Physician – Nuclear Medicine

The Workforce

Nuclear medicine uses very small amounts of unsealed radioactive materials to diagnose and treat disease. Nuclear medicine imaging is unique in that it provides doctors with information about both the anatomy of the body and its physiology. The Royal Australasian College of Physicians (RACP) is accredited by the Australian Medical Council (AMC) to deliver physician training.

Workforce Characteristics in 2015

- 92 Headcount
- 28.3% Female
- 40.0 hours per week
- 52.5 years average age
- 63.0% Workforce aged over 50
- 22.8% Workforce aged over 60
- 2 New Fellows in Australia in 2016

Supply and Distribution

Metropolitan Sydney
- 68 headcount
- 39 hours per week
- 53 years average age
- 24% aged over 60
- Retirement intentions (60+)
  - Next 1-2 years: 15%
  - Next 3-5 years: 47%
  - Next 6-10 years: 38%

Total NSW Workforce by Sector (percent)

- Public only: 37%
- Private only: 20%
- Public and Private: 43%
- Other (Non-Clinical): 37.3%
- Public: 9.8%
- Private: 53.1%

Non-Metropolitan Sydney
- 24 headcount
- 42 hours per week
- 50 years average age
- 21% aged over 60
- Retirement intentions (60+)
  - Next 1-2 years: 20%
  - Next 3-5 years: 40%
  - Next 6-10 years: 20%

Trainees

Advanced Trainees in NSW:

- 2015: 10
- 2016: 8
- 2017: 7

NSW Trainees as % of Australia 2017: 46.7%

Proportion female Trainees in Australia 2017: 20.0%

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 1.5% (low demand scenario) to 2.9% (high demand scenario).

- **Estimated Workforce Size**: In 2030, 124 to 151 Headcount (assuming all additional fellows will enter the workforce).

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

- **Estimated percentage over 60 years**: In 2030, 18.3% to 22.3% of workforce over 60 years.

- **Estimated Additional Fellows**: All demand scenarios require additional fellows. Trainee numbers need to increase by approximately 8 per annum to meet projected 2030 requirements.

**Estimated Additional Fellows**

- Low demand scenario: 0 additional fellows
- High demand scenario: 35 additional fellows

**Priority for Workforce Planning**

- **Ageing > 70 Minor factor**: The factor associated with the workforce aged 70 and above.
- **Ageing > 60 Major factor**: The factor associated with the workforce aged 60 and above.
- **New Fellow Requirements**: The factor associated with the requirement to recruit additional trainees, based on workforce planning to 2030.
- **Retirement Intentions < 5 years Moderate factor**: The factor associated with workforce retiring within the next 2 to 5 years.
- **Retirement Intentions < 2 years Minor factor**: The factor associated with workforce retiring within the next 2 years.

**Workforce Planning Priority and Assessment Framework**

- **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).