



Addiction Medicine

The Workforce

Addiction medicine involves primary, secondary and tertiary prevention of harm related to the non-medical use of drugs, management of acute drug related problems and rehabilitation of people who have become dependent on drugs.

In the 2010 calendar year, there were 26 Addiction Medicine Specialists who primarily worked within NSW. This workforce had the following characteristics:

Average Age: 52 years

Females: 34.6% of the workforce

Average Hours: Addiction Medicine Specialists worked an average 40.6 hours per week (of a standard 40 hour week)

Over 50s: Approximately 65% 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Source: AIHW (2012) 2010 Medical Workforce Profile extracts for NSW (unpublished data)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)*: 18 ATs in 2012 with 13 ATs in 2011 in Australia (6 ATs in NSW in 2012)

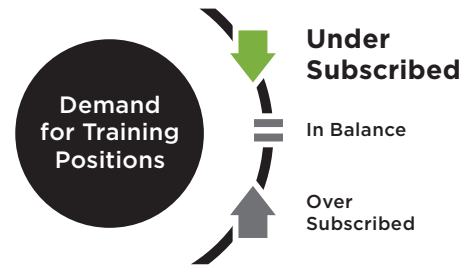
Females: Female AT numbers in Australia have increased from 4 in 2010 to 8 in 2012 (44% of total)

New Fellows Nationally: An average of 3 per year from 2009-2011 (40% female) (1 in NSW in 2011)

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% of Addiction Medicine Physicians intend to retire within 1-2 years

3-5 Years: 0% of Addiction Medicine Physicians intend to retire within the next 3-5 years

6-9 Years: 3.8% of Addiction 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Source: AIHW (2012) 2010 Medical Workforce Profile extracts (unpublished data)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: Addiction Medicine Specialists are mainly located in Western Sydney, South Eastern Sydney and Hunter New England Local Health Districts (LHDs).

Rural & Regional: There are limited Addiction Medicine Specialists located in rural and regional LHDs (less than two per LHD).

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.

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.

Future Workforce Considerations

Addressing rural/regional workforce maldistribution