

Royal Australasian College of Surgeons



ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS

Surgical Workforce 2014 Census Report

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Royal Australasian College of Surgeons
2014 Surgical Workforce Census Summary Report

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ABBREVIATIONS

~	Not Applicable
%	Percentage of respondents
ACT	Australian Capital Territory
ASGC	Australian Standard Geographical Classification
AUS	Australia
CAR	Cardiothoracic Surgery
CPD	Continuing Professional Development
F	Female
FTE	Full Time Equivalent
GEN	General Surgery
IQR	Interquartile range
M	Male
M1	Capital City
M2	Other Metropolitan
N	Number of Fellows that responded to the Census question
NEU	Neurosurgery
NSW	New South Wales
NT	Northern Territory
NZ	New Zealand
ORT	Orthopaedic Surgery
OTO	Otolaryngology - Head and Neck Surgery
PAE	Paediatric Surgery
PLA	Plastic and Reconstructive Surgery
QLD	Queensland
RACS	Royal Australasian College of Surgeons
SA	South Australia
SET	Surgical Education Trainee
TAS	Tasmania
URO	Urology Surgery
VAS	Vascular Surgery
VIC	Victoria
WA	Western Australia

INTRODUCTION

The Royal Australasian College Of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. The College is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and International Medical Graduates. RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. There are nine surgical specialties in Australasia being: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology Head-and-Neck surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery.

This is the fourth Surgical Workforce Census conducted by the College. The Census is an important tool to assist the College in its workforce planning and advocacy. It also provides additional information regarding numerous factors that affect surgeons in their day to day work. This allows the College to build a picture of the challenges facing the surgical workforce and to direct us on areas that we need to advocate and find solutions to.

Reports on our previous Censuses can be found on our website (www.surgeons.org).

KEY FINDINGS

Work Patterns

- Fellows worked an average of 53 hours per week compared to 51 hours in 2011.
- Fellows who work as locums preferred to work more hours than their current 31.6 hours per week while Fellows working part-time were satisfied with their hours.
- Fellows worked longer hours in private practice consulting and procedural work compared to the public sector (27 hours and 19 hours respectively).
- In the public sector, one in five Fellows worked more than the recommended emergency on-call period of 1:4 (Standards for Safe Working Hours, 2007). This percentage remains unchanged from 2011.
- The majority of Fellows believed that there was additional work for more colleagues in their practice area, particularly otolaryngology, paediatric surgery and plastic surgery in the public sector.
- One in five Fellows were involved in other forms of paid employment such as medico-legal work and research. Older Fellows were more likely to be involved in other forms of employment.

Rural Planning

- More than one in four Fellows practiced in a rural or regional area of Australia or New Zealand.
- Almost half of rural/regional Australian Fellows and 60% of New Zealand Fellows were working full-time.
- One in five Australian and one in three New Zealand rural Fellows plan to decrease their work hours over the next five years.
- Five percent of rural and regional Australian and two percent of New Zealand Fellows plan to increase their work hours over the next five years.

Volunteer and Pro-bono Work

- One in three Fellows participates in volunteer / pro-bono work.
- Clinical education and non-clinical work were the most nominated pro bono activity.
- One in eight Fellows were involved in RACS activities. Roles included educational instructor, surgical mortality audit assessor and examiner.

SET Training

- More than half of the surveyed Fellows were involved in SET training.
- Fellows spent an average of 10 hours a week supervising SET training in the public sector.

Work-life Balance and Health

- Administrative processes and administrative regulation remains a primary source of high stress to one in five Fellows
- One in ten Fellows have sought professional assistance for stress or mental health issues
- Of female Fellows who took parental leave, one-quarter came back to work within six weeks.
- Three in four Fellows have a health check-up on a regular basis

Future Work Plans for Fellows 65 Years or Older

- Fellows across all age groups intend to decrease their work hours over the next 10 years.
- Three-quarters of Fellows aged 65 years or older intend to continue in paid employment, with the primary reason being that they are doing work that they enjoy.

METHOD

Surgeon Eligibility Criteria

All surgeons who were Fellows of RACS and whose usual workplace was in Australia and New Zealand were eligible to participate in the Census. Fellows from the following specialties were eligible to participate: cardiothoracic surgery (CAR), general surgery (GEN), neurosurgery (NEU), orthopaedic surgery (ORT), otolaryngology (OTO), paediatric surgery (PAE), plastic surgery (PLA), urology surgery (URO) or vascular surgery (VAS). Fellows with the specialties of ophthalmology or obstetrics and gynaecology were not eligible to participate in the Census.

All Fellows that met the eligibility criteria were contacted to participate in the Census. These were 6343 Fellows, 5469 of which worked in Australia and 874 in New Zealand.

Census Questionnaire

The Census consists of a set of core questions that were considered relevant to the Fellows' day-to-day work, future work intentions, and work-life balance. More specifically, Fellows were asked to reflect upon their weekly hours of work at present and as intended in the future, frequency of emergency on-call work, accessibility of flexible working arrangements, retirement intentions, leave taken, stress levels, health monitoring, and roles in volunteering and SET training.

Data Analysis

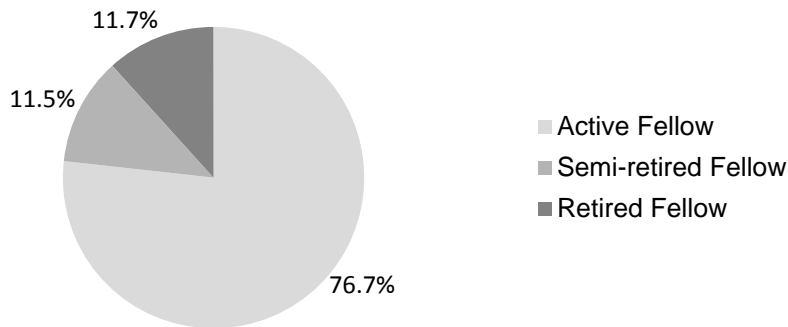
When a question elicited a "not applicable" answer, the response was excluded from the total. Respondents that did not answer a question were excluded from analysis of that question. At the time of survey, a small proportion of valid responses (2%) were from Fellows working overseas, and these were also excluded from further analysis.

Data was analysed where applicable by segments including gender (male/female), age (<40, 40-49, 50-59, 60-69, 70-79, ≥80), location (8 Australian states/territories and New Zealand), country (Australia, New Zealand), specialty (CAR, GEN, NEU, ORT, OTO, PAE, PLA, URO, VAS) and workforce status (full-time, part-time, locum).

Chapter 1 – Descriptive Statistics

The College achieved a 61.6% response rate. The country-specific response rate was 60.7% of Australian Fellows and 67.0% of New Zealand Fellows. All Australian states and territories and New Zealand were evenly represented in the final data set with approximately 60% or higher response rate for each location.

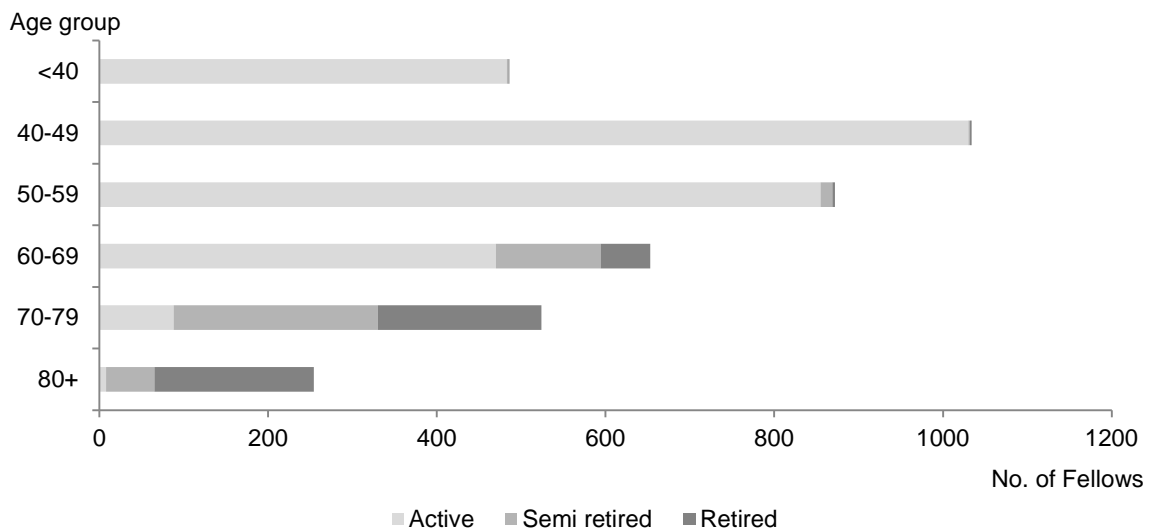
Figure 1.1: Fellowship status of Census respondents



Note: Please refer to Table A1.1 in Appendix A for the tabulated data

The mean age of respondents was 56 years compared to 52 years in 2011. With the mean age of 45 years, female Fellows were 11 years younger on average than their male counterparts. This gap was twice as large as the average age gap of Australian male and female medical practitioners (AIHW, 2013).

Figure 1.2: Age distribution and Fellowship status of Census respondents



Note: Please refer to Table A1.2 in Appendix A for the tabulated data

Chapter 2 – Work Patterns

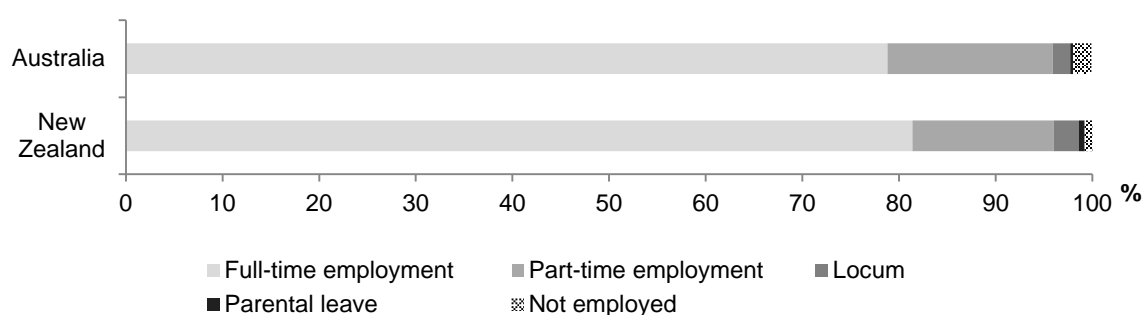
Summary

- Almost 80% of Fellows were employed full-time and worked an average of 53 hours per week.
- Two-thirds of Fellows believed there was sufficient work in their public practice region for an additional colleague. This proportion drops to one-third in their private practice region.
- Approximately one in six Fellows who worked in the public sector tried to access flexible working arrangements in their public sector workplace in the last two years.

Workforce Status

Almost 80% of active Fellows reported that they were working full time (Figure 2.1). Most Younger Fellow respondents reported that they were engaged in full time work, and only four respondents aged less than 40 years reported that they were unemployed at the time of Census data collection.

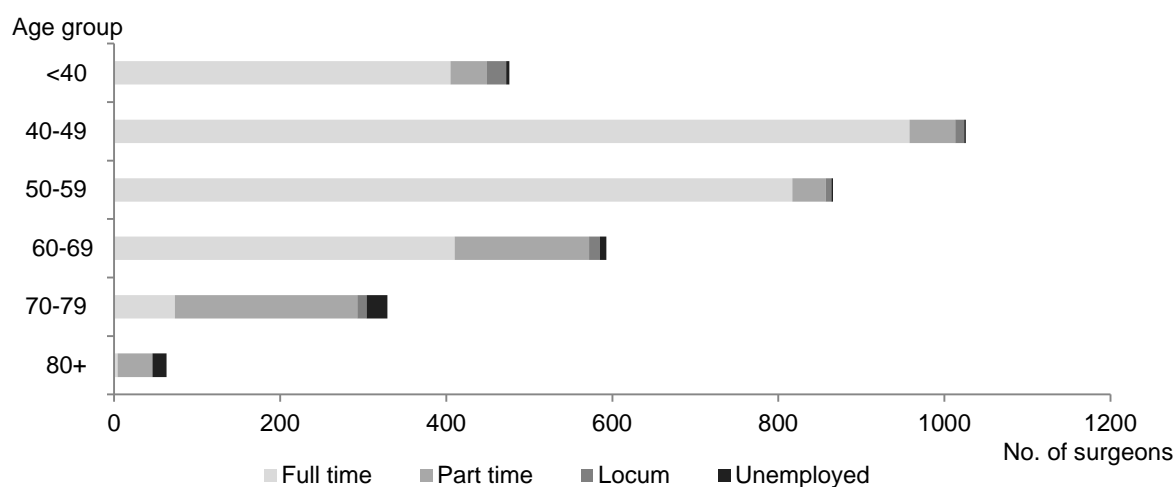
Figure 2.1: Workforce status of active Fellows by country



Note: Please refer to Table A2.1 in Appendix A for the tabulated data

One in six Fellows reported that they were working in a part-time capacity, however most of the Fellows who reported part-time employment were aged 60 years or older, and this is likely to be a reflection of their transition into retirement. Locum work was undertaken by a very small proportion of Fellows (1.9% of respondents), and this cohort was mainly composed of Younger Fellows and Fellows aged 60 years or older.

