MEDICAL PRACTITIONER WORKFORCE
PLAN FOR QUEENSLAND
Part of Advancing Health 2026, is our government’s commitment to a skilled and empowered workforce.
The Palaszczuk Government is committed to ensuring that Queensland’s healthcare system is fully equipped to address both current and future needs of communities across the state. Our government’s health vision, as outlined in Advancing health 2026, is one in which a skilled and empowered workforce, in the right numbers and in the right places, is able to provide Queenslanders with high-quality, sustainable and outcome-focused service delivery, regardless of where they live.

Queensland’s health system currently ranks among the best in the world, largely due to the passion, dedication and commitment of our workforce. The Queensland government is committed to further strengthening this system, to ensure that all medical services, regardless of their scope, composition or location are readily accessible to all Queenslanders.

Building the sustainability of the medical practitioner workforce to meet this vision is a complex challenge which requires a long-term outlook and whole-of-sector perspective.

I am therefore pleased to release the Medical Practitioner Workforce Plan for Queensland (MPWP4Q), a 10 year plan with key initiatives and deliverables aimed at building, strengthening and growing Queensland’s medical practitioner workforce to reflect the health needs of local communities and the changing demographics of Queensland’s population.

For the first stage of the plan, the government has committed $9.4 million over three years to progress the initial strategic priorities and associated initiatives. The plan is intended to foster collaborative relationships among public and private service providers, governments, training and education providers, peak professional bodies, non-government organisations and other medical workforce agencies.

The MPWP4Q will set the direction for medical workforce planning in Queensland, providing a clear vision and strong foundation for securing Queensland’s medical practitioner workforce now and into the future.
The MPWP4Q will set the course for medical workforce planning and development in Queensland over the next 10 years. It is intended to be a living document and as such, will be reviewed regularly in conjunction with stakeholders to ensure the initiatives to be delivered over the life of the MPWP4Q remain relevant, appropriate and fit for purpose.

This iteration of the MPWP4Q provides a high level overview of the strategic priorities and associated initiatives which will be progressed over the next three years. The medical workforce data which was used to inform this document will be made available on a dedicated page of the Queensland Health website.

The MPWP4Q has been developed via a broad consultation process. Key partners and stakeholders provided a diagnostic review of available medical workforce data, the current policy landscape and the challenges facing the medical workforce. Underpinning this process was a steering committee, which comprised representation from the Department of Health, hospital and health services (HHSs), private hospitals, primary health networks, medical specialist colleges, Queensland medical schools and students, salaried medical officers, doctors in training, professional associations and medical recruiters.

In January 2016, the department released the *Queensland Medical Practitioner Workforce Discussion Paper*. This document provided an in-depth analysis and profile of the medical practitioner workforce, outlining the factors which influence the supply and demand for medical services, potential strategic directions to achieve a sustainable medical practitioner workforce and preliminary forecasts of potential future supply and demand.

Responses to the *Queensland Medical Practitioner Workforce Discussion Paper* were received from 50 entities and individuals. A series of meetings and forums were subsequently undertaken to enable in-depth discussion of critical issues, as well as to facilitate the sharing of information in an open and constructive manner.

I would like to take this opportunity to thank all of the individuals and entities which contributed to the development of the MPWP4Q. The full list of contributing stakeholders is contained within appendix 2. The ongoing support and collaboration of people who understand the system is imperative to progress the MPWP4Q.

I look forward to continuing to work with medical workforce stakeholders in the future.
Since the July 2006 Council of Australian Governments agreement, the total number of graduating domestic medical students in Queensland has doubled from 349 in 2007, to 700 in 2014. If current projections remain constant, over 8100 domestic medical students will have graduated from Queensland universities and entered the medical practitioner workforce between 2007 and 2020.

This growth has contributed to increased competition for existing prevocational and vocational training places. Simultaneously there is greater demand for specialist and generalist practitioners and a growing trend across all levels of the medical workforce toward part-time hours, in an effort on behalf of practitioners to strike a desirable work/life balance.

The consultation process identified that distribution of the medical practitioner workforce is a key issue in Queensland which continues to need to be addressed. The initiatives contained in this plan therefore aim to improve medical workforce distribution by building and retaining a critical mass of doctors within a region, ultimately creating viable, supported and attractive training options for junior doctors who want to live, train and practise in rural and regional locations.

