



NSW PARLIAMENTARY INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NEW SOUTH WALES

Answers to Supplementary Questions – Palliative Care

In addition to its historical recognition of acute and emergency service provision in rural communities by Fellows of ACRRM, the College last year finalised and approved the curriculum for a Palliative Care Advanced Skills Training endpoint. This followed approximately two years of development by existing rural generalists, dual fellows in Rural and Remote Medicine and Palliative Care; and full time Palliative Care specialists.

Assessment targets for a Rural Generalist with specialised skills in Palliative Care are described below with more detail available at: www.acrrm.org.au/docs/default-source/all-files/ast-handbook-palliative-care.pdf?210324

Candidates will be assessed on their management of physical, psychological, intellectual and spiritual distress across all cases. To achieve competency candidates must demonstrate evidence of caring and empathy for a patient with a terminal illness and their family. This could also include staff who are caring for the dying. They must demonstrate an evidence-based approach to palliative care, pain management and treatment of associated behavioural problems.

ACRRM Palliative Care AST Handbook 2021

The weight of the Palliative Care load in rural and remote NSW is most significantly felt by the State's rural generalists. Whilst advice may be available by phone or videoconference link the majority of the patient and family care and management is performed by the doctor in the patient's town. Of course this is made more challenging by undersupply or absence of additional services and experience that is readily available in metropolitan NSW. This also includes the after-hours and in-home care that is often provided by dedicated nurses in locations up to regional cities.

While not commonly required, high-end pain management procedures such as nerve blocks and palliative radiotherapy are only available in the largest of regional and of course coastal services. Patients and their doctors are often faced with the difficult decision to transfer a patient in their last weeks or months of life for these procedures. As a College we hope that some of this moving of patients might be reduced by good training in all aspects of Palliative Care inclusive of pain management procedures that with proper accreditation, these procedures will be approved by NSW health for delivery locally thus avoiding removal of a patient from their home environment.

Similarly to diversified training for rural generalist doctors, nurses in rural and remote NSW need to have adequate training and experience in palliative care. It is unlikely to be appropriate for a nurse in Tenterfield for example to have palliative care skills in isolation. He or she will need to have this skillset and experience to complement the extensive range of other skills required for provision of care in the hospital and/or community. We would advocate that rural generalist skills for nurses and allied health professionals be encouraged, funded and recognised by NSW Health in order to enhance care provision that a team can provide in Tenterfield just as it can in Armidale or Newcastle.

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