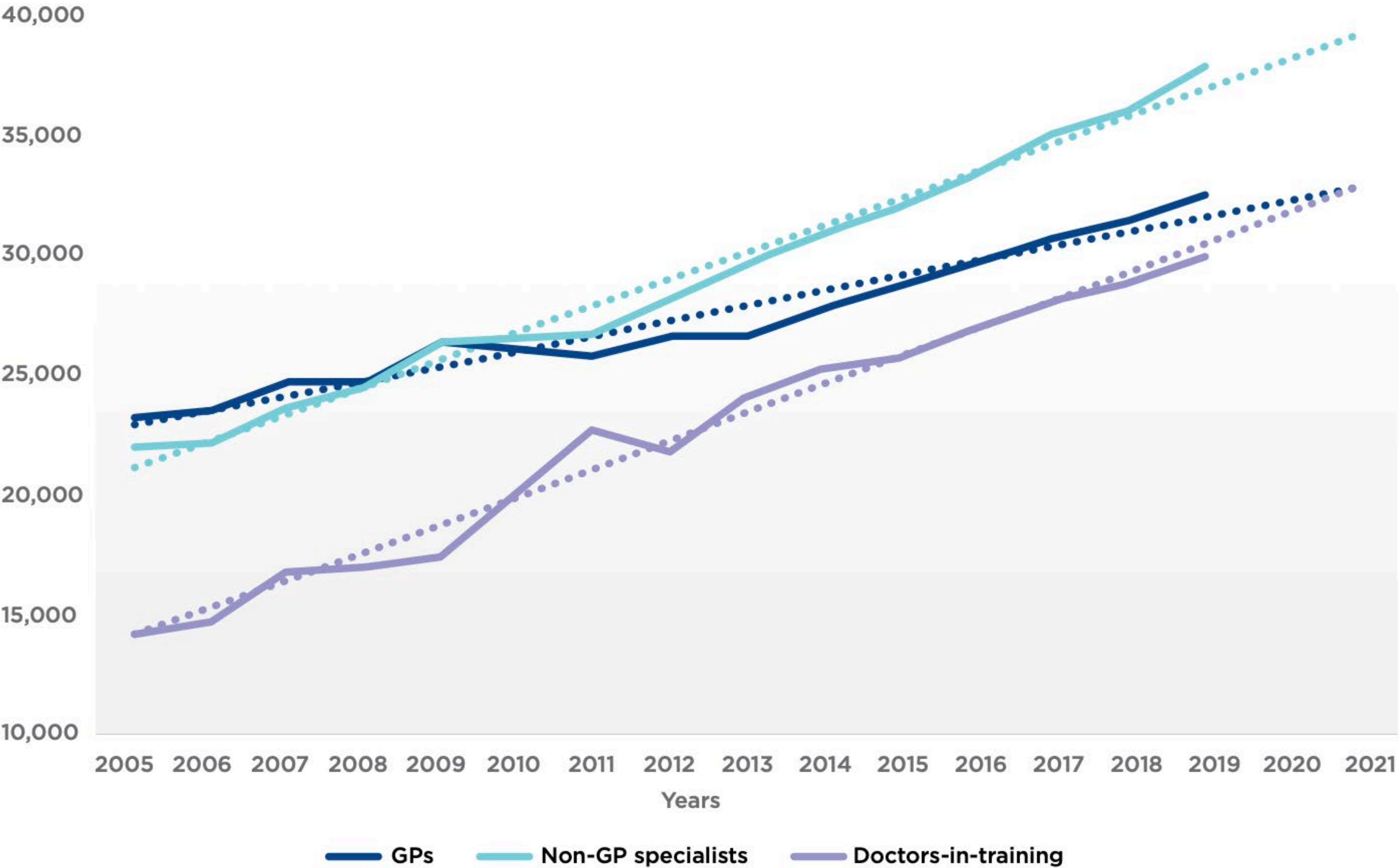


The evolution of the medical workforce

PROFESSOR ANTHONY SCOTT
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