



## **Surgical Workforce 2016 Census Report**

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2016 Surgical Workforce Census Summary Report

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## ABBREVIATIONS

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

# INTRODUCTION

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

The Surgical Workforce Census commenced in 2005, and is now 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 fifth 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

- Fellows worked an average of 51 hours per week compared to 53 hours in 2014.
- Fellows who work full time reported a preference to work fewer hours than their current average of 51 hours per week. Fellows who work part time or as locums preferred to work slightly more hours than their current average weekly hours per week (21 and 36, respectively).
- Fellows in the private sector worked longer hours in consulting work than their public sector counterparts. Time spent on procedural work and administration was similar in private and public sectors.
- In the public sector, one in six Fellows worked more than the recommended emergency on-call period of 1:4 (Standards for Safe Working Hours, 2007).
- Just over half of Fellows believed there was sufficient work in their public practice region for an additional colleague. This proportion drops to one-third in their private practice region.
- One in six Fellows were involved in other forms of paid employment such as medico-legal work and research. Older Fellows were more likely to be involved in other forms of employment.

## Rural Planning

- Around one in three Fellows reported working in a rural or regional location of Australia or New Zealand; this includes those practicing in both metro and rural/regional areas.
- For the subset of Fellows reporting that they only worked in rural/regional locations, two thirds were working on a full time basis in those rural/regional locations.
- Two thirds of Fellows indicated no intention to change their current work hours in rural/regional areas. One in five Australian and New Zealand Fellows who work in rural/regional locations plan to decrease their work hours, while only five percent of Australian and two percent of New Zealand rural/regional Fellows plan to increase their work hours over the next five years.

## Volunteer and Pro-bono Work

- More than one in three Fellows participate in volunteer / pro-bono work.
- Clinical education and non-clinical work were the most nominated pro bono activity.
- One in four Fellows were involved in RACS activities such as educational instructor, surgical mortality audit assessor and examiner.

## SET Training

- Two thirds of the surveyed Fellows were involved in SET training.
- Fellows involved in SET training spent an average of 8 hours a week in the public sector on supervision and related administrative education work related to SET.

## Work-life Balance and Health

- Administrative processes and administrative regulation remains a primary source of high stress to one in five Fellows
- One in thirteen Fellows have sought professional assistance for stress or mental health issues in the last two years.
- Almost three in four Fellows monitored their health in the last two years, the majority of whom visited a medical doctor for a health check-up or at regular intervals as dictated by existing medical conditions.
- One third of female respondents reported returning to work within six weeks of taking parental leave.

## Future Work Intentions

- Fellows under 40 years of age intend to maintain their preferred weekly work hours over the next 10 years, with males preferring to work longer hours than females in this age group.
- Fellows over age 40 report intent to decrease work hours over the next 10 years.

- Four out of five Fellows aged 65 years or older intend to continue in paid employment, with the primary reason being that they are doing work that they enjoy.

## METHOD

### Surgeon Eligibility Criteria

All surgeons who were Fellows of RACS and whose usual workplace was in Australia and New Zealand were eligible to participate in the Census. 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 (OTO), paediatric surgery (PAE), plastic surgery (PLA), urology surgery (URO) or vascular surgery (VAS). Surgeons that trained in the specialties of ophthalmology or obstetrics and gynaecology 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). All Fellows that met the eligibility criteria were contacted to participate in the Census. At the time of Census commencement, there were 5773 Fellows, 5004 of which worked in Australia and 769 in New Zealand.

### Census Questionnaire

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

### Data Analysis

When a question elicited a "not applicable" answer, the response was excluded from the total. Respondents that did not answer a question were excluded from analysis of that question. At the time of survey, a small proportion of valid responses (1.4%) were from Fellows reporting that they currently live outside of Australia or New Zealand; these were also excluded from further analysis.

Data were analysed where applicable by segments including gender (male/female), age ( $\leq 39$ , 40-49, 50-59, 60-69, 70-79,  $\geq 80$ ), location (8 Australian states/territories and/or New Zealand), country (Australia, 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.

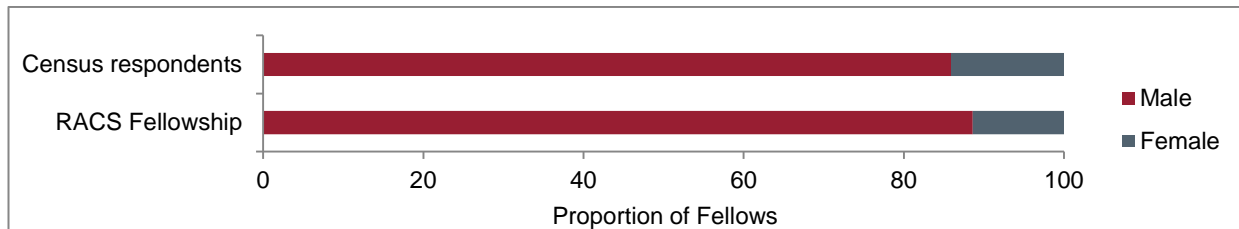


# Chapter 1 – Descriptive Statistics

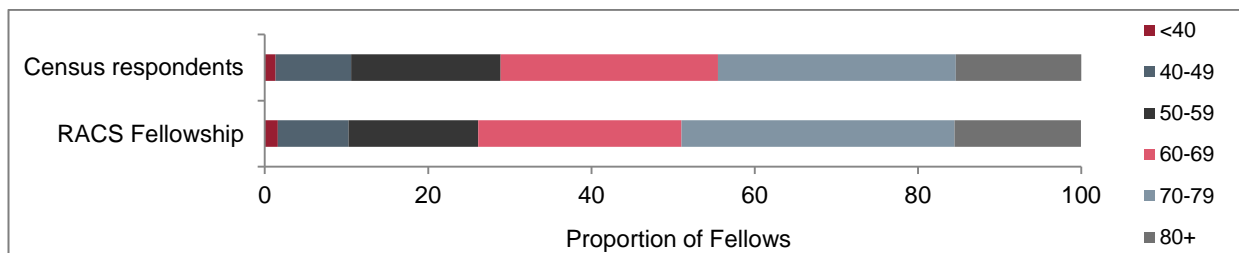
RACS achieved a 39.5% response rate. The country-specific response rate was 38.1% of Australian Fellows and 48.6% of New Zealand Fellows. All Australian states and territories and New Zealand were evenly represented in the final data set with approximately 33.7% or higher response rate for each location.

The respondents represent a consistent demographic profile to that of the RACS Fellowship population, with similar age, gender, location and specialty profiles (Figure 1.1 to Figure 1.4).

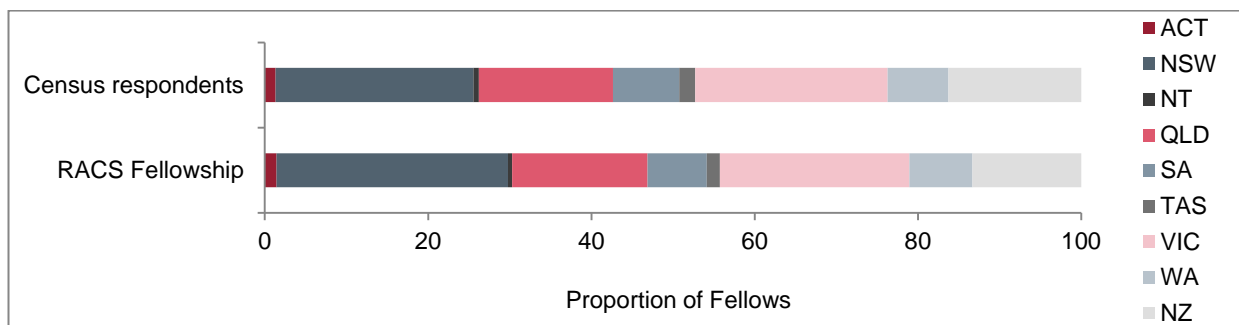
**Figure 1.1: Gender profile of Census respondents and RACS Fellows, 2016**



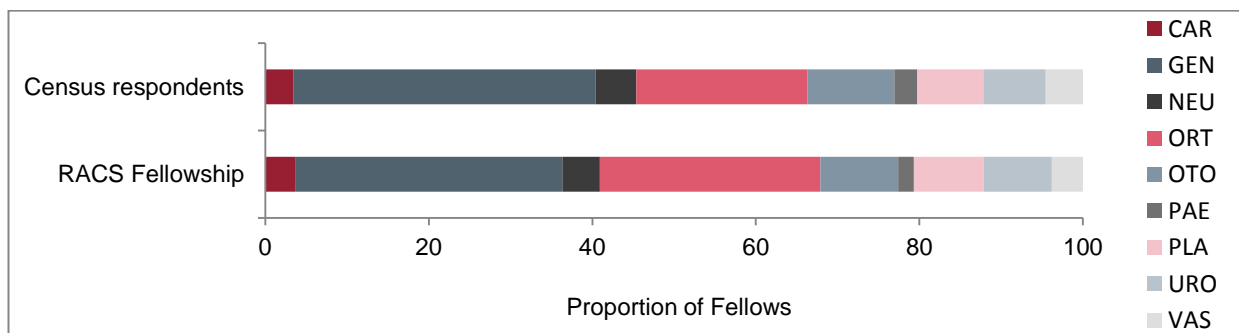
**Figure 1.2: Age profile of Census respondents and RACS Fellows, 2016**



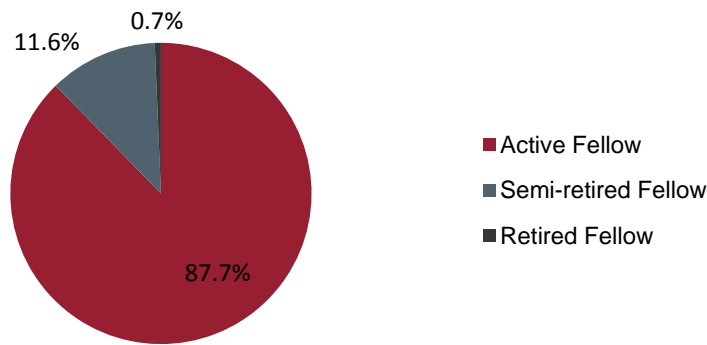
**Figure 1.3: Location profile of Census respondents and RACS Fellows, 2016**



**Figure 1.4: Specialty profile of Census respondents and RACS Fellows, 2016**



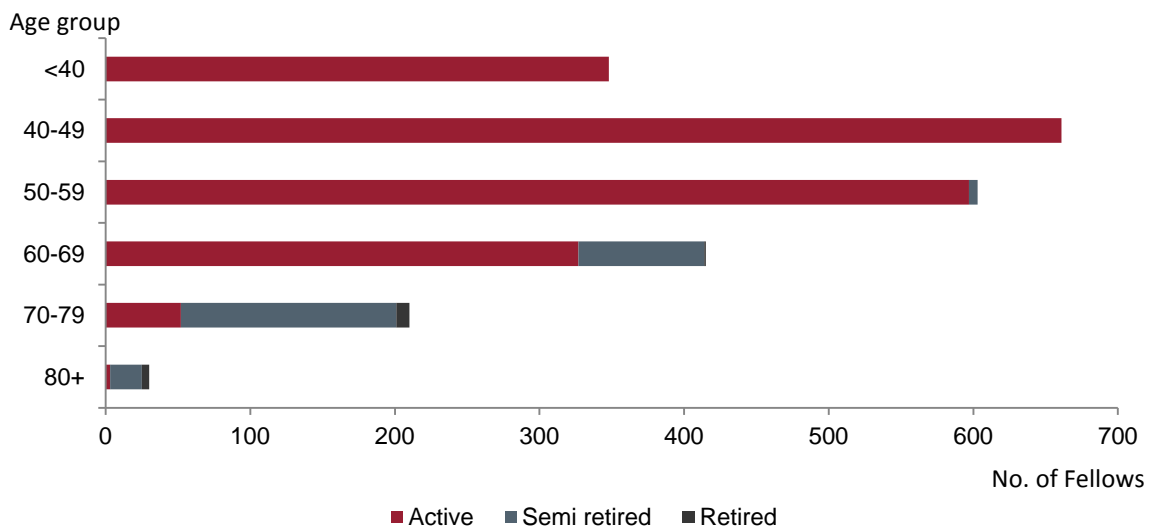
**Figure 1.5: Fellowship status of Census respondents**



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

The mean age of respondents was 53 years compared to 56 years in 2014. With the mean age of 45 years, female Fellows were 9 years younger on average than their male counterparts. This gap was one and a half times as large as the average age gap of Australian male and female medical practitioners (AIHW, 2015).

