



Medical Labour Force Survey: Australian Capital Territory, 2005

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 ACT Health with assistance from the Medical Board of the ACT. The Australian Institute of Health and Welfare (AIHW) will amalgamate data from the ACT with that from all the States and the NT 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.

The confidentiality of the information you provide will be carefully protected and no personal identifying information will be disclosed. Queries regarding this questionnaire can be directed to the AIHW 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 the Australian Capital Territory.

1. Sex Male ₁ Female ₂

2. Year of birth

1	9		
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3. Country of birth
Australia ₁ UK/Ireland ₃ Asia ₅
New Zealand ₂ Other Europe ₄ Other ₆

4. Are you 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 a permanent resident status in Australia? Yes ₁ No ₂

6. In which year did you get your (basic) qualification?

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7. Is your name on the latest register in another state or territory? Yes ₁ No ₂

If **yes**, please tick other states in which you are registered

NSW ₁ Vic ₂ Qld ₃ SA ₄
WA ₅ Tas ₆ NT ₇

8. Where was your initial qualification in medicine obtained?

NSW ₁ Vic ₂ Qld ₃ SA ₄ WA ₅
New Zealand ₆ UK/Ireland ₇ USA/Canada ₈ Other Please specify ₉ ↴

8a. Do you have General registration in the ACT? ₁ OR Conditional registration in the ACT? ₂

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

9. 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 the ACT 1

Go to Question 10

Working **mainly** in other states &/or NT but **also** working in the ACT 2

Working **mainly** in the ACT but **also** working in states &/or NT 3

Go to Question 10, but answer all further questions only in respect of your work in the ACT.

Working only in states &/or NT 4

Working in medicine overseas 5

No further questions, thank you for your time.

On extended leave from working in medicine

Working in the ACT but currently on leave for 3 months or longer (eg maternity, study, long service) 6

Go to Question 10, but answer all further questions only in respect of your work in the ACT, prior to leave.

Not working in medicine

Retired from regular work 7

Go to Question 10, if you have worked in medicine in the last 4 weeks - otherwise, no further questions. Thank you for your time.

Currently not working 8

Currently working, but not in medicine 9

Are you looking for work in medicine?

Yes 1 No 2

Full-time 1
Other than full-time 2
No further questions. Thank you for your time.

10. 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

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

(include outreach services)

	Postcode	Total hours worked in locality	Locality (if postcode not known)
1st Location (suburb, town etc)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
2nd Location (suburb, town etc)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
3rd Location (suburb, town etc)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

12. 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 10)

Hours per week in each work setting

	Publicly operated	Privately operated
Private medical practitioners 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 (incl. psychiatric hospital)	<input type="text"/>	<input type="text"/>
Other residential care facility (eg 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 (eg laboratory, research organisation)	<input type="text"/>	<input type="text"/>
Other (please specify) <input type="text"/>	<input type="text"/>	<input type="text"/>

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

A clinician is mainly involved in clinical practice, i.e. diagnosis and/or treatment including recommending preventive action to patients, including pathologists and radiologists → Clinician

(eg, responsible for a hospital Department. Exclude hours doing administration or bookwork relating to being a clinician, teacher, researcher etc) → Administrator

Teacher or educator

Researcher

Public health physician

Occupational health physician

(Provides medical advice in a legal environment, eg tribunals, coroner) → Medico-legal physician

Other (please specify)

Total hours PER WEEK (should equal total hours in Question 10)

14. 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)

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

16. 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.

