

# Medical Labour Force Census, 2006, Tasmania

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 Tasmanian Department of Health and Human Services. The Australian Institute of Health and Welfare (AIHW) will amalgamate data from Tasmania 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](http://www.aihw.gov.au) to view reports from previous years.

**Please return your completed form to the Medical Council of Tasmania.**

*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  <sub>1</sub> (please specify state/territory)

or

Overseas  <sub>2</sub>

New Zealand  <sub>1</sub>

UK/Ireland  <sub>2</sub>

Other (please specify)  <sub>3</sub>

**2. In which year were you awarded that qualification?**

**3. Do you have**

General registration in Tasmania?  <sub>1</sub>

OR

Conditional registration in Tasmania?  <sub>2</sub>

**4. Sex**

Male  <sub>1</sub>

Female  <sub>2</sub>

**5. Year of birth**

**6. Where do you currently reside?**

Australia  <sub>1</sub> (please specify state/territory)

or

Overseas  <sub>2</sub> (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  <sub>1</sub>

Yes, Aboriginal  <sub>2</sub>

Yes, Torres Strait Islander  <sub>3</sub>

**8. Are you an Australian citizen?**

(Please mark one box only)

Yes, Australian citizen  <sub>1</sub>

No, permanent resident  <sub>2</sub>

No, temporary resident  <sub>3</sub>

## 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?  <sub>1</sub> → **Go to Q13**
- Working in medicine in Australia but on leave for **less than 3 months**?  <sub>2</sub> → **Go to Q12**
- Working in medicine in Australia but on leave for **3 months or more**?  <sub>3</sub> → **Go to Q12**
- Working in medicine overseas?  <sub>4</sub> → **Go to Q11**
- Not working in medicine?  <sub>5</sub> → **Go to Q10**

**10. LAST WEEK were you**

- Working, but not at all in medicine?  <sub>1</sub>
- Not working at all?  <sub>2</sub>

**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  <sub>1</sub>
- No, because retired from regular work  <sub>2</sub>
- No, because about to start working in medicine  <sub>3</sub>
- Yes, looked for full-time work  <sub>4</sub>
- Yes, looked for part-time work  <sub>5</sub>

**No further questions**

Thank you for your time.

Please return this form to the **Medical Council of Tasmania.**

**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 Tasmania?  1 → **Go to Q16**

Mainly in Tasmania & also in another state(s)?  2 → **Go to Q15**

Mainly in another state(s) & also in Tasmania?  3 → **Go to Q15**

Only in another state(s)?  4

**There are no further questions**

Thank you for your time. Please return this form to the **Medical Council of Tasmania.**

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

Yes  1 → **There are no further questions**  
Thank you for your time. Please return this form to the **Medical Council of Tasmania.**

No  2 → **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 Tasmania.**

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

24-hour or other medical centre not included above   
(incl. after hours service)

Non-clinical office   
(eg medico-legal office, tribunal meeting rooms, insurance office media/journal office, Division of GP office, etc)

Ambulatory centre, day procedure centre, outpatient clinic (non-residential health facilities)

Aero retrieval service, mobile clinic

Aboriginal health service

Community health centre   
(youth, women, family planning clinic, non-residential, drug rehab, domiciliary care service)

Hospital   
(incl. psychiatric hospital emergency depts, radiology units, laboratories and hospital-based research)

Other residential care facility   
(eg residential aged care centre, hospice, residential drug rehabilitation)

Laboratory or radiology facility (not in a hospital) (incl Australian Red Cross Blood Service)

Defence force facility

Commercial/industry/business

Government department or agency

Educational institution   
(high school, university, vocational education/training institution)

Other (Please specify)

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

Number of weeks

No scheduled sessions for patient care  98

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?  1 → **Go to Q28**

Specialist (incl. private rooms & hospitals)?  2 → **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?  3 → **Go to Q26**

hospital non-specialist (salaried)?  4 → **Go to Q23**

none of the above?  5

There are no further questions.