**Figure 1.6: Age distribution and Fellowship status of Census respondents**



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

## Chapter 2 – Work Patterns

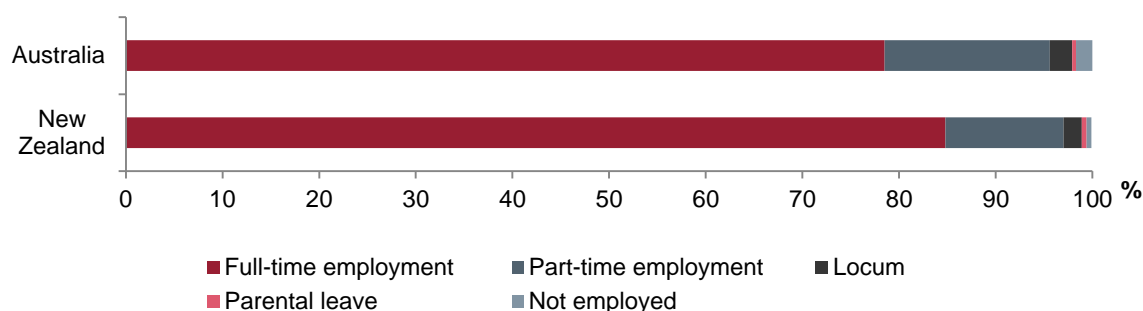
### Summary

- Fellows employed full time worked an average of 51 hours per week compared to 53 hours in 2014.
- Fellows who work full time reported a preference to work fewer hours than their current average of 51 hours per week. Fellows who work part time or as locums preferred to work slightly more hours than their current average weekly hours per week (21 and 36, respectively).
- Fellows in the private sector worked longer hours in consulting work than their public sector counterparts. Time spent on procedural work and administration was similar in private and public sectors.
- In the public sector, one in six Fellows worked more than the recommended emergency on-call period of 1:4 (Standards for Safe Working Hours, 2007).
- Just over half of Fellows believed there was sufficient work in their public practice region for an additional colleague. This proportion drops to one-third in their private practice region.
- One in six Fellows were involved in other forms of paid employment such as medico-legal work and research. Older Fellows were more likely to be involved in other forms of employment.

### Workforce Status

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

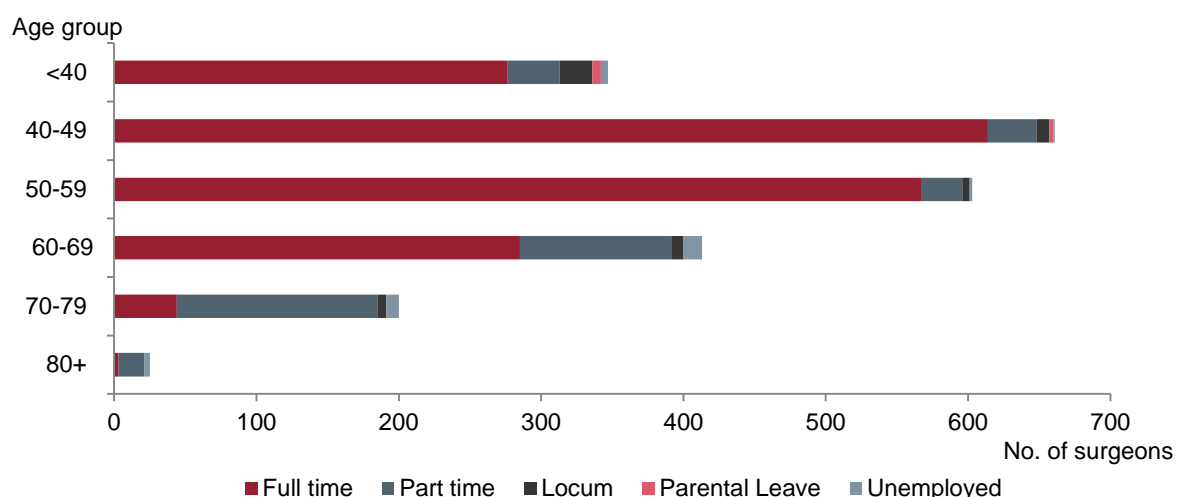
**Figure 2.1: Workforce status of active Fellows by country**



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

One in six Fellows reported that they were working in a part-time capacity, however most (73%) of the Fellows who reported part time employment were aged 60 years or older, and this is likely to be a reflection of their transition into retirement. Locum work was undertaken by a very small proportion of Fellows (2.3% of respondents), and nearly half of this cohort comprised Younger Fellows under the age of 40 years. This may be due in part to difficulties getting public hospital appointments, or insufficient work in earlier years of younger Fellows' employment.

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



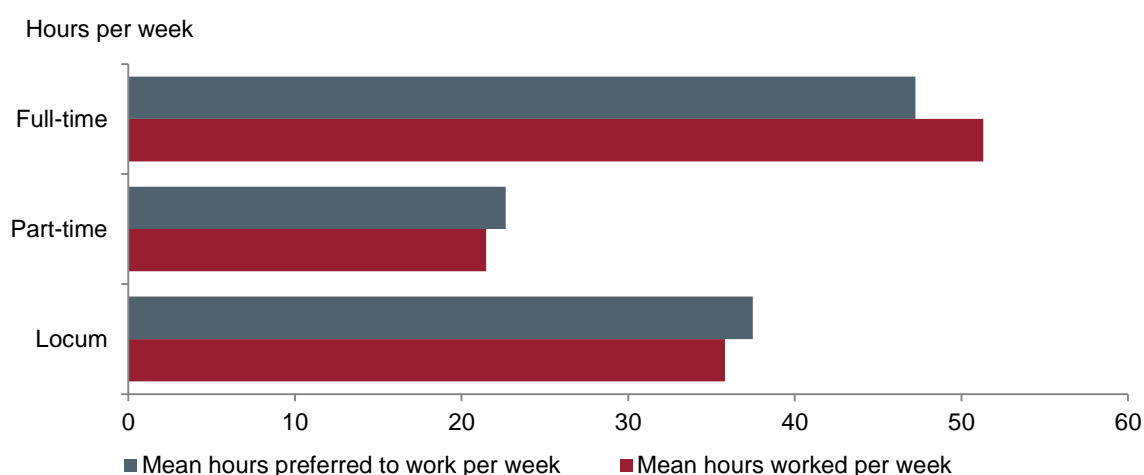
Note: Please refer to Table A2.2 in Appendix A for the tabulated data

## Work Hours

Fellows employed full time worked an average of 51 hours per week, although they preferred to work four hours less a week (Figure 2.3). The average hours worked per week by Fellows were longer than the 42.4 hours for Australian medical practitioners in general (AIHW, 2015).

This year's reported hours of full time work were slightly shorter than the previous Census report of 53.0 hours per week (RACS, 2014). Part-time Fellows worked on average 21.5 hours per week and locums 35.8 hours per week. Part-time Fellows reported a preference of one hour more than currently worked, and locums reported a preference to work an average of 2 hours more per week.

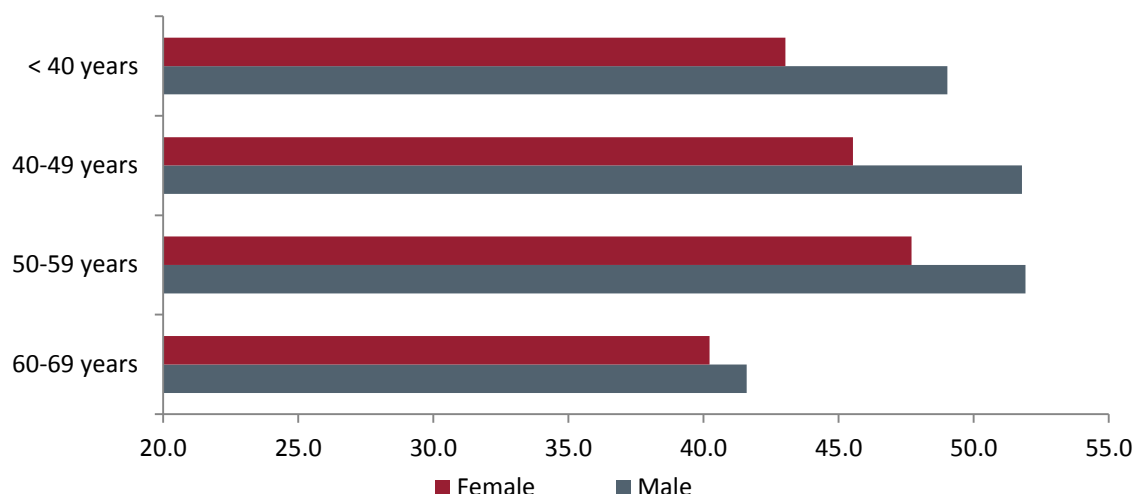
**Figure 2.3: Mean hours worked per week and preferred weekly work hours by workforce status**



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

Until the age of 60 years, the average male Fellow worked around 50 hours a week, while female Fellows worked between 43 – 48 hours a week (Figure 2.4). Male Fellows aged 40-59 years worked the longest average hours of just under 52 hours a week, while female Fellows working the longest hours were aged 50-59, working an average of 47.7 hours a week. Fellows aged 60-69 years had the lowest average hour work week, with many reducing their hours as they shift into semi-retirement.

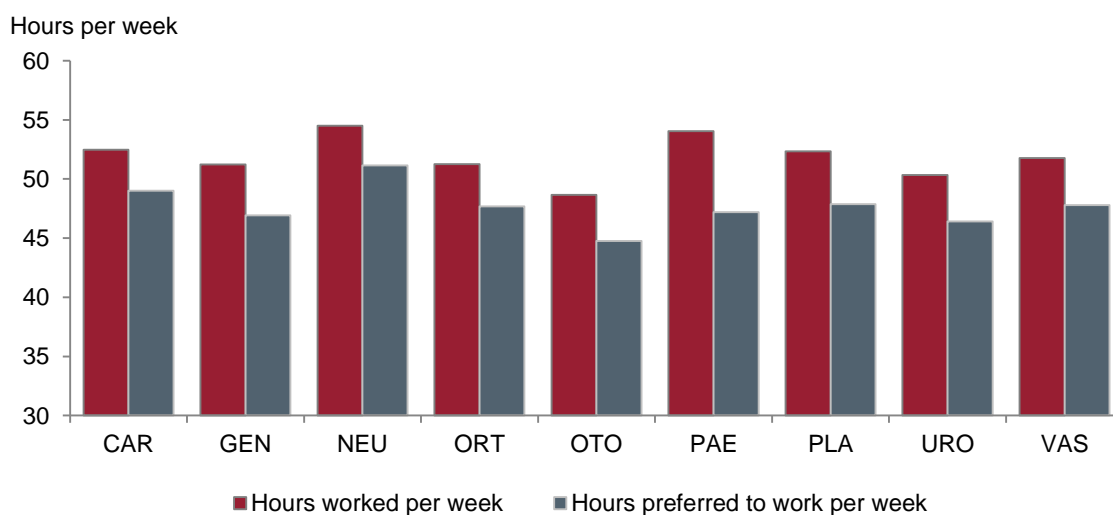
**Figure 2.4: Mean hours worked per week by age group**



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

Full time Neurosurgeons reported the longest work week (55 hours) whereas Otolaryngologists reported the shortest work week (49 hours) (Figure 2.5). The smallest difference between hours worked and preferred weekly work hours was similar for Cardiothoracic surgery, Neurosurgery, Orthopaedic surgery (around 3.5 hours less per week), and the biggest difference was Paediatric surgery (nearly 7 hours less per week).

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

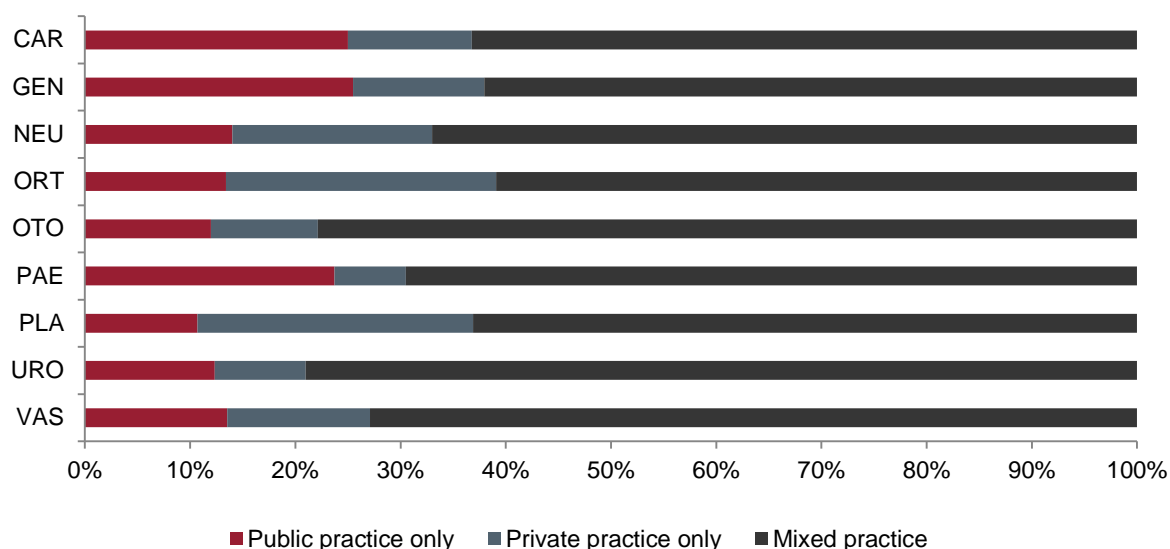


Note: Please refer to Table A2.5 in Appendix A for the tabulated data

## Public and Private Sector Employment

Approximately two thirds of respondents reported working in public and private practice (Figure 2.6). General surgery had the highest percentage of respondents who only worked in public practice (25.5%). Conversely, Plastic and Reconstructive surgery had the highest percentage of respondents who only worked in private practice (26.2%).

