

# Pain medicine

## 2016 Factsheet



Pain medicine specialists serve both as a consultant to other physicians and often as the principal treating physician. The spectrum of care provided includes prescribing medication, co-ordinating rehabilitative services, performing pain relieving procedures, counselling patients and families, and directing a multidisciplinary team.

In Australia and New Zealand, a career in pain medicine is generally obtained by qualifying as a Fellow of the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists. The fellowship in pain medicine is an "add-on" specialist degree. Those wishing to enter the field usually will have or be training toward a specialist qualification in one of the participating specialties, namely anaesthesia, medicine, surgery, psychiatry or rehabilitation medicine.

To specialise in pain medicine takes two years of full-time training.

### Workforce

In 2016, there were 254 pain medicine specialists employed in Australia, of whom 50.8% worked in the private sector. The majority (97.2%) of pain medicine specialist who completed the 2016 National Health Workforce Survey indicated they were clinicians.



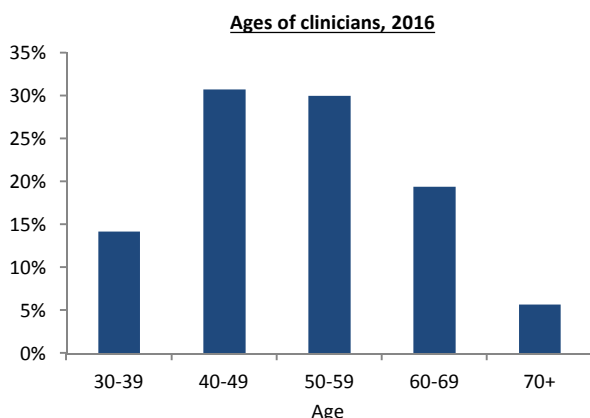
\* Includes administrators, educators, teachers, researchers and roles reported by survey respondents that did not fit predefined survey categories.

### Demographics of clinicians

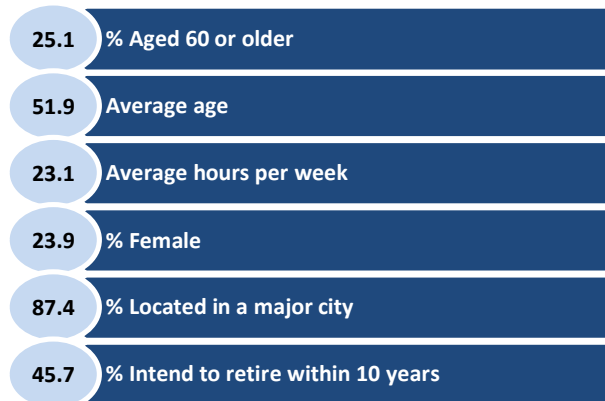
Males represented 76.1% of clinicians in 2016 and had an average age of 53.3 years. Females represented 23.9% of clinicians and were on average 5.6 years younger than male clinicians.

Category	% of clinicians	Average age	Average hours per week
Male	76.1%	53.3	24.8
Female	23.9%	47.7	17.8
<b>Clinician total</b>	<b>100.0%</b>	<b>51.9</b>	<b>23.1</b>

In 2016, 30.8% of clinicians were aged 40-49 years and 30.0% were aged 50-59 years.



### Quick facts of clinician workforce



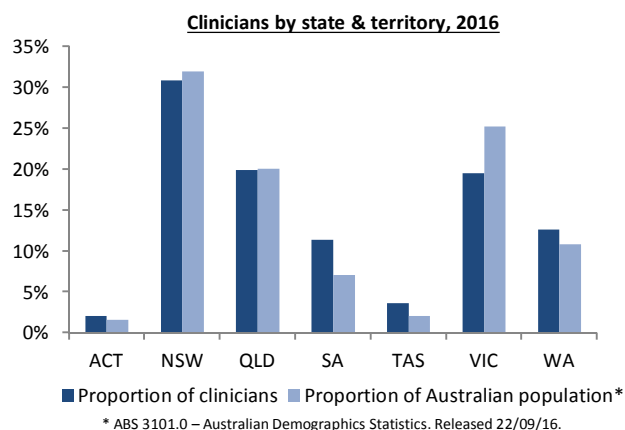
### Distribution of clinicians

In 2016, most clinicians (87.4%) were located in a major city or a location considered as MMM1 under the Modified Monash Model classification system.

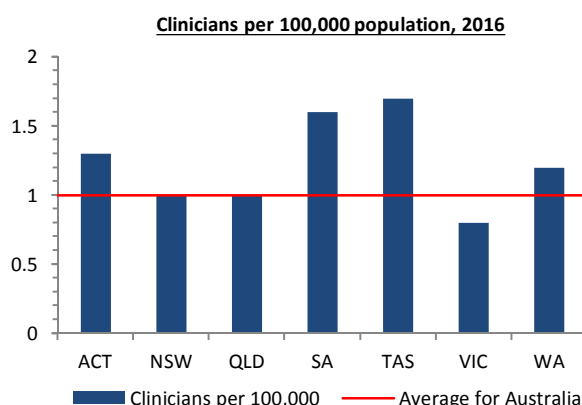
Location of clinicians by remoteness, Modified Monash Model (MMM*)							
MMM category	1	2	3	4	5	6	7
%	87.4	10.2	2.0	-	0.4	-	-

\* Further information on the Modified Monash Model is available at [doctorconnect.gov.au](http://doctorconnect.gov.au)

In 2016, the jurisdiction with the highest proportion of clinicians was New South Wales with 30.9%, followed by Queensland and Victoria with 19.9% and 19.5% respectively.