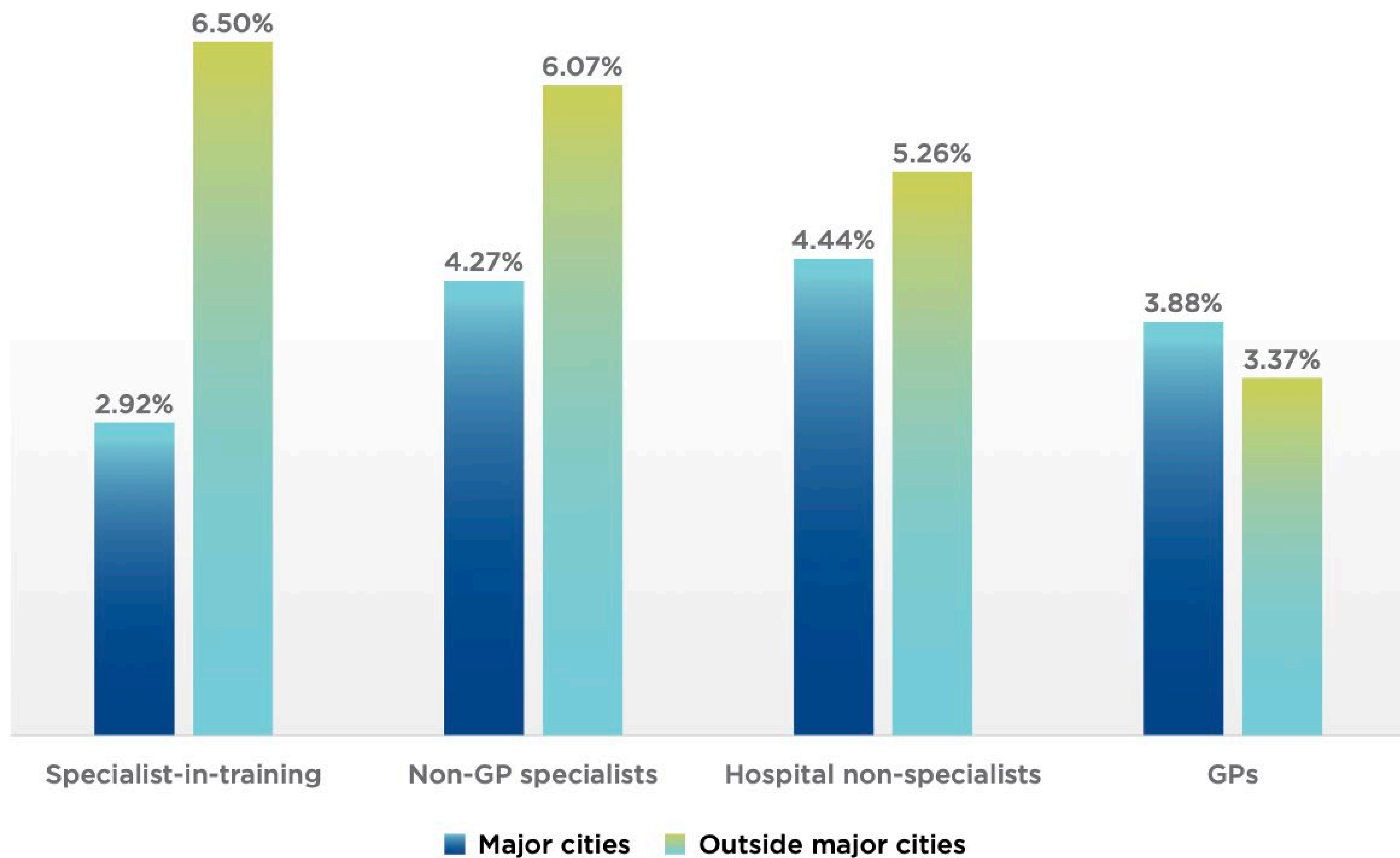
2021

Figure 1. Number of doctors 2005 to 2019 (linear projections to 2021).