Thank you for your time.

Please return this form to the Medical Council of Tasmania.

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

What is your salaried position?

Intern  1

RMO Yr 1  2

RMO Yr 2  3

RMO Yr 3  4

CMO/HMO  5

Other hospital medical officer  6

24. Are you currently:

an RACGP trainee?  1

a recognised GP?  2

an other GP?  3

(eg a GP without a Medicare Provider Number)

other?  4

25. Have you applied for entry to a specialist training course?

Yes  1

No  2

There are no further questions for hospital non-specialists.

Thank you for your time.

Please return this form to the Medical Council of Tasmania

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

Year

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

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 Tasmania) and this was (mainly) as a **GP/PRIMARY CARE PRACTITIONER (or GP TRAINEE)**

Did you work in a special interest area?

No  1

Yes (please specify)  2

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)?  1

an RACGP trainee?  2

other?  3

30. LAST WEEK did you work:

(Please mark one box only)

as a locum?  1

through a deputising service?  2

as a locum and in a deputising service?  3

as none of these?  4

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

one  1 three  3

two  2 four  4

five or more  5

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 Medical Council of Tasmania

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 Tasmania) 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"/> 1 .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 1
Clinical genetics	<input type="checkbox"/> 47 .....	<input type="checkbox"/> 47 .....	<input type="checkbox"/> 47
Clinical haematology	<input type="checkbox"/> 2 .....	<input type="checkbox"/> 2 .....	<input type="checkbox"/> 2
Clinical immunology (incl. allergy)	<input type="checkbox"/> 3 .....	<input type="checkbox"/> 3 .....	<input type="checkbox"/> 3
Clinical pharmacology	<input type="checkbox"/> 4 .....	<input type="checkbox"/> 4 .....	<input type="checkbox"/> 4
Endocrinology	<input type="checkbox"/> 5 .....	<input type="checkbox"/> 5 .....	<input type="checkbox"/> 5
Gastroenterology	<input type="checkbox"/> 6 .....	<input type="checkbox"/> 6 .....	<input type="checkbox"/> 6
General Medicine	<input type="checkbox"/> 7 .....	<input type="checkbox"/> 7 .....	<input type="checkbox"/> 7
Geriatrics	<input type="checkbox"/> 8 .....	<input type="checkbox"/> 8 .....	<input type="checkbox"/> 8
Infectious diseases	<input type="checkbox"/> 9 .....	<input type="checkbox"/> 9 .....	<input type="checkbox"/> 9
Intensive care – internal medicine	<input type="checkbox"/> 48 .....	<input type="checkbox"/> 48 .....	<input type="checkbox"/> 48
Medical oncology	<input type="checkbox"/> 10 .....	<input type="checkbox"/> 10 .....	<input type="checkbox"/> 10
Neurology	<input type="checkbox"/> 11 .....	<input type="checkbox"/> 11 .....	<input type="checkbox"/> 11
Nuclear medicine (incl. ultrasound)	<input type="checkbox"/> 12 .....	<input type="checkbox"/> 12 .....	<input type="checkbox"/> 12
Paediatric medicine	<input type="checkbox"/> 13 .....	<input type="checkbox"/> 13 .....	<input type="checkbox"/> 13
Renal medicine	<input type="checkbox"/> 14 .....	<input type="checkbox"/> 14 .....	<input type="checkbox"/> 14
Rheumatology	<input type="checkbox"/> 15 .....	<input type="checkbox"/> 15 .....	<input type="checkbox"/> 15
Respiratory & sleep medicine	<input type="checkbox"/> 55 .....	<input type="checkbox"/> 55 .....	<input type="checkbox"/> 55
Thoracic medicine	<input type="checkbox"/> 16 .....	<input type="checkbox"/> 16 .....	<input type="checkbox"/> 16
<b>Pathology</b>			
General pathology	<input type="checkbox"/> 17 .....	<input type="checkbox"/> 17 .....	<input type="checkbox"/> 17
Anatomical pathology	<input type="checkbox"/> 18 .....	<input type="checkbox"/> 18 .....	<input type="checkbox"/> 18
Clinical chemistry	<input type="checkbox"/> 19 .....	<input type="checkbox"/> 19 .....	<input type="checkbox"/> 19
