The Workforce

Public Health Medicine is primarily concerned with the health and care of populations. It covers the promotion of health and the prevention of disease, illness and injury, the assessment of a community’s health needs, and the provision of services to communities in general.

In the 2010 calendar year, there were 78 Public Health Medicine Physicians who primarily worked within NSW. This workforce had the following characteristics:

**Average Age:** 55 years

**Females:** 43.6% of the workforce

**Average Hours:** Public Health Medicine Physicians worked an average 39.8 hours per week (of a standard 40 hour week)

**Over 50s:** Approximately 70% 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Source: AIHW (2012) 2010 Medical Workforce Profile extracts for NSW (unpublished data)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):** 61 ATs in Australia in 2012, with an average of 62 per year between 2008-2012

**Females:** Female ATs in Australia averaged 39 per year from 2008-2012 (62.5% of total)

**New Fellows:** Nationally, New Fellow numbers averaged 11 per year 2008-2011 (66% female)

**Medical Specialty College:** Royal Australasian College of Physicians (RACP) - Australasian Faculty of Public Health Medicine (http://afphm.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:** 3.8% of Public Health Medicine Physicians intend to retire within 1-2 years

**3-5 Years:** 11.5% of Public Health Medicine Physicians intend to retire within the next 3-5 years

**6-9 Years:** 6.4% of Public Health Medicine Physicians intend to retire within the next 6-9 years

Source: AIHW (2012) 2010 Medical Workforce Profile extracts (unpublished data)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

**Distribution:** Public Health Medicine Physicians are located mainly in Local Health Districts (LHDs) in metropolitan Sydney, Illawarra Shoalhaven and Hunter New England LHDs.

**Rural & Regional:** Limited numbers of Public Health Medicine Physicians are located in rural and regional 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 >60**
- **Moderate Risk**

**Ageing >70**
- **Minor Risk**

**Availability of Training Supervision**
- **Minimal Risk**

**Workforce New Fellow Requirements**
- **Minimal Risk**

**Retirement Intentions <5 Years**
- **Major Risk**

**Retirement Intentions <2 Years**
- **Major Risk**

**Small Workforce**
- **Minor Risk**

**Priority for Workforce Planning:**
- **Minimal**

**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