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BACKGROUND

The ANZAN workforce committee was formed in 2007 and was given the task of performing workforce surveys and projections from advanced trainees and full members. Each survey was prepared by the committee and sent to all full members of ANZAN. It could be completed using either a paper based or web-based system. A separate survey was completed by Advanced Trainees in Neurology, who attended the Registrars Training Weekend in March 2008. The full member survey opened on 16 May 2008 and was closed on 31 May 2009. All data in this report relates to the Neurology workforce at this closing date.

The advanced trainee survey report has been presented at the Annual Scientific meeting in Christchurch, NZ May 2008. The results of the full member and the advanced trainee workforce surveys are contained within this report.

The ANZAN Workforce Committee consists of
Richard Macdonell- Chair
Christian Lueck
Kaitlyn Sharp
John Morris
John Archer
Peter Silbert
Richard Frith
Mandy Lau
SECTION 1

INTRODUCTION

Australia and New Zealand in common with other developed nations are well resourced by neurologists in a whole world sense but there are geographical inequalities in access to high quality neurological care as the majority of neurologists work in large urban centres.

Distribution of Neurologists around the World

(per 100,000 population)

(whqlibdoc.who.int/publications/2004/9241562838.pdf)
ANZAN Membership

Neurologists are eligible to become full members of ANZAN if they are ordinarily resident in Australia or New Zealand and their qualifications, training and experience are equivalent to those prescribed by the Specialist Training committee in Neurology of the Royal Australasian College of Physicians.

There were 464 full members of ANZAN at the time the full member survey closed (31/5/2009) who were located as follows.

401 Full members in Australia
31 Full members in NZ
32 Full members in other locations

According to mailing address and Bureau of statistics figures the distribution of neurologists in Australian states and New Zealand and the population per neurologist is as follows.
Head of population per Neurologist by state in Australia and by Island in NZ

![Map showing population density per state and island](image-url)
The population per neurologist in each city based on primary mailing address is listed below for New Zealand and each Australian state. This is only an estimate as it does not account for draining populations outside city population boundaries or for visiting neurologists who travel outside their primary postcode address to regional, rural or other areas on a sessional basis. ANZAN does not keep a record of where neurological services are provided by visiting neurologists. However there is some data regarding this in the survey results.

**New Zealand**

<table>
<thead>
<tr>
<th>Region</th>
<th>Main City</th>
<th>Popn</th>
<th>Neurologists</th>
<th>Popⁿ /Neurologist</th>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Auckland</td>
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<td>115100</td>
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<td>Whangarei</td>
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<td><strong>SOUTH ISLAND</strong></td>
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<td>Canterbury</td>
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<tr>
<td>Nelson</td>
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Australian states

NSW

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<tr>
<th>City</th>
<th>Pop&quot;</th>
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<th>Pop&quot;/Neurologist</th>
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</thead>
<tbody>
<tr>
<td>Sydney</td>
<td>4,399,722</td>
<td>142</td>
<td>30984</td>
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<tr>
<td>Newcastle</td>
<td>531,191</td>
<td>13</td>
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<tr>
<td>Gosford</td>
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<tr>
<td>Wollongong</td>
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<td>94723</td>
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<td>Albury-Wodonga</td>
<td>102,894</td>
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<tr>
<td>Wagga Wagga</td>
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<td>56911</td>
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<td>Coffs Harbour</td>
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<tr>
<td>Tamworth</td>
<td>45,615</td>
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<td></td>
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<tr>
<td>Port Macquarie</td>
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<td>Orange</td>
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<td>Dubbo</td>
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<td>Nowra-Bomaderry</td>
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<td>Bathurst</td>
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<td></td>
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<td>Lismore</td>
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<tr>
<td>ACT</td>
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<td>Canberra-Queanbeyan</td>
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## Queensland

![Map of Queensland](image)

