



## **Surgical Workforce 2020 Census Report**

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Royal Australasian College of Surgeons  
2020 Surgical Workforce Census Summary Report

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## ABBREVIATIONS

|      |   |
|------|---|
| ~    | Not Applicable  |
| %    | Percentage of respondents                               |
| AoNZ | Aotearoa New Zealand                                    |
| AMA  | Australian Medical Association                          |
| ACT  | Australian Capital Territory                            |
| AUS  | Australia   |
| CAR  | Cardiothoracic surgery                                  |
| CPD  | Continuing Professional Development                     |
| F    | Female  |
| GEN  | General surgery   |
| IQR  | Interquartile range                                     |
| M    | Male  |
| N    | Number of Fellows that responded to the Census question |
| NEU  | Neurosurgery  |
| NSW  | New South Wales   |
| NT   | Northern Territory                                      |
| 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   |
| SD   | Standard deviation                                      |
| SET  | Surgical Education and Training Program                 |
| TAS  | Tasmania  |
| URO  | Urology   |
| VAS  | Vascular surgery  |
| VIC  | Victoria  |
| WA   | Western Australia                                       |

## **INTRODUCTION**

The Royal Australasian College of Surgeons (RACS), formed in 1927, is a non-profit organisation that is responsible for training surgeons and maintaining surgical standards across Australia and Aotearoa New Zealand. RACS' purpose is to be the unifying force for surgery in Australia and Aotearoa New Zealand, with FRACS standing for excellence in surgical care.

The Surgical Workforce Census commenced in 2005 and is conducted every two years. The Census is an important tool to assist RACS 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 RACS to build a picture of the challenges facing the surgical workforce and to help identify those areas in which RACS needs to advocate and find solutions.

This is the seventh Surgical Workforce Census conducted by RACS. Reports on our previous Censuses can be found on our website ([www.surgeons.org](http://www.surgeons.org)).

## KEY FINDINGS

### Work Patterns

- Full time Fellows worked an average of 47.1 hours per week in 2020 compared to 50 hours in 2018, 51 hours in 2016 and 53 hours in 2014. This is a small but consistent decrease in average hours worked per week reported over the past six years. COVID-19 pandemic restrictions may have impacted on work practices for some Fellows during 2020.
- Fellows who work full time reported a preference to work almost three hours less than their current average of 47.1 hours per week.
- Fellows who work part time reported similar averages when comparing weekly hours worked and preferred hours. Locums preferred to work on average 4.3 more hours than they currently work.
- Fellows in the private sector reported working longer hours in consulting work than their public sector counterparts. Time spent on procedural work was similar in private and public sectors, however, Fellows in the public sector spent more time on administration.
- Almost a quarter of Fellows were involved in other forms of paid employment such as clinical education/ assessment and medico legal work.

### Rural and Regional Practice

- Approximately 22% of Australian Fellows reported working solely in rural or regional locations. For Aotearoa New Zealand Fellows, approximately 19% reported working outside major cities only.
- Of the Fellows who worked in rural or regional locations only, almost 48% were full time and reported working on average 43.7 hours per week. This is slightly less than the overall average hours per week recorded for all full time respondents (47.1 hours).
- Approximately 13% of Fellows engaged in outreach services monthly and 6% reported working in outreach services weekly, including both metropolitan and regionally based Fellows. Of the 13% engaged in monthly outreach, 82% of respondents (N=51) are from Australia and 18% (N=11) are from Aotearoa New Zealand.
- The majority of Fellows indicated no intention to change their future work hours in rural or regional settings over the next five year.

### Pro Bono Work

- Over 70% of Fellows participated in pro bono or volunteer work in 2020.
- The most frequently reported pro bono activities were contributions to RACS, including the SET Program, followed by domestic clinical work.
- For RACS pro bono roles, almost one in four Fellows contributed as an educational instructor/ presenter and one in five Fellows gave their time as a surgical mortality audit assessor.
- Fellows reported working on average 9.4 hours per month on pro bono activities.

### Wellbeing

- Administrative regulation and processes continue to rate as a high to extreme source of stress for Fellows, rating higher than COVID-19.
- Almost three quarters of Fellows monitored their health in the last two years, visiting a medical doctor for a health check-up or at regular intervals as dictated by existing medical conditions (72%).
- Nine percent of Fellows reported seeking professional assistance for stress or mental health issues in the last two years.
- One quarter of female respondents reported returning to work within six weeks of taking parental leave.

### Future Work Intentions

- Fellows aged 40 – 69 intend on reducing their preferred weekly hours worked gradually over the next 10 years, with no major differences between female and male Fellows.
- Over 40% of Fellows aged over 50 years plan to retire from all forms of paid work within the next ten years.
- Most Fellows aged 65 years or older who intend to continue in paid employment will maintain work predominately because they are doing work that they enjoy.

## METHOD

### Surgeon Eligibility Criteria

All surgeons who are Fellows of RACS and whose usual workplace was in Australia and Aotearoa New Zealand were eligible to participate in the 2020 Surgical Workforce Census via an online survey. RACS Fellows are surgeons who have passed the Fellowship Examination in one of the following specialties: Cardiothoracic surgery (CAR), General surgery (GEN), Neurosurgery (NEU), Orthopaedic surgery (ORT), Otolaryngology Head and Neck (OTO), Paediatric surgery (PAE), Plastic surgery (PLA), Urology (URO) or Vascular surgery (VAS). Surgeons that trained in the specialties of Ophthalmology or Obstetrics and gynaecology and RACS Fellows working outside Australia or Aotearoa New Zealand were not eligible to participate in the Census.

A Fellow may be defined as 'Active', 'Semi-retired' or 'Retired' (i.e., no longer registered to practise medicine). At the time of the Census commencement, there were 6870 Fellows in Australia and Aotearoa New Zealand eligible to participate. Of those, 369 opted out of communication or did not have an email address registered with RACS. Hence the final survey was issued to 6501 Fellows.

**Table 1.1: 2020 Surgical Workforce Census target population**

|   | Total |
|---|-------|
| All Active and Retired Fellows eligible | 6870  |
| No email/ no communication request      | 369   |
| Total no. of Census invitations         | 6501  |

### 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 wellbeing. More specifically, Fellows were asked to reflect upon their workforce status, weekly hours of work at present and as intended in the future, frequency of emergency on-call work, private billing practices (where applicable), retirement intentions, leave taken, stressors, health monitoring, and pro bono roles, including contributions to RACS.

### 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 (2.2%) were from Fellows reporting that they currently live outside of Australia or Aotearoa New Zealand; these were also excluded from further analysis.

**Table 1.2: Summary of respondents excluded from analysis**

|   |      |       |
|---|------|-------|
| Total no. of respondents                                | 1783 |       |
| No. of respondents overseas (excluded)                  | 39   | 2.2%  |
| No. unusable, partially complete respondents (excluded) | 181  | 10.2% |
| No. duplicate respondents (excluded)                    | 0    | 0.0%  |
| Final no. of valid respondents                          | 1563 |       |

Data were analysed (where applicable) by segments including sex (male/ female), age ( $\leq 39$ , 40-49, 50-59, 60-69, 70-79,  $\geq 80$ ), location (8 Australian states/ territories and/ or Aotearoa New Zealand), country (Australia, Aotearoa New Zealand), specialty (CAR, GEN, NEU, ORT, OTO, PAE, PLA, URO, VAS) and workforce status (full time, part time, locum). Unless otherwise stated, descriptive statistics presented in this report are based on results of the respondent population, imputation or weighting methods have not been applied.



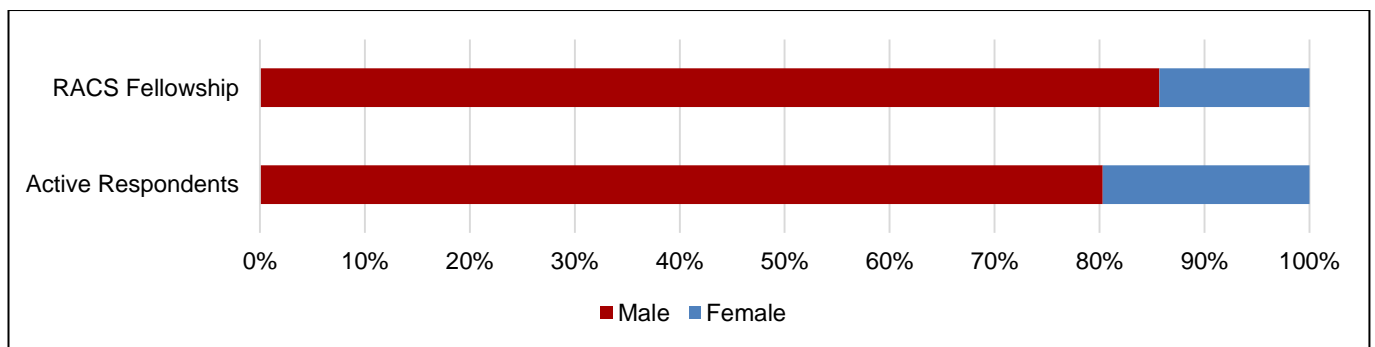
## Chapter 1 – Descriptive Statistics

RACS achieved a 24.0% response rate (N=1563) for the 2020 Surgical Workforce Census, compared to 28.8% in 2018.<sup>1</sup> The country-specific response rate was 21.5% of Australian Fellows and 32.7% of Aotearoa New Zealand Fellows. For 1880 Fellows, the online survey response status was recorded as “unopened”. As a result, the response rate could be between 24.0% (6501 invitations) and 33.2% (4701 invitations).

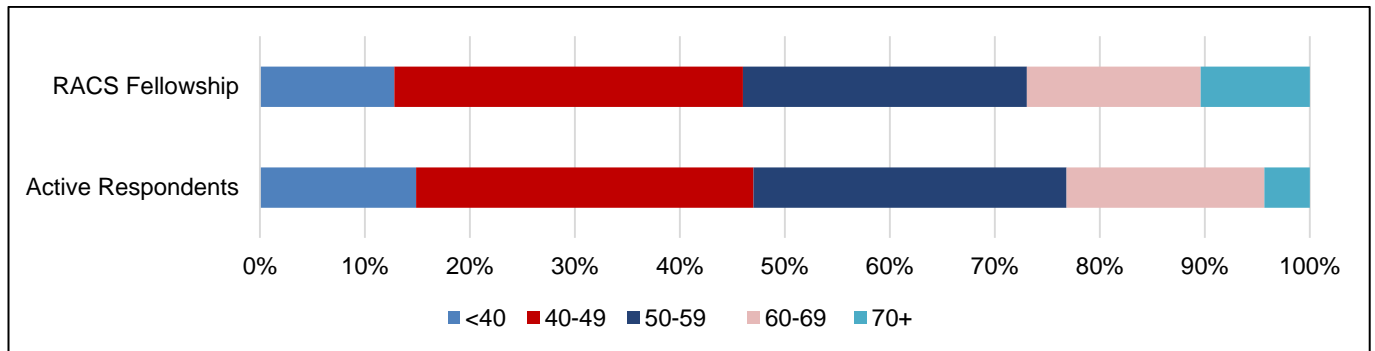
Out of 1563 respondents, 1351 were in Active practice, while 212 reported to be Retired.

To establish representativeness of the results, the Active respondents were compared with Active Fellows from the RACS 2020 Activities Report.<sup>2</sup> The respondents represent a consistent demographic profile to that of the RACS Active Fellowship population, with similar age group, sex and specialty profiles. In addition, all Australian states and territories and Aotearoa New Zealand were broadly represented in the final data set when compared to the Fellowship (Figure 1.1 to Figure 1.4).

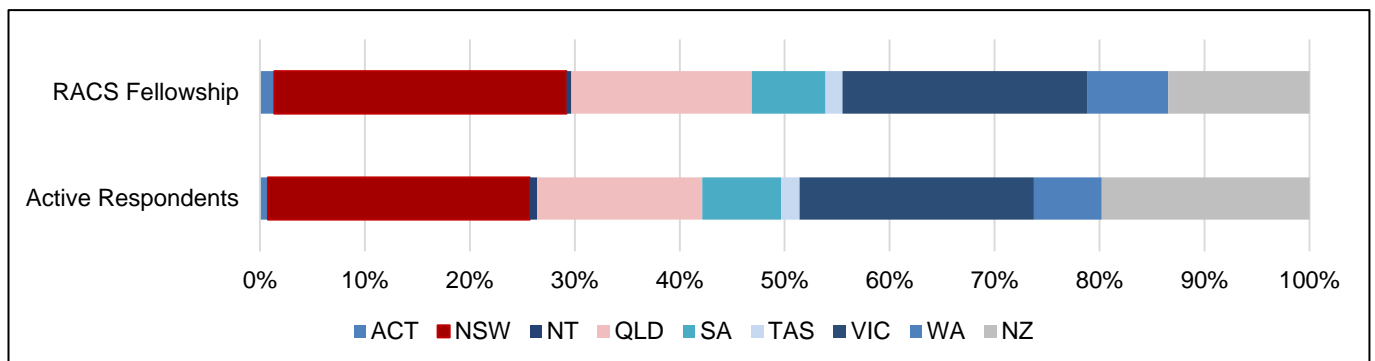
**Figure 1.1: Sex profile of Active Census respondents and Active RACS Fellows**



**Figure 1.2: Age profile of Active Census respondents and Active RACS Fellows**

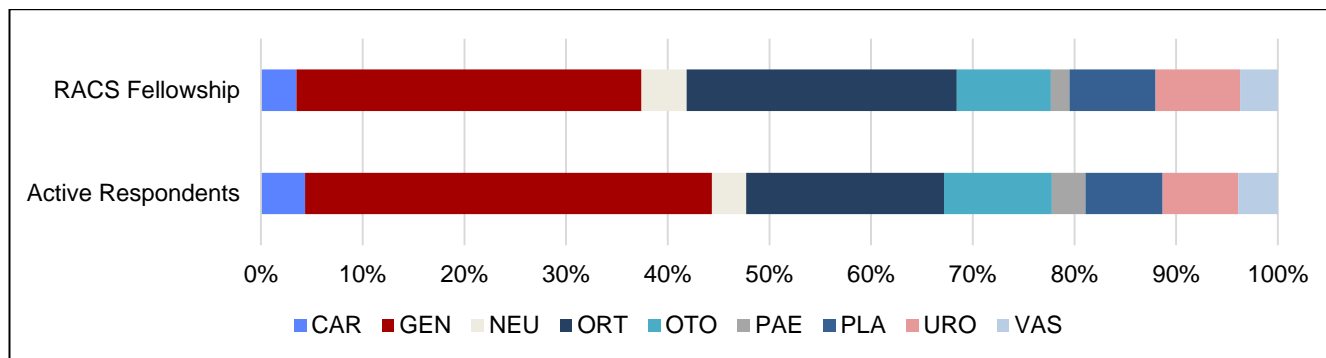


**Figure 1.3: Location profile of Active Census respondents and Active RACS Fellows**



Note: Refer to Table A1.1 to A1.3 in Appendix A for the tabulated data

**Figure 1.4: Specialty profile of Active Census respondents and Active RACS Fellows**

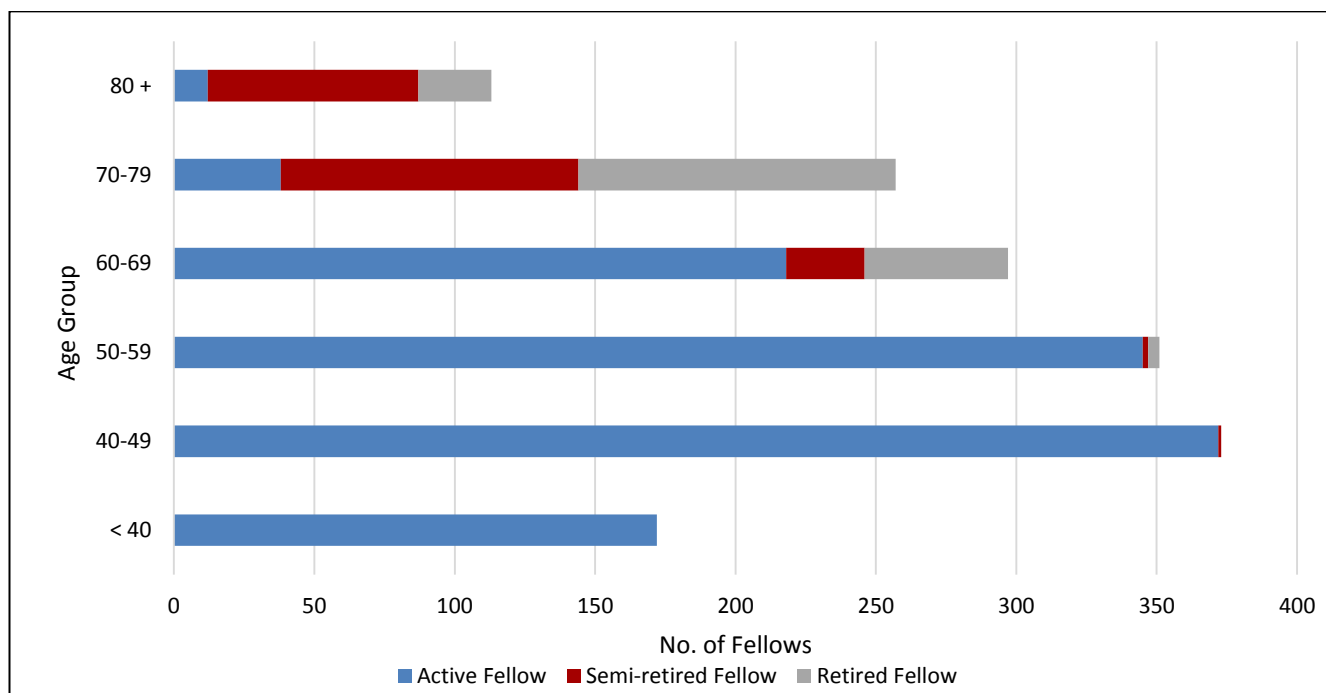


Note: Refer to Table A1.4 Appendix A for the tabulated data

In terms of Fellowship status, 74% of respondents identified as an Active Fellow, 12.4% as a Semi-retired Fellow and 13.6% a Retired Fellow (Figure 1.5).

The mean age of respondents (Active and Retired) was 57 years compared to 57 years in 2018<sup>1</sup> and 53 years in 2016.<sup>3</sup> With the mean age of 48 years, female Fellows were 11.5 years younger on average than their male counterparts.

