

Terms and Conditions Benchmarking Report

2014

The Terms and Conditions Benchmarking Survey

Acknowledgements

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Produced by

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Executive summary

The aim of the Terms and Conditions Benchmarking Report is to empower registrars in negotiating the best possible terms and condition during their training. This report contains a benchmark of earnings and employment conditions from registrars working in various general practice environments around Australia. The Terms and Conditions Benchmarking Survey was open for respondents from 2 March to 28 April 2014, and was completed 627 times.

Most respondents were female (68.5%), between 26 and 30 years of age (40.7%), working an average of 7.34 sessions per week and earning an average of \$2,215 per week.

Trends from previous reports show that respondents are on average getting younger. Uptake of Fellowships other than FRACGP and FACRRM (such as the FARGP) seems to be increasing. A slightly greater proportion of Australian medical graduates was noted compared to respondents from the 2012 survey.

Generally, most indicators within the survey moved in a positive direction in comparison with the 2012 survey.

The results of the current survey indicate that most respondents are engaged and knowledgeable about the terms and conditions of their employment. For example, over 85% of respondents reported being hired as an employee with a signed employment contract, similar figures to those recorded in 2012. All types of paid leave have increased from the last report, perhaps a sign that respondents are more aware of some of the useful items to negotiate and/or their entitlements as an employee.

Most respondents reported being satisfied with allocation to a regional training provider of their preference as well as allocation to practices by the regional training providers.

More than half of respondents indicated that they would like to pursue a career including supervision of registrars, and a similar proportion indicated that they would like to pursue a career including medical education. The common barriers to achieving these goals according to respondents were a lack of experience, lacking confidence, and the absence of a clear pathway to achieve formal recognition.

| Term | Average earnings | Average sessions |
|------------|-------------------|-----------------------|
| GPT1 | \$232 per session | 7.8 sessions per week |
| GPT2 | \$253 per session | 6.7 sessions per week |
| GPT3 | \$356 per session | 7.4 sessions per week |
| Ext Skills | \$417 per session | 6.8 sessions per week |

62.5% of respondents **do not** have a **restrictive covenant** within their contract of employment.

More than **one third** of respondents **never work Saturdays**.

More than **two thirds** of respondents **never work Sundays**.

More than **half** of respondents are **never on-call**.

8.2% of respondents reported being **pressured** by their employer **to work as a contractor**.

85.5% of respondents working in general practice have a **signed employment agreement**.

51% of respondents have a **fortnightly billing cycle**.

Most respondents **did not know** if they were paid **PIPs** or **SIPs**.

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Survey Methodology

The results of this report were derived from a survey conducted via SurveyMonkey. The survey was open to respondents from 02 March 2014 until 28 April 2014, and advertised through web banners, registrar liaison officers, and direct email communication to registrars.

The survey received a total of 627 responses. The bulk of respondents completed the survey in between 5 to 12.5 minutes, with the median being 5 to 7.5 minutes. The survey preamble indicated the completion time to be between 5 and 10 minutes.

Prizes were offered to survey participants. Five \$100 Visa Gift Cards were awarded to the 101st, 201st, 301st, 401st and 501st respondents (or the next respondent who entered the competition). To be eligible to win the prizes, respondents were asked to enter their name, email address and mobile number. These data was only used for prize fulfilment.

The preamble to the survey read as follows:

Welcome to the 2014 Registrars Terms and Conditions Benchmarking Survey.

The purpose of the survey is to gather feedback to assist in the renegotiation of the National Minimum Terms and Conditions for GPT 1/2 registrars, between registrars and supervisors, to update [More than Money: A Negotiation Guide for GP registrars](#). The findings will also be used to write the [Benchmarking Report](#).

The 2014 Registrars Terms and Conditions Benchmarking Survey is of course, anonymous in nature. We will ask you questions about your practice, your pay, and your conditions and a few questions regarding simple demographics. You are welcome to skip any questions that you would prefer not to answer save for questions that enquire about qualifications and stage of GP training.

This survey consists of approximately 45 questions and should only take about five to 10 minutes to complete.

When you complete the survey you go in the running to win 5 x \$100 Visa Gift Cards! They will be awarded to the 101st, 201st, 301st, 401st and 501st respondents. To be eligible to win, please complete the last page of the survey that requests your name, e-mail and phone number. We respect your privacy and this information is used only for contacting winners. Thankyou for participating. If you have any questions about this survey, please contact the Registrar Services team on 03 9629 8878 or registrarenquiries@gpra.org.au

GPRA would like to thank Dr Georga Cooke, Dr David Chessor, the P&S Group, and other registrars who have provided input to this survey.

Throughout this report, the wording of each question from the survey associated with the data shown is presented below each figure or table along with the number of respondents to that question (denoted as n=).

Demographic Information

Gender

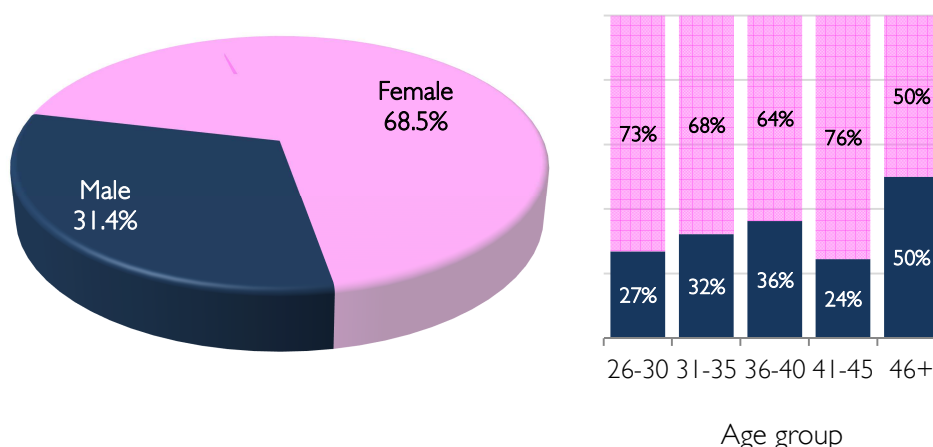


Figure 1. Are you male or female?

n=506. Over two-thirds of respondents to the survey were female. This is a similar proportion to previous, similar surveys (such as the GPET Applicant Survey, and previous Terms and Conditions Benchmarking Surveys). We believe the proportion of females to males within AGPT to be around 60% female to 40% male. Perhaps this suggests females are more likely to complete surveys than males are. The graph on the right breaks down gender according to reported age-group.

Age group

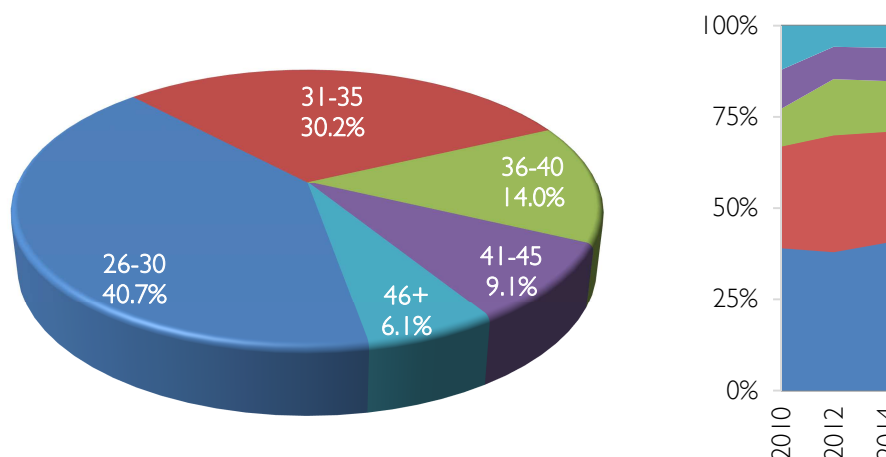


Figure 2. How old are you?

n=506. Most respondents (41%) were aged under 30 years old, with almost one third aged between 31-35 years of age. The graph on the right shows the age-groups of respondents from the 2010, 2012 and 2014 Terms and Conditions Benchmarking Report. Generally speaking, the proportion of younger respondents has increased over this period.

Fellowship Endpoints

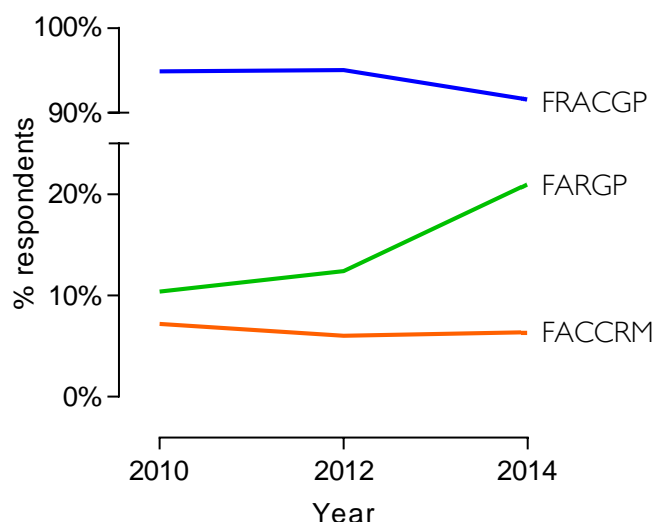
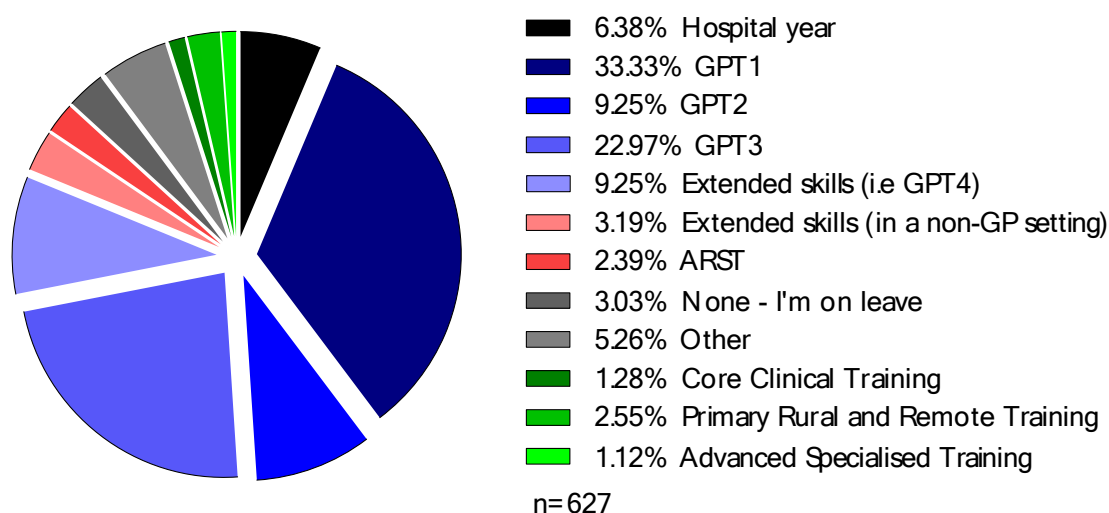


