**The Workforce**

Infectious disease, also known as infectious diseases, infectious medicine, infectious disease medicine or infectiology, is a medical specialty dealing with the diagnosis, control and treatment of infections. The Royal Australasian College of Physicians (RACP) is accredited by the Australian Medical Council (AMC) to deliver physician training.

**Workforce Characteristics in 2015**

- **Headcount**: 82
- **Female**: 40.2%
- **Female**: 35.5 hours per week
- **Average age**: 48.5 years
- **Workforce aged over 50**: 45.1%
- **Workforce aged over 60**: 9.8%
- **New Fellows in Australia in 2016**: 10

**Supply and Distribution**

**Metropolitan Sydney**

- **Headcount**: 65
- **Hours per week**: 35
- **Average age**: 49
- **Aged over 60**: 12%
- **Next 1-2 years**: 44%
- **Next 3-5 years**: 22%
- **Next 6-10 years**: 22%

**Non-Metropolitan Sydney**

- **Headcount**: 17
- **Hours per week**: 37
- **Average age**: 45
- **Aged over 60**: 0%

**Retirement intentions (60+)**

- **Next 1-2 years**: 22%
- **Next 3-5 years**: 44%
- **Next 6-10 years**: 0%

**Total NSW**

- **Public only**: 72%
- **Private only**: 3%
- **Public and Private**: 4%
- **Other (Non-Clinical)**: 15%
- **Private**: 8%
- **Public**: 6%

**Trainees**

- **Advanced Trainees in NSW**:
  - 2015: 40
  - 2016: 42
  - 2017: 45

**NSW Trainees as % of Australia 2017**: 30.6%

**Proportion female Trainees in Australia 2017**: 59.2%

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*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 0.8% (low demand scenario) to 1.9% (high demand scenario).

- **Estimated Additional Fellows**
  - The high demand scenario requires additional fellows. Trainee numbers need to increase by approximately 1 per annum to meet projected 2030 requirements.

- **Estimated Workforce Size**
  - In 2030, 109 to 114 Headcount (assuming all additional fellows will enter the workforce).

- **Estimated percentage over 60 years**
  - In 2030, 13.5% to 14.1% of workforce over 60 years.

**Workforce Planning Priority and Assessment Framework**

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

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

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

- **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)