



Queensland Health

Specialist Palliative Care Workforce Plan

Palliative and End-of-Life Care Strategy



Queensland
Government



Specialist Palliative Care Workforce plan

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Contents

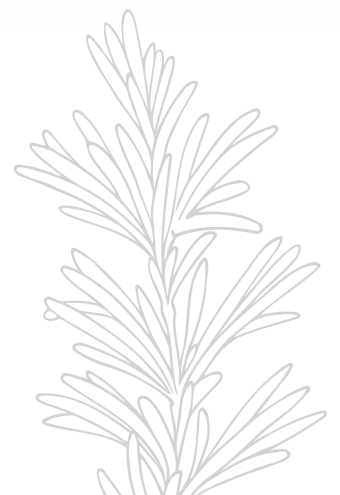
Acknowledgement of Country	4
Stakeholder acknowledgements	5
Introduction	6
Background and context	6
What is specialist palliative care and who delivers this service?	7
The Queensland Health specialist palliative care workforce	8
Developing the Workforce Plan	9
Scope	9
Strategic alignment	9
Stakeholders and engagement	9
What strengths can we build on?	10
What can we improve?	10
Priority areas	11
The future specialist palliative care workforce	14
Specialist palliative care workforce planning	14
Developing a system perspective	15
Strategies and actions for implementation	16
How will the Workforce Plan establish, sustain, and grow the workforce?	16
Investing in the future specialist palliative care workforce	18
Implementation and reporting	22



Acknowledgement of Country

Queensland Health acknowledges the Traditional and Cultural custodians of the lands, waters, and seas across Queensland, pay our respects to Elders past and present, and recognise the role of current and emerging leaders in shaping a better health system.

We recognise the First Nations peoples in Queensland are both Aboriginal peoples and Torres Strait Islander peoples, and support the cultural knowledge, determination, and commitment of First Nations communities in caring for health and wellbeing for millennia.



Stakeholder acknowledgements



Throughout Queensland, complex palliative and end-of-life care services are coordinated and provided to health consumers, their families and carers across acute care and community settings.

The key role that dedicated volunteers, carers, families, non-government and peak body organisations play in the delivery of palliative and end-of-life care and support services is deeply acknowledged, as well as the support they provide to our Queensland Health staff delivering specialist palliative and end-of-life care services.



Introduction

Background and context

The Queensland Government has committed \$171 million in additional funding for palliative care services, including dedicated funding of \$102.5 million to develop a workforce plan and increase our specialist palliative care workforce by 2025–26.

Informed by the findings and recommendations from the Queensland Parliamentary Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying, a new Queensland *Palliative and End-of-Life Care Strategy* (Strategy) will set the strategic directions and guide investment decisions over the next five-year implementation period.¹ The Strategy builds on previous reforms in Queensland and is the next step in the journey to strengthening the palliative care system. Under the Strategy, investment will be targeted at key activities to support a person's palliative and end-of-life care journey and better meet the needs, preferences and goals of the individual and their family at the end of life. The Strategy aligns to the *National Palliative Care Strategy 2018* and its associated implementation plan.²

The *Voluntary Assisted Dying Act 2021* was passed in September 2021 and will be available to eligible Queenslanders from 1 January 2023. Voluntary assisted dying is an additional end-of-life choice that gives eligible people who are suffering and dying the option of asking for medical assistance to end their lives. The Queensland Government's implementation and provision of voluntary assisted dying services is separate to the investment for additional Queensland Health specialist palliative care workforce.

The *Queensland Health Specialist Palliative Care Workforce Plan* (the Workforce Plan) is a key component of the Queensland Government's investment to build and develop the Queensland Health specialist palliative care workforce as a key enabler in the delivery of specialist palliative care services. The Workforce Plan is a complementary document to the Strategy.

Currently, health consumers and their families in Queensland may experience differing and inequitable access to specialist palliative care services as a result of where they live. Addressing this inequity is one of the key priorities of the Strategy and Workforce Plan.

This Workforce Plan aims to position the specialist palliative care workforce within Queensland Health to provide equitable, responsive, culturally safe and appropriate, and holistic treatment and care to people with life-limiting illnesses of all ages, and provide support for their families and carers in Queensland. The Workforce Plan focuses on strategies and actions to build, attract, recruit, develop, and retain a specialist palliative care workforce.

What is specialist palliative care and who delivers this service?



The *National Palliative Care Strategy 2018* defines specialist palliative care as:

“Services provided by clinicians who have advanced training in palliative care. The role of specialist palliative care services includes providing direct care to patients with complex palliative care needs, and providing consultation services to support, advise and educate non-specialist clinicians who are providing palliative care.”

In Queensland, generalist palliative care is provided across a range of settings by a wide network of General Practitioners (GPs), Aboriginal and Torres Strait Islander Community Controlled Health Services, other medical specialists such as paediatricians, oncologists and geriatricians, nurse practitioners, nurses, allied health professionals, counsellors, pastoral carers, family members and others.

Queensland Health also delivers specialist palliative care services. The current Queensland Health specialist palliative care workforce primarily comprises, but is not limited to, specialist palliative medicine physicians, nurse practitioners, clinical nurse consultants and clinical nurses, a range

of allied health professionals (including social workers, occupational therapists, bereavement counsellors, psychologists and pharmacists), and supporting administrative and other staff. The workforce within any one specialist palliative care service depends on the model of care, health service setting and geographical location. This workforce is currently primarily located in the south-east corner of the State and in larger cities in regional Queensland.