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



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

Fellows in the public sector reported spending more time on administrative work (Table 2.1 & 2.2). With the exception of Paediatric surgery, the median hours spent on consulting work in the private sector was higher than the public sector. For some specialties like Otolaryngology, the median hours spent on consulting in the private sector was up to three times greater than the time spent on consulting in the public sector.

**Table 2.1: Median hours per week 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>	6 (3 - 10)	20 (12 - 25)	4 (2 - 10)
<b>GEN</b>	7 (4 - 12)	10 (6 - 16)	3 (1 - 8)
<b>NEU</b>	8 (4 - 10)	10 (8 - 14.5)	4 (2 - 9)
<b>ORT</b>	6 (4 - 10)	9 (5 - 12)	2 (1 - 5)
<b>OTO</b>	5.5 (3 - 10)	7 (4 - 10)	2 (1 - 3)
<b>PAE</b>	10 (6 - 20)	10 (8 - 16)	5 (4 - 10)
<b>PLA</b>	6 (4 - 10)	8 (5 - 15)	2 (1 - 5)
<b>URO</b>	5.5 (3 - 10)	8 (5 - 10)	2 (1 - 5)
<b>VAS</b>	8 (4 - 10)	10 (8 - 15)	4 (2 - 8)
<b>TOTAL</b>	6 (4 - 10)	10 (5 - 15)	2 (1 - 6)

Compared to 2014, the median hours spent on public practice consulting and procedural work remained relatively stable. The median time spent on administration in the public sector decreased slightly by one hour across all specialties, with the Paediatric Surgery experiencing the largest decrease of three hours between 2014 and 2016.

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

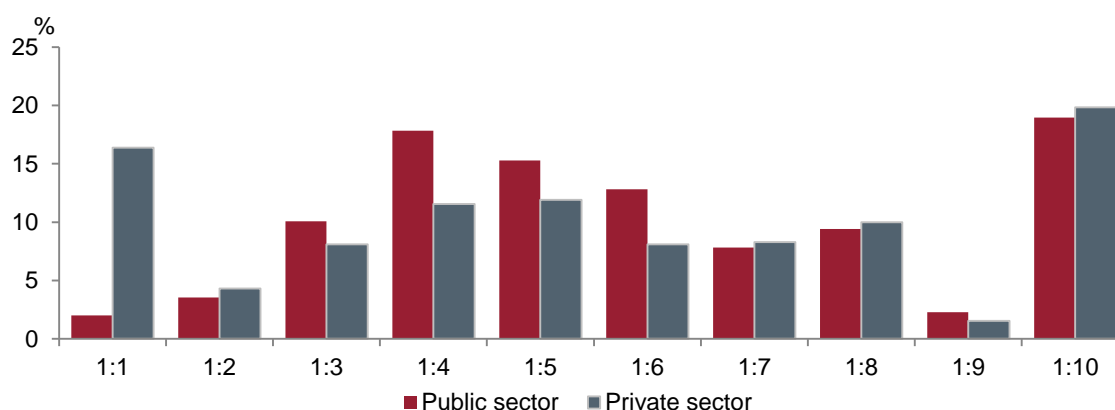
	Consulting (IQR)	Procedural work (IQR)	Administration (IQR)
<b>CAR</b>	5 (2 - 8)	10 (5.5 - 15.5)	0 (0 - 1)
<b>GEN</b>	10 (5 - 15)	8 (5 - 15)	1 (0 - 2)
<b>NEU</b>	12 (8 - 20)	8 (5 - 12)	1 (0 - 3)
<b>ORT</b>	16 (10 - 20)	10 (8 - 18)	1 (0 - 4)
<b>OTO</b>	18 (12 - 24)	8 (4 - 10)	1 (0 - 2)
<b>PAE</b>	5 (4 - 10)	4 (2 - 6)	0 (0 - 1)
<b>PLA</b>	14.5 (10 - 20)	15 (8 - 20)	1 (0 - 4)
<b>URO</b>	15 (8 - 20)	8 (5 - 14)	1 (0 - 3)
<b>VAS</b>	12 (8 - 16)	8 (5 - 12)	1 (0 - 2)
<b>TOTAL</b>	12 (8 - 20)	10 (5 - 15)	1 (0 - 2)

Compared to 2014, the median hours spent on private practice consulting and procedural work remained relatively stable. The median time spent on administration in the public sector increased slightly by one hour across all specialties.

Fewer Fellows in the private sector took emergency on-call work compared to the public sector. 65.7% of Fellows in the private sector reporting they do not undertake emergency on call work, compared to 13.1% of Fellows working in the public sector who do not undertake emergency on-call work. Of those doing on-call work in the public sector, one in six Fellows took emergency on-call more frequently than the recommended 1:4 (Standards for Safe Working Hours, 2007) (Figure 2.7).

One in six respondents who took emergency on-call work in the private sector did so at 1:1 frequency. However this is likely to be a reflection of the permanent 'on-call' state Fellows maintain for their patients in private hospitals.

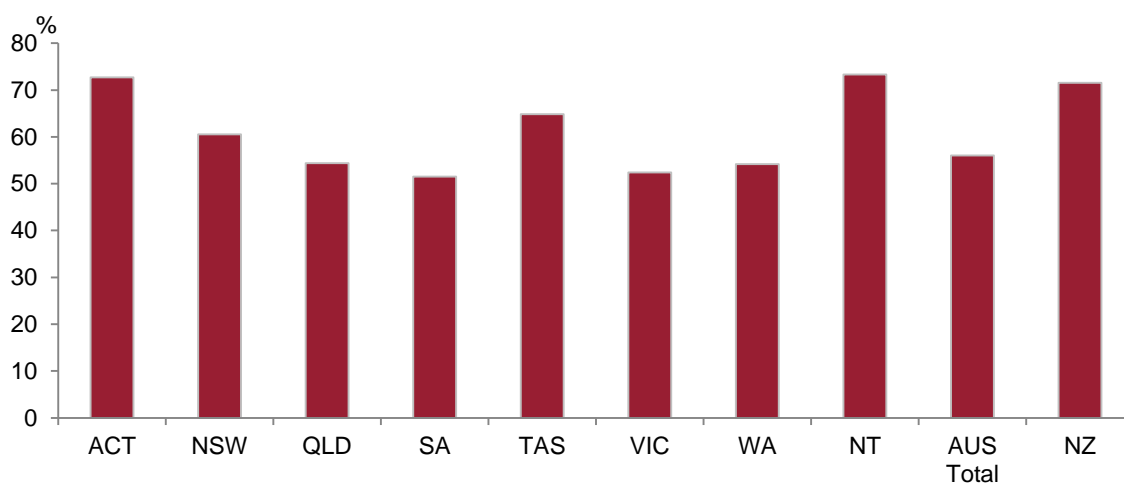
**Figure 2.7: Frequency of emergency on-call Fellows took by work sector**



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

The Northern Territory, Australian Capital Territory and Tasmania had the highest proportion of Fellows who thought there was sufficient work for an additional colleague in their public practice region (Figure 2.8). Compared to 2014, fewer Australian Fellows believed there was sufficient work for an additional colleague (62% of Fellows in 2014 compared to 56% of Fellows in 2016). The percentage of New Zealand Fellows in 2016 who thought there was sufficient work for additional colleagues was 71.5%, similar to that in 2014 (70.5%).

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



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

Except for the Northern Territory, less than half of Australian Fellows believed there was sufficient work for an additional colleague in their private practice region (Figure 2.9). This percentage has remained stable since 2014, with 38% who believed there was sufficient work for an additional colleague in 2016, compared to 37% in 2014. There was a slight increase in the percentage of New Zealand Fellows who agreed with the statement, from 38% in 2014 to 43% in 2016.

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



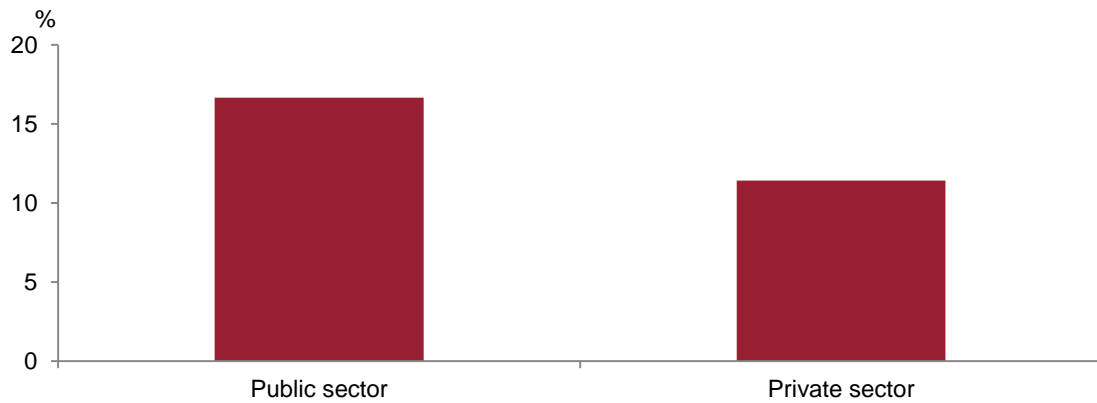
Note: Please refer to Table A2.9 in Appendix A for the tabulated data

## Access to flexible work arrangements

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



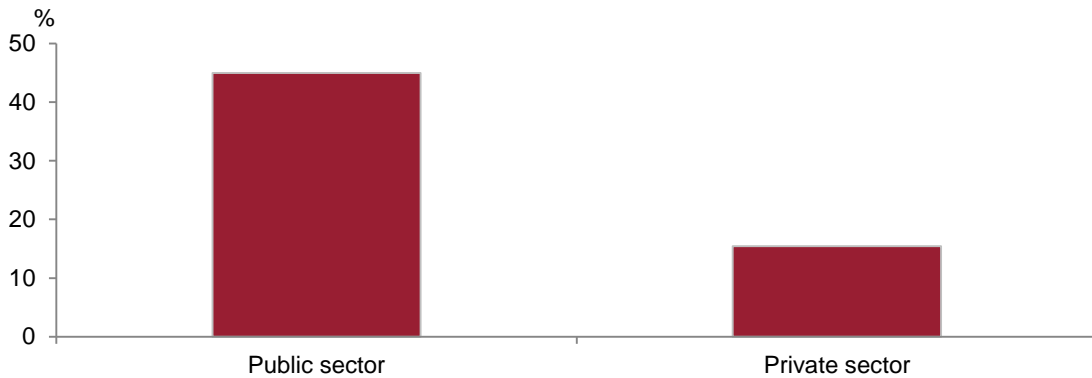
**Figure 2.10: Percentage of Fellows who tried to access flexible working arrangements in the last two years by work sector**