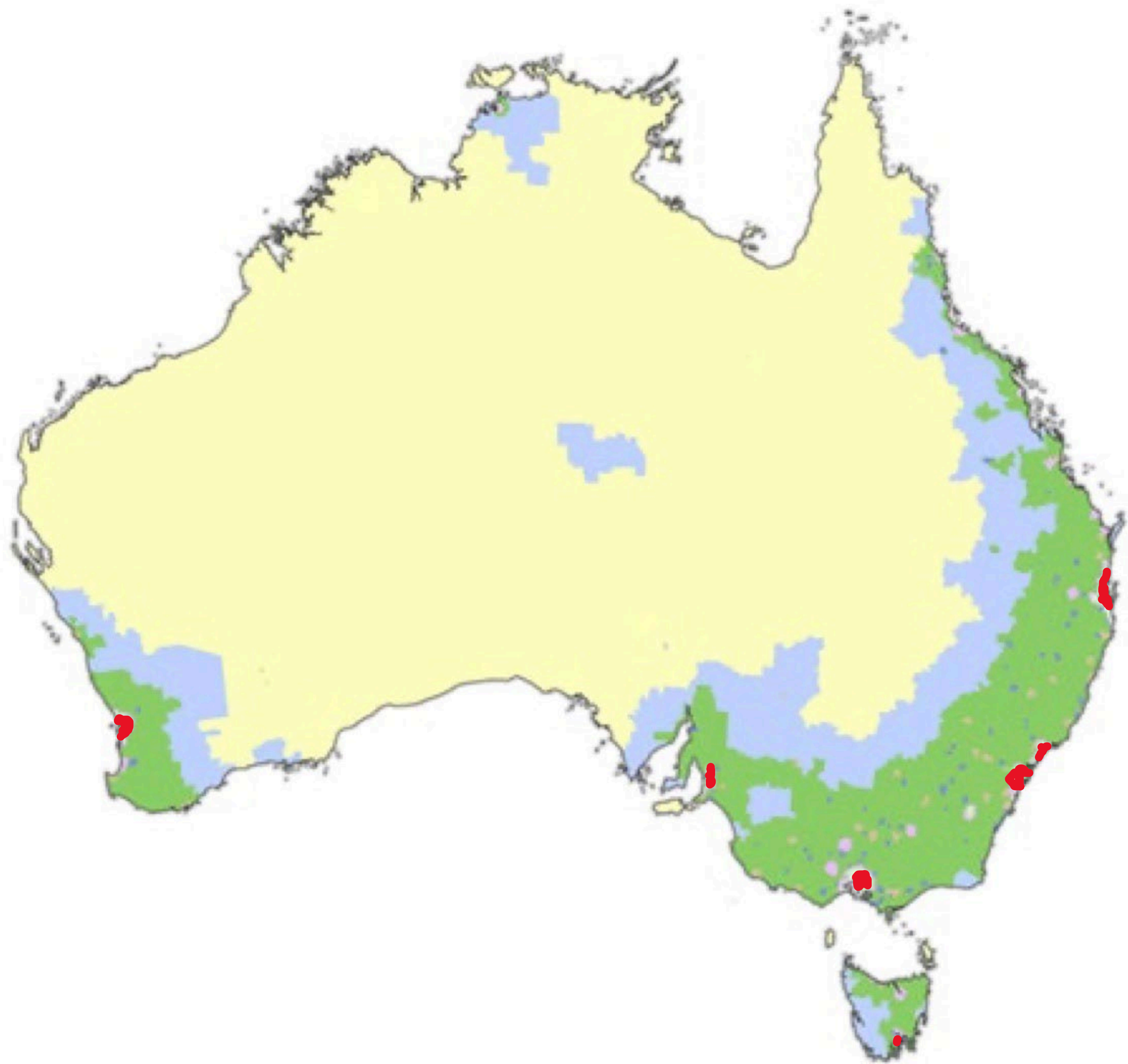


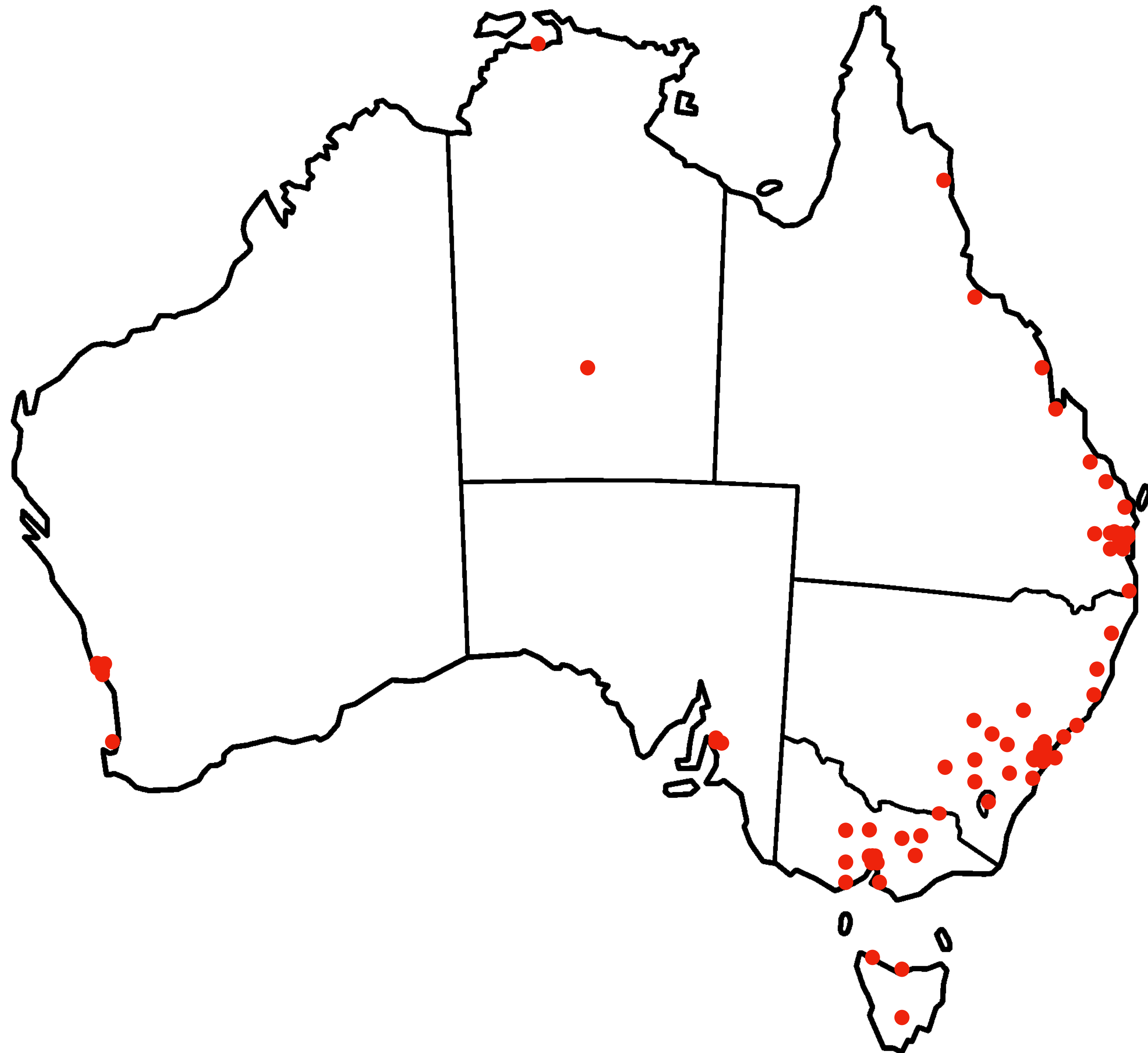
Source: Health Workforce Planning Tool, Department of Health.

