Palliative care workforce

The palliative care workforce is made up of a number of health professional groups including specialist palliative medicine physicians, nurses, general practitioners (GPs), pharmacists, other medical specialists (such as oncologists and geriatricians), as well as other health workers, support staff and volunteers.

Medical specialists who are a Fellow of the Royal Australasian College of Physicians must have completed post-graduate specialist training to become palliative medicine physicians. Palliative medicine specialists are required to have completed three years of full time equivalent training in either a paediatric or adult setting under the supervision of a Palliative Care physician. Successful trainees gain the qualification of Fellow of the Royal Australasian College of Physicians (FRACP)/Fellowship of the Australasian Chapter of Palliative Medicine (FACHPM) and are accredited to practise as a Palliative Care physician in Australia or New Zealand. Medical practitioners may also complete a 6 month Clinical Diploma in Palliative Medicine, but this qualification does not result in specialist accreditation (Royal Australian College of Physicians, 2016). Nurses may complete a variety of short or more comprehensive courses (including postgraduate certificate and Masters qualifications) if they wish to work in the field of palliative care, and postgraduate qualifications are generally required for nurses working in specialist palliative care services (Centre for Palliative Care 2016).

The information presented in this chapter describes the number and characteristics of the workforce of specialist palliative medicine physicians and nurses working in palliative care (referred to as ‘palliative care nurses’).

Key points

• Nationally, there were 213 specialist palliative medicine physicians and 3,321 palliative care nurses in 2015 (0.9 and 12.0 full-time equivalent (FTE) per 100,000 population respectively).

• The highest rates for specialist palliative medicine physicians and palliative care nurses were seen in Major cities (1.1 and 12.7 FTE per 100,000 population respectively).

• In 2015, over 3 in 5 (62.0%) employed specialist palliative medicine physicians were female which is about twice the proportion of all employed medical specialists (29.7%).

• About 4 in 5 (77.9%) employed specialist palliative medicine physicians worked in a hospital setting, compared with about half (51.2%) of employed palliative care nurses.

The information in this section was last updated in May 2017.

The information on specialist palliative medicine physicians presented in this section was derived from the National Health Workforce Data Set (NHWDS) for the period 2012 to 2015. Data for palliative care nurses were not collected between 2010 and 2012. Prior to 2013 data, the most recent published figures for palliative care nurses from the AIHW Nursing and Midwifery Labour Force Survey 2009 are available in the report Palliative care services in Australia 2012 (AIHW 2012). Estimates of the 2011 specialist palliative medicine physician workforce are not published here due to data quality issues. Further details on these data sources are outlined in data sources.
Specialist palliative medicine physicians

Specialist palliative medicine physicians made up around 1 in 140 (0.7%) employed medical specialists in Australia, with 213 working in Australia in 2015 (AIHW 2016a). In 2015, 85 medical practitioners undertook advanced palliative care physician training with the Royal Australasian College of Physicians (RACP) in adult medicine, while 14 undertook RACP paediatric and child health advanced training in palliative medicine. Thirty-six undertook a Clinical Diploma in Palliative Medicine as part of their vocational training or continuing professional development (DoH 2016).

In 2015, about 3 in 5 (62.0%) employed specialist palliative medicine physicians were female. This was more than double the proportion seen for all medical specialists (29.7%) (AIHW 2016a). The average age of specialist palliative medicine physicians was 50.4, with female physicians being younger, on average (48.2), than their male counterparts (54.1) (Table Wk.1).

Specialist palliative medicine physicians worked on average 39.1 total hours per week in 2015, which was less than the average weekly hours for all employed medical practitioners who were specialists (43.5 hours). The hours worked were, on average, lower for females (36.9 hours) than males (42.8) (Table Wk.2). Of those work settings where work hours could be reported, specialist palliative medicine physicians working in a tertiary educational facility worked the longest average total hours per week (44.2 hours) (Table Wk.6). For those states and territories that were able to be published, the average hours worked varied across jurisdictions, ranging from 34.8 hours per week for Victoria to 44.8 hours per week for Queensland (Table Wk.3).

Nationally, there were 0.9 FTE specialist palliative medicine physicians per 100,000 population in 2015. The rate of FTE specialist palliative medicine physicians across states and territories ranged from 0.7 in Victoria to 1.8 in Tasmania (Figure Wk.1).

More than 8 in 10 (84.0%) FTE specialist palliative medicine physicians worked mainly in Major cities during 2015. One in 10 (9.6%) FTE specialist palliative medicine physicians worked in Inner regional areas. Taking into account differences in population sizes for each remoteness area, the FTE specialist palliative medicine physicians per 100,000 population was highest for Major cities (1.1 FTE), followed by Outer regional (0.6 FTE) areas (Table Wk.4).