Each individual strategic priority contains a number of initiatives which will deliver short, medium, and long term outcomes to ensure Queensland has a medical practitioner workforce in the right numbers and in the right places to meet the current and future needs of all communities.
Aim: Queensland has a medical practitioner workforce in the right numbers and in the right places to meet the current and future needs of all communities.
## OUTCOMES AT A GLANCE

### WITHIN TWO YEARS
- Integration of collaborative medical workforce data collection and planning activities.
- Ready access by employers to medical workforce data sets.
- Initial investment in small but critical workforces and specialties which have been in shortage.
- Development of action plans for the most critical workforce shortages, inclusive of working with education providers to ensure adequate training availability.
- Publication of resources to support career planning, including access to workforce reporting.
- Expansion of existing mechanisms for collaboration between rural and metropolitan services and medical practitioners nourished and new ones established.
- Implementation of a targeted upskilling and postgraduate fellowship program to support medical practitioners in regional, rural and remote locations.
- Mechanisms for fostering ‘grown our own’ sustainable workforce and regional training networks have been developed, piloted and implemented.
- Generalist qualifications and programs for medical practitioners are promoted and expanded.
- Undertake further research on the factors that have the greatest return on investment for attracting and retaining generalist health medical practitioners.
- Mechanisms to identify, develop and professionally nurture effective medical managers and leaders have been implemented.

### WITHIN TWO YEARS TO FIVE YEARS
- Monitor workforce numbers to determine effectiveness of the MPWP4Q’s implementation.
- Review and adjust forecast to ensure continued efficacy of the outcomes of the workforce modelling.
- Increase in medical student and junior doctor interest in medical specialties and areas which have been in shortage.
- Evaluate the targeted upskilling and postgraduate fellowship programs to support medical practitioners in rural locations—monitor and adjust fellowship positions to meet service need as required.
- Significant growth and support of ‘grown our own’ sustainable workforce and regional training networks.
- Use information from research to review and adjust programs and strategies to support generalist careers.

### BY THE END OF THE DECADE
- The available supply of medical practitioners is aligned with service needs to meet patient care.
- Medical practitioner workforce information is systematically used in service planning and local decision making.
- Rural and regional medical practitioners are routinely able to access professional support from metropolitan network partners.
- Regional and rural centres are viewed and valued as great providers of prevocational and vocational training and specialist practice.
- Employers have structured succession planning and development of initiatives for all medical managers and leaders.
<table>
<thead>
<tr>
<th>STRATEGIC PRIORITIES</th>
<th>KEY INITIATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMERGENT PRIORITY AREAS</strong></td>
<td>Build the sustained capacity for training and practice in a number of identified specialties including:</td>
</tr>
<tr>
<td>Investing in and supporting specialist workforces which are currently in or at risk of shortage</td>
<td>» psychiatry</td>
</tr>
<tr>
<td></td>
<td>» anatomical pathology</td>
</tr>
<tr>
<td></td>
<td>» public health medicine</td>
</tr>
<tr>
<td></td>
<td>» addiction medicine.</td>
</tr>
<tr>
<td></td>
<td>Facilitate enrolment through specialty core requirements by expanding capacity.</td>
</tr>
<tr>
<td><strong>SHARED DATA COLLECTION AND ANALYSIS</strong></td>
<td>Establish a Medical Workforce Advisory Group to:</td>
</tr>
<tr>
<td>Effective medical workforce planning will require ongoing and enhanced collaboration to enable shared identification and understanding of challenges that will need to be addressed by multi-faceted solutions</td>
<td>» facilitate the cooperative collection, analysis and evaluation of data</td>
</tr>
<tr>
<td></td>
<td>» undertake mapping of the workforce to inform modelling and planning at local and state levels</td>
</tr>
<tr>
<td></td>
<td>» identify shortages/surpluses and necessary interventions.</td>
</tr>
<tr>
<td><strong>STRENGTHENING FOR THE PRIMARY CARE MEDICAL WORKFORCE</strong></td>
<td>Implement the Rural Doctors Upskilling Program to support the development and maintenance of a skilled GP workforce to meet the medical service needs of regional, rural and remote Queensland.</td>
</tr>
<tr>
<td>An appropriately skilled and distributed GP workforce is required to meet Queensland’s primary health care needs, particularly in rural and remote areas</td>
<td></td>
</tr>
<tr>
<td><strong>SUPPORT FOR THE NEXT GENERATION</strong></td>
<td>Develop a medical careers website which hosts detailed workforce information and comparative capabilities for medical students and junior medical officers.</td>
</tr>
<tr>
<td>There is potential to promote career options early and encourage graduates and junior doctors into specialties and locations where there is need</td>
<td></td>
</tr>
<tr>
<td><strong>SECURING A MEDICAL WORKFORCE TO DELIVER SERVICES TO REGIONAL AND RURAL COMMUNITIES</strong></td>
<td>Develop the Fellowship Transition Scheme (FTS) — a structured pilot program of supported placements for new fellows in regional, rural and remote settings.</td>
</tr>
<tr>
<td>Despite significant increases in the medical workforce, shortages in current and projected staffing requirements continue to have a proportionately greater impact on regional, rural and remote health services</td>
<td>Implement a Regional Specialist Training Support Fund to provide non-recurrent funding allocation to subsidise the cost of training/supervision resources or opportunities, to specialists and registrars employed by hospitals and health service facilities in rural and remote areas.</td>
</tr>
<tr>
<td><strong>ENABLING SUSTAINABILITY</strong></td>
<td>Expand and enhance the established Department of Health leadership programs to support the professional development of current and potential medical managers, leaders and supervisors.</td>
</tr>
<tr>
<td>Investing in Queensland’s future medical leaders</td>
<td></td>
</tr>
</tbody>
</table>
Responses to the Queensland Medical Practitioner Workforce Discussion Paper helped inform the MPWP4Q
QUEENSLAND’S MEDICAL WORKFORCE

