

# Australian Society of Anaesthetists (ASA) Workforce Modelling Report Summary and Recommendations

**“Anaesthetist workforce under-supply is significant and will worsen”.**

## Background

In 2023 the ASA commissioned a report by HealthConsult to explore the current state of the anaesthetist workforce in Australia and develop a planning model up to 2032.

The report was launched at Parliament House, Canberra in August 2024. This document summarises the key findings of the report.

There are predicted shortfalls in the supply of anaesthetists relative to future demand.

Unless measures are taken, Australia's Anaesthetist workforce under-supply will worsen.

## Key findings

- Demand for anaesthetic services is expected to **increase by 35.7% between 2017 and 2032**.
- The **anaesthetist workforce in Australia is predicted to increase only 31.8% in this time**, from 4,594 to 6,055 anaesthetists.
- In 2027 there is estimated to be a **4 per cent shortfall gap between the forecast and required workforce**.
- By 2032, the forecast workforce shortfall is **expected to reach a 5.7 per cent**.
- **One fifth of anaesthetists are expected to retire** within five years (National Health Workforce Dataset (NHWDS)).
- Anaesthetists' working hours are unlikely to match workload into the future.

## Option 1: Increase the productivity of anaesthetists

To meet the projected level of demand for anaesthetic services anaesthetists would need to increase workload by **2 per cent in five years**, or **5 per cent in ten years**.

Both the ASA member survey and the NHWDS suggest an increase in workload is not likely. On average anaesthetists intend **to reduce their work by 1.11 hours per week** (a 2.6 per cent reduction in workload).

**Addressing public hospital funding shortfalls and employment conditions** could improve anaesthetic output.

Improving patient flow, public hospital efficiencies, as well as incentivisation for staff to do additional work, could have a significant impact on public hospital productivity.

## Option 2: Additional trainees progressing to fellows

The ASA has examined the impact of the Australian and New Zealand College of Anaesthetists' (ANZCA) additional trainee data. While the increase in the number of 2024 trainee positions is encouraging, **it does not materially alter the shortfall.**

Simply, **it is the number of additional, admitted fellows as specialist anaesthetists that needs to increase year on year** to mitigate the depth and duration of undersupply.

The annual number of graduating fellows entering the workforce must be increased.

**56 new fellows annually would need to obtain fellowship every year from 2024 to 2027, or 39 from 2024 to 2032**, to bridge the anticipated undersupply.

The pipeline of specialist anaesthetists could be improved by increasing the number of places funded by governments based on analysis provided by the Department, assuming no change in workforce participation to that already indicated (2.5% decrease).

If this approach was adopted, the undersupply would start to be mitigated by 2027 and move closer to balance by 2032.

## ASA recommendations

Maintaining the current medical model of anaesthetic care ensures the safety and quality of outcomes.

Anaesthetists are not likely or willing to increase hours worked in future. Increasing the number of trainee anaesthetists to meet demand is paramount.

**The ASA recommends that at least 50 more anaesthesia trainees are employed each year across the 150 ANZCA accredited hospital sites in Australia (one-third of them in rural locations). This will provide a relatively straightforward solution at a reasonable cost.**

State Government Departments of Health will of course have to share the responsibility here as ANZCA has no control over the number of trainees working at accredited sites; this is the responsibility of the government departments which fund and run these hospitals (mostly state-based). ANZCA's only role here is to accredit these sites as providing appropriate training and experience.

**Current processes for credentialling specialist international medical graduates (SIMG) should be maintained.**

The ASA cautions against any reliance on short-term measures that may compromise standards, safety and quality.

**It is essential that more domestically qualified general practice (GP) anaesthetists are also trained.**

These doctors already provide excellent services in rural and remote locations, but more are needed. Current processes for credentialling GP anaesthetists should also be maintained.

## About the study

The ASA's study was commissioned to ascertain the extent of the issue, and identify possible solutions without compromising safety and quality, or overcorrecting in the short, medium, and longer term.

The ASA's study examines different scenarios on demand and workforce participation, which both impact the extent and duration of the workforce shortage.

The ASA methodology was presented to the Department Workforce Intelligence Unit to ensure approaches to modelling were similar and to minimise variation in interpretations. The ASA also consulted with ANZCA to ensure that the data it had sourced was accurate. The ASA found that the data from the Department, ANZCA and NHWDS was closely aligned.

**Scan here to access the full report and recommendations**