Cytopathology	<input type="checkbox"/> 20 .....	<input type="checkbox"/> 20 .....	<input type="checkbox"/> 20
Forensic pathology	<input type="checkbox"/> 21 .....	<input type="checkbox"/> 21 .....	<input type="checkbox"/> 21
Haematology	<input type="checkbox"/> 22 .....	<input type="checkbox"/> 22 .....	<input type="checkbox"/> 22
Immunology	<input type="checkbox"/> 23 .....	<input type="checkbox"/> 23 .....	<input type="checkbox"/> 23
Microbiology	<input type="checkbox"/> 24 .....	<input type="checkbox"/> 24 .....	<input type="checkbox"/> 24
<b>Radiology</b> (incl. ultrasound & nuclear medicine)			
Diagnostic radiology	<input type="checkbox"/> 35 .....	<input type="checkbox"/> 35 .....	<input type="checkbox"/> 35
Radiation oncology	<input type="checkbox"/> 45 .....	<input type="checkbox"/> 45 .....	<input type="checkbox"/> 45
<b>Surgery</b>			
General surgery	<input type="checkbox"/> 25 .....	<input type="checkbox"/> 25 .....	<input type="checkbox"/> 25
Cardiothoracic surgery	<input type="checkbox"/> 26 .....	<input type="checkbox"/> 26 .....	<input type="checkbox"/> 26
Neurosurgery	<input type="checkbox"/> 27 .....	<input type="checkbox"/> 27 .....	<input type="checkbox"/> 27
Ophthalmology	<input type="checkbox"/> 41 .....	<input type="checkbox"/> 41 .....	<input type="checkbox"/> 41
Oral/maxillo-facial surgery	<input type="checkbox"/> 51 .....	<input type="checkbox"/> 51 .....	<input type="checkbox"/> 51
Orthopaedic surgery	<input type="checkbox"/> 28 .....	<input type="checkbox"/> 28 .....	<input type="checkbox"/> 28
Otolaryngology	<input type="checkbox"/> 42 .....	<input type="checkbox"/> 42 .....	<input type="checkbox"/> 42
Paediatric surgery	<input type="checkbox"/> 29 .....	<input type="checkbox"/> 29 .....	<input type="checkbox"/> 29
Plastic/reconstructive surgery	<input type="checkbox"/> 30 .....	<input type="checkbox"/> 30 .....	<input type="checkbox"/> 30
Urology	<input type="checkbox"/> 31 .....	<input type="checkbox"/> 31 .....	<input type="checkbox"/> 31
Vascular surgery	<input type="checkbox"/> 32 .....	<input type="checkbox"/> 32 .....	<input type="checkbox"/> 32
Other surgery	<input type="checkbox"/> 52 .....	<input type="checkbox"/> 52 .....	<input type="checkbox"/> 52
<b>Anaesthesia</b>			
Anaesthesia	<input type="checkbox"/> 50 .....	<input type="checkbox"/> 50 .....	<input type="checkbox"/> 50
Intensive care - anaesthesia	<input type="checkbox"/> 49 .....	<input type="checkbox"/> 49 .....	<input type="checkbox"/> 49
Pain medicine	<input type="checkbox"/> 53 .....	<input type="checkbox"/> 53 .....	<input type="checkbox"/> 53
Palliative care	<input type="checkbox"/> 54 .....	<input type="checkbox"/> 54 .....	<input type="checkbox"/> 54
<b>Psychiatry</b> .....	<input type="checkbox"/> 43 .....	<input type="checkbox"/> 43 .....	<input type="checkbox"/> 43
<b>Obstetrics and gynaecology</b> .....	<input type="checkbox"/> 39 .....	<input type="checkbox"/> 39 .....	<input type="checkbox"/> 39
<b>Obstetrics only</b> .....	<input type="checkbox"/> 56 .....	<input type="checkbox"/> 56 .....	<input type="checkbox"/> 56
<b>Gynaecology only</b> .....	<input type="checkbox"/> 57 .....	<input type="checkbox"/> 57 .....	<input type="checkbox"/> 57
<b>Emergency medicine</b> .....	<input type="checkbox"/> 36 .....	<input type="checkbox"/> 36 .....	<input type="checkbox"/> 36
<b>Dermatology</b> .....	<input type="checkbox"/> 34 .....	<input type="checkbox"/> 34 .....	<input type="checkbox"/> 34
<b>Rehabilitation medicine</b> .....	<input type="checkbox"/> 46 .....	<input type="checkbox"/> 46 .....	<input type="checkbox"/> 46
<b>Public health medicine</b> .....	<input type="checkbox"/> 44 .....	<input type="checkbox"/> 44 .....	<input type="checkbox"/> 44
<b>Occupational medicine</b> .....	<input type="checkbox"/> 40 .....	<input type="checkbox"/> 40 .....	<input type="checkbox"/> 40
<b>Medical administration</b> .....	<input type="checkbox"/> 38 .....	<input type="checkbox"/> 38 .....	<input type="checkbox"/> 38
<b>Other (Please specify)</b> .....	<input type="checkbox"/> 98 .....	<input type="checkbox"/> 98 .....	<input type="checkbox"/> 98

