In 2015, 20 oral and maxillofacial surgery consultants were identified as working in Western Australia (WA).

Oral and maxillofacial surgery supply is currently below demand with medium risk shortfalls identified in 2015, and projected for 2021 and 2025. Trainee throughput is insufficient to keep pace with the growth in demand and the expected number of retirements through to 2025.

It is anticipated that there should be employment opportunities in the future with medium risk shortfalls projected for 2021 and 2025.

### Shortfall risk assessment

Oral and maxillofacial surgery had a medium shortfall risk across all three time periods.

### The workforce in 2015

- **Consultant median age:**
  - Male: 49 years
  - Female: 48 years

- **Consultant age ≥ 65 years:**
  - Male: 13.3%
  - Female: 0%

### Distribution in 2015

- **Employment sector:**
  - Both: 35%
  - Private: 65%

- **Principal place of practice:**
  - Note: Darker blue indicates higher density.
Vocational training requirements: Five years full-time. Can enter after completing PGY2 to commence in PGY3.

Medical college: Royal Australasian College of Surgeons - http://www.surgeons.org/

Source: Australian Government Department of Health, Medical Training Review Panel, Eighteenth Report

Total number of trainees

- Male: 3
- Female: 2

Data source: Royal Australasian College of Surgeons

Projected consultant supply and demand 2015 to 2025

Projections indicate demand will exceed supply.

In 2025 the oral and maxillofacial surgery workforce is projected to be 26 consultants.

Supply will be insufficient to meet expected demand of 31 consultants in 2025.

Workforce planning 2015 to 2025

Growth in demand: An estimated 0.70 consultants were needed in 2015 to service the growth in demand. This is expected to increase to approximately 0.94 consultants per annum by 2025.

Retirements: 35% of the 2015 workforce is expected to retire by 2025.

Vocational trainees: Currently producing 1.33 new consultants per annum which is insufficient to cover retirements or service the growth in demand.

* 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.

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

This document can be made available in alternative formats on request for a person with a disability.

© Department of Health 2016

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.