Figure 3. Are you training towards a FRACGP/FARGP/FACCRM?

n=616. 91.6% of respondents reported training towards an RACGP-provided endpoint. Since 2010, this percentage has dropped slightly. 6.4% of respondents reported training towards an ACRRM-provided endpoint. This represents a slight increase of 0.4% on the share of respondents seeking a FACRRM in 2012. 3.0% of respondents reported that they were pursuing dual fellowship (FRACGP and FACRRM), and 1.75% reported they were seeking triple fellowship: FRACGP, FACRRM and FARGP.

Training Stage



| | | n | % |
|--------------|---|-----|-------|
| FRACGP Terms | Hospital year | 40 | 6.4% |
| | GPT1 | 209 | 33.2% |
| | GPT2 | 58 | 9.2% |
| | GPT3 | 144 | 22.9% |
| | Extended skills (in general practice, i.e GPT4) | 58 | 9.2% |
| FARGP | ARST | 15 | 2.4% |
| FACRRM Terms | Core Clinical Training | 8 | 1.3% |
| | Primary Rural and Remote Training | 16 | 2.5% |
| | Advanced Specialised Training | 7 | 1.1% |
| | Extended skills (in a non-GP setting) | 20 | 3.2% |
| | None - I'm on leave | 19 | 3.0% |
| | Other | 33 | 5.2% |

Figure 4. What general practice term are you in?

The greatest proportion of respondents was seen in GPT1 (33.33%) followed by GPT3 (22.97%). Considering the dates when this survey was open to respondents, these data are consistent with traditional training terms. Of the respondents who answered *Other*, 21 indicated that they were awaiting fellowship, 2 were academic registrars, 2 were pursuing electives, and 5 indicated miscellaneous responses.

Location of practice

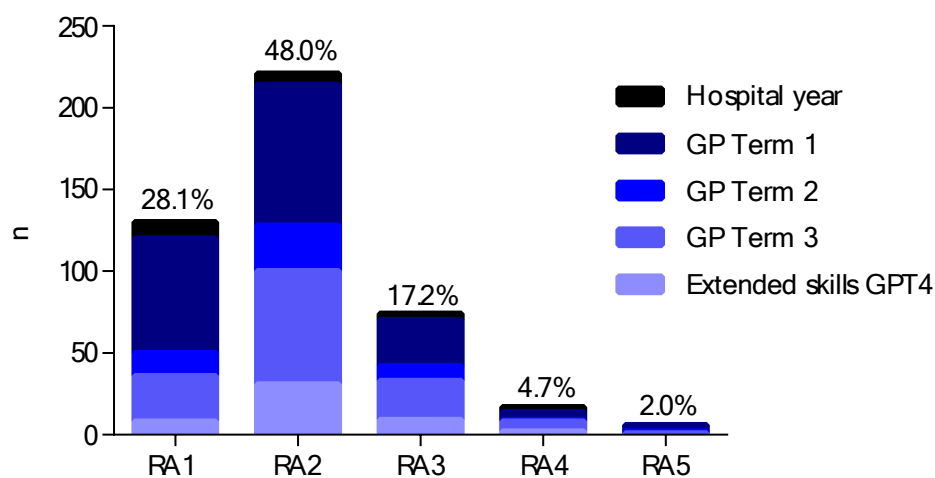


Figure 5. What is the RA classification of the area that you are practicing in?

n=506. The Australian Standard Geographical Classification system – Remoteness Area classification system classifies a city location as RA1, and a very remote location as RA5.

Most respondents reported the location of their practice to be classified RA2 (48%) corresponding to inner regional Australia.

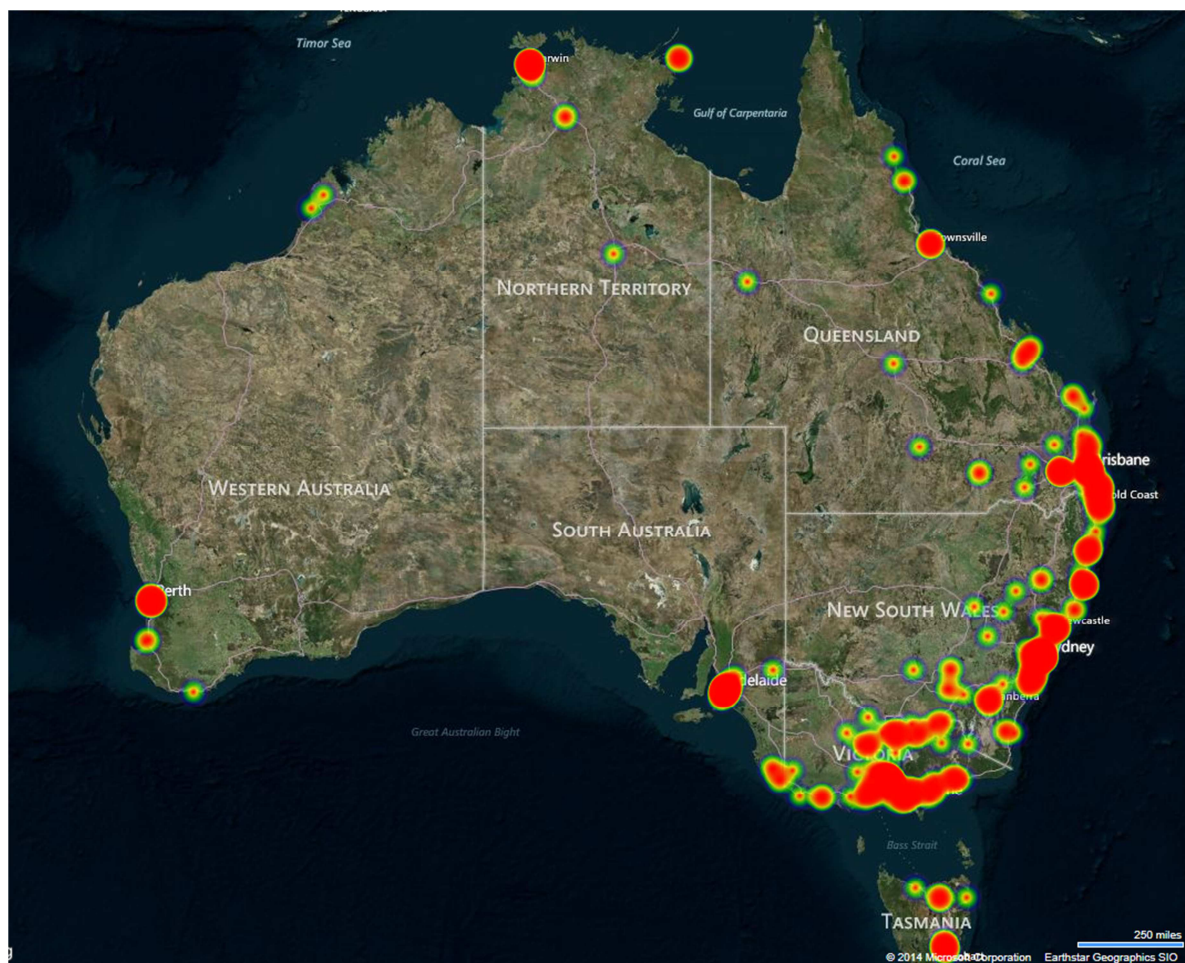


Figure 6. What is your residential postcode?

n=483. Heat map of respondent postcodes.

International Medical Graduates

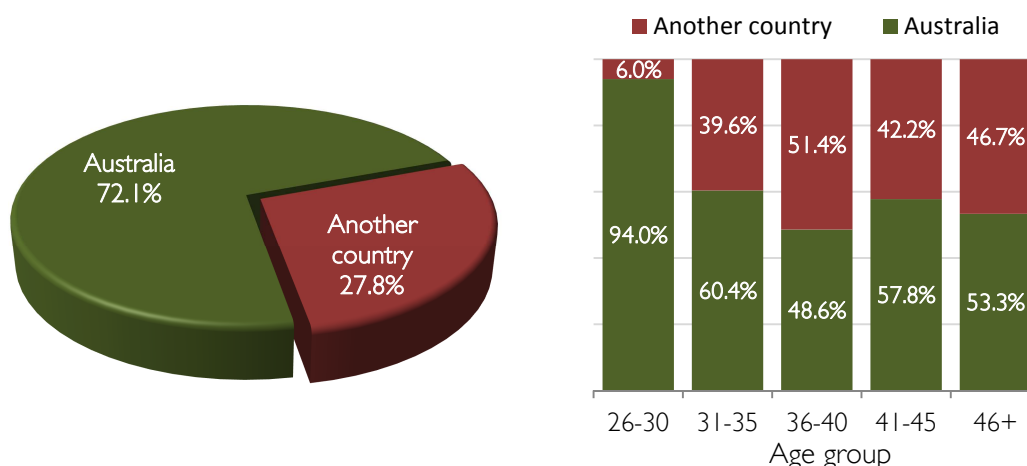


Figure 7. Where did you do your medical degree?

n=505. Over two-thirds of respondents (72.1%) received their medical degree from Australian universities. This is an increase from the 2012 survey of 2.1% (from 70.0%). Considering age-groups, the largest proportion of International Medical Graduates are aged between 36 and 40 years of age (51.4%).