Queensland’s medical workforce comprises over 20,000 medical practitioners registered and work in a number of different sectors. The majority of the workforce (71 per cent) work in major cities, 15 per cent in regional areas, 12 per cent in outer regional areas and the remainder throughout small and remote areas.

CURRENT MEDICAL WORKFORCE DISTRIBUTION ISSUES

Consultations identified senior medical officer public sector vacancies which have been historically difficult to fill. Specialties where there have been a number of vacancies include:

- psychiatry
- obstetrics and gynaecology (both specialist and GP with advanced skills)
- general medicine
- general surgery
- orthopaedics
- paediatrics.

PROJECTIONS OF FUTURE MEDICAL SPECIALTY WORKFORCE REQUIREMENTS

Workforce modelling for individual medical specialties was undertaken to project potential workforce surpluses and shortfalls over the coming decade in Queensland.

Two simplistic scenarios were used to calculate projected demand and the required workforce size of individual specialties:

» Future effects of population—an Australian Bureau of Statistics (ABS) population growth projection (2.5 per cent).

» Express demand for individual specialties as outlined in Health Workforce 2025 (HW2025) – Volume 3 – Medical Specialties which provided Australia’s first major, long-term national projections for doctors by individual medical specialties.

The model, informed by responses to labour force surveys, generated the estimated supply and required workforce numbers as a head count. The outcomes of the modelling are detailed within appendix 1.

Several specialties have been projected via both demand scenarios to have a prospective shortfall of specialists by the end of the decade, including addiction medicine, general practice, ophthalmology, psychiatry, radiology and sexual health medicine.
STRATEGIC PRIORITIES AND INITIATIVES
EMERGENT PRIORITY AREAS

The planning and consultation process revealed a number of specialties which are perceived to be in current or future shortage. Factors such as an increased demand for services, an ageing workforce and administrative and training resource constraints have contributed to current and prospective shortages and potential maldistribution in a number of specialties.

To ensure that Queenslanders continue to have access to highly trained and skilled specialists the Queensland Government will invest in additional positions in a number of specialties. This investment will contribute to enabling the sustainability of specialty workforces by facilitating the attraction of current and future medical graduates.

KEY INVESTMENT INITIATIVES

» Build the sustained capacity for:
  • training and practice in psychiatry by expanding the number of Director of Training positions within psychiatry across Queensland
  • pathology by expanding anatomical pathology registrar positions
  • public health medicine by expanding training and practice positions within the specialty
  • addiction medicine by expanding training and practice positions within the specialty.

» Facilitate enrolment through specialty core requirements by expanding capacity.