Figure 2.2: Workforce status of active Fellows by age group and employment status



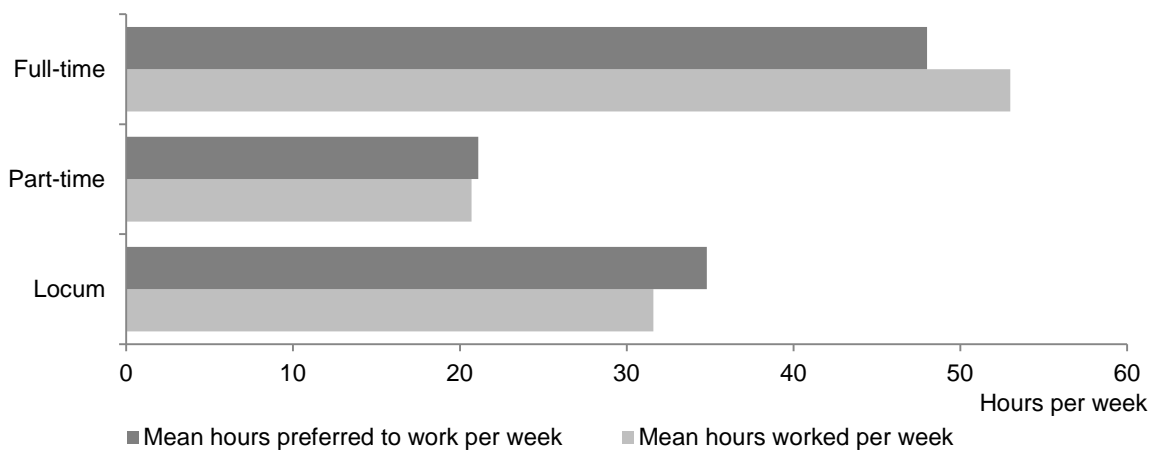
Note: Please refer to Table A2.2 in Appendix A for the tabulated data

Work hours

Fellows employed full-time worked an average of 53 hours per week, although the preference was to work an average of 48 hours a week (Figure 2.3). The average hours worked per week by Fellows were greater than the 42.8 hours for Australian medical practitioners (AIHW, 2013).

The 2014 average hours of work was higher than the previous Census report of 51.0 hours per week (RACS, 2011). Part-time Fellows worked on average 20.7 hours per week and locums 31.6 hours per week. While part-time preferred hours were not noticeably different from the hours worked presently, locums reported a preference to work an average of 3 hours more per week.

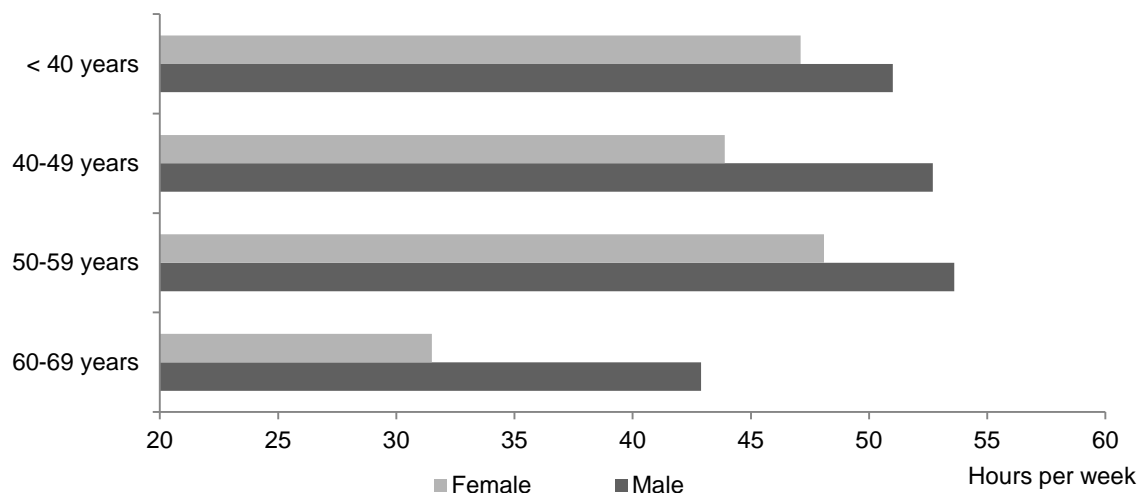
Figure 2.3: Mean hours worked per week and preferred weekly work hours by workforce status



Note: Please refer to Table A2.3 in Appendix A for the tabulated data

Until the age of 60 years, the average male Fellow worked more than 50 hours a week, while female Fellows worked between 44 – 48 hours a week (Figure 2.4). Fellows aged 50-59 years worked the longest hours, with male Fellows working an average of 53.6 hours and female Fellows working an average of 48.1 hours a week. Fellows aged 60-69 years had the lowest average hour work week, with many reducing their hours as they shift into retirement.

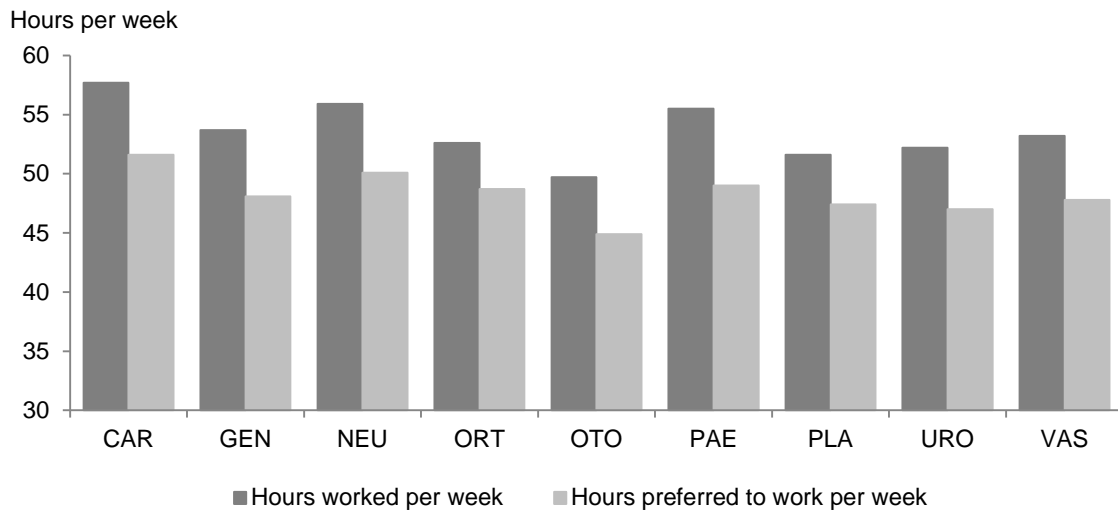
Figure 2.4: Mean hours worked per week by age group



Note: Please refer to Table A2.4 in Appendix A for the tabulated data

By specialty, Cardiothoracic surgeons reported the longest work week (58 hours) whereas Otolaryngologists reported the shortest work week (50 hours) (Figure 2.5). The smallest difference between hours worked and preferred weekly work hours was Orthopaedic surgery (4 hours less per week), and the biggest difference was Paediatric surgery (6 hours less per week).

Figure 2.5: Mean hours worked per week and preferred weekly work hours of full-time Fellows who work full-time by specialty

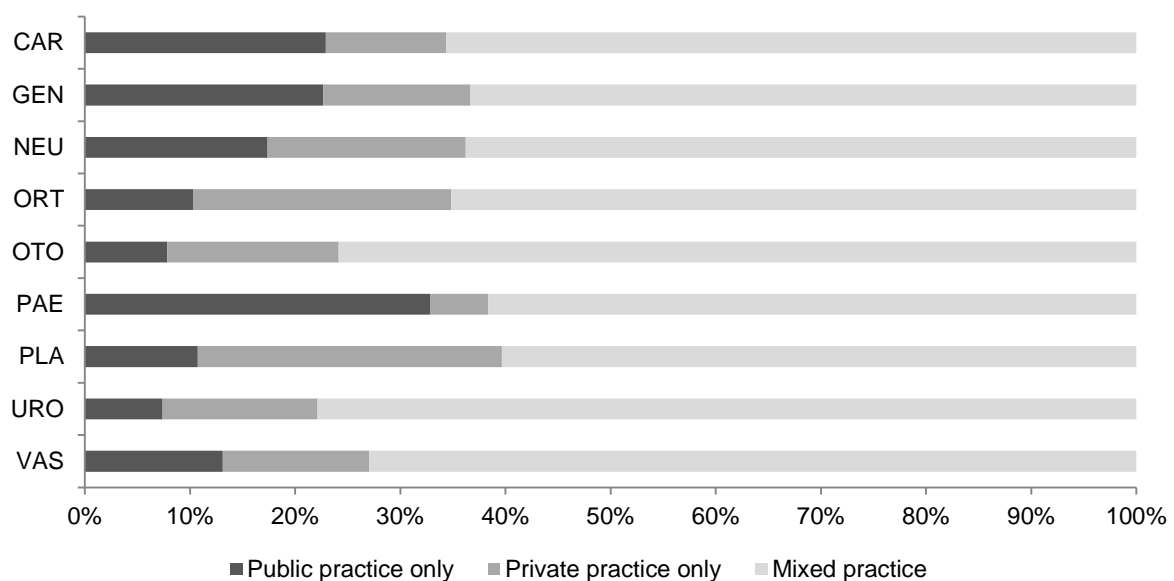


Note: Please refer to Table A2.5 in Appendix A for the tabulated data

Public and Private Sector Employment

Approximately three quarters of respondents reported working in both public and private practice (Figure 2.6). Paediatric surgery had the highest percentage of respondents who only worked in public practice (32.9%). Plastic and Reconstructive surgery had the highest percentage of respondents who only worked in private practice (28.9%).

Figure 2.6: Percentage of Fellows working in public or private practice by surgical specialty



Note: Please refer to Table A2.6 in Appendix A for the tabulated data

With the exception of Paediatric surgery, the median hours spent on consulting work in the private sector was much higher than the public sector (Table 2.1 & 2.2). For Otolaryngology, the median hours spent on consulting in the private sector was up to four times greater than the time spent on consulting in the public sector.

For Cardiothoracic and Paediatric surgery the median hours spent on procedural work was higher in the public sector than private, while for Orthopaedic and Plastic surgery the median hours spent on procedural work was higher in the private sector than public.

Table 2.1: Median hours per week Fellows spent on consulting, procedural work and administrative work in the public sector by surgical specialty, with Interquartile Range (IQR)

	Consulting (IQR)	Procedural work (IQR)	Administration (IQR)
CAR	5 (4 – 10)	20 (15 – 28)	5 (3 – 10)
GEN	8 (4 – 12)	10 (7 – 16)	4 (2 – 10)
NEU	6 (5 – 12)	10 (8 – 15)	5 (2 – 10)
ORT	6 (4 – 10)	8 (5 – 12)	2 (1 – 5)
OTO	5 (3 – 10)	6 (4 – 10)	2 (1 – 4)
PAE	10 (5 – 20)	13 (8 – 20)	8 (4 – 15)
PLA	6 (4 – 10)	10 (5 – 12)	3 (2 – 7)
URO	5 (4 – 10)	8 (5 – 10)	2 (1 – 5)
VAS	7 (4 – 12)	10 (6 – 15)	4 (2 – 8)
TOTAL	6 (4 – 10)	10 (6 – 15)	3 (2 – 8)

There was a three hour increase in the median hours spent on consulting work in the public sector compared to 2011. The median time spent on procedural work decreased by two hours across all specialties except Orthopaedic surgery, Paediatric surgery and Urology where the median hours remained unchanged between 2011 and 2014.

