

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 must have completed post-graduate specialist training to become a palliative medicine physician. Palliative medicine specialists are required to have completed 3 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 medicine 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, 2019). 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, 2019).

The information presented in this section 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').

Data downloads:

[Palliative care workforce tables 2017](#)

[Palliative care workforce section 2017](#)

The information in this section was last updated in September 2019.

Key points

- 249 specialist palliative medicine physicians and 3,430 palliative care nurses were **employed** nationally in 2017 (1.0 and 12.0 **full-time equivalent (FTE)** per 100,000 population respectively).
- 1 in 140 employed medical specialists were palliative medicine physicians and around 1 in 90 employed nurses were palliative care nurses.
- 63.9% of employed specialist palliative medicine physicians were female, which is more than twice the proportion of all employed medical specialists (31.7%).
- 71.5% of employed specialist palliative medicine physicians worked in a hospital setting, compared with about half (53.3%) of employed palliative care nurses.

The information on specialist palliative medicine physicians and palliative care nurses presented in this section was derived from the National Health Workforce Data Set (NHWDS) for the period 2013 to 2017. Further details on the NHWDS are outlined in [data sources](#).

Specialist palliative medicine physicians

There were 249 specialist palliative medicine physicians employed in Australia in 2017, 0.7% or about 1 in 140 of all employed medical specialists. In addition, there were 3 paediatric palliative care specialists in Australia in 2017. These paediatric specialists are not included in the numbers presented here.

There were 42 medical practitioners who undertook vocational training in palliative medicine in 2017 compared with 80 in 2013, a 47.5% decrease (DoH 2017).

In 2017, 63.9% of employed specialist palliative medicine physicians were female. This was more than double the proportion seen for all medical specialists (31.7%). The proportion of palliative medicine physicians aged over 55 was higher for males (47.8% of males) than females (26.4% of females).

Specialist palliative medicine physicians worked on average 38.1 **total hours** per week in 2017, which was less than the average weekly hours for all employed medical specialists (43.3 hours). Average clinical hours were 29.1 per week which was also less than for all employed specialists (36.0). Total hours worked were, on average, 35.3 hours for females and 43.2 hours for males. Average hours worked varied across jurisdictions,

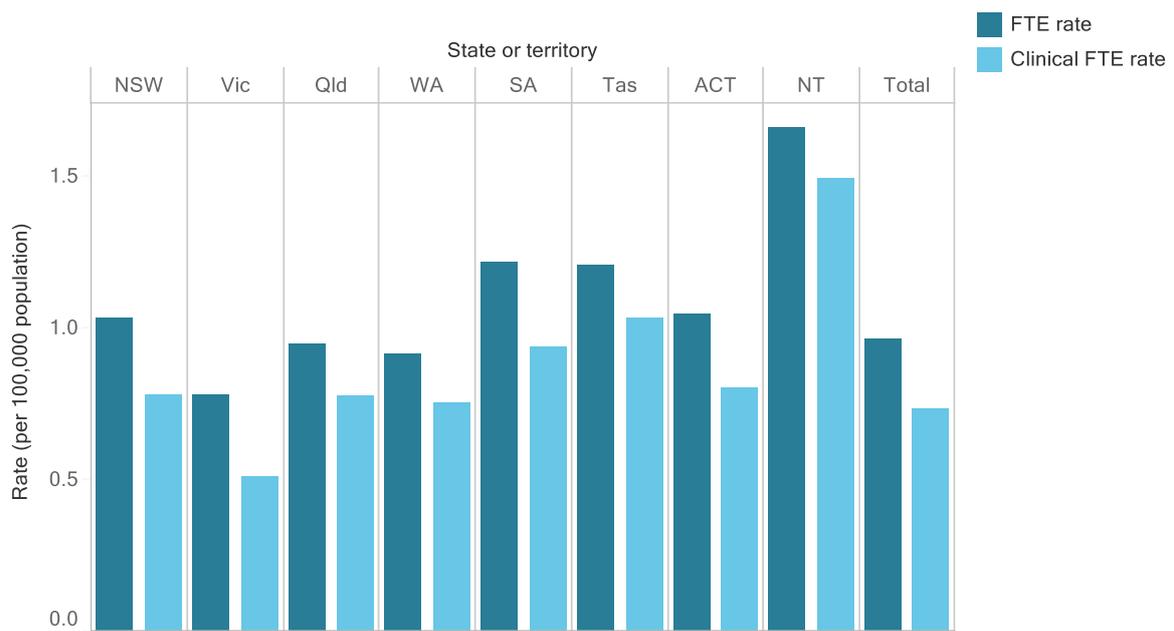
ranging from 35.7 hours per week for Tasmania to 43.3 hours per week in the Australian Capital Territory.