Very few First Nations healthcare workers currently work in either generalist or specialist palliative care.

The Queensland Health specialist palliative care workforce

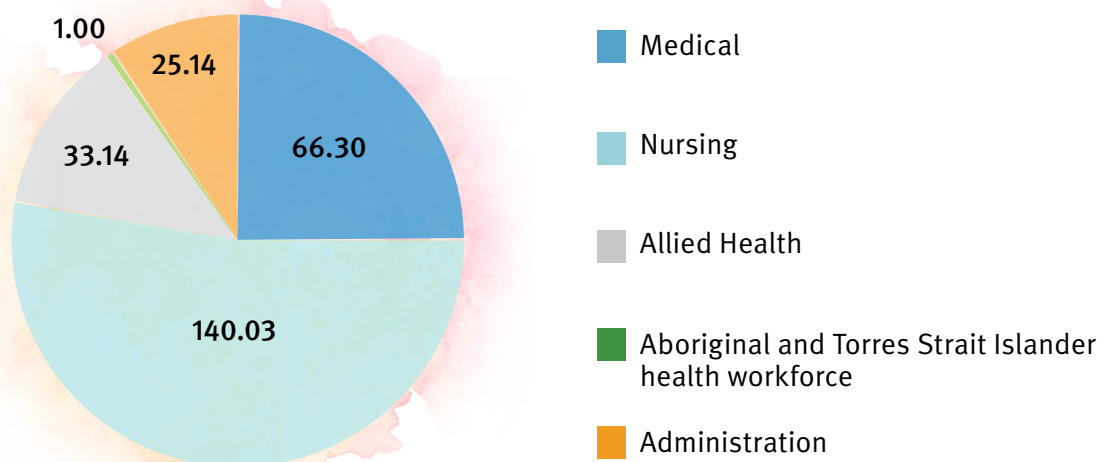
In September 2021, based on validated workforce profiles developed from payroll data and consultation with individual Hospital and Health Services, it was reported that 265.61 permanent full-time equivalent (FTE) health professionals and supporting staff were dedicated to delivering specialist palliative care in Queensland Health. An FTE refers to full-time equivalent employees currently working in a position, and several part-time employees may add up to one FTE.

The total workforce included 66.30 FTE dedicated specialist palliative care medical practitioners and 140.03 FTE specialist palliative care nurses.

In addition, there were 33.14 FTE dedicated specialist palliative care allied health practitioners including social workers, psychologists, occupational therapists, pharmacists, and bereavement counsellors. It is noted that allied health services for Queensland Health specialist palliative care services are often accessed through the generalist allied health service, or related services such as oncology, offered within the relevant facility.

The dedicated specialist palliative care Aboriginal and Torres Strait Islander workforce was 1.00 FTE and the dedicated specialist palliative care administration workforce supporting the clinical workforce above was 25.14 FTE.

Queensland Health Specialist Palliative Care Workforce — Full-time equivalent (FTE) per profession as at September 2021



This profile does not include staff employed on a temporary basis at that time, such as in the Specialist Palliative Care in Aged Care (SPACE) Program.

It is noted that, in November 2021, the Department of Health approved recurrent funding to continue the statewide Specialist Palliative Rural Telehealth Service (SPaRTa), delivered by Gold Coast, Sunshine Coast, Townsville and Cairns and Hinterland Hospital and Health Services. Recurrent funding was also approved to continue the Paediatric Palliative Care Outreach Collaborative (PPCOC), delivered by Children’s Health Queensland. Both services were previously funded non-recurrently through the Care in the Right Setting (CaRS) Program. This funding further expanded the permanent Queensland Health specialist palliative care workforce by 6.9 medical practitioner FTE, 4.5 nursing FTE, 9.0 allied health FTE and 5.6 administration FTE in advance of additional investment under the Workforce Plan.

Developing the Workforce Plan

Scope

The scope of this Workforce Plan is focused on designing, enabling, and strengthening the specialist palliative care workforce within Queensland Health by 2025-26, supported by strong connections both within and across palliative care service sectors.

Palliative care providers outside of Queensland Health, particularly in primary health care, are not considered within scope of this Workforce Plan. However, it is recognised that these providers have a critical and complementary role and offer invaluable expertise in the delivery of palliative care within their own profession or field.

Strategic alignment

The Workforce Plan is founded on the vision and principles set out in the Strategy and aims to contribute to the delivery of all goals, but in particular: *Care is delivered by a skilled, supported, and multidisciplinary workforce that is accessible for people with a life-limiting illness, their families and carers.*

Workforce planning within Queensland Health is conducted in line with the Health Workforce Strategy for Queensland, *Advancing health services through workforce: A strategy for Queensland 2017-2026*, ensuring our workforce is designed, strengthened, enabled, and supported to deliver sustainable, consumer-centred healthcare.

The Workforce Plan also aligns to the guiding principles outlined in the *Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework*, and the commitment to improve First Nations peoples' health outcomes, experiences, and access to care across the system.

The Workforce Plan contributes to Queensland's broader economic recovery and growth through safeguarding our health; growing our regions; investing in skills; and backing our frontline services.

Stakeholders and engagement

Stakeholder feedback and submissions to the Parliamentary Inquiry provided a valuable and extensive resource in the identification of palliative care workforce issues, challenges, and potential solutions. These responses were collated and analysed to identify key workforce themes.

