

### COMPLETING THIS SURVEY

Information supplied on this form may be provided to other persons and agencies for workforce planning. The Nursing and Midwifery Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA) are committed to ensuring the privacy and confidentiality of personal information held and will adhere to the National Privacy Principles under the *Privacy Act 1988* (Cth) when collecting, using, disclosing, securing and providing access to private information.

- Read all instructions
- Print clearly in BLOCK LETTERS using a black or blue pen
- Place X in ALL applicable boxes
- These questions are optional

**Today's date:**   /   /

(DD / MM / YYYY)

### SECTION A: Your qualifications

#### 1. Where did you obtain your initial qualification in midwifery?

Mark one box only

- Australia  *Go to question 3*
- New Zealand  *Go to question 3*
- Other overseas  *Specify country below, then go to the next question*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### 2. Did you need to obtain any further qualifications or undertake an education program to gain registration in midwifery in Australia?

- No
- Yes

### SECTION B: Your employment

**i** For the following questions, working includes the practice of midwifery, or work that is principally concerned with that discipline, e.g. research, administration or teaching of midwifery, in which you:

- worked in Australia for a total of one hour or more LAST WEEK in a job or business (including own business) for pay, commission, payment in kind or profit;
- usually work, but were away from work on leave, on strike or locked out or rostered off.

#### 3. LAST WEEK, were you working in midwifery in Australia ?

Mark one box only

- Yes (including on leave for less than three months)  
*Go to question 7*
- Yes (but currently on leave for three months or more)  
*Go to question 7*
- No  
*Go to the next question*

#### 4. LAST WEEK, why were you not working in midwifery in Australia?

Mark one box only

- Working in midwifery overseas  
*Go to question 6*
- Working, but not in midwifery  
*Go to the next question*
- Not working in paid employment at all  
*Go to question 6*
- Retired from regular work  
*Go to question 20*

#### 5. LAST WEEK, what was your occupation?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 6. LAST WEEK, did you take active steps to look for work in midwifery in Australia?

- i** Looking for work includes (either part-time or full-time):
- applying for work
  - enquiring about a job
  - answering an advertisement
  - registering with an employment agency
  - advertising for work
  - contacting people about a job.

- No  *Go to question 20*
- Yes  *Go to question 20*

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For questions 7-12, if you were on leave last week, answer for a typical week. **Exclude** hours on call not worked.

**7. LAST WEEK, how many hours did you work in midwifery?**

Clinical roles <i>(midwives, including managers and supervisors, involved in <b>direct patient care</b>)</i>	<input type="text"/> <input type="text"/> <input type="text"/> hours
Non-clinical roles <i>(including teacher, researcher, administrator or other)</i>	<input type="text"/> <input type="text"/> <input type="text"/> hours
Total	<input type="text"/> <input type="text"/> <input type="text"/> hours

**8. LAST WEEK, in your clinical role, how many hours did you work in each sector in midwifery?**

Private <i>(including non-profit organisations)</i>	Public
<input type="text"/> <input type="text"/> <input type="text"/> hours	<input type="text"/> <input type="text"/> <input type="text"/> hours



For questions 9-12, answer for the job in which you worked the most hours last week.

**9. LAST WEEK, what was your principal role in your main job in midwifery?**

Mark one box only

- Clinician *(midwives, including managers and supervisors, involved in **direct patient care**)*
- Administrator *(incl. managers not involved in direct patient care)*
- Teacher or educator
- Researcher
- Other - Please specify:



**10. LAST WEEK, what was the principal area of your main job in midwifery?**

Mark one box only

- |   |   |
|---|---|
| <input type="checkbox"/> Antenatal care                               | <input type="checkbox"/> Midwifery management |
| <input type="checkbox"/> Care during labour and birth                 | <input type="checkbox"/> Neonatal care        |
| <input type="checkbox"/> Antenatal, Intra-partum and post-partum care | <input type="checkbox"/> Postnatal care       |
| <input type="checkbox"/> Midwifery education                          | <input type="checkbox"/> Midwifery research   |
|   | <input type="checkbox"/> Policy               |
|   | <input type="checkbox"/> Other                |