Table 2.2: Median hours per week Fellows spent on consulting, procedural work and administration in the private sector by surgical specialty, with Interquartile Range (IQR)

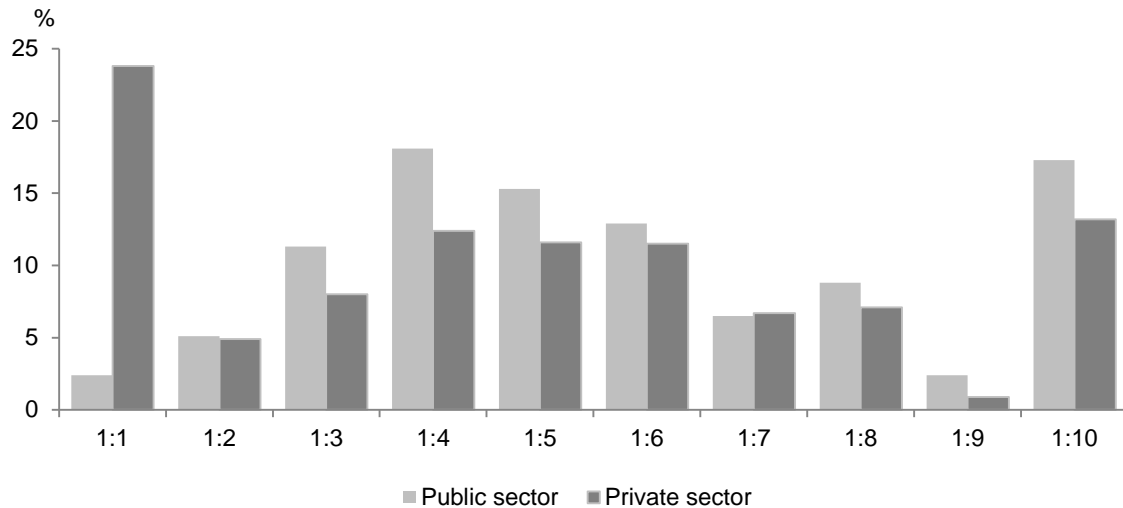
	Consulting (IQR)	Procedural work (IQR)	Administration (IQR)
CAR	5 (3 – 9)	10 (5 – 20)	2 (1 – 3)
GEN	10 (6 – 18)	10 (5 – 15)	2 (1 – 4)
NEU	15 (10 – 20)	10 (7 – 15)	2 (1 – 5)
ORT	18 (12 – 25)	12 (10 – 20)	2 (1 – 5)
OTO	20 (14 – 26)	8 (5 – 12)	2 (1 – 4)
PAE	6 (4 – 15)	4 (2 – 8)	1 (1 – 3)
PLA	15 (10 – 20)	15 (8 – 20)	3 (1 – 5)
URO	16 (10 – 20)	10 (7 – 16)	3 (2 – 5)
VAS	12 (8 – 16)	10 (5 – 14)	2 (1 – 5)
TOTAL	15 (8 – 20)	10 (6 – 16)	2 (1 – 5)

Compared to 2011, the median hours spent on private practice consulting increased by two hours for Cardiothoracic surgery, Neurosurgery, Otolaryngology and Plastic surgery, and seven hours for Orthopaedic surgery. The median hours spent on procedural work also increased by two hours for Cardiothoracic surgery, General surgery, Neurosurgery, Paediatric surgery and Vascular surgery.

Fewer Fellows in the private sector took emergency on-call work compared to the public sector (37% and 87% respectively). In the public sector, one in five Fellows took emergency on-call more frequently than the recommended 1:4 (Standards for Safe Working Hours, 2007) (Figure 2.7). This percentage remains unchanged from 2011.

A quarter of respondents who took emergency on-call work in the private sector did so at 1:1 frequency. However this is likely to be a reflection of the permanent 'on-call' state Fellows consider themselves to be on for their patients in private practice.

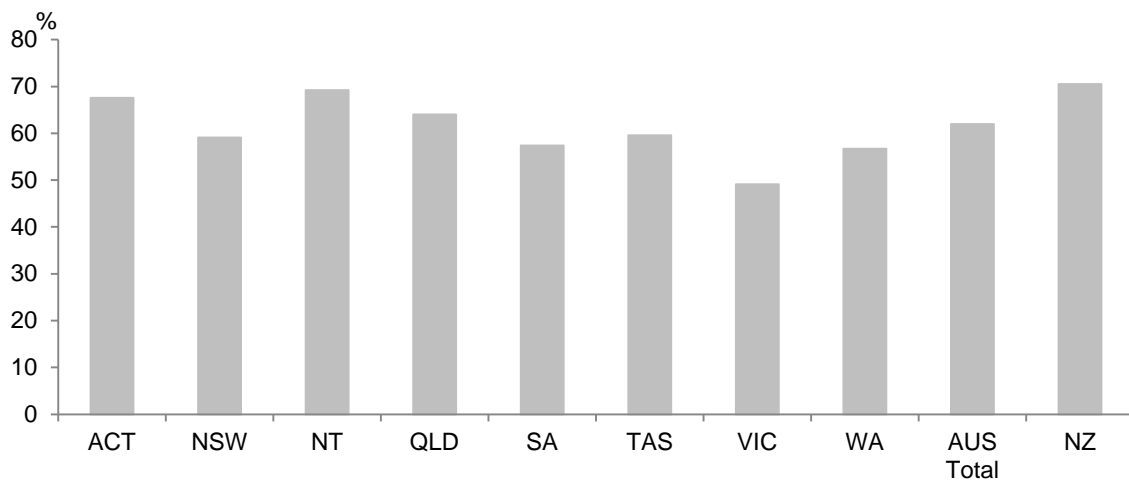
Figure 2.7: Frequency of emergency on-call Fellows took by work sector



Note: Please refer to Table A2.7 in Appendix A for the tabulated data

The Northern Territory, Australian Capital Territory and Queensland had the highest proportion of Fellows who thought there was sufficient work for an additional colleague in their public practice region (Figure 2.8). Compared to 2011, fewer Australian Fellows believed there was sufficient work for an additional colleague (70% of Fellows in 2011 compared to 62% of Fellows in 2014). There was no change in the percentage of New Zealand Fellows who thought there was sufficient work for additional colleagues compared to 2011.

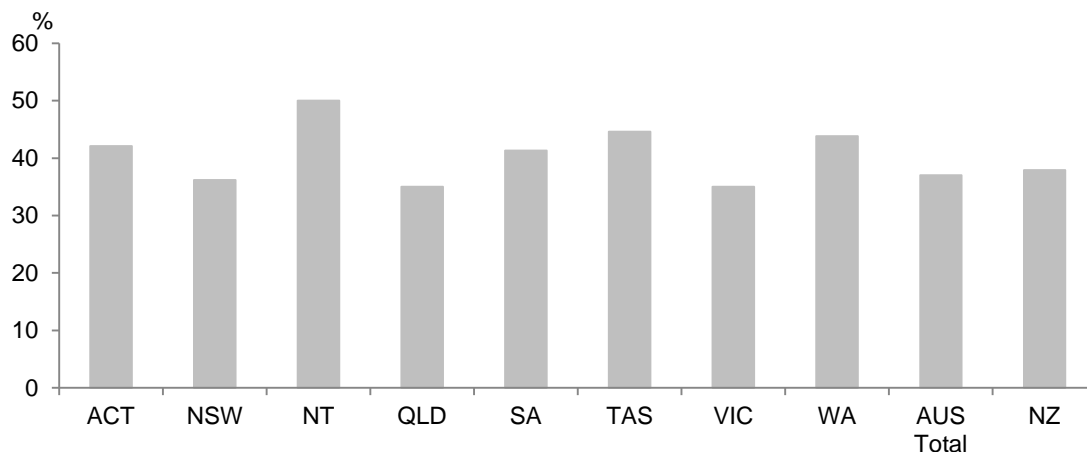
Figure 2.8: Percentage of Fellows who believe there is sufficient work for an additional colleague in their public practice region



Note: Please refer to Table A2.8 in Appendix A for the tabulated data

Except for the Northern Territory, less than 40% of Australian Fellows believed there was sufficient work for an additional colleague in their private practice region (Figure 2.9). Like the public sector, this percentage has decreased since 2011, where 51% believed there was sufficient work for an additional colleague. There was a slight decrease in the percentage of New Zealand Fellows who agreed with the statement, from 40% in 2011 to 38% in 2014.

Figure 2.9: Percentage of Fellows who believe there is sufficient work for an additional colleague in their private practice region

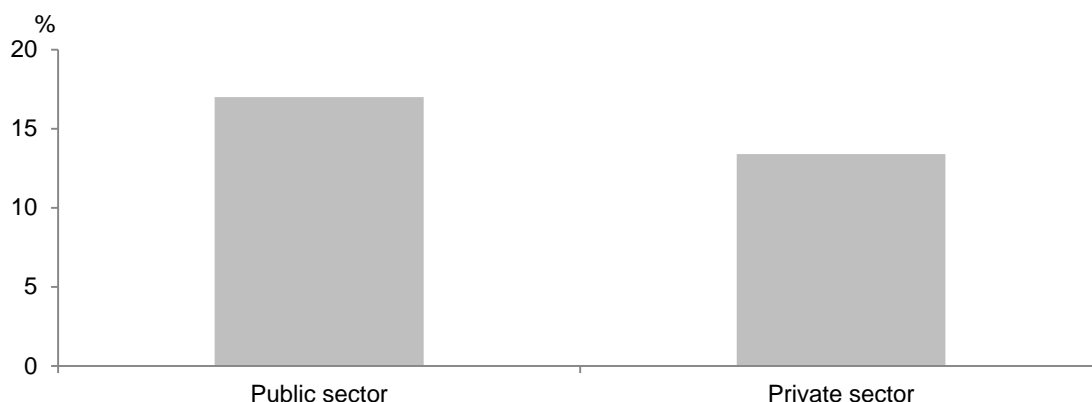


Note: Please refer to Table A2.9 in Appendix A for the tabulated data

Access to flexible work arrangements

Approximately one in six Fellows who worked in public practice tried to access flexible working arrangements in the last two years (Figure 2.10). More than one in eight Fellows who worked in the private sector reported trying to do the same. Most of the Fellows who had sought flexible working arrangements were working full time.

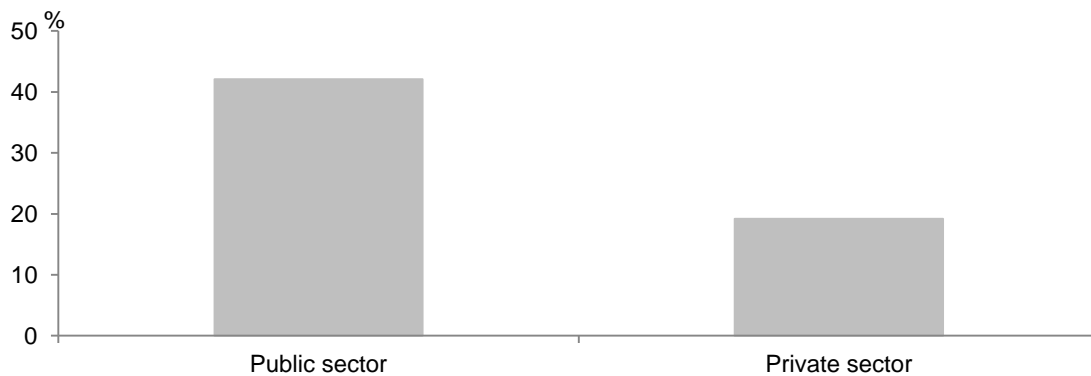
Figure 2.10: Percentage of Fellows who tried to access flexible working arrangements in the last two years by work sector



Note: Please refer to Table A2.10 in Appendix A for the tabulated data

Most Fellows who sought to establish a flexible working arrangement with their private sector employer were able to do so without difficulty. However, more than 40% of Fellows who worked in the public sector encountered difficulties establishing flexible working arrangements with their employer (Figure 2.11).

Figure 2.11: Percentage of Fellows who encountered difficulties establishing flexible working arrangements

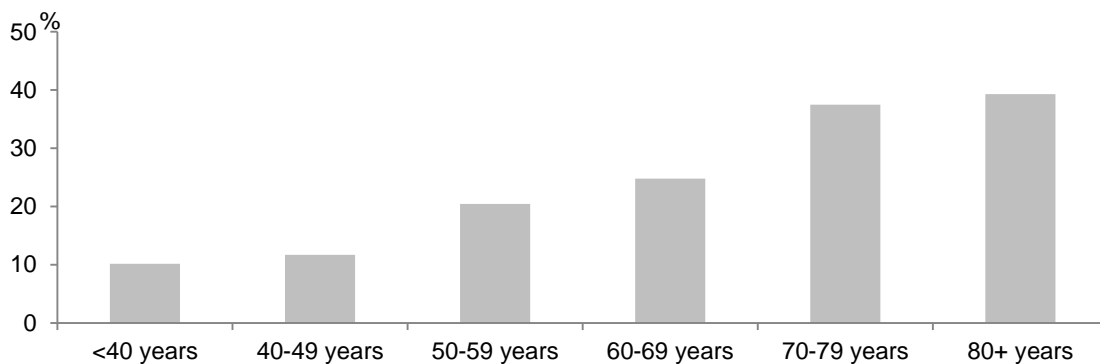


Note: Please refer to Table A2.11 in Appendix A for the tabulated data

Other Paid Employment

Approximately one in five Fellows were involved in other forms of paid employment, with a higher proportion of older Fellows engaged in other forms of work (Figure 2.12).