Feedback relating to palliative care workforce opportunities and challenges was also sought through consultation sessions and surveys led by the Department of Health, Palliative Care Queensland, and Health Consumers Queensland, to inform the development of the Strategy. Stakeholders included health consumers, families and carers, private palliative care service providers and peak bodies, and Queensland Health clinicians and executive leadership.

The specialist palliative care workforce themes identified as part of this consultation and engagement process were further explored and investigated during targeted consultation with each of the 16 Hospital and Health Services, identified private service providers contracted to deliver public services (such as Mater Misericordiae Brisbane and St Vincent's Private Hospital), as well as key stakeholders within the Department of Health including Clinical Chiefs.

This targeted engagement significantly contributed to the development of workforce strategies and actions included in the Workforce Plan that will enable a sustainable, responsive, and culturally safe and capable specialist palliative care workforce to meet the needs of Queenslanders, regardless of age, location, or culture.

Figure 1 Workforce Plan engagement process



What strengths can we build on?

Stakeholder engagement highlighted the many strengths of our current specialist palliative care workforce, including but not limited to:

- A committed, motivated, and experienced workforce
- Strong working partnerships between palliative care providers across the public, private and non-government sectors
- Passionate community spirit within the generalist and specialist palliative care workforce to improve the delivery of compassionate and holistic care
- A consumer-focused approach to service delivery, including a particular focus on supporting families and carers.

What can we improve?

Despite previous efforts and commitments at national and State levels, palliative and end-of-life care requires ongoing system reform to ensure it meets the needs of the population now and into the future.

Research and stakeholder engagement clearly identifies the need to increase specialist palliative care workforce capacity across Queensland, with a particular focus on regional, rural, and remote locations, to enable equity of service access regardless of where people live, how old they are, or what cultural and/or spiritual needs they have.

Further effort is also needed to value, invest in, and grow a First Nations specialist palliative care workforce to ensure culturally safe care is provided to First Nations peoples.

Workforce capability can also be improved through:

- Boosting access to quality clinical placements and supervision
- Increasing the number of training positions and clinical exposure to the field of specialist palliative care
- Ongoing education and professional development opportunities, and
- Articulating career pathways.

These initiatives will contribute to strong attraction and retention strategies and the reform agenda.

Uplifting digital connectivity, reducing workforce travelling times, reviewing equipment administration processes, and supporting access to appropriate staff accommodation in regional, rural, and remote locations are identified as complementary and practical enablers for building and supporting this workforce.

Consumers and carers may have limited understanding of what holistic specialist palliative care is available and/or are not sure of care pathways and options. Enhancing consumer access to information, equipment, and technology, along with an integrated workforce approach, will support consumers to access treatment and care that meets the needs of individuals and their families and carers, and enables them to make informed choices about care preferences.

Priority areas

Key priority areas were identified for consideration in the development of the Workforce Plan. These areas relate to the specific needs of groups of Queenslanders, whether it be due to location, age or culture. In addition, the areas of bereavement and spiritual care were consistently raised as essential elements of specialist palliative care.



Diverse characteristics of populations require the workforce to be tailored towards different models of care across a range of health settings. Providing holistic palliative and bereavement care, according to individual preferences, requires a workforce with specialised skill sets.

Improving equity for rural and remote Queenslanders

Rural and remote communities globally have inequitable access to health professionals, exacerbated by transient workforces, ageing populations, disadvantaged populations, large distances, and inconsistent economic conditions. Although more than one-third of the Queensland population live in rural and remote areas, there is a maldistribution of the specialist palliative care workforce which is concentrated in the south-east corner.

Rural and remote regions are supported by a generalist workforce, partnered with specialist palliative care telehealth services. The Specialist Palliative Rural Telehealth Service (SPaRTa) is a telehealth model that delivers virtual specialist palliative care services where there are no dedicated specialist palliative teams or services available. PallConsult provides telephone specialist advice and support for local clinicians caring for people with life-limiting conditions.

Increasing capacity and capability of a dedicated local workforce in rural and remote areas in partnership with remote specialist palliative care services is a priority for locally accessible, cultural and clinically safe quality care.

Achieving equity for First Nations peoples

First Nations peoples experience twice the rate of burden of disease, and have more palliative-related hospital admissions than other Australians.³ Despite this, palliative care services are under-utilised.⁴

A range of factors influence access to services, including limited information provided to First Nations peoples about the availability of specialist palliative care compounded by language and communication barriers. Limited understanding by service providers of First Nations peoples' cultural needs, and/or the culturally safe practices and protocols when talking about death and dying (Sad News and/or Sorry Business) is also a barrier. First Nations peoples' experiences of economic and geographic disadvantage further impact access to palliative care services.

First Nations health consumers in Queensland want palliative care to embrace the cultural, physical, and emotional wellbeing of a person and their family, and enable comfort, dignity, cultural respect, and honoured wishes.

Building cultural safety requires a multifaceted strategy. While establishing identified Aboriginal and Torres Strait Islander health workforce positions in the specialist palliative care team is critical, increasing the number of First Nations people working across all clinical, non-clinical and cultural roles in urban, regional, and rural and remote areas is essential to foster trust, connection, and improve holistic care. Empowering the Aboriginal and Torres Strait Islander workforce to lead a holistic approach to palliative care, including navigating all aspects of palliative care and Sad News and/or Sorry Business, and yarning about advance care planning, will contribute to improved outcomes and health care equity.