**Figure 1.5: Age distribution and Fellowship status of Census respondents**



Note: Refer to Table A1.5 and A1.6 in Appendix A for the tabulated data

## Chapter 2 – Work Patterns

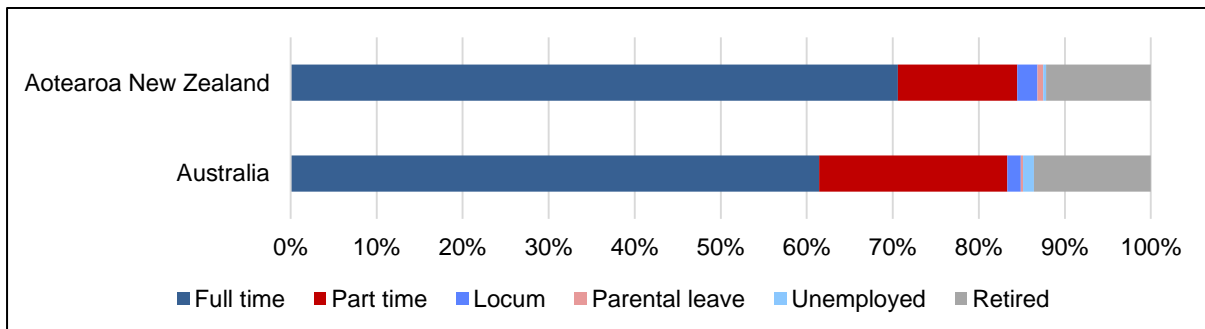
### Summary

- Fellows employed full time worked an average of 47.1 hours per week compared to 50 hours in 2018, 51 hours in 2016 and 53 hours in 2014. This is a small but consistent decrease in average hours per week worked reported over the past six years.
- Fellows who work full time reported a preference to work almost three hours less than their current average of 47.1 hours per week.
- Fellows who work part time reported similar averages when comparing weekly hours worked and preferred hours (20.9 and 22.6 respectively).
- Locums preferred to work on average 4.3 more hours than they are currently working.
- Fellows in the private sector reported working longer hours in consulting work than their public sector counterparts. Time spent on procedural work was similar in private and public sectors, however, Fellows in the public sector spent more time on administration.
- In the public sector, one in ten Fellows worked more than the recommended emergency on-call period of 1:4.
- Almost a quarter of Fellows were involved in other forms of paid employment such as clinical education/ assessment and medico legal work.

### Employment Status

Just over 63% of Active Fellows reported that they were working full time (Figure 2.1). Only five respondents aged 59 years or less reported that they were unemployed at the time of the Census.

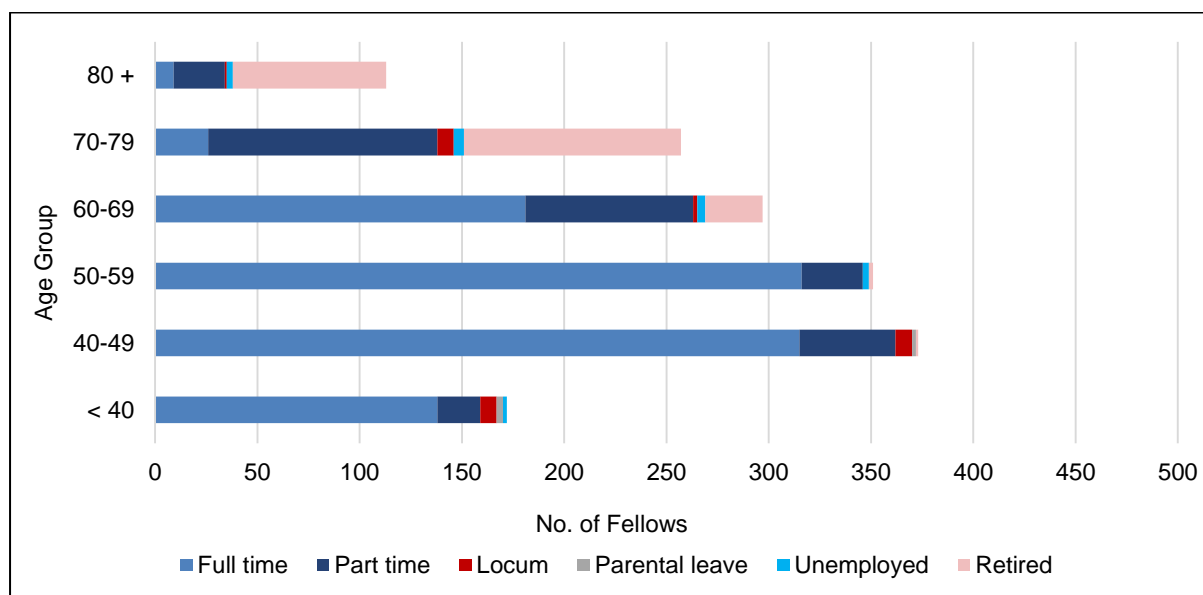
Figure 2.1: Employment status of Fellows by country



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

On average eighteen percent of Fellows reported that they were working in a part time capacity. The majority of Fellows who reported part time employment were aged 60 years or older, reflecting a career transition into retirement. Locum work was undertaken by a very small proportion of Fellows, 1.7% of respondents (Figure 2.2).

**Figure 2.2: Employment status of Fellows by age group**



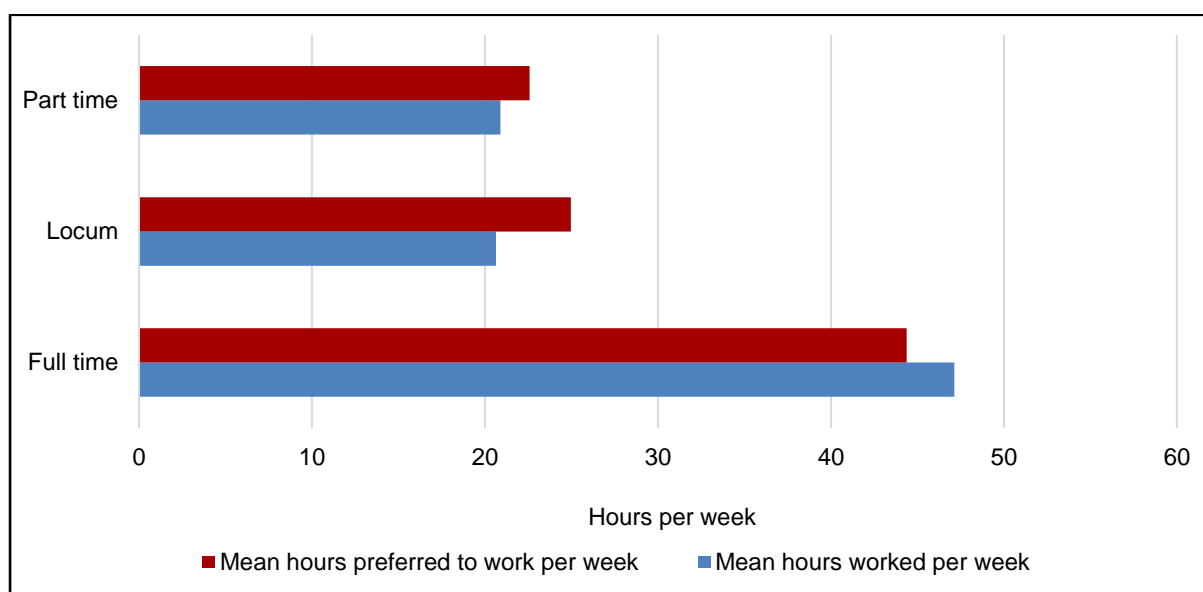
Note: Refer to Table A2.2 in Appendix A for the tabulated data

## Work Hours

Fellows employed full time reported working an average of 47.1 hours per week, although they preferred to work almost three hours less a week (Figure 2.3). The reported average hours of full time work per week was 50 hours in 2018, 51 hours in 2016 and 53 hours per week in 2014.<sup>4</sup> This is a small but consistent decrease in average hours per week reported over the past six years.

Part time Fellows worked on average 20.9 hours per week compared to 19.6 hours per week in 2018 and locums reported working 20.6 hours per week, less hours than previously reported (25 hours per week in 2018). Part time Fellows reported a preference of similar hours to those currently worked in 2020 (approximately 22.6 hours) and locums reported a preference to work an average of 4.3 more per week.

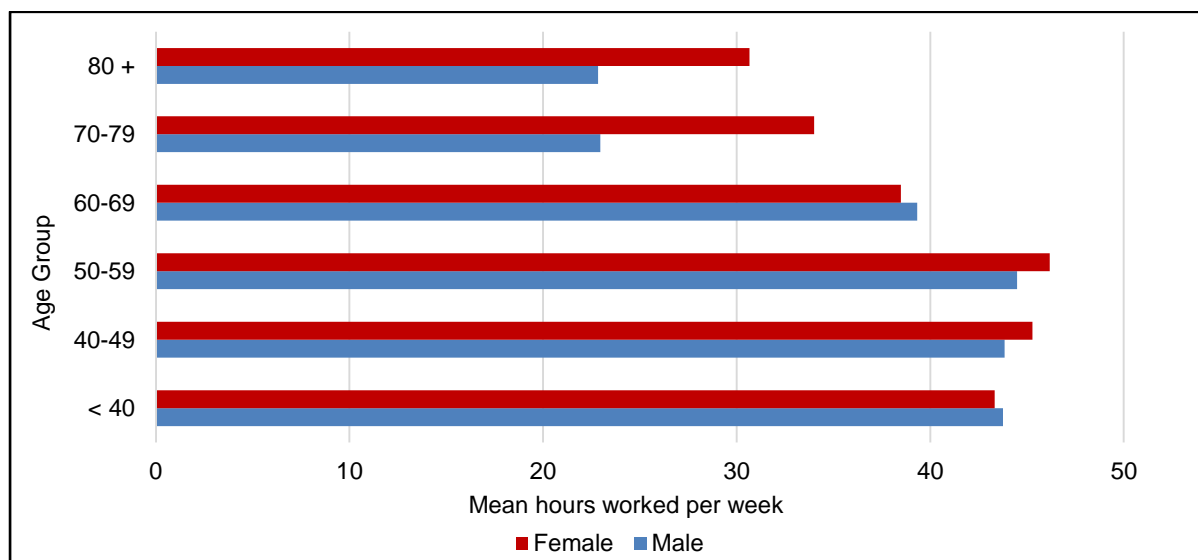
**Figure 2.3: Mean hours worked per week and preferred weekly work hours by workforce status**



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

Until the age of 60 years, female Fellows worked on average 44.9 hours a week, while male Fellow reported working on average 44 hours a week. Compared to other age groups, female Fellows aged 50-59 worked the longest average hours per week (46.2 hours), while male Fellows in the same age bracket reported working on average 44.5 hours. Fellows aged 70-80+ years (male and female) had the lowest average hours worked per week (27.6 hours), an indicator of transitioning into retirement (Figure 2.4).

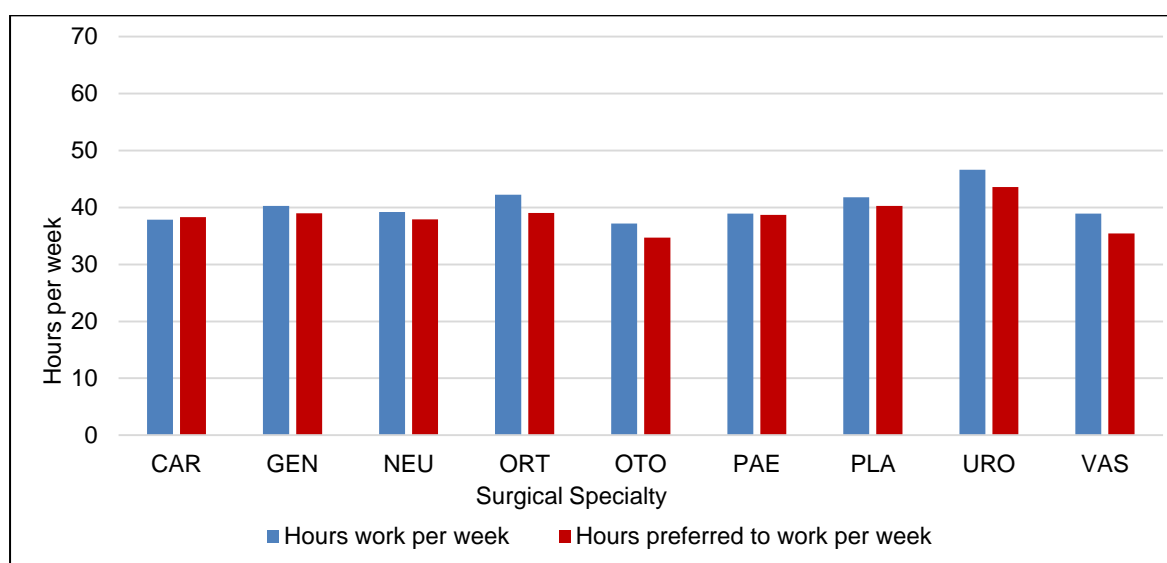
**Figure 2.4: Mean hours worked per week by age group**



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

Full time Urologists reported the longest average hours worked per week (46.6 hours). This is a change compared to previous Census results, with full time Neurosurgeons reporting the longest hours worked per week (55.1 hours in 2018 and 55 hours in 2016). In 2020 Otolaryngologists reported the shortest average hours worked per week (37.2 hours) (Figure 2.5). Paediatric surgeons and Cardiothoracic surgeons reported working similar hours to their preference. The biggest difference between hours worked and preferred hours was reported by Vascular surgeons, preferring to work on average 3.5 hours less per week than the 38.9 hours average reported.

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

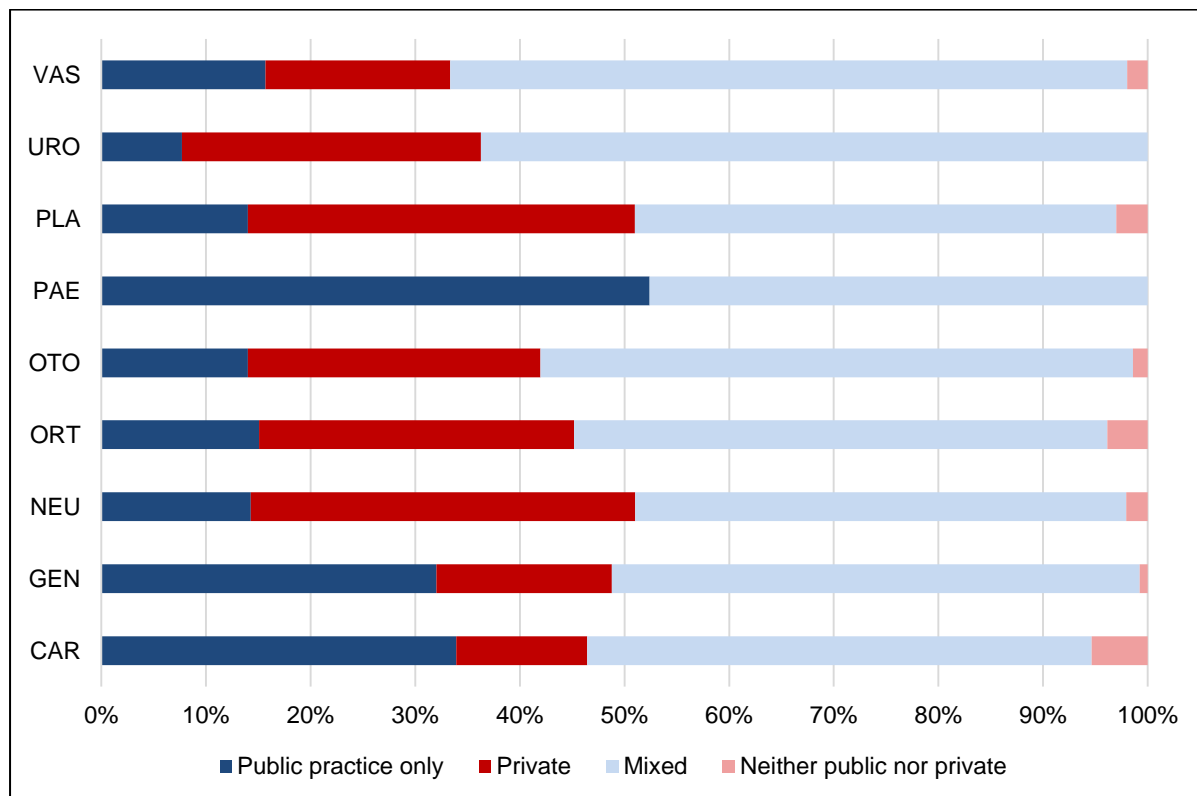


Note: Refer to Table A2.5 in Appendix A for the tabulated data

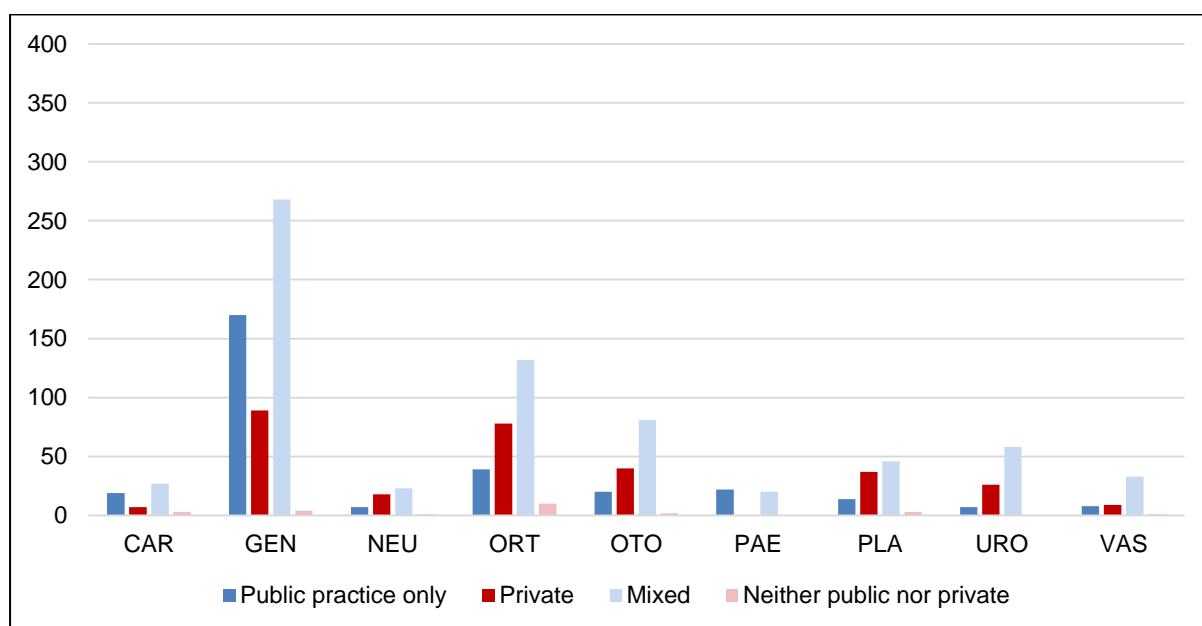
## Public and Private Sector Employment

Fifty-three percent of respondents reported working in public and private practice, compared to 60% in 2018. Paediatric surgery had the highest percentage of respondents who only worked in public practice (52.4%). Conversely, Plastic and Reconstructive surgery had the highest percentage of respondents who only worked in private practice (37.0%). The highest percentage of reported mixed practice was Vascular surgery (64.7%) (Figure 2.6).