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

**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>			
1 .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 1
47 .....	<input type="checkbox"/> 47 .....	<input type="checkbox"/> 47 .....	<input type="checkbox"/> 47
2 .....	<input type="checkbox"/> 2 .....	<input type="checkbox"/> 2 .....	<input type="checkbox"/> 2
3 .....	<input type="checkbox"/> 3 .....	<input type="checkbox"/> 3 .....	<input type="checkbox"/> 3
4 .....	<input type="checkbox"/> 4 .....	<input type="checkbox"/> 4 .....	<input type="checkbox"/> 4
5 .....	<input type="checkbox"/> 5 .....	<input type="checkbox"/> 5 .....	<input type="checkbox"/> 5
6 .....	<input type="checkbox"/> 6 .....	<input type="checkbox"/> 6 .....	<input type="checkbox"/> 6
7 .....	<input type="checkbox"/> 7 .....	<input type="checkbox"/> 7 .....	<input type="checkbox"/> 7
8 .....	<input type="checkbox"/> 8 .....	<input type="checkbox"/> 8 .....	<input type="checkbox"/> 8
9 .....	<input type="checkbox"/> 9 .....	<input type="checkbox"/> 9 .....	<input type="checkbox"/> 9
48 .....	<input type="checkbox"/> 48 .....	<input type="checkbox"/> 48 .....	<input type="checkbox"/> 48
10 .....	<input type="checkbox"/> 10 .....	<input type="checkbox"/> 10 .....	<input type="checkbox"/> 10
11 .....	<input type="checkbox"/> 11 .....	<input type="checkbox"/> 11 .....	<input type="checkbox"/> 11
12 .....	<input type="checkbox"/> 12 .....	<input type="checkbox"/> 12 .....	<input type="checkbox"/> 12
13 .....	<input type="checkbox"/> 13 .....	<input type="checkbox"/> 13 .....	<input type="checkbox"/> 13
14 .....	<input type="checkbox"/> 14 .....	<input type="checkbox"/> 14 .....	<input type="checkbox"/> 14
15 .....	<input type="checkbox"/> 15 .....	<input type="checkbox"/> 15 .....	<input type="checkbox"/> 15
55 .....	<input type="checkbox"/> 55 .....	<input type="checkbox"/> 55 .....	<input type="checkbox"/> 55
16 .....	<input type="checkbox"/> 16 .....	<input type="checkbox"/> 16 .....	<input type="checkbox"/> 16
<b>Pathology</b>			
17 .....	<input type="checkbox"/> 17 .....	<input type="checkbox"/> 17 .....	<input type="checkbox"/> 17
18 .....	<input type="checkbox"/> 18 .....	<input type="checkbox"/> 18 .....	<input type="checkbox"/> 18
19 .....	<input type="checkbox"/> 19 .....	<input type="checkbox"/> 19 .....	<input type="checkbox"/> 19
20 .....	<input type="checkbox"/> 20 .....	<input type="checkbox"/> 20 .....	<input type="checkbox"/> 20
21 .....	<input type="checkbox"/> 21 .....	<input type="checkbox"/> 21 .....	<input type="checkbox"/> 21
22 .....	<input type="checkbox"/> 22 .....	<input type="checkbox"/> 22 .....	<input type="checkbox"/> 22
23 .....	<input type="checkbox"/> 23 .....	<input type="checkbox"/> 23 .....	<input type="checkbox"/> 23
24 .....	<input type="checkbox"/> 24 .....	<input type="checkbox"/> 24 .....	<input type="checkbox"/> 24