» In collaboration with the medical specialist colleges, employers, medical schools, and junior doctors and medical students, undertake a coordinated approach to enhance the appeal and attractiveness of careers in psychiatry, pathology, public health and addiction medicine.
SHARED DATA COLLECTION AND ANALYSIS

A connected system of medical practitioner workforce data collection and analysis will enhance the ability of the Queensland Health system to address the challenges associated with growth in the ageing population and increased prevalence of chronic diseases.

There is an inherent complexity associated with medical workforce planning, particularly in relation to the:

» quality, accuracy and completeness of available data

» capacity and capability of resources allocated to undertake workforce planning activities

» governance and organisational fit of a collecting, coordinating and analysing function

» level of profession-specific involvement in workforce planning activities

» appetite, ability and authority to implement reform or change.

Partnering with stakeholders is essential to develop a framework which can be used to identify emerging medical workforce issues which may have a critical impact on services, particularly in rural and remote areas.

KEY INVESTMENT INITIATIVES

» Establish a permanent, representative medical workforce advisory group to:

  » oversee and inform the collection, analysis, evaluation and reporting of medical workforce data

  » monitor and progress implementation of the MPWP4Q

  » collaborate with key stakeholders to project population demand for medical services and jointly identify and develop workforce initiatives which bolster alternative care models

  » biennially map Queensland’s medical workforce to inform workforce modelling and planning at local and state levels, to identify where Queensland needs more specialists, general practitioners and trainees to inform the development of targeted intervention strategies for workforces identified to be in shortage.

  » review and report on future medical workforce needs in light of changing or increasing service needs and additional growth in education and training requirements for medical graduates.

» Explore the development of an agreed, online set of workforce data to support HHS and stakeholders by informing their respective workforce planning activities.
An appropriately skilled and distributed general practitioner workforce is required to meet Queensland’s primary healthcare needs, particularly for the delivery of public and community health programs and procedural work in rural and remote hospitals.

Improved integration of the services provided by HHSs, primary health organisations, Aboriginal community controlled health organisations, outreach providers and workforce agencies is essential to maintaining high quality medical services in Queensland.

Running in parallel to the MPWP4Q are two key government strategies that are designed to support primary care practitioners:

**SPECIALIST OUTPATIENT STRATEGY**

In May 2016, the Minister for Health and Minister for Ambulance Services released the Specialist Outpatient Strategy. This strategy will invest $361.2 million over four years to provide more specialist outpatient appointments for Queenslanders and to fix known problems in key parts of the patient journey by 2020.

**SEXUAL HEALTH STRATEGY**

The Minister for Health and Minister for Ambulance Services has additionally committed $5.27 million over four years to develop the Queensland Sexual Health Strategy 2016–2021. The strategy seeks to address a broad range of sexual and reproductive health issues including health promotion, prevention, clinical service provision and community education to meet the needs of all Queenslanders, including specific population groups.

Rural and remote communities within Queensland rely on GPs with procedural skills to provide obstetric, surgical and anaesthetic services—there is also reliance on GPs with special interests in non-procedural specialist areas including paediatrics, dermatology, mental health and emergency medicine. The *Rural Doctors Upskilling Program* (RDUP) will further augment the primary care medical workforce by supporting the development and maintenance of a flexible and skilled GP workforce to meet the medical service needs of regional, rural and remote Queensland.

The RDUP will:

- increase opportunities for GPs to undertake training, professional development and upskilling
- assist in addressing workforce shortages and achieving an appropriately skilled and distributed GP workforce
- improve patient access to procedural/special interest services in regional, rural and remote locations
- minimise patient travel and enable treatment as close to home as possible and potentially reduce emergency and outpatient waiting times
- facilitate continuity of comprehensive care to patients in regional, rural and remote locations.

**KEY INVESTMENT INITIATIVES**

- Queensland Health will implement the RDUP. The program will provide funding to GPs to support their upskilling requirements. The program affords flexibility for experiential opportunities within public hospitals, community and primary care settings and resource needs.
SUPPORT FOR THE NEXT GENERATION

To ensure sustainability and secure the future capacity of Queensland’s health system, the government will invest in initiatives that provide greater access to career resources for medical graduates and junior doctors, expand training capabilities around the state and ensure equitable distribution of trainees to regional, rural and remote areas.

