HEALTH WORKFORCE 2040

MEDICAL

Department of Health

Tasmanian Government

CONTENTS

EXECUTIVE SUMMARY

Together we provide access to services that help Tasmanians to lead healthier lives.

The Tasmanian medical workforce is made up of just over 2,200 doctors working across both the public and the private sector. The workforce encompasses early career or junior doctors, doctors training to be specialists, career medical officers and specialist medical practitioners. The settings that doctors work include preventative health services, primary and community care, hospital-based care and trauma and retrieval services.

This document supports *Health Workforce 2040: Strategy*. The other supporting documents are *Health Workforce 2040: Allied health* and *Health Workforce 2040: Nursing and Midwifery*. The document provides an analysis of Tasmania's medical workforce in 2018 using data from the national health workforce dataset. This data comes from the annual registration of medical practitioners and an associated survey that has been collected at the national level since 2010.

An analysis of the medical workforce provides insights into future workforce needs, challenges and opportunities. A series of medical workforce profiles has been developed using a range of workforce indicators to assist in prioritising the medical specialties for planning and to provide specialty specific information.

Our experiences in 2020 with the COVID-19 pandemic have demonstrated the importance of having a flexible workforce that can respond to rapidly changing environments and health care demands. The importance of supporting education and training has also been highlighted in upskilling health professionals in areas of demand like critical care. Additionally, COVID-19 has driven rapid developments in the way our health professionals work, with telehealth being used in new and innovative ways to provide support for patients.

KEY FINDINGS

The medical workforce in Tasmania is comparable in size per head of population to the national average, however, this varies by specialty and by region. The medical workforce per 100,000 population has been growing with the hours worked in the public sector growing at a higher rate than the private sector.

An analysis of workforce indicators shows that there are numerous small but critical workforces that also have a high proportion of the workforce over 60 years of age. Using a combination of the workforce indicators, the following specialties have been found to be the highest priority for workforce planning:

- Cardiologists
- Dermatologists
- Endocrinologists
- General surgeons
- Infectious disease physicians
- Intensive care specialists
- Neurologists
- Oral and maxillofacial surgeons
- Rehabilitation physicians.

The availability of the medical workforce is lowest in the North West of Tasmania. This corresponds to difficulty with attraction and retention, the availability of end to end training pathways to a specialty end point and a small workforce size for many specialties that leads to ongoing fragility of service provision.

The impact of the COVID-19 pandemic has highlighted this vulnerability in our medical workforce supply in the North West. The region has traditionally been supported by a high reliance on locum medical practitioners. With the North West outbreak and the impact of border closures, the supply of locum medical practitioners has decreased significantly. This has led to the requirement to change the service models that are able to be provided, including limiting the hours of operation of the emergency services at the Mersey Community Hospital.

There is a need for both generalists and specialists in the medical workforce with the balance being increasingly important for the North West where a broad range of health conditions need to be managed by smaller numbers of health professionals. With the trend in growth being in the non-generalist specialties, ongoing focus needs to be applied to support an increase in the generalist workforce.

Building a healthy workplace culture and improving the wellbeing of the workforce are key challenges for the health system. There is current evidence that the system is not supporting doctors, in particular junior doctors who are facing increasing career uncertainty and this needs to change. COVID-19 has also had an impact on the wellbeing of the health workforce, with health workers being shown to be at higher risk of contracting COVID-19.

Education and training are key enablers for addressing the findings above. There are opportunities to build training positions and networks that support a growth in specialties in need and better access to health professionals in the North West in particular.

SHAPING THE WORKFORCE

WORKFORCE SNAPSHOT

Employed headcount statewide	2211
Average age	46.6 years
Percentage of workforce over 60	16.3%
Gender	42% F | 58% M
Hours worked in sector	51% public | 49% private
Average hours worked in the week	40.7 hours

Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2018)

The medical workforce comprises hospital non-specialists (interns, resident medical officers, non-accredited registrars, career medical officers), specialist trainees and specialists (general practitioners and the consultant specialties).

Figure 1 lists the medical specialties for which workforce profiles have been developed (Appendix A).

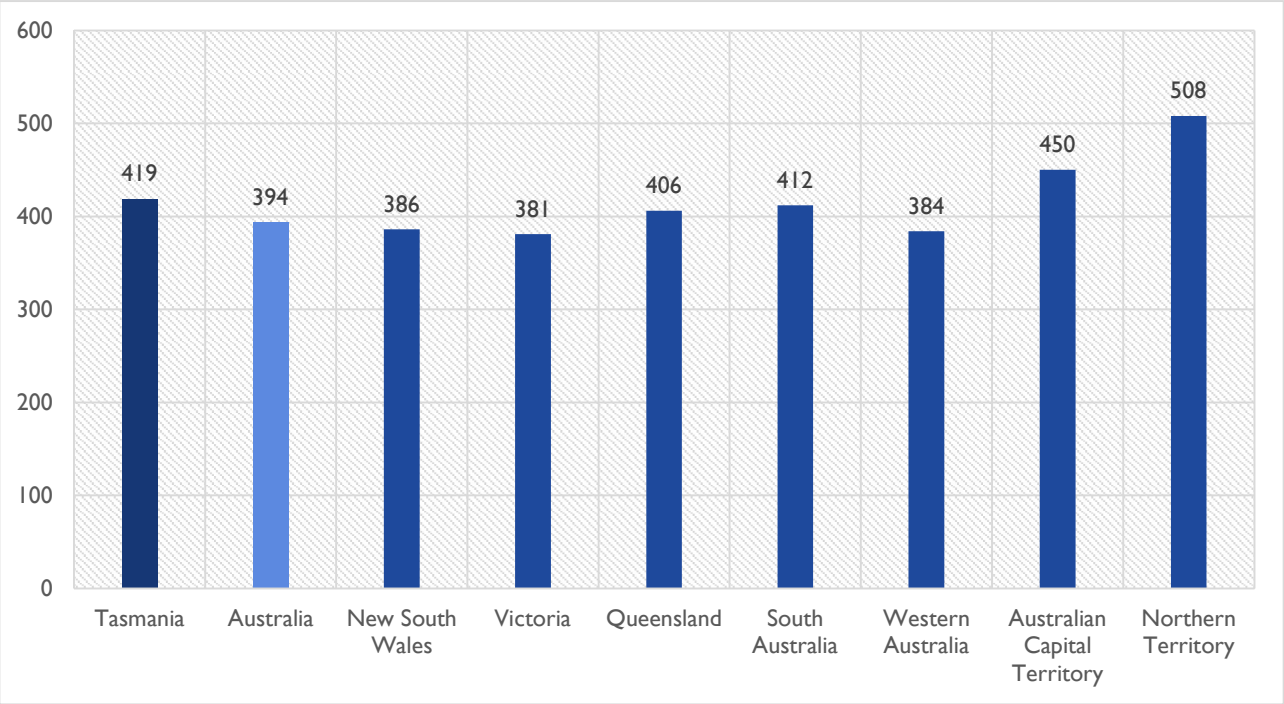
Figure 1 Medical specialties included in this report

Addiction medicine specialists	Psychiatrists
Anaesthetists	Public health specialists
Dermatologists	Radiation oncologists
Emergency physicians	Radiologists
General practitioners	Rehabilitation physicians
Intensive care specialists	Sexual health physicians
Medical administrators	Surgeons
Obstetricians and gynaecologists	Cardiothoracic
Ophthalmologists	General
Paediatrician and child health specialists	Neurosurgeons
Pain medicine specialists	Oral maxillofacial
Palliative medicine specialists	Orthopaedic
Pathologists	Otolaryngologists
Physicians	Paediatric
Cardiologists	Plastic
Endocrinologists	Urologists
Gastroenterologists	Vascular
General physicians	
Geriatricians	
Haematologists	
Immunology and allergy physicians	
Infectious disease physicians	
Medical oncologists	
Nephrologists	
Neurologists	
Nuclear medicine physicians	
Respiratory and sleep medicine specialists	
Rheumatologists	

WORKFORCE SIZE

There were 2,221 employed medical practitioners in Tasmania in 2018, providing a density of medical practitioners to population of 419 per 100,000 population (Figure 2). This is comparable to Australia as a whole and the other jurisdictions except the Australian Capital Territory and the Northern Territory who have significantly higher numbers.

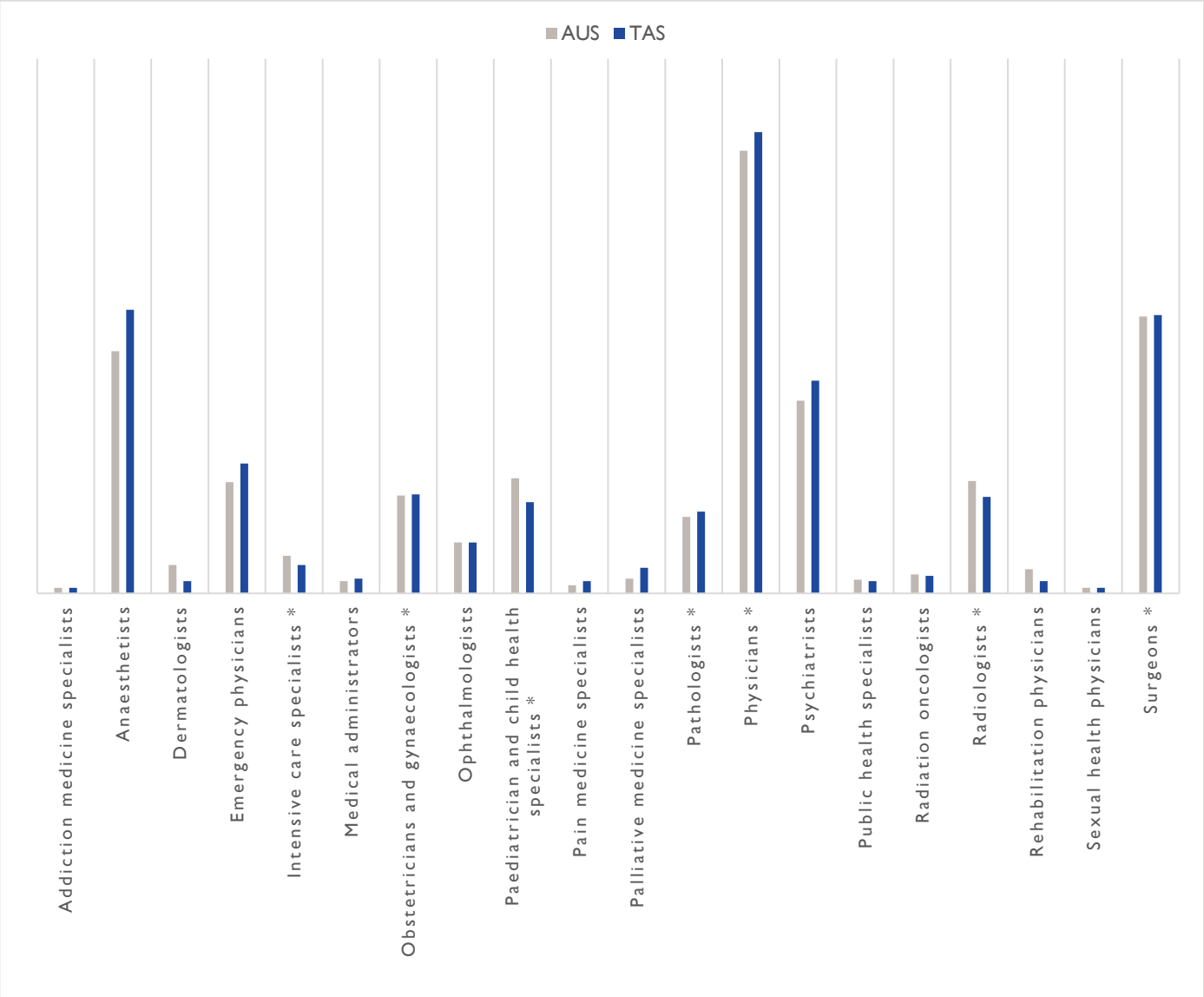
Figure 2 Employed medical practitioners per 100,000 population, 2018, Tasmania, Australia, other states and Territories



Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018)

The supply of medical specialists in Tasmania compared to the national average varied across the specialties. In some specialties like anaesthesia, emergency medicine, obstetrics and gynaecology and pathology, Tasmania had a greater number of specialists (across both public and private) than the national average. In others we are lower including intensive care medicine, dermatology, neurology, rehabilitation physicians and psychiatry, as illustrated in Figure 3.

Figure 3 Selected medical specialists per 100,000 population 2018: AUS and TAS



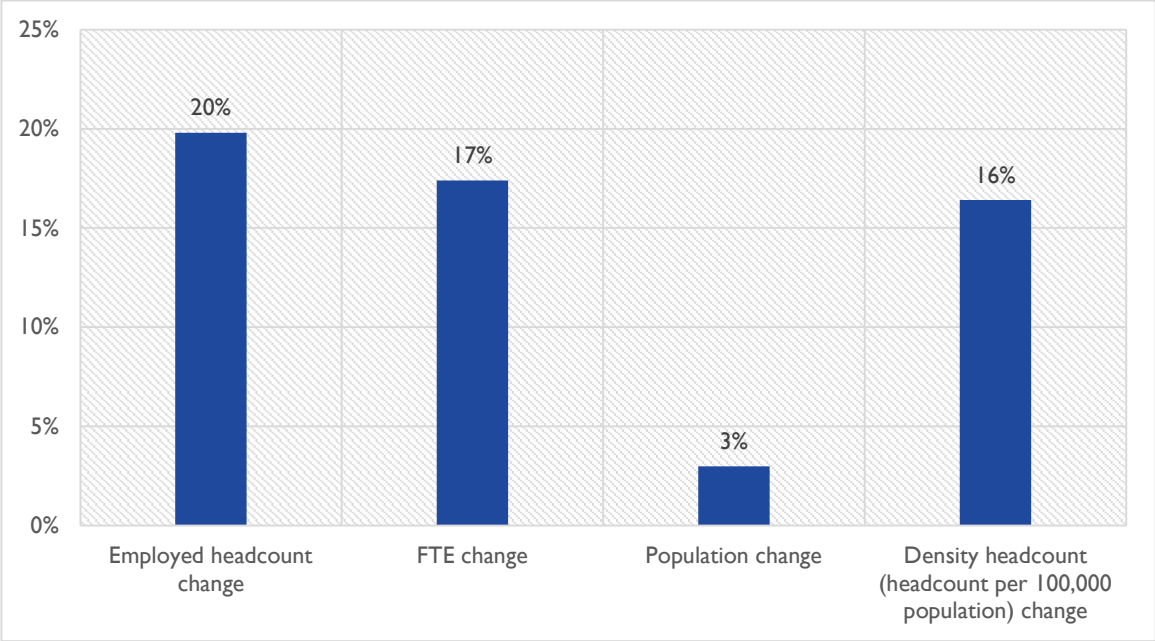
Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018)

** Includes sub-specialty professions*

WORKFORCE GROWTH

In the period 2013-18, the employed medical workforce in Tasmania grew by 20 per cent from 1,845 to 2,211. In comparison, Australia had a growth of 16 per cent during the same period. The full-time equivalent (FTE) growth was slightly lower at 17 per cent indicating that the average hours worked is decreasing. Figure 4 demonstrates that due to the higher growth of the medical practitioner workforce compared to Tasmanian population growth of 3.0 per cent from 2012-13 to 2017-18, the overall density of medical practitioners in Tasmania per 100,000 people has been increasing.

Figure 4 Medical workforce change 2013-18, TAS

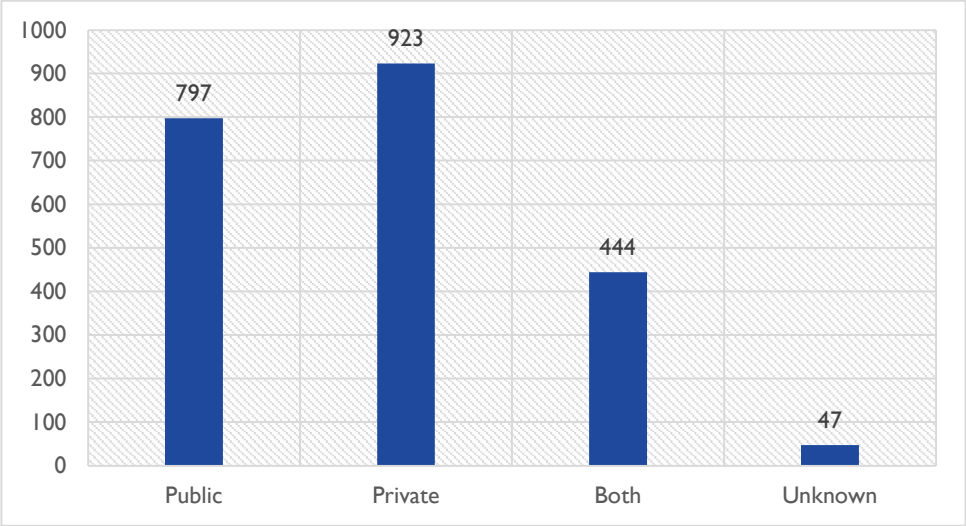


Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018)

THE PRIVATE AND PUBLIC SECTOR MEDICAL WORKFORCES

In 2018 there were 797 medical practitioners in Tasmania who reported working only in the public sector, 444 who reported working in both the public and private sectors, and 923 who reported working only in the private sector. Figure 5 shows the number of medical practitioners working in each sector.

