if you were engaged in any clinical work last week (in NSW) and this was (mainly) TRAINING to be a SPECIALIST

In which year do you expect to complete your specialist training? Year  2  0

27. Which of the categories in Q36 (see next page) best describes the medical field in which you are training to be a specialist? ▼

Go to Q36 on the next page

AND

mark the 'Study field' column against the category which describes the specialty in which you will be recognised/hold qualifications at the end of your current training.

Please ignore all other columns. → Go to Q36

28. Answer questions 28 to 32 if you were engaged in any clinical work last week (in NSW) and this was (mainly) as a GP/PRIMARY CARE PRACTITIONER (or GP TRAINEE)

Did you work in a special interest area?

No

Yes (please specify)

28a. LAST WEEK, how many hours did you work in this special interest area?

Hours

29. Are you currently:

(Please mark one box only)

vocationally registered (VR)?

an RACGP trainee?

other?

30. LAST WEEK did you work:

(Please mark one box only)

as a locum?

through a deputising service?

as a locum and in a deputising service?

as none of these?

31. Including yourself, how many primary care medical practitioners work at your main practice location?

1  3

2  4

5 or more

32. LAST WEEK, how many hours did you work as a:

Hours

VMO?

Staff specialist?

If you are a GP/primary care practitioner (or GP trainee), there are no further questions.

→ Thank you for your time.

Please return this form to the NSW Medical Board.

If you are a specialist, please go to Q33

33. Answer the following questions if you were engaged in any clinical work last week (in NSW) and this was (mainly) as a PRACTISING SPECIALIST

Which of the categories in Q34 and Q35 (see next page) best describe the medical specialty(ies) in which you practise and the field(s) in which you hold specialist qualification(s)? ▼

Go to Q34 & Q35 on the next page AND

In Q34 mark the medical field(s) in which you currently engage in specialty practise.

THEN

In Q35 mark the medical field(s) in which you hold recognised specialist qualifications

→ Go to Q34 and Q35

**34. Specialists:** mark *one* box only, in up to *three* applicable column(s)

	Specialty field(s) in which you practise		
	Main field	2 <sup>nd</sup> field	3 <sup>rd</sup> field
<b>Internal medicine</b>			
Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical genetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical haematology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical immunology (incl. allergy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical pharmacology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrinology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geriatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive care – internal medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear medicine (incl. ultrasound)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory & sleep medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pathology</b>			
General pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anatomical pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical chemistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cytopathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forensic pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haematology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microbiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Radiology</b>			
Diagnostic radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(incl. ultrasound & nuclear medicine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Surgery</b>			
General surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiothoracic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurosurgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral/maxillo-facial surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopaedic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otolaryngology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic/reconstructive surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Anaesthesia</b>			
Anaesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive care - anaesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Psychiatry</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Obstetrics and gynaecology</b> ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Obstetrics only</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Gynaecology only</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emergency medicine</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dermatology</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rehabilitation medicine</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Public health medicine</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Occupational medicine</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical administration</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (Please specify)</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**35. Specialists:** mark *one* box only, in up to *three* applicable column(s)

	Field(s) of your specialist qualification(s)		
	Main field	2 <sup>nd</sup> field	3 <sup>rd</sup> field
<b>Internal medicine</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pathology</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Radiology</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Surgery</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Anaesthesia</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**36. Specialist- in-training:** mark *one* box only in the column below

Specialty field of current training	'Study field'
<b>Internal medicine</b>	<input type="checkbox"/>
<b>Pathology</b>	<input type="checkbox"/>
<b>Radiology</b>	<input type="checkbox"/>
<b>Surgery</b>	<input type="checkbox"/>
<b>Anaesthesia</b>	<input type="checkbox"/>

**All Specialists:**  **Go to Q35**

**There are no more questions. Thank you for your time.**  
Please return this form to the NSW Medical Board.