

## Tasmanian Department of Health and Human Services Allied Health Professional Labour Force Survey 2001

The Department of Health and Human Services (DHHS) is collecting information on allied health professionals working for DHHS in Tasmania.

Your co-operation in completing this form will greatly contribute to making these statistics reliable and accurate.

**There are no identifying features on this form. Confidentiality is assured.**

Where required, please indicate your response with an X in the appropriate box eg Yes

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**1** Are you a practising Allied Health Professional working for DHHS in Tasmania? Yes  1  
No  2

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**1a** Please indicate your profession.

**1b** Are you a member of your Professional Association? Yes  1  
No  2

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**1c** Are you registered with your professional Registration Board? Yes  1  
No  2  
NA  3

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**2** Your gender Male  1  
Female  2

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**3** Year of birth

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**4** Country of birth Australia  1  
New Zealand  2  
UK/Ireland  3  
Other Europe  4  
Asia  5  
Other  6  
Please specify

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**4a** If your country of birth is not Australia, in what year did you arrive in Australia?

**4b** In what year did you arrive in Tasmania?

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**5** Residency status in Australia (Please tick only one) Australian citizen  1  
Permanent resident  2  
Temporary resident  3

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**6** Are you of Aboriginal or Torres Strait Islander origin?  
(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)  
No  1  
Yes, Aboriginal  2  
Yes, Torres Strait Islander  3

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**7** What is the postcode of your current place of residence?

**8 Which of the following describes your current work**

**Working in Allied Health**

'Working in allied Health' includes the practice of allied health, or work that is principally concerned with the discipline of allied health, e.g. allied health research, administration, or teaching of allied health.

- working **only** in Tasmania  1 → Go to Question **9**
- working **mainly** in Tasmania but **also** working in other State(s)  2 → Go to Question **9** but answer all further questions only in respect of your work in Tasmania.
- temporarily working in Tasmania as a locum  3 →

Please fill in the rest of this form with specific reference to your usual working situation. If you have more than one job in the field of allied health, please indicate Main and 2nd job in order of hours worked.

**9 EMPLOYMENT DETAILS**

	Main Job	2nd Job
<b>9a</b> Job title	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>9b</b> Name of Service <small>eg Occupational Therapy</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>9c</b> Name of Facility <small>eg Launceston General Hospital</small>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>9d</b> Postcode	<input style="width: 20px;" type="text"/> 7 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> 7 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<b>9e</b> Division in DHHS for your main job	HAS <input type="checkbox"/> 1 C & RH <input type="checkbox"/> 2	HA <input type="checkbox"/> 3 CY&FS <input type="checkbox"/> 4 C&CS <input type="checkbox"/> 5
<b>9f</b> Classification eg PF1 for your main job	PF1 <input type="checkbox"/> 1 PF2 <input type="checkbox"/> 2	PF3 <input type="checkbox"/> 3 PF4 <input type="checkbox"/> 4
<b>9g</b> Number of Years at this Level	PF1 <input type="checkbox"/> 1 PF2 <input type="checkbox"/> 2	PF3 <input type="checkbox"/> 3 PF4 <input type="checkbox"/> 4
<b>9h</b> Number of years that you have worked in Tasmania	<input style="width: 100%;" type="text"/>	

**10 ALLIED HEALTH FIELD OF ACTIVITY AND HOURS OF WORK**

Please fill in these questions with specific reference to your usual working situation. If you have more than one job, please indicate Main and 2nd job in order of hours worked.