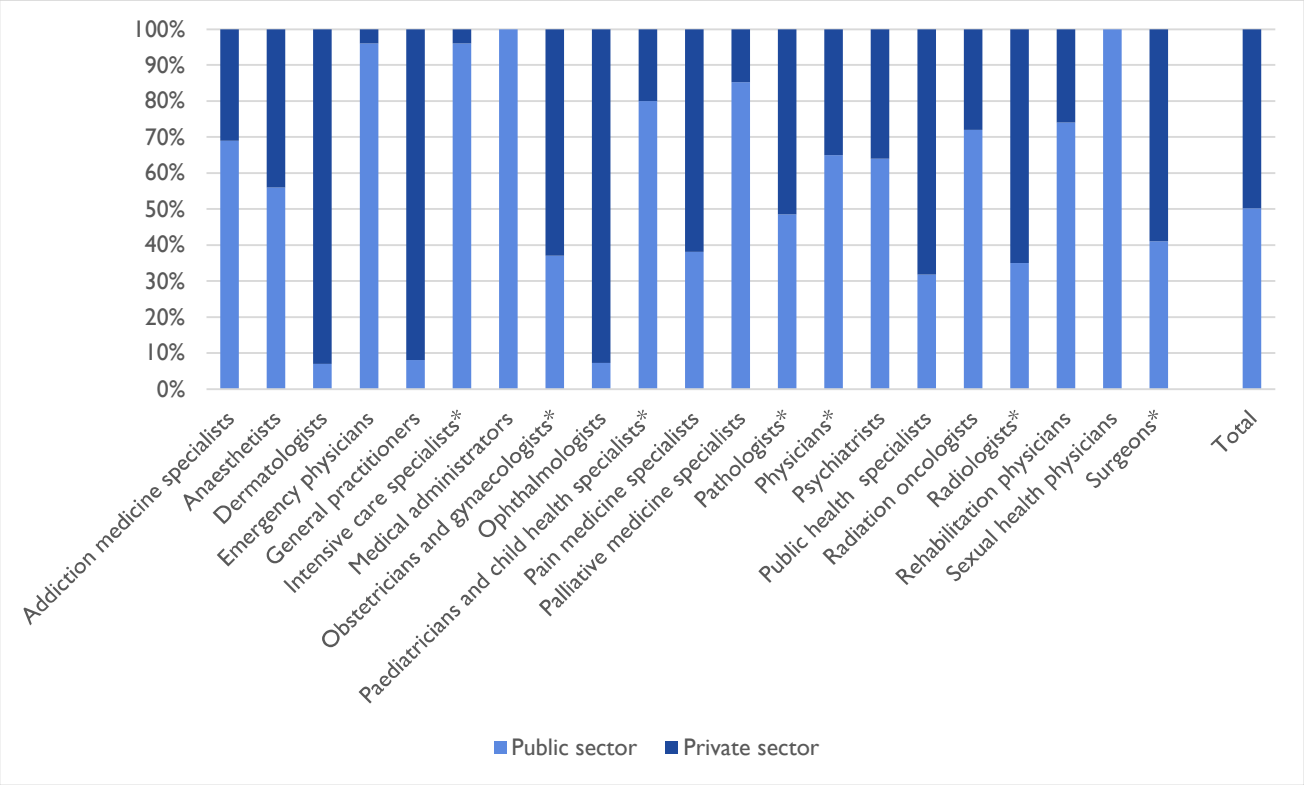
Figure 5 Medical workforce (headcount) by sector, TAS 2018



Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2018)

There are some specialties which are predominantly found in the private sector. These include general practice, dermatology and ophthalmology. There are others that are predominantly public sector including intensive care physicians, emergency medicine physicians, sexual health physicians and radiation oncologists (see Figure 6).

Figure 6 Proportion of hours worked in public and private sectors by specialty, TAS 2018



Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2018)
** Includes sub-specialty professions*

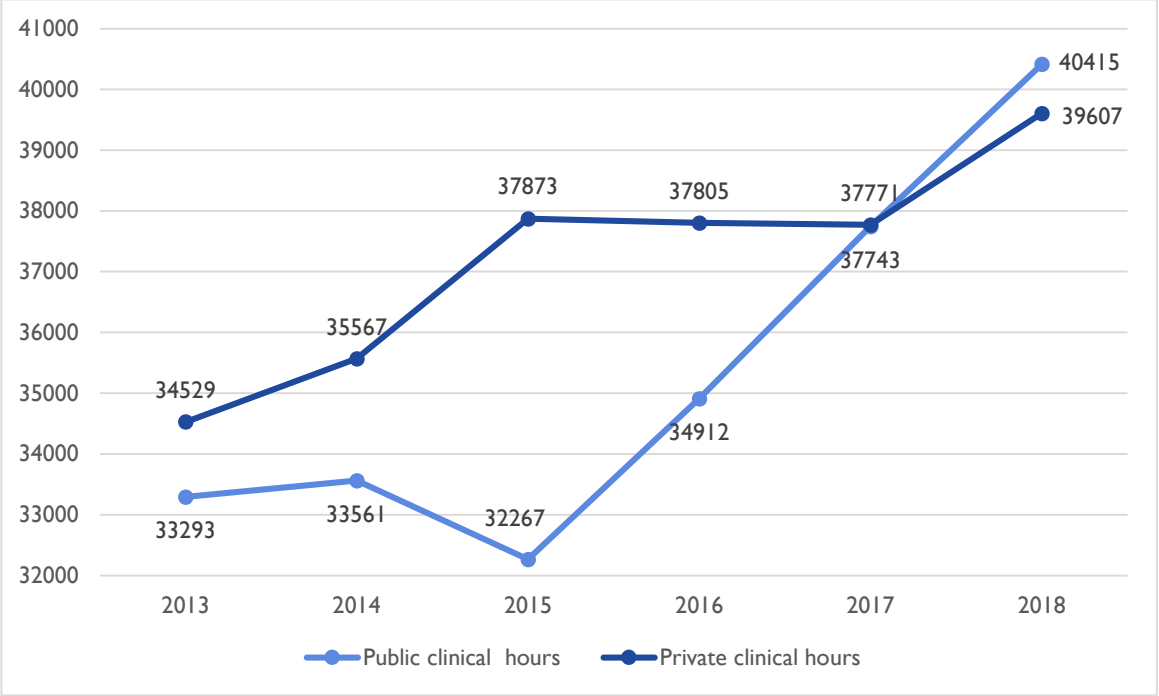
Many medical practitioners work across both the public and private sectors. Consultation indicated that working across both sectors can provide improved job satisfaction as well as an opportunity to increase earnings.

Some of the attractions of the public sector included the ability to work in teams, to participate in teaching and training and research and to work in a model where the on-call and after-hours requirements were shared amongst a group of specialists and senior trainees. Some of the reported attractions of working in the private sector included the ability to work within a private business model, flexibility, ability to undertake procedural work and to improve earning potential. Apart from general practice, the procedural specialties are the dominant workforce in private practice.

Those specialties that are predominantly in private business models need to have a different approach to clinical training arrangements, including specialty training. Programs like the specialist training program (STP), discussed in the Education and Training section have provided a funding stream to assist in supporting training in private settings. Similarly, General Practice training is largely undertaken in private general practice settings. This is supported by funding from the Commonwealth.

Clinical hours worked in the public sector and private sector as reported by medical practitioners changed from 2013 to 2018 as outlined in Figure 7. Over the period, growth in each sector has been similar (15-21 per cent).

Figure 7 Medical practitioners: Reported clinical hours by sector TAS 2013- 2018



Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2013-2018)

THE GEOGRAPHIC DISTRIBUTION OF THE MEDICAL WORKFORCE

The headcount of the medical workforce in Tasmania is comparable to Australia when measured by headcount of specialists per 100,000 population, however there were significant differences in the workforce supply between the three regions.

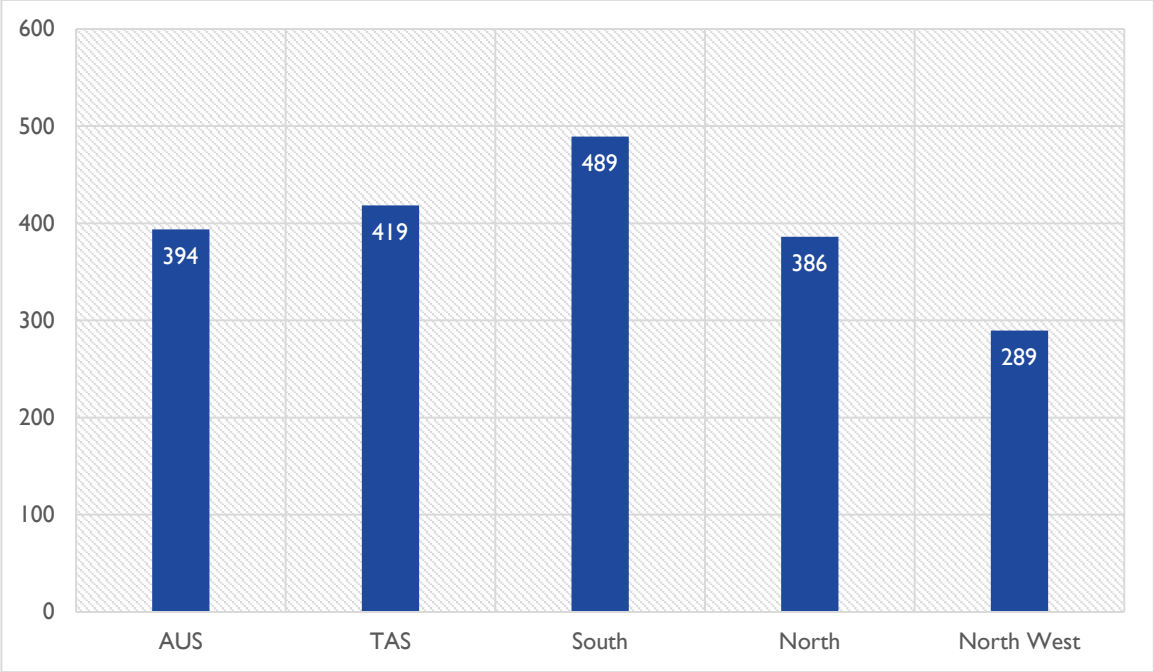
The majority of medical practitioners are employed in the South. The North West has just over half of the number of medical practitioners per head of population compared to the South). This pattern is also observed in the nursing and midwifery and allied health workforces.

Some variation in supply is expected as not all specialty services are provided in all locations. This would suggest that a higher overall supply would be found in the South where the tertiary hospital facility is located, followed by the North and then the North West.

However, we should still expect to see comparatively similar levels of the 'core' medical specialties that are expected in the North West. This includes general practitioners, emergency medicine physicians, general physicians and surgeons, psychiatrists, orthopaedic surgeons, paediatricians, obstetricians and gynaecologists.

What we do see and is outlined in the workforce indicators at Figure 10, is an almost universal distribution in these specialties that favours the South and the North. Exceptions to this include emergency physicians, medical administrators and palliative medicine physicians.

Figure 8 Employed medical practitioners per 100,000 population by region, 2018



Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018)

The difficulty in getting doctors to work in regional and rural areas is a wicked problem that has been challenging those responsible for providing health services across Australia for decades.

The impact of the COVID-19 pandemic has exacerbated this problem and exposed the vulnerability in our medical workforce supply in the North West. The region has traditionally been supported by a high reliance on locum medical practitioners. With the North West outbreak and the impact of border closures, the supply of locum medical practitioners has decreased significantly. This has led to the requirement to change the service models that are able to be provided, including limiting the hours of operation of the emergency services at the Mersey Community Hospital.

The causes are many and include:

- Lack of education and training pathways, including accredited specialty training positions.
- Changing demographics of the workforce and expectations of work.
- Disparities in professional development and earning capacity.
- Limitations in the scope of practice that can be undertaken in regional facilities.
- Lack of clinical support and collegial networks.
- Unsustainable workforce models that require long hours, onerous on-call commitments and an inability to take time off.

The answers to this problem are not simple and require action on multiple fronts.

Further discussion on this is found in *Health Workforce 2040* and through consultation a range of actions have been developed that seek to work on improving this distribution over time.

THE ROLE OF GENERALISTS

The term 'generalist medical practitioner' (or 'generalist') is used to describe general practitioners, rural generalists and general specialists, such as general surgeons and physicians who retain a broad scope of practice[1].

A health professional workforce should be shaped to provide an appropriate mix of generalist services and specialist services.

There is a need for both generalists and specialists in the medical workforce with the balance being increasingly important for smaller communities where a broad range of health conditions need to be managed by smaller numbers of health professionals.

Concerns have been raised about the decline of medical practitioners with generalist skills, and the impacts this may have including:

- Increasing the fragmentation of health care, particularly for those with chronic and complex health care needs
- Increasing the costs of health care
- Decreasing the flexibility of the health workforce
- Reducing the sustainability of health services, in particular in regional and rural areas.

At the same time, in some specialist workforces, Tasmania has experienced long-term difficulties in recruiting and retaining a sustainable workforce, for example endocrinologists and neurologists.

This highlights the complexity of this issue where we seek to get the right balance of generalists and specialists to meet the service needs of a particular community. That balance will be different depending on the size of the population being served by the health service and the ability to maintain a sustainable workforce in each service area.

The medical workforce profiles (and indicators) demonstrate that the workforce density for general practitioners and general physicians is at or above the national average and general surgeons slightly below.

It may be anticipated that the generalist specialties would be more evenly distributed or even skewed to the North West and the North, however this is not found to be the case with the lowest numbers per head of population of these generalist specialists in the North West.

These observations need to be interpreted with caution for a number of reasons:

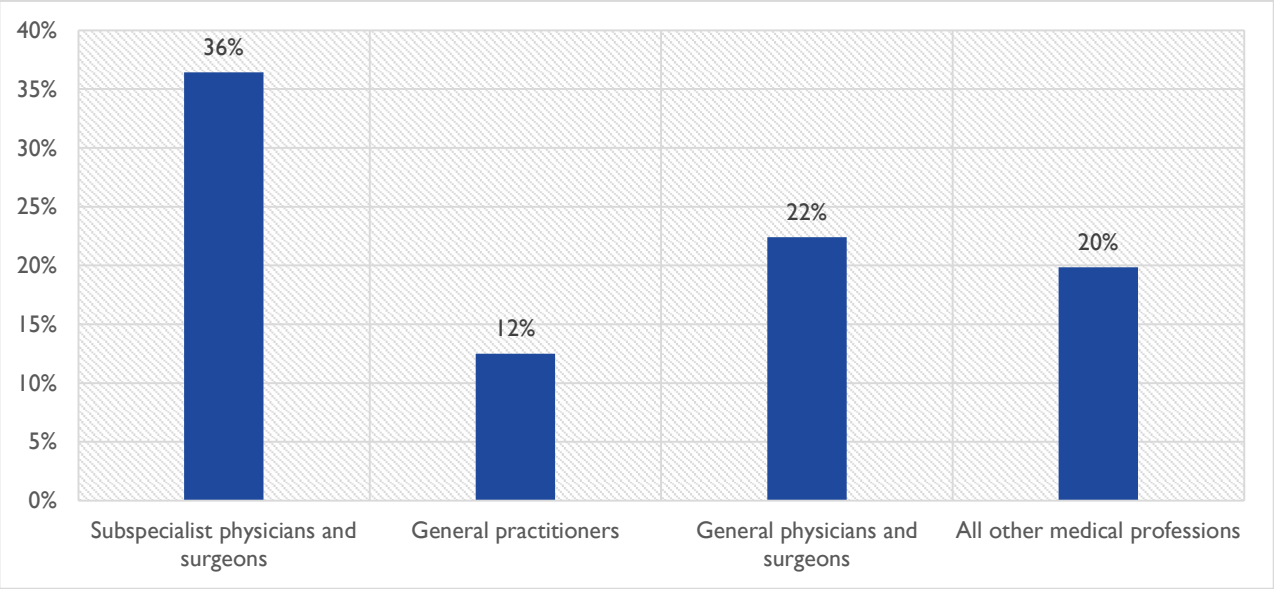
1. The existing workforce position for Australia for these specialties may not be considered to be optimal. For example, in 2012 the existing position for general practitioners and general physicians was considered to be a perceived current shortage and for general surgeons some level of demand exceeding available workforce.[2] This is likely to be a continued position with the growth rate in subspecialist medical practitioners being significantly higher than the general physician and surgical workforces.
2. The profiles and indicators are based on the first specialty nominated by the medical practitioner on the workforce survey. This may under report general physician and general surgical services as many subspecialists also participate in generalist work, in regional and rural facilities.

[1] Australian Medical Association 2012, *More generalists needed in Australian health system,* Australian Medical Association, viewed 24 May 2019, <https://ama.com.au/media/more-generalists-needed-australian-health-system>.

