

### COMPLETING THIS SURVEY

Information supplied on this form may be provided to other persons and agencies for workforce planning. The Medical 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)

### SECTION A: Your qualifications

#### 1. Where did you obtain your initial medical degree?

Mark one box only

- Australia
- New Zealand
- Other overseas - Please specify country:



#### 2. What year did you graduate from medical school?

(YYYY)

#### 3. If you have a specialist qualification in medicine, where did you obtain your initial specialist qualification?

Mark one box only

- Do not have a specialist qualification
- Australia
- New Zealand
- Other overseas - Please specify country:



### SECTION B: Your employment



For the following questions, employed includes: The practice of medicine, or work that is principally concerned with that discipline, e.g. 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.

#### 4. LAST WEEK, were you working in medicine in Australia?

Mark one box only

- Yes (including on leave for less than three months)  
Go to question 9
- Yes (but currently on leave for three months or more)  
Go to question 9
- No  
Go to the next question

#### 5. LAST WEEK, why were you not working in medicine in Australia?

Mark one box only

- Working in medicine overseas  
Go to the next question
- Working in an occupation other than medicine  
Go to question 7
- Not working in paid employment at all  
Go to question 8
- Retired from regular work  
Go to question 31

#### 6. LAST WEEK, what field of medicine were you working in?



Go to question 8

#### 7. LAST WEEK, what was your occupation?



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**8. LAST WEEK, did you take active steps to look for work in medicine in Australia?**



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 31

Yes  Go to question 31



For questions 9-19, if you were on leave last week, answer for a typical week. **Exclude** hours on call not worked.

**9. LAST WEEK, how many hours did you work in total in medicine?**

**Clinical roles**

(including the provision of imaging and laboratory services and managers and supervisors also providing clinical services)

 hours

**Non-clinical roles**

(including teacher, researcher, administrator or other)

 hours

**Total**

 hours

**10. LAST WEEK, of the clinical hours worked, how many hours did you work in each sector in medicine?**

**Private hospitals**

 hours

**Public hospitals – inpatients**

 hours

**Private rooms**

 hours

**Public hospitals – outpatients**

 hours

**Private – other**

 hours

**Public – other**

 hours

For the following questions, answer for the job in which you worked the most hours last week.

**11. LAST WEEK, what was your principal role in your main job in medicine?**

Mark one box only

- Clinician (including the provision of imaging and laboratory services and managers and supervisors also providing clinical services)
- Administrator (including managers not providing clinical services)
- Teacher or educator
- Researcher
- Other - Please specify:

**12. LAST WEEK, what was the principal area of your main job in medicine?**

Mark one box only

- General practitioner (GP) (excluding AGPT program trainees)  
Go to the next question
- Specialist (other than GP)  
Go to question 18
- Specialist-in-training (including AGPT program trainees)  
Go to question 18
- Hospital non-specialist (including pre-vocational doctors)  
Go to question 15
- Other clinician  
Go to question 18
- Non-clinician  
Go to question 18

**13. LAST WEEK, were you working in General Practice**

Mark one box only

- with** specialist registration in general practice  
Go to question 18
- without** specialist registration in general practice  
Go to the next question

**14. LAST WEEK, were you a RACGP/ ACRRM/ RVTS trainee?**

No  Go to question 18

Yes  Go to question 18

**15. LAST WEEK, what was your position in the hospital?**

Mark one box only

- Intern
- Resident Medical Officer (RMO)
- Hospital Medical Officer (HMO)
- Career Medical Officer (CMO)
- Principal House Officer (PHO)
- Registrar
- Other - Please specify:

**16. Do you intend to undertake specialty training?**

No  Go to question 18

Yes  Go to the next question

**17. In which specialty field do you intend to undertake training?**



Refer to the Specialty fields table on page 5.

Find the relevant specialty field **AND** enter the corresponding number for the specialty field in the box below.

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**18. LAST WEEK, what was the principal work setting of your main job in medicine?**

Mark one box only

- Solo Private Practice
- Group Private Practice
- Locum Private Practice
- Aboriginal health service
- Community mental health service
- Community drug and alcohol service
- Other community health care service
- Hospital (excluding outpatient service)
- Outpatient service
- Residential mental health care service
- Residential aged care facility
- Commercial/business service
- Tertiary educational facility
- School
- Other educational facility
- Correctional service
- Defence force
- Other government department or agency
- Other

**19. LAST WEEK, where was the location of your main job in medicine?**

For state and territory mark one box only

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

Postcode

Suburb

**20. Other than the location reported in question 19, do you also work in a regional, rural or remote location?**

No  Go to question 22

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



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 and territory mark one box only

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

Postcode

Suburb

**21. 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: Specialist registration**

**22. Do you have a specialist registration in medicine (including specialist registration in general practice)?**

No  Go to question 25

Yes  Go to the next question

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For questions 23-24:

**Specialty field 1** relates to the specialty in which you worked the most hours LAST WEEK.

**Specialty field 2** (if applicable) relates to the specialty in which you worked the second most hours LAST WEEK.

**23. In which specialty field(s) did you work the most hours LAST WEEK?**



Refer to the Specialty fields table on page 5.

Find the relevant specialty field **AND** enter the corresponding number for the specialty field in the box below.