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

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

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

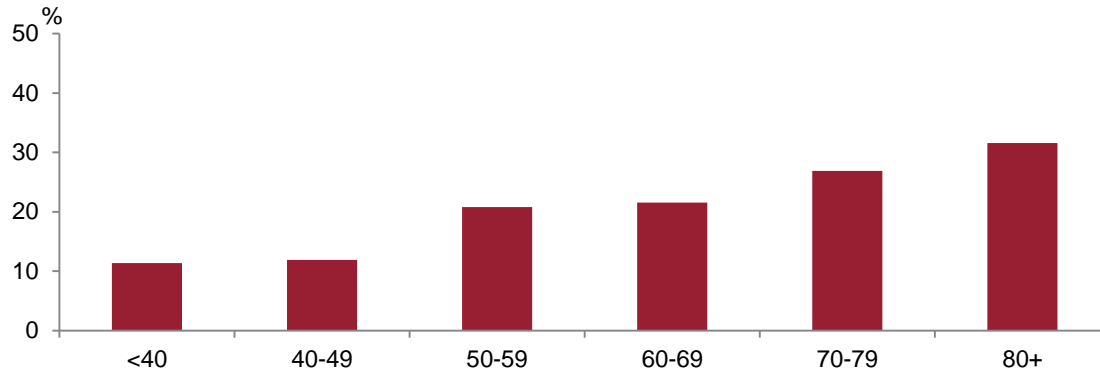


Note: Please refer to Table A2.11 in Appendix A for the tabulated data

## Other Paid Employment

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

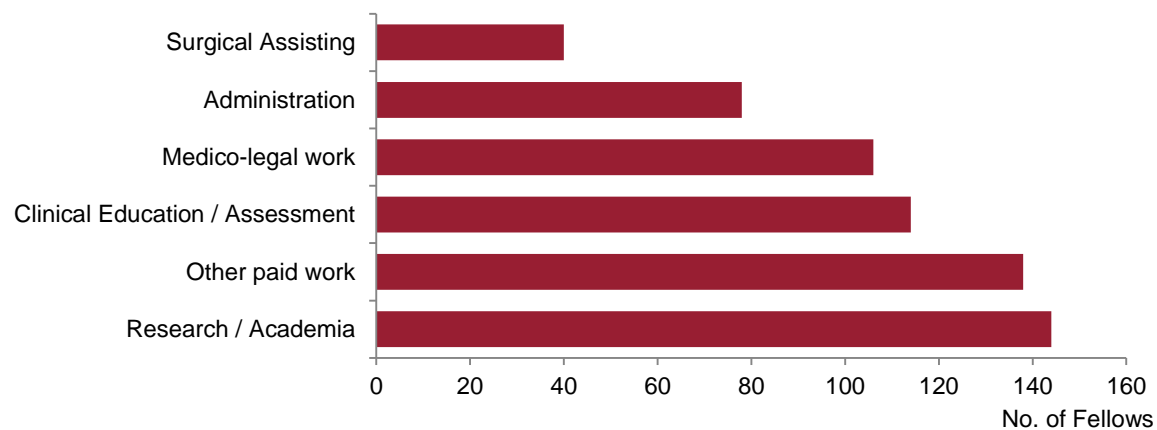
**Figure 2.12: Percentage of Fellows who are involved in other forms of paid employment by age group**



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

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

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



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

## Chapter 3 – Rural Planning

### Key Findings

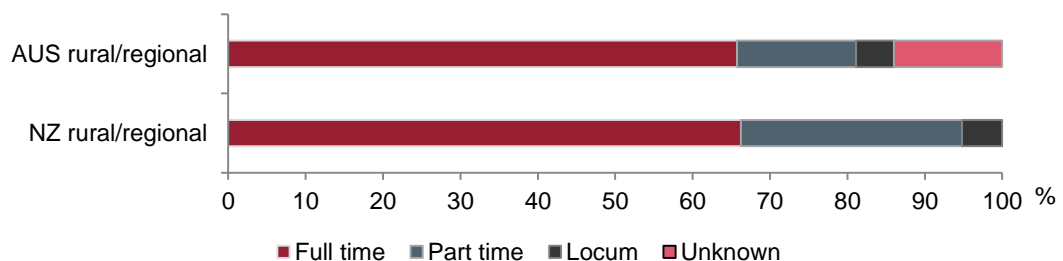
- Around one in three Fellows reported working in a rural or regional location of Australia or New Zealand; this includes those practicing in both metro and rural/regional areas.
- For the subset of Fellows reporting that they only worked in rural/regional locations, two thirds were working on a full time basis in those rural/regional locations
- Two thirds of Fellows indicated no intention to change their current work hours in rural/regional areas. One in five Australian and New Zealand Fellows who work in rural/regional locations plan to decrease their work hours, while only five percent of Australian and two percent of New Zealand rural/regional Fellows plan to increase their work hours over the next five years.

### Characteristics of the Rural Workforce

Approximately 34% of Australian and 37% of New Zealand respondents reported that they worked in a rural or regional location; this includes those practicing in both capital cities/metro and rural/regional locations. The proportion of Fellows reporting that they worked in rural or regional locations only dropped to 16% of Australian and 22% of New Zealand respondents. It is noted that this question was worded differently to allow the selection of both metro and rural/regional areas, whereas the combination of metro/rural/regional was not available in 2014. Therefore it is difficult to make a direct comparison to 2014 results.

For the subset of Fellows reporting that they only worked in rural/regional locations, two thirds were working on a full time basis in those rural/regional locations (Figure 3.1).

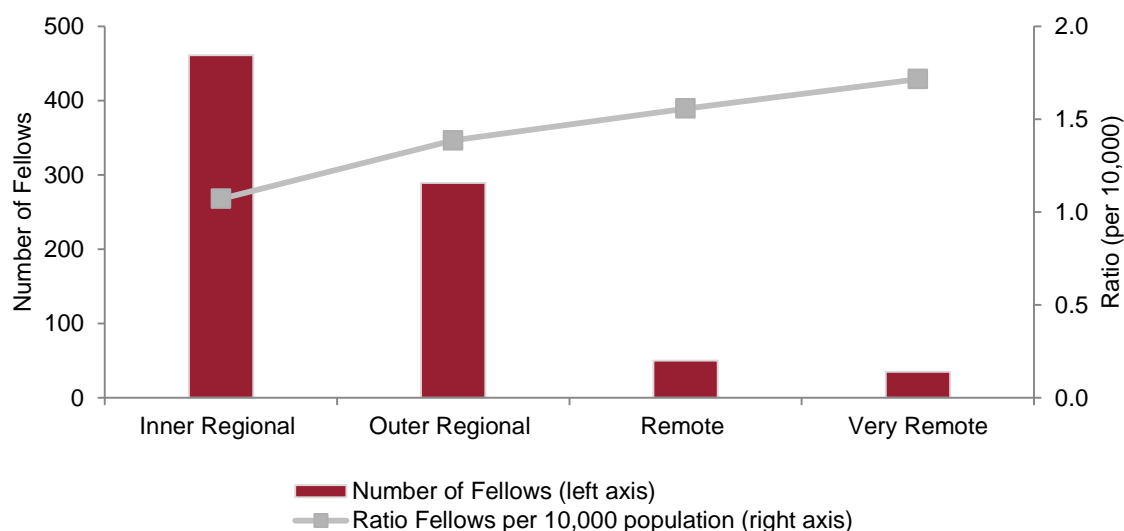
**Figure 3.1: Workforce status of Fellows who work in a rural/regional location only**



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

Respondents were able to report up to three Australian rural/regional towns or centres in which they worked. These towns or centres may differ to that of their primary place of practice or contact, and in some cases may be in a different State or Territory. The nominated towns were grouped into Australian Standard Geographical Classification (ASGC). The number of Fellows who reported working in an Australian regional or rural area is also presented as a ratio of the estimated Australian population of the regional or remote area classification, as a relative indication of the population coverage (Figure 3.2). This indicates that a Fellows who reported working in a regional or rural area may cover between 11,000 to 17,000 people in those locations. It is important to recognise that the ratios presented here are not true population ratios and should be interpreted with caution, as they only account for the Fellows who responded to this Census, not the total Fellowship, and some Fellows may be counted more than once if they nominated multiple regional or remote towns.

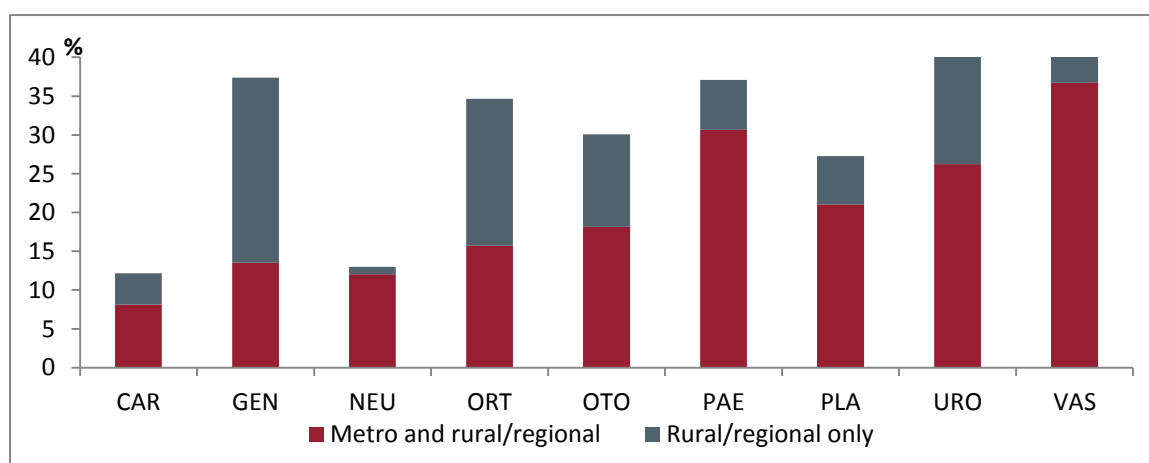
**Figure 3.2: Number of Fellows who reported working in a rural/regional area of Australia, and Ratio of Fellows per 10,000 Population**



Note: Ratio presented is an indicator only; the number of Fellows represents only those who responded to this Census, not the total Fellowship, and some Fellows may be counted more than once if they nominated multiple regional or remote towns. Please refer to Table A3.2 in Appendix A for the tabulated data

Approximately 47% of Urologists, 43% of Vascular surgeons and 37% of General and Paediatric surgeons, and 35% Orthopaedic surgeons reported that they worked in a rural or regional area (including those practicing in both metro and rural/regional areas). When looking at the subset of Fellows who reported only working in rural/regional locations, a much lower proportion was evident. Of all specialties, General surgery had the highest proportion (24%) of Fellows reporting they worked solely in rural/regional locations. There was a large difference in the proportions of some specialties where Fellows shared their time between metro and rural/regional centres, and those who were dedicated to rural/regional work only; namely Neurosurgery, Paediatric, Plastic and Reconstructive and Vascular surgery (Figure 3.3).

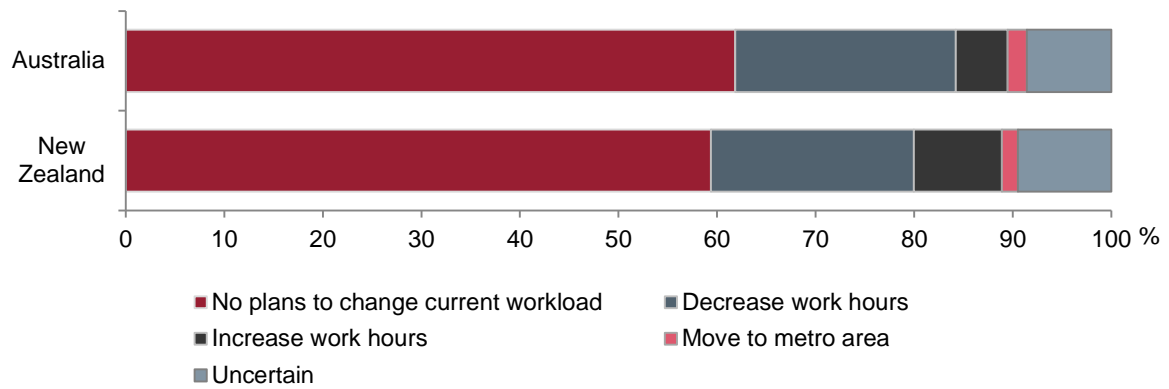
**Figure 3.3: Percentage of Fellows practicing in a rural/regional area by specialty**



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

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

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



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

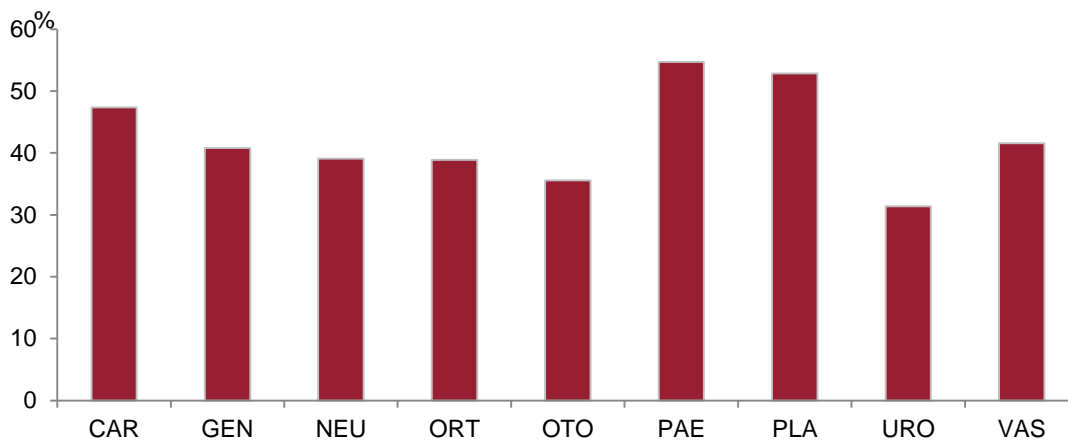
## Chapter 4 – Pro bono work

### Summary

- More than one in three Fellows participate in volunteer / pro-bono work.
- Clinical education and non-clinical work were the most nominated pro bono activity.
- One in four Fellows were involved in RACS activities such as educational instructor, surgical mortality audit assessor and examiner.

