

12 Please complete ONE of the following which best describes the area in which you primarily practise.

- 1 GP/primary care practitioner**
 2 Non-specialist hospital (salaried)
 3 Specialist*# (includes private & hospital)
 4 Specialist-in-training *#(eg. Registrar)

<p>1. Do you work mainly in:</p> <p>general practice <input type="checkbox"/> 1</p> <p>a special interest area (please specify) <input type="checkbox"/> 2</p> <p><input type="text"/></p> <p>2. Are you currently:</p> <p>Vocationally registered (VR) <input type="checkbox"/> 1</p> <p>Holder of fellowship of RACGP <input type="checkbox"/> 2</p> <p>an 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>as none of these? <input type="checkbox"/> 4</p> <p>4. How many primary care medical practitioners work at your main practice location?</p> <p>One <input type="checkbox"/> 1</p> <p>Two <input type="checkbox"/> 2</p> <p>Three <input type="checkbox"/> 3</p> <p>Four <input type="checkbox"/> 4</p> <p>Five or more <input type="checkbox"/> 5</p>	<p>1. What is your salaried position:</p> <p>Intern <input type="checkbox"/> 1</p> <p>RMO Yr 1 <input type="checkbox"/> 2</p> <p>RMO Yr 2 <input type="checkbox"/> 3</p> <p>RMO 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 a:</p> <p>GP trainee <input type="checkbox"/> 1</p> <p>vocationally registered GP <input type="checkbox"/> 2</p> <p>other medical practitioner <input type="checkbox"/> 3</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 be working mainly as a hospital non-specialist?</p> <p>Less than one <input type="checkbox"/> 1</p> <p>One <input type="checkbox"/> 2</p> <p>Two <input type="checkbox"/> 3</p> <p>3 or more <input type="checkbox"/> 4</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 (see explanatory notes) please write the codes for your specialist qualifications and the specialties in which you practise:</p> <p>1. Specialist qualifications:</p> <p>Code If Other specify:</p> <p>Main <input type="text"/></p> <p>2nd <input type="text"/></p> <p>3rd <input type="text"/></p> <p>2. Specialties in which you practise:</p> <p>Code If Other specify:</p> <p>Main <input type="text"/></p> <p>2nd <input type="text"/></p> <p>3rd <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 in the explanatory notes:</p> <p>Code If Other specify</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2. In what year do you expect to complete your specialist training?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
---	---	---	--

Medical Labour Force Survey

New South Wales



* 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*.

Thank you for your time.
Please return the completed questionnaire to the Medical Board of New South Wales.

Specialty and subspecialty areas		
Internal medicine	Pathology	Other specialities
01 Cardiology	17 General pathology	33 Anaesthesia (excl. intensive care)
47 Clinical genetics	18 Anatomical pathology	34 Dermatology
02 Clinical haematology	19 Clinical chemistry	35 Diagnostic radiology (incl. ultrasound)
03 Clinical immunology (incl. Allergy)	20 Cytopathology	36 Emergency medicine
04 Clinical pharmacology	21 Forensic pathology	49 Intensive care - anaesthesia
05 Endocrinology	22 Haematology	38 Medical administration
06 Gastroenterology	23 Immunology	39 Obstetrics and gynaecology (incl. Gynaecological oncology)
07 General medicine	24 Microbiology	40 Occupational medicine
08 Geriatrics	Surgery	41 Ophthalmology
09 Infectious diseases	25 General surgery	43 Psychiatry
48 Intensive care - internal medicine	26 Cardiothoracic surgery	44 Public health medicine
10 Medical oncology	27 Neurosurgery	45 Radiation oncology
11 Neurology	28 Orthopaedic surgery	46 Rehabilitation medicine
12 Nuclear medicine	42 Otolaryngology	
13 Paediatric medicine	29 Paediatric surgery	
14 Renal medicine	30 Plastic/reconstructive surgery	98 Other (not listed above)
15 Rheumatology	31 Urology	
16 Thoracic medicine	32 Vascular surgery	

Medical Labour Force Survey New South Wales

The information collected in this survey will be used only to compile statistical aggregates for the purpose of national, State and regional workforce planning. The confidentiality of the information you provide will be carefully protected and no personal identifying data will be disclosed by NSW Health. Your cooperation in completing this form will greatly contribute to making these statistics accurate and reliable. Queries regarding this survey can be directed to the Australian Institute of Health and Welfare on (02) 6244 1154. Summary statistics and information on Institute publications are available on the Institute's Internet Home Page at www.aihw.gov.au. Please return your completed form to the Medical Board of New South Wales.

1 Is your name on the latest register in another State or Territory? Yes 1 No 2

If Yes, please tick all of the other States in which you are registered.

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

2 Where do you currently reside? Australian postcode Overseas 1

3 Are you an Australian citizen? Yes 1 No 2

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

4 Are you of Aboriginal or Torres Strait Islander origin? No 1 Yes 2

5 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 New South Wales 1 → Go to Question **6**

working mainly in other State(s) but also working in New South Wales 2 → Go to Question **6** but answer all further questions only in respect of your work in New South Wales.

working mainly in New South Wales but also working in other State(s) 3 → Go to Question **6** but answer all further questions only in respect of your work in NSW prior to leave.

working only in other State(s) 4 → No further questions, thank you

working in medicine overseas 5 → No further questions, thank you

working in New South Wales but currently on leave for three months or longer (e.g. maternity, study, long service leave) 6 → Go to Question **6** but answer all further questions only in respect of your work in NSW prior to leave.

Not working in medicine

retired from regular work 7 → Go to Question **6** if you have worked in medicine in the last 4 weeks. Otherwise, no further questions, thank you.

currently not working 8 → Are you looking for work in medicine? Yes 1 No 2

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

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

6 During the last 4 weeks how many hours PER WEEK did you usually 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 (Include hours in scheduled patient sessions and other face to face or telephone consultations.)

Hours on call not worked PER WEEK

7 How many hours per week did you work in each field of medicine? (Average total hours per week during last 4 weeks)

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

Clinician	<input type="text" value="2"/>
Administrator	<input type="text"/>
Teacher or educator	<input type="text"/>
Researcher	<input type="text"/>
Public health physician	<input type="text"/>
Occupational health physician	<input type="text"/>
Other (please specify)	<input type="text"/>
Total hours (Should equal total hours in Question 6)	<input type="text" value="2"/>

8 How many hours per week over the last 4 weeks did you work in each of the following settings? (Should equal total hours in Question 6)

(Hours per week in each work setting)

	Publicly operated	Privately operated
Private medical practitioner's rooms or surgery (other than in work settings 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 (including psychiatric hospital)	<input type="text"/>	<input type="text" value="2"/>
Other residential health care facility (e.g. 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 (e.g. laboratory, research organisation)	<input type="text"/>	<input type="text"/>
Other (please specify)	<input type="text"/>	<input type="text"/>

9 What are the three main locations where you have worked over the last 4 weeks? (Include outreach services.)

	Postcode	% of total hours worked in each locality	Locality (Only write down the locality if the postcode is not known.)
First location (suburb, town, etc.)	<input type="text" value="2291"/>	<input type="text" value="100"/>	<input type="text"/>
Second location (suburb, town, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third location (suburb, town, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>

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?