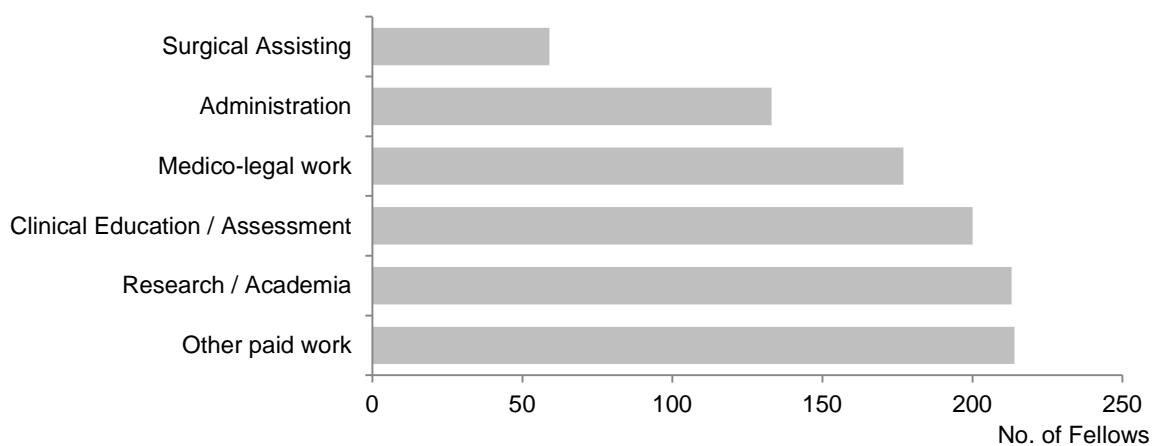
Figure 2.12: Percentage of Fellows who are involved in other forms of paid employment by age group



Note: Please refer to Table A2.12 in Appendix A for the tabulated data

The most common forms of employment Fellows were engaged in were research /academia, clinical education/assessment and medico-legal work (Figure 2.13).

Figure 2.13: Other forms of paid employment Fellows are involved in



Note: Please refer to Table A2.13 in Appendix A for the tabulated data

Chapter 3 – Rural Planning

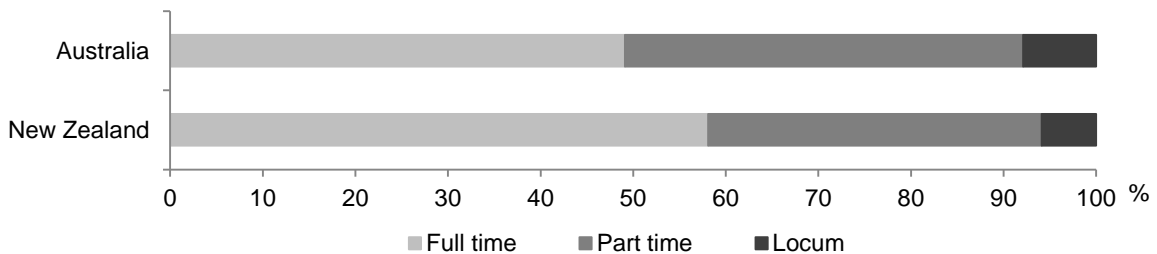
Key Findings

- More than one in four Fellows practiced in a rural or regional area of Australia or New Zealand.
- Almost half of rural/regional Australian Fellows and 60% of New Zealand Fellows were working full-time.
- One in five Australian and one in three New Zealand rural/regional Fellows plan to decrease their work hours over the next five years.

Characteristics of the Rural Workforce

Approximately 28% of Australian and 29% of New Zealand respondents reported that they practiced in a rural or regional area. Almost 50% of Australian and 58% of New Zealand rural Fellows were working full-time, although more than one-third of Fellows were working part-time (Figure 3.1).

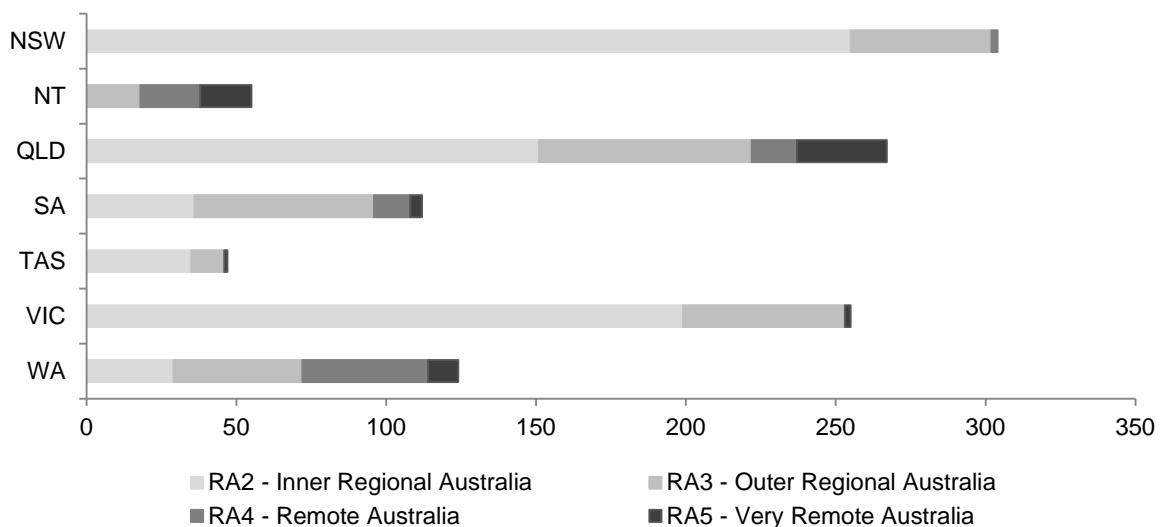
Figure 3.1: Workforce status of Fellows who work in a rural/regional area



Note: Please refer to Table A3.1 in Appendix A for the tabulated data

Australian locations were grouped into Australian Standard Geographical Classification (ASGC). Most Fellows reported that they worked in an RA2 area in New South Wales, Victoria and Queensland. The Northern Territory and Queensland had the most number of Fellows who reported working in an RA5 area.

Figure 3.2: Number of Fellows working in a rural/regional area of Australia by Australian Standard Geographical Classification (ASGC)

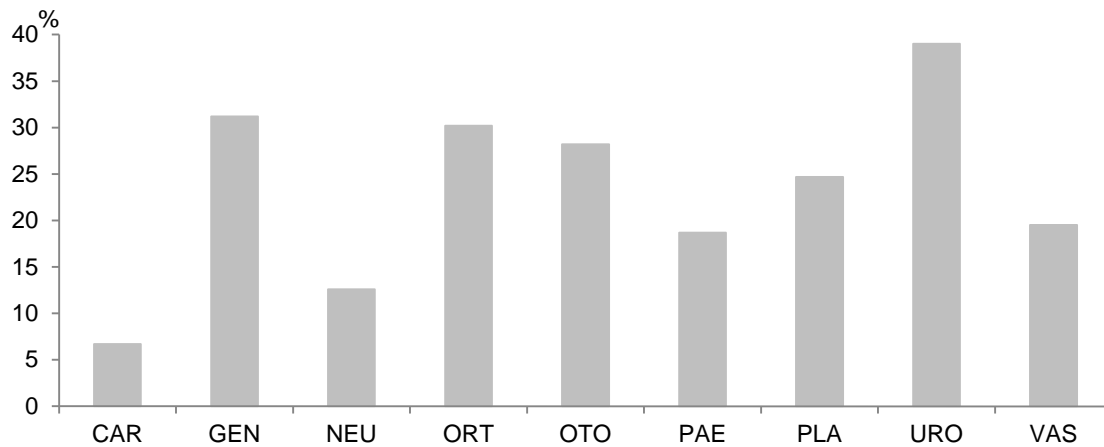


Note: an individual Fellow may be recorded as working in more than one area

Note: Please refer to Table A3.2 in Appendix A for the tabulated data

Almost 40% of Urologists and approximately 30% of General surgeons, Orthopaedic surgeons and Otolaryngologists practiced in a rural or regional area. Cardiothoracic surgeons (7%) and Neurosurgeons (13%) had the smallest percentage of respondents who practiced surgery in a rural or regional area.

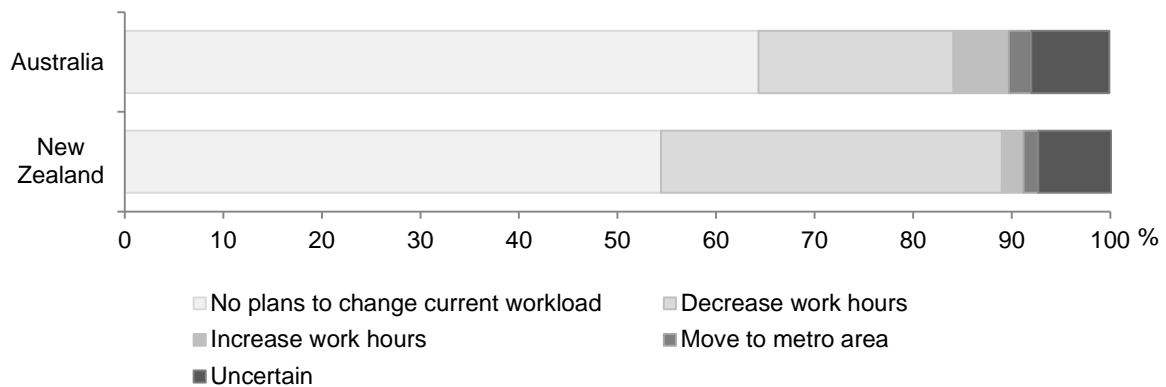
Figure 3.3: Percentage of Fellows practicing in a rural/regional area by specialty



Note: Please refer to Table A3.3 in Appendix A for the tabulated data

The majority of Fellows had no intentions to change their workload over the next five years. One in five intend to decrease their hours and one in ten Fellows plan to move to a metropolitan area or are uncertain about their future plans (Figure 3.4).

Figure 3.4: Fellows' rural/regional area work intentions over the next five years



Note: Please refer to Table A3.4 in Appendix A for the tabulated data

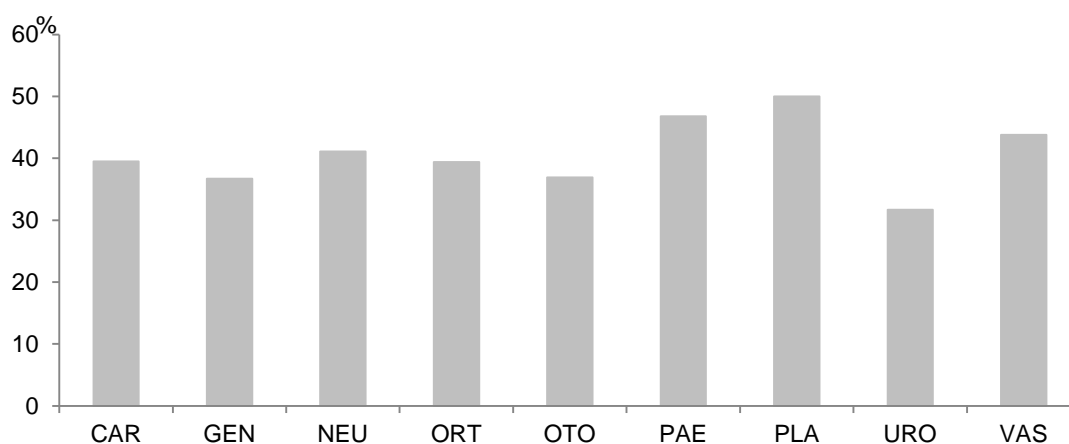
Chapter 4 – Pro bono work

Summary

- One in three Fellows participates in pro bono or volunteer work.
- One in eight Fellows were involved in RACS activities such as educational instructor, surgical mortality audit assessor and examiner.

Approximately one in three respondents participated in volunteer / pro-bono work (excluding SET training and supervision). By specialty, the largest proportions of volunteers were from plastic surgery, paediatric surgery and vascular surgery (Figure 4.1).

