ANZSPM

The Australian and New Zealand Society of Palliative Medicine Inc.

ABN 54 931 717 498

WORKFORCE STRATEGY

Meeting the Palliative Medical Needs of Patients in Australia 2011-2015 and beyond

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The Australian & New Zealand Society of Palliative Medicine (ANZSPM) is a not-for-profit specialty medical society for medical practitioners who provide care for people with a life threatening illness. ANZSPM facilitates professional development and support for its members, promotes the practice of Palliative Medicine and advocates for those who work in the field of palliative medicine.

PURPOSE

The document entitled *Workforce Strategy: Meeting the Palliative Medicine Needs in Australia* was developed to ensure that the palliative medicine needs of all Australians are met in the future. The medical workforce can be considered to consist essentially of four groups:

- Palliative Medicine Specialists
- Palliative Medicine trainees
- General practitioners
- Specialists, other than Palliative Medicine Specialists, involved in end of life care[1]

CONTEXT

There are approximately 100,000 expected deaths per year in Australia.[2] According to PCA's population needs-based approach to end of life care service, three categories of patients are identified.[3] Patients who are:

- Cared for by the primary health care team/other specialists only with possibly some telephone support from specialist palliative care services. This is the largest group of patients.
- Cared for primarily by the primary health care team/other specialists but who may need consultative service or direct care for a short time to resolve complex conditions.
- Cared for by specialist palliative care services because they have complex needs. This would be the smallest group of patients.

There is no data on the number of patients in each group.

All patients who die an expected death should be able to access quality palliative care if needed irrespective of diagnosis and care setting. Settings could be at home, hospital, hospice and

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[1] Palliative Care Australia 2009. Glossary. Available at www.palliativecare.org.au. Accessed 3 September 2009.
End of life care combines the broad set of health and community services that care for the population at the end of their life. Quality end of life care is realised when strong networks exist between specialist palliative care providers, primary generalist providers, primary specialists and support care providers and the community – working together to meet the needs of people requiring care.

[2] Based on figures calculated by Palliative Care Australia as reproduced here: "There were 137,900 deaths registered in Australia in 2007. Australian Bureau of Statistics, Deaths: Australia, cat. no. 3302.0, ABS Ausstats, 2007,
retrieved 30 April 2008 <
http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3302.02007?OpenDocument>.
The Australian Bureau of Statistics doesn't code cause of death data according to 'expected' and 'unexpected' deaths. This estimate of 'expected' death rates is based on a basic analysis of ABS cause of death data for 2006 and subtraction of all assumed deaths that were accidental, resulted from suicide or could potentially be from acute
illness. This figure is expected to be an underestimation."

[3] Palliative Care Australia 2005 A Guide to Palliative Service Development: A population based approach Canberra: PCA

residential aged care facility. Diagnoses include cancer, neurodegenerative disorders such as motor neuron disease and dementia, stroke and organ failure.

The Australian and New Zealand Society of Palliative Medicine believes the ratio of 1.0 FTE specialists in Palliative Medicine per 100,000 population represents the minimum number of specialists for a reasonable provision of service and has calculated that currently there may be half that number of specialists in Australia.[4]

This shortage is only going to become more acute with the anticipated:

1. Change in referral patterns to more patients with non-malignant diagnoses as advocated by Palliative Care Australia and the National Health and Hospitals Reform Commission[5]
2. Changing demographics of an ageing population that are well documented in Australia.

Research indicates that currently people in Australia with non cancer diagnosis access palliative care less often than people with cancer[6] and that many people do not die in their place of choice.[7]

Policy documents

During the development of the *Workforce Strategy*, key policy documents were considered including:

- National Health and Hospital Reform Commission 2009. *A Healthier Future for All Australians* Final Report June 2009. Canberra: Commonwealth of Australia
- *Towards a National Primary Health Care Strategy: A discussion paper from the Australian Government*. 2009 Canberra: Commonwealth of Australia
- Palliative Care Australia 2005. *A Guide to Palliative Service Development: A population based approach*. Canberra: PCA
- National Prescribing Service and Palliative Care Australia 2009. *Achieving quality use of medicines in the community for palliative and end of life care*. National Prescribing Service
- Palliative Care Australia 2010. *Health system reform and care at the end of life: A guidance document*. Palliative Care Australia

VISION

The vision is to have:

- A medical workforce that is committed and skilled to providing safe and quality end of life and palliative care;
- A Palliative Medicine workforce that has the capacity to meet the needs of all people with a life limiting illness;
- A Palliative Medicine workforce that is able to provide leadership and mentoring;
- A medical workforce supported by referral pathways, networks and models of care; and
- Increasing shared care models for earlier referral of patients based on need rather than time or diagnosis.

[4] Based on a Survey of the Palliative Medicine Specialist Workforce by the Australasian Chapter of Palliative Medicine in 2007

[5] National Health and Hospital Reform Commission 2009 *A Healthier Future for All Australians* Final Report June 2009. Canberra: Commonwealth of Australia

[6] McNamara B et al (2004) Who receives specialist palliative care in Western Australia – and who misses out. University of Western Australia

[7] McNamara B et al (2004) Who receives specialist palliative care in Western Australia – and who misses out. University of Western Australia

PRIORITIES

ANZSPM has identified four priority areas:

Priority 1: Attracting and training Palliative Medicine workforce

Priority 2: Engaging the interest of GPs and other non Palliative Medicine specialists

Priority 3: Enhancing skills and capability of GPs and non Palliative Medicine Specialists

Priority 4: Promoting collaborative care between Palliative Medicine Specialists, GPs and other non Palliative Medicine Specialists

THEMES

PRIORITY 1 Attracting and training Palliative Medicine workforce	PRIORITY 2 Engaging the interest of GPs and other non Palliative Medicine specialists	PRIORITY 3 Enhancing skills and capability of GPs and non Palliative Medicine Specialists	PRIORITY 4 Promoting collaborative care between Palliative Medicine Specialists, GPs and other non Palliative Medicine Specialists
Collect data on current Palliative Medicine workforce and plan for the future • No. of Palliative Medicine Specialists, where they work, hours worked, age of workforce etc.; • No of trainees, age, when likely to graduate; • No. of positions available, vacancies	**Engage GPs and other specialists in the need to provide safe high quality palliative care** • Recognise the palliative care needs of patients with diseases other than cancer; • Improve capacity to provide palliative care for patients with cancer.	**Core curriculum development Undergraduate** **Basic and advanced training** • Encourage trainees to undertake Palliative Medicine electives	**Enable Palliative Medicine specialists to provide support to GPs and non Palliative Medicine Specialists** • Policies • Funding • Shared medical records

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Attract new trainees **Strategies to attract basic trainees** • Strategies to attract other medical practitioners • Centralised training • Increased training positions • Increased accredited sites Flexible supervision models	**Advocate and promote for appropriate remuneration**	**Provide education and training opportunities** • CPD • Promote the RACP Diploma in palliative medicine to specialist and GP trainees.	**Provide education and training opportunities for Palliative Medicine Specialists to be leaders, mentors and educators**
Models of supervision • Flexible			
Promote Palliative Medicine as a career • Engage specialists in strategy • Meet and engage appropriate people • Be role models and actively mentor trainees • Formal activities to raise visibility			**Develop and promote appropriate referral patterns**

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Advocate for appropriate remuneration for Palliative Medicine Specialists • MBS item reform • Advocating for private health insurance to provide more palliative care			**Develop appropriate models of care including access to support**
Overseas training program • Develop clear, consistent and transparent guidelines			