The Queensland Health Aboriginal and Torres Strait Islander Health Division and the Queensland Aboriginal and Islander Health Council are partnering to design demonstration models of culturally and clinically safe community based palliative care services for First Nations peoples, to be delivered through the Aboriginal and Torres Strait Islander Community Health Sector. This is being supported through the community-based palliative care funding allocation under the *Palliative and End-of-Life Care Strategy*.

Delivering unique care for children and youth

The prevalence of life-limiting conditions is increasing. The most significant increase in life-limiting conditions in Queensland is for children less than one year of age and those who identify as Aboriginal and Torres Strait Islander.⁵ Treating and providing care for a child with a life-limiting condition demands a service response that delivers complex medical care, equipment, and holistic care that supports the social, emotional, educational, cultural, and spiritual needs of children and their families. This includes difficult conversations around end of life, and death and dying.

Specialist paediatric palliative care service delivery has unique characteristics that differentiate services from specialist adult palliative care and warrants specific consideration and planning. Care is family-centred and requires varying levels of care throughout the illness trajectory, often over many years to early adulthood, and coordinated across all sectors of health and other relevant organisations and services. Particular consideration needs to be given to First Nations children and families as well as people from culturally and linguistically diverse backgrounds.

The inter-disciplinary team based at the Queensland Children's Hospital provides statewide care through the Paediatric Palliative Care Service (PPCS). Effective transitioning from paediatric to adult palliative care may be complex and usually involves multiple other treating teams and support services. Significant planning is required to enable coordinated care to reduce fragmentation, mitigate barriers and optimise wrap-around support and a seamless and positive experience for young people and their families.

Providing bereavement support

How a person experiences bereavement is unique to the individual. Specialist palliative care services align to individual needs and offer a psychological, social and emotional wellbeing support system to help the family, kinship groups, and carers cope at diagnosis, during the person's illness and during bereavement or Sad News and/or Sorry Business.

Bereavement support, including the coordination of support, may be delivered by a range of clinicians and others, including bereavement counsellors, social workers, nurses, psychologists, medical practitioners, and pastoral or spiritual carers. Bereavement support services need to be sensitive to the social, cultural, and spiritual beliefs, values and practices of the individuals being supported.

Expanding our workforce capacity and capability to support diverse populations during bereavement and Sad News and/or Sorry Business is a priority.

Supporting spiritual needs

Spiritual needs may be broader than faith-based or religious needs and may encompass diverse cultures, language, beliefs, preferences, and traditions. Caring for the spiritual needs of consumers and carers is integral to the delivery of high quality, holistic, person-centred palliative care.

Queensland Health's *Framework for Integration of Spiritual Care in Queensland Health Facilities* acknowledges that spiritual care services are provided differently across Hospital and Health Services. These services are primarily provided by non-employees through the Queensland Multifaith Health Care Council and work collaboratively with care teams.

While integral to holistic care, the workforce to deliver spiritual care is not within scope of the Workforce Plan. However, it is important that all specialist palliative care staff acknowledge the spiritual needs of diverse population groups across all dimensions of care, include spiritual needs in consumer and family assessments, and foster professional communications with spiritual carers.



The future specialist palliative care workforce

Specialist palliative care workforce planning

Collaboration and partnership are required to enable Queensland's specialist palliative care workforce to be skilled and responsive to consumer needs and preferences, sensitive to the role of emerging technologies and changing models of care, and delivered efficiently with the best use of resources.

The following approach informed planning for our specialist palliative care workforce:



Developing a system perspective

For the purposes of developing a Queensland Health system perspective of the future requirements of the specialist palliative care workforce, a workforce modelling framework was developed including a tailored specialist palliative care workforce planning methodology and guiding parameters. This framework was informed by consultation with Hospital and Health Service specialist palliative care clinicians and by national and state planning guidelines and benchmarks, including:

- *Palliative Care Australia: Palliative Care Service Development Guidelines 2018*⁶
- *Queensland Health Clinical Services Capability Framework for public and licensed private health facilities v 3.2 – Palliative Care Services module*⁷
- *Queensland Health Palliative Care Services Planning Guideline 2021*

Additional guiding parameters were developed to also inform the desirable workforce profile and modelling of the future specialist palliative care workforce. The guiding parameters include:

- A three-step planning approach should identify the workforce profiles required to achieve a baseline core workforce, a sustainable workforce for service stabilisation, and the future workforce for service growth for each Hospital and Health Service.

- A minimum Hospital and Health Service population of 100,000 is required to support a palliative medicine physician-led specialist palliative care service. If there are fewer than 100,000 in the population, services should be nurse-led supported by larger Hospital and Health Services, and specific services including SPaRTa, the Paediatric Palliative Care Service and PallConsult.
- For Hospital and Health Services under a 100,000 population, a baseline core workforce profile should comprise nursing, allied health, Aboriginal and Torres Strait Islander health workforce and administrative support.
- Each Hospital and Health Service over 100,000 population should have workforce to deliver consultation and community palliative care services.
- The delivery of inpatient services is determined by each Hospital and Health Service. Planning for additional palliative care inpatient services is not included within the Workforce Plan.
- Individual Hospital and Health Service workforce requirements will be influenced by a range of additional factors including variations in geography and population distribution, access to services delivered by non-government organisations, First Nations population representation, and staff recruitment and retention issues. These factors need to be considered in finalising any negotiations relating to workforce growth.