Regional Training Providers

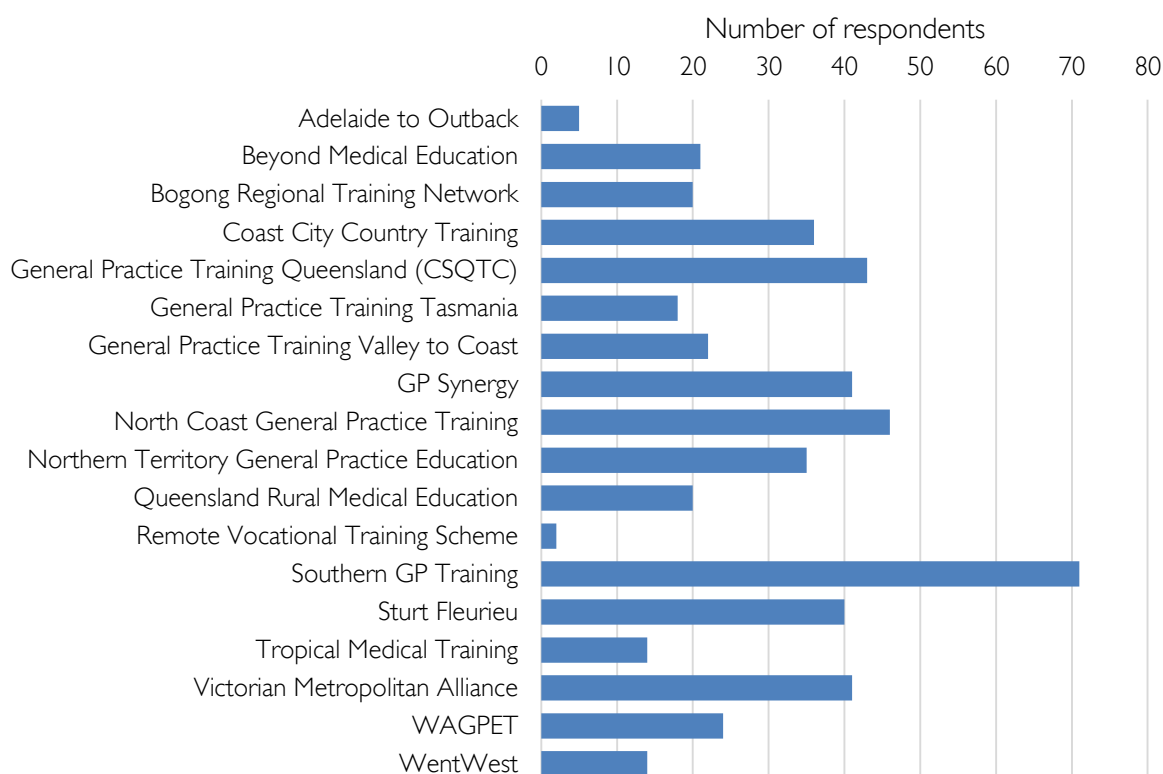


Figure 8. Which RTP are you training with?

n=513.

Employment contracts

Signed employment contract

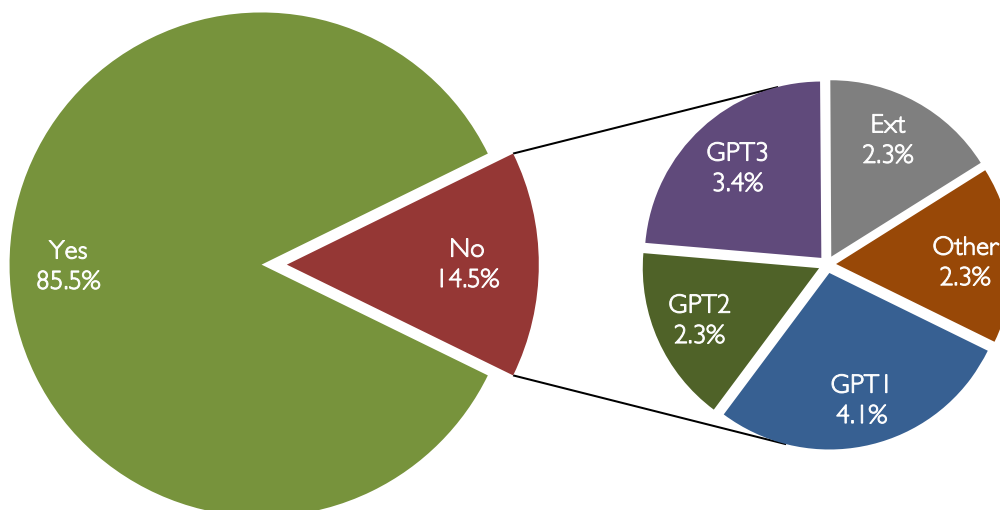


Figure 9. If you work in general practice, do you currently have a signed employment contract?

n=469. The right hand pie chart further details the makeup of respondents who answered "No". Just over 85% of respondents reported currently having a signed employment contract. Those respondents that reported not having a signed employment contract were somewhat evenly distributed across training terms, with the largest group at the beginning of their training in GPT I (4.1%).

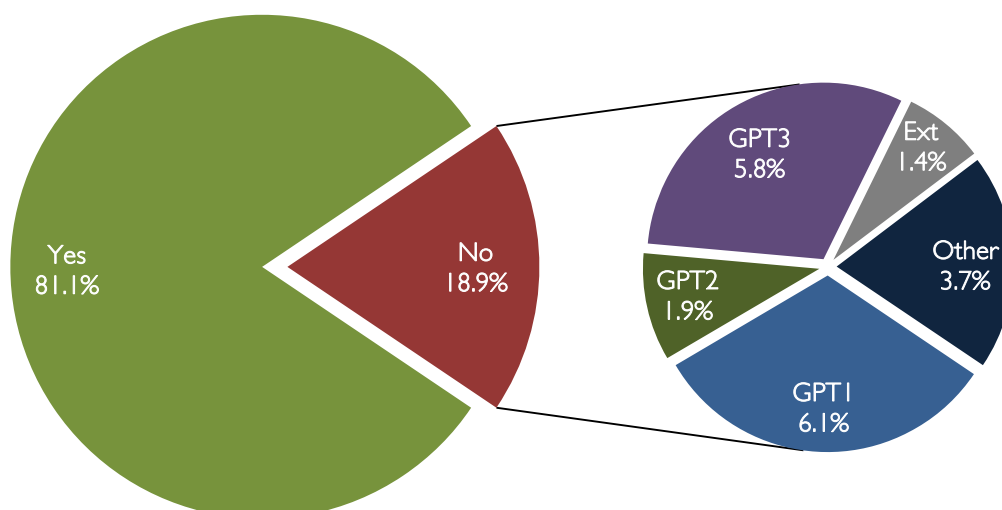


Figure 10. If you have an employment contract, had you read the *National Minimum Terms and Conditions for GP registrars* document prior to signing your employment contract?

n=429. The right hand pie chart details the makeup of respondents who answered "No".

Encouragingly, 81.1% of respondents reported having read the National Minimum Terms and Conditions document prior to signing their employment contract. Of those respondents that reported not reading the NMTC, the largest proportion was again from GPT1 (6.1%) followed by GPT3 (5.8%).

Restrictive Covenants

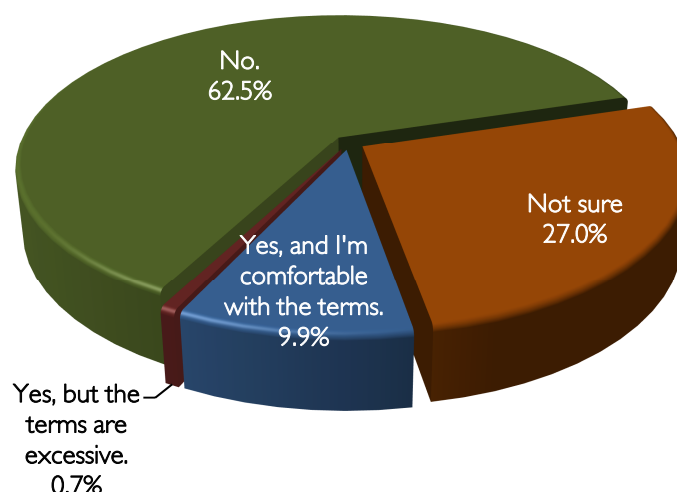


Figure 11. Do you have a non-compete/restrictive covenant in your contract?

n=456. Non-compete clauses or restrictive covenants stipulate that you may not work within a given range of a former workplace for a given period of time.

More than half of respondents (62%) reported the absence of a non-compete clause contained within their employment contract. 27% of respondents were not sure if their contract contained such a clause. 10% of respondents indicated their contract did contain a restrictive covenant, but were comfortable with the stated terms. Only 1% of respondents felt the non-compete clause in their contract was excessive.

Due to the nature of Australian General Practice Training, registrars often do not choose their workplaces, and must satisfy Standards demanding a variety of general practice presentations. GPRA advises registrars to negotiate non-compete clauses and restrictive covenants out of their contracts if possible.

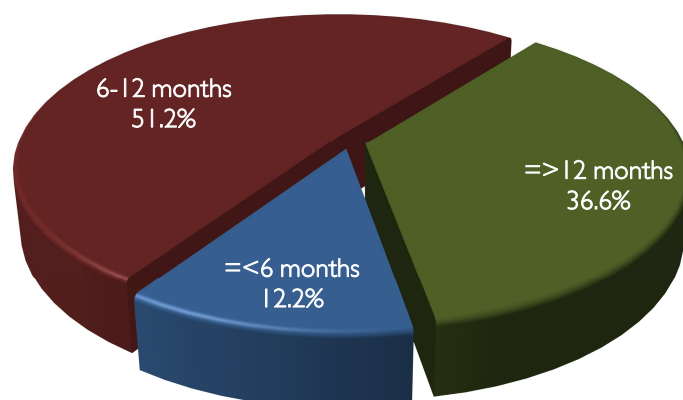


Figure 12. What is the specified time period in your restrictive covenant?

n=41. Most respondents (51.2%) indicated the non-compete clause within their contract to be between 6 and 12 months duration, while 36.6% had stated duration of longer than 12 months. 12.2% of respondents indicated their restrictive covenant was equal to or less than 6 months of duration.