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



**Figure 2.7: Number of Fellows working in public or private practice by surgical specialty**



Note: Refer to Table A2.6 and A2.7 in Appendix A for the tabulated data

Fellows were asked to report on their average number of hours worked per week for consulting, procedural and administrative work (Table 2.1 & 2.2).

Fellows in the private sector reported working more hours per week consulting than their public sector counterparts, with a median of 14 hours per week, compared to seven hours a week consulting in the public sector. With the exception of Paediatric surgery, the median weekly hours spent on consulting work were higher in the private sector for all specialties. For some specialties like Neurosurgery, Orthopaedic surgery and Otolaryngology and Urology, the median hours spent on consulting in the private sector was double or more for the time spent on consulting in the public sector.

Fellows in the public sector reported spending more time on administrative work, reporting a median of five hours on average per week, compared to two hours per week in private practice.

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

|              | Consulting (IQR)  | Procedural work (IQR) | Administration (IQR) |
|--------------|-------------------|-----------------------|----------------------|
| <b>CAR</b>   | 9 (5 – 12.75)     | 10 (8 - 18)           | 6 (2 – 10.5)         |
| <b>GEN</b>   | 8 (4 - 12)        | 10 (6 - 16)           | 5 (2 - 10)           |
| <b>NEU</b>   | 6 (3 - 10)        | 10 (4 - 15)           | 4 (2 - 12)           |
| <b>ORT</b>   | 6 (4 - 10)        | 10 (5 - 12)           | 4 (2 - 10)           |
| <b>OTO</b>   | 6 (4 - 10)        | 10 (7 - 14)           | 4 (2 - 10)           |
| <b>PAE</b>   | 10 (4.75 – 12.75) | 10 (8.5 - 20)         | 7 (2 - 10)           |
| <b>PLA</b>   | 8 (5 - 12)        | 12 (8 - 15)           | 5 (2 - 9.75)         |
| <b>URO</b>   | 5 (4 – 9.5)       | 10 (6 – 14.75)        | 4 (2 - 6)            |
| <b>VAS</b>   | 7 (4 - 10)        | 10 (6 - 15)           | 5 (2 - 8)            |
| <b>TOTAL</b> | 7 (4 - 10)        | 10 (6 - 15)           | 5 (2 - 10)           |

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

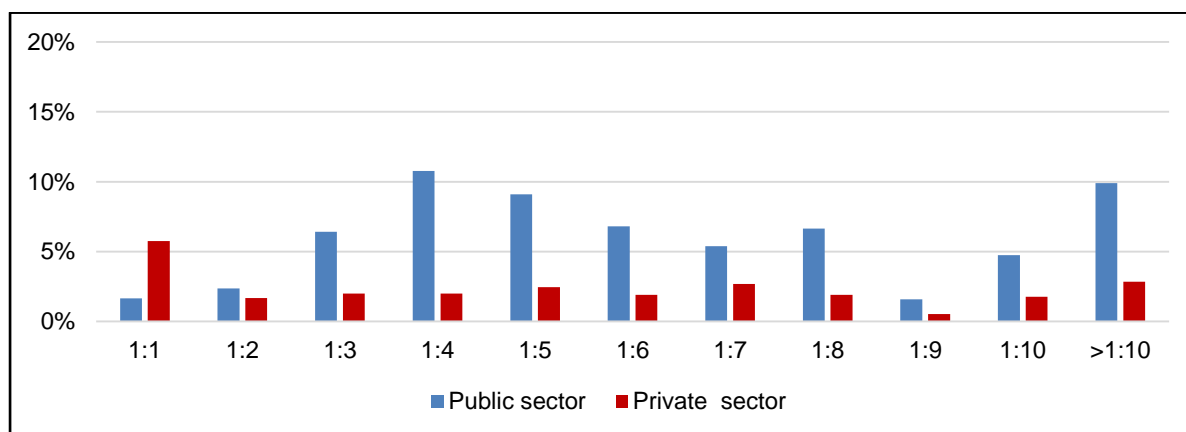
|              | Consulting (IQR) | Procedural work (IQR) | Administration (IQR) |
|--------------|------------------|-----------------------|----------------------|
| <b>CAR</b>   | 15.5 (6 - 20)    | 8 (5 – 12.5)          | 3 (1 - 5)            |
| <b>GEN</b>   | 15 (8 - 20)      | 10 (6 - 16)           | 2 (1.75 - 5)         |
| <b>NEU</b>   | 15 (7.5- 20)     | 12 (6 – 19.5)         | 3 (1.5 - 7)          |
| <b>ORT</b>   | 12 (8 - 20)      | 10 (6 - 17)           | 2 (1 – 4.5)          |
| <b>OTO</b>   | 12 (8 – 19.25)   | 10 (5 - 15)           | 2 (1 – 5)            |
| <b>PAE</b>   | 10 (8 - 16)      | 10 (5.5 - 15.5)       | 4 (2 – 6.5)          |
| <b>PLA</b>   | 13 (7.75 - 20)   | 10 (5 - 12)           | 3 (2 - 5)            |
| <b>URO</b>   | 14 (6.5 - 20)    | 12 (6.5 - 20)         | 2 (1 - 5)            |
| <b>VAS</b>   | 10 (5 - 20)      | 10 (5 - 15)           | 2 (1.5 - 6)          |
| <b>TOTAL</b> | 14 (8 - 20)      | 10 (6 - 16)           | 2 (1 - 5)            |

Compared to 2018 and 2016 Census results, the median hours spent on consulting and procedural work remains stable for both public and private sectors. The median time spent on administration in the public sector has increased (five hours per week on average in 2020, compared to two hours per week in 2018 and 2016). The private sector median hours spent on administration also remains stable (2 hours per week on average in 2020, compared to one hour per week in 2018 and 2016).

Fewer Fellows in the private sector reported undertaking emergency on-call work compared to the public sector. Almost 68% of Fellows in the private sector reported they do not undertake emergency on call work, compared to 34.5% of Fellows working in the public sector. Of those doing on-call work in the public sector, one in ten Fellows undertook emergency on-call more frequently than the recommended 1:4 rotation <sup>5</sup> (Figure 2.8), compared to one in six Fellows reported in 2018 and 2016.

Approximately 6% of respondents who undertook emergency on-call work in the private sector did so at 1:1 frequency. However, this is likely to reflect the permanent 'on-call' state Fellows maintain for their patients in private hospitals.

**Figure 2.8: Frequency of emergency on-call Fellows took by work sector**

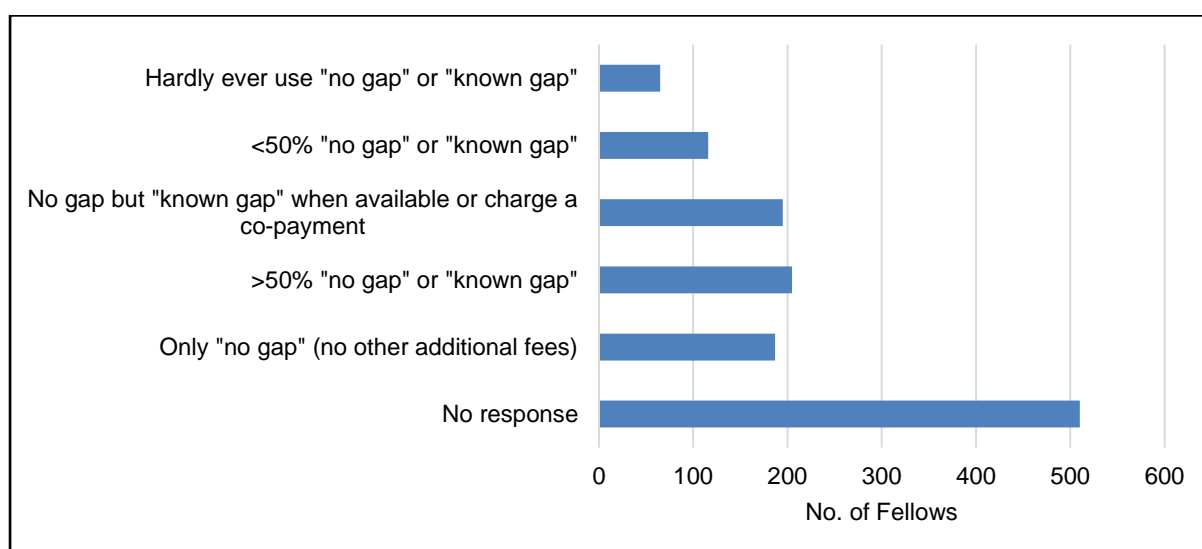


Note: Refer to Table A2.8 in Appendix A for the tabulated data

## Private Billing Practices

The Surgical Workforce Census collects data on private billing practices. Australian Fellows who work in the private sector were asked to describe how their procedural billing is obtained, considering their total private procedural income. Responses were spread across the range of options, with 16.0% of Fellows selecting >50% "no gap" or "known gap", 15.3% selecting "no gap" but "known gap" when available or charge a co-payment and 14.6% selecting only "now gap" (no other additional fees). Just over 9% reported <50% "no gap" or "known gap" and a further 5% advised they hardly ever use "no gap" or "known gap" (Figure 2.9).

**Figure 2.9: How private billing income is obtained, considering total private procedural income**



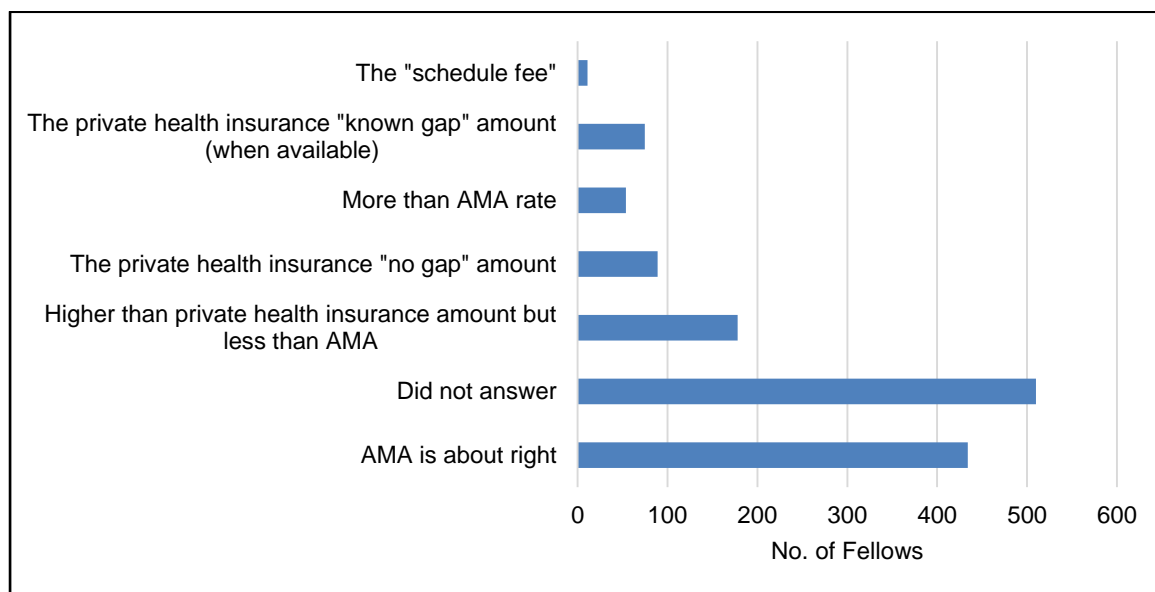
Note: Refer to Table A2.9 in Appendix A for the tabulated data



Fellows were also asked what they consider to be a fair professional fee, ignoring their current billing practice.

Almost 30% of respondents reported that the Australian Medical Association (AMA) fee is about right as a fair professional fee (N=434). The second most frequently selected option was higher than the private health insurance amount, but less than the AMA (11%). This reflects private billing results recorded in 2018 (Figure 2.10).

**Figure 2.10: Consideration of fair professional fee, ignoring current private billing practices**



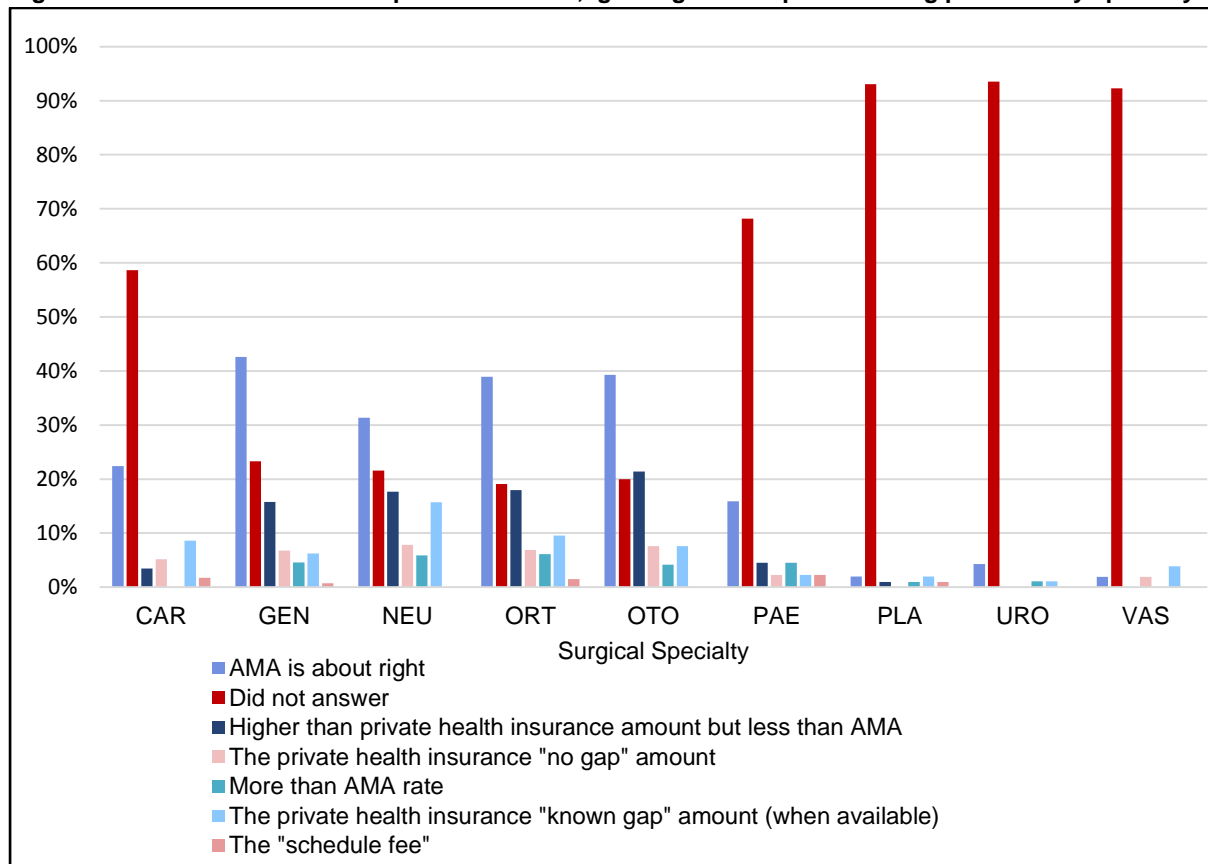
Note: Refer to Table A2.10 in Appendix A for the tabulated data

Of the 434 Fellows who reported that they consider the AMA to be about right in terms of a fair professional fee, the most frequently selected options for obtaining private billing income were >50% "no gap" or "known gap" (N=121) and "no gap" but "known gap" when available or charge a co-payment (N=104). For a crosstabulation of the results for how private billing is obtained and what Fellows considered to be a fair professional fee, refer to Table 2.10a in Appendix A.

The results for consideration of fair professional fee were reviewed by each surgical specialty.

Almost 43% of General surgeons reported the AMA is about right, compared to 16% of Paediatric surgeons. The lack of support for the "schedule fee" as a fair professional fee was consistent across the surgical specialties and mirrors 2016 Census results (Figure 2.11).

**Figure 2.11: Consideration of fair professional fee, ignoring current private billing practices by specialty**

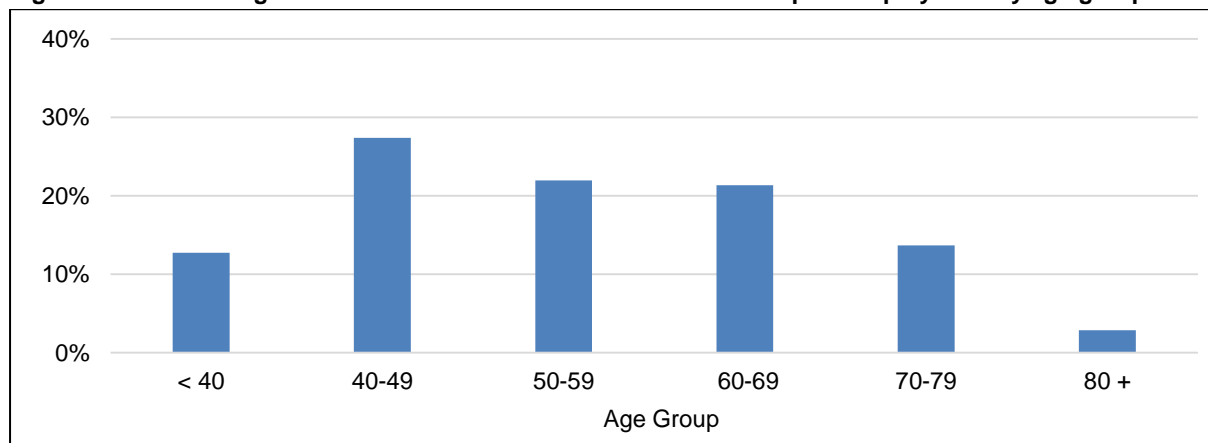


Note: Refer to Table A2.11 in Appendix A for the tabulated data

### Other Paid Employment

Almost a quarter of Active Fellows reported that they are involved in other forms of paid employment, an increase from approximately 20% reported in 2018 (Figure 2.12). Fellows aged 40 – 49 years old reported the highest rate of involvement in other forms paid employment. This contrasts with 2018 Census results, where Fellows aged 60 – 69 reported undertaking the most other paid employment.