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<tr>
<th>City</th>
<th>Pop(^n)</th>
<th>Neurologists</th>
<th>Pop(^n)/Neurologist</th>
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</thead>
<tbody>
<tr>
<td>Brisbane</td>
<td>1,945,639</td>
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<td>48641</td>
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<td>Sunshine Coast</td>
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<tr>
<td>Townsville</td>
<td>162,730</td>
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<td>81365</td>
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<tr>
<td>Cairns</td>
<td>142,001</td>
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<td></td>
</tr>
<tr>
<td>Toowoomba</td>
<td>125,339</td>
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<td>125339</td>
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<tr>
<td>Mackay</td>
<td>81,148</td>
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<tr>
<td>Rockhampton</td>
<td>75,497</td>
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<td>Bundaberg</td>
<td>66,176</td>
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<td>Hervey Bay</td>
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<td>Gladstone</td>
<td>48,796</td>
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<tr>
<td>Gold Coast-Tweed</td>
<td>558,888</td>
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<td>93148</td>
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### Victoria

<table>
<thead>
<tr>
<th>City</th>
<th>Pop&quot;</th>
<th>Neurologists</th>
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<tbody>
<tr>
<td>Melbourne</td>
<td>3,892,419</td>
<td>123</td>
<td>31,646</td>
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<tr>
<td>Geelong</td>
<td>172,300</td>
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<td>28,717</td>
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<tr>
<td>Ballarat</td>
<td>91,787</td>
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<tr>
<td>Bendigo</td>
<td>88,031</td>
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<tr>
<td>La Trobe Valley</td>
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<td>Mildura</td>
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<tr>
<td>Shepparton</td>
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<tr>
<td>Warrnambool</td>
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</table>
Other Australian States

TASMANIA

<table>
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<th>City</th>
<th>Pop</th>
<th>Neurologists</th>
<th>Pop/Neurologist</th>
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</thead>
<tbody>
<tr>
<td>Greater Hobart</td>
<td>209,287</td>
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<tr>
<td>Launceston</td>
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<tr>
<td>Burnie-Devonport</td>
<td>81,144</td>
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</table>

SA& NT

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Pop</th>
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<th>Pop/Neurologist</th>
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<tbody>
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<td>Adelaide</td>
<td>South Australia</td>
<td>1,172,105</td>
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<tr>
<td>Darwin</td>
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WA

<table>
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<th>Pop/Neurologist</th>
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<td>Perth</td>
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<tr>
<td>Mandurah</td>
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<tr>
<td>Bunbury</td>
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<tr>
<td>Geraldton</td>
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</tr>
<tr>
<td>Kalgoorlie/Boulder</td>
<td>31,509</td>
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</tbody>
</table>
SECTION 2
CONSULTANT NEUROLOGIST WORKFORCE SURVEY

174 surveys from full members were returned, representing a return rate of 34% from the ANZAN consultant membership overall and 41% and 29% from the Australian and NZ consultants respectively. 95% [165] of respondents were based in Australia, 5% [9] were based in New Zealand.

Q1: Age and Sex of participants

The age of participants were relatively evenly split amongst the decades between 30-60 years of age.

(146/174 responded to this question)
The sex distribution of participants was similar to the ANZAN membership and as expected females are a higher percentage of members aged <50
(There are currently 146 Female Full Members- 36% of the ANZAN membership)

(147/174 answered this question)
Q2: Working Status and Primary Practice Location
Most participants (168) were still active (95%) and 85% were working full time. 1 participant was temporarily inactive (maternity leave)

**Work Status of Respondents**
- Active: 86%
- Temp inactive: 10%
- Semi-retired: 3%
- Retired: 1%

**Primary Practice Location of Neurologists participating in this survey**
- NSW: 55
- Vic: 49
- QLD: 23
- SA: 13
- WA: 9
- ACT: 4
- NT: 1
- TAS: 1
- NZ: 9
Q3: Where do you work

Of the 165 participants still actively working 65% (114) had a secondary workplace and 20% (34) had a third workplace.

This information was analysed according to the state/country using postcodes according to their distance away from the CBD of each capital city.