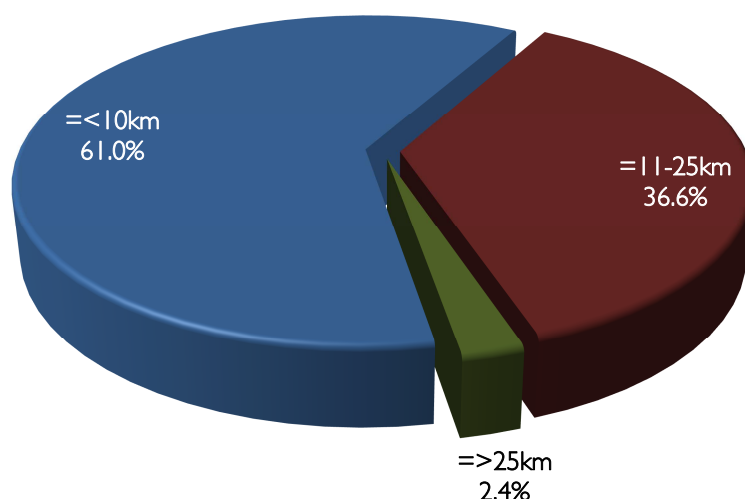


Figure 13. What is the specified distance in your restrictive covenant?

n=41. The majority of respondents (61.0%) indicated their restrictive covenant applied within a 10km radius, 36.6% between 11 and 25kms, and 2.4% of respondents said their restrictive covenant applied in a radius greater than 25kms.

Employees and contractors

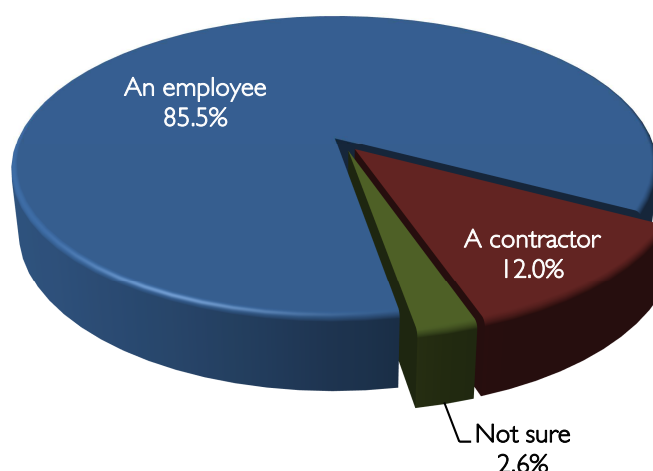


Figure 14. For your work in general practice, are you a contractor, or employee?

n=468. 85.5% of respondents reported being engaged as an employee by their practice, with 12.0% reporting they were working as contractors. Of the remaining respondents, only 2.6%, were unsure of their arrangements.

| | GPT1 | | GPT2 | | GPT3 | | Ext | | Total (AGPT) | |
|--------------|------|-------|------|-------|------|-------|-----|-------|--------------|-------|
| An employee | 186 | 95.9% | 50 | 96.2% | 101 | 78.3% | 33 | 66.0% | 400 | 85.5% |
| A contractor | 4 | 2.1% | - | - | 25 | 19.4% | 16 | 32.0% | 56 | 12.0% |
| Not sure | 4 | 2.1% | 2 | 3.8% | 3 | 2.3% | 1 | 2.0% | 12 | 2.6% |

Table 2. Contractors vs. employees by RACGP-based general practice training term.

The majority of contractors appear to be completing GPT3 or extended skills terms and therefore are not directly covered by the current 2012-13 NMTC. Of registrars covered by the NMTC, only 4 reported being engaged as a contractor. Compared to the previous Terms and Conditions Benchmarking Report, respondents (especially in GPT1) are far more aware of their employment arrangements (11% of respondents in GPT1 were "Not sure" in 2012 compared with only 2% of respondents in 2014).

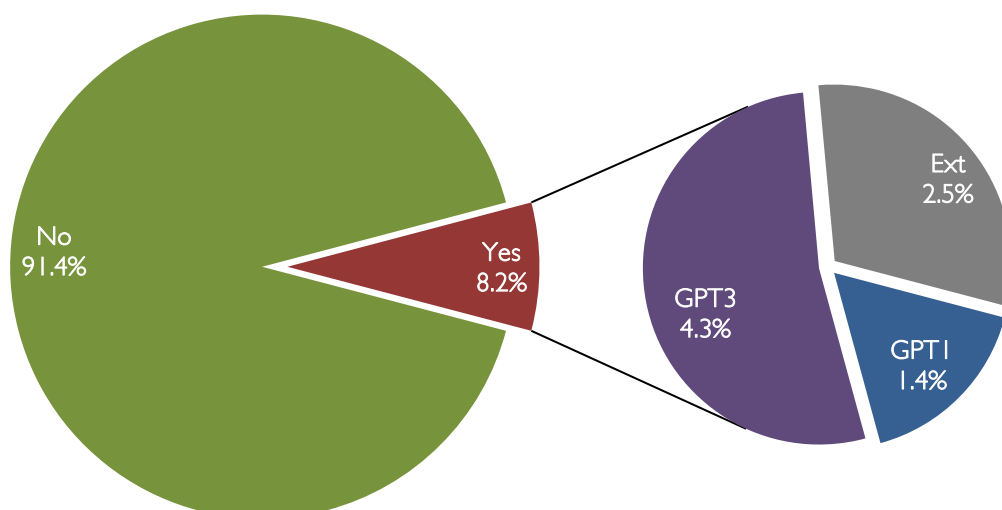


Figure 15. For your work in general practice, were you pressured to work as a contractor by your employer (even if you went on to become an employee)?

n=441. The vast majority of respondents (91.4%) were not pressured to work as a contractor by their employer. About 1 in 5 respondents completing GPT3 or Extended skills reported that they had been pressured by their employer to work as a contractor. It is potentially illegal for employers to force employees into contracting arrangements. Contact GPRA for more information if you are in doubt.

Remuneration

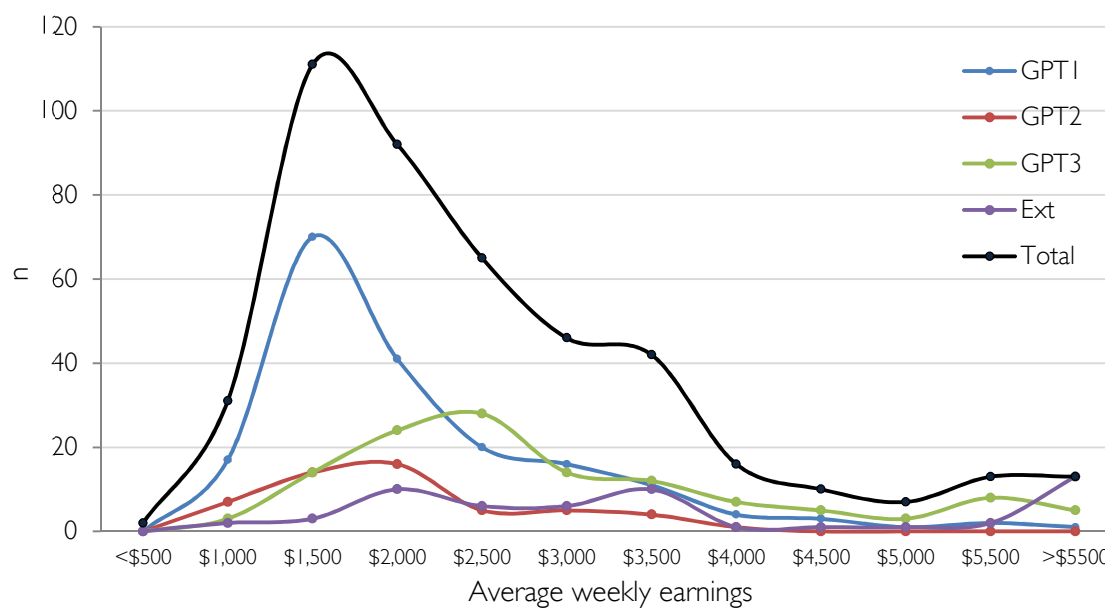


Figure 16. In your current term, how much do you earn each week in whole dollars from general practice?

The Y axis details the number of respondents, and the X axis details average weekly earnings. Note that earnings were binned to the higher number. For example, \$1,500 includes \$1,001 to \$1,500.

| | n | Session | Change | Week | Change |
|-------------------------------|------------|------------------|---------------|-----------------|---------------|
| Average | 418 | \$ 299.19 | ↑ 2.8% | \$ 2,215 | ↑ 2.2% |
| FRACGP Term | | Session | | Week | |
| GP Term 1 | 182 | \$ 231.89 | ↑ 1.0% | \$ 1,821 | ↓ 0.8% |
| GP Term 2 | 48 | \$ 252.57 | ↓ 5.0% | \$ 1,689 | ↓ 3.3% |
| GP Term 3 | 120 | \$ 355.69 | ↑ 3.0% | \$ 2,629 | ↑ 3.3% |
| Ext Skills | 45 | \$ 417.32 | ↑ 12.3% | \$ 2,810 | ↑ 15.6% |
| Region | | Session | | Week | |
| RA1 | 116 | \$ 278.30 | ↓ 1.6% | \$ 2,011 | ↑ 0.8% |
| RA2 | 214 | \$ 306.79 | ↑ 4.3% | \$ 2,294 | ↑ 1.7% |
| RA3 | 66 | \$ 300.38 | ↑ 3.6% | \$ 2,403 | ↑ 10.5% |
| RA4 | 12 | \$ 408.50 | ↑ 11.9% | \$ 2,042 | ↓ 30.7% |
| RA5 | 4 | \$ 408.95 | ↑ 16.8% | \$ 2,249 | ↑ 28.5% |
| Gender | | Session | | Week | |
| Male | 119 | \$ 308.17 | ↓ 2.6% | \$ 2,471 | ↓ 4.4% |
| Female | 285 | \$ 296.78 | ↑ 4.4% | \$ 2,116 | ↑ 3.6% |
| Practice billing | n | Session | | Week | |
| Predominantly bulk billing | 138 | \$ 307.88 | | \$ 2,360 | |
| Mixed billing | 199 | \$ 298.02 | | \$ 2,225 | |
| Predominantly private billing | 73 | \$ 299.24 | | \$ 1,976 | |

Table 3. Respondents current weekly and sessional earnings by RACGP training term, region, gender and practice billing method.

n – number of respondents, session – average earnings per session, change – percent change from the 2012 Terms and Conditions Benchmarking Report, week – average weekly earnings. Region denotes the ASGC-RA classification of the respondents' workplace.

