

The background is a solid blue color with a complex, abstract pattern of white and light blue elements. These include overlapping rectangular outlines, thin lines, and numerous small dots of varying sizes, creating a sense of depth and movement. The overall aesthetic is clean, modern, and technical.

PSFDH

2025 MEDICAL STAFF RESOURCES

PSFDH 93 BED FACILITY

CURRENTLY HAS 213 CREDENTIALLED STAFF

MEDICAL STAFF COUNT

	2026	2025	2024
ACTIVE	59	57	59
ASSOCIATE	5	2	4
COURTESY	128	113	128
L TENENS	17	15	11
TERM	13	26	17

CMA RECOMMENDATIONS - CAVEATS

- STATISTICS BASED ON 2016 INFORMATION
- DO NOT ACCOUNT FOR REGIONAL DEMOGRAPHICS
- DO NOT ACCOUNT FOR POST- PANDEMIC WORK CULTURE

DEPARTMENT OF ANAESTHESIA

	2026	2025	2024
ACTIVE	5	5	5
ASSOCIATE	0	0	0
COURTESY	5	8	9
LOCUM	3	2	3
TERM	3		
TOTAL	16	15	17

RECOMMENDED # OF ACTIVE/ 60,000 POPULATION: 5

THERE ARE 2 ACTIVE STAFF, OVER 55, THAT MAY RETIRE IN THE NEXT 3 YRS

WORKFORCE PRESSURE: A RETENTION PROBLEM, NOT A NUMBERS PROBLEM

Adequate staffing on paper- but reduced real availability

Higher external pay draws anaesthetists away for additional shifts

Result: Rota gaps, increased workload and service pressure

DIAGNOSTIC IMAGING

	2026	2025	2024
ACTIVE	3	3	3
ASSOCIATE	0	0	0
COURTESY	38	32	32
LOCUM	0	0	0
TERM	1	0	0
TOTAL	42	35	35

RECOMMENDED #/POPULATION OF 60,000- 4

PLAN TO HIRE 1 FULL TIME RADIOLOGISTS OVER THE NEXT 5 YRS

DEPARTMENT OF EMERGENCY MEDICINE

	2026	2025	2024
ACTIVE	27	25	31
ASSOCIATE	2	1	3
COURTESY	10	10	21
LOCUM TENENS	3	3	3
TERM	6	8	0
TOTAL	48	47	58

DUE TO INCREASED GOVERNMENT FUNDING FOR RURAL HOSPITALS WHICH GIVES US A COMPETITIVE ADVANTAGE WE HAVE GOOD STAFFING

DEPARTMENT OF INTERNAL MEDICINE

	2026	2025	2024
ACTIVE	5	3	4
ASSOCIATE	1	2	0
COURTESY	53	53	53
LOCUM TENENS	0	2	0
TERM	5	0	3
TOTAL	63	60	60

RECOMMENDED # OF ACTIVE/ 60,000 POPULATION: 5

COURTESY STAFF CONSISTS OF ONCOLOGY, TRANSFUSION, PATHOLOGY, CARDIOLOGY, RESPIROLOGY, NEPHROLOGY, NEUROLOGY, PSYCHIATRY

2-5 year Vision for Medicine

- RECRUIT 6TH INTERNIST TO MEET RISING VOLUMES AND COMPLEXITY
- ALIGN WITH NEW HOSPITAL(ICU BEDS, GERIATRICS, MED/SURG, STEP-DOWN)
- STRENGTHEN MEDICINE-GI-ICU-SURGERY COORDINATION FOR COMPLEX CARE

DEPARTMENT OF SURGERY

- CONSISTS OF:
- GENERAL SURGERY
- GYNECOLOGY
- ORTHOPEDICS
- UROLOGY
- OPHTHALMOLOGY
- PLASTIC SURGERY

SURGERY DEPARTMENT BREAKDOWN

	ACTIVE			ASSOC.			COURT.			L TENENS			TERM			TOTAL		
	26	25	24	26	25	24	26	25	24	26	25	24	26	25	24	26	25	24
GENERAL SURGERY	1	1	1	1	1											2	2	1
GYNE/ OBS	1	1	2	1(MW)						3	3					5	5	2
ORTHO	2	2	2	0	1	1										2	3	
UROLOGY	2	2	1	0	1	1										2	2	
OPHTHO	1	1	1				4	4								5	5	
PLASTIC SURGERY							1	1	1							1	1	1

How Many Should We Have

Specialty	Current Staff	Recommended per 60,000 population
General Surgery	2	3.5
Gynecology/ OB	1	3.5
Orthopedics	2	2.6
Urology	2	1
Ophthalmology	1	2
Plastics	0	1