(47 or 28% of respondents indicated they worked in a non-metro / regional area but this was not reflected in the postcodes given)

- <10km
- 10-20km
- >20km/regional

Queensland-Brisbane

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<th>10-20 km</th>
<th>&gt;20 km</th>
<th>Total</th>
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<td>8</td>
<td>23</td>
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</tr>
<tr>
<td>Third</td>
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NSW-Sydney

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<th>&gt;20 km</th>
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<tr>
<td>Primary</td>
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<td>14</td>
<td>16</td>
<td>53</td>
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<tr>
<td>Second</td>
<td>11</td>
<td>4</td>
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<tr>
<td>Third</td>
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ACT-Canberra

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### Victoria-Melbourne

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<td>Second</td>
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<tr>
<td>Third</td>
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<td>7</td>
<td>16</td>
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### Tasmania-Hobart

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<th>&gt;20 km</th>
<th>Total</th>
</tr>
</thead>
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<td>1</td>
</tr>
<tr>
<td>Second</td>
<td>1 (primary in VIC)</td>
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<td></td>
<td>1</td>
</tr>
<tr>
<td>Third</td>
<td>1 (primary in VIC)</td>
<td></td>
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<td>1</td>
</tr>
</tbody>
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### SA-Adelaide

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<th>&gt;20 km</th>
<th>Total</th>
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</thead>
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<td>0</td>
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<tr>
<td>Second</td>
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</tr>
<tr>
<td>Third</td>
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<td>2</td>
<td>0</td>
<td>4</td>
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### WA-Perth

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<td>9</td>
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</tr>
<tr>
<td>Third</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
New Zealand
9 respondents
Primary site – Auckland 3, Wellington 1, Christchurch 1, Hamilton 1, Hastings 1, Lower Hutt 1 (10-20km from Wellington), Unspecified 1
Second site – Hamilton 1, Christchurch 1
Third site - nil

Q4: Type of Neurology Practice
Most participants regard their practice as being a general Adult Neurology practice but 25 (15%) were purely subspecialists and there were 10 child neurologists who participated in the survey.
Most neurologists identified one or more subspecialty interests

**Subspecialty Interest**

<table>
<thead>
<tr>
<th>Interest</th>
<th>Number of Respondents</th>
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</thead>
<tbody>
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<td>Other</td>
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</tr>
<tr>
<td>Epilepsy</td>
<td>36</td>
</tr>
<tr>
<td>Movement</td>
<td>44</td>
</tr>
<tr>
<td>Neurophys</td>
<td>47</td>
</tr>
<tr>
<td>MS</td>
<td>33</td>
</tr>
<tr>
<td>Behavioural</td>
<td>17</td>
</tr>
</tbody>
</table>

**Other**- Sleep/Pain/Neuro-opthalmology/Neuro-otology/ Neuroonconology/ Neuropathies/ICU neurology/Neuromuscular/Neurorehabilitation/Motor Neuron Disease/Medicolegal/Headache/Genetics/CNS infection/Restless legs

**Q5: Hours Spent per interest-General Neurology or Subspecialty**

- **Primary interest**
  - Avg -15.8 hrs /week
  - Mode 10 hrs/ week
  - Range 2-60 hrs/week

- **Second interest**
  - Age - 2 hrs/week
  - Range 2-50 hrs/week

- **Third Interest**
  - Avg 2 hrs/week
  - Range 2-10 hrs/ week

Of note: there was no significant difference in hours spent between subspecialty Interests eg. Epilepsy avg – 16.75 hrs/wk ; Neurophysiology – 15.55 hrs/wk
Q6: Percentage of your working hours spent in the following activities in an average week.

- Residential Care - some = 0-5% of time
- Teaching - some = 1-30% of time
- Research - some = mainly 5-10% of time
- Others - medico-legal work was nominated by 6 respondents
Q6b: Is your public/private mix likely to change over the next 5 years

No change (83%)
More private (10%)
More public (7%)

Q7: Working Hours /wk
-do you work full time or part time

Full time - 133 (79%)
Part-time - 35 (21%)
(20 not answered)
Q8: Are flexible working arrangements an option for you in your current practice?

