Obstetrics & Gynaecology – Ultrasound

The Workforce

Obstetricians and Gynaecologists are concerned with separate aspects of women's health care and often managed in the one service. Obstetricians provide medical care before, during and after childbirth. Gynaecologists diagnose, treat and aid in the prevention of female reproductive disorders. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) is accredited by the Australian Medical Council (AMC) to deliver obstetrics & gynaecology training.

Workforce Characteristics in 2015

- 12 Headcount
- 66.7% Female
- 41.9 hours per week
- 53.8 years average age
- 75.0% Workforce aged over 50
- 16.7% Workforce aged over 60
- 0 New Fellows in Australia in 2016

Supply and Distribution

Metropolitan Sydney

- 11 headcount
- 42 hours per week
- 53 years average age
- 9% aged over 60

Non-Metropolitan Sydney

- 1 headcount

Total NSW Workforce by Sector (percent)

- Public only: 33%
- Private only: 8%
- Public and Private: 59%
- Other (Non-Clinical): 69%

Retirement intentions (60+)

Metropolitan Sydney:

- Next 1-2 years: 0%
- Next 3-5 years: 100%
- Next 6-10 years: 0%

Non-Metropolitan Sydney:

- Next 1-2 years: 0%
- Next 3-5 years: 0%
- Next 6-10 years: 0%

Trainees

Advanced Trainees in Australia:

<table>
<thead>
<tr>
<th>Year</th>
<th>NSW Trainees as % of Australia 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>2</td>
</tr>
<tr>
<td>2016</td>
<td>1</td>
</tr>
<tr>
<td>2017</td>
<td>11</td>
</tr>
</tbody>
</table>

NSW Trainees as % of Australia 2017: 81.8%

Proportion female trainees in Australia 2017: N/A

Data sourced: The National Health Workforce Dataset – Australian Government Department of Health; The Australian Health Practitioner Regulation Agency (AHPRA); The Medical Education and Training in Australia Report (MET).
The Future in NSW - Workforce Planning to 2030

Workforce projections are provided for a low and high demand scenario. Where requirements for both scenarios are met without the need for additional fellows, the projected “No Growth” scenario workforce data is provided.

Estimated Demand Growth
Between 1.2% (low demand scenario) to 2.5% (high demand scenario).

Estimated Additional Fellows
All demand scenarios require additional fellows. Trainee numbers need to increase by approximately 1 per annum to meet projected 2030 requirements.

Estimated Workforce Size
In 2030, 17 to 21 Headcount (assuming all additional fellows will enter the workforce).

Estimated percentage over 60 years
In 2030, 20.4% to 22.4% of workforce over 60 years.

Estimated Workforce Average Age
In 2030, 49.3 to 50.7 years.

Estimated Workforce
Average Age
In 2030, 49.3 to 50.7 years.

60+

Estimated Additional Fellows
All demand scenarios require additional fellows. Trainee numbers need to increase by approximately 1 per annum to meet projected 2030 requirements.

Workforce Planning Priority and Assessment Framework

Retirement Intentions:
The factor associated with workforce retiring within the next 2 and the next 5 years

Ageing > 60
Moderate factor

Ageing:
The factor associated with the workforce aged over 60 and 70

Ageing > 70
Minimal factor

New Fellow Requirements:
The factor associated with the requirement to recruit additional trainees, based on workforce planning to 2030

Priority for Workforce Planning:
SUBSTANTIAL CAREER OPPORTUNITIES

New Fellow Requirements
Major factor

Small Workforce Size:
The factor associated with the sustainability of small workforces

Small Workforce Size
Major factor

Rating Key: Minimal Factor < Minor Factor < Moderate Factor < Major Factor

Workforce Modelling Considerations

- Workforce modelling is based on current models of care. Any change in the models may impact on requirements.
- Any changes to current training programs will affect the workforce modelling outcome.
- Workforce modelling is based on current workforce hours profile by age co-hours. Any changes to hours worked by future clinicians will affect the model.
- There is an accepted error rate of plus or minus two per cent within workforce modelling
- The model does not address any mal-distribution either by location (rural or regional) or sector (public or private)