It is important to note when considering the above data that weekly earnings does not take into account the full time equivalent fraction of the respondent, i.e. the respondent may be working part-time. Hence the sessional figure may be generally of more meaning.

There has been little change to the earnings of registrars within their first two terms since the 2012 survey was conducted. This reflects the minimal changes to the National Minimum Terms and Conditions during this period, and the fact that most of the respondents in GPT1 and GPT2 indicated they are paid according to this document. Extended skills registrars appear to have made gains in their earnings over this period, as have registrars working in RA4 and RA5 classified areas.

Pay Frequency

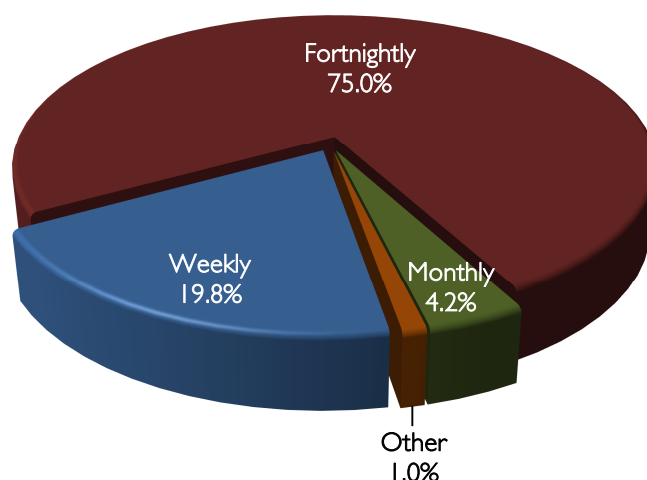


Figure 17. For your general practice work, how frequently are you paid?

n=480. Three quarters of respondents reported being paid fortnightly (75%), 20% paid weekly, and 4% of respondents reported being paid on a monthly basis.

Pay Calculation

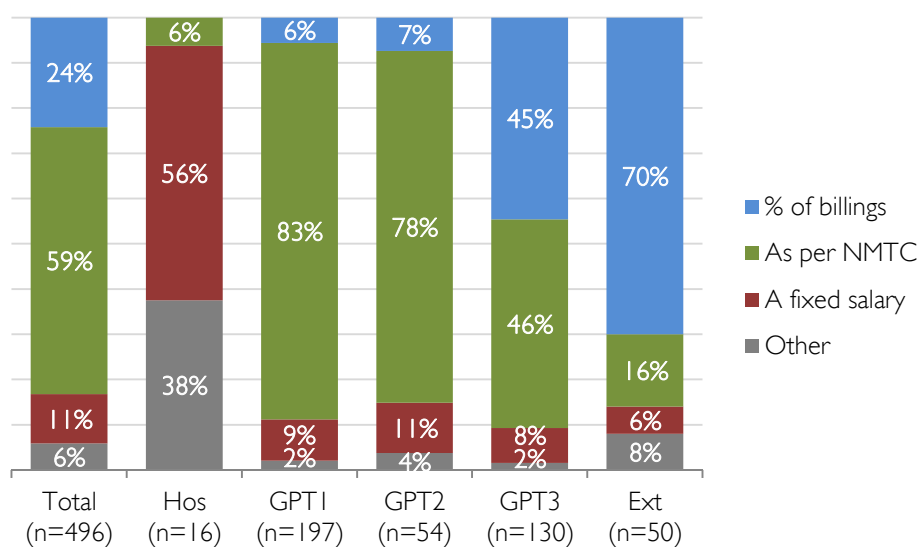


Figure 18. For your general practice work, are you paid...

Overall, more than half (59%) of respondents report being paid as per the National Minimum Terms and Conditions. These data are somewhat to be expected, as more than half of respondents were currently completing GPT1 or GPT2; the training terms to which the NMTC directly applies. 24% of respondents reported being paid a percentage of billings, and 11% were receiving a fixed salary. Encouragingly, 83% of GPT1s and 78% of GPT2s reported being paid as per the National Minimum

Terms and Conditions. This proportion drops to 46% of GPT3 respondents paid according to the NMTC, and 45% of this group paid a percentage of billings. Respondents completing Extended Skills are largely paid via percentage of billings (70%) with 16% reporting that they are paid as per the NMTC.

Percentage of billings by type of hours worked

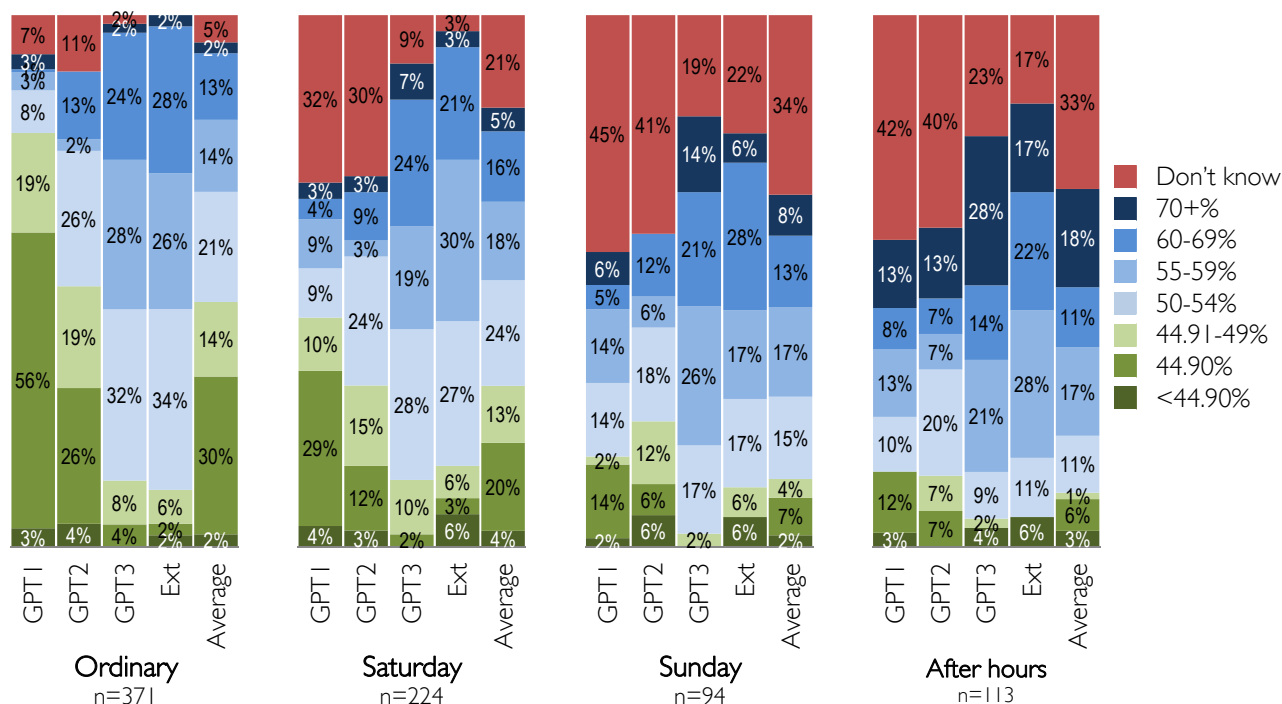


Figure 19. What percentage of billings are you paid, excluding superannuation?

According to the type of hours worked, Figure 22 breaks down the percentage of billings respondents reported being paid. For example, considering ordinary hours, 56% of GPT1 registrars are paid 44.90% (the percentage contained within the National Minimum Terms and Conditions). The relatively large proportion of GPT1 and GPT2 registrars who don't know what rate they would receive during weekend or after hours work is unsurprising considering the vast majority of these registrars do not work during these types of hours.

Billing Cycle frequency

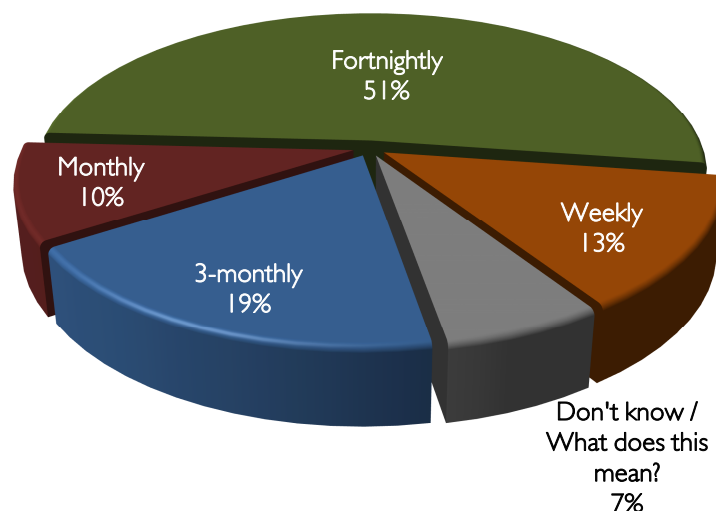


Figure 20. If you are paid a percentage of billings, how often is this calculated (i.e. what is your billing cycle)?

n=480. Most respondents reported their billing cycle to be fortnightly (51%), with 19% having a 3-monthly billing cycle, 13% a weekly, and 10% a monthly billing cycle. 7% of respondents selected "Don't know/ What does this mean?"