<b>Radiology</b>			
35 .....	<input type="checkbox"/> 35 .....	<input type="checkbox"/> 35 .....	<input type="checkbox"/> 35
45 .....	<input type="checkbox"/> 45 .....	<input type="checkbox"/> 45 .....	<input type="checkbox"/> 45
<b>Surgery</b>			
25 .....	<input type="checkbox"/> 25 .....	<input type="checkbox"/> 25 .....	<input type="checkbox"/> 25
26 .....	<input type="checkbox"/> 26 .....	<input type="checkbox"/> 26 .....	<input type="checkbox"/> 26
27 .....	<input type="checkbox"/> 27 .....	<input type="checkbox"/> 27 .....	<input type="checkbox"/> 27
41 .....	<input type="checkbox"/> 41 .....	<input type="checkbox"/> 41 .....	<input type="checkbox"/> 41
51 .....	<input type="checkbox"/> 51 .....	<input type="checkbox"/> 51 .....	<input type="checkbox"/> 51
28 .....	<input type="checkbox"/> 28 .....	<input type="checkbox"/> 28 .....	<input type="checkbox"/> 28
42 .....	<input type="checkbox"/> 42 .....	<input type="checkbox"/> 42 .....	<input type="checkbox"/> 42
29 .....	<input type="checkbox"/> 29 .....	<input type="checkbox"/> 29 .....	<input type="checkbox"/> 29
30 .....	<input type="checkbox"/> 30 .....	<input type="checkbox"/> 30 .....	<input type="checkbox"/> 30
31 .....	<input type="checkbox"/> 31 .....	<input type="checkbox"/> 31 .....	<input type="checkbox"/> 31
32 .....	<input type="checkbox"/> 32 .....	<input type="checkbox"/> 32 .....	<input type="checkbox"/> 32
52 .....	<input type="checkbox"/> 52 .....	<input type="checkbox"/> 52 .....	<input type="checkbox"/> 52
<b>Anaesthesia</b>			
50 .....	<input type="checkbox"/> 50 .....	<input type="checkbox"/> 50 .....	<input type="checkbox"/> 50
49 .....	<input type="checkbox"/> 49 .....	<input type="checkbox"/> 49 .....	<input type="checkbox"/> 49
53 .....	<input type="checkbox"/> 53 .....	<input type="checkbox"/> 53 .....	<input type="checkbox"/> 53
54 .....	<input type="checkbox"/> 54 .....	<input type="checkbox"/> 54 .....	<input type="checkbox"/> 54
43 .....	<input type="checkbox"/> 43 .....	<input type="checkbox"/> 43 .....	<input type="checkbox"/> 43
39 .....	<input type="checkbox"/> 39 .....	<input type="checkbox"/> 39 .....	<input type="checkbox"/> 39
36 .....	<input type="checkbox"/> 36 .....	<input type="checkbox"/> 36 .....	<input type="checkbox"/> 36
34 .....	<input type="checkbox"/> 34 .....	<input type="checkbox"/> 34 .....	<input type="checkbox"/> 34
46 .....	<input type="checkbox"/> 46 .....	<input type="checkbox"/> 46 .....	<input type="checkbox"/> 46
44 .....	<input type="checkbox"/> 44 .....	<input type="checkbox"/> 44 .....	<input type="checkbox"/> 44
40 .....	<input type="checkbox"/> 40 .....	<input type="checkbox"/> 40 .....	<input type="checkbox"/> 40
38 .....	<input type="checkbox"/> 38 .....	<input type="checkbox"/> 38 .....	<input type="checkbox"/> 38
98 .....	<input type="checkbox"/> 98 .....	<input type="checkbox"/> 98 .....	<input type="checkbox"/> 98