Nationally, there were 1.0 FTE (0.7 clinical FTE) specialist palliative medicine physicians per 100,000 population in 2017. The rate of FTE specialist palliative medicine physicians across states and territories ranged from 0.8 in Victoria to 1.7 in the Northern Territory (Figure WK.1).

More than 8 in 10 (85.3%) FTE specialist palliative medicine physicians worked mainly in *Major cities* during 2017. One in 14 (7.3%) worked in *Inner regional* areas and 6.1% worked in *Outer regional* areas. Taking into account differences in population sizes for each remoteness area, the FTE per 100,000 population for specialist palliative medicine physicians was highest in *Major cities* (1.1 FTE), followed by *Outer regional* areas (0.7 FTE).

There were 225 (90.4%) employed specialist palliative medicine physicians mainly working as clinicians. About 7 in 10 (71.5% or 178) were employed in a hospital setting, followed by 19 (7.6%) in other community health care services and 16 (6.4%) in outpatient services.

Figure WK.1: Employed specialist palliative medicine physicians, FTE and clinical FTE per 100,000 population, states and territories, 2017



Source: AIHW. Table WK. 3.

www.aihw.gov.au/pcsia

Source data: <xls-icon> Palliative care workforce tables (548KB XLS)

Specialist palliative care physicians over time

Between 2013 and 2017, there was a 36.1% 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 an increase from 0.8 FTE (0.6 clinical) per 100,000 population in 2013 to 1.0 (0.7 clinical) in 2017.

Palliative care nurses

There were 3,430 palliative care nurses employed in Australia in 2017, 1.1% or about 1 in 90 of all employed nurses.

In 2017, over 9 in 10 (92.9%) employed palliative care nurses were female. This is slightly higher than the proportion of females among all nurses (89.0%). About 1 in every 100 (1.0%) palliative care nurses were Aboriginal and/or Torres Strait Islanders, which is similar to the proportion for all nurses (1.1%).

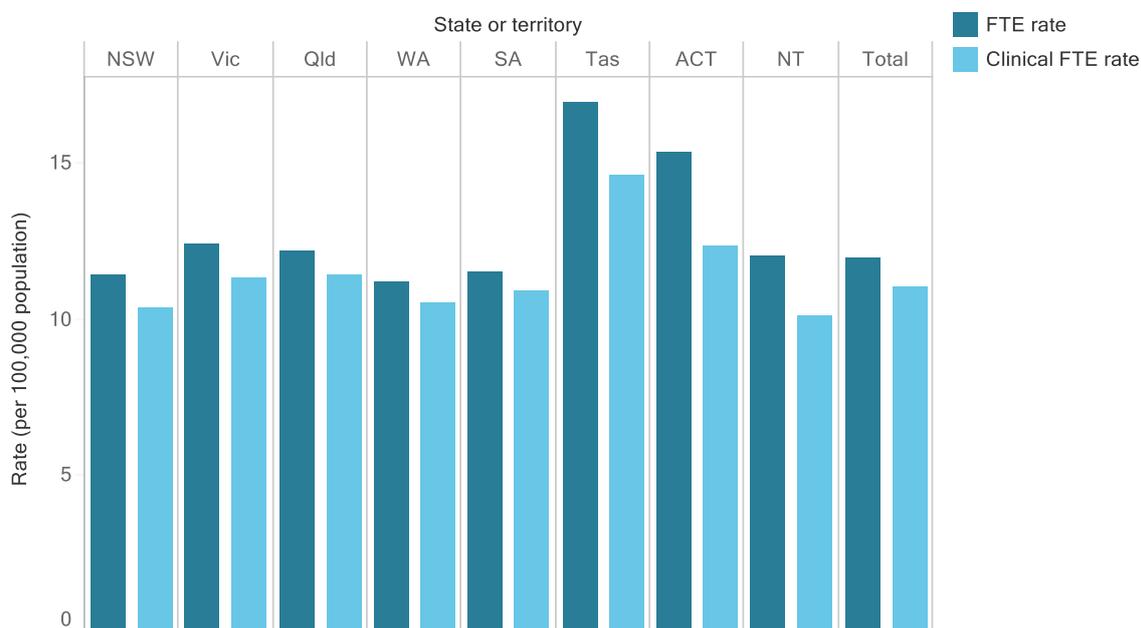
Palliative care nurses worked an average of 32.7 total hours per week in 2017, which was less than the total hours worked by all employed nurses (33.4 hours). However, palliative care nurses worked slightly longer clinical hours, on average than all employed nurses (30.0 and 29.5 hours respectively). The total hours worked were, on average, lower for females than males (32.5 hours and 35.4 hours, respectively).