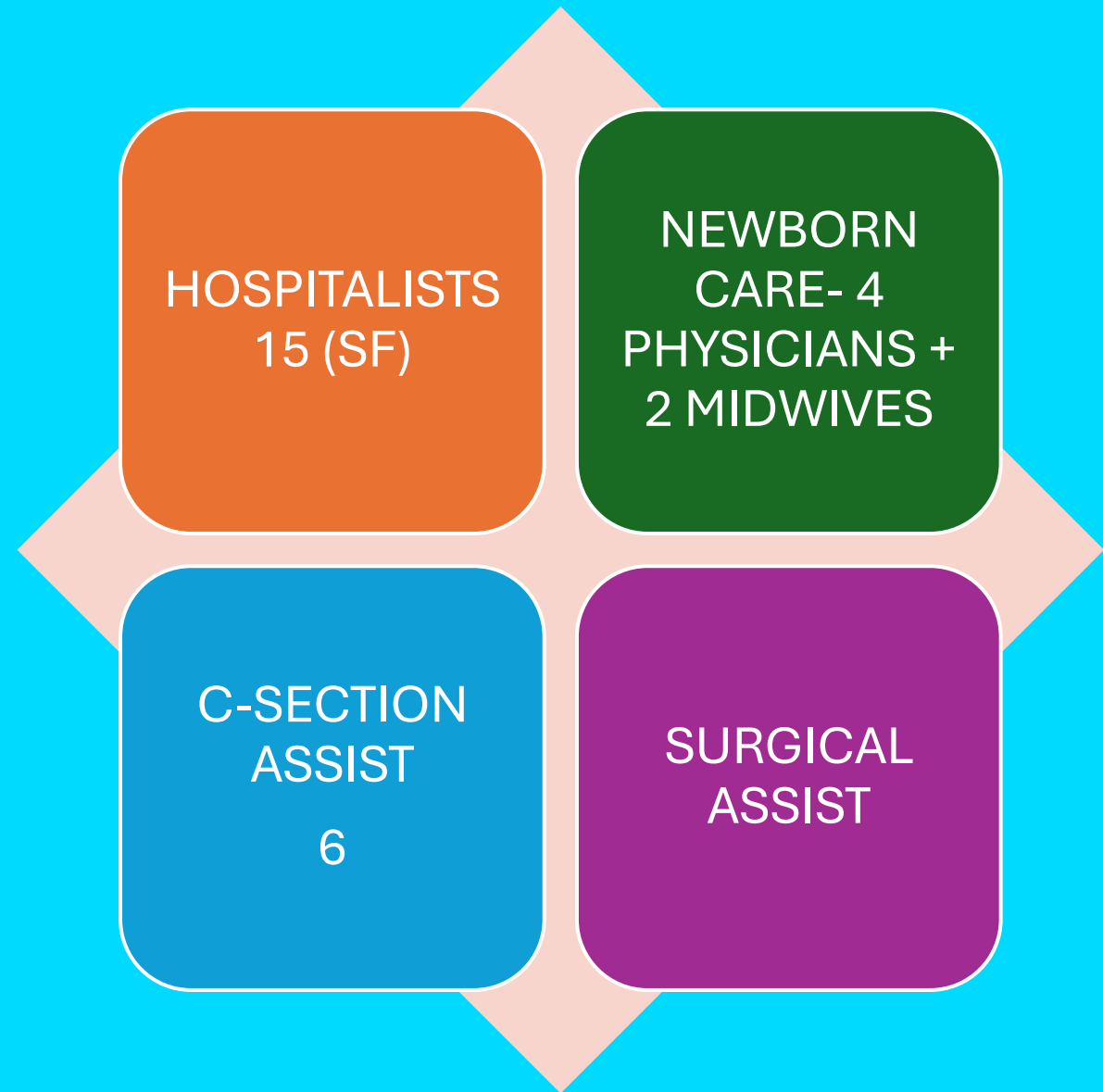
Gyne/OB RECRUITING AT LEAST 1, IDEALLY - 2

UROLOGY WITHIN 5 YEARS POSSIBLY RECRUITING - 1

ORTHOPEDICS WITHIN 5 YEARS POSSIBLY RECRUITING - 2

GEN SURGERY WITHIN 5 YEARS RECRUITING - 2

DEPARTMENT OF FAMILY MEDICINE



DEPARTMENT OF FAMILY MEDICINE

	2026	2025	2024
ACTIVE	39	39	39
ASSOCIATE	2	1	0
COURTESY	12	10	15
LOCUM TENENS	7	5	8
TERM	8	12	5
TOTAL	68	67	67

FAMILY MEDICINE OUTLOOK

- WORKFORCE RISK: ANTICIPATE 1 MATERNITY LEAVE 2026 AND 1-2 POTENTIAL RETIREMENTS WITHIN 2-5 YEARS
- RECRUITMENT: ONGOING RECRUITMENT TO SUSTAIN ACCESS AND MAINTAIN PATIENT ATTACHMENT
- HOSPITAL COVERAGE: ADDRESS PERTH HOSPITALIST GAP (TARGET 2.5 FTE HOSPIATLISTS)
- SYSTEM PRESSURE: MITIGATE POTENTIAL STAFFING INSTABILITY RELATED TO CHANGES IN GOVERNMENT FUNDING FO FAMILY PHYSICIANS

QUESTIONS?