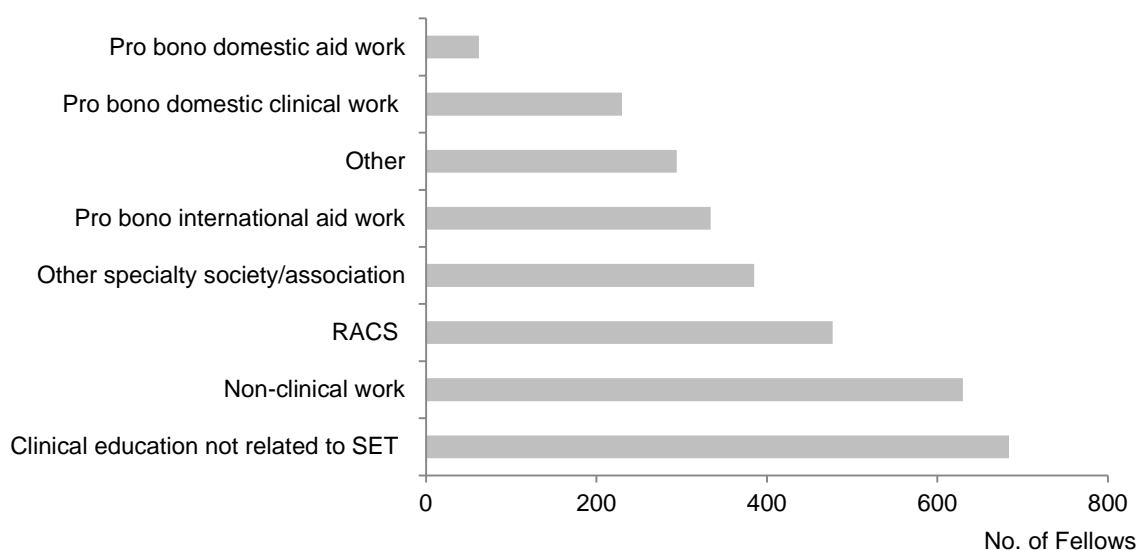
Figure 4.1: Percentage of Fellows who undertake volunteer/pro-bono work by specialty



Note: Please refer to Table A4.1 in Appendix A for the tabulated data

The most common volunteer activities were clinical education not related to SET (n = 685) and non-clinical activities such as committee appointments (n = 632). Domestic aid work and domestic clinical work was nominated by the least number of Fellows (n = 62 and n=230 respectively).

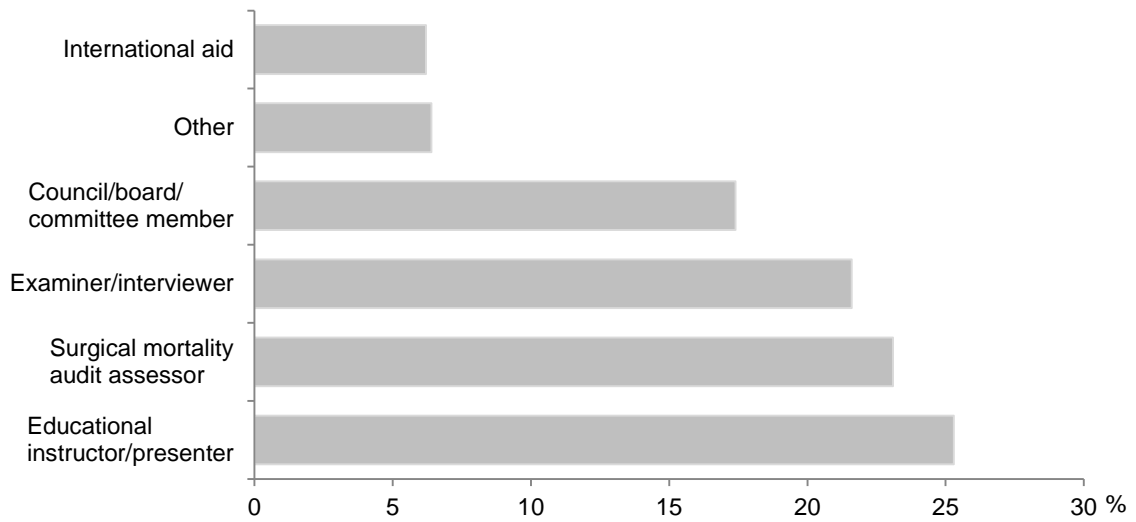
Figure 4.2: Types of pro bono/volunteer activities Fellows participate in



Note: Please refer to Table A4.2 in Appendix A for the tabulated data

Approximately one in eight Fellows reported that they are involved with RACS, a decrease from the one in three Fellows in 2011 who reported involvement in RACS. The three most common volunteer roles at the College were educational instructor/presenter, surgical mortality audit assessor and examiner/interviewer (Figure 4.3).

Figure 4.3: Types of RACS roles Fellows participate in



Note: Please refer to Table A4.3 in Appendix A for the tabulated data

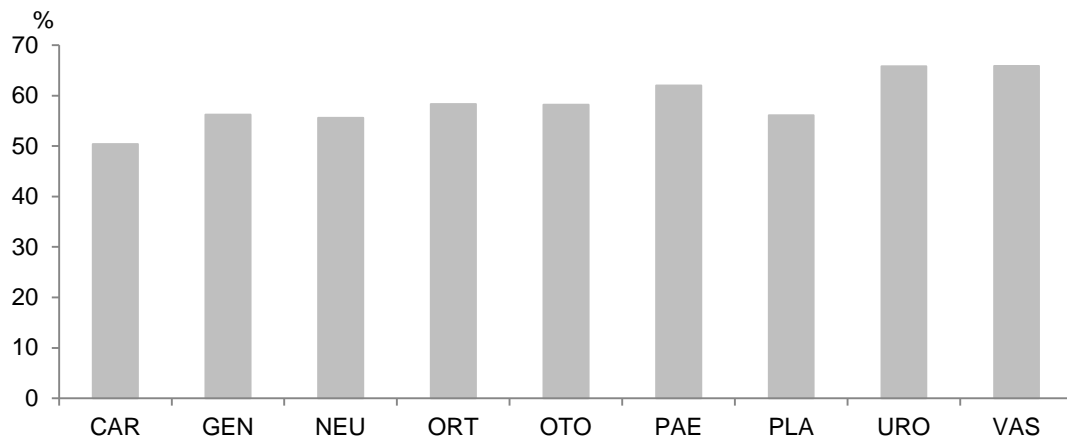
Chapter 5 – SET Training

Summary

- More than half of Fellows were involved in SET training
- Fellows involved in SET training spent an average of 10 hours a week on supervision

Approximately 58% of Australian and 55% of New Zealand respondents reported that they were involved in SET training. Urology, Vascular surgery and Paediatric surgery had the highest proportion of representatives involved with SET training, and Cardiothoracic surgery and Neurosurgery had the lowest (Figure 5.1).

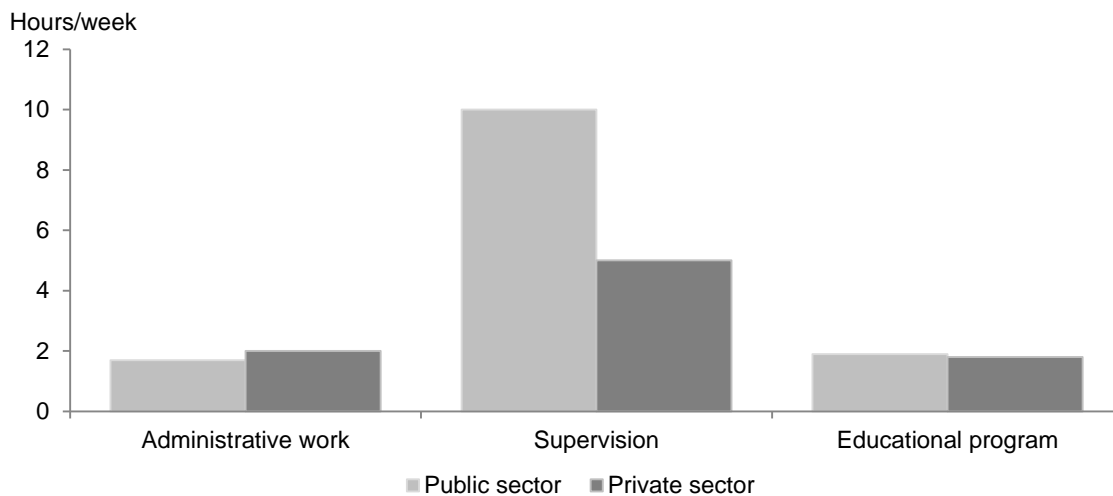
Figure 5.1: Percentage of Fellows involved in SET training or supervision by speciality



Note: Please refer to Table A5.1 in Appendix A for the tabulated data

A considerable amount of time is spent on SET training supervision (10 hours a week in the public sector), with additional hours also spent on administrative duties and educational programs related to SET.

Figure 5.2: Mean hours per week Fellows spent on SET training and SET-related work



Note: Please refer to Table A5.2 in Appendix A for the tabulated data

Chapter 6 – Work-Life Balance and Health

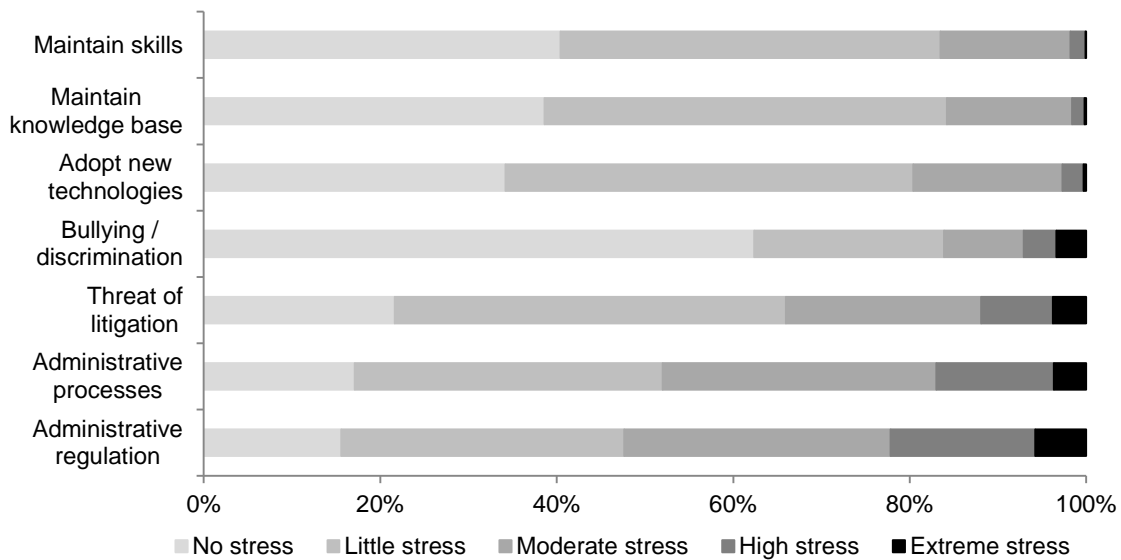
Summary

- Administrative processes and administrative regulation remains a primary source of high stress for one in five Fellows
- One in ten Fellows have sought professional assistance for stress or mental health issues
- Three in four Fellows have a health check-up on a regular basis

Health

Stress in administrative processes and administrative regulation recorded high stress levels in 20% of Fellows (Figure 6.1). These findings are similar to the results from the 2011 RACS workforce census, where administrative interference and administrative regulation were reported as the primary source of high or extreme stress in Fellows. Bullying and discrimination accounted for just over 7% of reported high or extreme stress.

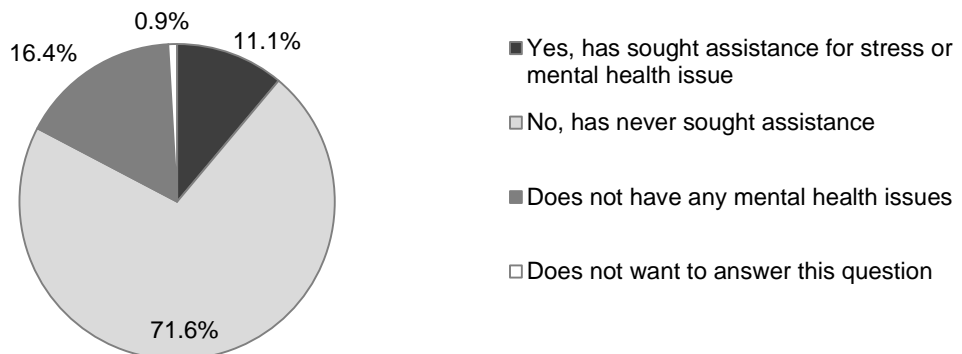
Figure 6.1: Workplace sources of Fellows’ self-rated stress levels



Note: Please refer to Table A6.1 in Appendix A for the tabulated data

Approximately 11% of Australian and 13% of New Zealand Fellows have sought professional assistance to deal with stress or other mental health concerns (Figure 6.2).