69/168 (41%) deemed their current working practice as flexible with ability to
- Work part-time (59/69)
- Job-share (5/69)
- Maternity leave (13/69)
- Telework (4/69)

Q9: If you are in private clinical practice do you have assistance from one or more of the following?

- Medical registrar: 20 (12%)
- Nurse (duties: research/ immunotherapy/ botulinum): 7 (5%)
- Neurophysiology or other Technician: 30 (18%)

Q10: What do you see yourself doing in the next 5 years?

- No change: 77 (46%)
- Retiring: 30 (18%)
- Reducing work hours: 26 (16%)
- Increasing work hours: 14 (8%)
- Change practice type: 12 (7%)
- Change location: 7 (4%)

Q11: Are you dissatisfied with your current neurological practice?  
No response from 87 (49%)- Assume satisfied.

Remaining 89 (51%) were dissatisfied on one or more issues
- Over-worked: 59 (35%)
- Under challenged: 9 (5%)
- Too much paperwork: 73 (43%)
Q12: Would you train advanced trainees in a private practice setting?

60 (36%) were prepared to train advanced trainees in private practice

Q13: What factors do you feel dissuade neurologists from working in an outer metropolitan or non-capital city centre?

Perceived workload 59 (34%)
Professional isolation 109 (63%)
Life/balance issues 75 (43%)
Schooling issues 47 (27%)
Other
  Travel time
  Poor remuneration
  Social isolation
  Lack of research support
  Lack of exposure to regional area
SECTION 3

ADVANCED TRAINEES WORK FORCE SURVEY

This survey was conducted at the registrar's training weekend in March 2008.

47 trainees participated in this survey, which comprises the vast majority of advanced trainees currently in the system. The mean age of the trainees was 32, with a range of 27-52 years. (Fig 1)

There were 18 females and 29 males. 44 participants were from Australia and 3 from New Zealand. There were 19 first year trainees, 13 second year trainees and 14 third year trainees plus 1 participant engaged in a post graduate studies towards an MD. Figure 1a,b.
Fig1: The distribution of trainees participating in survey (a) by state/NZ and (b) year of training

All trainees bar one were training in adult neurology, there was one paediatric neurology trainee in the survey.

The vast majority of trainees saw their future to be working as a consultant in Adult Neurology. 30 trainees felt that practice would be broad and cover general neurology in its
broadest sense, 9 felt that they would have a mainly a sub-specialty focus. 2 trainees saw their career as a general medicine physician with an interest in neurology and one was training to become a geriatrician with sub-speciality interest in neurology.

Most participants saw themselves as having a sub-speciality interest, with stroke and clinical neurophysiology being the most popular. Figure 2.

**Fig 2:** Subspecialty interests of trainees once practicing as a consultant Neurologist. (Could name 1 or more, first choice in blue, second choice in red)

30 out of 47 (83%) saw themselves working full-time, 8 (17%) saw themselves as working part-time. The distribution of expected working hours is shown in Figure 3.
Fig3: Expected working hours amongst trainees once working as consultant neurologists.

The likely working hours differed between males and females with a greater percentage of females indicating they were likely to work part-time (< 40 hours/week) as a consultant.
28 out of 47 (60%) participants could see themselves potentially working in an outer metropolitan area at some point in the future. The major dissuading factor from working in either outer metropolitan or a regional area, was considered to be isolation from other neurologists (peers) and from family and friends. Figure 4.

**Fig 4:** Factors considered by trainees to dissuade them from practice in rural and outer metropolitan areas. (47 respondents)
There was a general reluctance to work in regional areas, with only 9 (19%) participants expressing interest in working outside the metropolitan area.