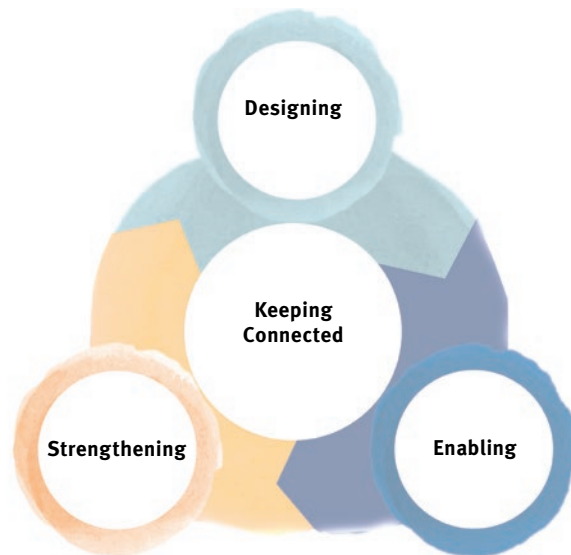
Based on local workforce and current and future population characteristics, Hospital and Health Services were grouped into three clusters during the planning process:

- **Rural and remote Hospital and Health Services** – fewer than 100,000 population and including South West, Central West, North West and Torres and Cape Hospital and Health Services.
- **Regional Hospital and Health Services** – more than 100,000 but less than 300,000 population and including Cairns and Hinterland, Mackay, Central Queensland, Wide Bay, Darling Downs and West Moreton Hospital and Health Services.
- **Major Hospital and Health Services** – more than 300,000 population and including Metro South, Metro North, Gold Coast, Sunshine Coast, and Townsville Hospital and Health Services as well as Children’s Health Queensland (CHQ) as a statewide service.

Strategies and actions for implementation

How will the Workforce Plan establish, sustain, and grow the workforce?

The following four workforce focus areas align to the *Advancing health service delivery through workforce: A strategy for Queensland 2017-2026* and actions of the Workforce Plan.



Workforce Plan Strategies and Actions

Across each of these focus areas, strategies and actions were identified that are key to the short and long-term success of our specialist palliative care workforce and the clinical services that will be delivered to health consumers, their families and carers.

The strategies were developed with the understanding that a capable, well-organised and engaged specialist palliative care workforce underpins the delivery of safe, high-quality palliative and end-of-life care services.

Queensland Health Specialist Palliative Care Workforce Plan: Strategies and actions

DESIGNING the workforce

- Research and implement sustainable workforce models using a staged approach to respond to Queenslanders' needs.
- Shape workforce models for improved equity of access to care for rural, regional, and First Nations peoples.
- Design integrated workforce models to support consumers choosing care closer to home.

- 1.1 Expand positions across medical, nursing, allied health, Aboriginal and Torres Strait Islander health, and administration workforces to strengthen a multidisciplinary team approach.
- 1.2 Establish a baseline core specialist palliative care workforce in priority areas of need.
- 1.3 Build a sustainable local specialist palliative care workforce to meet community needs and preferences.
- 1.4 Grow and foster the specialist palliative care workforce in line with projected future population needs.
- 1.5 Establish Aboriginal and Torres Strait Islander workforce positions to deliver and support culturally safe and appropriate care.
- 1.6 Establish positions to support bereavement care for consumers, families and carers.
- 1.7 Build Hospital and Health Service community-based palliative care workforce models for local communities.
- 1.8 Implement workforce models that integrate virtual health care solutions where appropriate.
- 1.9 Design and mobilise workforce models to enable out-of-hours specialist palliative care delivery.
- 1.10 Enhance workforce capacity and capability to support transition from paediatric to adult palliative care services.

ENABLING the workforce

- Enable the workforce to deliver care effectively through access to appropriate technology, equipment, and resources.
- Support the specialist palliative care workforce to provide quality care to consumers, families, and carers.
- Enhance workforce wellbeing and inclusive and culturally safe workplaces.

- 2.1 Continue funding the Queensland Palliative Medicine Advanced Training Pathway.
- 2.2 Continue to partner with relevant entities to enhance access to technology, telehealth, broadband and WiFi for improved connectivity and virtual healthcare across regional, rural, and remote locations.
- 2.3 Work with local health services and palliative care equipment providers to enable prompt access to the equipment needs of consumers regardless of location.
- 2.4 Increase the administration workforce to appropriately support specialist palliative care services.
- 2.5 Inform quality improvement of care models, processes, practices, and pathways to ensure cultural safety and the elimination of racism.
- 2.6 Consider assistant roles to support specialist clinicians to maximise scope of practice.
- 2.7 Enable access to programs that support staff safety and wellbeing including debriefing support and reflective practice.
- 2.8 Ensure appropriate clinical governance arrangements are in place to support the workforce to provide safe and quality specialist palliative care across the State.
- 2.9 Support clinicians to undertake practice-based research and translate to practice.

STRENGTHENING the workforce

- Strengthen workforce capacity and capability to deliver quality care through education, training, and development.
- Develop initiatives to support attraction and retention particularly in regional, rural, and remote Queensland.

- 3.1 Increase the number of funded training positions for advanced trainees in palliative medicine.
- 3.2 Promote the inclusion of palliative care in pre-entry and entry level health education programs.
- 3.3 Optimise access to student clinical placements across professions and disciplines.
- 3.4 Implement local approaches to grow staff into desired positions through upskilling and 'Grow-Your-Own' career pathways.
- 3.5 Support access to incentivised immersive experiences in specialist palliative care for new and emerging workforces.
- 3.6 Incentivise post graduate qualifications for specialist palliative care workforces.
- 3.7 Enhance access to programs for the Aboriginal and Torres Strait Islander health workforce to build palliative care skills and capability.
- 3.8 Develop succession plans with particular focus on 'critical roles' to support service continuity.
- 3.9 Provide mentoring opportunities for emerging and future specialist palliative care leaders.
- 3.10 Establish and connect educator roles in hub locations (SPaRTa and CHQ) to support education, training and development for specialist palliative care workforces in regional, rural, remote services.