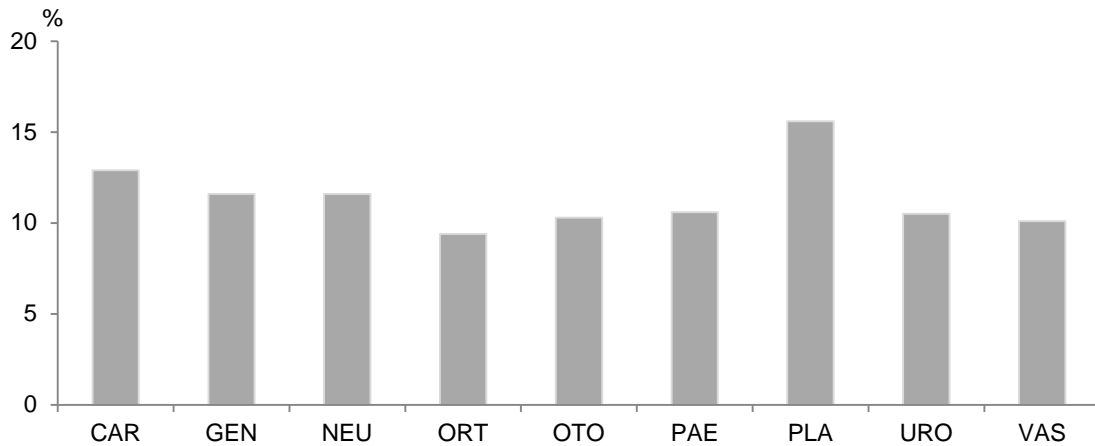
Figure 6.2: Proportion of Fellows who have sought professional assistance to deal with stress or a mental health issue



Note: Please refer to Table A6.2 in Appendix A for the tabulated data

Plastic and reconstructive surgeons and cardiothoracic surgeons had the highest percentage of Fellows who have sought assistance (16%) and orthopaedic surgery had the lowest (Figure 6.3).

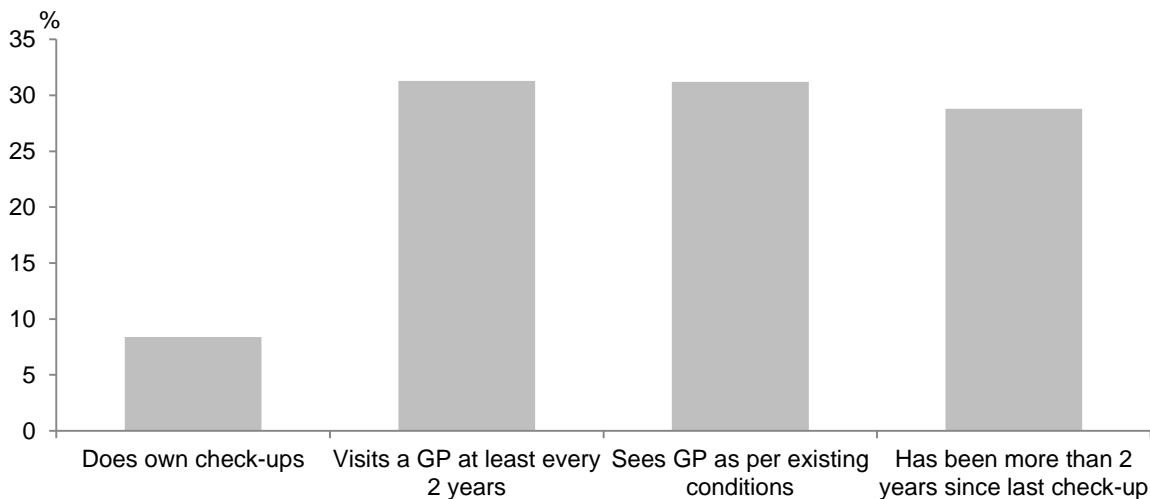
Figure 6.3: Percentage of Fellows who have sought professional assistance for stress or mental health concerns by specialty



Note: Please refer to Table A6.3 in Appendix A for the tabulated data

Most Fellows have had a physical health check up in the last two years (Figure 6.4). Approximately one in three Fellows reported that it has been more than two years since their last health check-up. Most of these were younger Fellows, with 51% of Fellows aged less than 40 years, and 41% of Fellows aged 40-49 years reporting that they have not had a health check-up in the last 2 years.

Figure 6.4: How Fellows monitored their general health

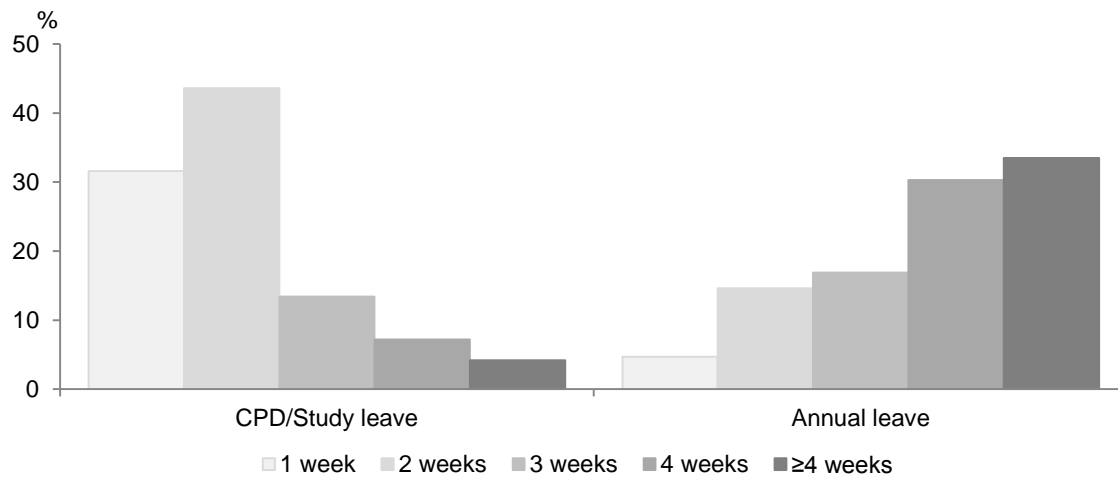


Note: Please refer to Table A6.4 in Appendix A for the tabulated data

Leave

Nearly all Fellows took either study leave or annual leave in the past 12 months (Figure 6.5). The common period of leave was two weeks for CPD/Study leave and four weeks for annual leave. This is similar to 2011 Census results.

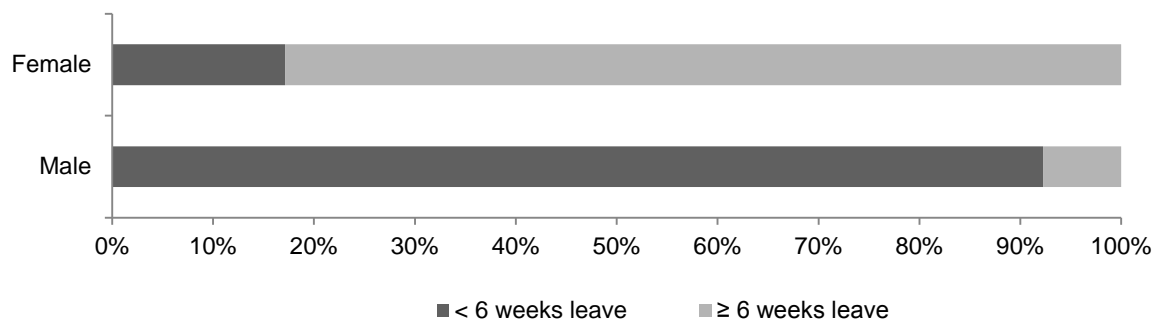
Figure 6.5: Distribution of annual and study leave Fellows took over the past 12 months



Note: Please refer to Table A6.5 in Appendix A for the tabulated data

Most male Fellows reported taking one week of parental leave, and most female Fellows took at least 6 weeks (Figure 6.6). A small number of female Fellows reported returning to work within six weeks of taking parental leave.

Figure 6.6: Duration of parental leave Fellows took over the past 12 months



Note: Please refer to Table A6.6 in Appendix A for the tabulated data

Chapter 7 – Future Work Intentions

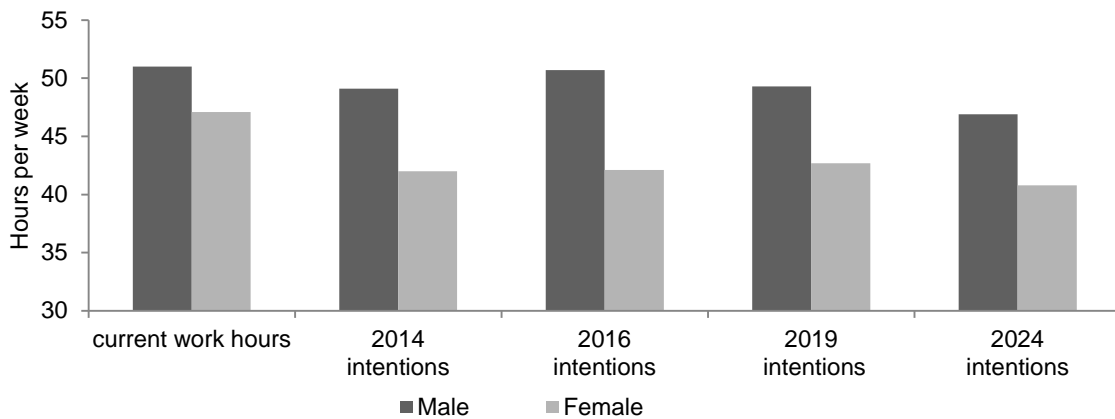
Summary

- Fellows aged 50-59 years have the highest average weekly work hours.
- Fellows across all age groups intend to decrease their work hours over the next 10 years.
- Three-quarters of Fellows aged 65 years or older intend to continue in paid employment, with the primary reason being that they are doing work that they enjoy.

Future Work Hours

The For male Fellows aged <40 years, weekly work hours over the next 10 years are projected to slightly decrease from 51 hours to 47 hours per week by 2024 (Figure 7.1). The average weekly hours of female Fellows in this age group is projected to decrease more over the next ten years, from 47 hours to 41 hours per week.

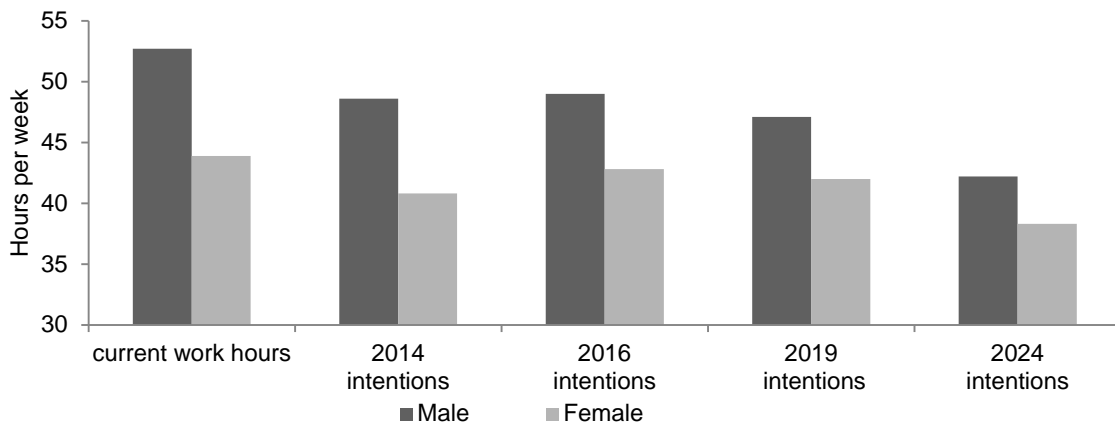
Figure 7.1: Hours per week Fellows aged <40 years intend to work over the next 10 years



Note: Please refer to Table A7.1 in Appendix A for the tabulated data

There is a large difference between the current work hours of male and female Fellows aged 40-49 years (53 hours and 44 hours respectively). However this difference is projected to be reduced, with male Fellows indicating a desire to decrease their work hours by 20% over the next 10 years, from 53 hours to 42 hours a week by 2024.

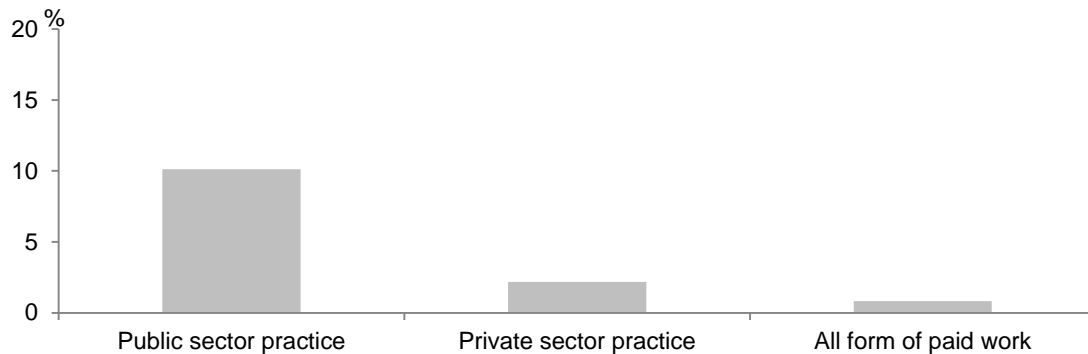
Figure 7.2: Hours per week Fellows aged 40-49 years intend to work over the next 10 years



Note: Please refer to Table A7.2 in Appendix A for the tabulated data

Approximately 10% of Fellows aged less than 50 years reported that they intend to retire from clinical practice in the public sector within the next 10 years (Figure 7.3). A small fraction of Fellows in this age group intends to retire from private sector practice or all forms of paid work.

