



Palliative Medicine

The Workforce

Palliative Medicine is the study and management of patients with active, progressive, far advanced disease, for whom the prognosis is limited and the focus of care is the quality of life.

In the 2010 calendar year, there were 51 Palliative Medicine Physicians who primarily worked within NSW. This workforce had the following characteristics:

Average Age: 51 years

Females: 60.8% of the workforce

Average Hours: Palliative Medicine Physicians worked an average 37.5 hours per week (of a standard 40 hour week)

Over 50s: Approximately 43% were aged 50 years or over

Source: AIHW (2012) 2010 Medical Workforce Profile extracts for NSW (unpublished data)



Trainees and New Fellows

Advanced Trainees (AT)*: 24 ATs in Australia in 2012 with 71 ATs in 2011 (3 in NSW in 2012)

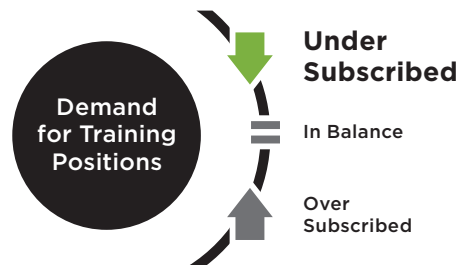
Females: Female ATs in Australia averaged 29 per year from 2008-2012 (64% of total)

New Fellows: Nationally, an average of 6 per year from 2008-2011 (100% female)

Medical Specialty College: Royal Australasian College of Physicians (RACP) – Australasian Chapter of Palliative Medicine (www.racp.edu.au)

HETI Supported Training: Not part of Health Education and Training Institute Training Networks (www.heti.nsw.gov.au)

Source: Medical Training Review Panel (MTRP) * Basic Physician Training must be completed before entering Advanced Training



Retirement Intentions in NSW

1-2 Years: 1.9% of Palliative Medicine Physicians intend to retire within 1-2 years

3-5 Years: 15.7% of Palliative Medicine Physicians intend to retire within the next 3-5 years

6-9 Years: 1.9% of Palliative Medicine Physicians intend to retire within the next 6-9 years

Source: AIHW (2012) 2010 Medical Workforce Profile extracts (unpublished data)



Supply and Distribution



Distribution: The Palliative Medicine Physician workforce is located mainly within Local Health Districts (LHDs) in metropolitan Sydney, Illawarra Shoalhaven and Hunter New England.

Rural & Regional: There are very limited numbers of Palliative Medicine Physicians located in rural and regional LHDs.

The Future in NSW – Workforce Planning to 2025*

Estimated Demand Growth: Not Applicable

Estimated Workforce Size: Not Applicable

Additional Fellows: All demand scenarios suggest a small number of additional trainees required

Range: Not Applicable

*Workforce Planning to 2025 combines the physician sub-specialties of Addiction Medicine, Occupational and Environmental Medicine, Pain Medicine, Palliative Medicine, Public Health Medicine, Sexual Health Medicine, Clinical Pharmacology and Clinical Genetics. These physician sub-specialties were grouped and modelled together due to small workforce size in the individual sub-specialties.

Workforce Planning Priority and Risk Rating



Ageing: The risk associated with the workforce aged over 60 and 70.

Small Workforce Size: The risk associated with the sustainability of small workforces.

Retirement Intentions: The risk associated with the retirement intentions of the current workforce.

New Fellow Requirements: The risk associated with the requirement to recruit additional trainees, based on workforce planning to 2025.

Training Supervision: The risk associated with the availability of the existing workforce to provide supervision to new trainees.

Future Workforce Considerations

Addressing rural and regional workforce maldistribution