*(please tick only one box for each job)*

	Main job	2nd job
<b>Clinician</b> (an ahp who spends 50% or more of their time in clinical practice)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<b>Clinical Manager</b> - (spends around 50% of the time managing allied health clinicians)	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<b>Manager</b> - (spends 100% of the time managing allied health clinicians)	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<b>Administrator/Manager</b> - (Manages diverse groups of allied health clinicians)	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<b>Teacher/Educator</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<b>Researcher</b>	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<b>Project Officer</b>	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<b>Other</b> (please specify) <input style="width: 300px;" type="text"/>	<input type="checkbox"/> 8	<input type="checkbox"/> 8

<b>11a</b>	HOW MANY HOURS PER WEEK do you usually work in your allied health job(s)?	<b>Main job</b>	<b>2nd job</b>
	Paid hours usually worked per week	<input type="text"/> 1	<input type="text"/> 1
	Unpaid hours usually worked per week	<input type="text"/> 2	<input type="text"/> 2
	TOTAL hours usually worked per week	<input type="text"/> 3	<input type="text"/> 3

**11b** Are these the hours you would like to work Yes  1 No  2

**11c** If No, indicate your preferred hours per week

**12 WHAT IS YOUR CURRENT PRINCIPAL AREA OF ALLIED HEALTH ACTIVITY?**

It is important that this survey captures information about the type of activity undertaken by allied health staff. If in your main job you undertake a number of activities please mark the top two in order of hours worked. If you have another job please mark the main activity under the heading - 2nd job.

It is important that all activities undertaken by Allied Health Professional staff are identified. If you do not believe that the categories below cover your area of work please ensure that you complete the "other" section below.

(please tick only one box for each area)

	MAIN JOB		2nd JOB
	Main area	2nd area	
Aboriginal health	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Cardiology	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Cardio thoracic surgery/respiratory	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Casualty/accident/emergency	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Child & Adolescent Services	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Child and family health	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Community Development (health promotion)	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Community health	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Coronary care/Critical care/Intensive care	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Developmental disability	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Education	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
General Equipment	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Geriatric/gerontology	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Medical Scientist - Multi skilled	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
Medical Scientist - Specialised	<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 15
Neurology	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16
Neurosurgery	<input type="checkbox"/> 17	<input type="checkbox"/> 17	<input type="checkbox"/> 17
No one principal area of practice	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18
Management	<input type="checkbox"/> 19	<input type="checkbox"/> 19	<input type="checkbox"/> 19
Mens Health	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20
Mental Health/Psychiatric	<input type="checkbox"/> 21	<input type="checkbox"/> 21	<input type="checkbox"/> 21
Mixed Medical and Surgical	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22
Occupational Health	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23
Oncology	<input type="checkbox"/> 24	<input type="checkbox"/> 24	<input type="checkbox"/> 24
Paediatric/Hospital	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25
Paediatric/Community	<input type="checkbox"/> 26	<input type="checkbox"/> 26	<input type="checkbox"/> 26
Palliative Care	<input type="checkbox"/> 27	<input type="checkbox"/> 27	<input type="checkbox"/> 27
Pharmacy Clinical Services	<input type="checkbox"/> 28	<input type="checkbox"/> 28	<input type="checkbox"/> 28
Pharmacy Dispensing	<input type="checkbox"/> 29	<input type="checkbox"/> 29	<input type="checkbox"/> 29
Pharmacy Manufacturing	<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 30
Private Practitioner	<input type="checkbox"/> 31	<input type="checkbox"/> 31	<input type="checkbox"/> 31
Rehabilitation	<input type="checkbox"/> 32	<input type="checkbox"/> 32	<input type="checkbox"/> 32
Research	<input type="checkbox"/> 33	<input type="checkbox"/> 33	<input type="checkbox"/> 33
School children's health	<input type="checkbox"/> 34	<input type="checkbox"/> 34	<input type="checkbox"/> 34
Specialised Equipment	<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 35
Substance Abuse	<input type="checkbox"/> 36	<input type="checkbox"/> 36	<input type="checkbox"/> 36
Women's Health	<input type="checkbox"/> 37	<input type="checkbox"/> 37	<input type="checkbox"/> 37
Other if not included (please specify)	<input type="text"/>	<input type="checkbox"/> 38	<input type="checkbox"/> 38

**13 QUALIFICATIONS**

Do you have any post-graduate qualifications?	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	2

If yes, please answer questions 13a-13g in respect to the first post-graduate qualification you received.  
Please leave blank if questions are not applicable to you.