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

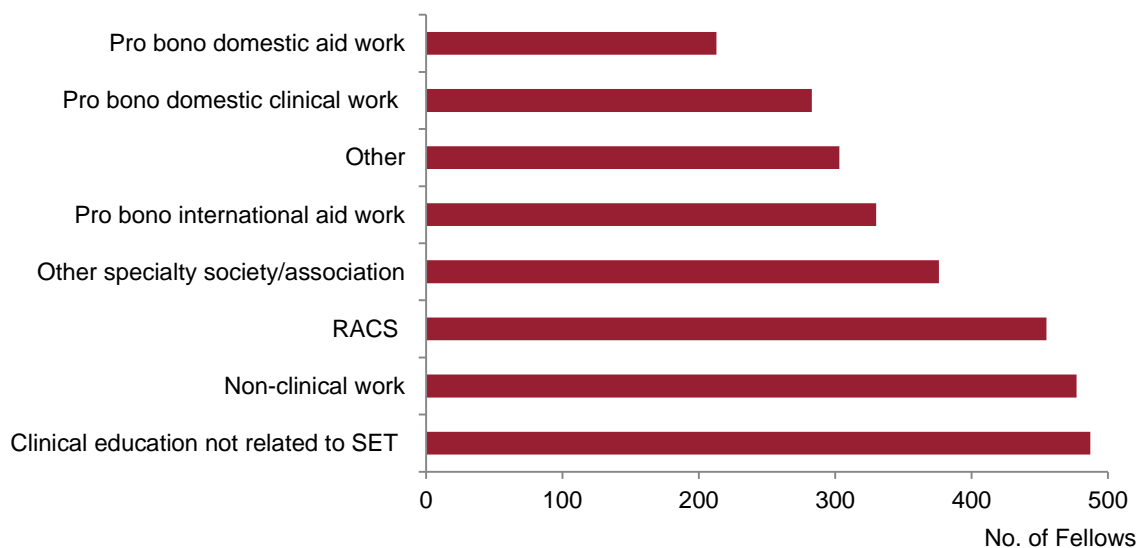
**Figure 4.1: Percentage of Fellows who undertake volunteer/pro-bono work by specialty**



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

The most common volunteer activities were clinical education not related to SET (n = 487) and non-clinical activities such as committee appointments (n = 477). Domestic aid work and domestic clinical work was nominated by the least number of Fellows (n = 213 and n=283 respectively).

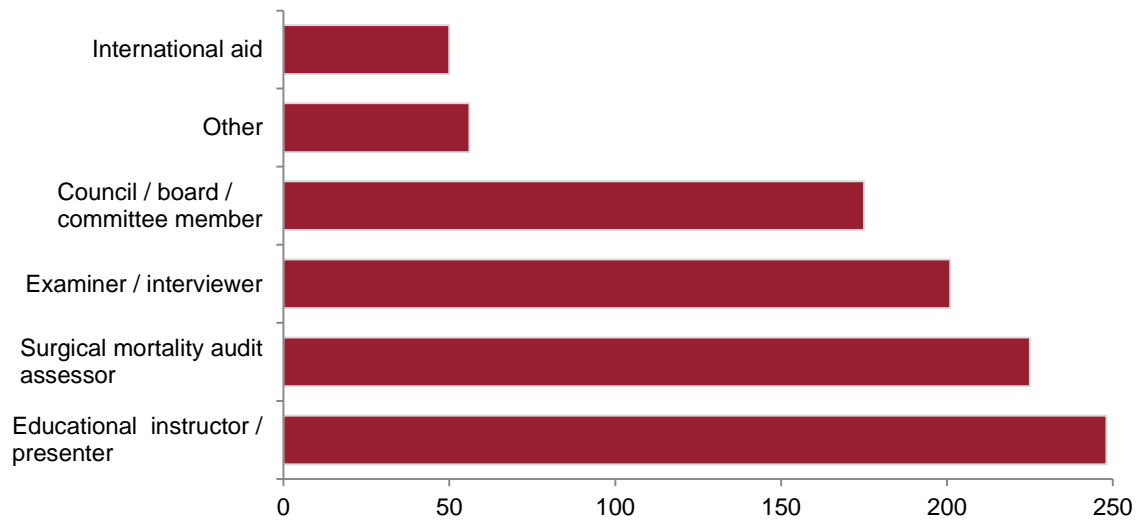
**Figure 4.2: Types of pro bono/volunteer activities Fellows participate in**



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

Approximately one in four respondents reported that they do volunteer or pro bono work for RACS, an increase from the one in eight Fellows in 2014 who reported involvement in RACS. The three most common volunteer roles at RACS were educational instructor/presenter, surgical mortality audit assessor and examiner/interviewer (Figure 4.3).

**Figure 4.3: Types of RACS roles Fellows participate in**



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

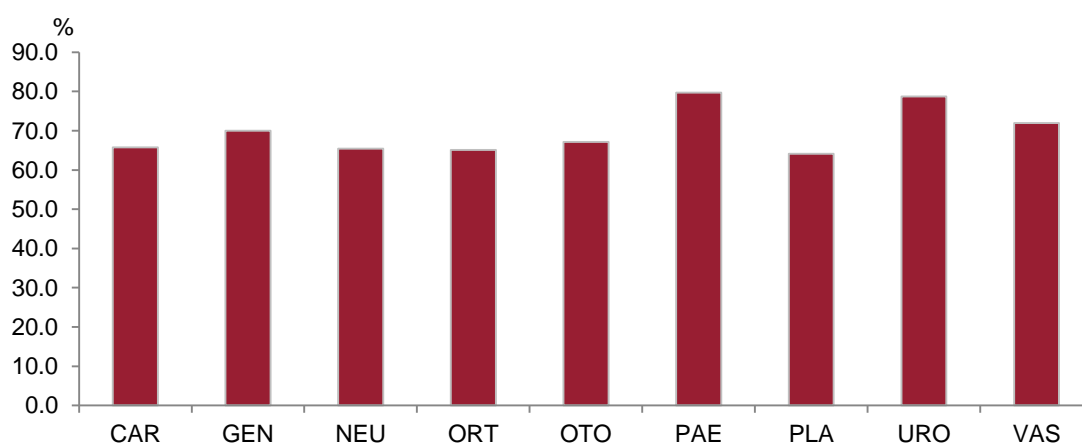
## Chapter 5 – SET Training

### Summary

- Two thirds of the surveyed Fellows were involved in SET training.
- Fellows involved in SET training spent an average of 8 hours a week in the public sector on supervision and related administrative education work related to SET.

Approximately 69% of Australian and 66% of New Zealand respondents reported that they were involved in SET training. Paediatric surgery, Urology and Vascular surgery had the highest proportion of representatives involved with SET training, and Orthopaedic surgery and Plastic surgery had the lowest (Figure 5.1).

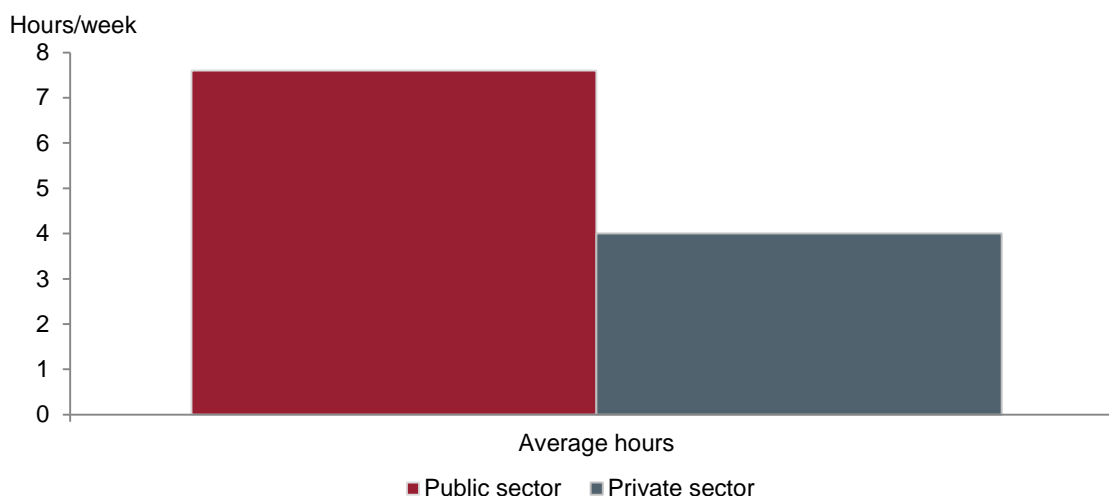
**Figure 5.1: Percentage of Fellows involved in SET training or supervision by specialty**



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

A considerable amount of time is spent on SET training supervision and related work, including administrative duties and educational programs (8 hours a week in the public sector).

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



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



## Chapter 6 – Work-Life Balance and Health

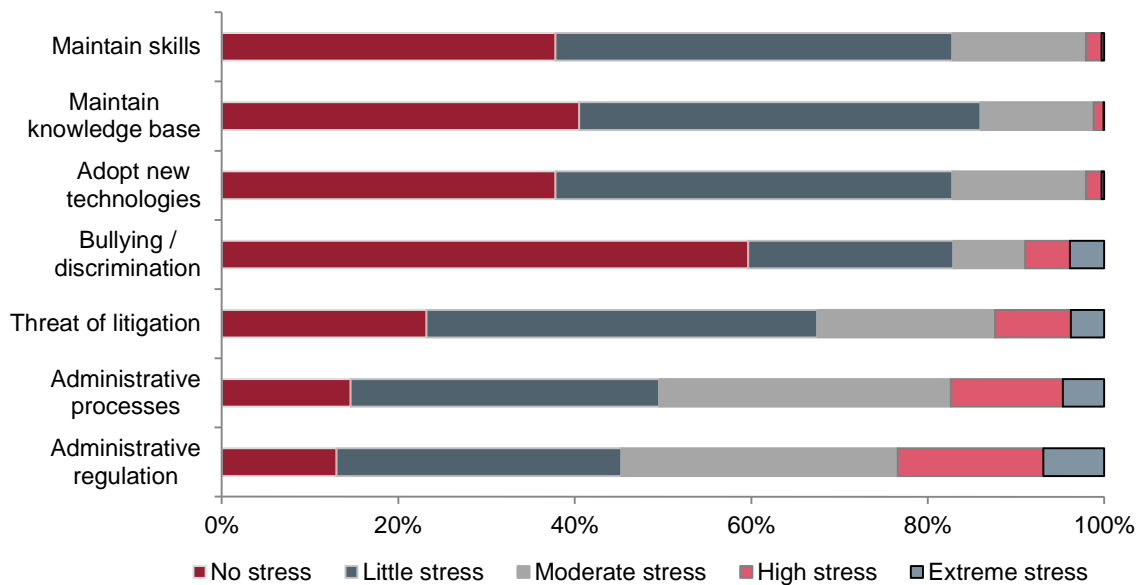
### Summary

- Administrative processes and administrative regulation remains a primary source of high stress to one in five Fellows
- One in thirteen Fellows have sought professional assistance for stress or mental health issues in the last two years.
- Almost three in four Fellows monitored their health in the last two years, the majority of whom visited a medical doctor for a health check-up or at regular intervals as dictated by existing medical conditions.
- One third of female respondents reported returning to work within six weeks of taking parental leave.

### Health

High or extreme stress in administrative processes and administrative regulation was recorded in around 20% of Fellows (Figure 6.3). These findings are similar to the results from the 2014 RACS workforce census, where administrative processes and regulation were reported as the primary source of high or extreme stress in Fellows.

