In 2015, 194 paediatric medicine consultants were identified as working in Western Australia (WA).

Paediatric medicine includes general paediatrics, paediatric physician subspecialties, neonatal and perinatal medicine, and paediatric emergency medicine.

Paediatric medicine supply is currently below demand with a medium risk shortfall identified in 2015. There are shortages within some subspecialties and higher risk shortfalls in some rural locations of WA.

Trainee throughput is sufficient to keep pace with the growth in demand and the expected number of retirements through to 2025.

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Paediatric medicine had a medium shortfall risk in 2015, becoming low by 2021 and 2025.
**Vocational trainees in Western Australia 2015**

**Vocational training requirements:** Three years basic training full-time and assessments (including written and clinical examinations). Three or more years advanced training full-time equivalent. Can enter after completing PGY1.

**Medical college:** Royal Australasian College of Physicians Paediatrics and Child Health Division - [https://www.racp.edu.au/about/racps-structure/paediatrics-child-health-division](https://www.racp.edu.au/about/racps-structure/paediatrics-child-health-division)

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

**Total number of trainees**
- **Male:** 37
- **Female:** 106

Data source: Royal Australasian College of Physicians Paediatrics and Child Health Division

**Projected consultant supply and demand 2015 to 2025**

In 2025 the paediatric medicine workforce is projected to be 363 consultants.

Supply will be sufficient to meet expected demand of 303 consultants in 2025.

**Workforce planning 2015 to 2025**

**Growth in demand:** An estimated 7.78 consultants were needed in 2015 to service the growth in demand. This is expected to increase to approximately 10.97 consultants per annum by 2025.

**Retirements:** 19% of the 2015 workforce is expected to retire by 2025.

**Vocational trainees:** Currently producing 20.53 new consultants per annum which is sufficient to cover retirements and 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.

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