In 2015, 58 intensive care medicine consultants were identified as working in Western Australia (WA).

Intensive care medicine supply is currently slightly below demand with a medium risk shortfall identified in 2015. Trainee throughput is sufficient to keep pace with the growth in demand and the expected number of retirements through to 2025.

It is anticipated that there will be limited employment opportunities through to 2025 with low risk shortfalls projected for 2021 and 2025.

Intensive care 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. Three years advanced training full-time. Can enter after completing PGY1. 1 January 2014 onwards: six months of foundation training (undertaken prior to selection into the training program). 24 months core intensive care training, 12 months clinical anaesthesia training, 12 months clinical medicine training. Approximately 12 months elective training (amount dependent on assessment by the College). 12 months of transition year training.

**Medical college:** College of Intensive Care Medicine of Australia and New Zealand - [http://www.cicm.org.au/](http://www.cicm.org.au/)

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

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

Projections indicate demand will not exceed supply.

In 2025 the intensive care medicine workforce is projected to be 111 consultants.

Supply will be sufficient to meet expected demand of 87 consultants in 2025.

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**Workforce planning 2015 to 2025**

**Growth in demand:** An estimated 2.59 consultants were needed in 2015 to service the growth in demand. This is expected to increase to approximately 3.95 consultants per annum by 2025.

**Retirements:** 28% of the 2015 workforce is expected to retire by 2025.

**Vocational trainees:** Currently producing 6.94 new consultants per annum which is sufficient to cover retirements and 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.*

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

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

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