2 Health Workforce Australia 2014, *Australia's Future Health Workforce - Doctors*, Health Workforce Australia, Adelaide, SA, viewed 23 July 2019, <https://www1.health.gov.au/internet/main/publishing.nsf/Content/australias-future-health-workforce-doctors>.

Over the period 2013-18 the number of generalist physicians and surgeons has increased by 22 per cent and the general practice workforce has increased by 12 per cent. At the same time, the subspecialist physician and surgical workforce has grown by 36 per cent (Figure 9). Considerable volatility is evident year by year in the headcount of these groupings of medical practitioners.

Figure 9 Headcount change in generalist medical practitioners compared to subspecialists 2013-18



Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2018)

A number of existing initiatives are underway that look to rebalance or improve the focus on generalist medical practitioners in Tasmania, including:

- the Tasmanian rural generalist pathway
- the establishment of the Hub that works with the colleges and THS units to develop training posts that are targeted to generalist trainees
- a focus from colleges on developing regional training opportunities.

Further work can be done that focuses in particular on training pathways and employment opportunities.

WORKFORCE INDICATORS

A series of 'workforce indicators' have been developed using relevant workforce metrics to compare professions and help identify areas of concern and planning priorities. The workforce indicator metrics are:

- proportion of workforce over 60 years of age
- training availability in Tasmania (refers to specialty training for the medical specialties)
- proportion of the professional group with the first specialty qualification gained overseas (for medical specialties only)
- headcount of professionals in Tasmania and its regions per 100,000 compared to the Australian rate
- the workforce size, in headcount.

Broadly, you can see that when a profession scores positively against a workforce indicator, the shading is light blue. A neutral or slightly concerning score is represented by mid blue shading and a more concerning score is represented with dark blue shading.

The workforce indicators are largely drawn from the National Health Workforce Data Set (2018) and include the workforces in both the public and private sectors. This enables a detailed assessment of where there may be current and future workforce risks in Tasmania.

Acknowledging the chart cannot be used in isolation, it does give a graphic summary of the challenges facing some specialties, specialties facing multiple challenges, systematic issues across specialties and can inform policy priorities. For example, the chart highlights:

- Geographic distribution is uneven, with the North and North West having less supply in many specialties.
- At a statewide level, some specialties had less than Australian supply levels; dermatologists, geriatricians, infectious disease physicians, neurologists, public health specialists, rehabilitation physicians.
- There are numerous specialties with ten or less specialists employed in the role. While this might be an appropriate workforce size it does mean that even small movements in the workforce like a retirement, leave or resignations can have a significant impact on the availability of a health profession and service.
- A number of medical specialties have a high proportion of people over 60 years of age.
- Most specialties offer some components of the training in Tasmania.

Proportion of the workforce over 60

The workforce that is over 60 years of age is at higher risk of exiting the workforce within the next few years. These workforces require planning to ensure future workforce sustainability.

18 medical specialties have a high proportion (25 per cent or more) of their workforce over 60 years old (Figure 10). Pain medicine specialists and otolaryngologists have the highest proportion in the over 60 category, at 60 per cent.

Training availability in Tasmania

There are links between the availability of training in Tasmania and recruitment.

In medicine, the indicator is used to identify the availability of specialty (or vocational) training. Where there are both Basic and Advanced components to the training pathway, it refers to the Advanced component.

In Tasmania, the majority of the medical specialty training pathways require at least some training in other jurisdictions. Many of the training programs are managed as part of an interstate network, most commonly

with Victoria while others are nationally coordinated. In those specialties where notionally, training can occur within Tasmania, it is more usual to spend time training in other jurisdictions as part of the complete training pathway.

It is important to note that the training availability can change due to the funding for training posts being available, supervisory availability and accreditation.

Proportion of the professional group with the first specialty qualification gained overseas

This is provided for the medical specialties and is an indicator on reliance of immigration for workforce supply. The proportion of the profession varies from 0 per cent for 5 specialties to 50 per cent or more for 6 specialty groups.

Workforce density

The workforce density indicators do not provide an assessment of how many is the right number of practitioners per population, rather they provide an observational assessment of supply relative to the national average.

There is an acknowledged complexity in that if the national supply of a profession is not considered to be adequate, we are basing the indicator on a starting point of relative undersupply.

In the medical specialties, the density of medical practitioners across the regions has been undertaken with reference to the Tasmanian Role Delineation Framework (TRDF) and the Clinical Services Profile (CSP).

The TRDF and the CSP provide an indicator of the core medical specialties you would expect to find in each region. The regional densities presented in the profiles are determined by this for example, the profile for cardiothoracic surgery which is a statewide service includes a single statewide density, urology which has a service profile in the South and the North (which also services the North West) has a Southern and Northern density provided and anaesthetics which has a service in each region has a density provided for Tasmania, the South, North and North West.

The region of work is self-reported by the health professional. In a number of cases, the region is not known. This means that in some instances the density of practitioners to population will be under-represented.

The indicators demonstrate that there are around half of the specialties where Tasmania has at or above the national average supply and there are 7 specialties where the supply is 25 per cent or more below the national density. Apart from a small number of specialties, there is also an overwhelming picture of decreasing supply relative to the population from the South to the North to the North West.

Workforce size

The workforce size is provided as an indicator to serve as a reminder that even small movements in the workforce like a retirement, leave or resignation can have a significant impact on the availability of a health profession and service.

22 of the 43 medical specialties represented have a workforce size of 10 or less. This means there will be ongoing vulnerabilities in medical specialty workforce supply over time.

HIGH PRIORITY PROFESSIONS FOR PLANNING

Some of the workforce indicator metrics in Figure 10 have been used to determine which professions are a high priority for planning. For medicine, each profession was assigned a score based on:

- proportion of the workforce over 60 years of age
- proportion of the workforce with first specialty qualification gained overseas
- Tasmanian headcount of professionals per 100,000 population.

In addition, any profession where Tasmania's professional headcount per 100,000 population was lower than the national rate by at least 25 per cent, was automatically deemed a priority profession.

Using the scoring system, the following medical specialties were deemed high priority for workforce planning:

- Dermatologists
- Intensive care specialists
- Cardiologists
- Endocrinologists
- Infectious disease physicians
- Neurologists
- Rehabilitation physicians
- General surgeons
- Oral and maxillofacial surgeons

There have been some changes in a number of these specialty workforces since that time, for example recruitment of additional neurologists in Launceston. Subsequent operational workforce planning will identify where further workforce planning may not be required future analyses will demonstrate the changes.

Further details on the methodology for determining the high priority workforces for planning can be found in the *Data and methodology* chapter.

Figure 10 Medical specialties with workforce indicators

Medical profession	Over 60 years old	First specialty qualification gained overseas	Specialty training in Tas	Headcount of professionals per 100,000 population				Workforce size
				Tas	S	N	NW	
Addication medicine specialists	50%	50%	Yes	0.4				3 or less
Anaesthetists	7%	13%	Yes	21.2	25.4	20.7	11.6	112
Dermatologists	20%	20%	No	0.9	1.1	1.4	0.0	5
Emergency physicians	6%	18%	Yes	9.7	12.5	4.1	9.8	51
General practitioners	27%	10%	Yes	119.4	139.7	99.3	96.5	631
Intensive care specialists	0%	18%	Yes	2.1	1.8	3.4	0.9	11
Medical administrators	50%	0%	Yes	1.1	1.1	1.4	0.9	6
Obstetricians and gynaecologists	8%	21%	Yes	7.4	9.2	6.2	4.5	39
Ophthalmologists	15%	35%	Some	3.8	4.4	4.1	1.8	20
Paediatricians and child health specialists	11%	33%	Some	6.8	8.8	4.1	5.4	36
Pain medicine specialists	60%	60%	Yes	0.9	1.8	0.0		5
Palliative medicine specialists	30%	10%	Yes	1.9	2.2	1.4	1.8	10
Pathologists	31%	22%	Yes	6.1				32
Cardiologists	37%	41%	Some	5.1	5.5	4.7		27
Endocrinologists	20%	10%	Some	1.9	2.6	2.1	0.0	10
Gastroenterologists	13%	20%	Some	2.8	3.3	2.1	2.7	15
General physicians	24%	33%	Yes	6.2	4.8	7.6	8.0	33
Geriatricricians	17%	17%	Some	2.3	3.3	1.2		12
Haematologists	14%	29%	Some	2.7	2.2	3.1		14
Immunology and allergy physicians	0%	0%	No	0.4				3 or less
Infectious disease physicians	0%	20%	Yes	0.9	1.1	0.8		5
Medical oncologists	9%	18%	Yes	2.1	1.8	2.3		11
Nephrologists	8%	17%	Yes	2.3	2.2	2.3		12
Neurologists	0%	22%	Yes	1.7	2.9	0.4		9
Nuclear medicine physicians	17%	17%	Some	1.1	1.5	0.8		6
Respiratory and sleep medicine specialists	36%	9%	Some	2.1	2.6	1.6		11
Rheumatologists	0%	11%	Some	1.7	2.9	0.4		9
Psychiatrists	36%	26%	Yes	15.9	22.1	9.7	8.9	84
Public health physicians	40%	0%	Yes	0.9				5
Radiation oncologists	29%	0%	Some	1.3	1.1	2.1	0.9	7
Radiologists	24%	42%	Yes	7.2	10.3	4.8	2.7	38
Rehabilitation physicians	20%	0%	Some	0.9	1.8	0.0		5
Sexual health physicians	0%	50%	Some	0.4	0.7	0.0		3 or less
Cardiothoracic surgeons	0%	33%	Some	0.6				3 or less
General surgeons	38%	31%	Some	6.1	6.6	6.2	4.5	32
Neurosurgeons	29%	29%	Some	1.3				7
Oral and maxillofacial surgeons	0%	0%	Some	0.4				3 or less
Orthopaedic surgeons	26%	19%	Yes	5.1	5.2	5.5	4.5	27
Otolaryngology - head and neck surgeons	60%	20%	Some	1.9	1.8	2.8	0.9	10
Paediatric surgeons	33%	67%	Some	0.6				3 or less
Plastic surgeons	20%	60%	Some	1.9	2.2	1.6		10
Urologists	33%	50%	Some	2.3	2.2	2.3		12
Vascular surgeons	25%	25%	Some	0.8				4

Key

Over 60 years old	0-10%	11-24%	25% plus
Specialty training available in Tasmania	Yes	Some	No
Headcount of professionals per 100,000 population compared to Aus rate	At or above	Below	Significantly below (by 25% or more)
Workforce size (using headcount)	More than 10		10 or less
First specialty qualifcation gained overseas	0-15%	16-29%	30% plus

EDUCATION AND TRAINING

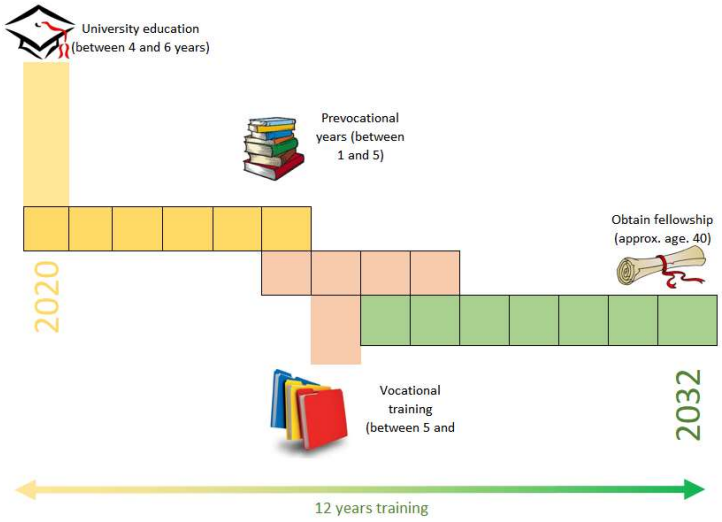
Medical education and training should be aligned with both individual and community needs and identified health workforce priorities.

The medical training pathway extends from medical school through to internship, pre-vocational years and then into accredited specialty training before doctors become independently practicing specialists (Figure 11).

Medical training is funded and delivered through a complex system in Australia. The university education component is funded and directed by the Commonwealth, while the states and territories provide much of the clinical training components through public health facilities, relying on staff specialists to undertake supervision and training as part of their clinical commitments.

The prevocational years are largely managed through states and territories while accredited specialty training programs are managed by the professional colleges with many of the training sites and posts existing in public hospitals. The private sector also provides training posts, for example general practice training is largely undertaken in private practices across the county.

Figure 11 Specialty training pipeline



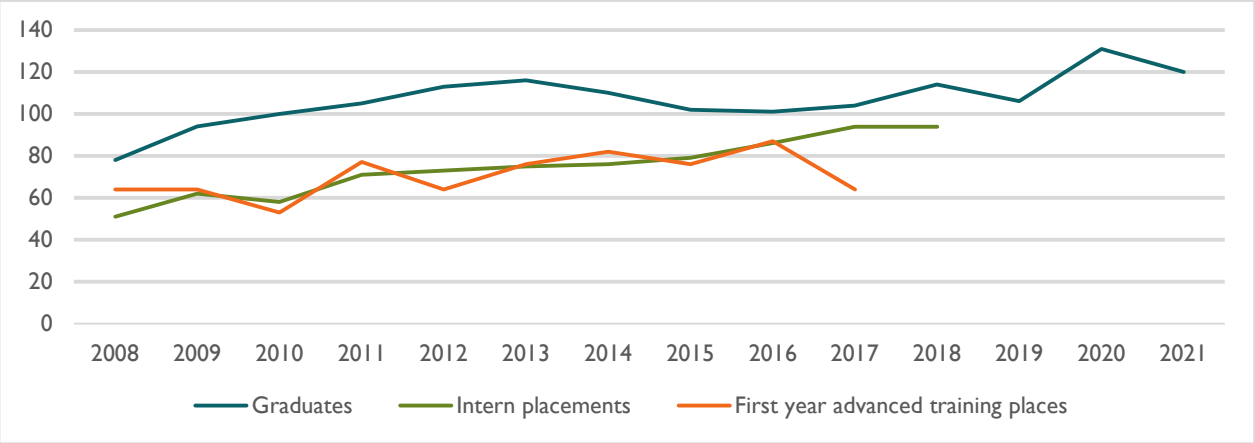
Source: Adapted from Health Workforce Australia 2014: Australia's Future Health Workforce - Doctors

The length of time in the training pathway varies between specialties, however assuming an average five-year degree, two years as a pre-vocational doctor and a five-year training program, it takes around 12 years to train an independently practicing specialist. This means that any policy changes that are aimed at changing the shape of the health workforce at the beginning or middle of this pathway, will take a long time to have an effect. That is why in 2020, one of the significant issues (and opportunities) facing the medical workforce is a result of the increased medical student graduates over the past decade. Nationally, this has placed pressure on the availability of specialty training places, created a shortage of employment opportunities in some specialties at the same time there are shortages in some specialties and in more regional and rural areas.

With increasing number of graduates and increasing competition for accredited training places, some doctors are spending significant amounts of time in unaccredited registrar positions before gaining a place on an accredited training program.

Figure 12 demonstrates the changes in the number of graduates, intern and first year advanced training places in Tasmania.

Figure 12 Medical training places, TAS 2008-2021



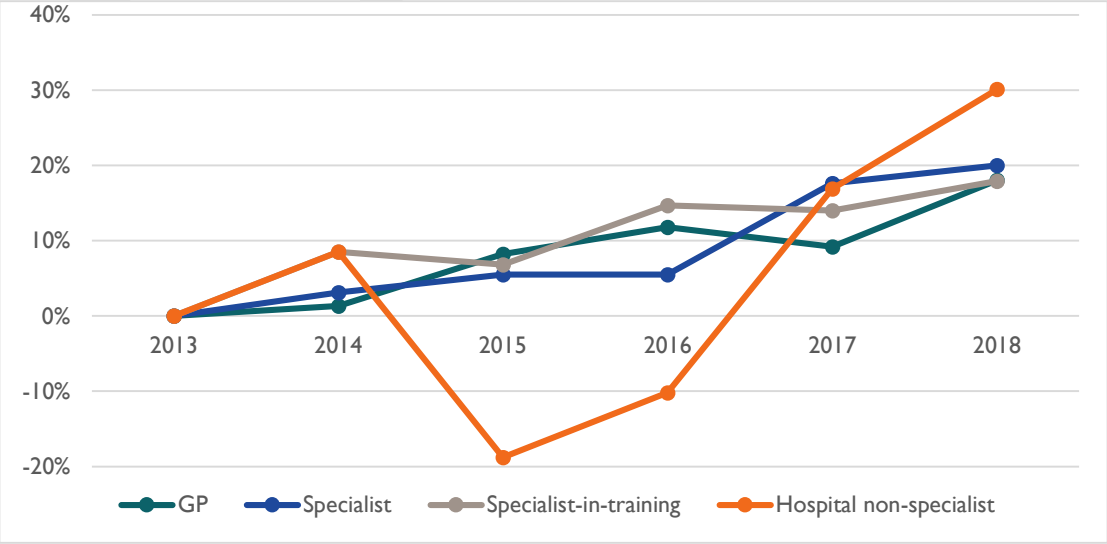
Source: MTRP Reports 13th- 19th, MET data sets 2016-2018

While graduates, internships and first year advanced training places in Tasmania have all grown over the last decade, there is an ongoing gap between the number of graduates and the number of internships and first year advanced training places in Tasmania.