Figure 2. Average annual percentage increase in the number of doctors working outside and inside major cities (between 2013 to 2019).



Source: Health Workforce Planning Tool, Department of Health. Major cities defined as Modified Monash Model 1.





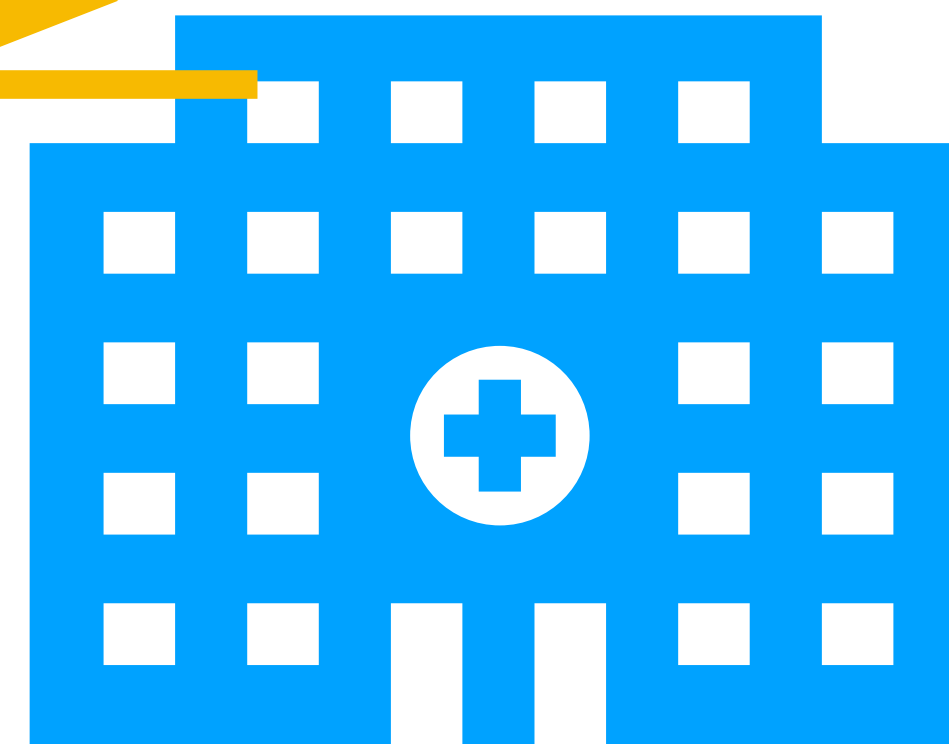
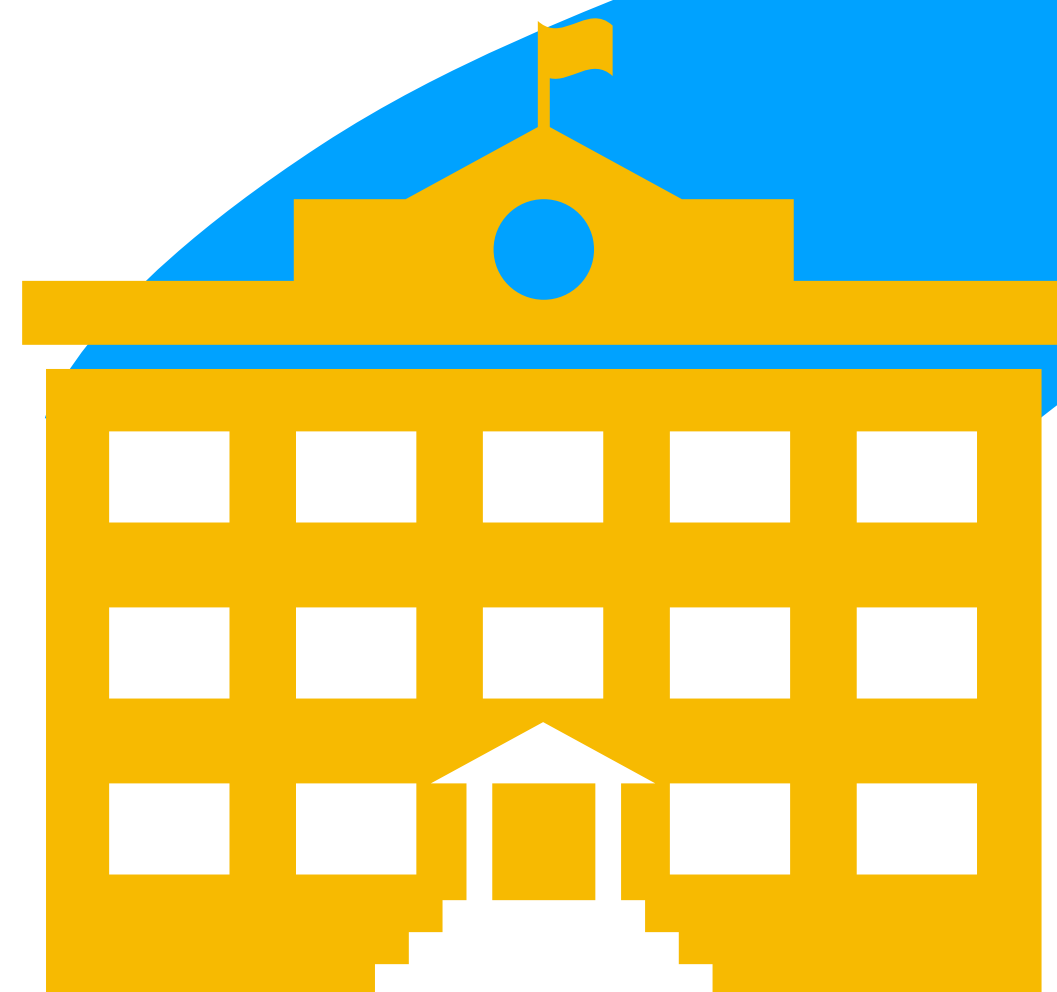
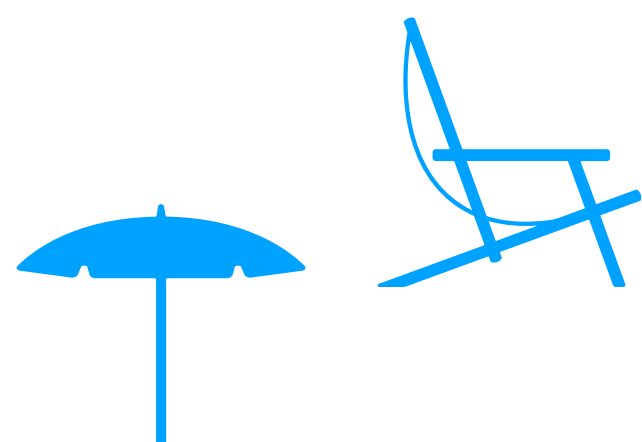
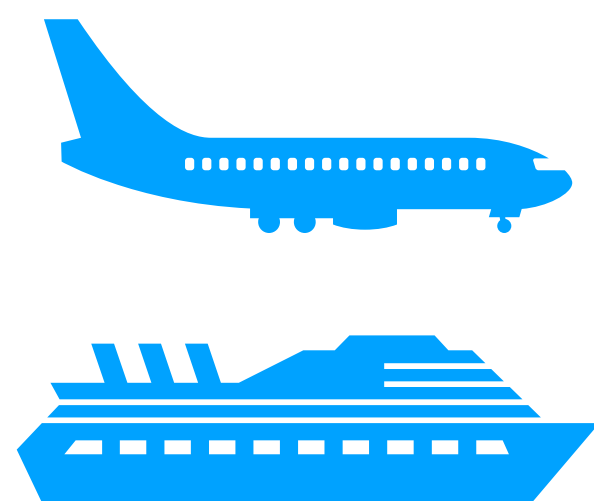