KEY INVESTMENT INITIATIVES

» Develop a ‘Queensland Medical Careers’ website to provide medical graduates and junior doctors with accurate, contemporary workforce data, career pathway trajectories.

» Collaborate with medical specialist colleges and employers to provide a coordinated approach to addressing current and future training capacity issues within medical specialist training programs.

» Partner with employers and outreach providers to identify opportunities and resource requirements to expand the capacity of outreach service delivery as a training opportunity.

» Develop a data collection and modelling framework to identify and enhance workforce planning capabilities and support mechanisms for the non-vocationally registered medical practitioner workforce.

ASSOCIATED PROGRAM WORK

Queensland Health will partner closely with the Commonwealth Department of Health to monitor the developments in the Rural Junior Doctor Training Innovation Fund program area. Queensland Health, in collaboration with employers and accreditation authorities, will establish a working group with a view to implementing a prevocational rotation program to primary and community care settings.

Queensland and key stakeholders will partner to strongly advocate that the Commonwealth Government give greater consideration to the selection and placement of prospective GP registrars who intend to train and serve in rural and remote locations of Queensland. This approach will align with the ‘grow our own’ sustainable workforce strategy which forms part of the MPWP4Q.
 While significant investments in the medical practitioner workforce have been made by all levels of governments, it is recognised that some areas of Queensland continue to experience difficulty in recruiting and retaining doctors.

There is evidence that following a positive training experience in a regional hospital, doctors are more likely to take up work in subsequent years in a non-metropolitan location.

Queensland, via the Rural Generalist Pathway, has developed and implemented a renowned, articulated training pathway with associated curricula and infrastructure within hospital and community sectors. This is producing a new generation of highly experienced and well supported generalists with advanced skill sets in anaesthesia, emergency care, obstetrics and surgery. There is potential to leverage and apply the framework of the model to other medical specialties.

There are increasing numbers of doctors who are currently progressing towards specialisation in an environment where access to fellowships (i.e. preconsultant positions) is becoming increasingly competitive. There are also opportunities to develop well supported fellowship positions across Queensland to attract, support, develop and transition recently qualified specialists to regional and rural communities.

Queensland Health will work collaboratively with key stakeholders including employers, education providers and professional associations, to maximise funding available via the Commonwealth Government’s Integrated Rural Training Pipeline to increase undergraduate, prevocational and vocational training positions and infrastructure in rural Queensland.

**KEY INVESTMENT INITIATIVES**

» A structured pilot program of supported placement for new fellows in regional, rural and remote settings (Fellowship Transition Scheme). This will be facilitated by an initial placement in a metropolitan setting, followed by regional/rural placement with access to formalised peer networks and ongoing training and education opportunities.

» A Regional Specialist Training Support Fund to provide a non-recurrent funding allocation to subsidise the cost of training/supervision resources or opportunities, to specialists and registrars employed by hospitals and health service facilities in rural and remote areas.

» Partner and explore opportunities to create ‘grow our own’ sustainable workforce and to coordinate pathways and regional training networks for the management of prevocational and vocational training.
ENABLING SUSTAINABILITY

In order to ensure effective succession planning and to secure sustainability, continuity and confidence in medical services delivered in regional, rural and remote Queensland, the department will invest in expanding and enhancing medical education, training and supervision resources.

KEY INVESTMENT INITIATIVES

» Ensure effective succession planning and the retention of knowledge by exploring options for a step down role for retiring clinical directors. This step down role will ensure the transfer of skills and will minimise the transfer of higher loads to remaining specialists.

» Support the professional development of current and future medical leaders by expanding and enhancing the established Department of Health leadership training programs.

» Support access to education, training and upskilling opportunities for medical staff in regional, rural and remote areas through the use of platforms such as Telehealth and smart application technology.

The MPWP4Q represents a significant investment in the Medical Practitioner Workforce over the coming decade. Strategic and collaborative planning for the medical workforce is key to ensure the sustainability of service delivery and patient care.

