Paediatrics – Emergency Medicine

The Workforce

An Emergency Physician works in the emergency medicine field of practice specialising in the prevention, diagnosis and management of any acute disorders with clients of any age within a full spectrum of episodic undifferentiated physical and behavioural disorders who present to an emergency department. The Royal Australasian College of Physicians (RACP) is accredited by the Australian Medical Council (AMC) to deliver paediatrics and child health training.

Workforce Characteristics in 2015

- **33** Headcount
- **54.5%** Female
- **37.9 hours** per week
- **46.1 years** average age
- **27.3%** Workforce aged over 50
- **6.1%** Workforce aged over 60

Supply and Distribution

Metropolitan Sydney

- 31 headcount
- 38 hours per week
- 47 years average age
- **6%** aged over 60

Non-Metropolitan Sydney

- 2 headcount

Total NSW Workforce by Sector (percent)

- Public only: 91%
- Private only: 0%
- Public and Private: 9%

Hours By Sector

- Public: 68.8%
- Private: 26.6%
- Other (Non-Clinical): 4.6%

Trainees

Advanced Trainees in NSW:

<table>
<thead>
<tr>
<th>Year</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
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<tr>
<td>NSW Trainees as % of Australia 2017</td>
<td><strong>27.6%</strong></td>
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Proportion female trainees in Australia 2017 | **70.1%**

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.

Workforce Planning Priority and Assessment Framework

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

- **Estimated Demand Growth**: Between 3.1% (low demand scenario) to 3.5% (high demand scenario).
- **Estimated Additional Fellows**: All demand scenarios require no additional fellows and hence no growth in trainees.
- **Estimated Workforce Size**: In 2030, 49 Headcount (assuming all additional fellows will enter the workforce).
- **Estimated percentage over 60 years**: In 2030, 18.8% of workforce over 60 years.
- **Estimated Workforce Average Age**: In 2030, 52.6 years.

**Estimated Workforce Size**
- **In 2030, 49 Headcount** (assuming all additional fellows will enter the workforce).

**Estimated Demand Growth**
- **Between 3.1%** (low demand scenario) to 3.5% (high demand scenario).

**Estimated Additional Fellows**
- **All demand scenarios require no additional fellows and hence no growth in trainees.**

**Estimated Workforce Average Age**
- **In 2030, 52.6 years.**

**Estimated percentage over 60 years**
- **In 2030, 18.8% of workforce over 60 years.**

**Priority for Workforce Planning:**
- **ADEQUATE CAREER OPPORTUNITIES**
- **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.

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

**Ageing**
- **> 60**
- **> 70**: The factor associated with the workforce aged over 60 and 70.

**New Fellow Requirements**
- **Minimal factor**

**Small Workforce Size**
- **Moderate 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).