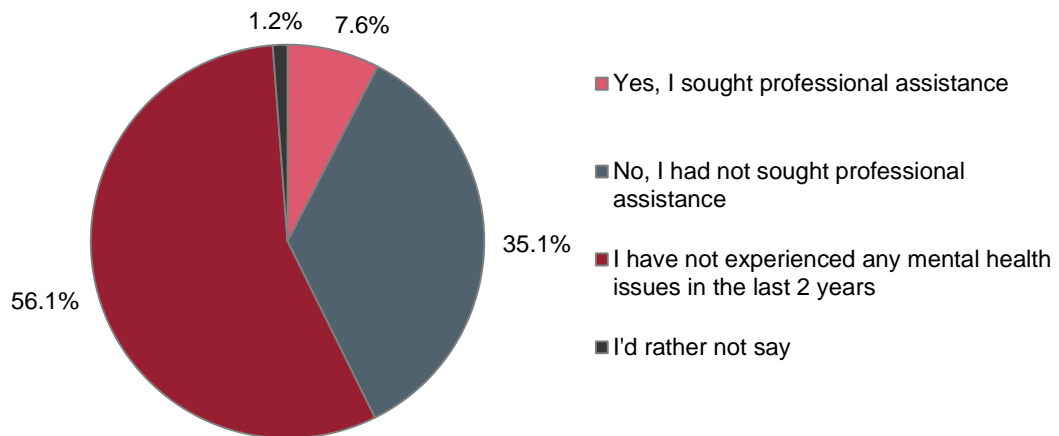
**Figure 6.1: Workplace sources of Fellows' self-rated stress levels**



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

Approximately 8% of Australian and 6% of New Zealand Fellows have sought professional assistance to deal with stress or other mental health issues in the last two years (Figure 6.4). These results are not directly comparable to the 2014 Census as the wording of this particular question differed slightly in 2016 which specified professional assistance to deal with stress or a mental health issue in the last two years. The 2014 Census asked whether the Fellow has ever sought professional assistance.

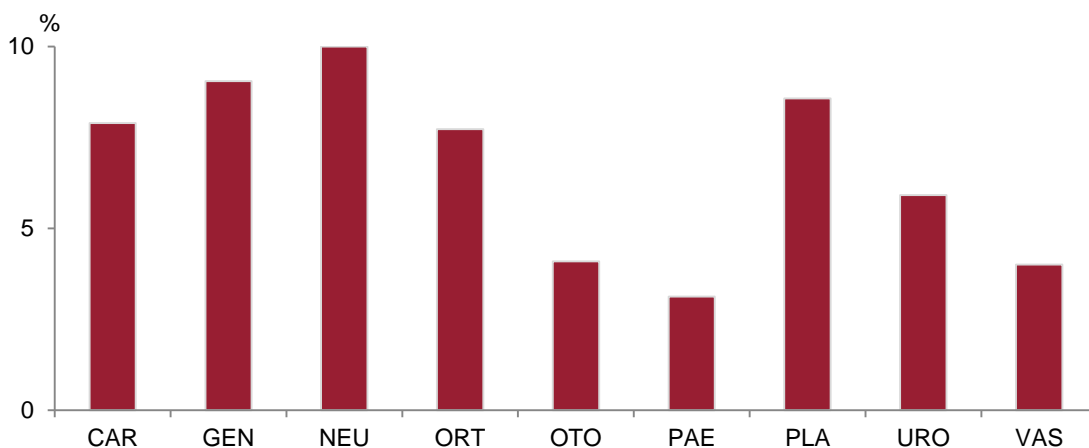
**Figure 6.2: Proportion of Fellows who have sought professional assistance to deal with stress or a mental health issue in the last two years**



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

Neurosurgery, general surgery and plastic and reconstructive surgery had the highest percentage of Fellows who have sought assistance in the last two years and paediatric surgery had the lowest (Figure 6.5).

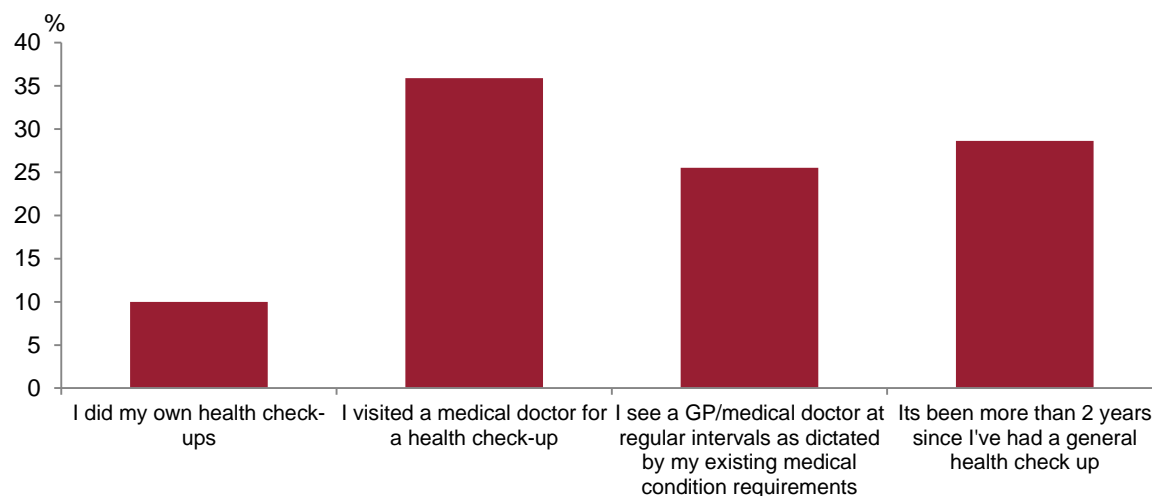
**Figure 6.3: Percentage of Fellows who have sought professional assistance for stress or mental health issues in the last two years, by specialty**



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

Most Fellows have had a physical health check up in the last two years (Figure 6.4). Approximately one in four Fellows reported that it has been more than two years since their last general health check-up. Of these, 38% of Fellows aged 40-49, and 24% of Fellows aged less than 40 years reporting that they have not had a health check-up in the last 2 years.

**Figure 6.4: How Fellows monitored their general health in the last two years**

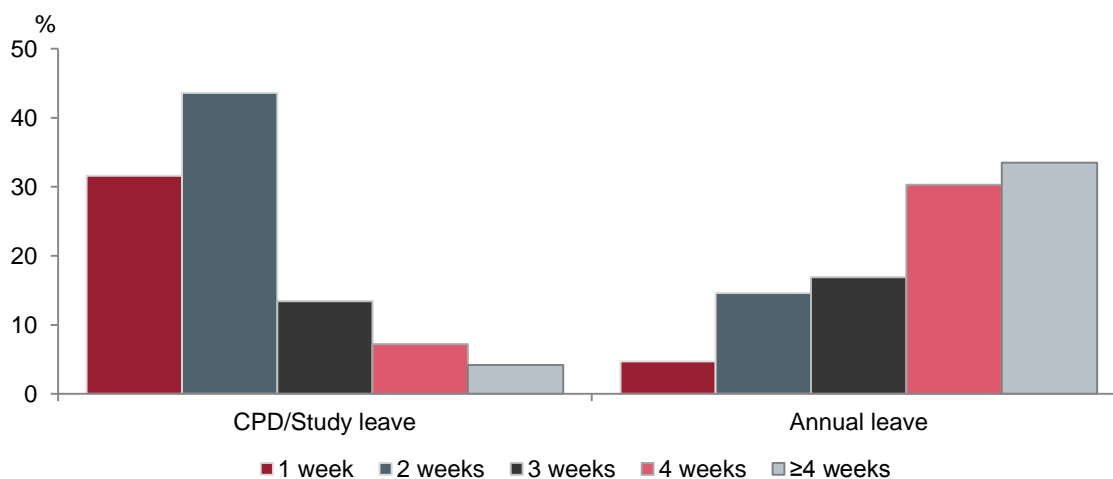


Note: Please refer to Table A6.4 in Appendix A for the tabulated data

## Leave

Nearly all Fellows took either study leave or annual leave in the past 12 months. The common period of leave was two weeks for CPD/Study leave and four weeks for annual leave. This is similar to 2014 Census results (Figure 6.5).

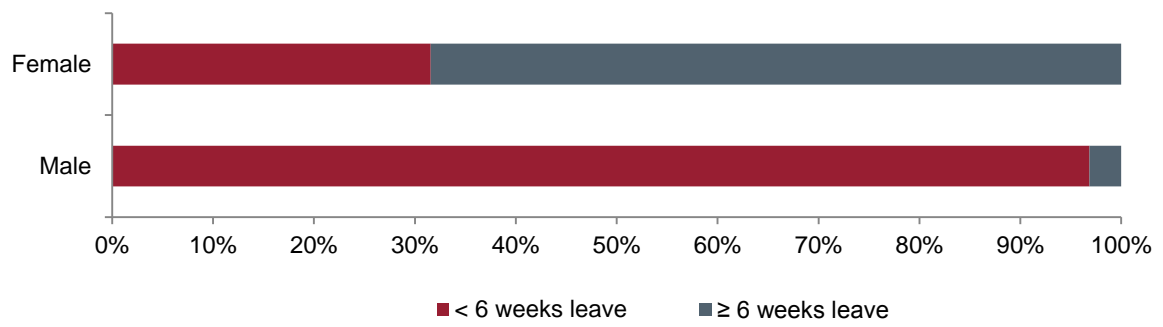
**Figure 6.5: Distribution of annual and study leave Fellows took over the past 12 months**



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

Most male Fellows reported taking one or two weeks of parental leave, while many female Fellows took at least 6 weeks. One third of female Fellows reported returning to work within six weeks of taking parental leave (Figure 6.6), which is higher compared to 2011 Census results where one in six female Fellows returned to work within six weeks.

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



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

## Chapter 7 – Future Work Intentions

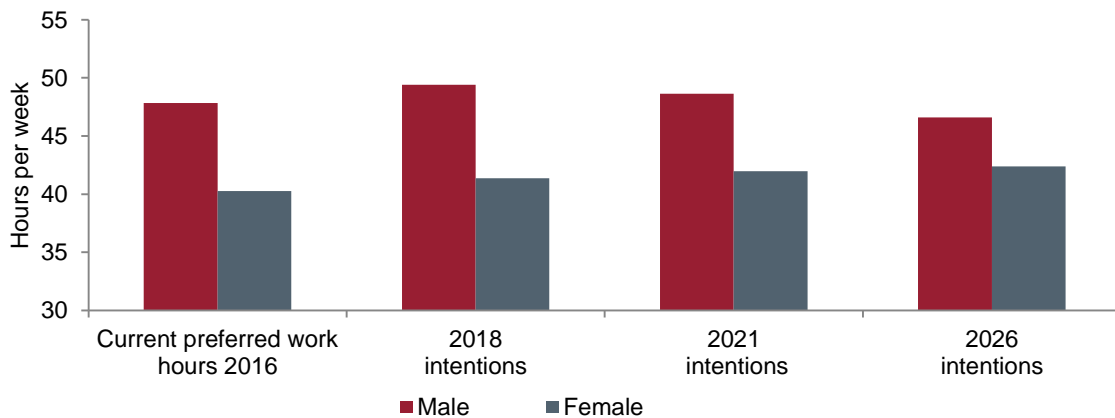
### Summary

- Fellows under 40 years of age intend to maintain their preferred weekly work hours over the next 10 years, with males preferring to work longer hours than females in this age group.
- Fellows over age 40 report intent to decrease work hours over the next 10 years.
- Four out of five Fellows aged 65 years or older intend to continue in paid employment, with the primary reason being that they are doing work that they enjoy.

### Future Work Hours

The current preferred work hours of male Fellows aged less than 40 years is greater than their female counterparts, with males preferring to work around 47 hours per week and females 40 hours per week (Figure 7.1). For male Fellows, weekly work hour intentions over the next 10 years remain relatively steady. The average weekly hours of female Fellows in this age group increases slightly over the next ten years to 42 hours per week in 2026.

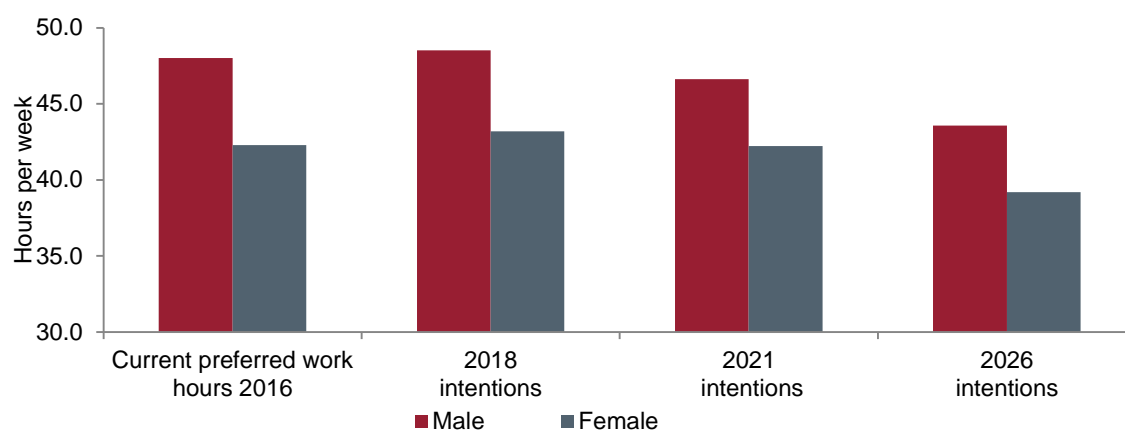
**Figure 7.1: Hours per week Fellows aged <40 years intend to work over the next 10 years**



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

The current preferred work hours of male Fellows aged 40-49 years is greater than for female Fellows in this age group (48 hours and 42 hours respectively). However this gap is projected to reduce, with male Fellows indicating a desire to decrease their work hours over the next 10 years, from 48 hours to 43 hours a week by 2026. Similarly, female Fellows would like to decrease their work hours over the next 10 years from 42 hours to 39 hours per week in 2026.