An immersive understanding of the workforce as a continuum from medical student to specialist, has guided the development of this document to result in a targeted and considered model to build a sustainable medical workforce for the future of Queenslanders.
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Practising</th>
<th>Training</th>
<th>Losses</th>
<th>Total supply</th>
<th>HW2025 Projected demand</th>
<th>HW2025 Surplus/ (shortfall)</th>
<th>HW2025 Annual growth–demand %</th>
<th>2.5% Population–projected demand</th>
<th>2.5% Population surplus/ (shortfall)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction medicine</td>
<td>11</td>
<td>-</td>
<td>(9)</td>
<td>2</td>
<td>14</td>
<td>(12)</td>
<td>3.1%</td>
<td>14</td>
<td>(12)</td>
</tr>
<tr>
<td>Anaesthesia</td>
<td>798</td>
<td>480</td>
<td>(269)</td>
<td>1,009</td>
<td>1,045</td>
<td>(36)</td>
<td>4.2%</td>
<td>998</td>
<td>11</td>
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<tr>
<td>Dermatology</td>
<td>77</td>
<td>44</td>
<td>(26)</td>
<td>95</td>
<td>109</td>
<td>(14)</td>
<td>5.4%</td>
<td>96</td>
<td>(1)</td>
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<tr>
<td>Emergency medicine</td>
<td>321</td>
<td>597</td>
<td>(89)</td>
<td>829</td>
<td>494</td>
<td>335</td>
<td>3.2%</td>
<td>401</td>
<td>428</td>
</tr>
<tr>
<td>General practice</td>
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<td>2,429</td>
<td>(2,265)</td>
<td>5,883</td>
<td>7,549</td>
<td>(1,666)</td>
<td>3.0%</td>
<td>7,149</td>
<td>(1,266)</td>
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<td>Intensive care medicine</td>
<td>129</td>
<td>158</td>
<td>(40)</td>
<td>247</td>
<td>199</td>
<td>48</td>
<td>5.4%</td>
<td>161</td>
<td>86</td>
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<tr>
<td>Medical administration</td>
<td>42</td>
<td>101</td>
<td>(22)</td>
<td>121</td>
<td>53</td>
<td>69</td>
<td>4.2%</td>
<td>53</td>
<td>68</td>
</tr>
<tr>
<td>Obstetrics &amp; gynaecology</td>
<td>327</td>
<td>226</td>
<td>(148)</td>
<td>405</td>
<td>412</td>
<td>(7)</td>
<td>2.6%</td>
<td>409</td>
<td>(4)</td>
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<tr>
<td>Occupational and environmental medicine</td>
<td>34</td>
<td>35</td>
<td>(17)</td>
<td>52</td>
<td>43</td>
<td>10</td>
<td>4.2%</td>
<td>43</td>
<td>9</td>
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<tr>
<td>Ophthalmology</td>
<td>149</td>
<td>37</td>
<td>(58)</td>
<td>128</td>
<td>179</td>
<td>(51)</td>
<td>2.0%</td>
<td>186</td>
<td>(58)</td>
</tr>
<tr>
<td>Paediatrics &amp; child health</td>
<td>290</td>
<td>425</td>
<td>(102)</td>
<td>613</td>
<td>452</td>
<td>161</td>
<td>5.6%</td>
<td>363</td>
<td>250</td>
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<td>Pain medicine</td>
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<td>(8)</td>
<td>68</td>
<td>29</td>
<td>39</td>
<td>3.8%</td>
<td>29</td>
<td>39</td>
</tr>
<tr>
<td>Palliative medicine</td>
<td>33</td>
<td>52</td>
<td>(20)</td>
<td>65</td>
<td>41</td>
<td>24</td>
<td>3.8%</td>
<td>41</td>
<td>24</td>
</tr>
<tr>
<td>Pathology</td>
<td>239</td>
<td>161</td>
<td>(90)</td>
<td>310</td>
<td>390</td>
<td>(80)</td>
<td>6.3%</td>
<td>299</td>
<td>11</td>
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<tr>
<td>Physician</td>
<td>1,166</td>
<td>1,044</td>
<td>(370)</td>
<td>1,840</td>
<td>1,458</td>
<td>383</td>
<td>6.3%</td>
<td>1,458</td>
<td>382</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>600</td>
<td>262</td>
<td>(234)</td>
<td>628</td>
<td>846</td>
<td>(218)</td>
<td>4.1%</td>
<td>750</td>
<td>(122)</td>
</tr>
<tr>
<td>Public health medicine</td>
<td>24</td>
<td>30</td>
<td>(13)</td>
<td>41</td>
<td>30</td>
<td>11</td>
<td>3.2%</td>
<td>30</td>
<td>11</td>
</tr>
<tr>
<td>Radiation oncology</td>
<td>61</td>
<td>44</td>
<td>(19)</td>
<td>86</td>
<td>108</td>
<td>(22)</td>
<td>3.0%</td>
<td>76</td>
<td>10</td>
</tr>
<tr>
<td>Radiology</td>
<td>345</td>
<td>145</td>
<td>(123)</td>
<td>367</td>
<td>476</td>
<td>(109)</td>
<td>3.8%</td>
<td>431</td>
<td>(64)</td>
</tr>
<tr>
<td>Rehabilitation medicine</td>
<td>48</td>
<td>86</td>
<td>(15)</td>
<td>119</td>
<td>60</td>
<td>59</td>
<td>3.0%</td>
<td>60</td>
<td>59</td>
</tr>
<tr>
<td>Sexual health medicine</td>
<td>13</td>
<td>-</td>
<td>(7)</td>
<td>6</td>
<td>16</td>
<td>(10)</td>
<td>4.2%</td>
<td>16</td>
<td>(10)</td>
</tr>
<tr>
<td>Sport &amp; exercise medicine</td>
<td>8</td>
<td>13</td>
<td>(3)</td>
<td>18</td>
<td>10</td>
<td>8</td>
<td>2.6%</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Surgery</td>
<td>896</td>
<td>496</td>
<td>(335)</td>
<td>1,057</td>
<td>1,075</td>
<td>(18)</td>
<td>2.6%</td>
<td>1,120</td>
<td>(63)</td>
</tr>
<tr>
<td>Unknown</td>
<td>134</td>
<td>-</td>
<td>(263)</td>
<td>(129)</td>
<td>168</td>
<td>(297)</td>
<td>2.0%</td>
<td>168</td>
<td>(297)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11,487</strong></td>
<td><strong>6,918</strong></td>
<td><strong>(4,545)</strong></td>
<td><strong>13,860</strong></td>
<td><strong>15,255</strong></td>
<td><strong>(1,395)</strong></td>
<td><strong>3.2%</strong></td>
<td><strong>14,361</strong></td>
<td><strong>(501)</strong></td>
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</table>