<b>13a</b>	<b>Title of post-graduate qualification</b>
<b>13b</b>	<b>Institution Name &amp; Campus</b>
<b>13c</b>	<b>Year completed or to be completed if applicable</b>
<b>13d</b>	<b>Mode of study-full time, part time, part distance mode</b>
<b>13e</b>	<b>Tasmanian resident Yes/No</b>
<b>13f</b>	<b>Type of funding received from DHHS-see code below</b>
<b>13g</b>	<b>List any other post-graduate qualifications</b>
<b>13h</b>	<b>What courses, if any, are you currently studying?</b>
<b>13i</b>	<b>What course/s, if any, are you considering studying in the next five years?</b>
<b>13j</b>	<b>What course/s, if any did you start but decided not to complete?</b>

Funding Code: Time: **A** Nil; **B** <50%; **C** >50%;  
 Money: **D** Nil; **E** <50%; **F** >50%;  
 Full Funding: **G**

(You may use more than one code)

**14 POST GRADUATE STUDIES/PROFESSIONAL DEVELOPMENT**

**14a** If you have not completed post-graduate studies please indicate the reason

Currently undertaking	<input type="checkbox"/> 1
No desire at present for further study	<input type="checkbox"/> 2
No perceived enhancement to my current position	<input type="checkbox"/> 3
Unable to access courses	<input type="checkbox"/> 4
Cost	<input type="checkbox"/> 5
Family/personal reasons	<input type="checkbox"/> 6
Other, please specify .....	<input type="checkbox"/> 7

**14b RELEVANCE OF QUALIFICATIONS**

Please circle the questions using the following scale:

1-Not at all relevant: 2-A little relevant: 3-Somewhat relevant:  
4-Very relevant: 5-Extremely relevant

	Relevance to allied health work					N/A	Relevance to future career aspirations						
<b>ic professional alification</b>	1	2	3	4	5	N/A	1	2	3	4	5	N/A	1
<b>Your highest qualification if different</b>	1	2	3	4	5	N/A	1	2	3	4	5	N/A	2
<b>r qualification (if any)</b>	1	2	3	4	5	N/A	1	2	3	4	5	N/A	3
<b>Courses, if any, you are currently studying</b>	1	2	3	4	5	N/A	1	2	3	4	5	N/A	4
<b>ny course/s, if any, that you started but decided not to mplete</b>	1	2	3	4	5	N/A	1	2	3	4	5	N/A	5

**15 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

In your current employment:

<b>15a</b>	Is there regular CPD offered	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
<b>15b</b>	If yes how many hours per week	Formal	<input type="checkbox"/>	1	Informal	<input type="checkbox"/>	2
<b>15c</b>	Does your professional association/ registration board have requirements for CPD	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
<b>15d</b>	Are there opportunities to attend conferences/ seminars/workshops	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
<b>15e</b>	In the past two years have you applied for funding to attend a conference	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
<b>15f</b>	If yes, were you successful in your application	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2
<b>15g</b>	What proportion of funding do you usually receive to attend a conference		<input type="text"/>	%			1

**16 LEAVE FROM TASMANIA**

Have you returned to the Tasmanian Department of Health and Human Services from an absence, other than arranged leave in the past five years

Yes  1  
 No  2

**16a Did you leave DHHS for:**

Travel  1  
 Promotion  2  
 Other employment  3  
 Family reasons  4  
 Other (please specify)  5

**16b Did you return to DHHS for:**

Travel  1  
 Promotion  2  
 Other employment  3  
 Family reason  4  
 Other (please specify)  5

**16c Are you considering leaving DHHS in the next six to twelve months**

Yes  1  
 No  2

**16d Please indicate the reason why you might be leaving DHHS**

Travel  1  
 Promotion  2  
 Study  3  
 Contracts ends  4  
 Other employment  5  
 Family reasons  6  
 Other (please specify)  7

**17 Age profile of your patients**

To assist the Working Party to link population projections to future workforce requirements, would you please estimate the percentage of your direct patient care hours per week spent with patients in the following age groups. The answers should sum to 100%.

