

MEDICAL LABOURFORCE SURVEY - QUEENSLAND 2006

Information from this survey will be supplied to both the Workforce Analysis and Research Unit and the Client Services Unit within Queensland Health, Queensland's Office of Health Practitioner Registration Boards, and the Australian Institute of Health and Welfare.

The information may be used by these organisations to assist with workforce planning at both the national and state level. To maintain individual confidentiality, any information from the survey released or published by these organisations will be in aggregate form only and will not contain identifying information.

While the Board facilitates the distribution of the survey, it does not form part of your application for renewal of registration.

If there are any queries regarding the completion of this survey, please write to Data Services Unit, Health Information Centre, Queensland Health, GPO Box 48, Brisbane, Queensland, 4001 or phone (07) 3234 0726.

Please complete this survey even if your circumstances have not changed since last year. Please tick the boxes and/or write responses, where appropriate, in the space provided.

1A Is your name on the latest medical register in another State or Territory?

Yes 1 No 2

If yes, please specify the States of registration by ticking all appropriate boxes.

NSW 1 VIC 2 SA 4 WA 5 TAS 6 NT 7 ACT 8

1B Where do you currently reside?

NSW 1 VIC 2 QLD 3 SA 4 WA 5 TAS 6 NT 7 ACT 8

Other Territories 9 Overseas 10

2A Are you an Australian citizen? Yes 1 No 2

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

2B Are you of Aboriginal or Torres Strait Islander origin?

If of both Aboriginal and Torres Strait Islander origin, tick both boxes.

No 1 Yes, Aboriginal 2 Yes, Torres Strait Islander 3

3 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 the teaching of medicine), in which you:

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

Working in medicine Please tick one box only

In your job LAST WEEK, did you work:

- Only** in Qld 1
- Mainly** in Qld but **also** working in other State(s)/Territories 2
- Mainly** in other State(s)/Territories but **also** working in Qld 3
- Only in State(s)/Territories **other than Qld** 4
- In Qld but on leave for **three months or longer** e.g. maternity, study, long service leave 5
- Working in medicine overseas 6

Not working in medicine LAST WEEK, were you:

- Retired 7
- Not working 8
- Working, but not in medicine 9

4 LAST WEEK did you take active steps to look for work in medicine in Australia? Yes 1 No 2

If yes, Either full or part-time 1 Full-time 2 Part-time 3

Note: Full-time: 35 hours or more per week Part-time: less than 35 hours per week

Please complete the remainder of the questionnaire with specific reference to **LAST WEEK** in your Queensland job(s). If you have more than one job in the field of medicine indicate the main, 2nd and 3rd job in descending order of hours worked LAST WEEK.

5A Do you intend to leave Queensland to work interstate or overseas within the next 12 months? Yes 1 No 2

5B Did you come from overseas or interstate to work in Queensland during the previous 12 months? Yes 1 No 2

5C LAST WEEK, in which field of medicine did you work? If you worked in more than one job in the field of medicine, please indicate a field for each position.

Please tick one box in each column only

	Main Job	2nd Job	3rd Job
• Clinician	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
• Administrator	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
• Teacher/Educator	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
• Researcher	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
• Public Health Physician	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
• Occupational Health Physician	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
• Other (Please specify)	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7

Note: A clinician is a person mainly involved in the area of clinical practice, i.e. diagnosis and/or treatment, including recommending preventative action to patients

6 Please tick the box which best describes the employment setting of the position(s), job(s) or practice(s) LAST WEEK

	Main Job		2nd Job		3rd Job	
	Public	Private	Public	Private	Public	Private
• Private medical practitioner's rooms/surgery	<input type="checkbox"/>	<input type="checkbox"/> 01	<input type="checkbox"/>	<input type="checkbox"/> 01	<input type="checkbox"/>	<input type="checkbox"/> 01
• 24 hour or other medical centre	<input type="checkbox"/>	<input type="checkbox"/> 02	<input type="checkbox"/>	<input type="checkbox"/> 02	<input type="checkbox"/>	<input type="checkbox"/> 02
• Ambulatory centre, day surgery, community health centre, outpatient clinic (non-residential health facilities)	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 03	<input type="checkbox"/> 04
• Aboriginal health services (non-residential)	<input type="checkbox"/>	<input type="checkbox"/> 05	<input type="checkbox"/>	<input type="checkbox"/> 06	<input type="checkbox"/>	<input type="checkbox"/> 06
• Hospital (incl. psychiatric hospital)	<input type="checkbox"/>	<input type="checkbox"/> 07	<input type="checkbox"/>	<input type="checkbox"/> 08	<input type="checkbox"/>	<input type="checkbox"/> 08
• Other residential health care facility (e.g. nursing home, hospice)	<input type="checkbox"/>	<input type="checkbox"/> 09	<input type="checkbox"/>	<input type="checkbox"/> 10	<input type="checkbox"/>	<input type="checkbox"/> 10
• Tertiary educational institution	<input type="checkbox"/>	<input type="checkbox"/> 11	<input type="checkbox"/>	<input type="checkbox"/> 12	<input type="checkbox"/>	<input type="checkbox"/> 12
• Defence Forces	<input type="checkbox"/>	<input type="checkbox"/> 13	<input type="checkbox"/>	<input type="checkbox"/> 13	<input type="checkbox"/>	<input type="checkbox"/> 13
• Government department or agency (eg. Laboratory, research organisation etc)	<input type="checkbox"/>	<input type="checkbox"/> 14	<input type="checkbox"/>	<input type="checkbox"/> 14	<input type="checkbox"/>	<input type="checkbox"/> 14
• Other (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/> 15	<input type="checkbox"/>	<input type="checkbox"/> 16	<input type="checkbox"/>	<input type="checkbox"/> 16