GP/primary care practitioner <input type="checkbox"/> ₁	Hospital non specialist <input type="checkbox"/> ₂ <i>(salaried)</i>	Specialist*# <input type="checkbox"/> ₃ <i>(includes private and hospital)</i>	Specialist-in-training <input type="checkbox"/> ₄ <i>*# (eg Registrar)</i>
<p>1. Do you work mainly in:</p> <p>General practice? <input type="checkbox"/>₁</p> <p>OR</p> <p>A special interest area? <input type="checkbox"/>₂</p> <p><i>(please specify)</i></p> <p><input type="text"/></p> <p>2. Are you currently:</p> <p>Vocationally registered (VR)? <input type="checkbox"/>₁</p> <p>RACGP fellowship? <input type="checkbox"/>₂</p> <p>RACGP trainee? <input type="checkbox"/>₃</p> <p>Other? <input type="checkbox"/>₄</p> <p>3. Are you currently working:</p> <p>As a locum? <input type="checkbox"/>₁</p> <p>through a deputising service? <input type="checkbox"/>₂</p> <p>As a locum and in a deputising service? <input type="checkbox"/>₃</p> <p>Other? <input type="checkbox"/>₄</p> <p>4. How many primary care practitioners work at your main practice location?</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>5 or more <input type="checkbox"/></p> <p>5. In the last 4 weeks, how many hours of clinical work did you do between 6pm - 7am? <input type="text"/> <input type="text"/></p>	<p>1. What is your salaried position?</p> <p>Intern? <input type="checkbox"/>₁</p> <p>HMO Yr 1 <input type="checkbox"/>₂</p> <p>HMO Yr 2 <input type="checkbox"/>₃</p> <p>HMO Yr 3 <input type="checkbox"/>₄</p> <p>CMO <input type="checkbox"/>₅</p> <p>Other hospital medical officer <input type="checkbox"/>₆</p> <p>2. Are you currently:</p> <p>A GP trainee? <input type="checkbox"/>₁</p> <p>A recognised GP? <input type="checkbox"/>₂</p> <p>An other GP? <input type="checkbox"/>₃</p> <p>Other? <input type="checkbox"/>₄</p> <p>3. Are you awaiting entry to a specialist training course?</p> <p>Yes <input type="checkbox"/>₁ No <input type="checkbox"/>₂</p> <p>4. How many years do you expect to work mainly as a hospital non-specialist?</p> <p><1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/></p> <p>3 or more <input type="checkbox"/></p> <p>5. Do you have the right of private practice?</p> <p>Yes <input type="checkbox"/>₁ No <input type="checkbox"/>₂</p>	<p>From the specialty list on the next page, please write the codes for your specialist qualifications and the specialties in which you practice</p> <p>1. Specialist qualifications</p> <p>Code <i>If other, specify</i> ▾</p> <p>Main <input type="text"/> <input type="text"/></p> <p>2nd <input type="text"/> <input type="text"/></p> <p>3rd <input type="text"/> <input type="text"/></p> <p>2. Specialties in which you practise</p> <p>Code <i>If other, specify</i> ▾</p> <p>Main <input type="text"/> <input type="text"/></p> <p>2nd <input type="text"/> <input type="text"/></p> <p>3rd <input type="text"/> <input type="text"/></p>	<p>1. Please indicate the specialty in which you are training by writing in the code boxes the corresponding code from the specialty list provided on the next page</p> <p>Code <i>If other, specify</i> ▾</p> <p><input type="text"/> <input type="text"/></p> <p>2. In which year do you expect to complete your specialist training?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>There are no more questions. Thank you for your time</p>		<p>Please go to the next page</p>	

* 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.

Specialty and subspecialty areas

Please use the following list to look up your field of specialty qualifications and area of specialty practice and record the codes (for up to 3 fields) in the boxes in Question 16 on the previous page

<u>Code</u>	<u>Field</u>	<u>Code</u>	<u>Field</u>	<u>Code</u>	<u>Field</u>
▼	Internal medicine	▼	Pathology	▼	Anaesthesia
01	Cardiology	17	General pathology	33	Anaesthesia (excl intensive care)
47	Clinical genetics	18	Anatomical pathology	49	Intensive care - anaesthesia
02	Clinical haematology	19	Clinical chemistry	53	Pain medicine
03	Clinical immunology (incl. allergy)	20	Cytopathology	54	Palliative care
04	Clinical pharmacology	21	Forensic pathology		
05	Endocrinology	22	Haematology		Radiology
06	Gastroenterology	23	Immunology	35	Diagnostic radiology (incl. ultrasound & nuclear medicine)
07	General Medicine	24	Microbiology	45	Radiation oncology
08	Geriatrics		Surgery		
09	Infectious diseases	25	General surgery		Other
48	Intensive care – internal medicine	26	Cardiothoracic surgery	43	Psychiatry
10	Medical oncology	27	Neurosurgery	39	Obstetrics and gynaecology
11	Neurology	28	Orthopaedic surgery	36	Emergency medicine
12	Nuclear medicine (incl. ultrasound)	42	Otolaryngology	34	Dermatology
13	Paediatric medicine	29	Paediatric surgery	46	Rehabilitation medicine
14	Renal medicine	30	Plastic/reconstructive surgery	44	Public health medicine
15	Rheumatology	31	Urology	40	Occupational medicine
50	Respiratory & sleep medicine	32	Vascular surgery	41	Ophthalmology
16	Thoracic medicine	51	Oral/maxillo-facial surgery	38	Medical administration
		52	Other surgery	98	Other (<i>Please specify on the previous page</i>)

There are no more questions. Thank you for your time.

Please return this form to the Medical Board of the ACT.