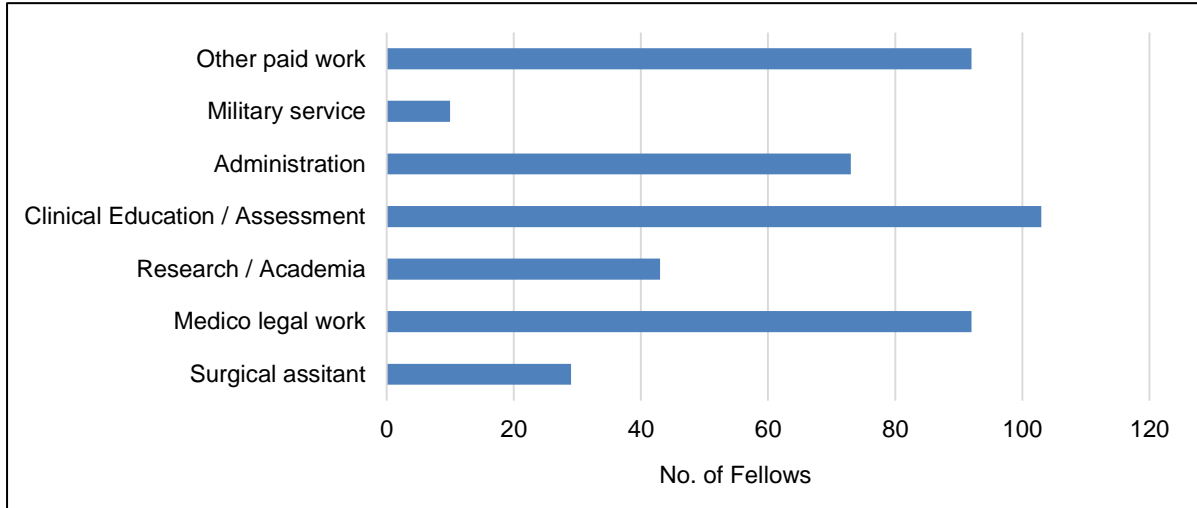
**Figure 2.12: Percentage of Active Fellows involved in other forms of paid employment by age group**



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

The most common forms of other employment Fellows are engaged in are clinical education/ assessment, medico legal work and other paid work (Figure 2.13). In 2018 Fellows reported research/ academia as the most common type of other paid employment followed by clinical education/ assessment.

**Figure 2.13: Other forms of paid employment for Fellows**



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

## Chapter 3 – Rural and Regional Practice

### Summary

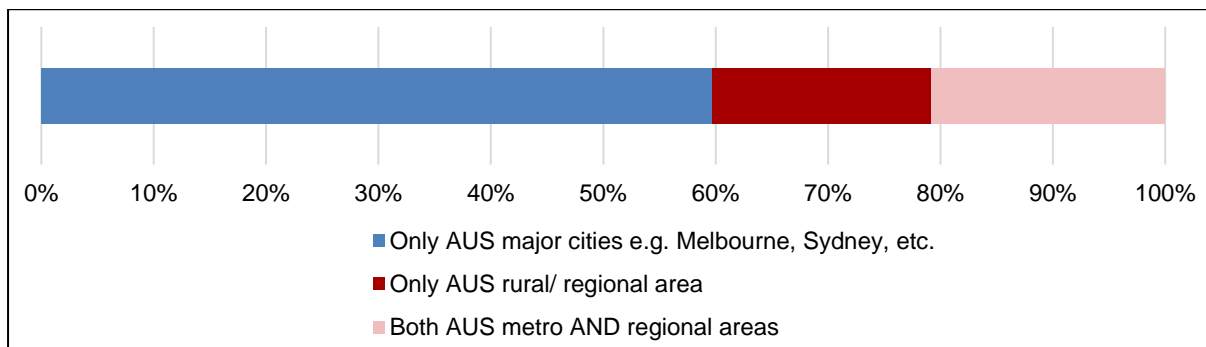
- Approximately 22% of Australian Fellows reported working solely in rural or regional locations. For Aotearoa New Zealand Fellows, approximately 19% reported working only outside major cities.
- Of the Fellows who worked in rural or regional locations only, almost 48% were full time and reported working on average 43.7 hours per week. This is slightly less than the overall average hours per week recorded for all full time respondents (47.1 hours).
- The majority of Fellows indicated no intention to change their future work hours in rural or regional settings.
- Approximately 13% of Fellows engaged in outreach services monthly and 6% reported working in outreach services weekly, including both metropolitan regionally based Fellows.

### Characteristics of the Rural Workforce

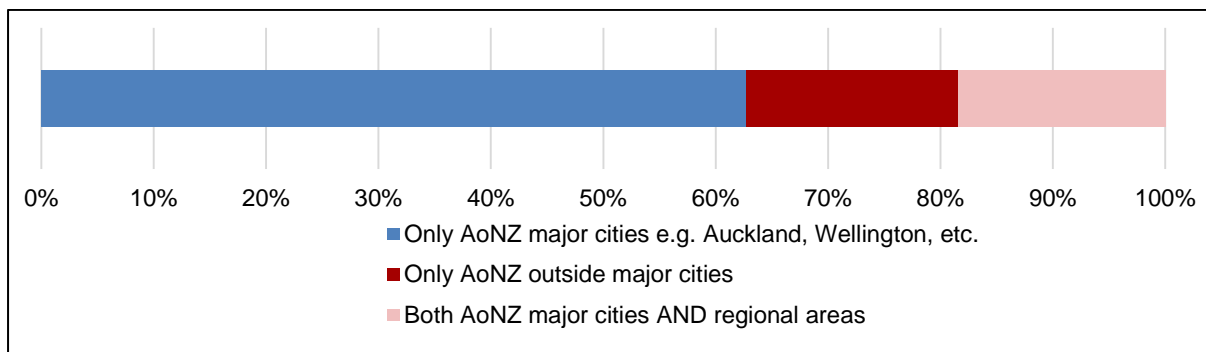
Approximately 45% of Australian and 38% of Aotearoa New Zealand respondents reported that they worked in a rural or regional location; this includes those practicing in both capital cities/ metropolitan and rural or regional locations. For Australia, metropolitan or major cities were classified as areas with populations greater than 100,000 (e.g. Sydney, Melbourne, Newcastle, Geelong, Hobart, Gold Coast, Townsville). For Aotearoa New Zealand major cities included Auckland, Wellington, Christchurch, Hamilton and Dunedin.

For Australia, the proportion of Fellows reporting that they worked in rural or regional locations only was 22.1% (compared to approximately 16% in 2018 and 2016). For Aotearoa New Zealand, the proportion of Fellows reporting they worked only outside major cities was 19.4% (compared to 24% in 2018 and 22% in 2016).

**Figure 3.1a: Location of work for Active Fellows, Australia**



**Figure 3.2b: Location of work for Active Fellows, Aotearoa New Zealand**

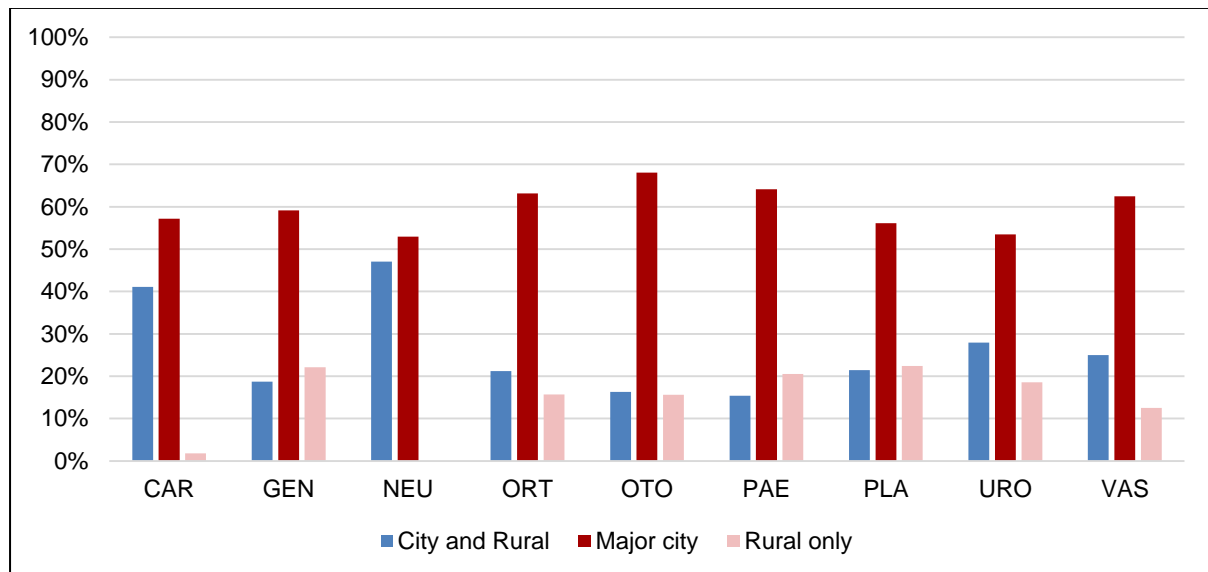


Note: Refer to Table A3.1 in Appendix A for the tabulated data

For both countries, approximately 46% of Urologists, 44% of Plastic and Reconstructive surgeons and 41% General surgeons reported that they worked in a rural or regional area (including those practicing in both metropolitan and rural or regional areas).

For the subset of Fellows who reported only working in rural or regional locations, a much lower proportion was evident. Of all specialties, General surgery had the highest proportion (21.1%) of Fellows reporting they worked solely in rural or regional locations. There were no, or very few, rural or regional surgeons in Neurosurgery, Cardiothoracic surgery and Vascular surgery compared to the proportions of Fellows in General surgery, Orthopaedic surgery and Otolaryngology Head and Neck surgery and Urology (Figure 3.2).

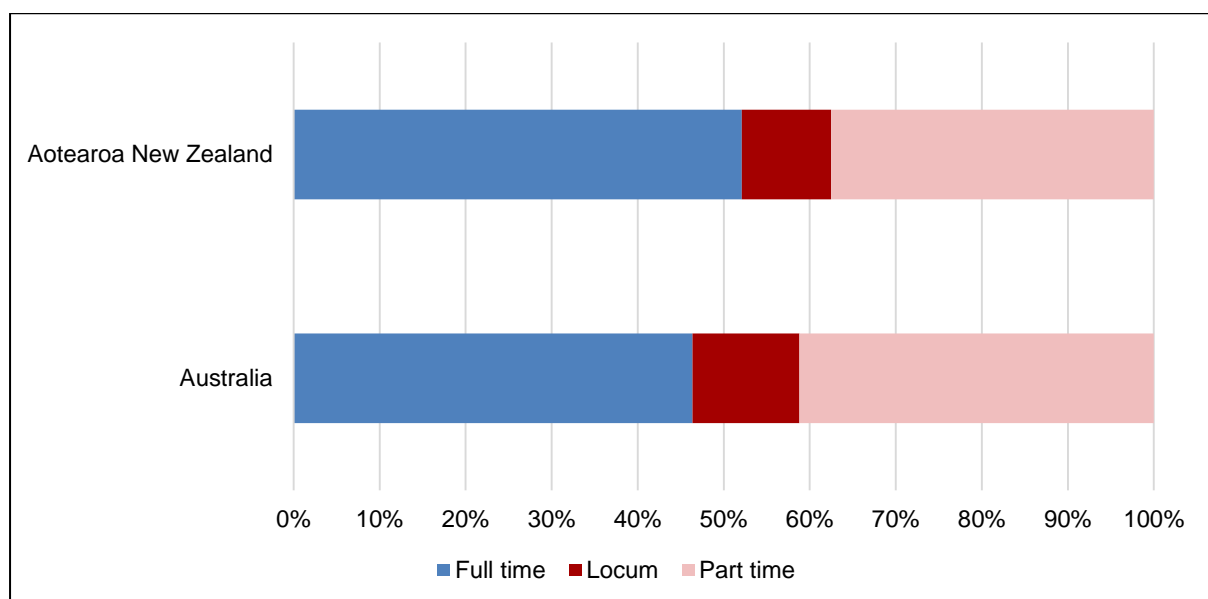
**Figure 3.3: Percentage of Fellows practicing in a rural or regional area by surgical specialty**



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

For Fellows who reported working in rural or regional locations only, (N=427 Australia, N=96 Aotearoa New Zealand), almost 48% were working on a full time basis (Figure 3.3).

**Figure 3.3: Employment status of Fellows who work in a rural or regional location only**



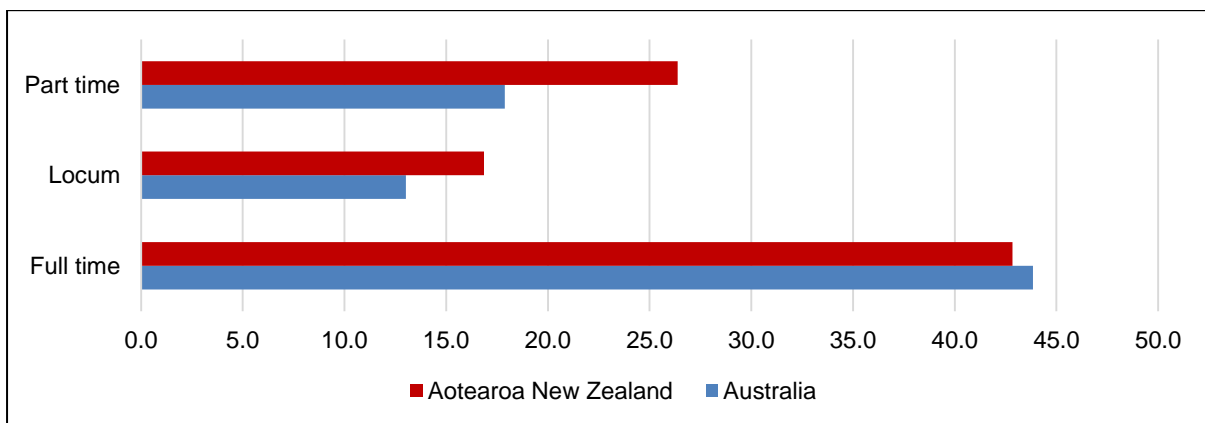
Note: Refer to Table A3.3 in Appendix A for the tabulated data

For the subset of Fellows who reported working in rural and regional locations only, their full time average hours worked per week was 43.7 hours (compared to 48.6 hours recorded in 2018). This is less than overall average hours per week for all full time Census respondents (47.1 hours on average per week) in 2020.

Locums who worked in regional or rural settings reported working on average approximately 14 hours (compared to 18.4 hours per week in 2018). This is less than the overall average hours per week for all locums in 2020, 20.6 hours.

Part time Fellows who worked in rural or regional settings reported working on average 19.5 hours per week (compared 19.2 hours per week in 2018) (Figure 3.4). This is similar to the overall average hours worked per week for all part time respondents in 2020 (20.9 hours per week).

**Figure 3.4: Weekly hours worked for rural and regional Fellows by employment status**

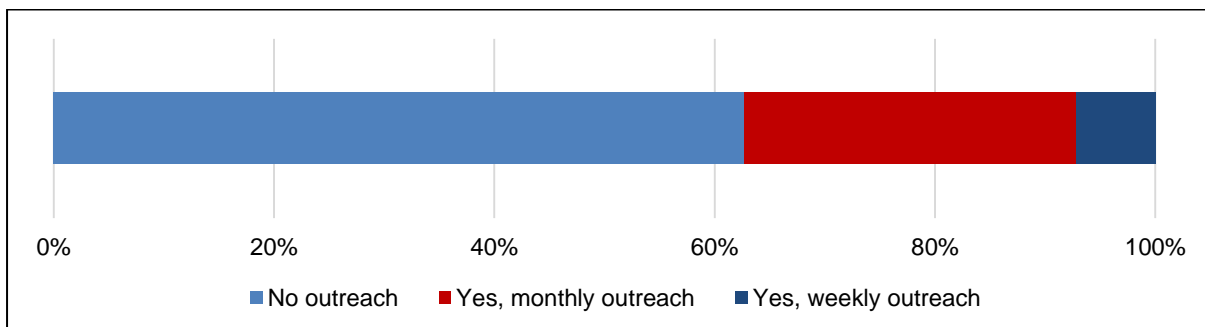


Note: Refer to Table A3.4 in Appendix A for the tabulated data

Respondents who reported working in both metropolitan and rural or regional locations and those who reported working in rural and regional locations only were asked about their outreach activities.

Outreach surgery is defined as performing surgery in a town where the surgeon is not a resident and may not be available in person for ongoing post-operative care or follow up. Approximately 13% of Fellows in these groups reported engaging in outreach services on a monthly basis (working on average 11.4 hours a month) and 6% reported working in outreach services weekly basis (on average 10.1 hours a week) (Figure 3.5). Of the 13% engaged in monthly outreach, 82% of respondents (N=51) are from Australia and 18% (N=11) are from Aotearoa New Zealand.

**Figure 3.5: Frequency of Fellows engaged in outreach services**



Note: Refer to Table A3.5 in Appendix A for the tabulated data

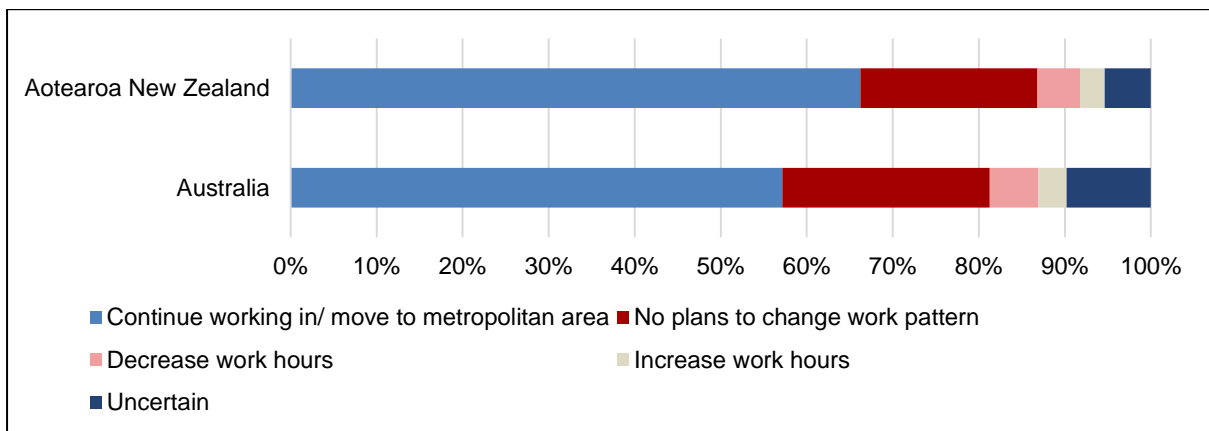
## Future Rural and Regional Work Intentions

All Active Fellows were asked about their future work intentions in rural and regional settings over the next five years, including those who do not currently work in rural or regional areas.

