The Workforce

Clinical Pharmacology is the scientific discipline that encompasses professionals with a wide variety of scientific skills including medicine, pharmacology, pharmacy, biomedical science and nursing.

In the 2010 calendar year, there were 11 Clinical Pharmacologists who primarily worked within NSW. This workforce had the following characteristics:

- **Average Age:** 56 years
- **Females:** 9.1% of the workforce
- **Average Hours:** Clinical Pharmacologists worked an average 47.9 hours per week (of a standard 40 hour week)
- **Over 50s:** Approximately 73% were aged 50 years or over

Source: AIHW (2012) 2010 Medical Workforce Profile extracts for NSW (unpublished data)

Trainees and New Fellows

**Advanced Trainees (AT):** 16 ATs in 2012 with an average of 13 ATs in Australia per year (2008-2012)

- **Females:** Female AT numbers in Australia have increased from 3 in 2008 to 6 in 2012 (32% of total)
- **New Fellows:** Nationally, an average of 1 per year from 2008-2011 (20% female)

**Medical Specialty College:** Royal Australasian College of Physicians (RACP) (www.racp.edu.au)

**HETI Supported Training:** Not part of Health Education and Training Institute Training Networks (www.heti.nsw.gov.au)

Source: Medical Training Review Panel (MTRP) * Basic Physician Training must be completed before entering Advanced Training

Retirement Intentions in NSW

- **1-2 Years:** 0.0% of Clinical Pharmacologists intend to retire within 1-2 years
- **3-5 Years:** 18.2% of Clinical Pharmacologists intend to retire within the next 3-5 years
- **6-9 Years:** 9.1% of Clinical Pharmacologists intend to retire within the next 6-9 years

Source: AIHW (2012) 2010 Medical Workforce Profile extracts (unpublished data)
**Supply and Distribution**

**Distribution**: Clinical Pharmacologists are located mainly within Local Health Districts (LHDs) in metropolitan Sydney, Illawarra Shoalhaven and Hunter New England LHDs.

**Rural & Regional**: Clinical Pharmacologists are located in Western NSW LHDs.

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**The Future in NSW – Workforce Planning to 2025***

**Estimated Demand Growth**: Not Applicable  
**Estimated Workforce Size**: Not Applicable  
**Additional Fellows**: All demand scenarios suggest a small number of additional trainees required  
**Range**: Not applicable

*Workforce Planning to 2025 combines the physician sub-specialties of Addiction Medicine, Occupational and Environmental Medicine, Pain Medicine, Palliative Medicine, Public Health Medicine, Sexual Health Medicine, Clinical Pharmacology and Clinical Genetics. These physician sub-specialties were grouped and modelled together due to small workforce size in the individual sub-specialties.

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**Workforce Planning Priority and Risk Rating**

**Ageing**: The risk associated with the workforce aged over 60 and 70.  
**Small Workforce Size**: The risk associated with the sustainability of small workforces.  
**Retirement Intentions**: The risk associated with the retirement intentions of the current workforce.  
**New Fellow Requirements**: The risk associated with the requirement to recruit additional trainees, based on workforce planning to 2025.  
**Training Supervision**: The risk associated with the availability of the existing workforce to provide supervision to new trainees.

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**Future Workforce Considerations**

- Addressing rural and regional workforce maldistribution
- Small workforce size