

COMPLETING THIS SURVEY

Information supplied on this form may be provided to other persons and agencies for workforce planning. The Dental Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA) are committed to ensuring the privacy and confidentiality of personal information held and will adhere to the National Privacy Principles under the Privacy Act 1988 (Cth) when collecting, using, disclosing, securing and providing access to private information.

- Read all instructions
- Print clearly in BLOCK LETTERS using a black or blue pen
- Place X in ALL applicable boxes
- These questions are optional

Today's date: / /

(DD / MM / YYYY)

1. In which of the following divisions are you registered?

Mark all that apply

- Dentist
- Dental therapist
- Dental hygienist
- Dental prosthetist
- Oral health therapist

SECTION A: Your qualifications

i Please note that from question 3 onwards, the generic term dental practitioner is used to cover all divisions unless the question refers to a specific division or area of practice.

2. Where did you obtain your initial qualification in dentistry / dental therapy / dental hygiene / dental prosthetics / oral health therapy?

- Australia
Go to question 4
- New Zealand
Go to the next question
- Other overseas - Please specify country:
Go to the next question

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3. How did you qualify for initial registration in Australia as a dental practitioner?

Mark one box only

- Trans Tasman Mutual Recognition (with a New Zealand initial qualification)
- Trans Tasman Mutual Recognition (with a non-New Zealand initial qualification)
- Australian Dental Council Certificate
- Recognition pathway for Canadian Programs
- Recognition pathway for UK / Ireland Programs
- Other - Please specify:

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i Only answer questions 4 and 5 if you are registered as a dentist. If you are not registered as a dentist, go to question 6.

4. If you have a specialist registration in dentistry where did you obtain the qualification?

Mark one box only

- Do not have a specialist qualification
Go to question 6
- Australia
Go to question 6
- New Zealand
Go to the next question
- Other overseas - Please specify country:
Go to the next question

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5. How did you qualify for specialist registration in Australia as a dentist?

Mark one box only

- Trans Tasman Mutual Recognition (with a New Zealand initial qualification)
- Trans Tasman Mutual Recognition (with a non-New Zealand initial qualification)
- An assessment of your overseas specialist qualifications and training against Dental Board of Australia standards
- Other - Please specify:

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6. If you obtained your initial qualification or specialist registration in New Zealand or another overseas location, do you intend to return to your country of origin (or another country) in a permanent capacity?

- No Go to question 8
 Yes Go to the next question

7. Within what timeframe are you likely to return to your country of origin (or another country) in a permanent capacity?

- Mark one box only
- Within the next 12 months
 1 - 4 years
 More than 4 years

SECTION B: Your employment

i for the following questions, working includes:
 The practice of dentistry / dental therapy / dental hygiene/ dental prosthetics / oral health therapy, or work that is principally concerned with that discipline, e.g. research, administration or teaching of dentistry / dental therapy / dental hygiene / dental prosthetics / oral health therapy, 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 were away from work on leave, on strike or locked out or rostered off.

8. LAST WEEK, were you working as a dental practitioner in Australia?

- Mark one box only
- Yes (including on leave for less than three months)
 Go to question 12
- Yes (but currently on leave for three months or more)
 Go to question 12
- No
 Go to the next question

9. LAST WEEK, why were you not working as a dental practitioner in Australia?

- Mark one box only
- Working as a dental practitioner overseas
 Go to question 11
- Working in an occupation other than dental
 Go to the next question
- Not working in paid employment at all
 Go to question 11
- Retired from regular work
 Go to question 22

10. LAST WEEK, what was your occupation?

11. LAST WEEK, did you take active steps to look for work as a dental practitioner in Australia?

i Looking for work includes (either part-time or full-time):

- applying for work
- enquiring about a job
- answering an advertisement
- registering with an employment agency
- advertising for work
- contacting people about a job.

- No Go to question 22
 Yes Go to question 22

i For questions 12-17, if you were on leave last week, answer for a typical week.

12. LAST WEEK, how many hours did you work in total as a dental practitioner?

Clinical roles <i>(including managers also providing clinical services)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	hours
Non-clinical roles <i>(including teacher, researching, administrator or other)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	hours
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	hours

i For questions 13-17:

- Main job refers to the job in which you worked the most hours last week.
- Second job (if applicable) refers to work you undertook either for a different employer or in a different area of practice.
- If you work in more than two jobs answer for the two in which you worked the most hours last week.

13. LAST WEEK, what was your principal role as a dental practitioner?

- Main job**
 Mark one box only
- Clinician *(including managers and supervisors also providing clinical services)*
- Administrator *(including managers not providing clinical services)*
- Teacher or educator
- Researcher
- Other - Please specify:

- Second job (if applicable)**
 Mark one box only
- Clinician *(including managers and supervisors also providing clinical services)*
- Administrator *(including managers not providing clinical services)*
- Teacher or educator
- Researcher
- Other - Please specify:

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14. LAST WEEK, what was the principal area of your job as a dental practitioner?

