In 2015, 8 paediatric surgery consultants were identified as working in Western Australia (WA).

The workforce has not increased since 2013.

Paediatric surgery supply is currently below demand with a medium shortfall risk identified in 2015. Trainee throughput is insufficient to keep pace with the growth in demand and the expected number of retirements through to 2025.

Paediatric surgery is a small volume specialty where the gain or loss of one or two consultants can impact on shortfall risk assessments. Please note the median age is correct.

It is anticipated that there should be employment opportunities in the future with a significant volume of retirees expected, and high and critical risk shortfalls projected for 2021 and 2025, respectively.

Paediatric surgery had a medium shortfall risk in 2015, becoming high by 2021 and critical by 2025.
Vocational trainees in Western Australia 2015

Vocational training requirements: Up to seven years full-time. Can apply from PGY2 to commence in PGY3.


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

Total number of trainees

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>2</td>
<td>0</td>
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</tbody>
</table>

Data source: Royal Australasian College of Surgeons

Projected consultant supply and demand 2015 to 2025

Projections indicate demand will exceed supply.
In 2025 the paediatric surgery workforce is projected to be 7 consultants.
Supply will be insufficient to meet expected demand of 13 consultants in 2025.

Workforce planning 2015 to 2025

Growth in demand: An estimated 0.31 consultants were needed in 2015 to service the growth in demand. This is expected to increase to approximately 0.43 consultants per annum by 2025.

Retirements: 38% of the 2015 workforce is expected to retire by 2025.

Vocational trainees: Currently producing 0.23 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.

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