Incentive Payments

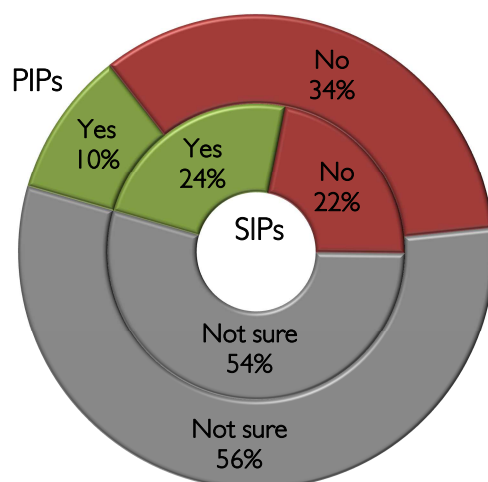


Figure 21. When your practice calculates your pay using percentage of billings:

Are SIPs (service incentive payments) included?

Are PIPs (practice incentive payments) included?

The outer ring denotes PIPs, n=421, and the inner, SIPs, n=422.

10% of respondents indicated that PIPs were included in their percentage of billings, while SIPs was included in only 24% of respondents billings. Most respondents did not know if SIPs (54%) or PIPs (56%) was included in their percentage of billings despite this matter being included in the National Minimum Terms and Conditions. For employment agreements incorporating the NMTC, SIPs are included in a registrars gross billings, whereas PIPs are not (and are paid to the practice unless otherwise negotiated).

Hours and workplaces

Average sessions worked per week

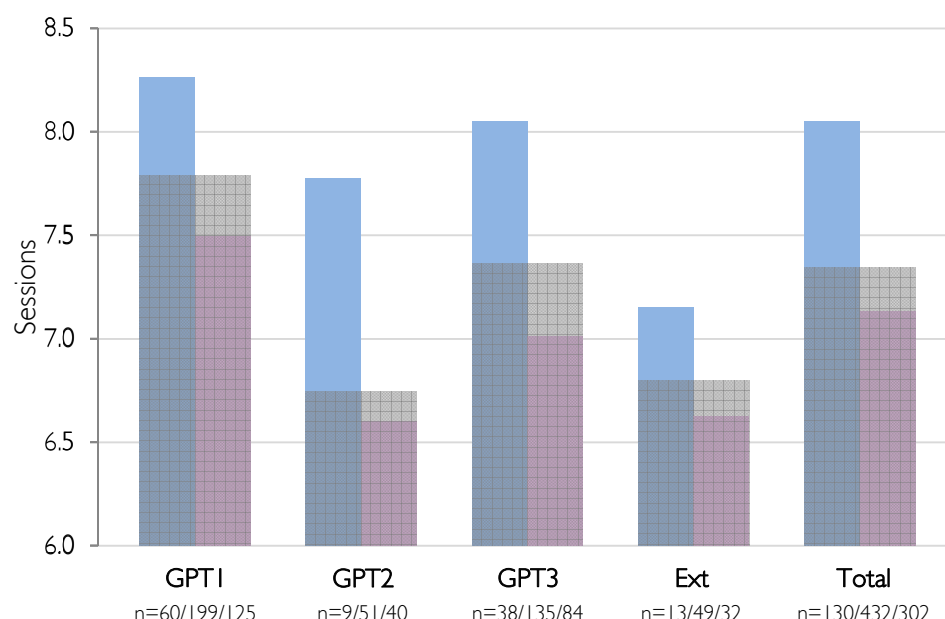


Figure 22. In a usual week between Monday and Friday, how many sessions do you work in each of these locations?

n=male/total/female. Note that male + female may not equal the total due to respondents not indicating their gender. The blue bar denotes sessions worked per week by male respondents, and the pink bar denotes sessions worked per week by female respondents. The grey bar is the average of the male and female data, according to RACGP training term. These data are almost identical to that collected in 2012 with the total differing by less than 0.1 of a session for both males and females.

Number of practices worked in

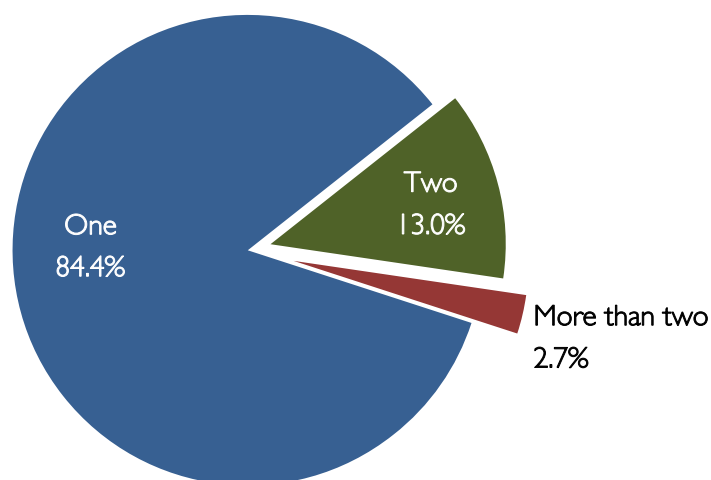


Figure 23. For your general practice work, how many practices do you work in?

n=486. The vast majority of respondents work in a single practice (84.4%), with 13.0% working in two practices. Only 2.7% of respondents report working in more than two practices.

Non-general practice sessions

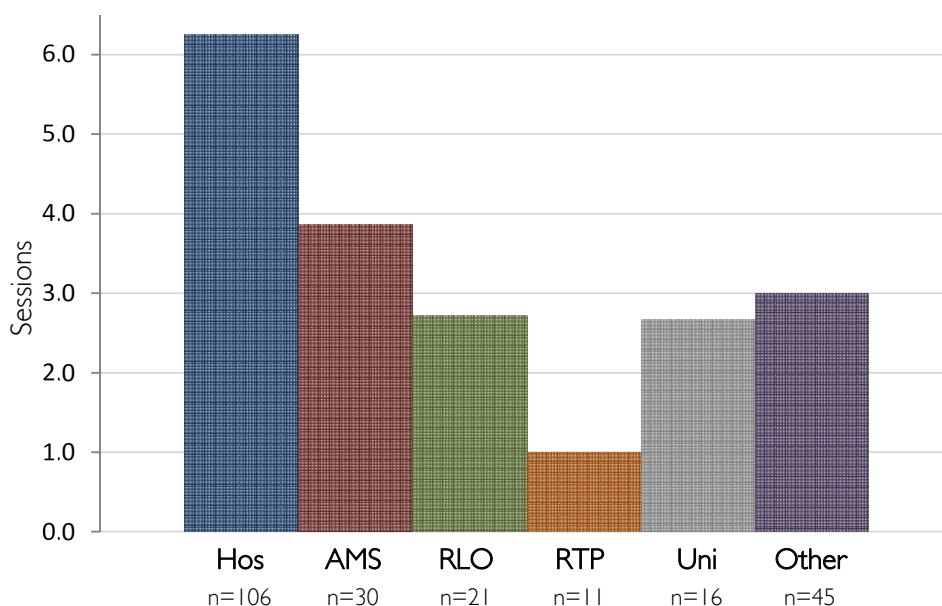


Figure 24. Average sessions worked per week outside of general practice.

Hos – hospital, AMS – Aboriginal Medical Service, RLO – Registrar Liaison Officer, RTP – Regional Training Provider, Uni – University. These locations represent the most common working locations for registrars outside of the typical practice environment.

| | Hos | | AMS | | RLO | | RTP | | Uni | | Other | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | M | F | M | F | M | F | M | F | M | F | M | F |
| n | 40 | 66 | 7 | 23 | 7 | 14 | 3 | 8 | 3 | 13 | 12 | 33 |
| | [26] | [70] | [6] | [12] | [10] | [15] | [7] | [5] | [6] | [16] | [12] | [22] |
| Ave | 6.3 | 5.2 | 3.9 | 5.0 | 2.7 | 1.1 | 1.0 | 2.6 | 2.7 | 2.3 | 3.0 | 3.5 |
| | [3.5] | [4.5] | [2.2] | [4.8] | [0.7] | [1.1] | [1.0] | [3.8] | [0.5] | [2.8] | [2.1] | [2.9] |
| Stdev | 4.5 | 3.5 | 1.5 | 3.1 | 3.2 | 0.3 | 0.0 | 2.1 | 2.1 | 1.7 | 3.5 | 3.1 |
| | [4.0] | [3.6] | [3.5] | [3.6] | [0.7] | [0.3] | [1.8] | [2.4] | [0.8] | [2.1] | [3.3] | [2.8] |

Table 1: Breakdown of where respondents indicated they worked sessions during a usual week, by gender.

Hos – hospital, AMS – Aboriginal Medical Service, RLO – Registrar Liaison Officer, RTP – Regional Training Provider, Uni – University. Ave – average, stdev – standard deviation. Values in square brackets are from the 2012 Terms and Conditions Benchmarking Report for comparative purposes.

Frequency of work outside of normal hours

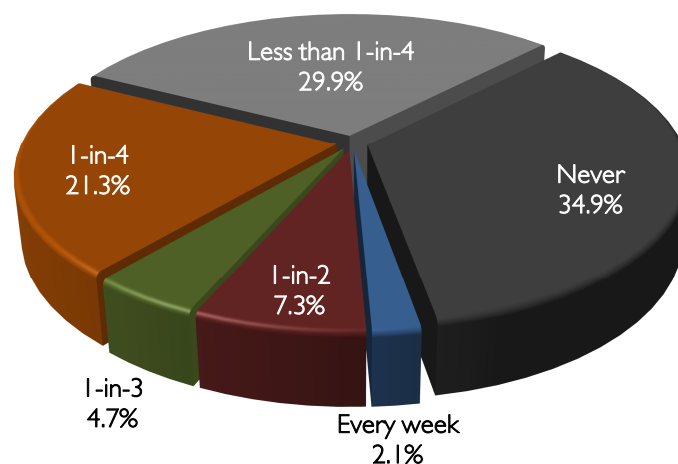


Figure 25. How often do you work on a Saturday in general practice?

n=536. Over one-third of respondents reported never working on a Saturday (35%). 30% of respondents worked less than one-in-four Saturdays, 21% worked one-in-four, 5% one-in-three, 7% one-in-two, and 2% of respondents reported working every Saturday.

