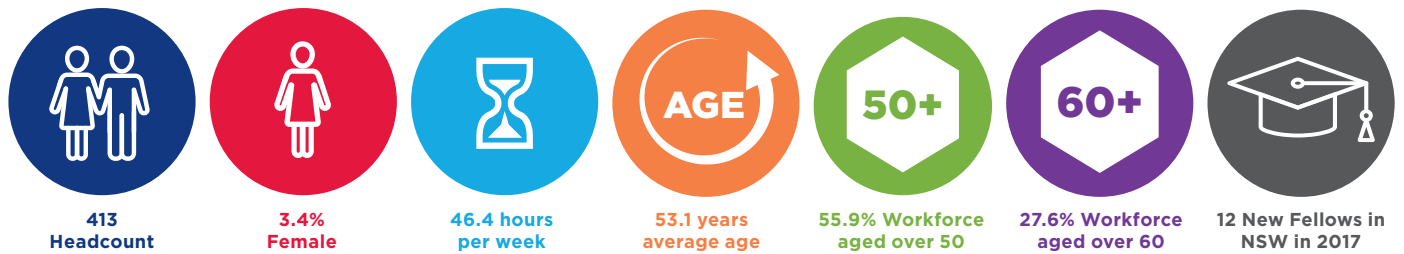


Surgery – Orthopaedic Surgery

The Workforce

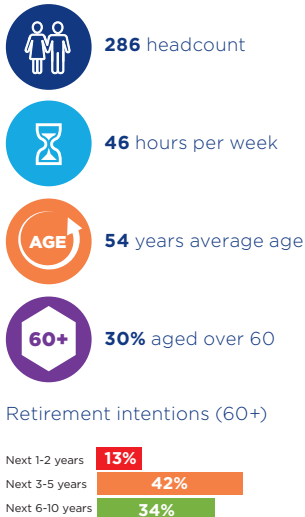
Orthopaedic surgery is a medical specialty that focuses on the diagnosis, care and treatment of patients with disorders of the bones, joints, muscles, ligaments, tendons, nerves and skin. The Royal Australasian College of Surgeons (RACS) is accredited by the Australian Medical Council (AMC) to deliver surgery training.

Workforce Characteristics in 2015

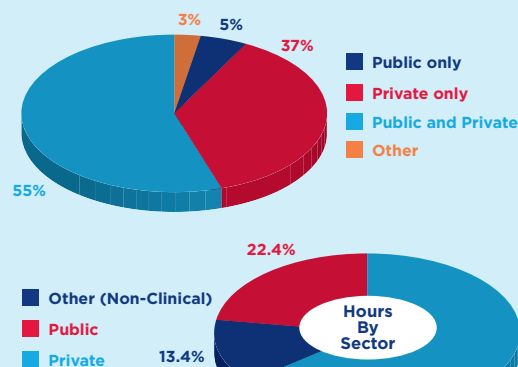


Supply and Distribution

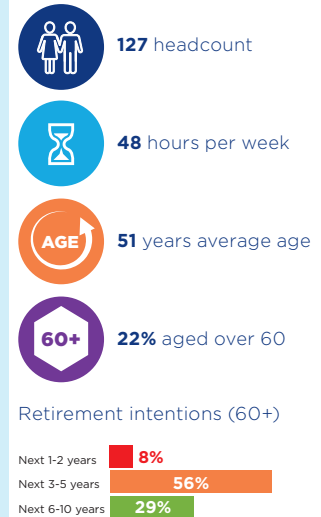
Metropolitan Sydney



Total NSW Workforce by Sector (percent)



Non-Metropolitan Sydney



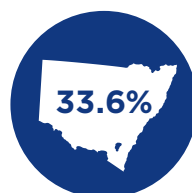
* Data from records with less than 5 headcount is to be restricted due to privacy requirements

Trainees

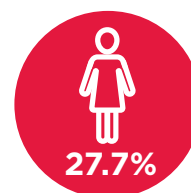


Advanced Trainees in NSW:

2015	2016	2017
80	89	79



NSW Trainees
as % of
Australia 2017



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 1.0% (low demand scenario) to 2.3% (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, 550 to 566 Headcount (assuming all additional fellows will enter the workforce).



Estimated Workforce Average Age
In 2030, 51.2 to 51.4 years.



Estimated percentage over 60 years
In 2030, 19.9% to 20.5% of workforce over 60 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)