There remains a preference for public hospital work. The mean expectation for participants was that 50% of their work time (range: 20%-80%) would be spent caring for patients in a public hospital. Fig 5

**Fig 5:** Distribution of workplace expectations (mean % of working week) amongst advanced trainees
SECTION 4

COMMENTARY

Overview of Workforce Issues

ANZAN does not record the age of members but the current Neurology workforce (401 in Australia and 31 in NZ) is aging and the distribution in age in those who responded to this survey is probably representative of the whole. In this survey 18% of respondents will retire within the next 5 years and 26 (16%) plan to substantially reduce work hours. They will not be replaced pro-rata as many newly trained neurologists do not plan to work full time. As documented in this survey, 17% of male and 50% of female trainees expect to work <40 hours per week once qualified. Whilst it was not specifically asked, this is probably because many at some point in their careers expect to work part time for family reasons.

It is critical to plan ahead to cover workforce projections. Not only will we need more than a replacement number of neurologists to replace those leaving, but in addition the aging of the population in our two countries will substantially increase the numbers of patients requiring neurological care as most neurological conditions increase in prevalence with advancing age. The ideal number of neurologists per head of population is difficult to define, and it varies widely through the world (Fig 1) The median number of neurologists throughout the world is currently 0.91 per 100,000 population but even in developed countries it varies widely (US 3.8, UK 0.65, Ireland 0.40, Australia 1.8, NZ 0.72). It is not only the number of neurologists but where they are located relative to the population they serve which is important. There is clearly a maldistribution between major capital centres and regional and rural centres in Australia and New Zealand as indicated in this report but whether the focus should be on the need to distribute neurologists more broadly or to increase the neurology workforce overall should be the subject of debate. Ideally both need to occur.

Core positions are filled by the ANZAN matching process which has been in place since 2003. Using the matching system the number of applicants each year has basically matched the number of available core training posts. There have never been more than 1 or 2 unsuccessful applicants or unfilled training posts.
There are currently 48 core training positions in Neurology in Australia and 7 in New Zealand. **The number of Adult Advanced Trainees in Neurology at present is 63 and there are 15 Paediatric Advanced Trainees.** In all there are 1748 Advanced Trainees in the system, 5% of whom are training in Neurology. The April 2010 meeting of the Council of Australian Governments (COAG) announced funding to create 680 additional specialist doctors in the next decade. The percentage of advanced trainees who choose to pursue a career in Neurology is unlikely to change significantly but any increase in numbers will automatically create a need to add additional core training positions, placing more demands on supervisors and departments.

In order to maintain the standard of advanced training of Neurology in Australia, clinical teaching requires appropriate recognition. Most neurologists are willing to teach but time and money needs to be set aside within teaching hospitals for teaching postgraduate students. Hospital administrators and health bureaucrats need to recognise the dual role of teaching and clinical service within teaching hospitals. It is no longer realistic to be expected to provide pro-bono teaching and there must be budgeting for clinical training.

Workforce planning should be an ongoing activity as the landscape is constantly changing. The committee recommends incorporating a data sheet with the Annual membership subscription so that ANZAN can collect details such as age, sex, current places of work and working hours (public/private) and expectations for working hours in the future.

**Feminization of the Workforce**

36% of consultant neurologists in Australia and New Zealand are female as are 31% of our current trainees. The percentage of female consultants will grow over the next 5-10 as older neurologists, who are predominantly male, retire or wind down their practices.

The trainee figure is not dissimilar to the UK where females account for 33% of Neurology specialist training registrars however only 12.5 % of consultant neurologists in the UK are women.

The changing gender mix of our profession has workforce implications. Women are more likely to work part time or take career breaks as was identified in our survey. Amongst our advanced trainees 50% of female and 17% of male trainees indicated that they expected to
work less than full time as a neurologist once qualified. The findings in a recent survey of British neurologists were similar with 87% of female and 22% of male neurology trainees planning to work part time at some stage for, on average, 7.5 and 1.5 years respectively. 30% of UK consultants plan to work part time at some point in their careers and in our survey 21% of the Australian and New Zealand neurologists who responded are already working part time. (Carroll CB, et al. The feminisation of British neurology: implications for workforce planning. Clinical Medicine:2007;7:339-342)

Older neurologists nearing retirement are more likely to have worked full time and thus more consultants than the number retiring will be required to cover the workload in the years ahead.