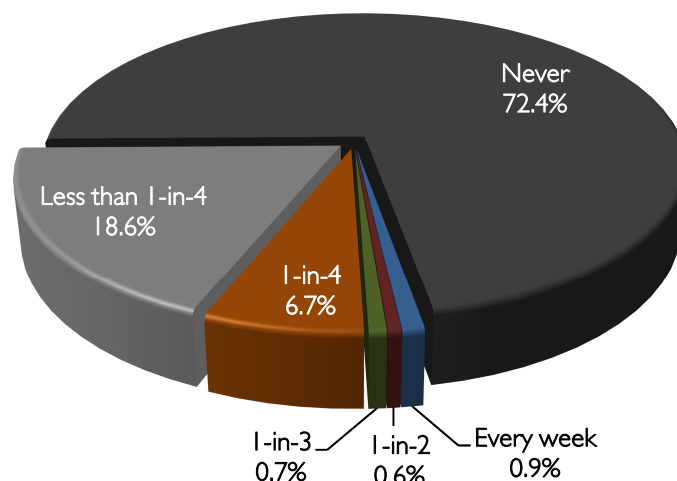


Figure 26. How often do you work on a Sunday in general practice?

n=537. Almost three quarters of respondents (72%) reported never working on a Sunday in general practice. 19% reported working less than one-in-four Sundays, 7% work one-in-four, 1% one-in-three, <1% one-in-two, and 1% of respondents reported working every Sunday in general practice.

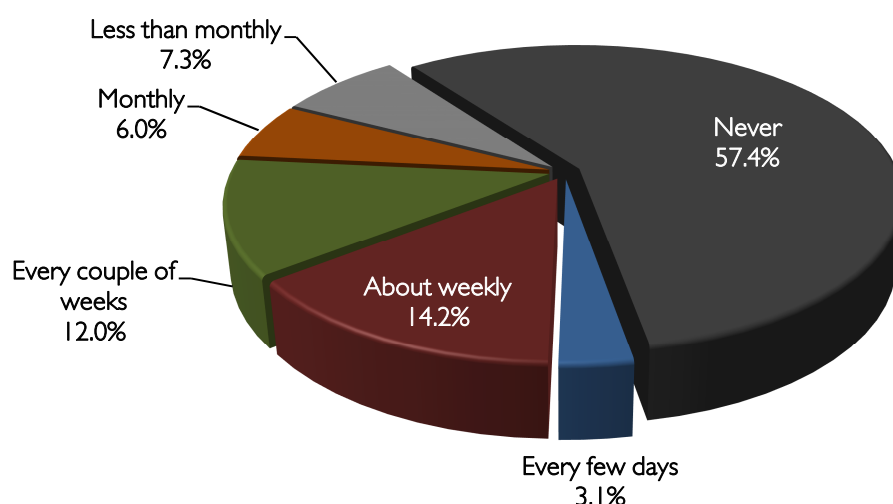


Figure 27. Approximately, how often are you on-call overnight for your practice or local hospital?

n=549. More than half of respondents reported never being on-call overnight. 7% of respondents reported being on-call less than monthly, 6% reported monthly, 12% reported being on-call every couple of weeks, 14% on-call about weekly, and 3% of respondents were on-call for their practice or local hospital every few days.

Private Patients

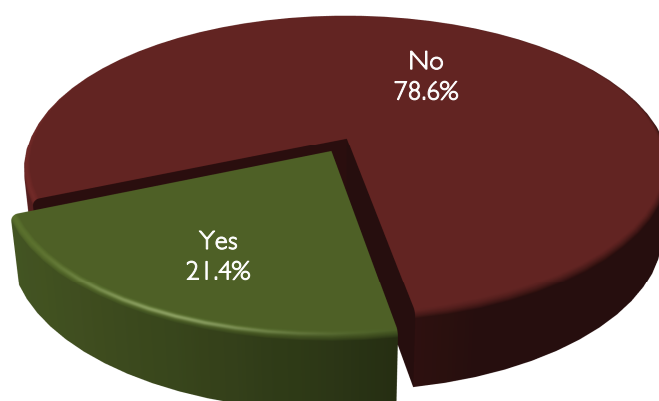


Figure 28. As part of your general practice work, do you have private patients at a hospital (e.g. admit patients, do a daily ward round, AVH call for the hospital)?

n=468. Over three quarters of respondents (79%) reported that they do not have private patients in general practice.

Entitlements

Leave

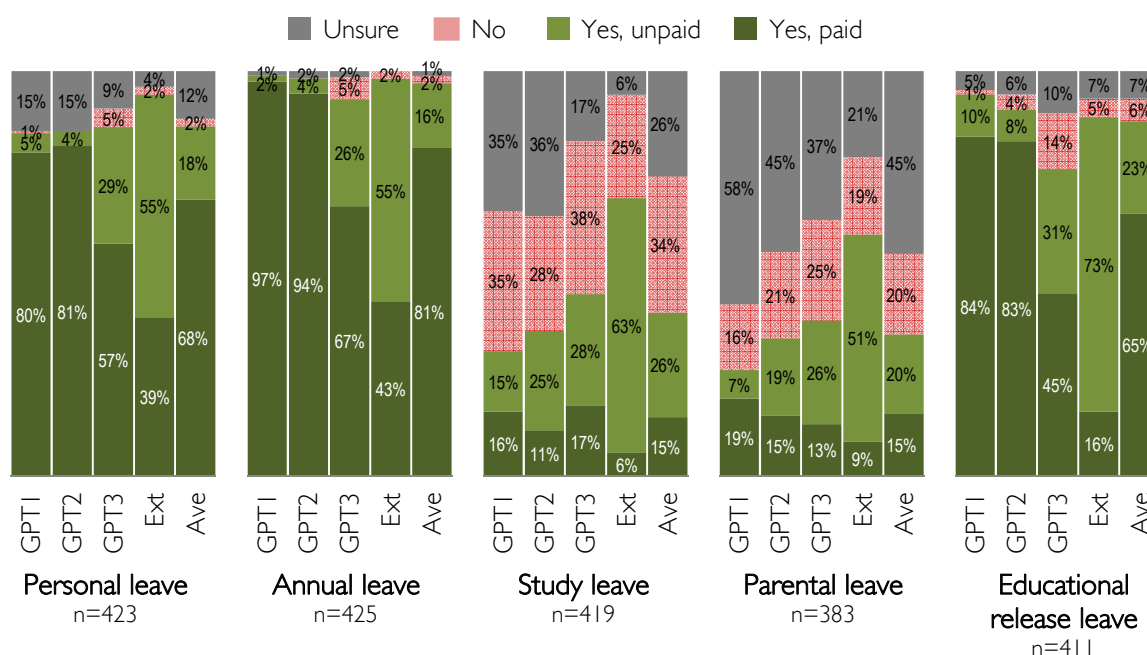


Figure 29. As part of your employment in a general practice setting, do you currently have access to the following?

The above graphs break down respondents answers according to leave type and by term.

Over 80% of respondents completing GPT1 or GPT2 reported being able to access paid personal leave, and over 94% reported receiving paid annual leave. This is encouraging, as all employees are entitled to paid personal and annual leave. Study leave is not an entitlement, and must be negotiated on a case-by-case basis. Fewer than 15% of respondents reported receiving paid study leave, with over 25% of respondents reporting no access to study leave at all. Parental leave is legally available to all employees who have been employed by a single employer for a duration greater than 12 months. As few registrars would satisfy this criteria, fewer than 15% of respondents reported access to paid parental leave. More than half of respondents completing GPT1 were unaware if they could access parental leave. Over 80% of respondents in the first half of their training reported access to paid educational release leave.

| | Yes, paid. | Yes, unpaid | No | Unsure |
|---------------------------|----------------|---------------|---------------|----------------|
| Personal leave | 69.0% ↑ (318) | 18.0% ↓ (83) | 2.2% ↓ (10) | 10.8% ↑ (50) |
| Annual leave | 81.2% ↑↑ (376) | 15.8% ↓ (73) | 1.9% ↓ (9) | 1.1% ↓ (5) |
| Study leave | 16.2% ↑ (74) | 26.9% ↓ (123) | 32.6% - (149) | 24.3% ↓ (111) |
| Parental leave | 14.7% ↑↑ (61) | 21.7% ↑ (90) | 20.0% ↓ (83) | 43.6% ↓↓ (181) |
| Educational release leave | 64.3% ↑ (283) | 23.4% ↓ (103) | 5.9% ↓ (26) | 6.4% ↑ (28) |

Table 4. Change in leave by type from the 2012 Terms and Conditions Benchmarking Report.

A single arrow denotes an increase of between 0.1 and 5.0% since the 2012 Terms and Conditions Benchmarking Report, with two arrows denote a change between 5.1% and 10.0% in this period. Note that all employees should by law receive paid personal leave and paid annual leave, with employees eligible for parental leave after working for a particular employer for 12 months or longer (paid parental leave has more complex criteria).

Superannuation

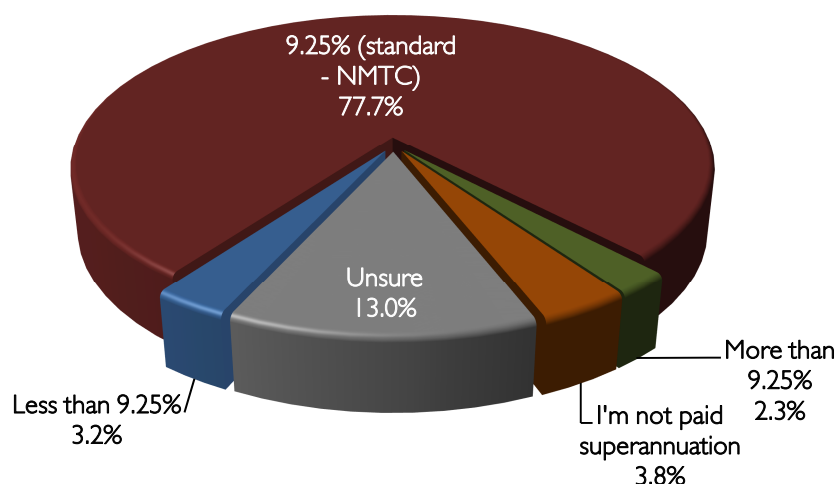


Figure 30. How much superannuation are you paid?

n=470. All employees should receive the legislated rate of superannuation (9.25% at the time the survey was open for responses). 78% of respondents reported this to be the case, with 2% receiving a higher rate, and 3% receiving a lower rate. 4% reported not being paid superannuation, and 13% of respondents were unsure.

