Pain Medicine

The Workforce

The Pain Medicine specialist can act as a consultant to other physicians and/or as the principal treating physician. The Care provided by a Pain Medicine specialist includes prescribing medication, coordinating rehabilitative services and performing pain relieving procedures. The Australian and New Zealand College of Anaesthetists (ANZCA), Faculty of Pain Medicine is accredited by the Australian Medical Council (AMC) to deliver pain medicine training.
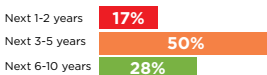
Workforce Characteristics in 2015

66 Headcount	**22.7%** Female	**29.2 hours** per week	**52.9 years** average age	**62.1% Workforce** aged over 50	**22.7% Workforce** aged over 60	**4 New Fellows in NSW in 2016**

Supply and Distribution

Metropolitan Sydney

- **46** headcount
- **30** hours per week
- **52** years average age
- **24%** aged over 60

Retirement intentions (60+)

Next 1-2 years	17%
Next 3-5 years	50%
Next 6-10 years	28%

Total NSW
Workforce by Sector (percent)

- 35%
- 21%
- 41%
- 3%

Public only
Private only
Public and Private
Other

Hours By Sector

- 39.9%
- 42.7%
- 17.4%

Other (Non-Clinical)
Public
Private

Non-Metropolitan Sydney

- **20** headcount
- **28** hours per week
- **54** years average age
- **20%** aged over 60

Retirement intentions (60+)

Next 1-2 years	17%
Next 3-5 years	50%
Next 6-10 years	33%
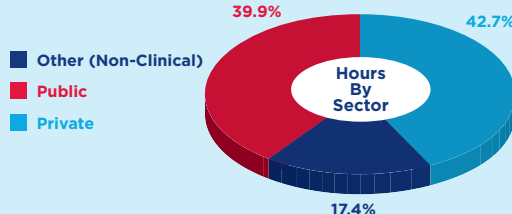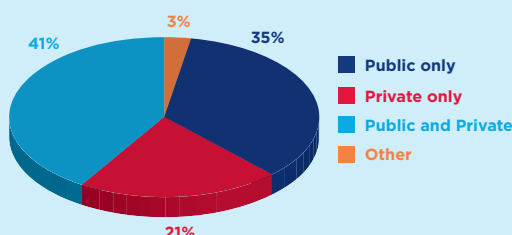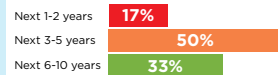
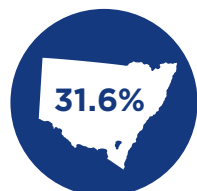* Data from records with less than 5 headcount is to be restricted due to privacy requirements

Trainees

Advanced Trainees in NSW:

2015	2016	2017
10	12	12

31.6% NSW Trainees as % of Australia 2017
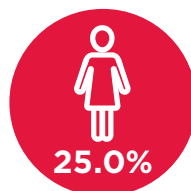
25.0% Proportion female Trainees in Australia 2017

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 2.8% (low demand scenario) to 3.5% (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, 98 to 108 Headcount (assuming all additional fellows will enter the workforce).

Estimated Workforce Average Age
In 2030, 55.3 to 55.9 years.

Estimated percentage over 60 years
In 2030, 27.4% to 30.0% of workforce over 60 years.

Workforce Planning Priority and Assessment Framework

Priority for Workforce Planning:

REASONABLE CAREER OPPORTUNITIES

Retirement Intentions <2 years Minor factor

Ageing > 60 Moderate factor

Ageing > 70 Minor factor

Small Workforce Minor factor

New Fellow Requirements Minimal factor

Retirement Intentions <5 years Minor factor

Retirement Intentions:
The factor associated with workforce retiring within the next 2 and the next 5 years

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

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

New Fellow Requirements:
The factor associated with the requirement to recruit additional trainees, based on workforce planning to 2030

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)