KEEPING connected

- Strengthen partnerships across sectors and services to maximise:
 - opportunities for a connected and agile workforce
 - the reach of specialist palliative care services
 - consumer experience for consumers, families, and carers.

- 4.1 Work with consumers, families and carers, the local community, and other providers for an integrated community-based workforce approach.
- 4.2 Enhance partnerships between SPaRTa, PallConsult, and CHQ with local regional and rural teams.
- 4.3 Strengthen links between acute, primary, and aged care sectors to enable streamlined and connected quality care.
- 4.4 Continue to encourage workforce participation in specialist palliative care communities of practice, the Queensland Palliative Care Clinical Network, and/or other relevant professional networks.
- 4.5 Continue to share information on best practice to enable quality improvement.
- 4.6 Grow innovative partnership workforce models that improve the coordination of palliative care, and the navigation of options and pathways for consumers, carers and families.
- 4.7 Work with service provider partners to expand specialist palliative care knowledge across the lifespan for local workforces and community.

Investing in the future specialist palliative care workforce

With a system perspective established, detailed consultation and collaboration with individual Hospital and Health Services occurred to focus on how local requirements could best be met, while driving system-level improvements in accordance with the Strategy’s principles and goals and the Workforce Plan strategies and actions.

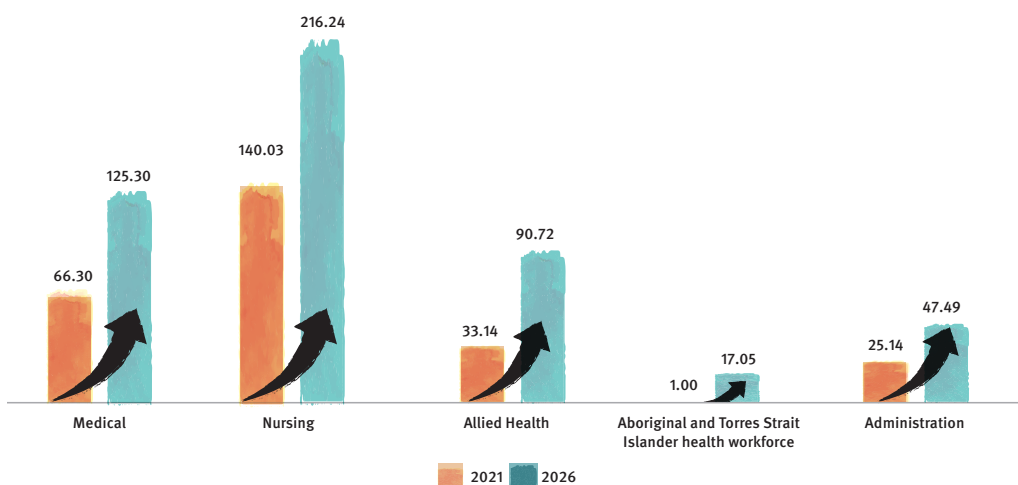
Specialist palliative care workforce expansion

Under the Workforce Plan, our frontline specialist palliative care workforce will increase by 87.0%, an uplift from 265.61 FTE in September 2021 to a total of 496.80 FTE in June 2026. More specifically:

- Medical practitioners will increase by 88.99% (59.00 FTE)
- Nurses, including registered nurses, clinical nurses, clinical nurse consultants and nurse practitioners, will increase by 54.42% (76.21 FTE)
- Allied health professionals will increase by 173.75% (57.58 FTE)
- Aboriginal and Torres Strait Islander health workforces will increase by 1605% (16.05 FTE)
- Administration officers will increase by 88.90% (22.35 FTE)



FTE per profession as at September 2021 and June 2026 (projected)



The allocation of investment will support a staged build of the specialist palliative care workforce to enable growth in the greatest areas of need first. Investment will be prioritised to establish a core baseline specialist palliative care workforce profile where this is not currently available, then build a sustainable workforce profile to enable service stabilisation, and subsequently grow the workforce to respond to future population growth within each Hospital and Health Service.



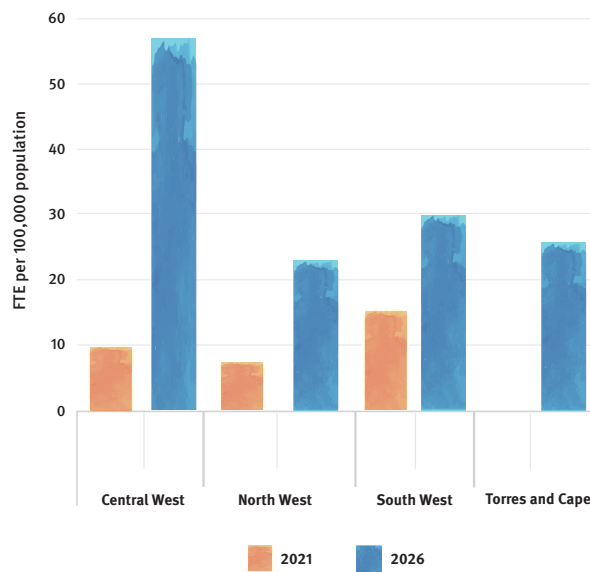
Queensland Health specialist palliative care FTE per 100,000 population 2021 and 2026 (projected)

These planned workforce enhancements will support greater equity of access to specialist palliative care services, by achieving a more comparable number of FTE per 100,000 population across each of the major and regional specialist palliative care Hospital and Health Services by 2026. Establishment of a core baseline workforce for rural and remote Hospital and Health Services results in comparatively higher workforce to population ratios, regardless of the projected future resident population for these Hospital and Health Services.

