



Australian Government
Department of Health

DRAFT

National Medical Workforce Strategy 2021-2031



Investing in our medical workforce to meet Australia's health needs

Why a national strategy?

There is **NO SINGLE SOURCE** of medical workforce data - **NOR AGREED APPROACHES** to analysis and modelling methods



The training pathway can be **DISJOINTED, INFLEXIBLE** and **UNCLEAR** for trainees

After significant growth, the Aboriginal and Torres Strait Islander medical workforce is **STILL UNDERREPRESENTED**

The medical profession has **HIGHER RATES** of suicide and stigma surrounding seeking help compared to the general population

There are over **3X** more doctors per capita in **CITIES** than **RURAL AND REMOTE AREAS**

The balance between **TRAINING** and **SERVICE REGISTRARS** needs to be aligned to future community need for specialists, with greater consideration for the **SAFETY** of service registrars

There is a need for **STRONGER ALIGNMENT** between the major medical workforce planning bodies

Training numbers for some specialties are growing **FASTER** than others, disproportionate to community need

Since 2013, the number of **SUBSPECIALISTS** has grown at **3X** the annual rate of general physicians and surgeons

Changing models of care, including the **IMPACT OF TECHNOLOGY** and **REMOTE CONNECTIVITY**, will affect workforce dynamics

Australia has an **UNDERSUPPLY** of psychiatrists, and an **OVERSUPPLY** of emergency physicians **YET** we still have **VACANCIES** in **RURAL AREAS**

DOUBLING the number of **MEDICAL GRADUATES** causes **TRAINING BOTTLENECKS** and **DOES NOT** achieve **EFFICIENT DISTRIBUTION** across geography and disciplines

Consultations at a glance



National Medical Workforce Strategy

Themes and priorities



Medical Workforce Asymmetry