7 What main locations did you work LAST WEEK, as indicated in Q's 5 and 6

	Main Job	2nd Job	3rd Job
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town	<input type="text"/>	<input type="text"/>	<input type="text"/>

8 Please indicate how many hours worked LAST WEEK. For hours worked exclude the time spent on travel between work locations (except to home visit or other callouts) and exclude unpaid professional and/or voluntary activities. Indicate the main and 2nd and 3rd job in descending order of hours worked LAST WEEK.

	Main Job	2nd Job	3rd Job
Hours per week			
Total Hours excluding hours on call not worked	<input type="text"/>	<input type="text"/>	<input type="text"/>
Direct patient care hours (including hours in scheduled patient sessions and other face to face or telephone consultations)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hours on call not worked	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Hours
excluding hours on call not worked

Direct patient care hours (including hours in scheduled patient sessions and other face to face or telephone consultations)

Hours on call not worked

Only complete question 9 if you have indicated that you are a Clinician in Question 5 or you are training in a specialty - otherwise go to Question 10.

9 In your work LAST WEEK, please indicate the area in which you primarily practise (tick one box only).

- 1 Go to Question 9A
- 2 Go to Question 9B
- 3 Go to Question 9C
- 4 Go to Question 9D

Note: A Specialist is a person who holds a specialist qualification which is awarded by or equates (as determined by NSQAC) 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.

9A (Applicable if your clinical work LAST WEEK was mainly as a GP/primary care practitioner).

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

General Practice 1 a specialty interest area 2

Please specify

2. Are you currently: Vocationally registered (VR) 1
An RACGP trainee 2
Other 3

3. Are you currently: Working as a locum 1 or both 3
Working through a deputising service 2
Neither of the above 4

4. How many primary care doctors work at your main practice?

Go to Question 10

9B (Applicable if your clinical work LAST WEEK was mainly as a Non-specialist – hospitals only).

1. What is your salaried position: Intern 1 RMO Yr3 4
RMO Yr1 2 Other Hospital 5
RMO Yr2 3 medical officer 6

2. Are you currently: A GP trainee 1 An other GP 3
A recognised GP 2 other? 4

3. Are you awaiting entry to a specialist training courses? Yes 1 No 2

4. How many years do you expect to be working mainly as a hospital non-specialist? <1 1 2 3
1 2 3 or more 4

5. Do you have the right of private practice? Yes 1 No 2

Go to Question 10

9C (Applicable if your clinical work LAST WEEK was mainly as a Specialist).

1. Please indicate the field of your **specialist qualification(s)** by writing in the boxes below the corresponding codes from the attached specialty list.

1. if other specify

2. if other specify

3. if other specify

2. Please indicate the field(s) of the **specialty in which you practice**.

1. if other specify

2. if other specify

3. if other specify

Go to Question 10

9D (Applicable if your clinical work LAST WEEK was mainly as a Specialist in training).

1. Please indicate the specialty in which you are training by writing in this box the corresponding code from the attached specialty list.

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

Go to Question 10

10 In the last year, how many weeks did your work involve scheduled sessions for patient care? (Average number of weeks worked per year in direct patient care is an important workforce planning determinant).

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

12 I consent to the Queensland Rural Medical Support Agency having access to the information supplied on this survey. Yes 1 No 2

13 PLEASE COMPLETE THE FOLLOWING DETAILS

REGISTRATION NUMBER

DATE OF BIRTH

SEX

COUNTRY OF BIRTH

YEAR FIRST MEDICAL QUALIFICATION GAINED

STATE/COUNTRY WHERE FIRST MEDICAL QUALIFICATION GAINED

YEAR FIRST REGISTERED IN AUSTRALIA

QUALIFICATIONS GAINED RELATED TO MEDICINE

END OF QUESTIONNAIRE