Physician - geriatric medicine

Workforce modelling factsheet



NSW physician - geriatric medicine specialist clinical and non-clinical workforce characteristics in 2019



Workforce characteristics for NSW physician - geriatric medicine specialist clinical workforce in 2019



246 Headcount



47.2% Female



39.1 Work hours per week



48.2 Years average age



13.8% Aged 60+



30 New Fellows in 2018

Workforce characteristics for NSW physician - geriatric medicine advanced trainees workforce in 2019



89 Headcount



6 years Length of training

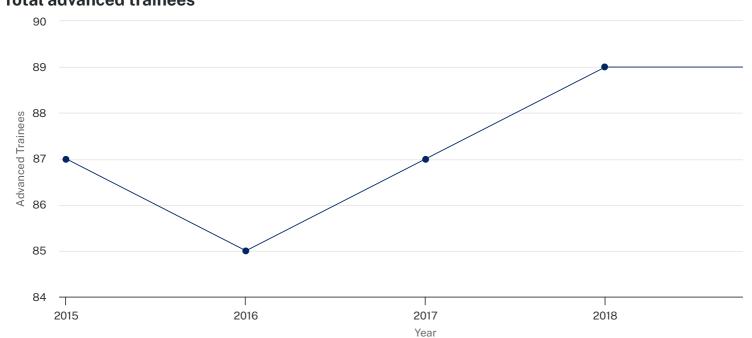


2.3% Trainee growth 2015 - 2019



30.1% NSW Australian trainees

Total advanced trainees



Workforce requirement for NSW physician - geriatric medicine specialist workforce by 2035

Workforce modelling indicates that NSW specialist physician-geriatric medicine workforce will have sufficient new fellows per annum entering workforce to meet community need in 2035 across both high and low demand scenarios.

The 2035 specialist workforce requirements will be met through current (2019) total advanced trainee numbers at **89** per annum and there is no requirement to increase advanced trainee numbers.





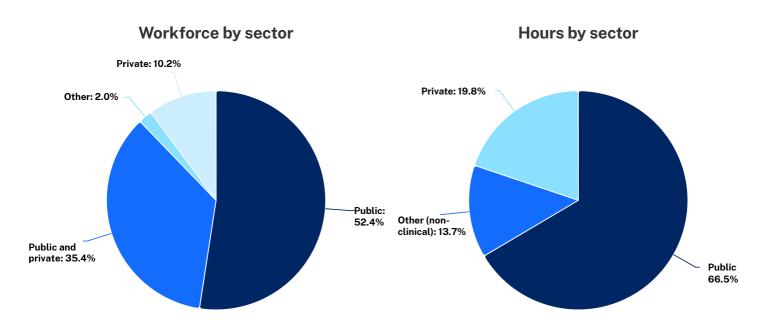
Demand is expected to grow **2.9%** (low demand scenario) to **3.3%** (high demand scenario).



In 2035 the average fellow will be **52.4 years old** (if new entries enter the workforce).

Workforce distribution for NSW physician - geriatric medicine workforce in 2019

Total NSW



Metropolitan Sydney



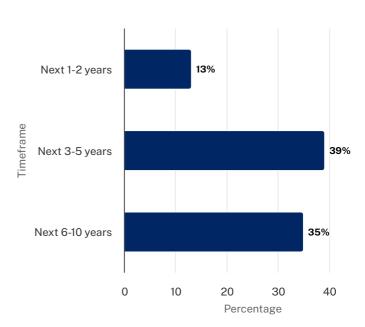


39.3 Work hours per week





47.8 13.1% Years average age Aged 60+



Retirement intentions age 60+

18%

36%

45%

40

30

Percentage

Non-metropolitan Sydney





70 Headcount **38.7** Work hours per week





Retirement intentions age 60+

0

10

Next 1-2 years

Next 3-5 years

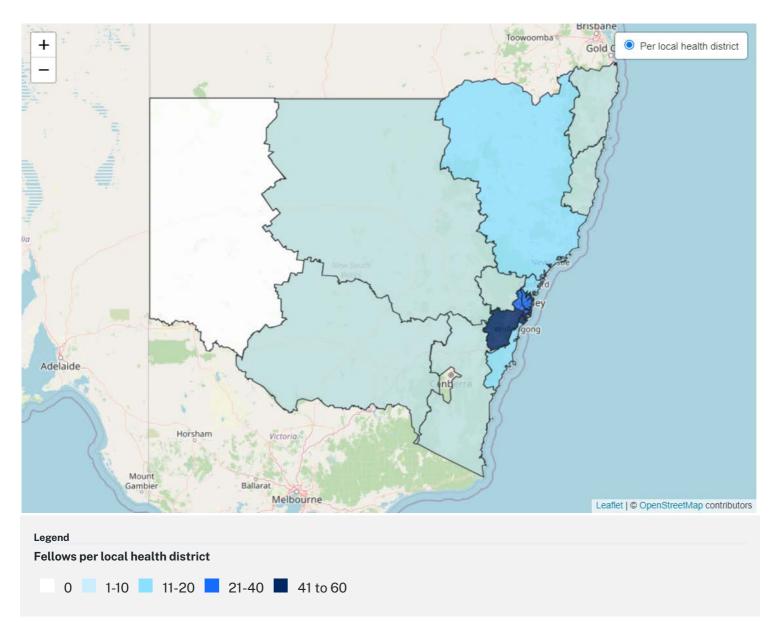
Next 6-10 years

Timeframe

49.3 Years average age

15.7% Aged 60+

Workforce distribution for NSW physician - geriatric medicine workforce in 2019 by local health district



Workforce 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).

Notes

Data source: The National Health Workforce Dataset – Australian Government Department of Health; The Medical Education and Training in Australia Report (MET).