A – Respondents identified their main occupation as practising specialists
B – Respondents identified their main occupation as specialist in training
C – Respondents specialist and specialist-in-training indicated they will leave the workforce within 10 years
D – Total supply = A + B – C
E – Projected demand based on G x 10 (if available) otherwise A x 10 x 2.5% (i.e. population growth rate)
F – Surplus (shortfall) = D – E
G – Annual growth rate health workforce 2025 - Volume 3 - Medical Specialties
H – Projected demand = A x 10 x 2.5% (estimated annual growth rate)
I – Surplus (shortfall) = D - H
APPENDIX 2: STAKEHOLDERS

The following stakeholders informed the development of the MPWP4Q via responses to the Queensland Medical Practitioner Workforce Discussion Paper and follow-up questionnaires, participation in meetings and/or attendance at either or both of the two consultative forums.

<table>
<thead>
<tr>
<th>Queensland Health</th>
<th>Queensland Medical Schools</th>
<th>Medical Specialist Colleges</th>
<th>Private And Primary Sectors</th>
<th>Other Key Stakeholders</th>
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<tr>
<td>Corporate Services Division</td>
<td>Bond University</td>
<td>Australian and New Zealand College of Anaesthetists</td>
<td>Private Hospital Association of Queensland</td>
<td>Health Training Branch, Commonwealth Department of Health</td>
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<td>Clinical Excellence Division</td>
<td>Griffith University</td>
<td>Faculty of Pain Medicine</td>
<td>Ramsay Health</td>
<td>Royal Flying Doctors Service</td>
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<td>The Australasian College of Dermatologists</td>
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<td>The Australasian College for Emergency Medicine</td>
<td>Uniting Care Health</td>
<td>Greater Northern Australia Training Network</td>
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<td>Australian Salaried Medical Officers’ Federation Queensland</td>
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<td>Northern Queensland PHN</td>
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<td>Australasian Chapter of Addiction Medicine</td>
<td>Queensland Aboriginal &amp; Islander Health Council</td>
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