**Needs of Rural and Regional Australia**

It is clear from the distribution of all neurologists by postcode and from those who participated in the survey that Neurologists are clustered in capital cities. 101/152 (66%) had their primary site of practice within 10kms of the CBD in their state and an extra 25 (16%) had their primary practice 10-20kms from the CBD. Only 17% were located greater than 20 kms from the CBD. The data is limited however by the fact that only a relatively small percentage of our members completed the questionnaire. ANZAN does not record which regional and rural areas are visited by neurologists and perhaps this also something which could be included with the annual membership subscription in the future.

Amongst the trainees there was a general reluctance to work in regional areas, with only 19% of advanced trainees expressing interest in working outside a large metropolitan area. The major dissuading factor identified by Neurologists was professional isolation (63%) and isolation from peers family and friends was also the major factor identified by advanced trainees (79%).

It will continue to be difficult to attract young neurologists to regional and rural areas. There are significant unmet needs in capital cities with long waiting lists (months) for appointments to see a neurologist in private or in a public hospital commonplace.

Individual financial incentives would not seem unreasonable but money alone is not the only
obstacle. Isolation is a more pressing concern. The setting up of regional centres linked to a base hospital with sufficient finance backed up by some private practice to employ several neurologists across a range of subspecialties would seem the model most likely to succeed.

In conclusion I would like to thank my committee for their help and advice in devising the questionnaires and input into this document. I would like to single out in particular Mandy Lau for her help in analyzing the consultant neurologist survey.

Richard Macdonell
Chair-Workforce Committee

Attachments:

Attachment 1: Workforce Survey Questionnaire Consultant Neurologists
Attachment 2: Workforce Survey Questionnaire Advanced Trainees in Neurology
### ANZAN Workforce Survey 2008

#### What is your Workforce Status? (Please tick one only)
- □ Active
- □ Semi-Retired
- □ Retired (If retired, you are not required to complete the survey. Please return the survey to the College in envelope provided)
- □ Temporarily not in practice

If you are temporarily out of practice, please indicate which of the following best describes your current situation:

- □ Currently unemployed
- □ Maternity/Paternity leave
- □ Extended education/sabbatical
- □ Other:

#### Postcode of Main Work Address:

1. ____________________________

#### Postcode of other Work Addresses:

2. ____________
3. ____________

#### (a) Are you involved in patient care in an outer metropolitan or non-capital city setting?
- Yes □ No □

#### (b) If you are practicing in Australia or NZ, please indicate the postcode(s) of the areas you consult in (In order of most frequently visited), followed by the number of hours spent at each site in an average month.

- Postcode 1.
- Postcode 2.
- Postcode 3.

#### Please indicate which of the following best describes your main specialty:

- □ Consultant in Adult neurology
- □ Consultant in Child Neurology
- □ Consultant in Adult/Child neurology with a specialty interest
- □ Consultant in a specialty field in Adult/Child neurology
- □ Consultant in neurology with general medicine/paediatric responsibilities
- □ Engaged in additional specialist/clinical training

#### Sub-Specialty Interest

- □ Epilepsy
- □ Movement Disorders
- □ Stroke
- □ Clin Neurophysiology
- □ MS
- □ Behavioural Neurology

#### Sub-Specialty: Please indicate how many hours per week are spent in your subspecialty interests

- Main: .................................................................
- Others: ................................................................
Please indicate the percentage of your working hours spent in the following activities in an average week.