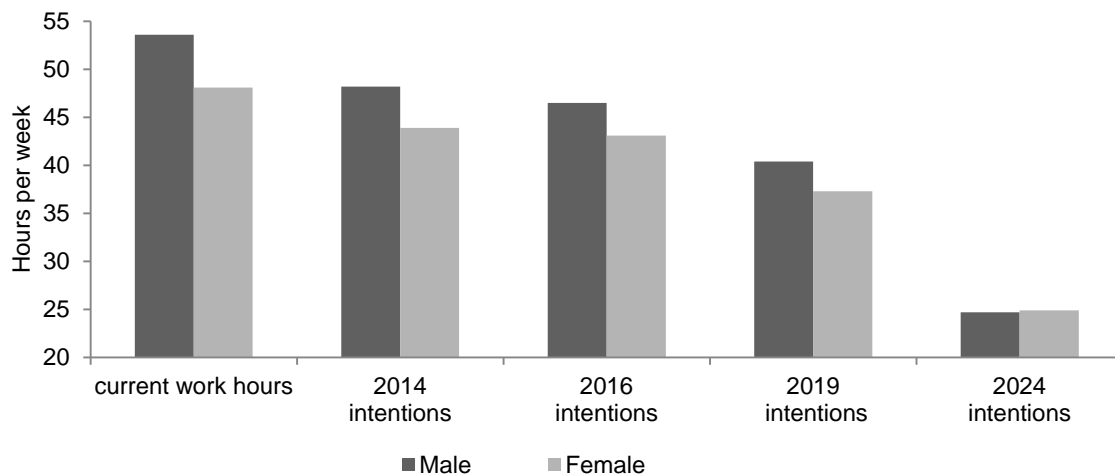
Figure 7.3: Percentage of Fellows aged less than 50 years who intend to retire within the next 10 years from clinical practice and all forms of paid work



Note: Please refer to Table A7.3 in Appendix A for the tabulated data

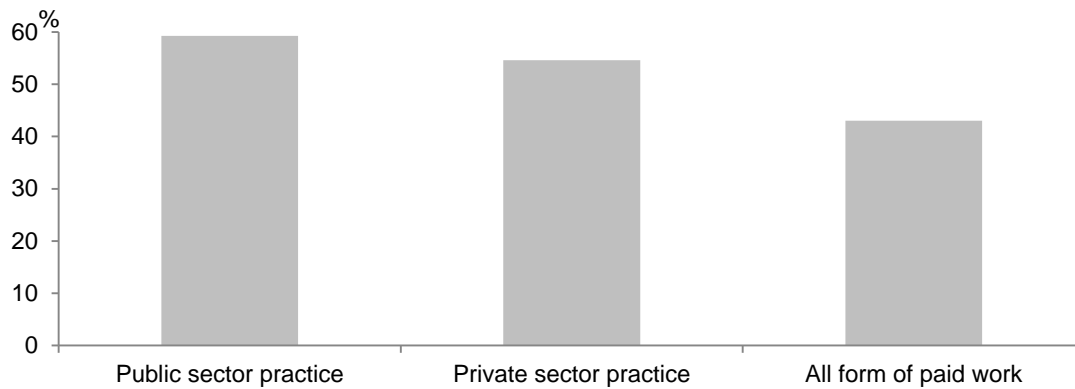
The average weekly work hours of Fellows aged 50-59 years are the highest of all the age groups. Fellows in this age group reported the sharpest decrease in work hour intentions by 2024, with a projected 25 hour work week average (Figure 7.4). This decrease can be attributed to many Fellows who will have most likely started retirement within this period. Figure 7.5 shows that more than 40% of Fellows aged 50 years and older intend to retire from all forms of paid work within ten years.

Figure 7.4: Hours per week Fellows aged 50-59 years intend to work over the next 10 years



Note: Please refer to Table A7.4 in Appendix A for the tabulated data

Figure 7.5: Proportion of Fellows aged 50 years or older who intend to retire within the next 10 years from clinical practice and all forms of paid work

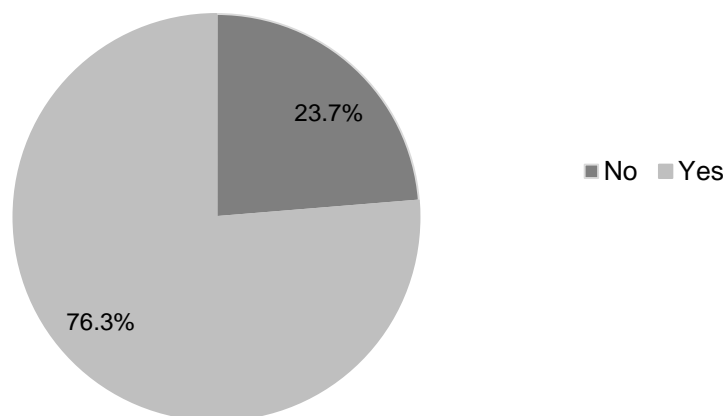


Note: Please refer to Table A7.5 in Appendix A for the tabulated data

Future Work Plans for Fellows Aged 65 or Older

Almost one in five respondents was aged 65 years or older. Most of this cohort reported an intention to continue in paid employment for the next two years (Figure 7.6).

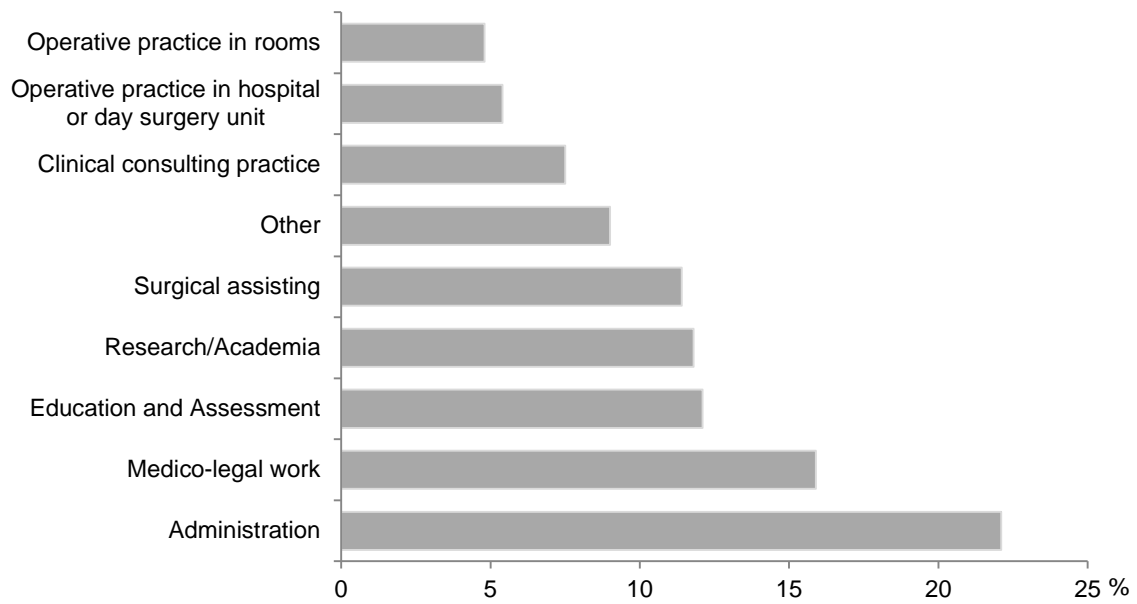
Figure 7.6: Proportion of Fellows aged 65 years or older who intend to be engaged in paid employment for the next two years



Note: Please refer to Table A7.6 in Appendix A for the tabulated data .

Most Fellows in this age cohort will have ceased operative practice. About five percent of Fellows indicating intention to be working in operative practice in hospitals or day centres, and less than 10 percent indicated their intention to continue in clinical consulting work (Figure 7.7). The most common types of employment Fellows were planning to be engaged in were administration (22%) and medico-legal work (16%).

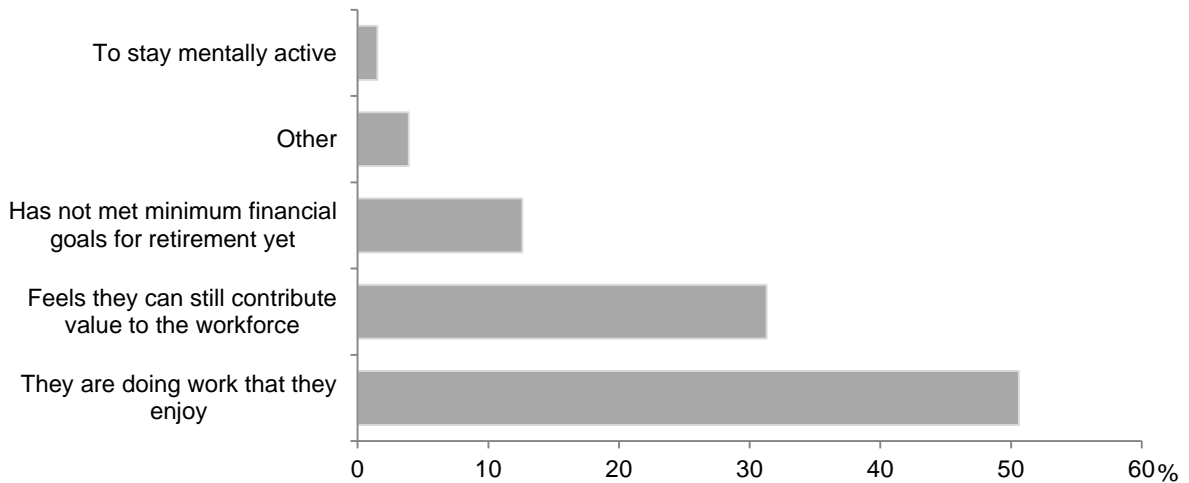
Figure 7.7: Type of work Fellows aged 65 or older planned to do in the next two years



Note: Please refer to Table A7.7 in Appendix A for the tabulated data

Half of the Fellows reported that they the main reason for continuing in paid employment was because they are doing work that they enjoy, while almost one-third said their main reason was because they believed that they could still contribute value to the workforce (Figure 7.8).

Figure 7.8: Primary reason why Fellows aged 65 years or older are still engaged in paid employment



Note: Please refer to Table A7.8 in Appendix A for the tabulated data .

REFERENCES

Australian Institute of Health and Welfare (2013). Medical Practitioner Workforce: Medical professionals in Australia in 2014. Accessible at <<http://www.aihw.gov.au/workforce/medical/>>. Data retrieved on 3 December 2014.

Royal Australasian College of Surgeons (2011). Surgical Workforce 2011 Census Report. Accessible from < http://www.surgeons.org/media/18789488/rpt_2012-09_10_2011_surgical_workforce_census_report.pdf>. Melbourne, RACS.