SPECIALIST MEDICAL TRAINING IN TASMANIA

Figure 13 demonstrates that in Tasmania, compared to 2013, the specialists in training, GPs and non-GP specialists have had a similar overall growth rate of around 20 per cent. In contrast the Hospital non-specialist group, which contains the junior doctors and those waiting to get onto an accredited training program, has had 30 per cent growth over five years.

Figure 13 Growth of employed headcount by reported job type, TAS 2013-2018, indexed to 2013



Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2018)

MISMATCH BETWEEN SERVICE REQUIREMENT AND SPECIALTY REQUIREMENT

Junior medical staff, while on a training pathway are also an integral part of the service delivery structure in public hospitals. There is sometimes a mismatch in the service requirement for specialist trainees and the requirement for and employment opportunities for specialist practitioners at the end of that training. This can have one of two undesirable outcomes; a loss of employment opportunity for doctors who have spent long periods of time training with a high personal toll and a pressure to increase staff specialist employment beyond the service needs or financial capacity of the health service.

This is an emerging trend in Australia for anaesthetics and emergency medicine, however in Tasmania, in both of these specialties' difficulty remains in recruiting to the Launceston General Hospital (LGH) and the North West Regional Hospital (NWRH).

TRAINING AVAILABILITY

While most of the medical specialties have some accredited training in Tasmania, a much smaller proportion have training that can be undertaken in its entirety. The accredited training places for specialties other than general practice are also primarily based in the South.

It is widely accepted that the provision of training opportunities is linked to the ability to attract and recruit specialist medical staff. This is both from the perspective that if you can provide a training opportunity that is rewarding and demonstrates the benefits of that service or community you are more likely to be able to recruit locally. From a different perspective, having accredited specialty trainees enhances the specialty service, providing opportunities for existing specialists to train the next generation and to decrease their on-call and after-hours requirements. This can make the difference between having a service and a workforce that is sustainable and one that is not.

There is an opportunity in Tasmania to build training capacity, in particular in the North West and to build training networks to enhance the provision of specialty training. To facilitate this, improvement in the systems in place through which specialist trainees are employed may facilitate greater certainty for trainees and regional rotations.

SPECIALIST TRAINING PROGRAM

The Specialist Training Program (STP) is an Australian government initiative to extend vocational training for specialist registrars into settings outside traditional metropolitan teaching hospitals, including regional, rural and remote and private facilities.

The program aims to improve the quality and distribution of the future specialist workforce by providing registrars with exposure to a broader range of healthcare settings and better supporting training posts.[3]

STP funds are allocated under three streams:

- Specialist Training Placements and Support
- Integrated Rural Training Pipeline (IRTP) – STP (IRTP-STP)
- Tasmanian Project.

In Tasmania, this program supports around 75 specialist trainees a year in the public and private sectors, enabling an expanded training reach across specialties and across regions.

STP funding is provided by the Commonwealth through the specialist colleges who manage the training posts by arrangement with the health services who are the employers of the trainees.

[3] Department of Health 2018, *Specialist training program,* Australian Government, Canberra, ACT, viewed 24 May 2019, <https://www1.health.gov.au/internet/main/publishing.nsf/Content/work-spec>.

There are opportunities in Tasmania to better coordinate the STP programs to ensure that they better match identified health workforce priorities including the regional distribution of the workforce and those specialties found to be high priority in terms of workforce need.

ENHANCING CULTURE AND WELLBEING

Good leadership and an inclusive culture are key features of high performing organisations that are workplaces of choice.

Workplace culture, workforce wellbeing and inclusion are interconnected. When these building blocks are healthy, the organisation will be better equipped to deliver high quality health services to the community.

Health workforce 2040 explores the issues of culture and leadership in health care organisations. This section will focus on some areas of specific concern related to the wellbeing of the medical workforce.

"Organisational culture represents the shared ways of thinking, feeling and behaving in health care organisations."[4]

WELLBEING

Medical practitioners, in particular junior doctors (doctors who have completed medical school and do not have a specialty qualification) are increasingly reporting burnout, bullying and harassment.

This is taking its toll. In Victoria, Queensland, New South Wales and Western Australia, the Australian Medical Association (AMA) undertakes a Health Check survey of Doctors in Training. Around a third of doctors' report bullying and half witness it, almost half of the trainees' experience discrimination, harassment, sexual harassment, bullying or victimisation. Around a third also report excessive workloads, low workplace morale and high burnout levels.

The culture of medical training where trainees are expected to put in the hours and shifts that their consultants (and supervisors) did before them is not aligned with the current expectations for safe working hours and conditions - safe for doctors and safe for patients.

An increasing competition for specialty training places that has arisen from the more than doubling of medical graduates since 2001 means that trainees (and medical students) feel they need to add ever increasing academic and clinical experience to their resume to enable them to be competitive for accredited training positions. Junior doctors are staying in the pre-vocational years for longer, leading to long periods of career uncertainty.

This can have tragic results with doctors leaving the profession and women working in health professions having higher rates of suicide than women in other occupations.[5]

In Tasmania, these same conditions are present and therefore we can expect the same risks to the wellbeing of our medical workforce.

Improving the culture of medical training (and more broadly health services) is necessary and will have positive impacts on the quality of care and the mental health of doctors.[6] The solutions for addressing these complex problems lies not only with professional colleges and associations but also with hospitals and their associated governance structures.

[4] Mannion, R & Davies, H 2018 'Understanding organisational culture for healthcare quality improvement', *BMJ* Vol. 363, pp. k4907, London, UK, viewed 23 July 2019, <https://risweb.st-andrews.ac.uk/portal/en/researchoutput/understanding-organisational-culture-for-healthcare-quality-improvement(a79882bd-9b34-49db-ba32-45b8ad617fc2)/export.html>.

[5] Milner AJ, Maheen H, Bismark MM, Spittal MJ 2016, Suicide by health professionals: a retrospective mortality study in Australia, 2001-2012, *Medical Journal of Australia 205 (6): 260-265. || doi: 10.5694/mja15.01044* <https://www.mja.com.au/journal/2016/205/6/suicide-health-professionals-retrospective-mortality-study-australia-2001-2012>.

[6] Scott, A 2019, *The future of the medical workforce, ANZ Melbourne Institute Health Sector Report no. 3*, University of Melbourne, Melbourne, VIC, viewed 23 July 2019, <https://melbourneinstitute.unimelb.edu.au/__data/assets/pdf_file/0008/3069548/ANZ-MI-Health-Sector-Report-Future.pdf>.

WORKFORCE INCLUSION

ABORIGINAL EMPLOYMENT

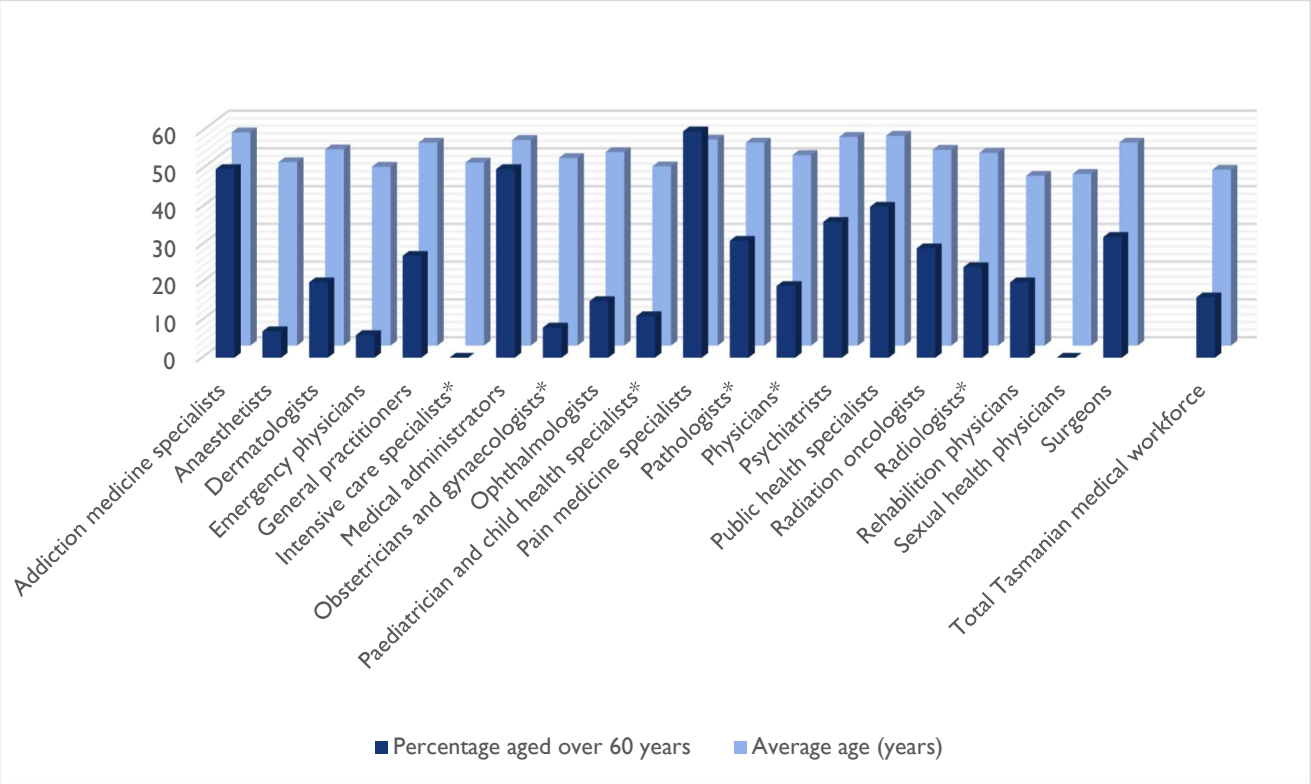
Ideally, the health workforce should reflect the community they care for[7]. In the 2016 Census, there were 509,965 people in Tasmania. Aboriginal and/or Torres Strait Islander people made up 4.6 per cent of that population[8]. In comparison, the medical practitioners who identify as Aboriginal and/or Torres Strait Islander people made up only 0.7 per cent of the medical workforce in 2018. This is well below the 3 per cent Aboriginal participation in the Tasmanian State Service identified in the *Aboriginal Employment Action Plan*.[9]

Improvements in the number of Aboriginal doctors needs to be a key part of working toward the target of 3.5 per cent participation by 2022. Addressing the disparities in health outcomes for Aboriginal Tasmanians is a key priority. Building the numbers of Aboriginal medical students, junior doctors, specialty trainees and specialist medical practitioners is a key part in working to address this.

SUPPORTING AN AGEING WORKFORCE

The average age of the Tasmanian medical practitioners in 2018 was 46.6 years, with 16 per cent of the profession over the age of 60 (this average age is higher than the allied health and nursing and midwifery workforces). Figure 14 illustrates the average age distribution by specialty and the proportion in each specialty over the age of 60 years.

Figure 14 Average age (years) and proportion of workforce over 60 (per cent), TAS 2018



Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2018)

* *Includes sub-specialty professions*

[7] World Health Organization 2006, *The world health report 2006: working together for health - Chapter 3 - Preparing the health workforce,* World Health Organization, Geneva, viewed 17 May 2019, <https://www.who.int/whr/2006/06_chap3_en.pdf>.

[8] Australian Bureau of Statistics 2018, Aboriginal and Torres Strait Islander population, 2016, Australian Government, Canberra, ACT, viewed 22 February 2019, <www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Aboriginal%20and%20Torres%20Strait%20islander%20Population%20Article~12>.

[9] Tasmanian State Service 2019, *Aboriginal Employment Action Plan.* Department Premier and Cabinet, Hobart, TAS, viewed 15 July 2019, <http://www.dpac.tas.gov.au/__data/assets/pdf_file/0011/463088/DPAC4456_Aboriginal_Employment_Strat_WEB_Version_A4_Landscape_Portrait_Action_Plan_Supplied_No_32.pdf>.

The combination of average age and proportion of the specialty workforce over the age of 60 years are important when identifying the areas of practice which may be future higher priority for planning.

The average age was highest in addiction medicine (56.5 years) and lowest in rehabilitation medicine (45.0 years).

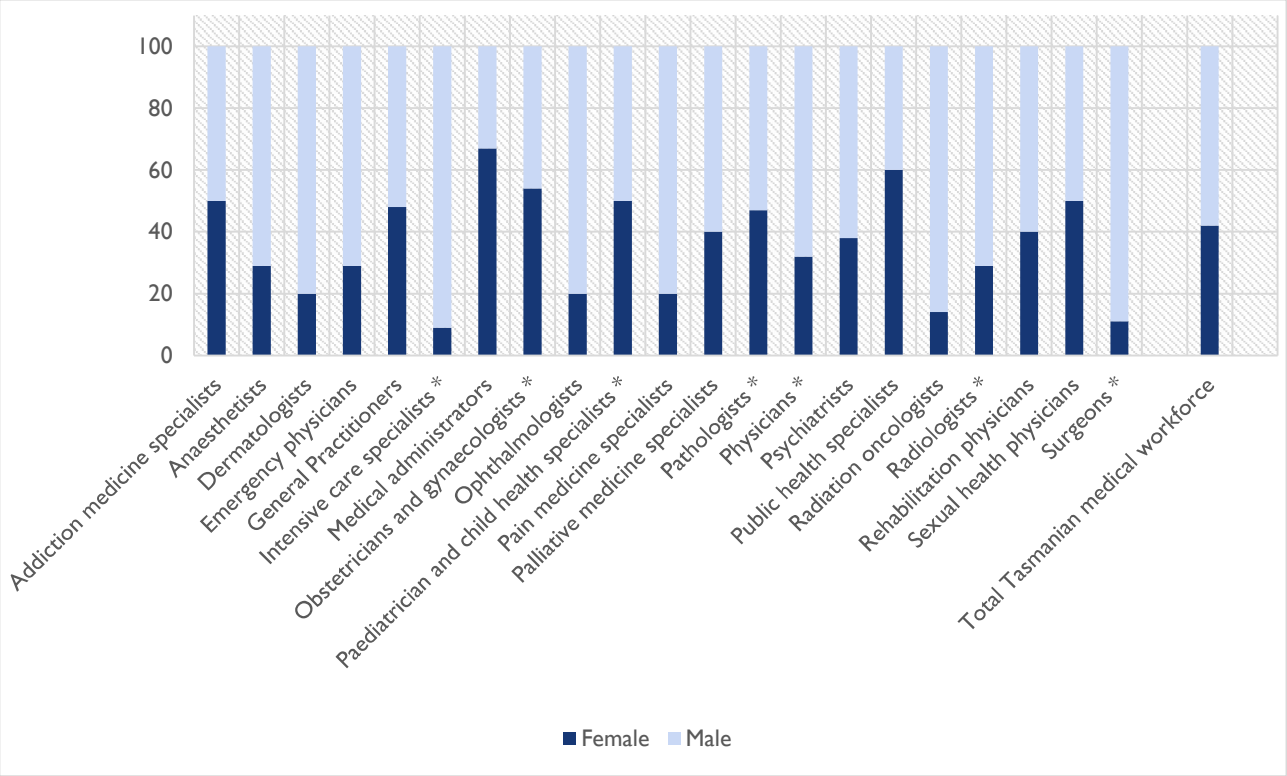
Pain medicine has the highest proportion of its workforce over 60 (60 per cent) and intensive care and sexual health medicine have the lowest (0 per cent).

Another important consideration in looking at the average age and proportion over 60 is in identifying how best senior health professionals can be supported as they transition from work to retirement by providing more flexible options and support to provide future generations of health professionals through mentoring and teaching. In Tasmania, where the population size means that we have a large number of specialties with small numbers, what is best for individuals can be difficult to implement when there are impacts on the rest of the health care team, for example increased on-call requirements.

GENDER

In 2018, overall, 58 per cent of the medical workforce reported their gender as male. However, there is wide variation between specialties with Figure 15 showing the distribution of the male and females medical practitioners working in each specialty. Intensive care medicine was 91 per cent male. Medical administration (67 per cent female), public health medicine (60 per cent) and obstetrics and gynaecology (54 per cent) were predominantly female specialties in 2018. This is expected to change over time - with the achievement of gender parity at medical schools since the early 2000s – but it is important to explore why women are not entering some of the medical specialties.

Figure 15 Gender (per cent) of medical specialist workforce, TAS 2018



* *includes sub-specialty professions*

Source: National Health Workforce Data Set including Tasmanian Unit Record Data (2018)

A recent report on the future of the medical workforce in Australia indicates that the gender pay gap in medicine has narrowed in recent years but remains significant with a gap between men's and women's hourly earnings of 39 per cent in 2017. This gap remains at around 25 per cent after accounting for difference in time spent with patients and other factors.[10] The representation of women in leadership positions in medicine has historically been poor. This includes management roles in hospitals, professional associations and boards, research leads and health department roles.[11] In recognition that improving the participation of women in leadership roles is desirable, many organisations have now made positive moves to actively address this issue. An example of this is the Royal Australasian College of Surgeons development of a Women in Surgery Business Plan that seeks to increase participation of women in College leadership positions.