About 9 in 10 employed specialist palliative medicine physicians were clinicians (90.1%) (Table Wk.5). About 4 in 5 (77.9%) were employed in a hospital setting, followed by a community health care service (including community mental health services) (10.3%) (Table Wk.6).
Specialist palliative care physicians over time

Between 2012 and 2015, there was a 43.9% increase in the number of employed specialist palliative medicine physicians. In terms of population rates of employed palliative medicine physicians over time, there has been a gradual increase from 0.7 FTE per 100,000 in 2012 to 0.9 in 2015 (Table Wk.1). There was a 550% increase in new RACP fellows in palliative medicine in the 5 years to 2014 (DoH 2016).

References


Palliative care nurses

Palliative care nurses made up around 1 in every 90 (1.1%) employed nurses in Australia, with over 3,300 working in Australia in 2015.

In 2015, over 9 in 10 (92.9%) employed palliative care nurses were female. This is slightly higher than the proportion of females among all nurses (89.1%) (AIHW 2016b). The average age of palliative care nurses was 47.2, with male palliative care nurses being younger (44.9), on average, compared with their female counterparts (47.4). About 1 in every 110 (0.9%) palliative care nurses were Indigenous, slightly lower than the proportion for all nurses (1.1%) (Table Wk.7).
Palliative care nurses worked an average of 32.7 total hours per week in 2015, which was less than that worked by all employed nurses (33.5 hours) (AIHW 2016b). The hours worked were, on average, lower for females than males (32.4 hours and 36.9 hours, respectively) (Table Wk.8). Of the work settings where work hours were publishable, palliative care nurses working in a tertiary educational facility worked the highest average hours per week (35.7 hours) (Table Wk.12).

Nationally, there were 12.0 FTE palliative care nurses per 100,000 in 2015. The rate of FTE palliative care nurses across the states and territories ranged from 9.7 in the Northern Territory to 17.6 in Tasmania (Figure Wk.2). The average hours worked varied across jurisdictions, ranging from 30.9 hours per week for Western Australia and South Australia to 36.3 hours per week for the Australian Capital Territory (Table Wk.9).

Reference

Figure Wk.2: Employed palliative care nurses, FTE per 100,000 population, states and territories, 2015

Source: National Health Workforce Data Set 2015.

Source data: Palliative care workforce Table Wk.9

About three quarters (73.5%) of FTE palliative care nurses worked mainly in Major cities during 2015, with a further 18.4% working in Inner regional areas. Taking into account differences in population sizes for each remoteness area, the FTE palliative care nurses per 100,000 population was highest for Major cities (12.7 FTE), followed by Inner regional (12.4 FTE) areas, but this drops to 2.3 FTE in Remote and Very remote areas (Table Wk.10).

More than 9 in 10 employed palliative care nurses were clinicians (94.5%) (Table Wk.11). About half (51.2%) of all employed palliative care nurses were employed in a hospital setting, followed by community healthcare services (22.7%) and hospices (15.9%) (Table Wk.12).
Palliative care nurses over time

From 2013 to 2015, there was a 3.7% increase in the number of employed palliative care nurses. There was a marginal increase in the population rate of employed palliative care nurses from 11.8 FTE per 100,000 in 2013 to 12.0 in 2014 with the rate remaining steady in 2015 (Table Wk.7).
## Key Concepts

### Workforce

<table>
<thead>
<tr>
<th>Key Concept</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Employed</strong></td>
<td><strong>Employed</strong> health professional is defined in this report as one who:</td>
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<td></td>
<td>• reported (the week before the survey) practising in Australia (including practitioners on leave for less than 3 months), or</td>
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<td></td>
<td>• was involved with work that is principally concerned with their health discipline (including research, administration, or teaching).</td>
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<tr>
<td></td>
<td>This includes those involved in clinical and non-clinical roles—for example, education, research and administration. 'Employed' people are referred to as the 'workforce' in this chapter. This includes only practitioners whose main speciality is palliative care and excludes those practitioners practising palliative care as a second or third speciality and those who were on extended leave for more than 3 months or who were not employed.</td>
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<tr>
<td><strong>Full-time equivalent (FTE)</strong></td>
<td><strong>Full-time equivalent (FTE)</strong> represents the number of 38 hour week workloads worked by professionals. The FTE is calculated by multiplying the number of employed professionals in a specific category by the average total hours worked by employed people in that category, and dividing by 38. The standard of a 38-hour working week was used in this report to provide figures comparable with previously published data.</td>
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<tr>
<td><strong>Total hours</strong></td>
<td><strong>Total hours</strong> are the total hours worked per week in the profession.</td>
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