	Main job <i>Mark one box only</i>	Second job <i>(if applicable)</i> <i>Mark one box only</i>
Dental hygiene	<input type="checkbox"/>	<input type="checkbox"/>
Dental therapy	<input type="checkbox"/>	<input type="checkbox"/>
Dental prosthetics	<input type="checkbox"/>	<input type="checkbox"/>
Oral health therapy – mainly in dental hygiene	<input type="checkbox"/>	<input type="checkbox"/>
Oral health therapy – mainly in dental therapy	<input type="checkbox"/>	<input type="checkbox"/>
General dental practice	<input type="checkbox"/>	<input type="checkbox"/>
Dento-maxillofacial radiology	<input type="checkbox"/>	<input type="checkbox"/>
Endodontics	<input type="checkbox"/>	<input type="checkbox"/>
Forensic odontology	<input type="checkbox"/>	<input type="checkbox"/>
Oral and maxillofacial surgery	<input type="checkbox"/>	<input type="checkbox"/>
Oral medicine	<input type="checkbox"/>	<input type="checkbox"/>
Oral pathology	<input type="checkbox"/>	<input type="checkbox"/>
Oral surgery	<input type="checkbox"/>	<input type="checkbox"/>
Orthodontics	<input type="checkbox"/>	<input type="checkbox"/>
Paedodontics	<input type="checkbox"/>	<input type="checkbox"/>
Periodontics	<input type="checkbox"/>	<input type="checkbox"/>
Prosthodontics	<input type="checkbox"/>	<input type="checkbox"/>
Public health dentistry	<input type="checkbox"/>	<input type="checkbox"/>
Specialty needs dentistry	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

15. LAST WEEK, what was the principal work setting of your job as a dental practitioner?

	Main job <i>Mark one box only</i>	Second job <i>(if applicable)</i> <i>Mark one box only</i>
Solo private practice	<input type="checkbox"/>	<input type="checkbox"/>
Group private practice	<input type="checkbox"/>	<input type="checkbox"/>
Locum private practice	<input type="checkbox"/>	<input type="checkbox"/>
Hospital (including dental hospital)	<input type="checkbox"/>	<input type="checkbox"/>
Public clinic (incl. school dental clinic)	<input type="checkbox"/>	<input type="checkbox"/>
Tertiary educational facility	<input type="checkbox"/>	<input type="checkbox"/>
Other educational facility	<input type="checkbox"/>	<input type="checkbox"/>
Residential health care facility	<input type="checkbox"/>	<input type="checkbox"/>
Aboriginal health service	<input type="checkbox"/>	<input type="checkbox"/>
Health promotion service	<input type="checkbox"/>	<input type="checkbox"/>
Other community health care service	<input type="checkbox"/>	<input type="checkbox"/>
Commercial/business service	<input type="checkbox"/>	<input type="checkbox"/>
Correctional service	<input type="checkbox"/>	<input type="checkbox"/>
Defence force	<input type="checkbox"/>	<input type="checkbox"/>
Other government department or agency	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

16. LAST WEEK, in your clinical role how many hours did you work in each sector as a dental practitioner?

	Main job	Second job <i>(if applicable)</i>
Private <i>(including non-profit organisations)</i>	<input type="text"/> <input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> <input type="text"/> hours
Public	<input type="text"/> <input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> <input type="text"/> hours

example only

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17. LAST WEEK, where was the location of your job as a dental practitioner?

For state/territory, mark one box only

Main job

State/territory:

- NSW SA NT
- VIC WA ACT
- QLD TAS Other territories

Postcode

Suburb

Second job (if applicable)

State/territory:

- NSW SA NT
- VIC WA ACT
- QLD TAS Other territories

Postcode

Suburb

18. Other than the location reported in question 17, do you also work in a regional, rural or remote location?

No *Go to question 20*

Yes *Specify state, postcode and suburb below, then go to the next question*

i If you work in more than one additional regional, rural or remote location, provide the one in which you work the most hours.

For state/territory, mark one box only

State/territory:

- NSW SA NT
- VIC WA ACT
- QLD TAS Other territories

Postcode

Suburb

19. On average, how often do you work in this location?

Mark one box only, and report the frequency worked at this location

Weekly day(s) per week

OR Fortnightly days per fortnight

OR Monthly days per month

OR Quarterly days per quarter

OR Annually days per year

SECTION C: Workforce intentions

20. In total, how many years have you worked as a dental practitioner in Australia?

i Include years regardless of full-time or part-time status. Exclude time spent not working and unpaid leave.

whole years

21. How many more years do you intend to remain in the dental workforce as a dental practitioner in Australia?

whole years

SECTION D: Your details

22. Are you of Aboriginal or Torres Strait Islander origin?

Mark one box only

- No
- Yes - Aboriginal
- Yes - Torres Strait Islander
- Both Aboriginal and Torres Strait Islander

23. Are you a temporary resident?

No *Thank you, no further questions.*

Yes *Specify your visa type below*

- 309 - Partner (offshore)
- 402 - Training and Research
- 417 - Working Holiday
- 422 - Medical Practitioner
- 457 - Temporary Work (Skilled)
- 485 - Temporary Graduate
- 572 - Vocational Education and Training Sector
- 573 - Higher Education Sector
- 574 - Postgraduate Research Sector
- 820 - Partner (onshore)
- Other

Thank you, no further questions.

Please return this workforce survey to AHPRA in the same envelope as your renewal application

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