In Tasmania, there is a similar disparity in the number of women in senior medical leadership positions in the public health service. This includes at the departmental level, clinical director and head of department levels. Actively identifying that this disparity is not good for the health services and identifying barriers to women progressing into leadership positions is a key part of promoting greater participation of women in senior leadership positions in medicine.

[10] Scott, A 2019, *The future of the medical workforce, ANZ Melbourne Institute Health Sector Report no. 3*, University of Melbourne, Melbourne, VIC, viewed 23 July 2019, <https://melbourneinstitute.unimelb.edu.au/__data/assets/pdf_file/0008/3069548/ANZ-MI-Health-Sector-Report-Future.pdf>.

[11] Bismark M, Morris J, Thomas L, Loh E, Phelps G, Dickinson H 2015, Reasons and remedies for under-representation of women in medical leadership roles: a qualitative study from Australia. *BMJ Open*, viewed 23 July 2019, <https://bmjopen.bmj.com/content/5/11/e009384>.

PLANNING

A significant amount of the data used to form this report was taken from the Australian Government's National Health Workforce Data Set. This is a mixture of registration and survey data collected from the registration renewal process for registered health practitioners[12].

The 2018 data is the most recent data available for analysis. Because it is taken at registration renewal, first time registrants are not captured.

This workforce strategy has used a detailed analysis of this data set. There are opportunities to develop system capability to automate some of this analysis, making it both less resource intensive and more widely available across the system to support workforce planning and decisions. The Queensland Department of Health's Workforce Strategy Branch, for example, has developed a workforce analytics tool that provides reliable and timely data access and significantly reduces the need for manual processing.

Additional data sources are needed to:

- consider burden of disease and ageing population effects on health service utilisation
- determine the impact of health service models and models of care on the demand for health professions and occupations
- understand the amount and type of clinical placement activity for health professional students and postgraduate training places and investment.

There is significant opportunity to improve the Tasmanian Department of Health's capacity to store, access and share workforce data for the purpose of workforce planning. This includes updating systems to ensure that the health profession of employees is identified in the human resource systems to ensure that the appropriate qualifications and/ or registration is held, but also to assist in operational workforce planning.

The ongoing monitoring of Tasmania's health workforce through data analysis is a core component of growing and distributing the workforce to the community equitably. This makes it important to invest in system and human resource capability to support health workforce planning.

[12] Australian Institute of Health and Welfare, National Health Workforce Data Set. Australian Institute of Health and Welfare, Canberra, ACT, viewed 22 July 2019, <https://www.aihw.gov.au/about-our-data/our-data-collections/national-health-workforce-dataset>.

DATA AND METHODOLOGY

There is significant opportunity to improve the Tasmanian Department of Health's capacity to store, access and share workforce data for the purpose of planning.

DATA COLLECTED

The data used to inform this report includes:

- Australian Bureau of Statistics population statistics and 2016 Census data
- Australian Health Practitioner Regulation Agency Registration Statistics (2013-2018)
- Department of Home Affairs Migration Program Statistics (Visa Statistics).
- Hardes hospital activity data (separations) Tasmania
- Medicare Broad Type of Services utilisation reporting
- Medical Education and Training (MET) Reports: Medical Training Review Panel (MTRP) data prior to 2015/ MET dataset after 2015
- National Health Workforce Data Set – Re-registration survey responses (2013-2018)
- Public Sector Establishment and Payroll Data (June 30, 2018)
- Student numbers from education providers
- Tasmanian Government Department of Treasury and Finance 2019 Population Projections for Tasmania and its Local Government Areas
- Tasmanian unit record data – Re-registration survey responses (2013-2018).

The National Health Workforce Data Set (NHWDS) is derived from the registration and survey process that all regulated health professionals undertake on an annual basis.

SPECIALTY LIST

Medical practitioners are employed in a large number of specialties and fields of specialty practice. This report utilises the Medical Board of Australia list of specialties, fields of specialty practice and related specialty titles as the basis for the analysis of the specialist medical workforce.

DATA TREATMENT

Data collected from the Australian Health Practitioner Regulation Agency Registration Statistics and re-registration survey responses in the Tasmanian Unit Record subset of the National Health Workforce Data Set (NHWDS) (2013-2018) were filtered to only include people who are employed and working in Tasmania. This includes respondents on leave for up to three months.

References to **employed headcount**, **employed FTE**, **change in FTE 2013-18**, **average working hours**, and **hours in public/private sector** data are self-reported responses to the re-registration survey from the Tasmanian Unit Record Data (2013-18). This is a subset of the NHWDS. The data set is publicly available but cannot be viewed at the unit record level, and some comparisons are not possible because of the aggregation and reporting methods used in the NHWDS tool online.

Age and **gender** related measures come from registration information included in the Tasmanian Unit Record Data (2018). These data relate to the whole of Tasmania including both public and private sectors.

References to **employed headcount per 100,000 population** for Tasmania and its regions draw headcount from the Tasmanian Unit Record Data (2018) and the NHWDS for the national comparison. Both public and private sectors are included in the numerator headcount. Population figures used as the denominator for this calculation in all cases are drawn from the Australian Bureau of Statistics Population

data Cat. 3235.0 for the year of the headcount numerator (2018), with the population for Tasmanian regions summed across relevant Local Government Areas.

While there is no nationally agreed number of health professionals per population in Australia, this method can be used to assess the relative supply of one region against another and can also be measured over time.

Using this measure does have some limitations because it does not consider a number of other variables including; the population structure, burden of disease, patterns of service and provider utilisation, the actual "type" of services provided and socio- demographic characteristics.

Regional density can be affected by incomplete survey responses which mean a region cannot be assigned for the practitioner, but they still contribute to the Tasmanian density figure.

HIGH PRIORITY PROFESSIONS FOR PLANNING

Some of the workforce indicator metrics in Figure 10 have been used to determine which professions are a high priority for planning. For medicine, the following metrics were used:

- proportion of the workforce over 60 years of age
- proportion of the workforce with first specialty qualification gained overseas
- Tasmanian headcount of professionals per 100,000 population.

Scoring methodology

Where 25% or more of the specialty workforce was over 60, a score of two was given and where 11-24% of the specialty workforce was over 60, a score of one was given.

Where 30% or more of the specialty workforce gained their first specialty qualification overseas, a score of two was given and where 16-29% of the specialty workforce gained their first specialty overseas, a score of one was given.

Where Tasmania's professional headcount per 100,000 population was at least 25% lower than the national rate, a score of two was given and where Tasmania's professional headcount per 100,000 population was up to 24% lower than the national rate, a score of one was given.

All specialties with a combined score of five or more were deemed priority professions.

In addition, any specialty where Tasmania's professional headcount per 100,000 population was at least 25% lower than the national rate was automatically deemed a priority profession.

FIGURES

APPENDIX A: MEDICAL WORKFORCE PROFILES

ABOUT THE WORKFORCE PROFILES

The profiles included in this report take a closer look at the individual professions, or specialties, within each workforce. The profiles do not focus on the workforce or staffing levels at individual facilities; rather they are a summary of that health profession in Tasmania in 2018.

The profiles are a tool to understand the 2018 workforce and give an indication of where challenges and opportunities may lie in the future. The data in the workforce profiles is sourced primarily from the National Health Workforce Data Set and includes employed, registered professionals in the public and private sectors, the acute (hospital) setting as well as community settings and in aged care.

Medical specialists and their clinical hours are assigned to their first medical specialty. Where a medical specialist has more than one specialty area of practice e.g. anaesthetics and intensive care medicine, this can result in an overestimation in their nominated primary specialty and underestimation in other specialty areas to which they contribute.

The small size of some professional groups must be considered when reviewing the data. Even minimal movement, for example the resignation of one employee, will have a significant influence on the data profile. In addition, it should be noted that even though a health clinician may be registered under a certain profession, their everyday work may in fact align to a different profession.

The density of medical practitioners is provided as a headcount per 100,000 population for Tasmania. Further analysis has been undertaken with reference to the Tasmanian Role Delineation Framework (TRDF) and the Clinical Services Profile (CSP). The assumption made is that the CSP provides an indicator of the core medical specialties you would expect to find in each region. This results in some specialities having a statewide density provided, some also have a South/North headcount density and the remaining have Tasmania as a whole and a workforce density for the three regions. Regional density can be affected by incomplete re-registration survey responses where the practitioner cannot be assigned to a region but contributes to the Tasmanian density figure.

There are a number of workforces that we expect to see in each region that we would still expect to see with a distribution that is skewed to the South to reflect subspecialty service provision. This includes paediatrics and child health and obstetrics and gynaecology.

Medical specialty training is the formal process or pathway to meeting the requirements for registration as a medical specialist. The pathways are varied in duration, administration and the requirements. Some specialty training has both Basic and Advanced components while others have a single step process.

The workforce profiles provide an indication of whether it is possible to undertake specialty training in Tasmania with three broad classifications: all training can be undertaken; some components of the training pathway can be undertaken, or no training can be undertaken. In the cases where all training can be undertaken in Tasmania, trainees may still choose to undertake elements of their pathway in other jurisdictions or overseas to gain a broader experience. There may also be requirements to undertake some courses or workshops in other locations.

Training availability in Tasmania is also subject to meeting the training accreditation of the relevant specialty college. Accreditation for specialty training is either undertaken on a site basis or on a position basis.

The medical training data is taken from the Medical Education and Training dataset (2018).

2018

ADDICTION MEDICINE SPECIALISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	3 or less
EMPLOYED FTE	3.3
FTE CHANGE 2013-18	-42%
AVG. WEEKLY HOURS	65.0 hours
OVER 60 YEARS OLD	50%
AVERAGE AGE	56.5 years
GENDER	50% F 50% M
TRAINEE HEADCOUNT	2

CLINICAL HOURS WORKED IN SECTOR

Public	Private
69%	31%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	0.4
TAS	0.4

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Addiction medicine specialists investigate, diagnose, treat and provide preventative medical care in relation to addiction disorders, including drug and alcohol addiction, and pharmaceutical dependency. Addiction medicine specialists analyse test results, record information, prescribe and administer drugs and other treatment programs and admit patients to hospital. Addiction medicine was first included as an Australian recognised medical specialty by the Australian Medical Council in 2009.

TRAINING

COLLEGE

The Royal Australasian College of Physicians (RACP)

PROGRAM SUMMARY

Minimum six years of vocational training; includes basic adult medicine (three years) and advanced addiction medicine training (three years). Trainees may also apply to enter advanced training in addiction medicine after obtaining a fellowship of another college as determined by the RACP.

IN TASMANIA

All components of advanced vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as an addiction medicine specialist is available to medical practitioners who have been assessed by RACP as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

2018

ANAESTHETISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	112
EMPLOYED FTE	118.1
FTE CHANGE 2013-18	8%
AVG. WEEKLY HOURS	42.2 hours
OVER 60 YEARS OLD	7%
AVERAGE AGE	48.6 years
GENDER	29% F 71% M
TRAINEE HEADCOUNT	22

CLINICAL HOURS WORKED IN SECTOR

Public	Private
56%	44%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	18.1
TAS	21.2
South	25.4
North	20.7
North West	11.6

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Anaesthetists administer local, regional and general anaesthetics for surgery and other procedures, as well as provide pain management and direct care in emergency and intensive care medicine.

Anaesthetists examine patients pre-operatively, supervise their transfer to theatre, and monitor the patient during and after the procedure. They work closely with surgeons, intensive care specialists and other health care workers to determine appropriate anaesthetic and chronic pain treatments.

TRAINING

COLLEGE

The Australian and New Zealand College of Anaesthetists (ANZCA)

PROGRAM SUMMARY

Minimum five years of vocational training; includes introductory training (six months), basic training (18 months), advanced training (24 months) and provisional fellowship training (12 months).

IN TASMANIA

All components of vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as an anaesthetist is available to medical practitioners who have been assessed by ANZCA as being eligible for fellowship.

2018

DERMATOLOGISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	5
EMPLOYED FTE	6.4
FTE CHANGE 2013-18	20%
AVG. WEEKLY HOURS	51.2 hours
OVER 60 YEARS OLD	20%
AVERAGE AGE	52.0 years
GENDER	20% F 80% M
TRAINEE HEADCOUNT	0

CLINICAL HOURS WORKED IN SECTOR

Public	Private
7%	93%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	2.1
TAS	0.9
South	1.1
North	1.4
North West	0.0

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Dermatologists investigate, diagnose, treat and provide preventative medical care in relation to skin diseases that affect the skin, hair and nails. Dermatologists can provide direct patient care in a practice or clinic environment, deliver cosmetic services or be involved in research. Dermatology as a specialty has both medical and surgical aspects.

TRAINING

COLLEGE

The Australasian College of Dermatologists (ACD)

PROGRAM SUMMARY

Minimum four years of vocational training.

IN TASMANIA

No vocational training is available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a dermatologist is available to medical practitioners who have been assessed by the ACD as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

2018

EMERGENCY PHYSICIANS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	51
EMPLOYED FTE	47.8
FTE CHANGE 2013-18	46%
AVG. WEEKLY HOURS	37.5 hours
OVER 60 YEARS OLD	6%
AVERAGE AGE	47.4 years
GENDER	29% F 71% M
TRAINEE HEADCOUNT	41

CLINICAL HOURS WORKED IN SECTOR

Public	Private
96%	4%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	8.3
TAS	9.7
South	12.5
North	4.1
North West	9.8

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Emergency physicians diagnose, treat and stabilise patients in the acute phase of injury or illness using a range of procedural and technical skills including resuscitation. Emergency physicians usually work in hospitals. They analyse test results, record information, prescribe and administer drugs and other treatment programs and notify government health bodies of specified diseases.

TRAINING

COLLEGE

The Australasian College for Emergency Medicine (ACEM)

PROGRAM SUMMARY

Minimum five years of vocational training; including:

Provisional training

- core emergency medicine training (six months)
- approved training in emergency or other (six months).

Advanced training

- core emergency medicine training including at least six months in a major referral emergency department (ED) and six months in an urban or rural/regional ED (30 months total)
- critical care training in intensive care or anaesthesia (six months)
- non-ED training (six months)
- discretionary training (six months).

IN TASMANIA

All components of vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as an emergency physician is available to medical practitioners who have been assessed by ACEM as being eligible for fellowship.

2018

GENERAL PRACTITIONERS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	631
EMPLOYED FTE	576.0
FTE CHANGE 2013-18	9%
AVG. WEEKLY HOURS	36.5 hours
OVER 60 YEARS OLD	27%
AVERAGE AGE	53.8 years
GENDER	48% F 52% M
TRAINEE HEADCOUNT	143

CLINICAL HOURS WORKED IN SECTOR

Public	Private
8%	92%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	97.4
TAS	119.4
South	139.7
North	99.3
North West	96.5

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

General practitioners are the first point of contact for most personal health matters. They provide preventative medical care, investigate, diagnose and manage conditions within a biopsychosocial model. General practitioners provide ongoing and holistic care for individuals, their families and the community more broadly. Amongst many tasks, they analyse test results, refer patients to other specialists, record information, prescribe and administer drugs and other treatment programs, notify government health bodies of specified diseases and admit patients to hospital. General practitioners may work in urban, regional or rural settings.

Rural generalists are medical practitioners who are trained to meet the specific current and future healthcare needs of Australian rural and remote communities, in a sustainable and cost-effective way, by providing both comprehensive general practice and emergency care and other medical specialist care in hospital and community settings. The registered specialty for rural generalists is general practice.

This profile is based on medical practitioners who have specialist registration as a general practitioner. This is a subset of the doctors who work in general practice which includes some doctors with general registration only. This is reflected by the higher number of employed doctors who nominated general practice as their job role which was 753.

TRAINING

COLLEGE

The Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM)

PROGRAM SUMMARY

RACGP program (minimum three years)

- Hospital training (12 months)
- General practice terms (18 months)
- Extended skills (6 months)

ACRRM program (minimum four years)

- Core clinical training (12 months)
- Primary rural and remote training (24 months)
- Advanced specialised training (12 months)

To add Fellowship in Advanced Rural General Practice:

- Advanced rural skills (12 months)

IN TASMANIA

All components of vocational training are available in Tasmania. GP trainees commence with experience as a junior doctor within a hospital setting that may include general practice experience through rural primary care rotations as an intern or resident medical officer.

The Australian General Practice Training (AGPT) program is a Commonwealth initiative for medical graduates wishing to pursue a career in general practice. There were 39 training places allocated to Tasmania for the AGPT program in 2019, 31 through RACGP and 8 through ACRRM.

General practitioner registrars are required to remain in their selected training region for the duration of the program. Both colleges also provide an alternate pathway to fellowship for doctors already working in general practice in the community. Further pathways exist through the Remote Vocational Training Scheme, and for overseas trained doctors, such as the Practice Experience Program.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. General practitioners may apply for registration as a specialist.