Royal Australasian College of Surgeons (2007). Standards for Safe Working Hours and Conditions for Fellows, Surgical Trainees and International Medical Graduates. Accessible from <http://www.surgeons.org/media/312975/position%20paper%20standards%20for%20safe%20working%20hours.pdf>

APPENDIX A

Chapter 1 Supplementary data

Appendix A1.1: Fellowship status of Australian and New Zealand Census respondents

	N	%
Active Fellow	2,934	76.8
Semi-Retired Fellow	441	11.5
Retired Fellow	448	11.7

Appendix A1.2: Age distribution and Fellowship status of Census respondents

	N	Active Fellow	Semi-Retired Fellow	Retired Fellow
<40	486	483	2	1
40-49	1,034	1,030	2	2
50-59	872	855	14	3
60-69	653	470	124	59
70-79	524	88	242	194
80+	254	8	57	189

Chapter 2 Supplementary data

Appendix A2.1: Workforce status of active Fellows by country

Country	N	Full-time	Part-time	Locum	Parental leave	Unemployed
Australia	2,865	2,259	490	52	10	54
New Zealand	501	408	73	13	3	4
Total	3,366	2,667	563	65	13	58

Appendix A2.2: Workforce status of active Fellows by age group and employment status

Age group	N	Full-time	Part-time	Locum	Unemployed
<40	476	405	44	23	4
40-49	1026	958	55	11	2
50-59	866	817	40	7	2
60-69	593	410	162	13	8
70-79	329	73	220	11	25
80+	63	4	42	0	17

Appendix A2.3: Mean hours worked per week and preferred weekly work hours by workforce status

Status	Hours worked per week			Preferred weekly work hours		
	N	Mean	SD	N	Mean	SD
Full-time	2664	53.0	11.1	2596	48.0	10.3
Locum	65	31.6	18.6	61	34.8	16.9
Part-time	563	20.7	12.3	537	21.1	12.5

Appendix 2.4: Mean hours worked per week by age group

	<40 years		40-49 years		50-59 years		60-69 years	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Male	51.0	13.4	52.7	11.4	53.6	12.3	42.9	17.9
Female	47.1	17.1	43.9	13.8	48.1	12.8	31.5	20.0

Appendix A2.5: Mean hours worked per week and preferred weekly work hours of full-time Fellows by specialty

	Current hours worked per week			Hours preferred to work per week		
	N	Mean	SD	N	Mean	SD
CAR	97	55.3	12.9	96	50.5	10.5
GEN	1023	51.4	13.6	1006	46.6	11.9
NEU	134	54.5	14.2	132	49.2	11.6
ORT	696	51.1	12.3	674	47.5	10.9
OTO	298	47.0	12.2	292	42.8	11.1
PAE	69	53.5	13.3	70	47.5	10.4
PLA	232	49.5	11.9	222	45.8	10.9
URO	239	50.8	12.3	232	46.3	9.4
VAS	119	50.2	14.3	114	46.1	12.8

Appendix A2.6: Fellows working in public or private practice by surgical specialty

	N	% Public practice	% Private practice	% Mixed practice
CAR	96	22.9	11.5	65.6
GEN	1080	22.7	14.0	63.3
NEU	138	17.4	18.8	63.8
ORT	709	10.3	24.5	65.2
OTO	319	7.8	16.3	75.9
PAE	73	32.9	5.5	61.6
PLA	242	10.7	28.9	60.3
URO	244	7.4	14.8	77.9
VAS	122	13.1	13.9	73.0

Appendix A2.7: Frequency of emergency on-call Fellows took by work sector

	Public sector		Private sector	
	N	%	N	%
1:1	53	2.4	220	23.8
1:2	111	5.1	45	4.9
1:3	246	11.3	74	8.0
1:4	393	18.1	115	12.4
1:5	333	15.3	107	11.6
1:6	280	12.9	106	11.5
1:7	141	6.5	62	6.7
1:8	191	8.8	66	7.1
1:9	52	2.4	8	0.9
1:10	377	17.3	122	13.2

Appendix A2.8: Percentage of Fellows who believe there is sufficient work for an additional colleague in their public practice region

	ACT		NSW		NT		QLD		SA		TAS		VIC		WA		NZ	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
No	11	32.4	259	40.9	4	30.8	133	36.0	87	42.6	23	40.4	297	50.9	81	43.3	119	29.5
Yes	23	67.6	374	59.1	9	69.2	236	64.0	117	57.4	34	59.6	286	49.1	106	56.7	285	70.5
Total	34		633		13		369		204		57		583		187		404	

Appendix A2.9: Percentage of Fellows who believe there is sufficient work for an additional colleague in their private practice region

	ACT		NSW		NT		QLD		SA		TAS		VIC		WA		NZ	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
No	22	57.9	441	63.8	5	50.0	265	65.0	122	58.7	31	55.4	366	65.0	104	56.2	226	62.1
Yes	16	42.1	250	36.2	5	50.0	143	35.0	86	41.3	25	44.6	197	35.0	81	43.8	138	37.9
Total	38		691		10		408		208		56		563		185		364	

Appendix A2.10: Percentage of Fellows who tried to access flexible working arrangements in the last two years by work sector

	N	Yes	% Yes
Sought flexible working arrangements in public sector	2484	422	17.0
Sought flexible working arrangements in private sector	2525	338	13.4

Appendix A2.11: Percentage of Fellows who encountered difficulties trying to establish flexible working arrangements

	N	Yes	% Yes
Encountered difficulties in public sector	422	179	42.4
Encountered difficulties in private sector	338	64	18.9

Appendix A2.12: Percentage of Fellows who are involved in other forms of paid employment by age group

	N	Yes	%
<40	463	47	10.2
40-49	999	117	11.7
50-59	842	172	20.4
60-69	577	143	24.8
70-79	320	120	37.5
80+	56	22	39.3

Appendix A2.13: Other forms of paid employment Fellows are involved in

	N
Surgical Assisting	59
Medico-legal work	177
Research / Academia	213
Clinical Education / Assessment	200
Administration	133
Other paid work	214

Chapter 3 Supplementary data

Appendix A3.1: Workforce status of Fellows who work in a rural/regional area

	N	Full time	Part time	Locum
Australia	774	380	333	61
New Zealand	136	79	49	8

Appendix A3.2: Number of Fellows working in a rural/regional area of Australia by Australian Standard Geographical Classification (ASGC)

	WA	VIC	TAS	SA	QLD	NT	NSW
RA2 - Inner Regional Australia	29	199	35	36	151	0	255
RA3 - Outer Regional Australia	43	54	11	60	71	18	47
RA4 - Remote Australia	42	0	0	12	15	20	2
RA5 - Very Remote Australia	10	2	1	4	30	17	0
Total	124	255	47	112	267	55	304

Appendix A3.3: Percentage of Fellows practicing in a rural/regional area by specialty

	N	Yes	%
CAR	104	7	6.7
GEN	1147	356	31.2
NEU	151	19	12.6
ORT	775	234	30.2
OTO	333	94	28.2
PAE	75	14	18.7
PLA	247	61	24.7
URO	254	99	39.0
VAS	128	25	19.5

Appendix A3.4: Fellows' rural/regional area work intentions over the next five years

	Australia	New Zealand	Total
No plans to change work pattern	496	74	570
Decrease work hours	153	47	200
Increase work hours	43	3	46
Move to metropolitan area	18	2	20
Uncertain	61	10	71
Total	771	136	907

Chapter 4 Supplementary data**Appendix A4.1: Percentage of Fellows who undertake volunteer/pro-bono work by specialty**

	N	Yes	%
CAR	124	49	39.5
GEN	1,399	514	36.7
NEU	163	67	41.1
ORT	820	323	39.4
OTO	369	136	36.9
PAE	94	44	46.8
PLA	268	134	50.0
URO	284	90	31.7
VAS	137	60	43.8

Appendix A4.2: Types of pro bono/volunteer activities Fellows participate in

N=1386	N	%
Clinical education not related to SET	684	49.4
Non-clinical work	630	45.5
RACS	477	34.4
Other specialty society/association	385	27.8
Pro bono international aid work	334	24.1
Other	294	21.2
Pro bono domestic clinical work	230	16.6
Pro bono domestic aid work	62	4.5

Appendix A4.3: Types of RACS roles Fellows participate in

N=818	N	%
Educational instructor/presenter	363	44.4
Surgical mortality audit assessor	329	40.2
Examiner/interviewer	307	37.5
Council/board/committee member	248	30.3
Other	91	11.1
International aid	89	10.9

Chapter 5 Supplementary data

Appendix A5.1: Percentage of Fellows involved in SET training or supervision by specialty

	N	Yes	%
CAR	123	62	50.4
GEN	1,392	782	56.2
NEU	162	90	55.6
ORT	818	477	58.3
OTO	366	213	58.2
PAE	92	57	62.0
PLA	269	151	56.1
URO	284	187	65.8
VAS	138	91	65.9

Appendix A5.2: Mean hours per week Fellows spent on SET training or supervision

	Public Sector			Private Sector		
	N	Mean	SD	N	Mean	SD
Administrative work	932	1.7	1.9	147	2	1.9
Supervision	1937	10.0	8.8	341	5.0	5.0
Educational program	1282	1.9	1.9	189	1.8	1.7

Chapter 6 Supplementary data

Appendix 6.1: Workplace sources of Fellows' self-rated stress levels

N=3123	Percentage of Fellows				
	No stress	Little stress	Moderate stress	High stress	Extreme stress
Administrative regulation	15.6	32.1	30.2	16.4	5.8
Administrative processes	17.2	35.1	31.2	13.4	3.7
Threat of litigation	21.6	44.3	22.1	8.1	3.8
Bullying / discrimination	62.3	21.5	9.0	3.7	3.4
Adopt new technologies	34.2	46.2	16.9	2.4	0.3
Maintain knowledge base	38.6	45.6	14.2	1.4	0.2
Maintain skills	40.4	43.0	14.7	1.7	0.1

Appendix A6.2: Proportion of Fellows who have sought professional assistance to deal with stress or a mental health issue

	N	%
Yes, has sought assistance for stress or mental health issue	409	11.1
No, has never sought assistance	2630	71.6
Does not have any mental health issues	599	16.3
I'd rather not say	33	0.9

Appendix A6.3: Percentage of Fellows who have sought professional assistance for stress or mental health concerns by specialty

	N	Yes	%
CAR	124	16	12.9
GEN	1,402	163	11.6
NEU	164	19	11.6
ORT	823	77	9.4
OTO	369	38	10.3
PAE	94	10	10.6
PLA	270	42	15.6
URO	286	30	10.5
VAS	139	14	10.1

Appendix A6.4: How Fellows monitored their general health

	N	%
Does own regular health check-ups	311	8.5
Visits a GP at least once every 2 years	1160	31.6
Sees GP as per existing conditions	1149	31.2
Has been more than 2 years since last check-up	1057	28.7

Appendix A6.5: Distribution of annual and study leave Fellows took over the past 12 months

		CPD/Study leave		Annual leave	
		N	%	N	%
Leave taken	No	385	12.3	199	6.3
	Yes	2750	87.7	2936	93.7
Weeks taken	1 week	869	31.6	137	4.7
	2 weeks	1198	43.6	429	14.6
	3 weeks	368	13.4	496	16.9
	4 weeks	199	7.2	891	30.3
	5 weeks	33	1.2	340	11.6
	6 weeks	34	1.2	336	11.4
	≥ 6 weeks	49	1.8	307	10.5

Appendix A6.6: Duration of parental leave Fellows took over the past 12 months

	N	Percentage	
		<6 weeks	≥6 weeks
Male	129	91.5	8.5
Female	40	15.0	85.0

Chapter 7 Supplementary data

Appendix 7.1: Hours per week Fellows aged <40 years intend to work over the next 10 years

	2014 intentions		2016 intentions		2019 intentions		2024 intentions	
	Mean hours	SD	Mean hours	SD	Mean hours	SD	Mean hours	SD
<40 Male	49.1	10.3	50.7	10.4	49.3	9.9	46.9	11.1
<40 Female	42.0	11.0	42.1	11.6	42.7	10.3	40.8	11.5

Appendix A7.2: Hours per week Fellows aged 40-49 years intend to work over the next 10 years

	2014 intentions		2016 intentions		2019 intentions		2024 intentions	
	Mean hours	SD	Mean hours	SD	Mean hours	SD	Mean hours	SD
Male	48.6	10.1	49.0	9.7	47.1	10.4	42.2	12.9
Female	40.8	11.6	42.8	11.3	42	11.4	38.3	13.2

Appendix A7.3: Percentage of Fellows aged less than 50 years who intend to retire within the next 10 years from clinical practice and all forms of paid work

	≥10 years	< 10 years
Public sector practice	89.9	10.1
Private sector practice	97.8	2.2
All form of paid work	99.2	0.8

Appendix A7.4: Mean hours per week Fellows aged 50-59 years intend to work over the next 10 years

	2014 intentions		2016 intentions		2019 intentions		2024 intentions	
	Mean hours	SD	Mean hours	SD	Mean hours	SD	Mean hours	SD
Male	48.2	11.1	46.5	12.3	40.4	14.9	24.7	19.7
Female	43.9	11.0	43.1	11.4	37.3	13.1	24.9	17.4

Appendix A7.5: Proportion of Fellows aged 50 years or older who intend to retire within the next 10 years from clinical practice and all forms of paid work

N=975	< 10 years	≥10 years
Public sector practice	59.3	40.7
Private sector practice	54.6	45.4
All form of paid work	43.0	57.0

Appendix A7.6: Proportion of Fellows aged 65 years or older who intend to be engaged in paid employment for the next two years

N=509	%
No	23.7
Yes	76.3

Appendix A7.7: Type of work Fellows aged 65 or older planned to do in the next two years

N=509	%
Administration	32.4
Medico-legal work	23.6
Education and Assessment	17.7
Research/Academia	17.3
Surgical assisting	16.9
Other	13.2
Clinical consulting practice	11.0
Operative practice in hospital or day surgery unit	8.1
Operative practice in rooms	7.1

Appendix A7.8: Main reason why Fellows aged 65 years or older are still engaged in paid employment

N=508	%
They are doing work that they enjoy	50.6
Feels they can still contribute value to the workforce	31.3
Has not met minimum financial goals for retirement yet	12.6
Other	3.9
To stay mentally active	1.5