The majority of Fellows reported no intentions to change their rural or regional workload over the next five years.

Almost 60% reported they plan to remain practising in a metropolitan setting and 23.5% reported they will continue working in rural or regional areas without change. Approximately 3% reported they intend on increasing their hours and 5.5% reporting they plan to decrease their working hours in rural and regional settings (Figure 3.6).

**Figure 3.6: Future rural and regional work intentions over the next five years**



Note: Refer to Table A3.6 in Appendix A for the tabulated data

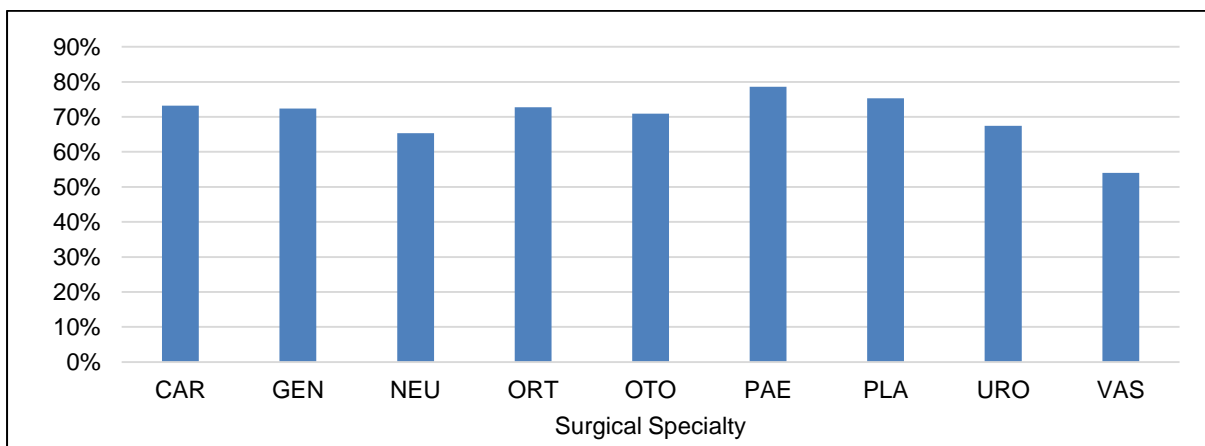
## Chapter 4 – Pro Bono Work

### Summary

- Over 70% of Fellows participated in pro bono or volunteer work in 2020.
- The most frequently reported pro bono activities were contributions to RACS, including the SET Program, followed by domestic clinical work.
- Fellows reported working on average 9.4 hours per month on pro bono activities.
- For RACS pro bono work, almost one in four Fellows contributed as an educational instructor/presenter and one in five Fellows gave their time as a surgical mortality audit assessor.

In 2020, 71.4% of Fellows reported undertaking pro bono work or volunteer work. By specialty, the largest proportions were Paediatric surgeons (Figure 4.1).

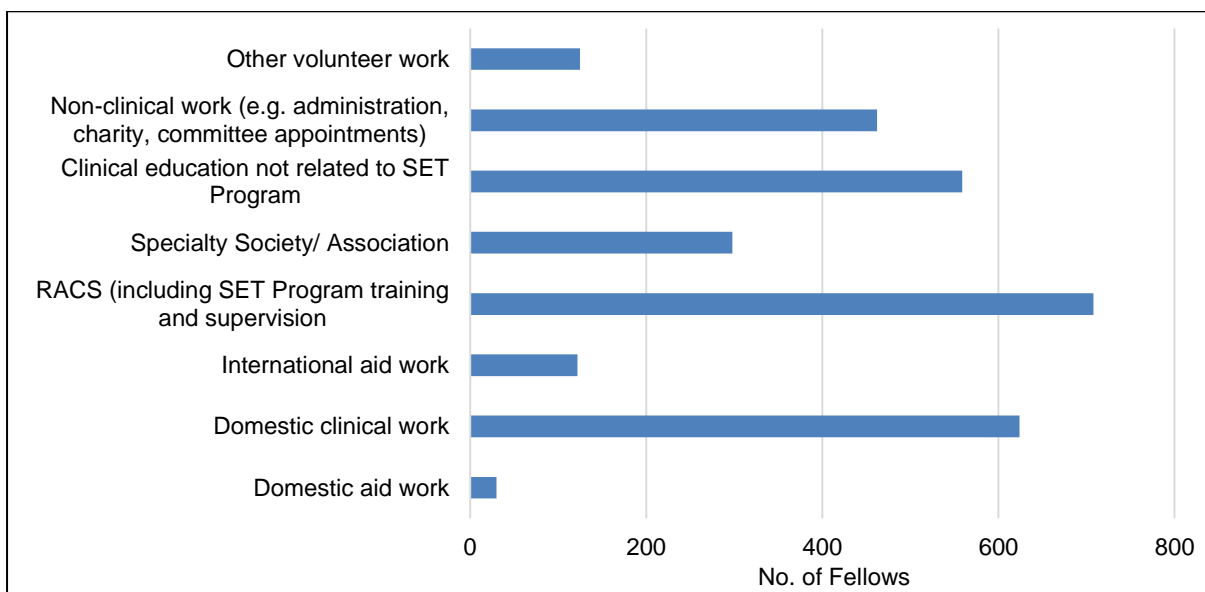
**Figure 4.1: Percentage of Fellows who undertake volunteer or pro bono work by specialty**



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

Three quarters of Fellows undertaking pro bono activities reported contributing to RACS, including the Surgical Education and Training (SET) Program (N=708). Sixty seven percent of Fellows undertook domestic clinical work (N=624) and 60% reported engaging in clinical education not related to the SET Program (N=559).

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



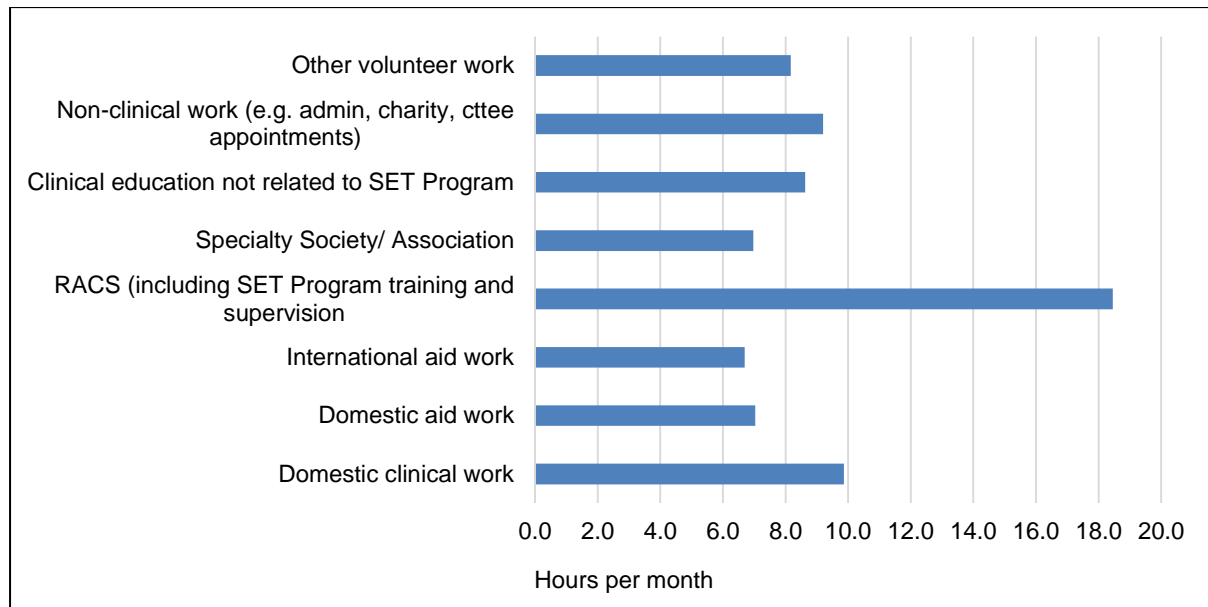
Note: Refer to Table A4.2 in Appendix A for the tabulated data



Fellows were asked about the number of hours they spent on various pro bono activities. Respondents reported spending on average 9.4 hours a month on unpaid professional services.

Fellows contributed the largest amount of pro bono time to RACS, recording on average 18.8 hours per month. Fellows gave on average 10 hours a month to domestic clinical pro bono work and contributed 9.2 hours on average a month towards non-clinical work (e.g. charity work and committee appointments) (Figure 4.3).

**Figure 4.3: Mean hours of pro bono or volunteer activities Fellows participate in**

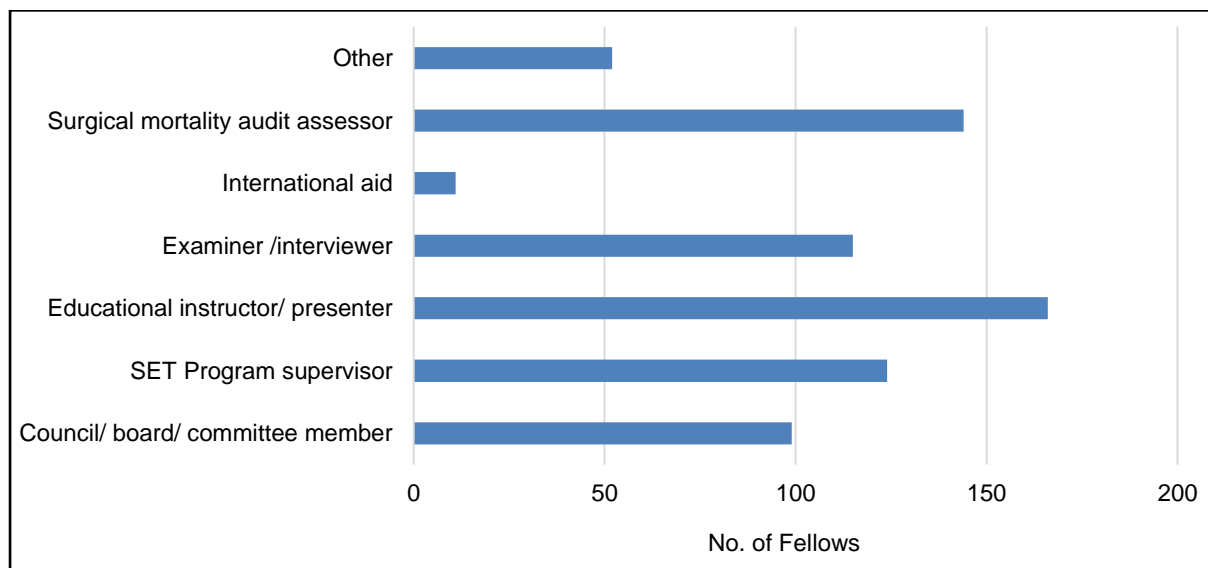


Note: Refer to Table A4.3 in Appendix A for the tabulated data

### RACS Pro Bono Roles

Of the Fellows that reported they undertake pro bono work for RACS, the most frequently reported roles were educational instructor/ presenter (N=166) and surgical mortality audit assessor (N=144), similar to 2018 results (Figure 4.4).

**Figure 4.4: Types of pro bono roles Fellows participate in for RACS**



Note: Refer to Table A4.4 in Appendix A for the tabulated data

There is strong support from Fellows across all specialties to engage in RACS pro bono activities. Paediatric surgery, General surgery and Cardiothoracic surgery had the highest proportion of representatives involved in RACS pro bono roles (refer to Appendix A4.5).

Previous Census reports collected data on average hours Fellows spent per week on SET Program training, supervision and related work including administrative duties and contributions to educational programs, both in the public and private sectors. In 2020 this information was collected in the SET Supervisor – Time for Supervision survey.

## Chapter 5 – Wellbeing

### Summary

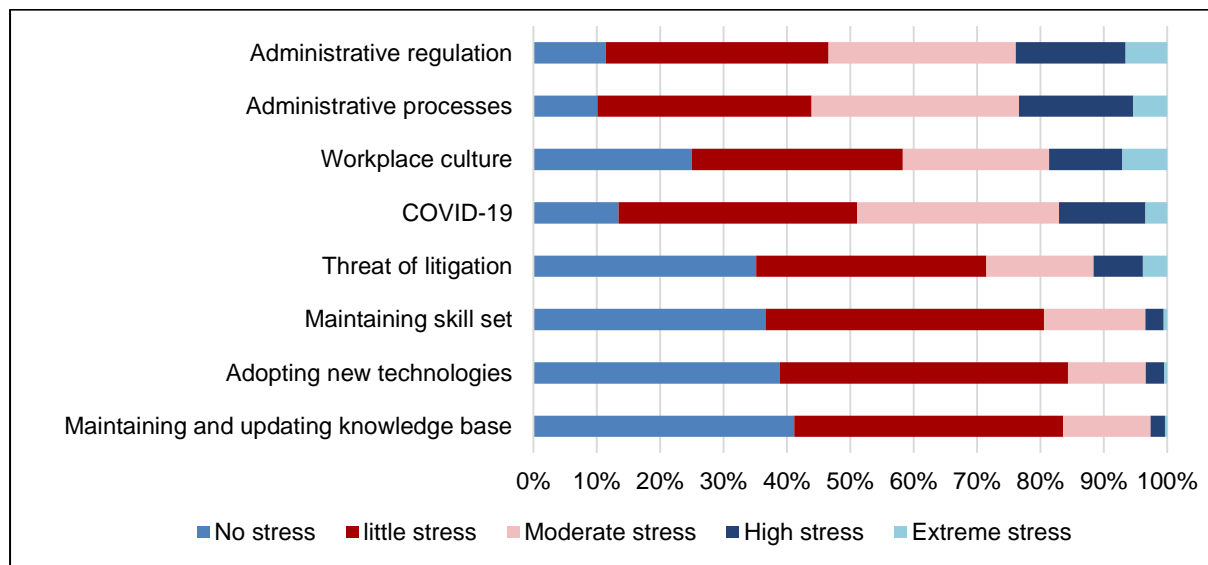
- Administrative regulation and processes continue to rate as a high to extreme source of stress for Fellows, rating higher than COVID-19.
- Almost three quarters of Fellows monitored their health in the last two years, visiting a medical doctor for a health check-up or at regular intervals as dictated by existing medical conditions (72%).
- Nine percent of Fellows reported seeking professional assistance for stress or mental health issues in the last two years.
- One quarter of female respondents reported returning to work within six weeks of taking parental leave.

### Stress

Fellows were asked to rate their stress levels experienced for a range of sources and issues, with the addition of COVID-19 for 2020.

High or extreme stress was reported most frequently for administrative regulation (23.9%) and administrative processes (23.4%), consistent with previous Census results in 2018 and 2016. This was followed by workplace culture (18.7%) and COVID-19 (17.1%). For sources of little or moderate stress, Fellows COVID-19 rated the highest (69.5%), followed by administrative processes (66.5%) and administrative regulation (64.7%) (Figure 5.1).

**Figure 1.2: Sources of Fellows' self-rated stress levels**

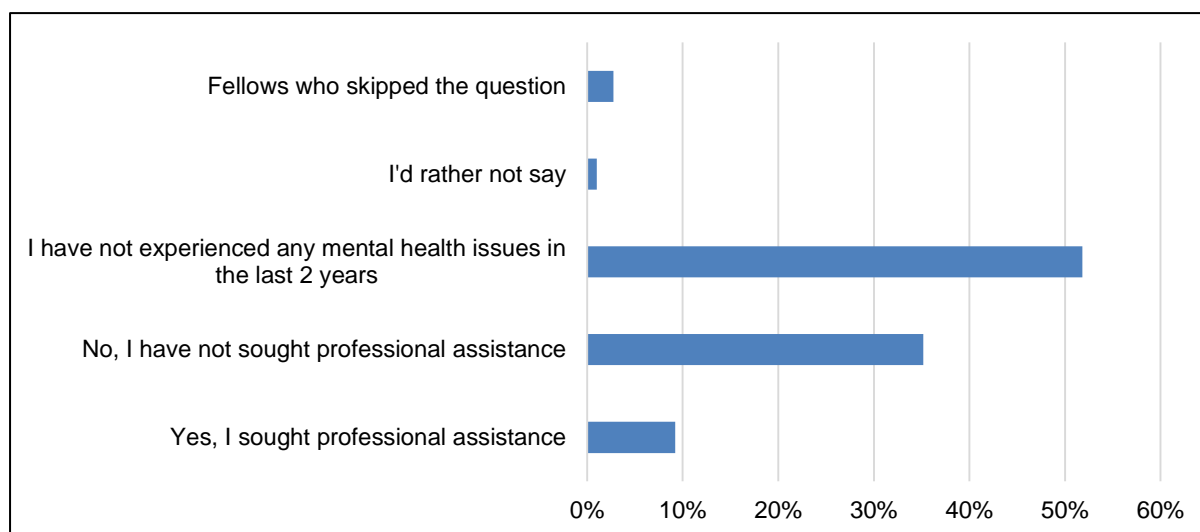


Note: Refer to Table A5.1 in Appendix A for the tabulated data

### Health Monitoring and Support

Fellows were asked whether they have sought professional assistance to deal with stress or other mental health issues in the last two years. Over 50% (N=810) reported that they have not experienced any mental health issues and almost 35% (N=550) reported that they had not sought professional assistance. Just over 9% of Fellows reported that they had sought professional assistance (N=144). This is consistent with 2018 results and an increase compared to 7.6% recorded in 2016 (Figure 5.2).