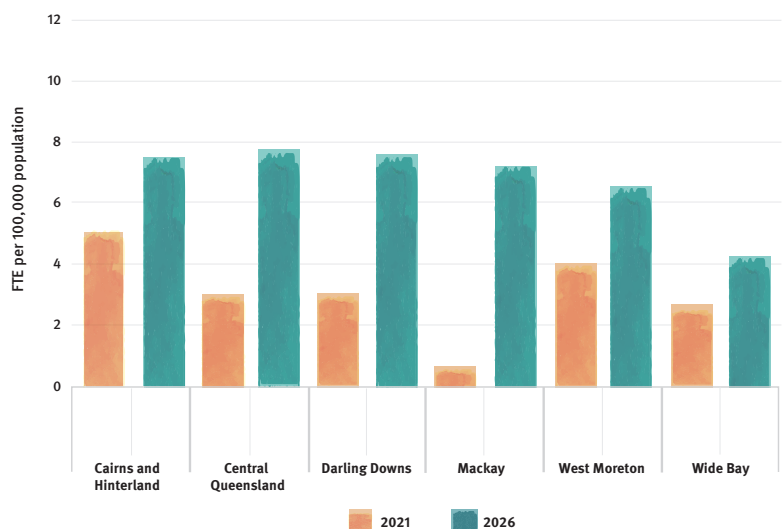
Specialist palliative care FTE supporting statewide programs such as Children’s Health Queensland, PallConsult and MASS-PCEP are not included in Hospital and Health Services population graphs, as they deliver services to all Queensland Hospital and Health Services.

Similarly, SPaRTa FTE operating from hubs based at Gold Coast, Sunshine Coast, Townville and Cairns and Hinterland Hospital and Health Services are not included in Hospital and Health Services population graphs, as they deliver services primarily to rural, remote and regional communities.

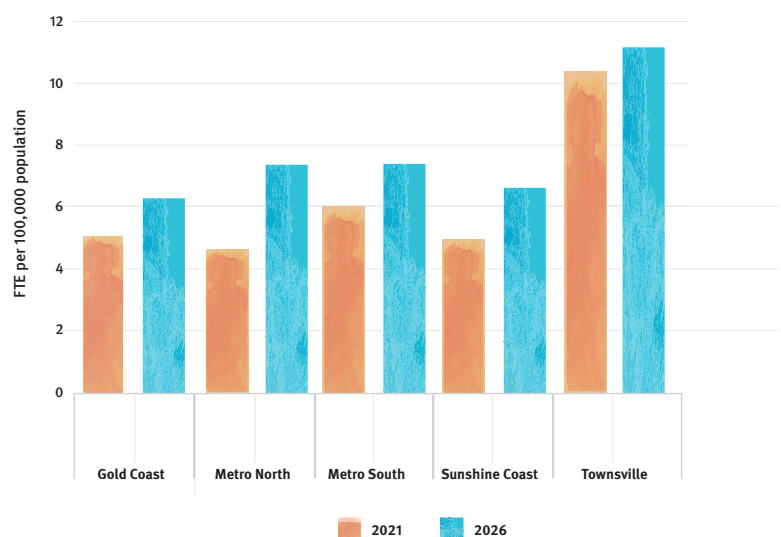
Rural and Remote Hospital and Health Services