Opinions and aspirations

Opinion: RTP Satisfaction

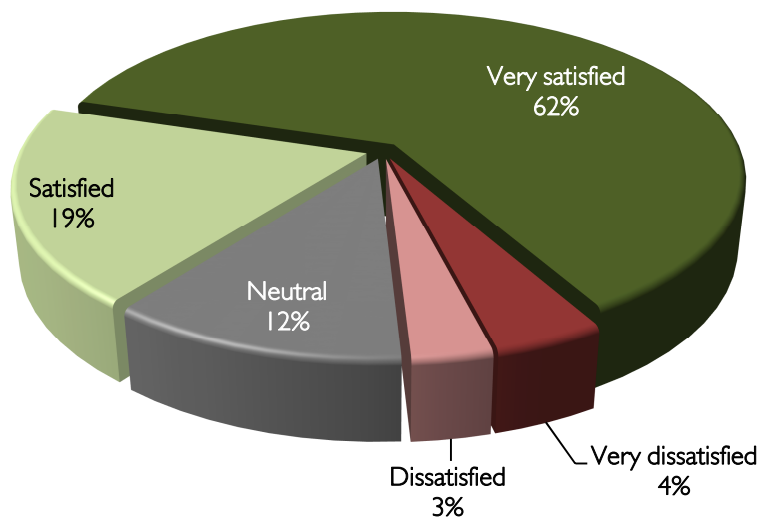


Figure 31. Please rate your satisfaction with the allocation of your RTP according to your preferences.

n=513. Most respondents (62%) were very satisfied with the allocation of RTP according to their preferences, with a further 19% reporting being satisfied. 4% of respondents were very dissatisfied, 3% dissatisfied, and 12% were neutral when thinking about the allocation of their RTP.

Opinion: Practice Allocation

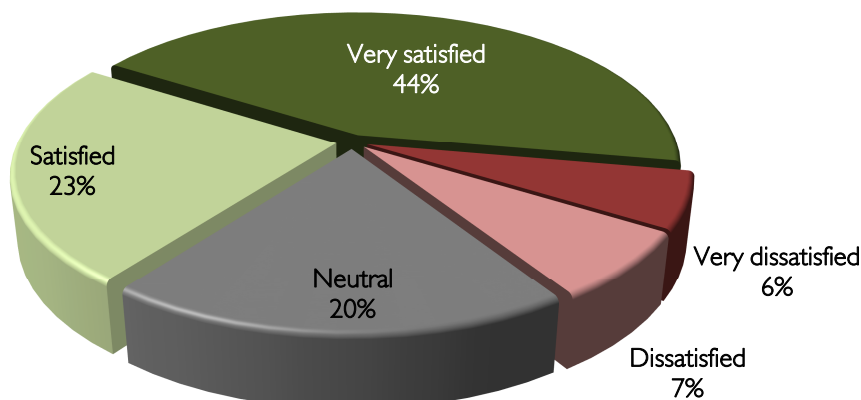


Figure 32. Please rate your satisfaction with the allocation of your practices according to your preferences.

n=506. Just under half of respondents (44%) indicated they were very satisfied with their allocation to practices according to their preferences, with another 23% indicating they were satisfied. Only 6% of respondents reported being very dissatisfied, and another 7% dissatisfied with their practice allocation. 20% of respondents reported no feelings either way.

Post-fellowship aspirations: Supervision

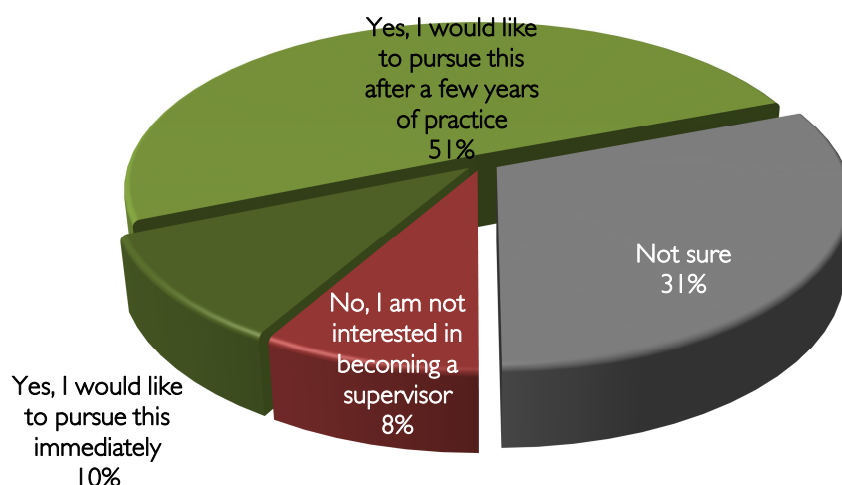


Figure 33. Do you have an interest in becoming a general practice supervisor post-fellowship?

n=416. More than half of respondents (51%) indicated that they would like to supervise students or registrars after a few years of general practice experience, with a further 10% indicating that they would like to become a supervisor immediately. 31% of respondents were not sure, and 8% indicated that they were not interested in becoming a supervisor.



Figure 34. Which factors do you feel are barriers to becoming a general practice supervisor? Choose all options that apply.

The largest barriers to becoming a general practice supervisor according to respondents are: a lack of experience at supervision, confidence, and no clear pathway to becoming a supervisor.

Post-fellowship aspirations: Medical Education

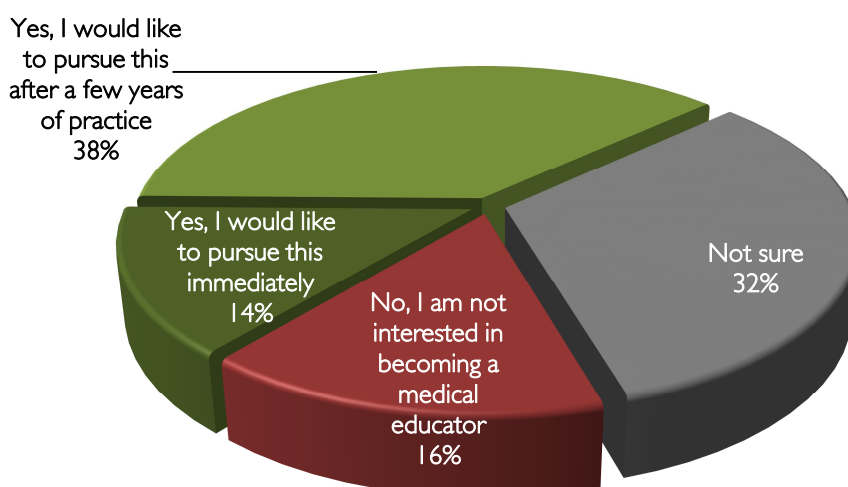


Figure 35. Do you have an interest in becoming a medical educator post-fellowship?

n=416. Just over one third of respondents indicated their interest in becoming a general practice medical educator after a few years of practice, with another 14% of respondents interested in pursuing this role immediately. Almost another one third of respondents were undecided, with 16% not interested in becoming a medical educator.

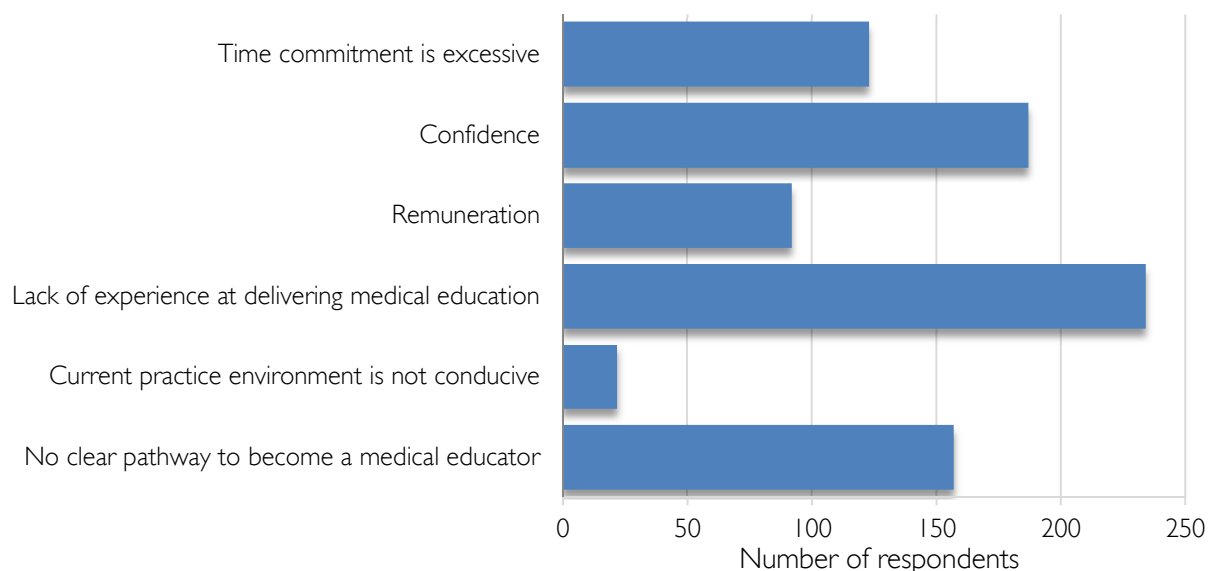


Figure 36. Which factors do you feel are barriers to becoming a medical educator? Choose all options that apply.

n=416. The largest barriers to becoming a general practice medical educator according to respondents are: a lack of experience at delivering medical education, confidence, and no clear pathway to becoming a medical educator. These same reasons were ranked in this order considering barriers to becoming a general practice supervisor.