In 2013, 11 cardiothoracic surgery consultants identified as working in Western Australia (WA).

Cardiothoracic surgery supply is currently below demand with high risk shortfalls projected for 2016 and 2021. Trainee throughput is insufficient to keep pace with growth in demand and the expected number of retirements to 2021.

Cardiothoracic surgery is a small volume specialty which can impact on employment opportunities although, these should be sufficient in the future with a significant volume of retirements expected and a critical risk shortfall projected for 2021.

Cardiothoracic surgery had a medium shortfall risk in 2013 becoming high by 2016 and 2021.

Projections indicate growth in demand will exceed growth in supply.

In 2021, the cardiothoracic surgery workforce is projected to be 12 consultants.

Supply will be insufficient to meet expected demand of 17 consultants in 2021.

Workforce distribution 2013

Employment location

Undersupply in metropolitan locations.
Not viable in rural locations.

Employment sector

Current undersupply in both public and private sectors.
Trainees and new fellows

**Vocational training requirements:** Six years full-time, can apply in PGY2 to commence in PGY3.

**Medical college:** Royal Australasian College of Surgeons [http://www.surgeons.org](http://www.surgeons.org) and [http://www.surgeons.org/about/regions/western-australia/](http://www.surgeons.org/about/regions/western-australia/)

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**Consultant median age 2013:** 52 years
(male 52 years; female 0 years)

**Consultant age 2013 ≥ 50 years:** 63.6%
(male 63.6%; female 0%)

**11 cardiothoracic surgery consultants in WA 2013**

- Male: 11
- Female: 0

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**Workforce planning and risk rating 2013 to 2021**

**Growth in demand:** An estimated 0.45 consultants were needed in 2013 to service the growth in demand. This is expected to increase to approximately 0.59 consultants per annum by 2021.

**Retirements:** 27% of the 2013 workforce is expected to retire by 2021. This assumes a retirement age of 65 however cardiothoracic surgeons often retire earlier. Cardiothoracic surgery is a very small workforce so any retirement has the potential to impact on service delivery.

**Vocational trainees:** Currently producing 0.47 new consultants per annum which is insufficient to cover retirements or to service the growth in demand.

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*The information provided is a snapshot in time and does not take into account innovation, reform and/or changing models of care. Shortfalls presented are a guide only based on weighted activity based modelling conducted as part of the specialist workforce capacity program (SWCP). Other approaches could yield different results. The general practice workforce, including the services provided by proceduralists and non-proceduralists in rural locations, is not captured in the SWCP 2013.*

*This document should be read in conjunction with “User information: Specialist Workforce Capacity Program summary sheets”.*

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