Medical Workforce in NSW

Surgery – Cardiothoracic

The Workforce
A Cardiothoracic surgeon has specialised training in the management of intrathoracic diseases and abnormalities that involve the lung, heart, and/or the great vessels. The Royal Australasian College of Surgeons (RACS) is accredited by the Australian Medical Council (AMC) to deliver surgery training.

Workforce Characteristics in 2015

- **49 Headcount**
- 12.2% Female
- 47.2 hours per week
- 52.5 years average age
- 57.1% Workforce aged over 50
- 26.0% Workforce aged over 60
- 2 New Fellows in NSW in 2017

Supply and Distribution

**Total NSW**

- Workforce by Sector (percent)
  - Public only: 0%
  - Private only: 14%
  - Public and Private: 14%
  - Other: 76%

- Hours By Sector
  - Public: 40.6%
  - Private: 14.5%
  - Other (Non-Clinical): 45.0%

**Metropolitan Sydney**

- 42 headcount
- 48 hours per week
- 52 years average age
- 23% aged over 60

**Non-Metropolitan Sydney**

- 7 headcount
- 40 hours per week
- 57 years average age
- 43% aged over 60

Retirement intentions (60+)

- Next 1-2 years: 34%
- Next 3-5 years: 41%
- Next 6-10 years: 13%

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>Number</th>
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<tbody>
<tr>
<td>2015</td>
<td>12</td>
</tr>
<tr>
<td>2016</td>
<td>11</td>
</tr>
<tr>
<td>2017</td>
<td>11</td>
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**NSW Trainees as % of Australia 2017:** 32.4%

**Proportion female Trainees in Australia 2017:** 18.6%
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 1.8% (low demand scenario) to 2.6% (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, 62 to 73 headcount (assuming all additional fellows will enter the workforce).

**Estimated percentage over 60 years**
- In 2030, 9.3% to 11.0% of workforce over 60 years.

**Estimated Workforce Average Age**
- In 2030, 47.1 to 48.0 years.

**Estimated Workforce Percentage over 60 years**
- In 2030, 9.3% to 11.0% of workforce over 60 years.

### Workforce Planning Priority and Assessment Framework

#### Priority for Workforce Planning:

**Reasonable Career Opportunities**

- **Retirement Intentions:** The factor associated with workforce retiring within the next 2 and the next 5 years.
- **Ageing > 60 Major Factor:** The factor associated with the workforce aged over 60 and 70.
- **Ageing > 70 Minor Factor:**
- **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).