Regional Hospital and Health Services

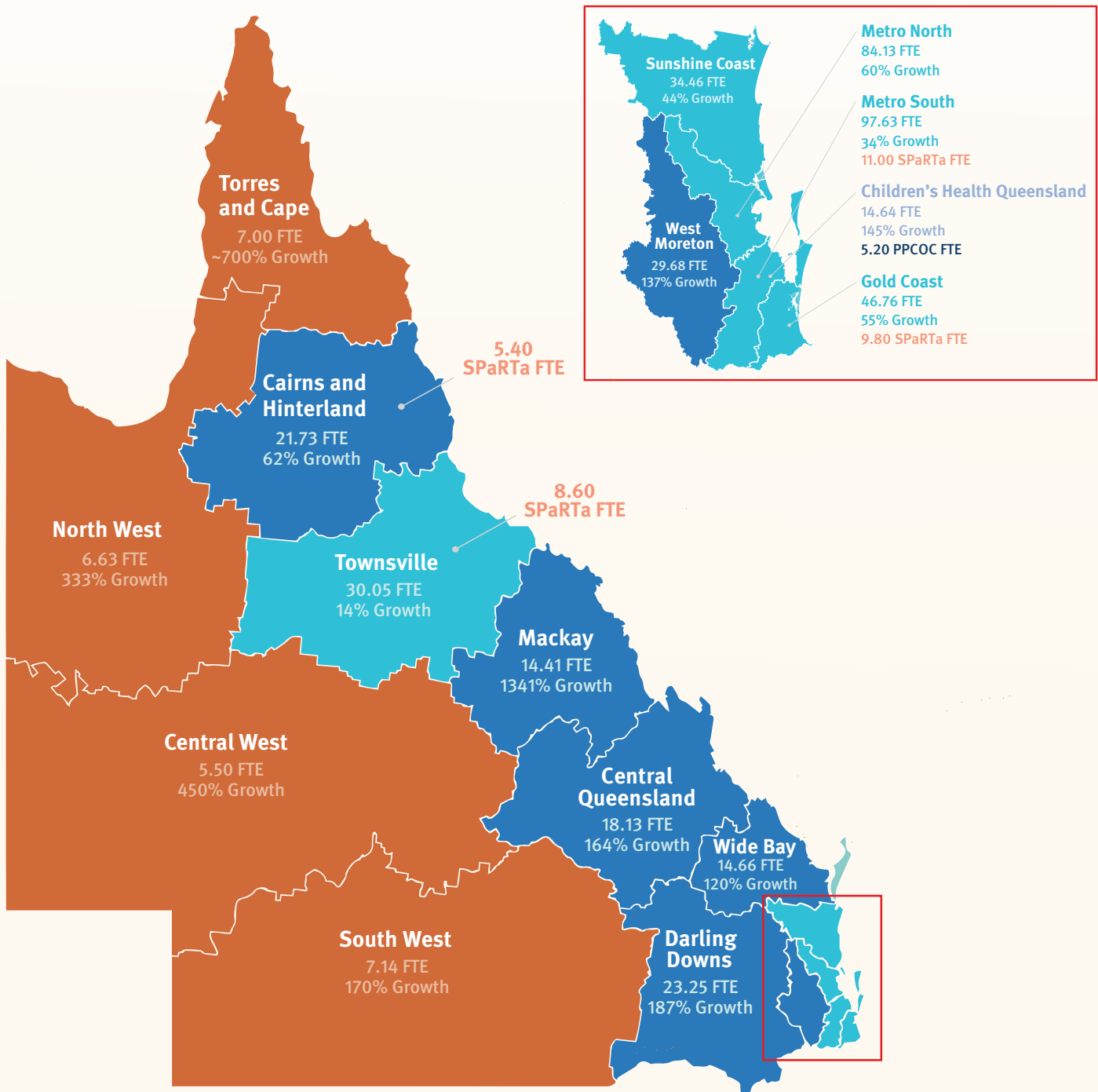


Major Hospital and Health Services



Projected Queensland Health specialist palliative care workforce growth by 2026

Total Hospital and Health Services FTE by 2026 and percentage growth between 2021 and 2026



Legend

- Rural and Remote Hospital and Health Services (<100,000 population)
- Regional Hospital and Health Services (>100,000 and <300,000 population)
- Major Hospital and Health Services (>300,000 population)
- Children's Health Queensland specialist paediatric palliative care service providing local and statewide services
- Specialist Palliative Rural Telehealth Service (SPaRTa) hubs
- Paediatric Palliative Care Outreach Collaborative (PPCOC) providing telehealth services to regional, rural and remote areas

Investment in capability development

The achievement of the future specialist palliative care workforce required to meet the needs of Queenslanders is contingent on the availability of appropriately qualified and skilled workforces across professions.

Building and strengthening the capability of our specialist palliative care workforce and supporting the development of students and clinicians seeking a career in specialist palliative care is essential to achieving the workforce of the future.

Separate to investment in additional frontline positions for Hospital and Health Services, investment will be made in specific capability development initiatives from within the committed \$102 million from 2022–23.

Informed by consultation with clinicians and service providers, these investments include:

- The creation of additional opportunities for immersive experiences in specialist palliative care service delivery through the development of a multidisciplinary immersion program, and funding access to the Program of Experience in the Palliative Approach (PEPA) and Indigenous PEPA (iPEPA). (Actions 3.5 and 3.7)
- A review of existing nursing Transition to Practice Programs to build on palliative care knowledge and practice to ensure foundation capability within the Queensland Health nursing workforce. (Action 3.2)
- Incentives to support the completion of post graduate qualifications relevant to specialist palliative care, such as Graduate Certificates in Palliative Care and related areas such as lymphoedema management, and Master of Nursing programs leading to Nurse Practitioner qualifications. (Action 3.6)
- Incentives to support completion of post graduate qualifications in bereavement care, such as Graduate Certificates in Bereavement Counselling and Intervention, or Counselling, or Trauma Responsive Practice, and in Master of Counselling leading to certification as a bereavement counsellor. (Action 3.6)
- Funding for short-term leadership mentoring for nursing and allied health practitioners moving into leadership roles within specialist palliative care services. (Action 3.9)
- Continued funding for the Queensland Palliative Medicine Advanced Training Pathway to coordinate a statewide training program to develop a skilled palliative medicine physician workforce. (Action 2.1)
- Establishment of an additional 4.0 FTE temporary medical registrar positions in regional locations from early 2022 for a period of two years prior to the implementation of new permanent training positions from 2023–24. (Action 3.1)
- Establishment of an additional 2.0 FTE educator positions in each of the four SPaRTa service hubs to deliver education, training, and supervision support for nursing, allied health practitioners and Aboriginal and Torres Strait Islander health workforces. (Action 3.10)





Implementation and reporting

Measuring progress in the implementation of the Workforce Plan is to be undertaken as part of the Strategy's evaluation. The evaluation will make sure outcomes have been delivered, and also identify the impact of the Strategy and Workforce Plan and areas for future improvement.



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