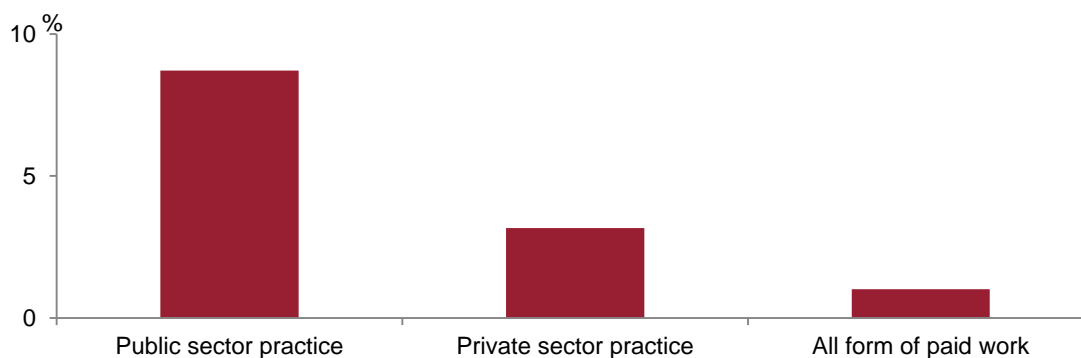
**Figure 7.2: Hours per week Fellows aged 40-49 years intend to work over the next 10 years**



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

Approximately 9% of Fellows aged less than 50 years reported that they intend to retire from clinical practice in the public sector within the next 10 years (Figure 7.3). A small fraction of Fellows in this age group intend to retire from private sector practice or all forms of paid work.

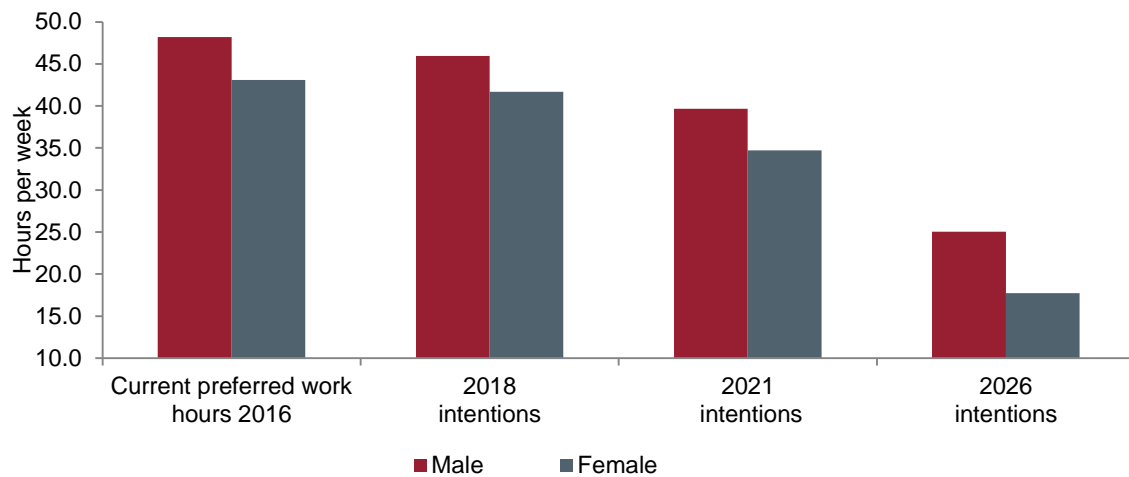
**Figure 7.3: Percentage of Fellows aged less than 50 years who intend to retire within the next 10 years from clinical practice and all forms of paid work**



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

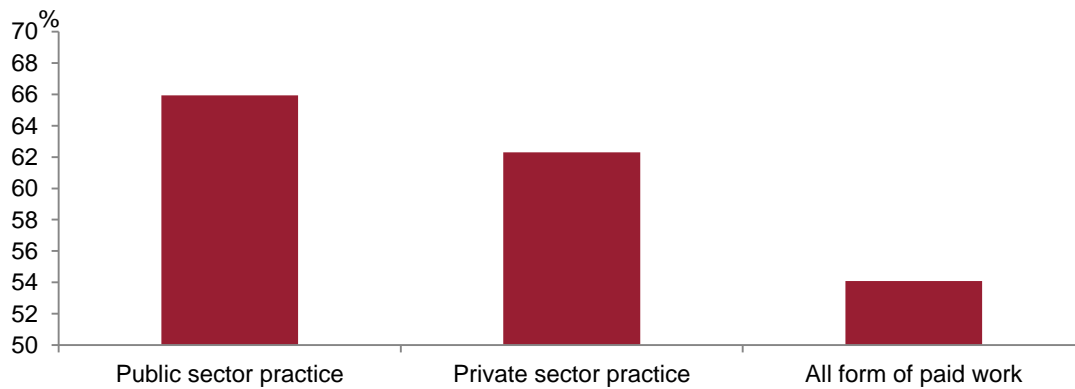
The current preferred work hours of male Fellows aged 50-59 years is greater than for female Fellows in this age group (48 hours and 43 hours respectively), and is similar to that of other age groups. Fellows in this age group reported the sharpest decrease in work hour intentions by 2026, with males intending to work an average of 25 hours per week, and females 17 hours per week. This decrease can be attributed to many Fellows who will have most likely started retirement within this period. Figure 7.5 shows that more than half of Fellows aged 50 years and older intend to retire from all forms of paid work within ten years.

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



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

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

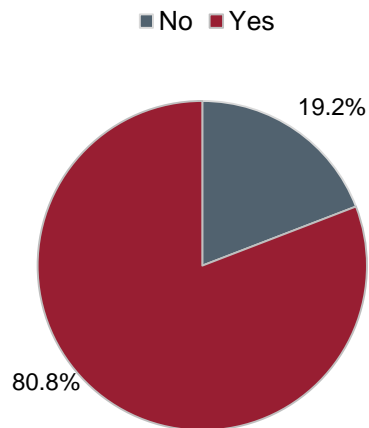


Note: Please refer to Table A7.5 in Appendix A for the tabulated data

## Future Work Plans for Fellows Aged 65 or Older

Almost one in five respondents was aged 65 years or older at the time of the Census. Among these, 20% reported an intention to continue in paid employment for the next two years (Figure 7.6)

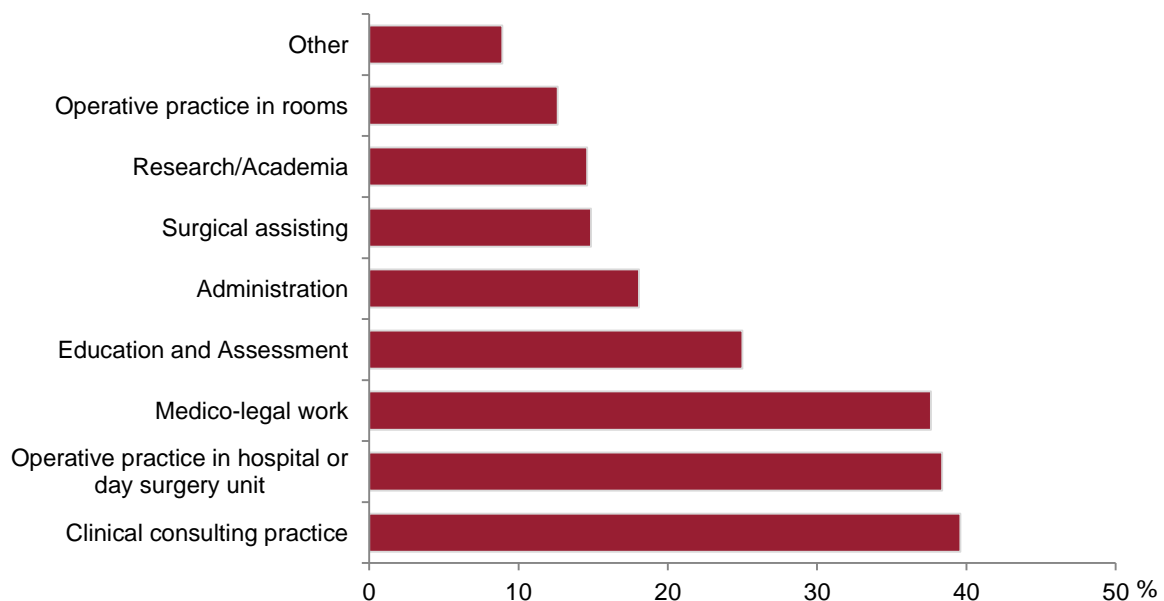
**Figure 7.6: Proportion of Fellows aged 65 years or older who intend to be engaged in paid employment for the next two years**



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

The most common types of employment Fellows were planning to be engaged in were clinical consulting practice, operative practice in hospital or day surgery unit and medico-legal work (Figure 7.7).

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

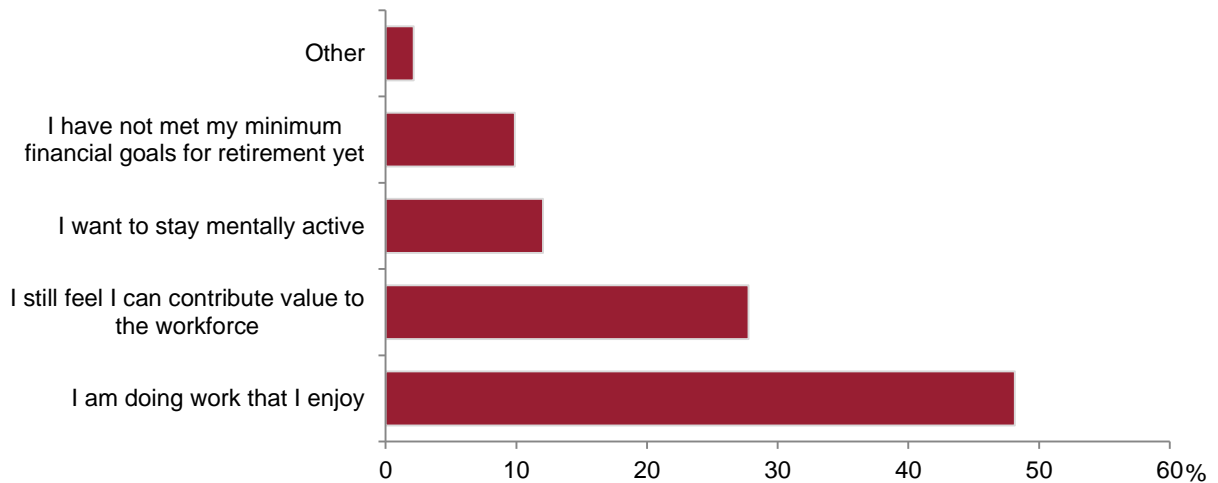


Note: Please refer to Table A7.7 in Appendix A for the tabulated data



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

**Figure 7.8: Main reason why Fellows aged 65 years or older continue to be engaged in paid employment for the next 2 years**



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

## REFERENCES

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

# APPENDIX A

## Chapter 1 Supplementary data

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

	N	%
Active Fellow	1,988	87.7
Semi-Retired Fellow	264	11.7
Retired Fellow	15	0.7

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

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

	N	Active Fellow	Semi-Retired Fellow	Retired Fellow
<40	348	348	0	0
40-49	661	661	0	0
50-59	603	597	6	0
60-69	415	327	87	1
70-79	210	52	149	9
80+	30	3	22	5

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

## Chapter 2 Supplementary data

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

Country	N	Full-time	Part-time	Locum	Parental leave	Unemployed
Australia	1,881	1,477	321	44	7	32
New Zealand	368	312	45	7	2	2
Total	2,249	1,789	366	51	9	34

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*

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

Age group	N	Full-time	Part-time	Locum	Parental leave	Unemployed
<40	347	276	37	23	6	5
40-49	661	614	34	9	3	1
50-59	603	567	29	5	0	2
60-69	413	285	107	8	0	13
70-79	200	44	141	6	0	9
80+	25	3	18	0	0	4