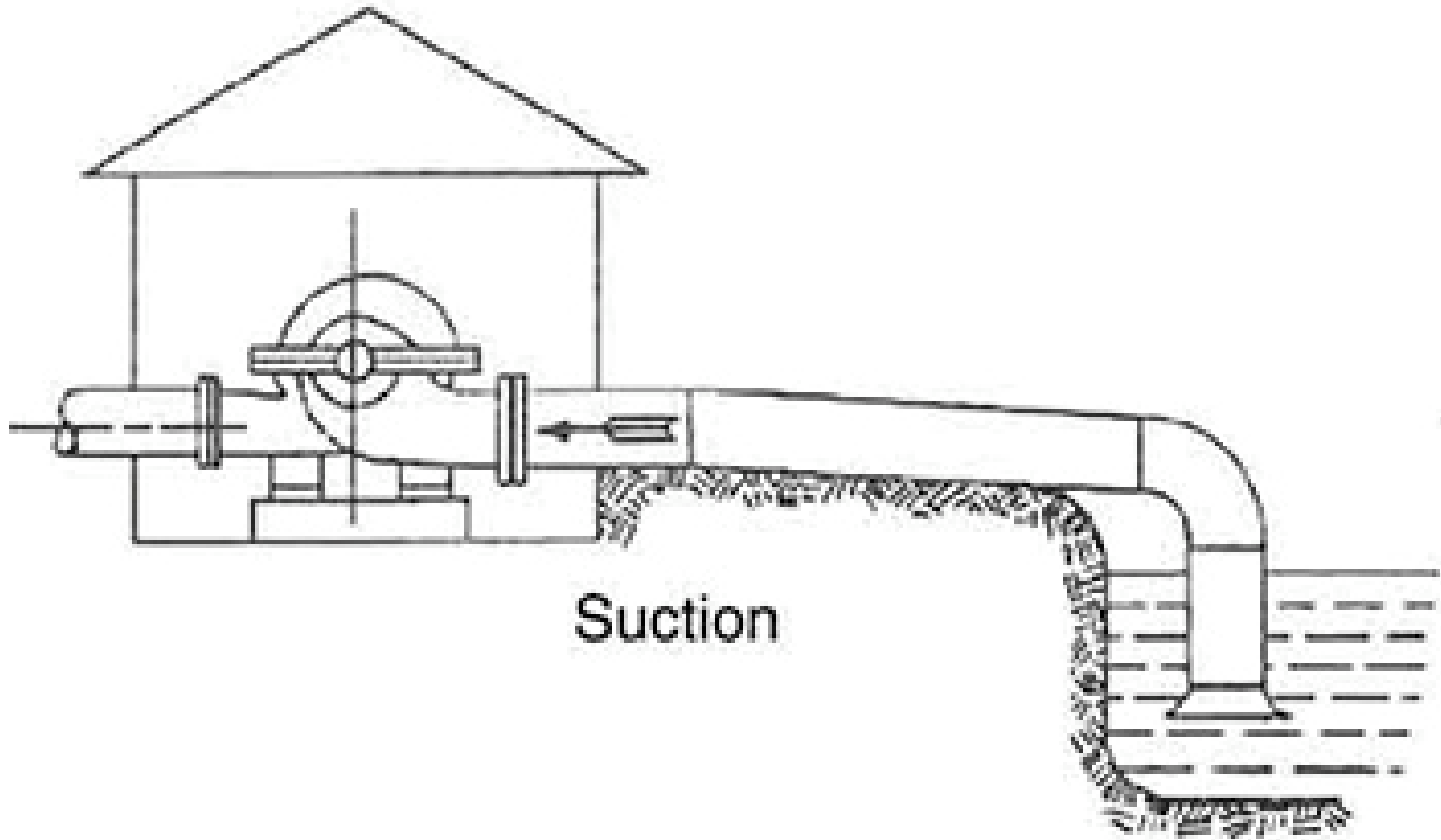
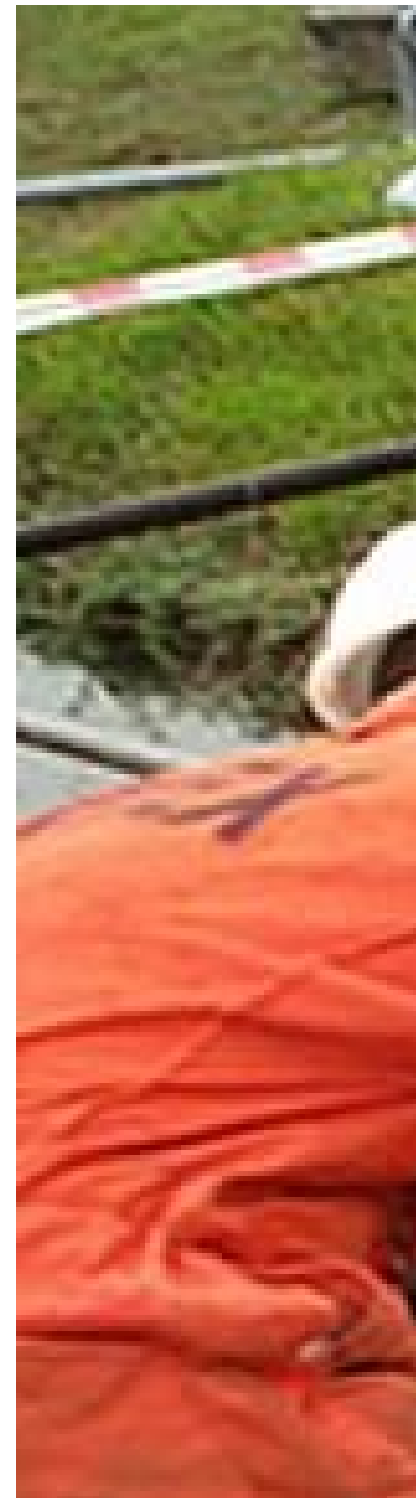
Rural training pathways for specialists**2020**

