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POSITION STATEMENT

BENCHMARK NUMBER OF SPECIALISTS IN PALLIATIVE MEDICINE

The Australia and New Zealand Society of Palliative Medicine (ANZSPM) is a specialty medical society that facilitates professional development and support for its members and promotes the practice of Palliative Medicine to improve the quality of care of patients with terminal illnesses and support their families. Our members are medical practitioners primarily Palliative Medicine Specialists, trainees and general practitioners (GPs). However there are members from other medical specialities such as oncology.

A Palliative Medicine Specialist in this statement is defined has a medical practitioner who has attained the Fellowship of the Royal Australasian College of Physicians (FRACP) or Fellowship of the Australasian Chapter of Palliative Medicine (FAChPM).

Comment/belief

The Australian and New Zealand Society of Palliative Medicine believes that:

- Palliative Medicine Specialists are integral to the functioning of a Specialist Palliative Care (SPC) Service.
- The ratio of 1.0 FTE Palliative Medicine Specialists per 100,000 population represents the minimum number of Specialists for a reasonable provision of service.
- There is a significant shortfall of Palliative Medicine Specialists in Australia and New Zealand currently.
- There is an urgent need to implement strategies to recruit new doctors into the speciality and retain current Specialists.

Background

Calculation of benchmark

In terms of industry benchmarks for the palliative medicine workforce, Palliative Care Australia (PCA)¹ recommends 1.5 fulltime equivalents (FTE) Palliative Medicine Specialists per 100,000 population. The Royal College of Physicians (UK)² suggests a minimum of 2 FTE Palliative Medicine Specialists per 250,000 population. Queensland Health³ has used a ratio of 1.0 FTE Palliative Medicine Specialists per 100,000 population in their state wide cancer plan.

However a note of caution needs to be added to this modelling as much of it has been based on the traditional referral patterns to Specialist Palliative Care Services⁴. This has been largely from Oncology (80-90%). Current policy from Palliative Care Australia, the National Health

¹ Palliative Care Australia (2003) Palliative Care Service Provision in Australia: A Planning Guide. Canberra: PCA.

² Royal College of Physicians, (2008), Consultant Physicians Working for Patients. 4th edition.

³ Queensland Health (2008) Queensland Statewide Cancer Treatment Services Plan 2008-2017. Available at: http://www.health.qld.gov.au/publications/qh_plans/QS_cancer_plan_final.pdf

⁴ Palliative Care Australia (2005) A Guide to Palliative Care Service Development: A population based approach. Canberra: PCA.

and Hospitals Reform Commission and other national bodies such as Alzheimer's Australia indicates that this pattern should substantially change and patients with organ failure and degenerative neurological diseases would benefit from access to quality end of life care. Many more Palliative Medicine Specialists would be needed to meet this demand in a timely manner before a patient's death especially given the rapidly ageing population.

Current situation in Australia

In the Australasian Chapter of Palliative Medicine's workforce report of 2007⁵ those Palliative Medicine Specialists in Australia that self reported as being in the 'active in Palliative Medicine' cohort reported working hours equating to 114 FTE designated Palliative Medicine Specialists. The following table indicates the cohort's reported geographic location. Using this data and the population data from the Australian Demographic Statistics from 2007⁶, we have calculated the FTE/100,000 population and corresponding shortfall of Palliative Medicine Specialists assuming the minimum number of 1.0 FTE Palliative Medicine Specialist per 100,000 population.

State/Territory	Number of practitioners*	FTE/100,000 population	Shortfall of Palliative Medicine Specialists	Population ⁷
NSW/ACT	49	0.68	23	7,229,000
VIC	23	0.44	29	5,205,200
QLD	21	0.50	21	4,182,100
SA	13	0.82	3	1,584,500
TAS	5	1.01	0**	493,300
WA	14	0.66	7	2,105,800
NT	3	1.4	0**	215,000
Total number of practitioners	128*			
Total FTE	114	0.54	97	21,017,200

^{*}Note this is the total number of practitioners, not the FTE and as such all the individual numbers for each state are overestimated (and underestimated in terms of shortfall).

As can be seen from the above data, Australia has approximately half the Palliative Medicine Specialists it needs to service its population. In terms of unmet need, this is largest is the population outside the capital cities. For example in NSW there are 4.6 FTE Palliative Medicine Specialists outside the Central Coast/Sydney/Illawarra Health Care Area Services. This equates to a ratio of 0.22 per 100,000 (population = 2,124,094)⁸ as compared to the overall ratio of 0.68/100,000 population in the rest of NSW and ACT.

Current situation in New Zealand

In the Australasian Chapter of Palliative Medicine's workforce report of 2007 those Palliative Medicine Specialists in New Zealand that self reported as being in the 'active in Palliative Medicine' cohort reported working hours equating to 19.8 FTE designated Palliative Medicine Specialists. Using this data and the population data of 4.18 million people in 2007 from

http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimary main features/F4204DD9DFDAFE6CCA257410000FF7FF? open document

^{**}Note the fact that the populations in these states are very sparsely distributed, remote and equitable access for many patients to SPC services may require a greater number of Palliative Medicine Specialists

Australasian Chapter of Palliative Medicine (2007) Survey of the Palliative Medicine Specialist Workforce
Australian Bureau of Statistics (2007) 3101.0 - Australian Demographic Statistics, Jun. Available at

⁷ Australian Bureau of Statistics (2007) 3101.0 - Australian Demographic Statistics, Jun. Available at: http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/F4204DD9DFDAFE6CCA257410000FF7FF? opendocument

⁸ Australian Bureau of Statistics (2007) 3101.0 - Australian Demographic Statistics, Jun 2007 Accessed at http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/F4204DD9DFDAFE6CCA257410000FF7FF? opendocument

⁹ Australasian Chapter of Palliative Medicine (2007) Survey of the Palliative Medicine Specialist Workforce

Statistics New Zealand¹⁰, we have calculated the FTE/100,000 population and corresponding shortfall of Palliative Medicine Specialists assuming the minimum number of 1.0 FTE Palliative Medicine Specialist per 100,000 population. The required FTE is 41.8 Palliative Medicine Specialists, meaning New Zealand has approximately half the Palliative Medicine Specialists it needs to service its population.

Projected shortages

Many of the currently practicing specialists are within 5-10 years of retirement. A recent survey of 10,512 doctors (MABEL survey) indicated that 13% of specialists (all specialists not just those practising Palliative Medicine) are 'very likely' to quit medical work entirely within the next five years and 27.4% of specialists would like to reduce their working hours. The combination of deceasing numbers of specialists, reduced working hours, ageing population and access of all irrespective of diagnosis to palliative care means that the current shortages can only be exacerbated.

Role of palliative medicine specialists

Palliative Medicine Specialists are involved in:

- Direct care of patients with complex conditions
- Intermittent care of patients with a need for transient specialist care to manage complex symptoms
- Undertake comprehensive assessments of patients who are being cared primarily by GPs and/or other specialists
- Provide advice to GPs and other specialists caring for patients at the end of life
- Ensuring quality care through PCOC, NSAP or ANZSPM Clinical Indicators
- Research

• Directors of services

Teaching of undergraduate medical students and postgraduate trainees

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¹⁰ Statistics New Zealand Available at: <u>www.stats.govt.nz</u>.