**There are no more questions. Thank you for your time.**  
Please return this form to the Medical Council of Tasmania

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

	Specialty field of current training 'Study field'
<b>Internal medicine</b>	
1 .....	<input type="checkbox"/> 1
47 .....	<input type="checkbox"/> 47
2 .....	<input type="checkbox"/> 2
3 .....	<input type="checkbox"/> 3
4 .....	<input type="checkbox"/> 4
5 .....	<input type="checkbox"/> 5
6 .....	<input type="checkbox"/> 6
7 .....	<input type="checkbox"/> 7
8 .....	<input type="checkbox"/> 8
9 .....	<input type="checkbox"/> 9
48 .....	<input type="checkbox"/> 48
10 .....	<input type="checkbox"/> 10
11 .....	<input type="checkbox"/> 11
12 .....	<input type="checkbox"/> 12
13 .....	<input type="checkbox"/> 13
14 .....	<input type="checkbox"/> 14
15 .....	<input type="checkbox"/> 15
55 .....	<input type="checkbox"/> 55
16 .....	<input type="checkbox"/> 16
<b>Pathology</b>	
17 .....	<input type="checkbox"/> 17
18 .....	<input type="checkbox"/> 18
19 .....	<input type="checkbox"/> 19
20 .....	<input type="checkbox"/> 20
21 .....	<input type="checkbox"/> 21
22 .....	<input type="checkbox"/> 22
23 .....	<input type="checkbox"/> 23
24 .....	<input type="checkbox"/> 24
<b>Radiology</b>	
35 .....	<input type="checkbox"/> 35
45 .....	<input type="checkbox"/> 45
<b>Surgery</b>	
25 .....	<input type="checkbox"/> 25
26 .....	<input type="checkbox"/> 26
27 .....	<input type="checkbox"/> 27
41 .....	<input type="checkbox"/> 41
51 .....	<input type="checkbox"/> 51
28 .....	<input type="checkbox"/> 28
42 .....	<input type="checkbox"/> 29
29 .....	<input type="checkbox"/> 29
30 .....	<input type="checkbox"/> 30
31 .....	<input type="checkbox"/> 31
32 .....	<input type="checkbox"/> 32
52 .....	<input type="checkbox"/> 52
<b>Anaesthesia</b>	
50 .....	<input type="checkbox"/> 50
49 .....	<input type="checkbox"/> 49
53 .....	<input type="checkbox"/> 53
54 .....	<input type="checkbox"/> 54
43 .....	<input type="checkbox"/> 43
39 .....	<input type="checkbox"/> 39
36 .....	<input type="checkbox"/> 36
34 .....	<input type="checkbox"/> 34
46 .....	<input type="checkbox"/> 46
44 .....	<input type="checkbox"/> 44
40 .....	<input type="checkbox"/> 40
38 .....	<input type="checkbox"/> 38
98 .....	<input type="checkbox"/> 98