There was an average of 1.0 clinician per 100,000 population across Australia in 2016. Tasmania had the highest ratio of over 1.7 per 100,000 population, followed by the South Australia with 1.6 per 100,000 population.



## New fellows

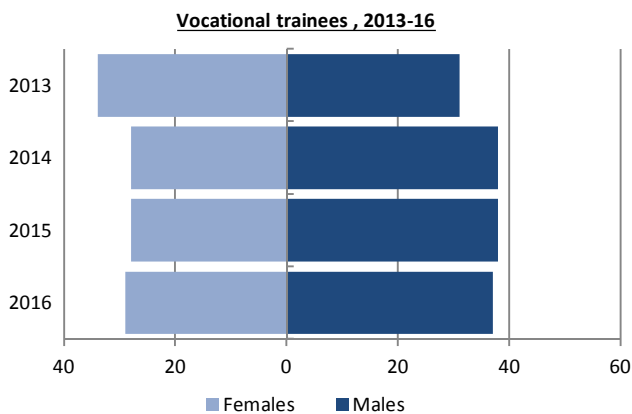
The number of pain medicine new fellows in 2015 was 128.6% higher than the number in 2013. Between 2013 and 2015 female new fellows increased by 180.0%, whereas male new fellows increased by 100.0%.

Number of new fellows, 2013-15			
	2013	2014	2015
Males	9	18	18
Females	5	9	14
<b>Total</b>	<b>14</b>	<b>27</b>	<b>32</b>

## Vocational training

Between 2013 and 2016 the overall number of trainees remained similar year after year. The number of female trainees in 2016 was 14.7% less than the number in 2013.

Trainee numbers, 2013-16			
Year	Females	Males	Total
2013	34	31	65
2014	28	38	66
2015	28	38	66
2016	29	37	66
<b>Change 2013-16 (%)</b>	<b>-14.7%</b>	<b>19.4%</b>	<b>1.5%</b>

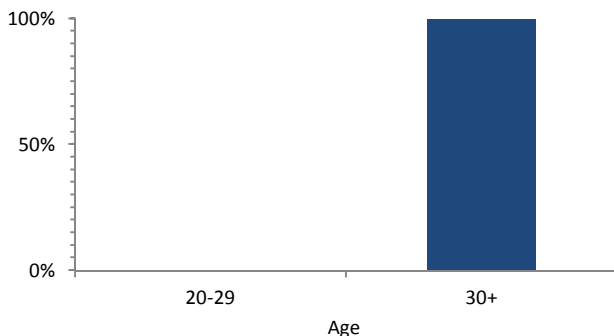


## Vocational intentions

In 2016, there were 4 Hospital Non-Specialists (HNS\*) who indicated their intention to undertake vocational training in pain medicine.

\* A HNS is a medical practitioner employed in a salaried position mainly in a hospital. They do not hold a specialist qualification and are not training to obtain one. They include career medical officers, hospital medical officers, interns, principal house officers, resident medical officers and registrars.

**Ages of HNS who intend to undertake vocational training in pain medicine, 2016**



## Workforce dynamics indicator\*

The workforce dynamics indicator highlights areas of concern in the future. The indicators measured and their current status is highlighted in the table below.

**Note:** The workforce dynamics indicators are for workforce assessment purposes only and are not intended to guide future training numbers.

\* Further information on the workforce dynamics Indicator is available at [health.gov.au](http://health.gov.au)

Minimal concern Significant concern

Indicator	Description	Status
<b>Ageing of workforce</b>	Workforces with higher average ages are more susceptible to higher exit rates due to retirements.	
<b>Replacement rate</b>	This measure indicates whether trainee numbers are sufficient to replace the numbers leaving the workforce.	
<b>Reliance on Overseas Trained Specialists (OTS)</b>	Workforces with high proportions of OTS are of concern because they depend on a supply stream affected by immigration policies that change.	
<b>Duration of training program</b>	This measure indicates how long it takes to train a replacement workforce.  Indicator considers basic and advanced training components.	

### References

- 1) National Health Workforce Dataset (NHWDS): Medical Practitioners 2016.
- 2) Australian Medical Association (AMA) Career Pathways Guide.
- 3) Medical Education and Training Report 1<sup>st</sup> edition (Unpublished).
- 4) ABS 3101.0 – Australian Demographics Statistics. Released 22/09/16.
- 5) National Medical Training Advisory Network (NMTAN) – Prevocational Doctor Factsheet Methodology Paper.

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