3. Despite now training more medical practitioners per head of population than most countries in the Organisation for Economic Co-operation and Development, Australia is still reliant on international medical graduates to provide services in rural and regional areas.





Recommended



	NSW		NT
Intern	\$ 73,086.00		\$ 78,757.00
RMO 3	\$ 106,717.00		\$ 103,336.00
Reg 3	\$ 125,026.00		\$ 119,226.00
Senior Registrar	\$ 150,475.00		\$ 148,037.00
CMO (Max)	\$ 230,441.00		
Staff Specialist Year 1	\$ 210,238.00		\$ 189,585.00
Senior Staff Specialist Max	\$ 302,425.00		\$ 265,395.00

POSITION PAPER ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Subject: Rural and Regional Surgical Services Ref. No. FES-FEL-055

October 2014

- a. Access to contingency funds such that **planned and opportunistic recruitment of specialist surgeons** is facilitated;
- b. Appropriate resources to provide regular access to **elective operating lists** and sufficient budget to cease the current practice of cancellation of elective surgery to manage budget shortfalls;
- c. Sufficient resources to **appropriately remunerate** rural and regional surgeons and thus facilitate recruitment;
- d. Infrastructure sufficient to support the practice of modern surgery;
- e. Appropriate support of resident surgeons with **locum relief** to allow adequate holidays and study leave;
- f. Mechanisms to ensure peer reviewed audit is undertaken in a manner that is not onerous for the specialist surgeon;
- g. The ability to ensure **integration** of newly recruited surgeons and their partners and family into the local community.

Non-GP specialists earned almost twice as much as GPs

The earnings gap is likely to widen further as there are no specific national policies to address this.

ANZ—MELBOURNE INSTITUTE
Health Sector Report

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