**Figure 3.4: Proportion of Fellows who have sought professional assistance to deal with stress or a mental health issue in the last two years**

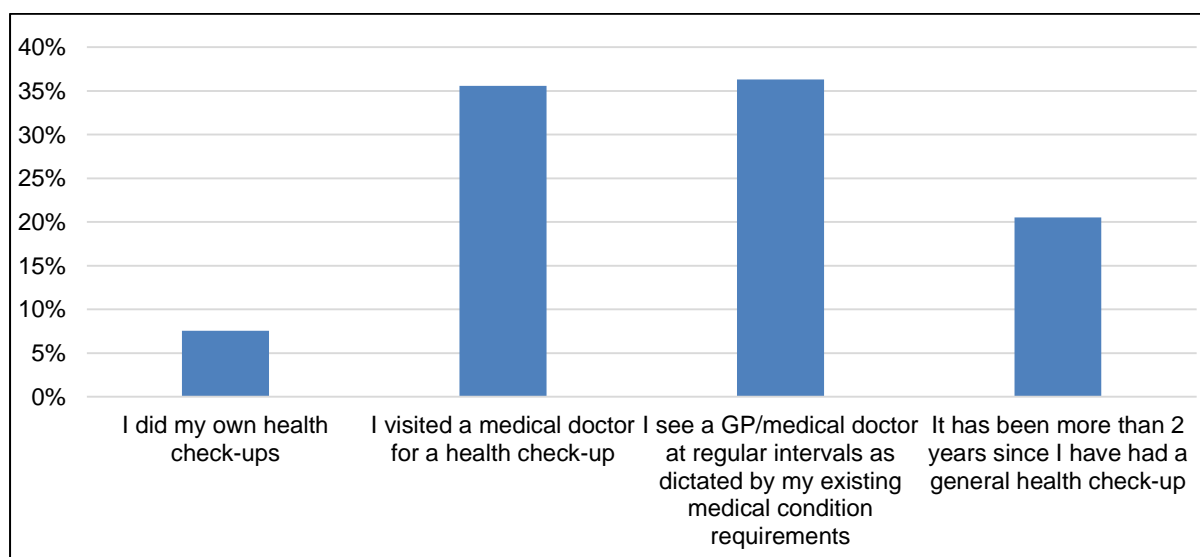


Note: Refer to Table A5.2 in Appendix A for the tabulated data

Most Fellows have had a physical health check-up in the last two years (Figure 5.3), with a total of 72% of Fellows either visiting a medical doctor for a check-up or reporting that they see a GP/ medical doctor at regular intervals.

Twenty percent of Fellows reported that it has been more than two years since their last general health check-up, compared to 23.8% in 2018 and 28.6% in 2016. There continues to be a small decrease in the number of Fellows doing their own health check-ups (7.6% compared to 8.5% in 2018 and 10%, 2016).

**Figure 5.6: How Fellows monitored their general health in the last two years**

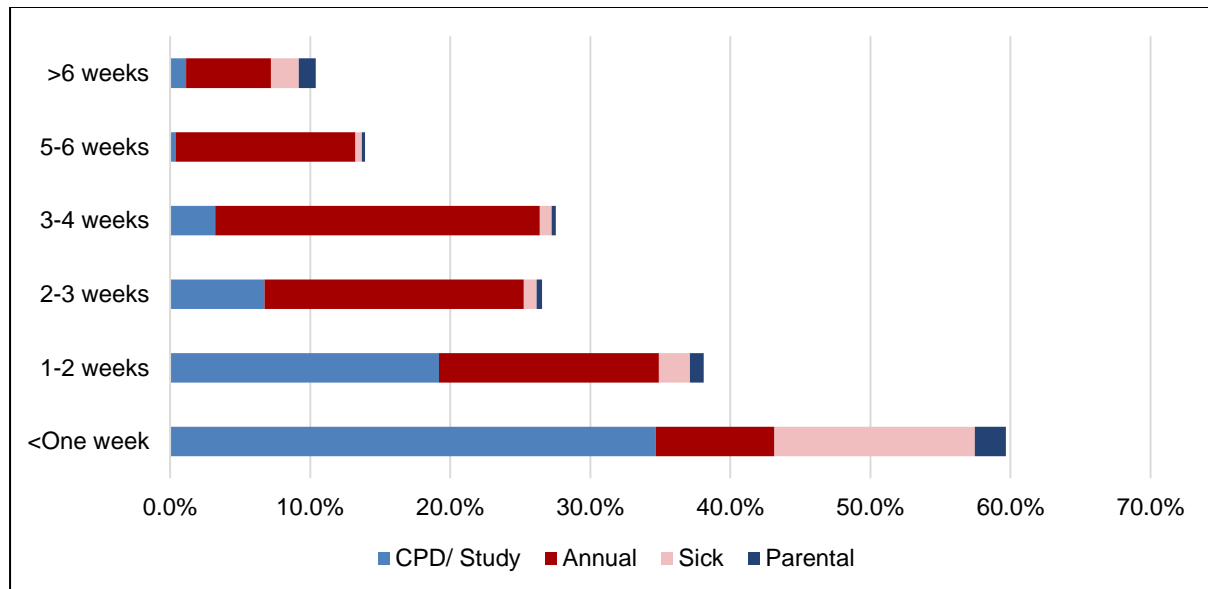


Note: Refer to Table A5.3 in Appendix A for the tabulated data

## Leave

Nearly all respondents took either study leave or annual leave in the past 12 months. The common period of leave was up to one week for CPD/ study leave and three to four weeks for annual leave. This is similar to the Census results for 2018 and 2016 (Figure 5.4).

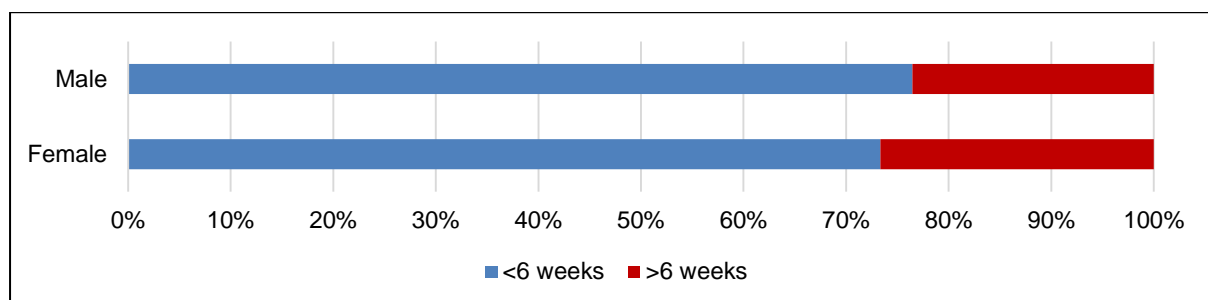
**Figure 7.8: Distribution of annual and study leave Fellows took over the past 12 months**



Note: Refer to Table A5.4 in Appendix A for the tabulated data

Almost 69% percent of female Fellows (N=11) who reported taking parental leave during 2020 took six weeks or less week of leave. Almost 72% of male Fellows (N=39) took less than six weeks (most taking one to two weeks). Approximately 25% of female Fellows (N=4) reported returning to work after more than six weeks of taking parental leave (Figure 5.5).

**Figure 9.10: Duration of parental leave Fellows took over the past 12 months**



Note: Refer to Table A5.5 in Appendix A for the tabulated data

## Chapter 6 – Future Work Intentions

### Summary

- Fellows aged 40 – 69 intend on reducing their preferred weekly work hours gradually over the next 10 years, with no major differences between female and male Fellows.
- Over 40% of Fellows aged over 50 years plan to retire from all forms of paid work within the next ten years.
- Most Fellows aged 65 years or older who intend to continue in paid employment will maintain work predominately because they are doing work that they enjoy.

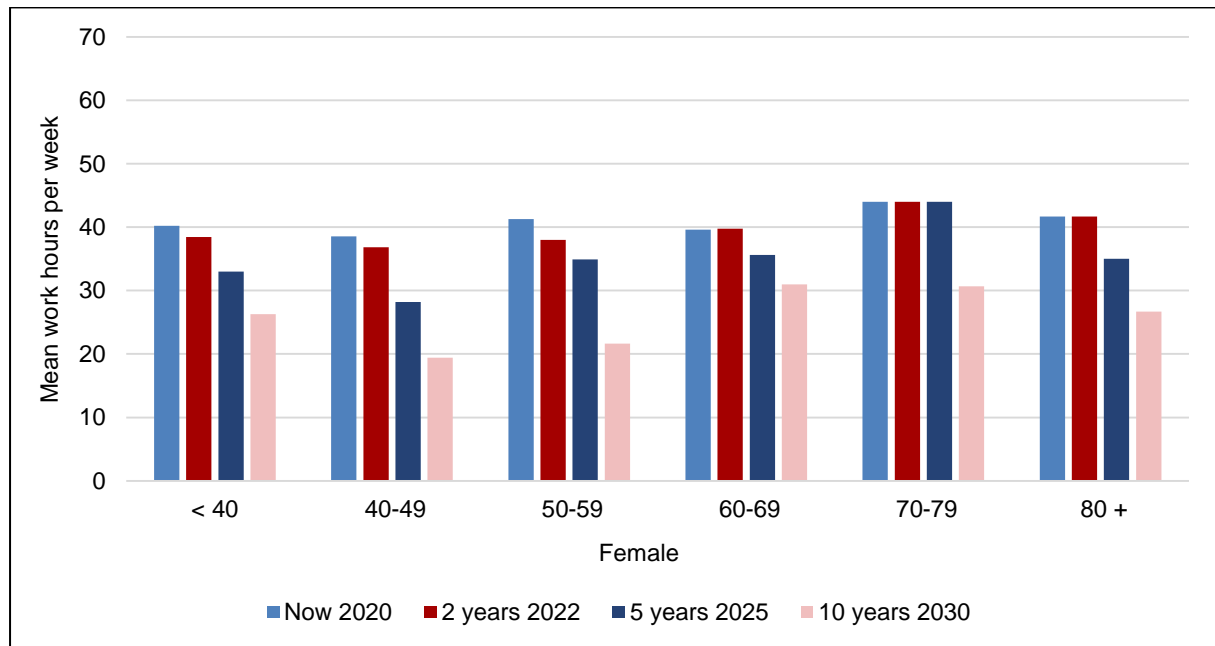
### Future Work Hours

Fellows were asked to nominate their preferred hours worked per week now and in the future, at two years, five years, and ten years (Figure 6.1 a & b).

#### 40 years or less

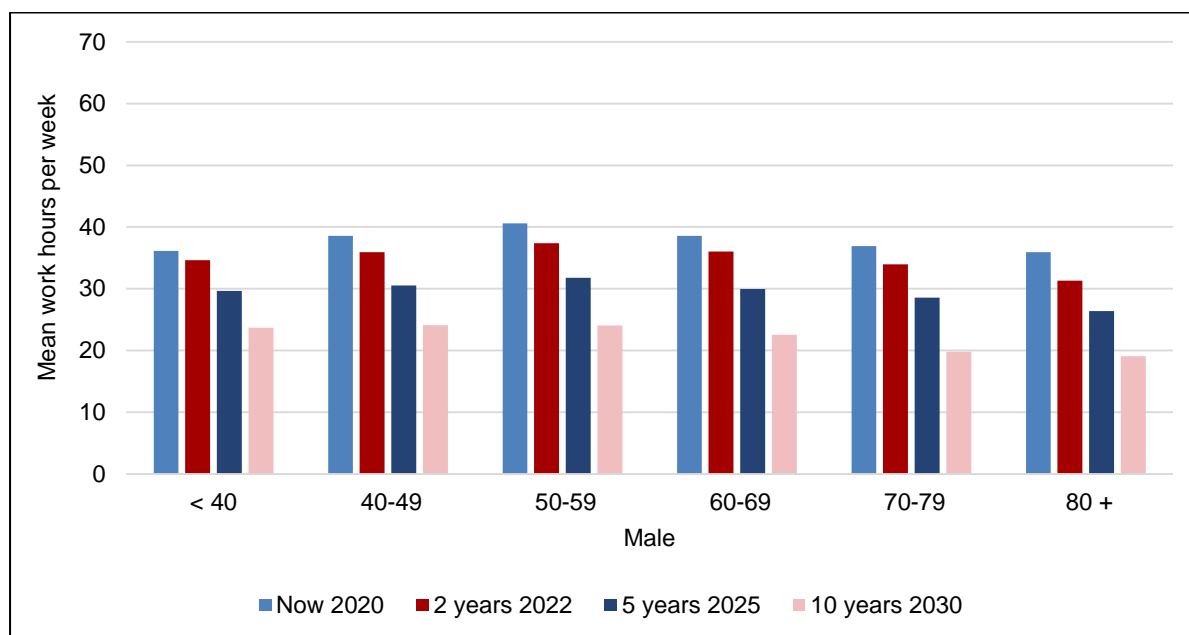
The 2020 preferred work hours of male Fellows aged less than 40 years is less than their female counterparts, with males preferring to work on average 36.1 hours per week and females 40.2 hours on average per week. Both male and female Fellows in this age range plan to reduce their hours worked per week over the next 10 years, with males planning to work on average 23.7 hours and females 26.3 hours per week by 2030.

**Figure 1.2a: Female Fellows current and future work intentions over the next 10 years**



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

**Figure 3.4b: Male Fellows current and future work intentions over the next 10 years**



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

#### **40 – 49 years**

The current preferred work hours of Fellows aged 40-49 years is the same for male and female Fellows (approximately 38.5 hours). Both male and female Fellows in this age group intend to reduce their working hours gradually over the next ten years. Female Fellows reported that they have a preference to work 19.4 hours on average a week and male Fellows on average 24.1 hours per week for 2030.

#### **50 – 59 years**

Male and female Fellows aged 50 – 59 years reported a preference to work similar hours per week in 2020 (40.6 hours and 41.3 hours respectively). Both male and female Fellows reported an intention to reduce hours in work hours gradually over the next ten years. Specifically, male Fellows recorded a preference to work 38.1 hours in 2025 (reducing further to 24 hours a week in 2030), compared to 34.9 hours for female Fellows in 2025 (reducing further to 21.6 hours a week on average in 2030).

#### **60 – 69 years**

Male and female Fellows reported a preference to work similar hours per week in 2020 (38.6 hours and 39.6 hours respectively) for the 60 – 69 years age range. As reported for all other age groups, both male and female Fellows plan to reduce their weekly working hours over time.

#### **70 – 79 years**

Female Fellows reported they intend to work on average more hours per week than male Fellows for the next five years. Male Fellows in this age group plan to continue the trend of gradually reducing their average hours worked over the next ten-year period, similar to Fellows aged 40 – 69.

### **Retirement**

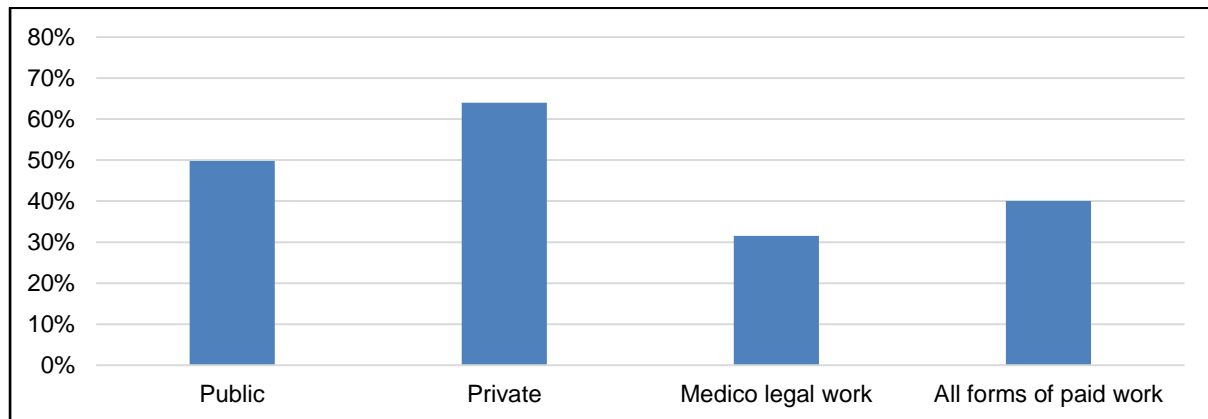
Fellows were asked to indicate when they intend to retire from a surgical work within the next ten years, specifically for public work, private work, medico legal work and all forms of paid employment.

Almost 40% of Fellows aged less than 50 years reported that they intend to retire from all forms of paid work within the next ten years. Regarding clinical practice in the public sector, 42.3% of Fellows

in the age group plan to retire within the next 10 years (refer to Appendix A6.2), a significant increase from 9% reported in 2018 Census.

For those respondents aged 50 and over, approximately 50% of Fellows reported that they intend to retire from public practice within the next ten years, with 64% intend to retire from private practice within the next ten years. In total, over 40% of Fellows aged over 50 years plan to retire from all forms of paid work within the next ten years (Figure 6.2).

**Figure 5.2: 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, 2020**

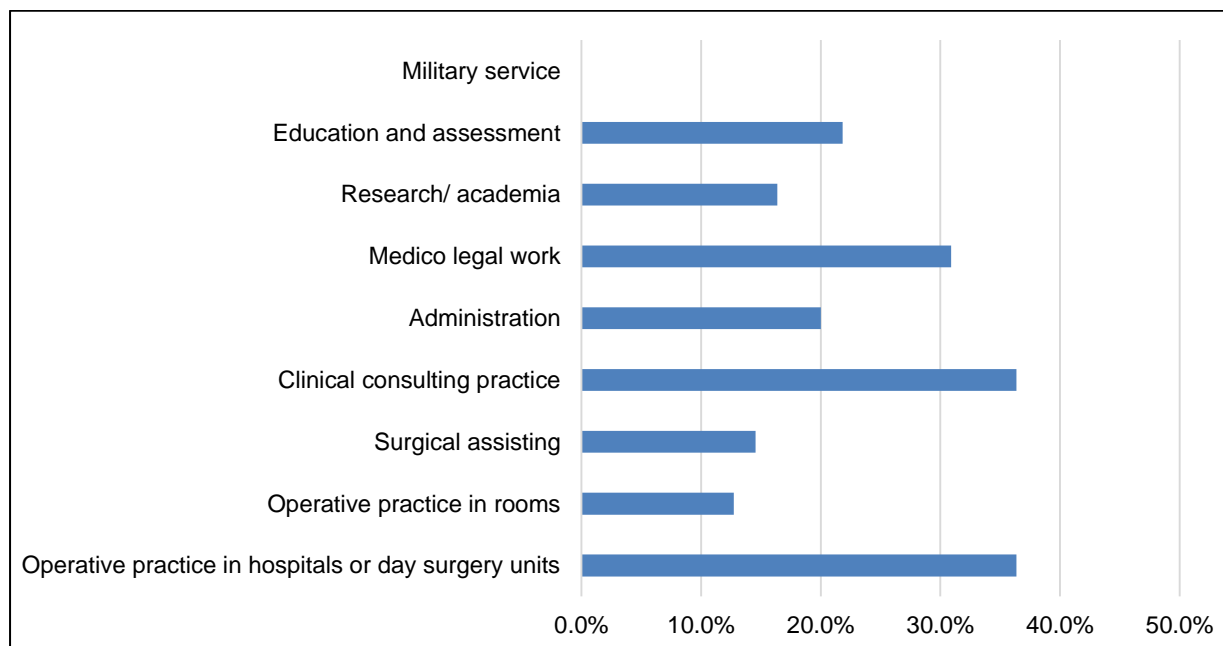


Note: Refer to Table A6.2 in Appendix A for the tabulated data

### Future Work Plans for Fellows Aged 65 or Older

Just over 53% of Fellows (N=159) aged 65 years or older reported an intention to be engaged in paid employment for the next two years (Appendix 6.3a.). The most common types of employment these Fellows plan to be engaged in are operative practice in hospitals or day surgery units, clinical consulting practice and medico legal work (Figure 6.3).

