



## **Appendix 1**

**This appendix was part of the submitted manuscript and has been peer reviewed.  
It is posted as supplied by the authors.**

Appendix to: Milner AJ, Maheen H, Bismark MM, Spittal MJ. Suicide by health care professionals: a retrospective mortality study in Australia, 2001–2012. *Med J Aust* 2016; 205: 260–265. doi: 10.5694/mja15.01044.

## **Appendix 1: Information on the coding of occupation**

When coding occupational information, if more than one occupation was reported, the researchers took the first listed as the primary occupation, unless the second listed occupation provided additional information that the first could not offer (eg, construction/carpenter). Ambiguous occupational information was coded at the broadest level where possible, or was marked as uncodable. Uncodable occupational data were either unclear (such as “chief”) or too broad to be coded even to the major eight-group level, such as apprentice, self-employed, controller, supervisor and team leader, where no other qualifying information was provided. However, when more specific information was present, such as “apprentice mechanic”, this was able to be coded. Since the ANZSCO classification does not code specifically for apprentices, these have been coded as the occupation they are training in (ie, “apprentice mechanic” has been coded as “mechanic”). Consensus was reached via discussion between researchers, and in some cases experts in certain industries (such as construction and engineering) were consulted when it was deemed useful to clarify industry-specific occupational data. The database was also checked for consistency in coding, duplicates and other coding errors.

### **Health professionals with access to prescription medicines**

Pharmacists, dental practitioners, generalist medical practitioners, anaesthetists, internal medicine specialists, psychiatrists, surgeons, other medical practitioners, midwives, and nurses.