<table>
<thead>
<tr>
<th>Activity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Practice Patient Care</td>
<td></td>
</tr>
<tr>
<td>Private Hospital Patient Care</td>
<td></td>
</tr>
<tr>
<td>Public Hospital Patient Care</td>
<td></td>
</tr>
<tr>
<td>Residential Care Facilities</td>
<td></td>
</tr>
<tr>
<td>Undergraduate/Postgraduate Teaching</td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td></td>
</tr>
<tr>
<td>Public Sector Administration/Management</td>
<td></td>
</tr>
<tr>
<td>Administration/Management</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>100%</td>
</tr>
</tbody>
</table>

Is your public/private mix likely to change over the next 5 years?
- No
- More Private
- More Public

(a) Do you consider your working hours to be:
- Full-Time
- Part-Time

(b) Combining all the activities in Q6 indicate the total hours you work each week. Do not include hours on call.

__________________ Hours per week

(a) Are flexible working arrangements an option for you in your current practice?
- Yes
- No

(b) If yes, which flexible working arrangements are available to you: (tick all that apply)
- Part-time hours
- Maternity / Paternity leave
- Job sharing
- Teleworking / Telecommuting
- Other (please specify):

If you are in private clinical practice. (Please go to Q10 if not in private practice)

(a) Do you have assistance from one or more of the following?
- Medical Registrar
- Practice nurse
- Technician

(b) If you employ a practice nurse, what tasks do they undertake?

What do you see yourself doing in the next 5 years? (tick all that apply)
- I expect to change my practice location
- I expect to reduce my working hours
- I expect to change my practice type
- I expect to increase my working hours
- I expect to be retired
- No change to current practice
- Other (please specify):

Are you dissatisfied with your current neurological practice?

<table>
<thead>
<tr>
<th>Dissatisfaction</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too busy and work excessive hours which cut into family life/leisure activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not enough challenging or interesting cases ie: too routine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too much paperwork</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Would you be prepared to train advanced trainees in a private practice setting?</td>
<td>Yes</td>
</tr>
<tr>
<td>----</td>
<td>--------------------------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>13</td>
<td>What factors do you feel dissuade neurologists from working in an outer metropolitan or non-capital city centre?</td>
<td>☐ Workload</td>
</tr>
</tbody>
</table>
ATTACHMENT 2:

ANZAN ADVANCED TRAINEE WORKFORCE SURVEY 2008

AGE: ………… SEX: M / F (PLEASE CIRCLE)

1. Are you a current or recent advanced trainee in □ Australia □ NZ
   - First Year
   - Second Year
   - Third Year
   - Are an FRACP (Neurology) but are involved in
     - a) Postgraduate studies □ PhD □ MD □ Other (please specify)
     - b) Studying Overseas but intending to return to Australia/NZ □

2. In which state or region of Australia or New Zealand are you currently working
   ________________________________________________________________

3. Would you consider working as a neurologist in a rural/remote setting? □ Yes □ No
   What do you think would encourage neurologists to work in a rural/regional hospital and teach advanced trainees?
   ________________________________
   ________________________________

4. Which of the following best describes your future most likely main Specialty & Sub-Specialty Interest
   Please specify one of the following:
   - □ Consultant in Adult neurology
   - □ Consultant in Child Neurology
   - □ Consultant in Adult/Child neurology with a specialty interest
   - □ Consultant in a specialty field in Adult/Child neurology
   - □ Consultant in neurology with general medicine/paediatric responsibilities
   - □ Full time Academic/Neuroscience Research
   - □ Other …
   - □ Epilepsy
   - □ Movement Disorders
   - □ Stroke
   - □ Clin Neurophysiology
   - □ MS
   - □ Behavioural Neurology
   - □ Other …………………
**As a consultant neurologist, do you expect to work**

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Practice Patient Care</td>
<td>_______%</td>
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<tr>
<td>Administration/Management</td>
<td>_______%</td>
</tr>
<tr>
<td>Other</td>
<td>_______%</td>
</tr>
</tbody>
</table>

Please specify: ____________________________

**TOTAL** 100 %

---

**What do you see yourself doing in the next 5 years?** (tick all that apply)

- [ ] I expect to change my practice location
- [ ] I expect to reduce my working hours
- [ ] I expect to change my practice type
- [ ] I expect to increase my working hours
- [ ] No change to working hours
- [ ] Other (please specify): ____________________________