2018

INTENSIVE CARE SPECIALISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	11
EMPLOYED FTE	15.0
FTE CHANGE 2013-18	-13%
AVG. WEEKLY HOURS	54.5 hours
OVER 60 YEARS OLD	0%
AVERAGE AGE	48.5 years
GENDER	9% F 91% M
TRAINEE HEADCOUNT	7

CLINICAL HOURS WORKED IN SECTOR

Public	Private
96%	4%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	2.8
TAS	2.1
South	1.8
North	3.4
North West	0.9

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Intensive care specialists investigate, diagnose and treat critically ill patients with complex and severe medical, surgical, obstetric and paediatric illnesses. They are usually hospital based in a specialist intensive care or critical care unit and lead a multidisciplinary team.

TRAINING

COLLEGE

The College of Intensive Care Medicine (CICM) of Australia and New Zealand.

PROGRAM SUMMARY

Minimum six years of vocational training; includes

- foundation training (six months)
- core training (24 months)
- transition year (12 months).

Additional intensive care training must include

- clinical anaesthesia (12 months)
- clinical medicine (12 months)
- elective (six months).

Training must include experience in cardiothoracic surgery intensive care, neurological/neurosurgery and trauma intensive care, as well as rural hospital and paediatric exposure.

IN TASMANIA

All components of vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as an intensive care specialist is available to medical practitioners who have been assessed by the relevant college as being eligible for fellowship.

2018

MEDICAL ADMINISTRATORS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	6
EMPLOYED FTE	9.5
FTE CHANGE 2013-18	103%
AVG. WEEKLY HOURS	63.5 hours
OVER 60 YEARS OLD	50%
AVERAGE AGE	54.5 years
GENDER	67% F 33% M
TRAINEE HEADCOUNT	4

CLINICAL HOURS WORKED IN SECTOR

Public	Private
100%	0%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	0.9
TAS	1.1
South	1.1
North	1.4
North West	0.9

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Medical administrators use their medical and clinical knowledge to manage, plan and direct medical programs, services and policies in hospitals, health facilities and within governments. Medical administrators work to improve or maintain standards of medical care and contribute to health workforce and service planning.

TRAINING

COLLEGE

The Royal Australasian College of Medical Administrators (RACMA)

PROGRAM SUMMARY

Minimum three years of vocational training. RACMA provides a number of pathways to fellowship including a standard pathway, clinical specialist pathway and a medical executive pathway. An associate fellowship (AFRACMA) is also available for clinicians who want to improve their skills in medical management.

IN TASMANIA

All components of vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a medical administrator is available to medical practitioners who have been assessed by RACMA as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

2018

OBSTETRICIANS AND GYNAECOLOGISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	40
EMPLOYED FTE	44.2
FTE CHANGE 2013-18	7%
AVG. WEEKLY HOURS	44.5 hours
OVER 60 YEARS OLD	8%
AVERAGE AGE	49.7 years
GENDER	54% F 46% M
TRAINEE HEADCOUNT	12

HOURS WORKED IN SECTOR

Public	Private
37%	63%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	7.3
TAS	7.4
South	9.2
North	6.2
North West	4.5

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Obstetricians and gynaecologists specialise in health care specific to females. They provide preventative medical and surgical care before, during, and after childbirth for women, foetuses and children.

Obstetricians and gynaecologists also diagnose, treat and provide preventative medical and surgical care for reproductive, urinary, rectal and genital organ disorders. Sub-specialties within this workforce include gynaecological oncology, maternofoetal medicine, obstetrics and gynaecological ultrasound, reproductive endocrinology and infertility, and urogynaecology.

TRAINING

COLLEGE

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

PROGRAM SUMMARY

Minimum six years of hospital-based, vocational training; includes core training (four years) and advanced training (two years).

IN TASMANIA

All components of vocational training are available in Tasmania. Tasmania is part of an Integrated Training Program (ITP), where a group of hospitals is accredited to provide core training. Each ITP has a base hospital and a number of peripheral and rural hospitals through which trainees rotate. Collectively, these hospitals provide RANZCOG trainees with the range of experiences stipulated in the training and assessment requirements.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as an obstetrician and gynaecologist is available to medical practitioners who have been assessed by RANZCOG as being eligible for fellowship.

SUB-SPECIALTIES

The table below details the employed headcount and FTE of the obstetrician and gynaecologist sub-specialties (TAS, 2018).

Sub-specialty	Employed headcount	FTE
Obstetrics and gynaecology (not further defined)	37	41.9
***Gynaecological oncology**	3 or less	1.3
Maternofoetal medicine	0	0
Obstetrics and gynaecological ultrasound	0	0
Reproductive endocrinology and infertility	3 or less	1.1
Urogynaecology	0	0

* FTE includes all practitioners who reported their first specialty field as Gynaecological oncology.

2018

OPHTHALMOLOGISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	20
EMPLOYED FTE	21.3
FTE CHANGE 2013-18	18%
AVG. WEEKLY HOURS	42.5 hours
OVER 60 YEARS OLD	15%
AVERAGE AGE	51.3 years
GENDER	20% F 80% M
TRAINEE HEADCOUNT	0*

CLINICAL HOURS WORKED IN SECTOR

Public	Private
7%	93%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	3.8
TAS	3.8
South	4.4
North	4.1
North West	1.8

**consultation indicates that trainees are in Tasmania on rotation from Victoria, New South Wales and Western Australia.*

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Ophthalmologists investigate, diagnose, treat and provide preventative medical care in relation to diseases, injuries and deficiencies of the human eye and visual system.

Ophthalmologists provide holistic care of the eye and associated structures, including prescribing glasses and contact lenses, treating eye diseases and performing microsurgery. Several ophthalmological conditions are chronic in nature and require ongoing follow up over months or years. Having services available locally, where safe to do so, is important for access to services.

TRAINING

COLLEGE

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

PROGRAM SUMMARY

Minimum five years of vocational training; includes basic training (two years, advanced training (two years) and final year training (one year).

IN TASMANIA

Some components of vocational training are available in Tasmania, through interstate training networks.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as an ophthalmologist is available to medical practitioners who have been assessed by RANZCO as being eligible for fellowship.

2018

PAEDIATRICIANS AND CHILD HEALTH SPECIALISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	36
EMPLOYED FTE	38.4
FTE CHANGE 2013-18	43%
AVG. WEEKLY HOURS	42.7 hours
OVER 60 YEARS OLD	11%
AVERAGE AGE	47.5 years
GENDER	50% F 50% M
TRAINEE HEADCOUNT	25

CLINICAL HOURS WORKED IN SECTOR

Public	Private
80%	20%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	8.6
TAS	6.8
South	8.8
North	4.1
North West	5.4

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Paediatricians and child health specialists investigate, diagnose, treat and provide preventative medical care to neonates, infants, children and adolescents. Paediatricians and child health specialists analyse test results, record information, prescribe and administer drugs and other treatment programs, notify government health bodies of specified diseases and admit patients to hospital.

The data in the workforce snapshot table below combines the data of specialists in paediatrics and child health (no subspecialty specified), clinical genetics, community child health, general paediatrics, neonatal and perinatal medicine, paediatric haematology and paediatric neurology.

TRAINING

COLLEGE

The Royal Australasian College of Physicians (RACP)

PROGRAM SUMMARY

Minimum six years of vocational training; includes basic paediatric and child health (36 months) and advanced general paediatrics training (36 months).

IN TASMANIA

Some components of vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a paediatrician and child health specialist is available to medical practitioners who have been assessed by the RACP as being eligible for fellowship.

SUB-SPECIALTIES

The table below details the employed headcount and FTE of the paediatrician and child health specialist sub-specialties (TAS, 2018).

Sub-specialty	Employed headcount	FTE
Paediatrics and child health (no subspecialty specified)	3 or less	2.1
Clinical genetics	0	0.0
Community child health	3 or less	0.8
General paediatrics	28	29.2
Neonatal and perinatal medicine	4	4.8
Paediatric haematology	0	0.0
Paediatric neurology	3 or less	1.7
Total	**36**	**38.4**

2018

PAIN MEDICINE SPECIALISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	5
EMPLOYED FTE	5.2
FTE CHANGE 2013-18	254%
AVG. WEEKLY HOURS	41.8 hours
OVER 60 YEARS OLD	60%
AVERAGE AGE	54.6 years
GENDER	20% F 80% M
TRAINEE HEADCOUNT	2

CLINICAL HOURS WORKED IN SECTOR

Public	Private
38%	62%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	0.6
TAS	0.9
South	1.8
North and North West	0.0

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Pain medicine specialists focus on reducing or eliminating a patient's pain. They prescribe and administer medication and perform procedures to reduce pain and arrange rehabilitation programs. Pain medicine specialists analyse test results, record information and can act as a consultant to other physicians as well as the principal treating physician.

TRAINING

COLLEGE

The Australian and New Zealand College of Anaesthetists (ANZCA)

PROGRAM SUMMARY

Minimum two years of vocational training, as an add-on to a primary specialist qualification deemed acceptable by the Board of the Faculty of Pain Medicine.

IN TASMANIA

All components of vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a pain medicine specialist is available to medical practitioners who have been assessed by ANZCA as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile. In 2013 there were 1.5 FTE, yielding the large rise in FTE to 5.2 in 2018 (254%).

Although the high percentage of pain medicine specialists over the age of 60 has declined from a peak of 67% in 2016, it remains high and is fluctuates significantly because movement of even one specialist creates a large percentage change when divided by the small number of specialists in this field in Tasmania.

2018

PALLIATIVE MEDICINE SPECIALISTSD

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	10
EMPLOYED FTE	9.2
FTE CHANGE 2013-18	26%
AVG. WEEKLY HOURS	36.7 hours
OVER 60 YEARS OLD	30%
AVERAGE AGE	56.0 years
GENDER	40% F 60% M
TRAINEE HEADCOUNT	2

CLINICAL HOURS WORKED IN SECTOR

Public	Private
85%	15%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	1.1
TAS	1.9
South	2.2
North	1.4
North West	1.8

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Palliative medicine specialists work within a multidisciplinary medical team to provide care and pain relief to optimise quality of life for a patient at end of life. Palliative medicine specialists analyse test results, record information, prescribe and administer drugs and other treatment programs, notify government health bodies of specified diseases and admit patients to hospital.

TRAINING

COLLEGE

The Royal Australasian College of Physicians (RACP)

PROGRAM SUMMARY

Minimum six years of vocational training; includes; basic adult medicine (three years) or basic paediatric and child health (three years) or fellowship of another college, and advanced palliative medicine (36 months).

IN TASMANIA

All components of vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a palliative medicine specialist is available to medical practitioners who have been assessed by the RACP as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

2018

PATHOLOGISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	32
EMPLOYED FTE	30.8
FTE CHANGE 2013-18	- 4%
AVG. WEEKLY HOURS	38.5 hours
OVER 60 YEARS OLD	31%
AVERAGE AGE	53.8 years
GENDER	47% F 53% M
TRAINEE HEADCOUNT	10

CLINICAL HOURS WORKED IN SECTOR

Public	Private
48%	52%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	5.7
TAS	6.1

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Pathologists test and examine changes in blood, tissue and other body fluids to identify the cause and development of disease and illness. Pathology specialties include: anatomical pathology, chemical pathology, clinical pathology, forensic pathology, general pathology, genetic pathology, haematology, immunopathology and microbiology.

TRAINING

COLLEGE
The Royal College of Pathologists of Australasia (RCPA)

PROGRAM SUMMARY
Minimum five years of vocational training.

IN TASMANIA
All components of vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a pathologist is available to medical practitioners who have been assessed by the RCPA as being eligible for fellowship.

SUB-SPECIALTIES

The table below details the employed headcount and FTE of the pathology sub-specialties (TAS, 2018).

Sub-specialty	Employed headcount	FTE
Anatomical pathologists (including cytopathologists)	16	16.2
Chemical pathologists	3 or less	0.6
Forensic pathologists	3 or less	1.8
General pathologists	4	4.1
Haematologists	4	3.2
Microbiologists	5	5.0
Total	**32**	**30.8**

2018

PHYSICIANS: INTRODUCTION

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	182
EMPLOYED FTE	189.6
FTE CHANGE 2013-18	27%
AVG. WEEKLY HOURS	41.7 hours
OVER 60 YEARS OLD	19%
AVERAGE AGE	50.5 years
GENDER	32% F 68% M
TRAINEE HEADCOUNT	92

CLINICAL HOURS WORKED IN SECTOR

Public	Private
65%	35%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	33.1
TAS	34.5
South	39.1
North	39.3
North West	17.0

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

A physician is a doctor with further training in a medical specialty to diagnose and manage complex medical problems. Physicians manage adult patients and paediatricians focus on children and adolescents. Patients are usually referred to a physician by a general practitioner. The following subspecialties are featured:

- cardiologists
- endocrinologists
- gastroenterologists
- general physicians
- geriatricians
- haematologists
- immunologists and allergists
- infectious disease physician
- medical oncologists
- nephrologists
- neurologists
- nuclear medicine physician
- respiratory and sleep medicine physicians
- rheumatologists

Paediatrics and child health and public health medicine have separate sections within this report.

TRAINING

COLLEGE

The Royal Australian College of Physicians (RACP)

PROGRAM SUMMARY

Basic training is the first step in a minimum six years training program with RACP. Trainees must apply to commence advanced training in their subspecialty within five years of completing basic training.

IN TASMANIA

All physician sub-specialties have vocational training opportunities – or at least some components – in Tasmania; with the exception of immunologists and allergists.

SUB-SPECIALTIES

The table below details the employed headcount and FTE of the physician sub-specialties (TAS, 2018).

Sub-specialty	Employed headcount	FTE
Physicians (no sub-specialty given)	6	5.9
Cardiologists	27	28.7
Endocrinologists	10	7.7
Gastroenterology and hepatologists	15	17.8
General physicians	33	32.7
Geriatricians	12	14.2
Haematologists	14	14.5
Immunology and allergists	3 or less	1.9
Infectious disease physicians	5	5.0
Medical oncologists	11	12.5
Nephrologists	12	13.3
Neurologists	9	8.1
Nuclear medicine physicians	6	5.4
Respiratory and sleep medicine specialists	11	12.7
Rheumatologists	9	9.3
Total	**182**	**189.**

2018

CARDIOLOGISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	27
EMPLOYED FTE	28.7
FTE CHANGE 2013-18	44%
AVG. WEEKLY HOURS	42.6 hours
OVER 60 YEARS OLD	37%
AVERAGE AGE	55.4 years
GENDER	7% F 93% M
TRAINEE HEADCOUNT	4

CLINICAL HOURS WORKED IN SECTOR

Public	Private
39%	61%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	5.2
TAS	5.1
South	5.5
North and North West	4.7

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Cardiologists investigate, diagnose, treat and provide preventative medical care in relation to human heart diseases and disorders and other cardiovascular system issues. Cardiologists analyse test results, record information, prescribe and administer drugs and other treatment programs, notify government health bodies of specified diseases and admit patients to hospital.

TRAINING

COLLEGE

The Royal Australasian College of Physicians (RACP)

PROGRAM SUMMARY

Minimum six years of vocational training; includes basic adult medicine (three years) and advanced training (three years).

IN TASMANIA

Some components of advanced vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a cardiologist is available to medical practitioners who have been assessed by the RACP as being eligible for fellowship.

2018

ENDOCRINOLOGISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	10
EMPLOYED FTE	7.7
FTE CHANGE 2013-18	- 7%
AVG. WEEKLY HOURS	30.7 hours
OVER 60 YEARS OLD	20%
AVERAGE AGE	52.1 years
GENDER	80% F 20% M
TRAINEE HEADCOUNT	2

CLINICAL HOURS WORKED IN SECTOR

Public	Private
59%	41%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	2.5
TAS	1.9
South	2.6
North	2.1
North West	0.0

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Endocrinologists investigate, diagnose and treat human glandular and hormonal system disorders. Endocrinologists analyse test results, record information, prescribe and administer drugs and other treatment procedures, notify government health bodies of specified diseases and admit or refer patients to hospital.

TRAINING

COLLEGE

The Royal Australasian College of Physicians (RACP)

PROGRAM SUMMARY

Minimum six years of vocational training; includes basic adult medicine (three years) or basic paediatric and child health (three years) and advanced endocrinology training (three years).

IN TASMANIA

Some components of advanced vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as an endocrinologist is available to medical practitioners who have been assessed by RACP as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

2018

GASTROENTEROLOGISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	15
EMPLOYED FTE	17.8
FTE CHANGE 2013-18	19%
AVG. WEEKLY HOURS	47.5 hours
OVER 60 YEARS OLD	13%
AVERAGE AGE	45.8 years
GENDER	7% F 93% M
TRAINEE HEADCOUNT	3

CLINICAL HOURS WORKED IN SECTOR

Public	Private
47%	53%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	3.3
TAS	2.8
South	3.3
North	2.1
North West	2.7

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Gastroenterologists investigate, diagnose, treat and provide preventative medical care in relation to disorders and diseases of the human gastrointestinal tract, liver and associated organs. Gastroenterologists analyse test results, record information, prescribe and administer drugs and other treatment programs, notify government health bodies of specified diseases and admit patients to hospital.

TRAINING

COLLEGE

The Royal Australasian College of Physicians (RACP)

PROGRAM SUMMARY

Minimum six years of vocational training; includes basic adult medicine (three years) or basic paediatric and child health (three years) and advanced gastroenterology training (three years).

IN TASMANIA

Some components of advanced vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a gastroenterologist is available to medical practitioners who have been assessed by the relevant college as being eligible for fellowship.

