Obstetrics & Gynaecology – Urogynaecology

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

- 11 headcount
- 36.4% female
- 51.9 hours per week
- 58.0 years average age
- 81.8% workforce aged over 50
- 45.5% workforce aged over 60
- 0 New Fellows in Australia in 2016

Supply and Distribution

Metropolitan Sydney

- 10 headcount
- 51 hours per week
- 58 years average age
- 50% aged over 60

Non-Metropolitan Sydney

- 1 headcount

Total NSW Workforce by Sector (percent)

- 73% Public only
- 18% Private only
- 9% Public and Private
- 0% Other (Non-Clinical)

Hours By Sector

- 49.9% Public
- 16.5% Private
- 33.6% Other

Metropolitan Sydney Retirement intentions (60+)

- Next 1-2 years: 0%
- Next 3-5 years: 67%
- Next 6-10 years: 33%

Non-Metropolitan Sydney Retirement intentions (60+)

- Next 1-2 years: *%
- Next 3-5 years: 67%
- Next 6-10 years: 33%

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).

Trainees

Advanced Trainees in NSW:

<table>
<thead>
<tr>
<th>Year</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
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<tbody>
<tr>
<td>NSW</td>
<td>3</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

NSW Trainees as % of Australia 2017

- 55.6% Proportion female trainees in Australia 2017
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 1.4% (low demand scenario) to 2.7% (high demand scenario).
- **Estimated Workforce Size**: In 2030, 17 to 22 Headcount (assuming all additional fellows will enter the workforce).
- **Estimated Workforce Average Age**: In 2030, 51.9 to 53.5 years.
- **Estimated percentage over 60 years**: In 2030, 19.1% to 24.5% of workforce over 60 years.
- **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

**Priority for Workforce Planning:**

- **Retirement Intentions: < 2 years**: Minimal factor
- **Retirement Intentions: < 5 years**: Minor factor
- **New Fellow Requirements**: Major factor
- **Small Workforce Size**: Major factor
- **Ageing > 60**: Moderate factor
- **Ageing > 70**: Minor factor
- **Ageing**: The factor associated with the workforce aged over 60 and 70
- **New Fellow Requirements**: The factor associated with the requirement to recruit additional trainees, based on workforce planning to 2030
- **Small Workforce Size**: The factor associated with the sustainability of small workforces

**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)