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*

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

Status	Hours worked per week			Preferred weekly work hours		
	N	Mean	SD	N	Mean	SD
Full-time	1755	51.3	11.3	1736	47.2	10.6
Locum	49	35.8	27.4	46	37.5	18.4
Part-time	359	21.5	13.0	350	22.6	13.7

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; Unemployed or parental leave, missing responses*

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

	<40 years		40-49 years		50-59 years		60-69 years	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Male	49.0	13.9	51.8	12.3	51.9	12.6	41.6	17.0
Female	43.0	15.5	45.5	13.7	47.7	12.7	40.2	21.0

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; Unemployed or parental leave, missing responses*

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

	Current hours worked per week			Hours preferred to work per week		
	N	Mean	SD	N	Mean	SD
CAR	60	52.5	10.6	60	49.0	9.3
GEN	636	51.2	11.0	627	46.9	10.4
NEU	89	54.5	12.4	88	51.1	10.8
ORT	381	51.2	11.1	374	47.7	10.1
OTO	174	48.6	9.9	173	44.8	8.8
PAE	49	54.0	10.9	49	47.2	11.9
PLA	141	52.3	13.5	140	47.9	13.6
URO	136	50.3	10.9	136	46.4	10.0
VAS	89	51.8	12.4	89	47.8	12.0

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; Fellows not currently working full time, missing responses*

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

	N	% Public practice	% Private practice	% Mixed practice
CAR	68	25.0	11.8	63.2
GEN	769	25.5	12.5	62.0
NEU	100	14.0	19.0	67.0
ORT	440	13.4	25.7	60.9
OTO	217	12.0	10.1	77.9
PAE	59	23.7	6.8	69.5
PLA	168	10.7	26.2	63.1
URO	162	12.4	8.6	79.0
VAS	96	13.5	13.5	72.9

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; Unemployed or parental leave, those who reported 'no' for both public and private, missing responses*

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

	Public sector		Private sector	
	N	%	N	%
1:1	30	2.0	95	16.4
1:2	53	3.5	25	4.3
1:3	151	10.1	47	8.1
1:4	267	17.8	67	11.6
1:5	229	15.3	69	11.9
1:6	192	12.8	47	8.1
1:7	117	7.8	48	8.3
1:8	141	9.4	58	10.0
1:9	34	2.3	9	1.6
≥1:10	284	19.0	115	19.8

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; unemployed or on parental leave, those who reported 'they do not do on-call, missing responses*

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

	ACT		NSW		NT		QLD		SA		TAS		VIC		WA		NZ	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
No	6	27.3	157	39.4	4	26.7	120	45.6	64	48.5	13	35.1	198	47.6	60	45.8	88	28.5
Yes	16	72.7	241	60.6	11	73.3	143	54.4	68	51.5	24	64.9	218	52.4	71	54.2	221	71.5
Total	22		398		15		263		132		37		416		131		309	

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

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

	ACT		NSW		NT		QLD		SA		TAS		VIC		WA		NZ	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
No	12	54.5	258	59.3	3	37.5	184	69.4	74	54.4	21	56.8	251	63.5	76	60.3	151	56.8
Yes	10	45.5	177	40.7	5	62.5	81	30.6	62	45.6	16	43.2	144	36.5	50	39.7	115	43.2
Total	22		435		8		265		136		37		395		126		266	

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

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

	N	Yes	% Yes
Sought flexible working arrangements in public sector	1436	287	16.7
Sought flexible working arrangements in private sector	1497	193	11.4

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*

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

	N	Yes	% Yes
Encountered difficulties in public sector	159	130	45.0
Encountered difficulties in private sector	164	30	15.5

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*

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

	N	Yes	%
<40	317	36	11.4
40-49	646	77	11.9
50-59	591	123	20.8
60-69	390	84	21.5
70-79	186	50	26.9
80+	19	6	31.6

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*

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

	N
Surgical Assisting	40
Medico-legal work	106
Research / Academia	144
Clinical Education / Assessment	114
Administration	78
Other paid work	138

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*

**Chapter 3 Supplementary data**

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

		N	Full time	Part time	Locum	Unknown
Rural/regional only	Australia	286	188	44	14	40
	New Zealand	77	51	22	4	0

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing work location responses*

**Appendix A3.2: Number of Fellows working in a rural/regional area of Australia by Australian Standard Geographical Classification (ASGC) and ratio per 10,000 population\***

	WA	VIC	TAS	SA	QLD	NT	NSW <sup>#</sup>	Total	Ratio per 10,000 population*
Inner Regional Australia	19	183	10	25	75	0	149	461	149
Outer Regional Australia	20	45	18	66	80	6	54	289	54
Remote Australia	9	4	0	17	3	10	7	50	7
Very Remote Australia	12	5	0	4	8	4	2	35	2
<b>Total</b>	<b>60</b>	<b>237</b>	<b>28</b>	<b>112</b>	<b>166</b>	<b>20</b>	<b>212</b>	<b>835</b>	<b>212</b>

<sup>#</sup> Includes ACT

\*2015 regional population estimates sourced from ABS catalogue number 3218.0 Regional Population Growth, Australia

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing work location responses.*

*Note: State/Territory is that of the Fellow's place of primary practice or contact; Fellows may be counted more than once if they nominated multiple regional or rural locations.*

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

	N	Metro and rural/regional		Rural/regional only	
		Yes	%	Yes	%
CAR	74	6	8.1	3	4.1
GEN	792	107	13.5	189	23.9
NEU	108	13	12.0	1	0.9
ORT	459	72	15.7	87	19.0
OTO	226	41	18.1	27	12.0
PAE	62	19	30.7	4	6.5
PLA	176	37	21.0	11	6.3
URO	164	43	26.2	34	20.7
VAS	98	36	36.7	7	7.1

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing work location responses*

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

	Australia	New Zealand	Total
No plans to change work pattern	332	94	426
Decrease work hours	115	34	149
Increase work hours	50	8	58
Move to metropolitan area	9	3	12
Uncertain	53	13	66
Total	559	152	711

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing work location responses*

## Chapter 4 Supplementary data

### Appendix A4.1: Percentage of Fellows who undertake volunteer/pro-bono work by specialty

	N	Yes	%
CAR	76	36	47.4
GEN	804	328	40.8
NEU	110	43	39.1
ORT	455	177	38.9
OTO	222	79	35.6
PAE	64	35	54.7
PLA	176	93	52.8
URO	169	53	31.4
VAS	101	42	41.6

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



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

<b>N=882</b>	<b>N</b>	<b>%</b>
Clinical education not related to SET	487	55.2
Non-clinical work	477	54.1
RACS	455	51.6
Other specialty society/association	376	42.6
Pro bono international aid work	330	37.4
Other	303	34.4
Pro bono domestic clinical work	283	32.1
Pro bono domestic aid work	213	24.1

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

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

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

<b>N=455</b>	<b>N</b>	<b>%</b>
Educational instructor/presenter	248	54.5
Surgical mortality audit assessor	225	49.5
Examiner/interviewer	201	44.2
Council/board/committee member	175	38.5
Other	56	12.3
International aid	50	11.0

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

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

## Chapter 5 Supplementary data

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

	<b>N</b>	<b>Yes</b>	<b>%</b>
CAR	76	50	65.8
GEN	793	555	70.0
NEU	110	72	65.5
ORT	453	295	65.1
OTO	219	147	67.1
PAE	64	51	79.7
PLA	173	111	64.2
URO	169	133	78.7
VAS	100	72	72.0

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*

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

	Public Sector			Private Sector		
	N	Mean	SD	N	Mean	SD
SET training or supervision	1431	7.6	8.4	309	4.0	4.7

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*  
*Note: includes administration and SET educational programs*

## Chapter 6 Supplementary data

### Appendix A6.1: Workplace sources of Fellows' self-rated stress levels

	N	Percentage of Fellows				
		No stress	Little stress	Moderate stress	High stress	Extreme stress
Administrative regulation	1,971	13.0	32.3	31.3	16.5	6.9
Administrative processes	1,996	14.6	35.0	33.1	12.7	4.7
Threat of litigation	2,044	23.2	44.3	20.1	8.6	3.8
Bullying / discrimination	2,017	59.7	23.3	8.1	5.1	3.9
Adopt new technologies	2,002	37.8	45.0	15.1	1.8	0.3
Maintain knowledge base	2,080	40.5	45.5	12.8	1.1	0.1
Maintain skills	2,062	37.8	45.0	15.1	1.8	0.3

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*

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

	N	%
Yes, I sought professional assistance	164	7.6
No, I had not sought professional assistance	759	35.1
I have not experienced any mental health issues in the last 2 years	1,214	56.1
I'd rather not say	26	1.2

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*  
*Note: response options worded differently to 2014, results are not directly comparable to 2014 census results.*

**Appendix A6.3: Percentage of Fellows who have sought professional assistance for stress or mental health issues in the last 2 years, by specialty**

	N	Yes	%
CAR	76	6	7.9
GEN	796	72	9.0
NEU	110	11	10.0
ORT	453	35	7.7
OTO	220	9	4.1
PAE	64	2	3.1
PLA	175	15	8.6
URO	169	10	5.9
VAS	100	4	4.0

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*

*Note: response options worded differently to 2014, results are not directly comparable to 2014 census results.*

**Appendix A6.4: How Fellows monitored their general health in the last 2 years**

	N	%
I did my own health check-ups	216	10.0
I visited a medical doctor for a health check up	776	35.9
I see a GP/medical doctor at regular intervals as dictated by my existing medical condition requirements	552	25.5
It has been more than 2 years since I've had a general health check-up	619	28.6

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*

*Note: response options worded differently to 2014, results are not directly comparable to 2014 census results.*

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

		CPD/Study leave		Annual leave	
		N	%	N	%
Leave taken	No	210	10.1	110	5.3
	Yes	1880	90.0	1980	94.7
Weeks taken	1 week	630	33.5	90	4.5
	2 weeks	788	41.9	301	15.2
	3 weeks	249	13.2	316	16.0
	4 weeks	135	7.2	616	31.1
	5 weeks	16	0.9	265	13.4
	6 weeks	23	1.2	199	10.1
	≥ 6 weeks	39	2.1	193	9.7

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*

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

	N	Percentage	
		<6 weeks	≥6 weeks
Male	95	96.8	3.2
Female	38	31.6	68.4

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*

## Chapter 7 Supplementary data

### Appendix A7.1: Hours per week Fellows aged <40 years intend to work over the next 10 years

<40	2016 intentions		2018 intentions		2021 intentions		2026 intentions	
	Mean hours	SD	Mean hours	SD	Mean hours	SD	Mean hours	SD
Male	47.8	10.8	49.4	10.5	48.6	10.1	46.6	10.5
Female	40.3	11.3	41.4	11.2	42.0	12.0	42.4	12.6

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*

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

	2016 intentions		2018 intentions		2021 intentions		2026 intentions	
	Mean hours	SD	Mean hours	SD	Mean hours	SD	Mean hours	SD
Male	48.0	10.1	48.5	10.7	46.6	11.1	43.6	26.3
Female	42.3	12.4	43.2	11.2	42.2	12.1	39.2	12.5

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*

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

N=	≥10 years	< 10 years
Public sector practice	91.3	8.7
Private sector practice	96.8	3.2
All form of paid work	99.0	1.0

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*

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

	2016 intentions		2018 intentions		2021 intentions		2026 intentions	
	Mean hours	SD	Mean hours	SD	Mean hours	SD	Mean hours	SD
Male	48.2	12.1	45.9	13.5	39.7	16.4	25.0	20.0
Female	43.1	10.2	41.7	10.2	34.7	14.7	17.7	17.0

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*

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

<b>N=975</b>	< 10 years	≥10 years
Public sector practice	34.1	65.9
Private sector practice	37.7	62.3
All form of paid work	45.9	54.1

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*

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

<b>N=400</b>	%
No	19.2
Yes	80.8

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*

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

<b>N=402</b>	%
Clinical consulting practice	39.6
Operative practice in hospital or day surgery unit	38.4
Medico-legal work	37.6
Education and Assessment	25.0
Administration	18.1
Surgical assisting	14.9
Research/Academia	14.6
Operative practice in rooms	12.6
Other	8.9

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*

**Appendix A7.8: Main reason why Fellows aged 65 years or older continue to be engaged in paid employment for the next 2 years**

<b>N=324</b>	<b>%</b>
I am doing work that I enjoy	48.2
I still feel I can contribute value to the workforce	27.8
I want to stay mentally active	12.0
I have not met my minimum financial goals for retirement yet	9.9
Other	2.2

*Exclusions: Fellows not currently living in Australia or New Zealand; retired Fellows; missing responses*