2018

GENERAL PHYSICIANS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	33
EMPLOYED FTE	32.7
FTE CHANGE 2013-18	14%
AVG. WEEKLY HOURS	39.6 hours
OVER 60 YEARS OLD	24%
AVERAGE AGE	52.0 years
GENDER	18% F 82% M
TRAINEE HEADCOUNT	21

CLINICAL HOURS WORKED IN SECTOR

Public	Private
82%	18%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	3.7
TAS	6.2
South	4.8
North	7.6
North West	8.0

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

General physicians (or specialists in internal medicine) are highly trained specialists who provide a range of non-surgical health care to adult patients. They are experts in the diagnosis and management of complex, chronic and multisystem disorders.

TRAINING

COLLEGE
The Royal Australasian College of Physicians (RACP)

PROGRAM SUMMARY
Minimum six years of vocational training; includes basic training (three years) and advanced general and acute care medicine (three years).

IN TASMANIA
All components of advanced vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a general physician is available to medical practitioners who have been assessed by the RACP as being eligible for fellowship.

2018

GERIATRICIANS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	12
EMPLOYED FTE	14.2
FTE CHANGE 2013-18	159%
AVG. WEEKLY HOURS	47.3 hours
OVER 60 YEARS OLD	17%
AVERAGE AGE	51.3 years
GENDER	42% F 58% M
TRAINEE HEADCOUNT	1

CLINICAL HOURS WORKED IN SECTOR

Public	Private
78%	22%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	2.8
TAS	2.3
South	3.3
North and North West	1.2

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Geriatricians focus on providing holistic care for older people and their health requirements. Geriatricians may investigate, diagnose and treat dementia, incontinence, heart disease, nutrition and rehabilitation. Geriatricians analyse test results, record information, prescribe and administer drugs and other treatment programs, notify government health bodies of specified diseases and admit patients to hospital.

TRAINING

COLLEGE

The Royal Australasian College of Physicians (RACP)

PROGRAM SUMMARY

Minimum six years of vocational training; includes basic adult medicine (three years) and advanced geriatric medicine (three years).

IN TASMANIA

Some components of advanced vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a geriatrician is available to medical practitioners who have been assessed by the relevant college as being eligible for fellowship.

2018

HAEMATOLOGISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	14
EMPLOYED FTE	14.5
FTE CHANGE 2013-18	101%
AVG. WEEKLY HOURS	41.3 hours
OVER 60 YEARS OLD	14%
AVERAGE AGE	45.8 years
GENDER	57% F 43% M
TRAINEE HEADCOUNT	3

CLINICAL HOURS WORKED IN SECTOR

Public	Private
85%	15%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	1.6
TAS	2.7
South	2.2
North and North West	3.1

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Haematologists specialise in both clinical and laboratory aspects of primary disorders of the blood as well as how other diseases affect the blood. Haematological diseases can be congenital or acquired and include leukaemia and lymphoma, some forms of anaemia and diverse blood clotting and bleeding disorders.

This data includes physicians who reported their specialty as haematology. Pathologists who specialise in haematology are included in the Pathologists profile.

TRAINING

COLLEGE

The Royal Australasian College of Physicians (RACP)

PROGRAM SUMMARY

Minimum five years of vocational training.

IN TASMANIA

Some components of advanced vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a haematologist is available to medical practitioners who have been assessed by the relevant college as being eligible for fellowship.

2018

IMMUNOLOGY AND ALLERGY PHYSICIANS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	3 or less
EMPLOYED FTE	1.9
FTE CHANGE 2013-18	85%
AVG. WEEKLY HOURS	37.0 hours
OVER 60 YEARS OLD	0%
AVERAGE AGE	40.5 years
GENDER	50% F 50% M
TRAINEE HEADCOUNT	0

CLINICAL HOURS WORKED IN SECTOR

Public	Private
84%	16%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	0.4
TAS	0.4

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Immunology and allergy physicians care for patients with immune system conditions. These disorders can be allergic disorders, immune deficiency disorders or autoimmune diseases.

TRAINING

COLLEGE

The Royal Australasian College of Physicians (RACP)

PROGRAM SUMMARY

Minimum six years of vocational training; includes basic adult medicine (three years) or basic paediatric and child health (three years) and advanced clinical immunology/allergy training (three years).

IN TASMANIA

Immunology and allergy physicians cannot train in Tasmania as there are no vocational training opportunities.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as an immunology and allergy physician is available to medical practitioners who have been assessed by RACP as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

2018

INFECTIOUS DISEASE PHYSICIANS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	5
EMPLOYED FTE	5.0
FTE CHANGE 2013-18	-37%
AVG. WEEKLY HOURS	39.8 hours
OVER 60 YEARS OLD	0%
AVERAGE AGE	46.6 years
GENDER	80% F 20% M
TRAINEE HEADCOUNT	3

CLINICAL HOURS WORKED IN SECTOR

Public	Private
90%	10%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	1.3
TAS	0.9
South	1.1
North and North West	0.8

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Infectious disease physicians investigate, diagnose, treat and provide preventative medical care in relation to various infections that can affect the human body. They are usually based in a hospital service, and specialise in the clinical, laboratory and public health aspects of infectious disease medicine and microbiology. Infectious disease physicians analyse test results, record information, prescribe and administer drugs and other treatment programs, notify government health bodies of specified diseases and admit patients to hospital.

TRAINING

COLLEGE

The Royal Australasian College of Physicians (RACP)

PROGRAM SUMMARY

Minimum six years of vocational training; includes basic adult medicine (three years) or basic paediatric and child health (three years) and advanced infectious disease training (three years).

IN TASMANIA

All components of advanced vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as an infectious disease physician is available to medical practitioners who have been assessed by RACP as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

2018

MEDICAL ONCOLOGISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	11
EMPLOYED FTE	12.5
FTE CHANGE 2013-18	37%
AVG. WEEKLY HOURS	45.5 hours
OVER 60 YEARS OLD	9%
AVERAGE AGE	46.1 years
GENDER	45% F 55% M
TRAINEE HEADCOUNT	2

CLINICAL HOURS WORKED IN SECTOR

Public	Private
91%	9%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	2.4
TAS	2.1
South	1.8
North and North West	2.3

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Medical oncologists investigate, diagnose, treat and monitor benign and malignant growths, tumours, cancers and diseases. Medical oncologists analyse test results, record information, prescribe and administer drugs and other treatment programs, notify government health bodies of specified diseases and admit patients to hospital.

TRAINING

COLLEGE

The Royal Australasian College of Physicians (RACP)

PROGRAM SUMMARY

Minimum six years of vocational training; includes basic adult medicine (three years) or basic paediatric and child health (three years) and advanced oncology training (three years).

IN TASMANIA

All components of advanced vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a medical oncologist is available to medical practitioners who have been assessed by RACP as being eligible for fellowship.

2018

NEPHROLOGISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	12
EMPLOYED FTE	13.3
FTE CHANGE 2013-18	13%
AVG. WEEKLY HOURS	44.3 hours
OVER 60 YEARS OLD	8%
AVERAGE AGE	47.2 years
GENDER	17% F 83% M
TRAINEE HEADCOUNT	2

CLINICAL HOURS WORKED IN SECTOR

Public	Private
83%	17%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	2.0
TAS	2.3
South	2.2
North and North West	2.3

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Nephrologists, or renal medicine physicians, investigate, diagnose and treat human kidney and urinary tract disorders.

TRAINING

COLLEGE

The Royal Australasian College of Physicians (RACP)

PROGRAM SUMMARY

Minimum six years of vocational training; includes basic training (three years) and advanced training in nephrology (three years).

IN TASMANIA

All components of advanced vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a nephrologist is available to medical practitioners who have been assessed by RACP as being eligible for fellowship.

2018

NEUROLOGISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	9
EMPLOYED FTE	8.1
FTE CHANGE 2013-18	61%
AVG. WEEKLY HOURS	36.1 hours
OVER 60 YEARS OLD	0%
AVERAGE AGE	43.9 years
GENDER	44% F 56% M
TRAINEE HEADCOUNT	2

CLINICAL HOURS WORKED IN SECTOR

Public	Private
82%	18%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	2.4
TAS	1.7
South	2.9
North and North West	0.4

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Neurologists investigate, diagnose, treat disease and provide preventative medical care in relation to injuries and disorders of the human brain, nervous system, spinal cord and muscle tissue. Neurologists analyse test results, record information, prescribe and administer drugs and other treatment programs, notify government health bodies of specified diseases and admit patients to hospital.

TRAINING

COLLEGE

The Royal Australasian College of Physicians (RACP)

PROGRAM SUMMARY

Minimum six years of vocational training; includes basic adult medicine (three years) or basic paediatric and child health (three years) and advanced neurology training (three years).

IN TASMANIA

All components of advanced vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a neurologist is available to medical practitioners who have been assessed by the relevant college as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

2018

NUCLEAR MEDICINE PHYSICIANS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	6
EMPLOYED FTE	5.4
FTE CHANGE 2013-18	58%
AVG. WEEKLY HOURS	36.2 hours
OVER 60 YEARS OLD	17%
AVERAGE AGE	58.5 years
GENDER	50% F 50% M
TRAINEE HEADCOUNT	0

CLINICAL HOURS WORKED IN SECTOR

Public	Private
42%	58%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	0.8
TAS	1.1
South	1.5
North and North West	0.8

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Nuclear medicine physicians use radiopharmaceuticals (radioisotopes) to diagnose and treat illness and disease. Their work combines medical imaging, patient care, chemistry, mathematics, physics, technology and medicine. Nuclear medicine physicians interpret test results and work with other medical specialists to diagnose and recommend treatment.

TRAINING

COLLEGE

The Royal Australasian College of Physicians (RACP) with option for study at Royal Australian and New Zealand College of Radiologists (RANZCR)

PROGRAM SUMMARY

Minimum six years of vocational training; with both RACP and RANZCR pathways.

IN TASMANIA

Some components of advanced vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a nuclear medicine physician is available to medical practitioners who have been assessed by the relevant college as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

2018

RESPIRATORY AND SLEEP MEDICINE SPECIALISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	11
EMPLOYED FTE	12.7
FTE CHANGE 2013-18	-17%
AVG. WEEKLY HOURS	46.2 hours
OVER 60 YEARS OLD	36%
AVERAGE AGE	51.2 years
GENDER	27% F 73% M
TRAINEE HEADCOUNT	1

CLINICAL HOURS WORKED IN SECTOR

Public	Private
55%	45%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	2.5
TAS	2.1
South	2.6
North and North West	1.6

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Respiratory and sleep medicine specialists investigate, diagnose, treat and provide preventative medical care in relation to conditions and diseases affecting the breathing (respiratory) system. Respiratory and sleep medicine specialists analyse test results, record information, prescribe and administer drugs and other treatment programs, notify government health bodies of specified diseases and admit patients to hospital.

TRAINING

COLLEGE

The Royal Australasian College of Physicians (RACP)

PROGRAM SUMMARY

Minimum six years of vocational training; includes basic adult medicine (three years) or basic paediatric and child health (three years) and advanced respiratory medicine (three years) or advanced sleep medicine (three years) or dual respiratory medicine and sleep medicine (three years).

IN TASMANIA

Some components of advanced vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a respiratory and sleep medicine specialist is available to medical practitioners who have been assessed by RACP as being eligible for fellowship.

2018

RHEUMATOLOGISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	9
EMPLOYED FTE	9.3
FTE CHANGE 2013-18	72%
AVG. WEEKLY HOURS	41.2 hours
OVER 60 YEARS OLD	0%
AVERAGE AGE	50.2 years
GENDER	56% F 44% M
TRAINEE HEADCOUNT	1

CLINICAL HOURS WORKED IN SECTOR

Public	Private
31%	69%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	1.4
TAS	1.7
South	2.9
North and North West	0.4

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Rheumatologists specialise in the diagnosis and holistic management of people with diseases that affect joints, muscles and bones.

TRAINING

COLLEGE

The Royal Australasian College of Physicians (RACP)

PROGRAM SUMMARY

Minimum six years of vocational training; includes basic adult medicine (three years) or basic paediatric and child health (three years) and advanced rheumatology training (three years).

IN TASMANIA

Some components of advanced vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a respiratory and sleep medicine specialist is available to medical practitioners who have been assessed by RACP as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

2018

PSYCHIATRISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	84
EMPLOYED FTE	76.9
FTE CHANGE 2013-18	80%
AVG. WEEKLY HOURS	36.6 hours
OVER 60 YEARS OLD	36%
AVERAGE AGE	55.3 years
GENDER	38% F 62% M
TRAINEE HEADCOUNT	23

CLINICAL HOURS WORKED IN SECTOR

Public	Private
64%	36%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	14.4
TAS	15.9
South	22.1
North	9.7
North West	8.9

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Psychiatrists diagnose, treat and provide preventative medical care in relation to human mental, emotional and behavioural disorders. They are trained to recognise emotional effects on the human body as well as the physical effects on the human mind. Psychiatrists assess patients and their test results, record information, prescribe and administer drugs, psychotherapy and other treatment programs, admit patients to hospital and provide in-patient treatment. Psychiatrists may also assist the courts and other bodies to manage patients in legal and forensic situations.

TRAINING

COLLEGE

The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

PROGRAM SUMMARY

Minimum five years of vocational training; includes:

- basic level adult psychiatry (one year)
- proficient level, mandatory and elective rotations (two years)
- advanced level elective rotations (two years).

IN TASMANIA

All components of vocational training are available in Tasmania. Consultation within the sector indicated strong demand for the training program, with capacity almost doubling through Specialist Training Post (STP) funding.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a psychiatrist is available to medical practitioners who have been assessed by RANZCP as being eligible for fellowship.

2018

PUBLIC HEALTH PHYSICIANS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	5
EMPLOYED FTE	5.4
FTE CHANGE 2013-18	-20%
AVG. WEEKLY HOURS	42.8 hours
OVER 60 YEARS OLD	40%
AVERAGE AGE	55.6 years
GENDER	60% F 40% M
TRAINEE HEADCOUNT	3

EMPLOYED HEADCOUNT PER 100,000 POPULATION	
AUS	1.0
TAS	0.9

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Public health physicians are primarily concerned with the health and care of populations and are trained in both clinical medicine and public health. Public health physicians are often involved in promoting good health and educating the community in preventative health care, public research and providing health care services to communities.

TRAINING

COLLEGE

The Royal Australasian College of Physicians (RACP)

PROGRAM SUMMARY

Minimum six years of vocational training. Advanced public health medicine (36 months). Eligibility to join the training program includes a minimum three years post-graduate medical experience, completion of a Master of Public Health or equivalent.

IN TASMANIA

All components of advanced vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a public health physician is available to medical practitioners who have been assessed by RACP as being eligible for fellowship.

NOTES

The clinical hours by sector are not provided for this workforce because the self-reported data is highly variable in clinical versus non-clinical hours.

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

2018

RADIATION ONCOLOGISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	7
EMPLOYED FTE	7.5
FTE CHANGE 2013-18	7%
AVG. WEEKLY HOURS	42.6 hours
OVER 60 YEARS OLD	29%
AVERAGE AGE	51.9 years
GENDER	14% F 86% M
TRAINEE HEADCOUNT	2

CLINICAL HOURS WORKED IN SECTOR

Public	Private
72%	28%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	1.4
TAS	1.3
South	1.1
North	2.1
North West	0.9

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Radiation oncologists are medical doctors that use radiation therapies to treat patients with cancer and other conditions. Advances in radiotherapy and its techniques for delivery allow radiation oncologists to better advise, treat and manage patients and minimise side effects of treatment. Radiation oncologists also provide palliative care advice and other support to patients with cancer.

TRAINING

COLLEGE

The Royal Australian and New Zealand College of Radiologists (RANZCR)

PROGRAM SUMMARY

Minimum six years of vocational training; includes phase one training (18 - 24 months) and phase two training (36-42 months).

IN TASMANIA

Some components of vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a radiation oncologist is available to medical practitioners who have been assessed by RANZCR as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

2018

RADIOLOGISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	38
EMPLOYED FTE	36.7
FTE CHANGE 2013-18	- 5%
AVG. WEEKLY HOURS	38.7 hours
OVER 60 YEARS OLD	24%
AVERAGE AGE	51.1 years
GENDER	29% F 71% M
TRAINEE HEADCOUNT	6

CLINICAL HOURS WORKED IN SECTOR

Public	Private
35%	65%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	8.4
TAS	7.2
South	10.3
North	4.8
North West	2.7

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Radiologists investigate, analyse and diagnose illness and disease using medical imaging (radiology) procedures. The technologies that radiologists use include X-ray, computed tomography (CT), magnetic resonance imaging (MRI), nuclear medicine, positron emission tomography (PET) and ultrasound. Radiologists perform and analyse tests and results, record information and work with other specialists to recommend treatment programs to patients.

TRAINING

COLLEGE

The Royal Australian and New Zealand College of Radiologists (RANZCR)

PROGRAM SUMMARY

Minimum five years of vocational training; includes general radiology training (three years) and system focused advanced radiology training (two years).

IN TASMANIA

All components of vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a radiologist is available to medical practitioners who have been assessed by RANZCR as being eligible for fellowship.

