

## **Executive Summary**

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### **The recognition application**

The Australasian Chapter of Palliative Medicine of the Royal Australasian College of Physicians has sought recognition of palliative medicine as a medical specialty.

Recognition through this process signifies that a medical specialty or sub-specialty is developing in Australia in response to a demonstrable need for specialist medical services and that its development is in the best interests of the Australian community.

The Chapter states that its purpose is to ensure the ongoing development of palliative care through the supply of adequate numbers of appropriately trained specialist palliative medicine practitioners.

The Chapter's application for recognition describes palliative medicine as the study and management of patients with active, progressive, far advanced disease for whom the prognosis is limited and the focus of care is the quality of life. Palliative medicine involves comprehensive symptom management, and the support of individuals with terminal illness and their families where the control of pain, of other symptoms and of psychological, social and spiritual problems is paramount. Practitioners are also involved in the support of carers and families through the illness and in the bereavement process.

### **Review of the application by the Australian Medical Council palliative medicine recognition review group**

The Australasian Chapter of Palliative Medicine submitted its initial application for recognition of palliative medicine as a medical specialty in August 2003.

A discussion followed between the Chapter and the Australian Medical Council's (AMC) Recognition of Medical Specialties Advisory Committee on the additional information required before the AMC would proceed to the detailed assessment of the case for recognition. The Chapter submitted a revised application in March 2004 and the process of assessing the case for recognition began.

An AMC recognition review group (called the Review Group in this report) assessed the application, following the process described in the Guidelines for Recognition, *The Recognition of Medical Specialties and Sub-specialties*. In assessing the case for recognition, the Review Group considered the Chapter's application, sought public submissions on the application, gathered information relevant to the application, and conducted a series of interviews and site visits.

### **The case for recognition of palliative medicine as a medical specialty**

The application for recognition contends that the ongoing development of palliative care is a public policy aim of both the Australian and State/Territory governments, and cites the development of a National Palliative Care Strategy, as evidence of this commitment<sup>1</sup>.

The application claims that palliative medicine specialists provide a specialised and complex mixture of holistic medical care for patients with life-limiting illness and their carers, including the integration of psychological and spiritual aspects. This practice requires a specific set of medical knowledge and skills. Appropriately trained and supported specialists in palliative medicine are essential for the delivery of effective and efficient palliative care. The major role of the palliative medicine specialist is as a consultant advising and supporting general practitioners and community nurses who provide the bulk of support to patients in the community. Currently, many patients do not have access to the services of a specialist in palliative medicine either as a support for their existing practitioners, or directly for the management of more complex problems.

The Review Group identified the following key points in the case for recognition of palliative medicine as a medical specialty:

- The application describes a field of medical practice based on well-defined concepts in medical practice.
- The knowledge and skills required of palliative medicine specialists are clearly defined. The skills and professional attitudes of palliative medicine specialists contrast with those of a medical workforce generally skilled at the curative approach. This latter group of practitioners are often less comfortable with negotiating safely the difficult transition from active treatment to palliative care. Patients and carers were able to identify skills

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<sup>1</sup> National Palliative Care Strategy 1998-2003 Department of Health and Ageing.

and attitudes of their palliative medicine practitioners which they considered to be unique or uncommon in other medical specialists.

- There is an established base of specialist practitioners in palliative medicine, able to sustain academic activities, and capable of defining, promoting and maintaining standards of medical practice to ensure high quality health care. The two established programs of specialist training in palliative medicine have graduated 25 palliative medicine practitioners since 1991. There are senior academic appointments in palliative medicine/palliative care in a range of universities in Australia.
- Palliative medicine is of public health significance. There are about 66,800 anticipated deaths in Australia annually, including 38,400 cancer deaths and 28,400 other anticipated deaths. About half of all deaths annually are anticipated deaths. As the population ages and the number of people requiring palliative care increases, the need for palliative medicine practitioners will also increase.
- The Recognition Review Group's site visits and studies examining the hypothesis that specialist palliative care teams improve patient outcomes provide evidence for the link between specialist palliative medicine competence and patient safety.
- The estimated costs of recognising palliative medicine as a medical specialty are low. Potentially, there are substantial cost offsets.

The Review Group identified the following areas where palliative medicine is still developing:

- Community and professional understanding of the role of palliative medicine specialists and palliative care services remains limited. It can be argued that recognition of palliative medicine as a specialty would assist promotion of the expertise and knowledge of specialist palliative medicine practitioners, encourage referrals to palliative medicine specialists, and enhance the capacity of palliative medicine specialists to contribute to the education and training of other health professionals.
- Aids to practice, such as therapeutic guidelines and decision trees are currently under development in palliative medicine and substantial work has been undertaken in end-of-life care pathways.

- The practice of palliative medicine in the community and in nursing homes needs to expand. The Review Group noted initiatives funded by the Australian Department of Health and Ageing including the implementation of guidelines for a palliative care approach in residential aged care<sup>2</sup>.
- Specific continuing professional development programs for palliative medicine specialists are in the early stages of development. Whilst this is appropriate at present because of the diverse nature of the background of the Fellows, as palliative medicine grows in recognition and practitioner numbers increase, it would be appropriate for the Chapter to review whether specific requirements for palliative medicine should be defined.
- Public submissions to the AMC indicate support for the recognition of palliative medicine as a medical specialty, although some submissions raised concerns about possible deskilling of other practitioners who care for patients with life-limiting illness, particularly general practitioners. The Royal Australian College of General Practitioners contended that palliative medicine is a small but important part of the work of a general practitioner, and that the pivotal role of general practitioners in this area of care must be acknowledged. There has been considerable discussion between the Chapter and the Royal Australian College of General Practitioners as the Review Group has conducted its assessment. Whilst there are still matters to be resolved, the RACGP now supports the application for recognition. The RACGP has indicated that palliative care is broadening as a discipline and that it supports a referral service for advice and 'difficult' cases. The RACGP also accepts that the Australasian Chapter of Palliative Medicine acknowledges the role of general practitioners in palliative care.
- The Chapter which funded and initiated the establishment of a Clinical Diploma in Palliative Medicine to provide an opportunity for all medical practitioners, particularly general practitioners, to further their skills in the provision of palliative care has resulted in the Australian Department of Health and Ageing granting funds the RACP and the Chapter to develop a Diploma of Palliative Medicine in the primary care setting and in other settings such as tertiary hospitals.

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<sup>2</sup> Australian Government Department of Health and Ageing 2004, Guidelines for a Palliative Approach in Residential Aged Care, Rural Health and Palliative Care Branch, Australian Government Department of Health and Ageing Canberra

## **The purpose of this report**

This report is the assessment by the Recognition Review Group of the case for and against the recognition of palliative medicine as a medical specialty, against the criteria for recognition detailed in the Guidelines for Recognition. The report contains a summary of the key material presented to the Review Group, and the Review Group's assessment of the strengths and weaknesses of the case presented.

The Review Group is not responsible for advising on whether or not palliative medicine should be recognised as a specialty. It is responsible for providing the information on which the Recognition of Medical Specialties Advisory Committee can develop recommendations to the Australian Medical Council. Taking account of the material presented to it, the Council itself decides on the advice to be given to the Minister about the recognition of the specialty.