**Figure 6.3: Type of work Fellows aged 65 or older plan to do in the next two years**

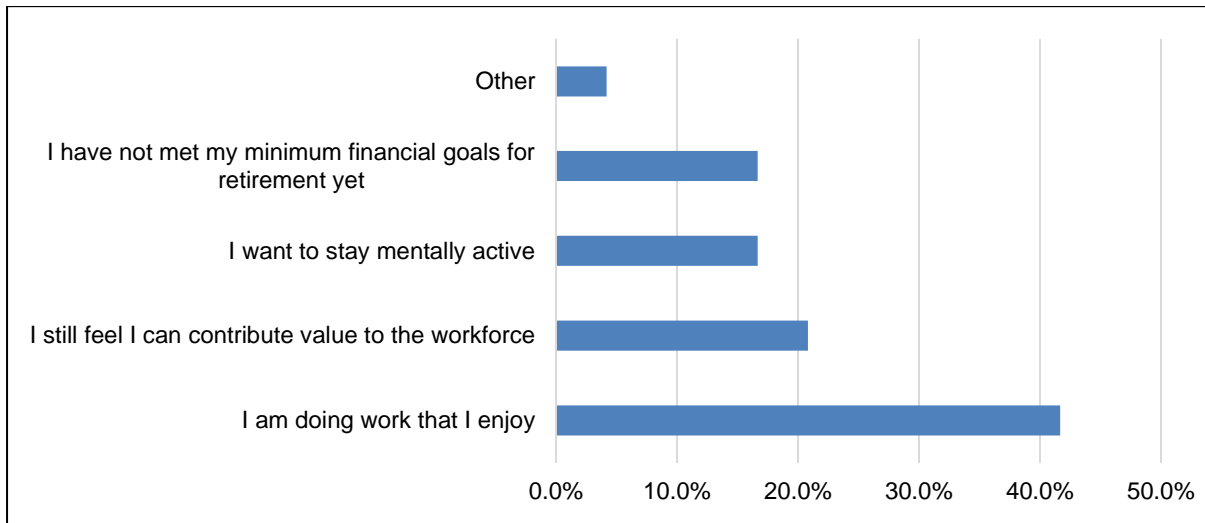


Note: Refer to Table A6.3b in Appendix A for the tabulated data



Of the Fellows aged 65 years and older who plan to continue in paid employment for the next two years, the main reason given for continuing in paid employment was because they are doing work that they enjoy (41.7%) and approximately 20% reported their main reason was because they believed that they could still contribute value to the workforce (Figure 6.4). This is consistent with the previous Surgical Workforce Census results.

**Figure 7.4: Main reason why Fellows aged 65 years or older continue to be engaged in paid employment for the next 2 years**



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

RACS would like to acknowledge and thank the Fellows who gave their time to participate in the 2020 Surgical Workforce Census.

## REFERENCES

1. Royal Australasian College of Surgeons. [Surgical Workforce 2018 Census Report](#). Melbourne: Royal Australasian College of Surgeons, 2019.
2. Royal Australasian College of Surgeons. [Activities Report 2020](#). Melbourne: Royal Australasian College of Surgeons, 2021.
3. Royal Australasian College of Surgeons. [Surgical Workforce 2016 Census Report](#). Melbourne: Royal Australasian College of Surgeons, 2017.
4. Royal Australasian College of Surgeons. [Surgical Workforce 2014 Census Report](#). Melbourne: Royal Australasian College of Surgeons, 2015.
5. Royal Australasian College of Surgeons. [Standards for Safe Working Hours and Conditions for Fellows, Surgical Trainees and International Medical Graduates](#). Melbourne: Royal Australasian College of Surgeons, 2019

## APPENDIX A

### Chapter 1 Supplementary data

#### Appendix A1.1 Sex profile of Active Census respondents and Active RACS Fellows, 2020

|        | 2020 Census Active Respondents | 2020 Activities Report |
|--------|--------------------------------|------------------------|
| Female | 228                            | 903                    |
| Male   | 929                            | 5432                   |
| Total  | 1157                           | 6335                   |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand, Retired Fellows.*

#### Appendix A1.2: Age profile of Active Census respondents and Active RACS Fellows, 2020

|       | 2020 Census Active Respondents | 2020 Activities Report |
|-------|--------------------------------|------------------------|
| <40   | 172                            | 810                    |
| 40-49 | 372                            | 2105                   |
| 50-59 | 345                            | 1714                   |
| 60-69 | 218                            | 1048                   |
| 70+   | 50                             | 658                    |
| Total | 1157                           | 6335                   |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand, Retired Fellows.*

#### Appendix A1.3: Location profile of Active Census respondents and Active RACS Fellows, 2020

|       | 2020 Census Active Respondents | 2020 Activities Report |
|-------|--------------------------------|------------------------|
| ACT   | 10                             | 86                     |
| NSW   | 325                            | 1765                   |
| NT    | 9                              | 28                     |
| QLD   | 205                            | 1091                   |
| SA    | 98                             | 444                    |
| TAS   | 23                             | 103                    |
| VIC   | 291                            | 1480                   |
| WA    | 84                             | 487                    |
| NZ    | 258                            | 851                    |
| Total | 1303                           | 6335                   |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand, Retired Fellows.*

**Appendix A1.4: Specialty profile of Active Census respondents and Active RACS Fellows, 2020**

|       | 2020 Census<br>Respondents<br>N | 2020 Activities<br>Report<br>N |
|-------|---------------------------------|--------------------------------|
| CAR   | 50                              | 220                            |
| GEN   | 463                             | 2150                           |
| NEU   | 39                              | 281                            |
| ORT   | 225                             | 1684                           |
| OTO   | 123                             | 587                            |
| PAE   | 38                              | 114                            |
| PLA   | 88                              | 537                            |
| URO   | 86                              | 526                            |
| VAS   | 45                              | 236                            |
| Total | 1157                            | 6335                           |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand, Retired Fellows.*

**Appendix A1.5: Fellowship status of Census respondents, 2020**

|                     | N    | %     |
|---------------------|------|-------|
| Active Fellow       | 1157 | 74.0  |
| Semi-retired Fellow | 194  | 12.4  |
| Retired Fellow      | 212  | 13.6  |
| Total               | 1563 | 100.0 |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand.*

**Appendix A1.6: Age distribution and Fellowship status of Census respondents, 2020**

| Age<br>Group | Active<br>Fellow | Semi-retired<br>Fellow | Retired<br>Fellow | N    | %     |
|--------------|------------------|------------------------|-------------------|------|-------|
| <40          | 172              | 0                      | 0                 | 172  | 11.0  |
| 40-49        | 372              | 1                      | 0                 | 373  | 23.9  |
| 50-59        | 345              | 2                      | 4                 | 351  | 22.5  |
| 60-69        | 218              | 28                     | 51                | 297  | 19.0  |
| 70-79        | 38               | 106                    | 113               | 257  | 16.4  |
| 80+          | 12               | 75                     | 26                | 113  | 7.2   |
| Total        | 1157             | 212                    | 194               | 1563 | 100.0 |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand.*

## Chapter 2 Supplementary data

### Appendix A2.1: Employment status of Fellows by country, 2020

| Country              | Full time | Part time | Locum | Parental leave | Unemployed | Retired | N    |
|----------------------|-----------|-----------|-------|----------------|------------|---------|------|
| Australia            | 773       | 257       | 20    | 3              | 16         | 171     | 1258 |
| Aotearoa New Zealand | 209       | 41        | 7     | 2              | 1          | 36      | 296  |
| Total                | 982       | 316       | 27    | 5              | 17         | 207     | 1554 |

Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand.

### Appendix A2.2: Employment status of Fellows by age group, 2020

| Age group | Full time | Part time | Locum | Parental leave | Unemployed | Retired | N    |
|-----------|-----------|-----------|-------|----------------|------------|---------|------|
| <40       | 138       | 21        | 8     | 3              | 2          | 0       | 172  |
| 40-49     | 315       | 47        | 8     | 2              | 0          | 1       | 373  |
| 50-59     | 316       | 30        | 0     | 0              | 3          | 2       | 351  |
| 60-69     | 118       | 82        | 2     | 0              | 4          | 28      | 297  |
| 70-79     | 26        | 112       | 8     | 0              | 5          | 106     | 257  |
| 80+       | 9         | 25        | 1     | 0              | 3          | 75      | 113  |
| Total     | 985       | 317       | 27    | 5              | 17         | 212     | 1563 |

Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand.

### Appendix A2.3: Mean hours worked per week and preferred weekly work hours by workforce status, 2020

| Status    | Hours worked per week |      |      | Preferred weekly work hours |      |      |
|-----------|-----------------------|------|------|-----------------------------|------|------|
|           | N                     | Mean | SD   | N                           | Mean | SD   |
| Full time | 980                   | 47.1 | 9.9  | 965                         | 44.4 | 9.6  |
| Locum     | 27                    | 20.6 | 14.4 | 25                          | 25.0 | 14.9 |
| Part time | 295                   | 20.9 | 11.0 | 306                         | 22.6 | 13.1 |
| Total     | 1302                  | 40.6 | 10.2 | 1318                        | 38.2 | 10.4 |

Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows; unemployed or parental leave.

### Appendix 2.4: Mean hours worked per week by age group, 2020

| Age Range | Mean |      |       | Standard Deviation |      |       | N    |
|-----------|------|------|-------|--------------------|------|-------|------|
|           | M    | F    | Total | M                  | F    | Total |      |
| <40       | 43.8 | 43.3 | 43.6  | 12.1               | 12.0 | 12.1  | 167  |
| 40-49     | 43.8 | 45.3 | 44.2  | 12.5               | 11.9 | 12.4  | 367  |
| 50-59     | 44.5 | 46.2 | 44.8  | 12.5               | 12.6 | 12.5  | 345  |
| 60-69     | 39.3 | 38.5 | 39.3  | 15.4               | 12.4 | 15.2  | 257  |
| 70-79     | 23.0 | 34.0 | 23.2  | 16.7               | 25.5 | 16.9  | 135  |
| 80+       | 22.8 | 30.7 | 23.6  | 18.7               | 17.5 | 18.5  | 31   |
| Total     | 39.9 | 44.1 | 40.6  | 15.7               | 12.6 | 15.3  | 1302 |

Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows; unemployed or parental leave.

**Appendix A2.5: Mean hours worked per week and preferred weekly work hours of full time Fellows by surgical specialty, 2020**

|       | Current hours worked per week |      |      | Preferred hours to work per week |      |      |
|-------|-------------------------------|------|------|----------------------------------|------|------|
|       | Mean                          | SD   | N    | Mean                             | SD   | N    |
| CAR   | 37.9                          | 16.8 | 53   | 38.3                             | 15.8 | 57   |
| GEN   | 40.3                          | 15.4 | 431  | 39.0                             | 14.5 | 532  |
| NEU   | 39.2                          | 16.3 | 49   | 37.9                             | 14.7 | 50   |
| ORT   | 42.2                          | 15.9 | 252  | 39.0                             | 15.6 | 252  |
| OTO   | 37.2                          | 14.2 | 141  | 34.7                             | 13.5 | 144  |
| PAE   | 38.9                          | 18.2 | 41   | 38.7                             | 14.6 | 41   |
| PLA   | 41.8                          | 14.0 | 94   | 40.3                             | 13.8 | 99   |
| URO   | 46.6                          | 11.6 | 91   | 43.6                             | 11.4 | 92   |
| VAS   | 38.9                          | 13.7 | 50   | 35.5                             | 13.5 | 51   |
| Total | 40.6                          | 15.3 | 1302 | 38.7                             | 14.4 | 1224 |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows; Fellows not currently working full time.*

**Appendix A2.6: Fellows working in public or private practice by surgical specialty, 2020**

|       | N    | <u>%</u>             |                       |                |                            |
|-------|------|----------------------|-----------------------|----------------|----------------------------|
|       |      | Public practice only | Private practice only | Mixed practice | Neither public nor private |
| CAR   | 56   | 33.9                 | 12.5                  | 48.2           | 5.4                        |
| GEN   | 531  | 32.0                 | 16.8                  | 50.5           | 0.8                        |
| NEU   | 49   | 14.3                 | 36.7                  | 46.9           | 2.0                        |
| ORT   | 259  | 15.1                 | 30.1                  | 51.0           | 3.9                        |
| OTO   | 143  | 14.0                 | 28.0                  | 56.6           | 1.4                        |
| PAE   | 42   | 52.4                 | 0.0                   | 47.6           | 0.0                        |
| PLA   | 100  | 14.0                 | 37.0                  | 46.0           | 3.0                        |
| URO   | 91   | 7.7                  | 28.6                  | 63.7           | 0.0                        |
| VAS   | 51   | 15.7                 | 17.6                  | 64.7           | 2.0                        |
| Total | 1322 | 22.1                 | 23.0                  | 52.8           | 2.0                        |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows.*

**Appendix A2.7: Number of Fellows working in public or private practice by surgical specialty, 2020**

|       | Public practice only | Private practice only | Mixed practice | Neither public nor private | N    |
|-------|----------------------|-----------------------|----------------|----------------------------|------|
| CAR   | 19                   | 7                     | 27             | 3                          | 56   |
| GEN   | 170                  | 89                    | 268            | 4                          | 531  |
| NEU   | 7                    | 18                    | 23             | 1                          | 49   |
| ORT   | 39                   | 78                    | 132            | 10                         | 259  |
| OTO   | 20                   | 40                    | 81             | 2                          | 143  |
| PAE   | 22                   | 0                     | 20             | 0                          | 42   |
| PLA   | 14                   | 37                    | 46             | 3                          | 100  |
| URO   | 7                    | 26                    | 58             | 0                          | 91   |
| VAS   | 8                    | 9                     | 33             | 1                          | 51   |
| Total | 306                  | 304                   | 688            | 24                         | 1322 |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows.*

**Appendix A2.8: Frequency of emergency on-call Fellows took by work sector, 2020**

|                      | Public sector |      | Private sector |      |
|----------------------|---------------|------|----------------|------|
|                      | N             | %    | N              | %    |
| 1:1                  | 21            | 1.7  | 75             | 5.8  |
| 1:2                  | 30            | 2.4  | 22             | 1.7  |
| 1:3                  | 81            | 6.4  | 26             | 2.0  |
| 1:4                  | 136           | 10.8 | 26             | 2.0  |
| 1:5                  | 115           | 9.1  | 32             | 2.5  |
| 1:6                  | 86            | 6.8  | 25             | 1.9  |
| 1:7                  | 68            | 5.4  | 35             | 2.7  |
| 1:8                  | 84            | 6.7  | 25             | 1.9  |
| 1:9                  | 20            | 1.6  | 7              | 0.5  |
| 1:10                 | 60            | 4.8  | 23             | 1.8  |
| ≥1:10                | 125           | 9.9  | 37             | 2.8  |
| No emergency on-call | 436           | 34.5 | 883            | 67.8 |
| Total                | 1262          |      | 1302           |      |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows; unemployed or on parental leave.*

**Appendix A2.9: Method used to obtain private billing income, considering total private procedural income, 2020**

|  | N           | %            |
|--|-------------|--------------|
| No response  | 510         | 39.9         |
| Only "no gap" (no other additional fees)                       | 187         | 14.6         |
| >50% "no gap" or "known gap"                                   | 205         | 16.0         |
| "No gap" but "known gap" when available or charge a co-payment | 195         | 15.3         |
| <50% "no gap" or "known gap"                                   | 116         | 9.1          |
| Hardly ever use "no gap" or "known gap"                        | 65          | 5.6          |
| <b>Total</b>   | <b>1278</b> | <b>100.0</b> |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Aotearoa New Zealand Fellows; Retired Fellows; unemployed or on parental leave.*

**Appendix A2.10: Consideration of a fair professional fee, ignoring current private billing practices, 2020**

|  | N           | %            |
|--|-------------|--------------|
| AMA is about right   | 434         | 27.8         |
| No response  | 510         | 32.6         |
| Higher than private health insurance amount but less than AMA    | 178         | 11.4         |
| The private health insurance "no gap" amount                     | 89          | 5.7          |
| More than AMA rate   | 54          | 3.5          |
| The private health insurance "known gap" amount (when available) | 75          | 4.8          |
| The "schedule fee"   | 11          | 0.7          |
| <b>Total</b>   | <b>1351</b> | <b>100.0</b> |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Aotearoa New Zealand Fellows; Retired Fellows; unemployed or on parental leave.*



**Appendix A2.10a: Crosstabulation of Fellows' method of private billing and what they considered to be a fair professional fee, 2020**

| Method used to obtain private billing income  | What Fellows consider to be a fair professional fee (N) |   |                    |                    |  |  |            | Did not answer | Total |
|---|---|---|--------------------|--------------------|--|--|------------|----------------|-------|
|   | AMA is about right                                      | Higher than private health insurance amount but less than AMA | More than AMA rate | The "schedule fee" | The private health insurance "known gap" amount (when available) | The private health insurance "No gap" amount |            |                |       |
| "No gap" but "known gap" when available or charge a co-payment <50% "No gap" or "known gap" | 104   | 45  | 4                  | 0                  | 32   | 10   | 0          | 195            |       |
| >50% "No gap" or "known gap"  | 121   | 59  | 7                  | 1                  | 15   | 2  | 0          | 205            |       |
| Hardly ever use "No gap" or "known gap"   | 36  | 8   | 20                 | 0                  | 1  | 0  | 0          | 65             |       |
| Only "No gap" (no other additional fees)  | 80  | 18  | 16                 | 0                  | 2  | 0  | 0          | 116            |       |
| Did not answer  | 56  | 40  | 2                  | 6                  | 20   | 63   | 0          | 187            |       |
| Did not answer  | 0   | 0   | 0                  | 0                  | 0  | 0  | 510        | 510            |       |
| <b>Total</b>  | <b>397</b>  | <b>170</b>  | <b>49</b>          | <b>7</b>           | <b>70</b>  | <b>75</b>                                    | <b>510</b> | <b>1278</b>    |       |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows*