2018

REHABILITATION PHYSICIANS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	5
EMPLOYED FTE	4.8
FTE CHANGE 2013-18	48%
AVG. WEEKLY HOURS	38.6 hours
OVER 60 YEARS OLD	20%
AVERAGE AGE	45.0 years
GENDER	40% F 60% M
TRAINEE HEADCOUNT	4

CLINICAL HOURS WORKED IN SECTOR

Public	Private
74%	26%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	1.8
TAS	0.9
South	1.8
North and North West	0.0

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Rehabilitation physicians investigate, diagnose and provide preventative medical care to individuals with a disability due to injury or illness and assist them in achieving and maintaining an optimal level of performance in their everyday life. Rehabilitation physicians analyse test results, record information, prescribe and administer drugs and other treatment programs and admit patients to hospital. There are two specialty streams for rehabilitation medicine: general rehabilitation and paediatric rehabilitation.

TRAINING

COLLEGE

The Royal Australasian College of Physicians (RACP)

PROGRAM SUMMARY

Minimum seven years of vocational training; includes basic adult medicine (three years) and advanced rehabilitation medicine (four years). There is also a pathway for paediatric rehabilitation medicine.

IN TASMANIA

Some components of advanced vocational training are available in Tasmania

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a rehabilitation physician is available to medical practitioners who have been assessed by RACP as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

2018

SEXUAL HEALTH PHYSICIANS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	3 or less
EMPLOYED FTE	2.0
FTE CHANGE 2013-18	105%
AVG. WEEKLY HOURS	39.0 hours
OVER 60 YEARS OLD	0%
AVERAGE AGE	45.5 years
GENDER	50% F 50% M
TRAINEE HEADCOUNT	2

CLINICAL HOURS WORKED IN SECTOR

Public	Private
100%	0%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	0.4
TAS	0.4
South	0.7
North and North West	0.0

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Sexual health physicians investigate, diagnose, treat and provide preventative medical care in relation to sexually transmissible infections, physical or psychological discomfort associated with sexuality and unplanned pregnancies. Sexual health physicians work with other medical specialists to promote healthy sexual relations and outcomes for the individual and the broader community.

Sexual health physicians analyse test results, record information, prescribe and administer drugs and other treatment programs and notify government health bodies of specified diseases.

TRAINING

COLLEGE

The Royal Australasian College of Physicians (RACP)

PROGRAM SUMMARY

Minimum six years of vocational training; includes basic adult medicine (three years) or fellowship with another college and advanced sexual health medicine (three years).

IN TASMANIA

Some components of advanced vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a sexual health physician is available to medical practitioners who have been assessed by RACP as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

2018

SURGEONS: INTRODUCTION

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	110
EMPLOYED FTE	131.8
FTE CHANGE 2013-18	16%
AVG. WEEKLY HOURS	47.9 hours
OVER 60 YEARS OLD	32%
AVERAGE AGE	53.8 years
GENDER	11% F 89% M
TRAINEE HEADCOUNT	13

CLINICAL HOURS WORKED IN SECTOR

Public	Private
41%	59%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	20.7
TAS	20.8
South	25.1
North	21.4
North West	9.8

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Surgeons perform procedures to repair injuries, prevent and treat illness, correct deformities and improve human function and appearance. The following subspecialties are featured:

- Cardiothoracic surgeons
- General surgeons
- Neurosurgeons
- Oral maxillofacial surgeons
- Orthopaedic surgeons
- Otolaryngologist – head and neck surgeons
- Paediatric surgeons
- Plastic surgeons
- Urologists
- Vascular surgeons.

TRAINING

COLLEGE

The Royal Australasian College of Surgeons (RACS) trains surgeons in the surgical subspecialties listed above. Each specialty has a separate board or society that oversees the training program. The Royal Australasian College of Dental Surgeons (RACDS) trains oral maxillofacial surgeons.

PROGRAM SUMMARY

The Surgical Education and Training (SET) program promotes high-quality and efficient training through early selection into specialty training. Surgical trainees are selected directly into the specialty in which they will undertake specialist training.

IN TASMANIA

All of the above surgical subspecialties have accredited vocational training opportunities in Tasmania for at least some SET components.

SUB-SPECIALTIES

The table below details the employed headcount and FTE of the surgeon sub-specialties (TAS, 2018).

Sub-specialty	Employed headcount	FTE
Cardiothoracic surgeon	3 or less	4.1
General surgeon	32	39.1
Neurosurgeon	7	8.8
Oral and maxillofacial surgeon	3 or less	1.4
Orthopaedic surgeon	27	34.1
Otolaryngology - head and neck surgeon	10	8.9
Paediatric surgeon	3 or less	4.7
Plastic surgeon	10	12.1
Urology	12	14.4
Vascular surgeon	4	4.4
Total	**110**	**131.8**

2018

CARDIOTHORACIC SURGEONS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	3 or less
EMPLOYED FTE	4.1
FTE CHANGE 2013-18	- 3%
AVG. WEEKLY HOURS	54.3 hours
OVER 60 YEARS OLD	0%
AVERAGE AGE	50.7 years
GENDER	0% F 100% M
TRAINEE HEADCOUNT	0

CLINICAL HOURS WORKED IN SECTOR

Public	Private
93%	7%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	0.7
TAS	0.6

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Cardiothoracic surgeons perform surgery on the human heart, lungs and other thoracic organs to prevent and treat disease, repair injuries and improve physical function. Cardiothoracic surgeons also examine and assess patients to determine the necessity and risk of operations, consult with anaesthetists, prescribe postoperative care and maintain patient records.

TRAINING

COLLEGE

The Royal Australasian College of Surgeons (RACS)

PROGRAM SUMMARY

Minimum six years of vocational, Surgical Education and Training (SET); includes SET 1 (one year) and SET 2-6 (five years).

IN TASMANIA

Some components of vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a cardiothoracic surgeon is available to medical practitioners who have been assessed by RACS as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

2018

GENERAL SURGEONS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	32
EMPLOYED FTE	39.1
FTE CHANGE 2013-18	15%
AVG. WEEKLY HOURS	48.8 hours
OVER 60 YEARS OLD	38%
AVERAGE AGE	54.6 years
GENDER	19% F 81% M
TRAINEE HEADCOUNT	3

CLINICAL HOURS WORKED IN SECTOR

Public	Private
51%	49%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	6.6
TAS	6.1
South	6.6
North	6.2
North West	4.5

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

General surgeons perform surgery on the human body to prevent and treat disease, repair injuries and improve physical function and appearance. General surgeons also examine and assess patients to determine the necessity and risk of operations, consult with anaesthetists, prescribe post-operative care and maintain patient records.

TRAINING

COLLEGE

The Royal Australasian College of Surgeons (RACS)

PROGRAM SUMMARY

Minimum five years of vocational, Surgical Education and Training (SET); includes SET 1 (one year) and SET 2-5 (four years of surgical rotations).

IN TASMANIA

Some components of vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a general surgeon is available to medical practitioners who have been assessed by RACS as being eligible for fellowship.

2018

NEUROSURGEONS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	7
EMPLOYED FTE	8.8
FTE CHANGE 2013-18	34%
AVG. WEEKLY HOURS	50.4 hours
OVER 60 YEARS OLD	29%
AVERAGE AGE	51.3 years
GENDER	14% F 86% M
TRAINEE HEADCOUNT	2

CLINICAL HOURS WORKED IN SECTOR

Public	Private
30%	70%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	1.0
TAS	1.3

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Neurosurgeons perform surgery on the brain, spine and nervous system to prevent and treat disease, repair injuries and improve physical function. Neurosurgeons also examine and assess patients to determine the necessity and risk of operations, consult with anaesthetists, prescribe post-operative care and maintain patient records.

TRAINING

COLLEGE
The Royal Australasian College of Surgeons (RACS)

PROGRAM SUMMARY
Minimum six years of vocational, Surgical Education and Training (SET).

IN TASMANIA
Some components of vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a neurosurgeon is available to medical practitioners who have been assessed by RACS as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

2018

ORAL MAXILLOFACIAL SURGEONS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	3 or less
EMPLOYED FTE	1.4
FTE CHANGE 2013-18	***
AVG. WEEKLY HOURS	27.0 hours
OVER 60 YEARS OLD	0%
AVERAGE AGE	42.0 years
GENDER	0% F 100% M
TRAINEE HEADCOUNT	2

CLINICAL HOURS WORKED IN SECTOR

Public	Private
20%	80%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	0.5
TAS	0.4

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Oral maxillofacial surgeons perform surgery on the mouth and jaw to prevent and treat disease, repair injuries and improve physical function and appearance. They often treat problem wisdom teeth, facial pain, misaligned jaws, accident victims with facial injuries and craniofacial abnormalities of the jaws or facial regions. Oral maxillofacial surgeons also examine and assess patients to determine the necessity and risk of operations, consult with anaesthetists, prescribe post-operative care and maintain patient records.

TRAINING

COLLEGE

The Royal Australasian College of Dental Surgeons (RACDS)

PROGRAM SUMMARY

Minimum four years of vocational training. Require a dental degree, medical degree and a full year of surgery in general (SIG) prior to commencement.

IN TASMANIA

Some components of vocational training are available in Tasmania.

REGISTRATION

To practise in Australia, oral maxillofacial surgeons must be registered with the Dental Board of Australia.

NOTES

** In 2013 there were no oral maxillofacial surgeons working in Tasmania, meaning the FTE change since 2013 cannot be provided.

An alternative pathway to practice in this specialty is registration in dentistry with subsequent specialisation in oral maxillofacial surgery. These specialists are represented in the number of dental practitioners and do not appear in this profile.

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

Trainee headcount includes interstate trainees on rotation in Tasmania.

2018

ORTHOPAEDIC SURGEONS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	27
EMPLOYED FTE	34.1
FTE CHANGE 2013-18	38%
AVG. WEEKLY HOURS	50.6 hours
OVER 60 YEARS OLD	26%
AVERAGE AGE	51.7 years
GENDER	0% F 100% M
TRAINEE HEADCOUNT	4

CLINICAL HOURS WORKED IN SECTOR

Public	Private
31%	69%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	5.3
TAS	5.1
South	5.2
North	5.5
North West	4.5

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Orthopaedic surgeons perform surgery on the bones, joints, ligaments, tendons, muscles and skin to prevent and treat disease, repair injuries and improve physical function. They use medical, physical and rehabilitative methods as well as surgery.

Orthopaedic surgeons also examine and assess patients to determine the necessity and risk of operations, consult with anaesthetists, prescribe post-operative care and maintain patient records.

TRAINING

COLLEGE

The Royal Australasian College of Surgeons (RACS)

PROGRAM SUMMARY

Minimum five years of vocational, Surgical Education and Training (SET); includes introduction to orthopaedics, core orthopaedics and transition to practice.

IN TASMANIA

All components of vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as an orthopaedic surgeon is available to medical practitioners who have been assessed by the relevant college as being eligible for fellowship.

2018

OTOLARYNGOLOGIST – HEAD AND NECK SURGEONS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	10
EMPLOYED FTE	8.9
FTE CHANGE 2013-18	-13%
AVG. WEEKLY HOURS	35.4 hours
OVER 60 YEARS OLD	60%
AVERAGE AGE	59.5 years
GENDER	20% F 80% M
TRAINEE HEADCOUNT	0

CLINICAL HOURS WORKED IN SECTOR

Public	Private
29%	71%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	1.8
TAS	1.9
South	1.8
North	2.8
North West	0.9

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Otolaryngologist – head and neck surgeons perform surgery on the human ear, nose and throat to prevent and treat disease, repair injuries and improve physical function and appearance. They often treat nasal and sinus conditions, breathing and snoring issues, cancers and tumours of the head, neck and ears and hearing difficulties.

Otolaryngologists also examine and assess patients to determine the necessity and risk of operations, consult with anaesthetists, prescribe post-operative care and maintain patient records.

TRAINING

COLLEGE

The Royal Australasian College of Surgeons (RACS)

SUMMARY

Minimum five years of vocational, Surgical Education and Training (SET); includes six-month rotations in both paediatric and head and neck surgery.

IN TASMANIA

Some components of vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as an otolaryngologist is available to medical practitioners who have been assessed by RACS as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

2018

PAEDIATRIC SURGEONS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	3 or less
EMPLOYED FTE	4.7
FTE CHANGE 2013-18	94%
AVG. WEEKLY HOURS	62.0 hours
OVER 60 YEARS OLD	33%
AVERAGE AGE	54.3 years
GENDER	33% F 67% M
TRAINEE HEADCOUNT	0

CLINICAL HOURS WORKED IN SECTOR

Public	Private
100%	0%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	0.4
TAS	0.6

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Paediatric surgeons perform surgery on children from birth up to, and including, adolescence to prevent and treat disease, repair injuries and improve physical function and appearance. Paediatric surgeons often manage congenital structural abnormalities and perform neonatal and oncological surgery for children. Paediatric surgeons examine and assess patients to determine the necessity and risk of operations, consult with anaesthetists, prescribe post-operative care and maintain patient records.

TRAINING

COLLEGE

The Royal Australasian College of Surgeons (RACS)

PROGRAM SUMMARY

Minimum seven years of vocational training; includes early surgical education training (three years) and mid and late surgical education training (four years).

IN TASMANIA

Some components of vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a specialist paediatric surgeon is available to medical practitioners who have been assessed by RACS as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

2018

PLASTIC SURGEONS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	10
EMPLOYED FTE	12.1
FTE CHANGE 2013-18	-15%
AVG. WEEKLY HOURS	48.4 hours
OVER 60 YEARS OLD	20%
AVERAGE AGE	52.3 years
GENDER	10% F 90% M
TRAINEE HEADCOUNT	1

CLINICAL HOURS WORKED IN SECTOR

Public	Private
32%	68%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	1.7
TAS	1.9
South	2.2
North and North West	1.6

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Plastic surgeons perform surgery on muscle, bone and tissue injuries and congenital deformities to maintain or restore physical function and appearance. They often work as part of a team with other specialists. Plastic surgeons also examine and assess patients to determine the necessity and risk of operations, consult with anaesthetists, prescribe post-operative care and maintain patient records.

TRAINING

COLLEGE

The Royal Australasian College of Surgeons (RACS)

PROGRAM SUMMARY

Minimum five years of vocational, Surgical Education and Training.

IN TASMANIA

Some components of vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a plastic surgeon is available to medical practitioners who have been assessed by RACS as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.

2018

UROLOGISTS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	12
EMPLOYED FTE	14.4
FTE CHANGE 2013-18	12%
AVG. WEEKLY HOURS	47.9 hours
OVER 60 YEARS OLD	33%
AVERAGE AGE	56.7 years
GENDER	0% F 100% M
TRAINEE HEADCOUNT	2

CLINICAL HOURS WORKED IN SECTOR

Public	Private
28%	72%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	1.7
TAS	2.3
South	2.2
North and North West	2.3

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Urologists perform surgery on the kidney, urinary bladder and urethra and male sex organs to prevent and treat disease, repair injuries and improve physical function and appearance. Urologists also examine and assess patients to determine the necessity and risk of operations, consult with anaesthetists, prescribe post-operative care and maintain patient records.

TRAINING

COLLEGE

The Royal Australasian College of Surgeons (RACS)

PROGRAM SUMMARY

Minimum five years of vocational, Surgical Education and Training (SET) includes core surgery in general skills (one year), intermediate urology training (two years) and advanced urology training (two years).

IN TASMANIA

Some components of vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a urologist is available to medical practitioners who have been assessed by the relevant college as being eligible for fellowship.

2018

VASCULAR SURGEONS

A SNAPSHOT OF THE WORKFORCE IN TASMANIA

NUMBERS

EMPLOYED HEADCOUNT	4
EMPLOYED FTE	4.4
FTE CHANGE 2013-18	2%
AVG. WEEKLY HOURS	43.5 hours
OVER 60 YEARS OLD	25%
AVERAGE AGE	55.5 years
GENDER	25% F 75% M
TRAINEE HEADCOUNT	1

CLINICAL HOURS WORKED IN SECTOR

Public	Private
43%	57%

EMPLOYED HEADCOUNT PER 100,000 POPULATION

AUS	0.8
TAS	0.8

Sources: National Health Workforce Data Set including Tasmanian Unit Record Data (2018), ABS population data (2018), and Medical Education and Training data (2018)

DESCRIPTION

Vascular surgeons perform surgery on the human arteries and veins to prevent and treat disease, repair injuries and improve physical function and appearance. Vascular surgeons also examine and assess patients to determine the necessity and risk of operations, consult with anaesthetists, prescribe post-operative care and maintain patient records.

TRAINING

COLLEGE
The Royal Australasian College of Surgeons (RACS)

PROGRAM SUMMARY
Minimum five years of vocational, Surgical Education and Training (SET).

IN TASMANIA
Some components of vocational training are available in Tasmania.

REGISTRATION

To practise medicine in Australia, doctors must be registered with the Medical Board of Australia. Specialist registration as a vascular surgeon is available to medical practitioners who have been assessed by the relevant college as being eligible for fellowship.

NOTES

The small size of this group must be considered when reviewing the data and any trends within. Even minimal movement, for example the resignation of one employee will have a significant influence on the data profile.