**11. LAST WEEK, what was the principal work setting of your main job in midwifery?**

Mark one box only

- |   |  |
|---|--|
| <input type="checkbox"/> General Practitioner (GP) practice             | <input type="checkbox"/> Community health care service         |
| <input type="checkbox"/> Specialist (O&G) practice                      | <input type="checkbox"/> Commercial/business service           |
| <input type="checkbox"/> Group midwifery practice/caseload              | <input type="checkbox"/> Tertiary educational facility         |
| <input type="checkbox"/> Hospital <i>(excluding outpatient service)</i> | <input type="checkbox"/> Other educational facility            |
| <input type="checkbox"/> Independent Private Practice                   | <input type="checkbox"/> Correctional service                  |
| <input type="checkbox"/> Outpatient service                             | <input type="checkbox"/> Defence force                         |
| <input type="checkbox"/> Aboriginal health service                      | <input type="checkbox"/> Other government department or agency |
|   | <input type="checkbox"/> Other                                 |

**12. LAST WEEK, where was the location of your main job in midwifery?**

For state and territory mark one box only

- |                              |                              |  |
|------------------------------|------------------------------|--|
| <input type="checkbox"/> NSW | <input type="checkbox"/> SA  | <input type="checkbox"/> NT                |
| <input type="checkbox"/> VIC | <input type="checkbox"/> WA  | <input type="checkbox"/> ACT               |
| <input type="checkbox"/> QLD | <input type="checkbox"/> TAS | <input type="checkbox"/> Other territories |

Postcode

Suburb



**13. Other than the location reported in question 12, do you also work in a regional, rural or remote location?**

No  Go to question 15

Yes  Specify state, postcode and suburb below, then go to the next question



If you work in more than one additional regional, rural or remote location, provide the one in which you work the most hours.

For state and territory mark one box only

- |                              |                              |  |
|------------------------------|------------------------------|--|
| <input type="checkbox"/> NSW | <input type="checkbox"/> SA  | <input type="checkbox"/> NT                |
| <input type="checkbox"/> VIC | <input type="checkbox"/> WA  | <input type="checkbox"/> ACT               |
| <input type="checkbox"/> QLD | <input type="checkbox"/> TAS | <input type="checkbox"/> Other territories |

Postcode

Suburb



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**14. On average, how often do you work in this location?**

Mark one box only, and report the frequency worked at this location

<input type="checkbox"/> Weekly	<input type="text"/> day(s) per week
<input type="checkbox"/> Fortnightly	<input type="text"/> <input type="text"/> days per fortnight
<input type="checkbox"/> Monthly	<input type="text"/> <input type="text"/> days per month
<input type="checkbox"/> Quarterly	<input type="text"/> <input type="text"/> days per quarter
<input type="checkbox"/> Annually	<input type="text"/> <input type="text"/> <input type="text"/> days per year

**15. In the past 12 MONTHS, did you attend any births as the primary midwife in a:**

Mark all boxes that apply

- Hospital  
*Go to question 17*
- Birth centre  
*Go to question 17*
- Home  
*Go to question 16*
- Another location  
*Go to question 17*
- Didn't attend any births as the primary midwife  
*Go to question 17*

**16. In the past 12 MONTHS how many home births did you attend as the primary midwife?**

**17. On average how many hours per week did you practice via tele-health in midwifery?**



Telehealth is the practice of midwifery from a distance, using information and telecommunication technology such as computers, telephone, video transmission, direct connection to instrumentation and image transmission.

**SECTION C: Workforce intentions**

**18. In total, how many years have you worked in midwifery in Australia?**



Include years regardless of full-time or part-time status. Exclude time spent not working and unpaid leave.

 whole years

**19. How many more years do you intend to remain in the midwifery workforce in Australia?**

 whole years

**SECTION D: Your details**

**20. Are you of Aboriginal or Torres Strait Islander origin?**

Mark one box only

- No
- Yes - Aboriginal
- Yes - Torres Strait Islander
- Both Aboriginal and Torres Strait Islander

**21. Are you a temporary resident?**

No  Thank you, no further questions.

Yes  Specify your visa type below

- 309 - Partner (offshore)
- 402 - Training and Research
- 417 - Working Holiday
- 422 - Medical Practitioner
- 444 - Special Category
- 457 - Temporary Work (Skilled)
- 485 - Temporary Graduate
- 572 - Vocational Education and Training Sector
- 573 - Higher Education Sector
- 574 - Postgraduate Research Sector
- 820 - Partner (onshore)
- Other

**Thank you, no further questions.**

*Please return this workforce survey to AHPRA in the same envelope as your renewal application*

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