**Appendix A2.11: Consideration of a fair professional fee, ignoring current private billing practices, by surgical specialty, 2020**

|   | CAR       | GEN        | NEU       | ORT        | OTO        | PAE       | PLA        | URO       | VAS       | Total       |
|---|-----------|------------|-----------|------------|------------|-----------|------------|-----------|-----------|-------------|
| AMA is about right  | 13        | 232        | 16        | 102        | 57         | 7         | 2          | 4         | 1         | 434         |
| Did not answer  | 34        | 127        | 11        | 50         | 29         | 30        | 94         | 87        | 48        | 510         |
| Higher than private health insurance amount but less than AMA | 2         | 86         | 9         | 47         | 31         | 2         | 1          | 0         | 0         | 178         |
| The private health insurance "no gap" amount                  | 3         | 37         | 4         | 18         | 11         | 1         | 0          | 0         | 1         | 75          |
| More than AMA rate  | 0         | 25         | 3         | 16         | 6          | 2         | 1          | 1         | 0         | 54          |
| The private health insurance "known gap" amount (when avail)  | 5         | 34         | 8         | 25         | 11         | 1         | 2          | 1         | 2         | 89          |
| The "schedule fee"  | 1         | 4          | 0         | 4          | 0          | 1         | 1          | 0         | 0         | 11          |
| <b>Total</b>  | <b>58</b> | <b>545</b> | <b>51</b> | <b>262</b> | <b>145</b> | <b>44</b> | <b>101</b> | <b>93</b> | <b>52</b> | <b>1340</b> |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows.*

**Appendix A2.12: Percentage of Fellows who are involved in other forms of paid employment by age group, 2020**

|       | Yes | %    | N    |
|-------|-----|------|------|
| <40   | 40  | 12.7 | 166  |
| 40-49 | 86  | 27.4 | 368  |
| 50-59 | 69  | 22.0 | 345  |
| 60-69 | 67  | 21.3 | 261  |
| 70-79 | 43  | 13.7 | 145  |
| 80+   | 9   | 29   | 34   |
| Total | 314 | 23.8 | 1319 |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows.*

**Appendix A2.13: Other forms of paid employment for Fellows, 2020**

|                                | N   |
|--------------------------------|-----|
| Surgical assisting             | 28  |
| Medico legal work              | 92  |
| Research/ academia             | 117 |
| Clinical Education/ assessment | 101 |
| Administration                 | 70  |
| Military service               | 10  |
| Other paid work                | 83  |

*Multiple responses given. Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows.*

**Chapter 3 Supplementary data**

**Appendix A3.1: Location of work for Active Fellows in Australia and Aotearoa New Zealand, 2020**

|  | N    | %    |
|--|------|------|
| Only AUS major cities e.g. Melbourne, Sydney, etc.     | 628  | 67.2 |
| Only AUS rural/regional area                           | 206  | 22.1 |
| Both AUS metro AND regional areas                      | 219  | 23.4 |
| Only AoNZ major cities e.g. Auckland, Wellington, etc. | 160  | 64.8 |
| Only AoNZ outside major cities                         | 48   | 19.4 |
| Both AoNZ major cities AND regional areas              | 47   | 19.0 |
| Total  | 1308 |      |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows.*

### Appendix A3.2: Fellows practising in a rural or regional area by surgical specialty, 2020

|       | N                       |            |                     |       | %                       |            |                     |
|-------|-------------------------|------------|---------------------|-------|-------------------------|------------|---------------------|
|       | City and Rural/Regional | Major city | Rural/Regional only | Total | City and Rural/Regional | Major city | Rural/Regional only |
| CAR   | 23                      | 32         | 1                   | 56    | 41.1                    | 57.1       | 1.8                 |
| GEN   | 100                     | 316        | 118                 | 534   | 18.7                    | 59.2       | 22.1                |
| NEU   | 24                      | 27         | 0                   | 51    | 47.1                    | 52.9       | 0.0                 |
| ORT   | 54                      | 161        | 40                  | 255   | 21.2                    | 63.1       | 15.7                |
| OTO   | 23                      | 96         | 22                  | 141   | 16.3                    | 68.1       | 15.6                |
| PAE   | 6                       | 25         | 8                   | 39    | 15.4                    | 64.1       | 20.5                |
| PLA   | 21                      | 55         | 22                  | 98    | 21.4                    | 56.1       | 22.4                |
| URO   | 24                      | 46         | 16                  | 86    | 27.9                    | 53.5       | 18.6                |
| VAS   | 12                      | 30         | 6                   | 48    | 25.0                    | 62.5       | 12.5                |
| Total | 287                     | 788        | 233                 | 1308  | 21.9                    | 60.2       | 17.8                |

Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows.

### Appendix A3.3: Workforce status of Fellows who work in a rural or regional area, 2020

|  |                      | Full time              | Locum     | Part time | N   |
|--|----------------------|------------------------|-----------|-----------|-----|
|  |                      | Rural or regional only | Australia | 198       | 53  |
|  | Aotearoa New Zealand | 50                     | 10        | 36        | 96  |
|  | Total                | 248                    | 63        | 212       | 523 |

Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows.

### Appendix A3.4: Mean hours worked per week for Fellows who work in a rural or regional area, 2020

|  |             | Full time              | Locum     | Part time | N    |
|--|-------------|------------------------|-----------|-----------|------|
|  |             | Rural or regional only | Australia | 43.8      | 13.0 |
|  | New Zealand | 42.8                   | 16.9      | 20.3      | 46   |
|  | Total       | 43.7                   | 13.8      | 19.2      | 247  |

Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows.

### Appendix A3.5: Frequency of paid outreach surgery for Active Fellows who work in in rural only or rural and metropolitan centres, 2020

|                       | N   | %     | Mean hours     |
|-----------------------|-----|-------|----------------|
| No outreach services  | 374 | 81.0  |                |
| Yes, monthly outreach | 62  | 13.4  | 11.4 per month |
| Yes, weekly outreach  | 26  | 5.6   | 10.1 per week  |
| Total                 | 462 | 100.0 |                |

Exclusions: Fellows working only in metropolitan locations, Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows.

### Appendix A3.6: Fellows' rural or regional area future work intentions over the next five years, 2018

|   | Australia  | Aotearoa<br>New Zealand | N           | %            |
|---|------------|-------------------------|-------------|--------------|
| Continue working in/ move to metropolitan area          | 555        | 161                     | 716         | 59.4         |
| No plans to change current rural/ regional work pattern | 234        | 50                      | 284         | 23.4         |
| Decrease work hours                                     | 55         | 12                      | 67          | 5.5          |
| Increase work hours                                     | 32         | 7                       | 39          | 3.2          |
| Uncertain   | 95         | 13                      | 108         | 8.9          |
| <b>Total</b>  | <b>971</b> | <b>243</b>              | <b>1214</b> | <b>100.0</b> |

*Exclusions: Fellows working only in metropolitan locations, Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows; missing work location responses*

## Chapter 4 Supplementary data

### Appendix A4.1: Percentage of Fellows who undertake volunteer or pro bono work by surgical specialty, 2020

|              | Pro bono<br>work | %           | N           |
|--------------|------------------|-------------|-------------|
| CAR          | 41               | 73.2        | 56          |
| GEN          | 379              | 72.3        | 524         |
| NEU          | 32               | 65.3        | 49          |
| ORT          | 187              | 72.8        | 257         |
| OTO          | 100              | 70.9        | 141         |
| PAE          | 33               | 78.6        | 42          |
| PLA          | 73               | 75.3        | 97          |
| URO          | 62               | 67.4        | 92          |
| VAS          | 27               | 54.0        | 50          |
| <b>Total</b> | <b>934</b>       | <b>71.4</b> | <b>1308</b> |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows.*

### Appendix A4.2: Types of pro bono or volunteer activities Fellows participate in, 2020

| <b>N=934, Avg hours per month = 9.4</b>                                  | N   | %    |
|--|-----|------|
| Domestic clinical work   | 624 | 66.8 |
| Domestic aid work  | 30  | 3.2  |
| International aid work   | 122 | 13.1 |
| RACS (incl. SET Program training and supervision)                        | 708 | 75.8 |
| Specialty Society/ Association   | 298 | 31.9 |
| Clinical education not related to SET Program                            | 559 | 59.9 |
| Non-clinical work (e.g. administration, charity, committee appointments) | 462 | 49.5 |
| Other volunteer work   | 125 | 13.4 |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand, Retired Fellows.*

*Note: those participating in multiple areas may be counted more than once.*

#### Appendix A4.3: Mean hours worked per month on pro bono or volunteer activities, 2020

| <b>N=934, Avg hours per month = 9.4</b>                                  | Mean hours per month |
|--|----------------------|
| Domestic clinical work   | 9.9                  |
| Domestic aid work  | 7.0                  |
| International aid work   | 6.7                  |
| RACS (incl. SET Program training and supervision)                        | 18.5                 |
| Specialty Society/ Association   | 7.0                  |
| Clinical education not related to SET Program                            | 8.6                  |
| Non-clinical work (e.g. administration, charity, committee appointments) | 9.2                  |
| Other volunteer work   | 8.2                  |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand, Retired Fellows.*

*Note: those participating in multiple areas may be counted more than once.*

#### Appendix A4.4: Types of RACS pro bono roles Fellows participate in, 2020

| <b>N=708</b>                      | N   | %    |
|-----------------------------------|-----|------|
| Council/ board/ committee member  | 99  | 14.0 |
| SET Program supervisor            | 124 | 17.5 |
| Educational instructor/ presenter | 166 | 23.4 |
| Examiner/ interviewer             | 115 | 16.2 |
| International aid                 | 11  | 1.6  |
| Surgical mortality audit assessor | 114 | 20.3 |
| Other                             | 52  | 7.3  |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand.*

*Note: those participating in multiple RACS activities may be counted more than once*

#### Appendix A4.5: Percentage of Fellows involved in RACS pro bono activities by surgical specialty, 2020

|       | RACS pro bono activities | N    | %    |
|-------|--------------------------|------|------|
| CAR   | 32                       | 58   | 55.2 |
| GEN   | 301                      | 545  | 55.2 |
| NEU   | 27                       | 51   | 52.9 |
| ORT   | 143                      | 262  | 54.6 |
| OTO   | 73                       | 145  | 50.3 |
| PAE   | 28                       | 44   | 63.6 |
| PLA   | 47                       | 101  | 46.5 |
| URO   | 43                       | 93   | 46.2 |
| VAS   | 14                       | 52   | 26.9 |
| Total | 708                      | 1351 | 52.4 |

## Chapter 5 Supplementary data

### Appendix A1.1: Workplace sources of Fellows' self-rated stress levels, 2020

|   | N    | No stress | Little stress | Moderate stress | High stress | Extreme stress |
|---|------|-----------|---------------|-----------------|-------------|----------------|
| Administrative regulation               | 1097 | 125       | 386           | 324             | 190         | 72             |
| Administrative processes                | 1107 | 112       | 374           | 362             | 200         | 59             |
| Threat of litigation                    | 1101 | 387       | 400           | 186             | 86          | 42             |
| Workplace culture                       | 1115 | 279       | 371           | 257             | 129         | 79             |
| Adopting new technologies               | 1100 | 427       | 501           | 135             | 32          | 5              |
| Maintaining and updating knowledge base | 1110 | 457       | 471           | 153             | 25          | 4              |
| Maintain skill set                      | 1112 | 407       | 489           | 178             | 32          | 6              |
| COVID-19                                | 1108 | 149       | 417           | 353             | 151         | 38             |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows and Fellows who selected not applicable to me responses.*

### Appendix A2.2: Proportion of Fellows who have sought professional assistance to deal with stress or a mental health issue in the last 2 years, 2020

|   | N    | %    |
|---|------|------|
| Yes, I sought professional assistance                               | 144  | 9.2  |
| No, I had not sought professional assistance                        | 550  | 35.2 |
| I have not experienced any mental health issues in the last 2 years | 810  | 51.8 |
| I'd rather not say  | 16   | 1.0  |
| Fellows who skipped the question                                    | 43   | 2.8  |
| Total   | 1563 | 100  |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows; missing responses.*

### Appendix A3.3: How Fellows monitored their general health in the last 2 years, 2020

|  | N    | %     |
|--|------|-------|
| I did my own health check-ups  | 115  | 7.6   |
| I visited a medical doctor for a health check-up   | 541  | 35.6  |
| I see a GP/medical doctor at regular intervals as dictated by my existing medical condition requirements | 552  | 36.3  |
| It has been more than 2 years since I've had a general health check-up                                   | 312  | 20.5  |
| Total  | 1520 | 100.0 |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows; missing responses.*

#### Appendix A4.4: Distribution of leave Fellows took over the past 12 months, 2020

| Leave    | N          |        |      |          | %          |        |      |          |
|----------|------------|--------|------|----------|------------|--------|------|----------|
|          | CPD/ Study | Annual | Sick | Parental | CPD/ Study | Annual | Sick | Parental |
| 1 week   | 453        | 111    | 187  | 29       | 34.7       | 8.5    | 14.3 | 2.2      |
| 2 weeks  | 251        | 205    | 29   | 13       | 19.2       | 15.7   | 2.2  | 1.0      |
| 3 weeks  | 88         | 242    | 12   | 5        | 6.7        | 18.5   | 0.9  | 0.4      |
| 4 weeks  | 42         | 303    | 11   | 4        | 3.2        | 23.2   | 0.8  | 0.3      |
| 6 weeks  | 5          | 168    | 6    | 3        | 0.4        | 12.9   | 0.5  | 0.2      |
| >6 weeks | 15         | 79     | 26   | 16       | 1.1        | 6.0    | 2.0  | 1.2      |
| Yes      | 854        | 1108   | 271  | 70       | 65.3       | 84.4   | 20.7 | 5.4      |
| No leave | 453        | 199    | 1036 | 1237     | 34.7       | 15.2   | 79.3 | 94.6     |
| Total    | 1307       | 1307   | 1307 | 1307     | 100        | 100    | 100  | 100      |

Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows; missing responses.

#### Appendix A5.5: Duration of parental leave Fellows took over the past 12 months, 2020

|        | N  | N        |          | %        |          |
|--------|----|----------|----------|----------|----------|
|        |    | <6 weeks | >6 weeks | <6 weeks | >6 weeks |
| Female | 15 | 11       | 4        | 68.8     | 25.0     |
| Male   | 51 | 39       | 12       | 72.2     | 22.2     |
| Total  | 66 | 50       | 16       |          |          |

Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows; missing responses.

## Chapter 6 Supplementary data

#### Appendix A6.1: Fellows current and future work intentions over the next 10 years, 2020

| N = 1299 | Mean work hours per week |              |              |               | N    |     |
|----------|--------------------------|--------------|--------------|---------------|------|-----|
|          | Now 2020                 | 2 years 2022 | 5 years 2025 | 10 years 2030 |      |     |
| Female   | <40                      | 40.2         | 38.4         | 33.0          | 26.3 | 52  |
|          | 40-49                    | 38.5         | 36.8         | 28.2          | 19.4 | 90  |
|          | 50-59                    | 41.3         | 38.0         | 34.9          | 21.6 | 54  |
|          | 60-69                    | 39.6         | 39.7         | 35.6          | 30.9 | 19  |
|          | 70-79                    | 44.0         | 44.0         | 44.0          | 30.7 | 3   |
|          | 80+                      | 41.7         | 41.7         | 35.0          | 26.7 | 3   |
| Male     | <40                      | 36.1         | 34.6         | 29.6          | 23.7 | 112 |
|          | 40-49                    | 38.6         | 35.9         | 30.5          | 24.1 | 268 |
|          | 50-59                    | 40.6         | 37.4         | 31.8          | 24.0 | 287 |
|          | 60-69                    | 38.6         | 36.0         | 29.9          | 22.6 | 238 |
|          | 70-79                    | 36.9         | 34.0         | 28.6          | 19.8 | 140 |
|          | 80+                      | 35.9         | 31.3         | 26.4          | 19.1 | 33  |

Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows; missing responses.

**Appendix A6.2: Percentage of Fellows aged less than 50 years and 50 years and over who intend to retire within the next 10 years from clinical practice and all forms of paid work, 2020**

| Age <50 years  | Public | Private | Medico legal work | All forms of paid work |
|----------------|--------|---------|-------------------|------------------------|
| In < 10 years  | 172    | 50      | 14                | 207                    |
| Total          | 407    | 528     | 520               | 526                    |
| %              | 42.3   | 9.5     | 2.7               | 39.4                   |
| Age >=50 years | Public | Private | Medico legal work | All forms of paid work |
| In < 10 years  | 305    | 435     | 214               | 312                    |
| Total          | 613    | 680     | 679               | 780                    |
| %              | 49.8   | 64.0    | 31.5              | 40.0                   |

Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows; missing responses.

**Appendix A6.3: Proportion of Fellows aged 65 years or older who intend to be engaged in paid employment for the next two years, 2020**

| <b>N=299</b> | N   | %    |
|--------------|-----|------|
| No           | 140 | 46.8 |
| Yes          | 159 | 53.2 |

Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows; missing responses.

**Appendix A6.4: Type of work Fellows aged 65 or older plan to do in the next two years, 2020**

| <b>N=55</b>  | N  | %    |
|--|----|------|
| Operative practice in hospitals or day surgery units | 20 | 36.4 |
| Operative practice in rooms                          | 7  | 12.7 |
| Surgical assisting                                   | 8  | 14.5 |
| Clinical consulting practice                         | 20 | 36.4 |
| Administration                                       | 11 | 20.0 |
| Medico legal work                                    | 17 | 30.9 |
| Research/ academia                                   | 9  | 16.4 |
| Education and assessment                             | 12 | 21.8 |
| Military service                                     | 0  | 0.0  |
| Other  | 18 | 32.7 |

Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows; missing responses.



**Appendix A6.5: Main reasons why Fellows aged 65 years or older continue to be engaged in paid employment for the next 2 years, 2020**

| <b>N=24</b>  | N  | %    |
|--|----|------|
| I am doing work that I enjoy                                 | 10 | 41.7 |
| I still feel I can contribute value to the workforce         | 5  | 20.8 |
| I want to stay mentally active                               | 4  | 16.7 |
| I have not met my minimum financial goals for retirement yet | 4  | 16.7 |
| Other  | 1  | 4.2  |

*Exclusions: Fellows not currently living in Australia or Aotearoa New Zealand; Retired Fellows; missing responses.*