Patient age group	% of direct patient care hours worked in a typical week
Child/youth 0 - 19 years	
Young adult 20 - 34 years	
Adult 35 - 49 years	
Mature adult 50 - 64 years	
Aged adult 65 - 79 years	
80 years and over	
<b>Direct patient care hours</b>	<b>100%</b>

**PROFESSIONAL SATISFACTION AND FUTURE WORKFORCE PARTICIPATION**

The aim of this section is to gather data on professional satisfaction and your views on future workforce participation. The responses provided here will be cross-referenced with earlier responses.

**18 Satisfaction with your professional practice**

Please indicate how satisfied or dissatisfied you feel with **each** of the following features of your present work (please circle as appropriate):

	Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied
<b>Your work</b>					
1. Opportunity to use your abilities	1.....	2.....	3.....	4.....	5.....
2. Sufficient work to maintain competence	1.....	2.....	3.....	4.....	5.....
3. Hours of work	1.....	2.....	3.....	4.....	5.....
4. Amount of work	1.....	2.....	3.....	4.....	5.....

**Overall satisfaction**

5. Taking everything into consideration, how satisfied are you with your practice	1.....	2.....	3.....	4.....	5.....
6. Other issues of importance (please specify).....					
.....					

**19 Your current workload**

Please indicate if you feel your current workload is:

<b>19a</b>	About right	<input type="checkbox"/>	1
<b>19b</b>	Too much	<input type="checkbox"/>	2
<b>19c</b>	Too little	<input type="checkbox"/>	3

**20 Change in hours worked**

Please indicate whether you anticipate any change in the hours that you work over the next three years.

<b>20a</b>	Increase	<input type="checkbox"/>	1	yes, by	<input type="text"/>	%
<b>20b</b>	Decrease	<input type="checkbox"/>	2	yes, by	<input type="text"/>	%
<b>20c</b>	Remain the same	<input type="checkbox"/>	3	if yes →	<b>GO TO QUESTION 21</b>	

**21 Reasons for change in work hours over the next three years**

If you expect a change in your work hours, please indicate the reason(s):  
Please number in order of greatest importance (1=most important)

1. Lifestyle preference	<input type="checkbox"/>	8. Developments in medical technology	<input type="checkbox"/>
2. Family considerations	<input type="checkbox"/>	9. Impact of changes in disease patterns	<input type="checkbox"/>
3. Study commitments	<input type="checkbox"/>	10. To build practice/income	<input type="checkbox"/>
4. Personal health considerations	<input type="checkbox"/>	11. Retirement	<input type="checkbox"/>
5. Work place change	<input type="checkbox"/>	12. Other, please specify.....	
6. Changed patient numbers	<input type="checkbox"/>	.....	
7. Impact of changes in clinical practice	<input type="checkbox"/>	.....	

**21 FACTORS LIKELY TO INFLUENCE THE FUTURE SIZE OF YOUR PROFESSION'S WORKFORCE**

What effect do you think the following issues will have on workforce requirements for your profession over the next 5 years (please circle as appropriate)

	Decrease	Stay the same	Increase	Don't know
<b>Population trends</b>				
	1	2	3	4
2. Changing patterns of health and illness	1	2	3	4
3. Demographic and lifestyle changes that improve health	1	2	3	4
4. Patient expectations/knowledge	1	2	3	4
<b>Clinical practice trends</b>				
5. Changing requirements for safer practice	1	2	3	4
6. Advances in medical technology	1	2	3	4
7. Multi-disciplinary team provision	1	2	3	4
8. More defensive practice	1	2	3	4
<b>Workforce trends</b>				
9. Need for improved geographical distribution of our profession	1	2	3	4
10. Increasing specialisation	1	2	3	4
11. Competition from other providers	1	2	3	4
<b>Health care system trends</b>				
12. Cost containment strategies	1	2	3	4
13. Reforms to increase efficiency	1	2	3	4
14. Growth in consumer demands	1	2	3	4
15. Other issues of importance ( )				

**Thank you for taking the time to complete this survey.**

**Please return this form in the DHHS Internal Mail in the pre-addressed envelope by Friday 26th October 2001.**