**Specialty field 1**

**Specialty field 2** (if applicable)

**24. LAST WEEK, how many clinical hours did you work in each sector in your specialty field(s)?**

	Specialty field 1	Specialty field 2 (if applicable)
Private hospitals	<input type="text"/> <input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> <input type="text"/> hours
Private rooms	<input type="text"/> <input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> <input type="text"/> hours
Private – other	<input type="text"/> <input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> <input type="text"/> hours
Public hospitals – inpatients	<input type="text"/> <input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> <input type="text"/> hours
Public hospitals – outpatients	<input type="text"/> <input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> <input type="text"/> hours
Public - other	<input type="text"/> <input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> <input type="text"/> hours

**27. (a) In which year(s) did you commence your specialty training program(s)?**

**Specialty field 1**

(YYYY)

**Specialty field 2** (if applicable)

(YYYY)

**(b) In which year(s) do you intend to complete your specialty training program(s)?**

**Specialty field 1**

(YYYY)

**Specialty field 2** (if applicable)

(YYYY)

**28. What year of your training program(s) are you in?**



For example:

1. If you are 1st year of an advanced training program but have done 3 years of basic training, please respond 4th year.
2. If you have been completing your training part time for 3 years, but you are in the 2nd year of the training program, please respond 2nd year.

**Specialty field 1**

- 1st year
- 2nd year
- 3rd year
- 4th year
- 5th year
- 6th year
- 7th year
- 8th year

**Specialty field 2** (if applicable)

- 1st year
- 2nd year
- 3rd year
- 4th year
- 5th year
- 6th year
- 7th year
- 8th year

**SECTION D: Specialist training**

**25. Are you in a specialty training program that will lead to fellowship of a college?**

No  Go to question 29

Yes  Go to the next question

**26. When you complete your training, in which specialty field(s) will you be qualified to practice?**



Refer to the Specialty fields table on page 5.

Find the relevant specialty field **AND** enter the corresponding number for the specialty field in the box below.

**Specialty field 1**

**Specialty field 2** (if applicable)

**SECTION E: Workforce intentions**

**29. In total, how many years have you worked in medicine in Australia?**



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

whole years

**30. How many more years do you intend to remain in the medicine workforce in Australia?**

whole years

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## SECTION F: Your details

### 31. 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

### 32. 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

Physician		Radiology		57 Paediatric respiratory and sleep medicine	
1	Cardiology	29	Diagnostic radiology	58	Paediatric rheumatology
2	Clinical genetics	30	Diagnostic ultrasound	59	Specialist paediatrician
3	Clinical pharmacology	31	Nuclear medicine	<b>Pathology</b>	
4	Endocrinology	<b>Obstetrics and gynaecology</b>		60	General pathology
5	Gastroenterology and hepatology	32	Gynaecological oncology	61	Anatomical pathology (including cytopathology)
6	General medicine	33	Maternal-fetal medicine	62	Chemical pathology
7	Geriatric medicine	34	Obstetrics and gynaecological ultrasound	63	Haematology
8	Haematology	35	Reproductive endocrinology and infertility	64	Immunology
9	Immunology and allergy	36	Urogynaecology	65	Microbiology
10	Infectious diseases	37	Specialist obstetrician and gynaecologist	66	Forensic pathology
11	Medical oncology	<b>Paediatrics and child health</b>		67	Specialist pathologist
12	Nephrology	38	Clinical genetics	<b>Intensive care medicine</b>	
13	Neurology	39	Community and child health	85	Paediatric intensive care medicine
14	Nuclear medicine	40	General paediatrics	86	Specialist intensive care physician
15	Respiratory and sleep medicine	41	Neonatal and perinatal medicine	68	<b>General practice</b>
16	Rheumatology	42	Paediatric cardiology	69	<b>Anaesthesia</b>
17	Specialist physician	43	Paediatric clinical pharmacology	70	<b>Psychiatry</b>
<b>Surgery</b>		44	Paediatric emergency medicine	71	<b>Emergency medicine</b>
18	Cardio-thoracic surgery	45	Paediatric endocrinology	72	<b>Ophthalmology</b>
19	General surgery	46	Paediatric gastroenterology and hepatology	73	<b>Dermatology</b>
20	Neurosurgery	47	Paediatric haematology	75	<b>Rehabilitation medicine</b>
21	Orthopaedic surgery	48	Paediatric immunology and allergy	76	<b>Radiation oncology</b>
22	Otolaryngology- head and neck surgery	49	Paediatric infectious diseases	77	<b>Public health medicine</b>
23	Oral and maxillofacial surgery	50	Paediatric intensive care medicine	78	<b>Occupational and environmental medicine</b>
24	Paediatric surgery	51	Paediatric medical oncology	79	<b>Medical administration</b>
25	Plastic surgery	52	Paediatric nephrology	80	<b>Palliative medicine</b>
26	Urology	53	Paediatric neurology	81	<b>Sport and exercise medicine</b>
27	Vascular surgery	54	Paediatric nuclear medicine	82	<b>Sexual health medicine</b>
28	Specialist surgeon	55	Paediatric palliative medicine	83	<b>Addiction medicine</b>
		56	Paediatric rehabilitation medicine	84	<b>Pain medicine</b>

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