Nationally, there were 12.0 FTE (11.0 clinical FTE) palliative care nurses per 100,000 population in 2017. The rate of FTE palliative care nurses across the states and territories ranged from 11.2 in Western Australia to 16.9 in Tasmania (Figure WK.2). The average hours worked varied across jurisdictions, ranging from 30.5 hours per week for Western Australia to 37.8 hours per week for the Northern Territory.

About 5 in 7 FTE palliative care nurses worked mainly in *Major cities* during 2017 (71.8%), with a further 20.8% 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 *Inner regional* areas (14.0 FTE), followed by *Major cities* (12.0 FTE), dropping to 5.0 in *Remote* areas and 1.9 in *Very remote* areas.

More than 9 in 10 (3,241 or 94.5%) employed palliative care nurses were clinicians. About half (1,829 or 53.3%) of all employed palliative care nurses were employed in a hospital setting, followed by 808 (23.6%) in community healthcare services and 487 (14.2%) in hospices.

Figure WK.2: Employed palliative care nurses, FTE and clinical FTE per 100,000 population, states and territories, 2017



Source: AIHW. Table WK.9

www.aihw.gov.au/pcsia

Source data: <xls-icon> Palliative care workforce tables (548KB XLS)

Palliative care nurses over time

From 2013 to 2017, there was a 5.1% increase in the number of employed palliative care nurses. The population rate of FTE employed palliative care nurses was 12.0 (11.0 clinical) for both 2013 and 2017, with slight variations in the FTE rate between 2014 and 2016.

References

Centre for Palliative Care 2019. Professional Development. Melbourne: Centre for Palliative Care. Viewed 14 May 2019.

<https://www.centreforpallcare.org/page/95/professional-development>

DoH (Department of Health) 2017. Palliative medicine 2016 factsheet. Canberra: DoH.

Royal Australian College of Physicians 2019. Training pathways. Sydney: Royal Australian College of Physicians. Viewed 14 May 2019. <https://www.racp.edu.au/become-a-physician/training-pathways>

Data sources

National Health Workforce Data Set (NHWDS)

The Medical and Nursing Workforce Surveys are administered to all registered health practitioners by the Australian Health Practitioner Regulation Agency (AHPRA) and are included as part of the registration renewal process. The workforce surveys are voluntary. The respective surveys are used to provide nationally consistent workforce estimates. They provide data not readily available from other sources, such as on the type of work done by, and job setting of, health practitioners; the number of hours worked in a clinical or non-clinical role, and in total; and the number of years worked in, and intended to remain in, the health workforce. The survey also provides information on those registered health practitioners who are not undertaking clinical work or who are not employed. The information from the workforce surveys, combined with National Registration and Accreditation Scheme (NRAS) registration data items, comprises the NHWDS.

Past and present surveys have different collection and estimation methodologies, questionnaire designs and response rates. As a result, care should be taken in comparing historical data from the AIHW Medical Labour Force Surveys prior to 2010 with data from the NHWDS.

Health workforce data are now available for public access through the Department of Health's Health Workforce Data Tool (HWDT) and the numbers in this publication reflect those extracted using the HWDT as at 8 May 2019. In the case of medical specialists, the numbers are those employed whose primary specialty is palliative care. For nurses, the numbers are those employed whose principal job area as a nurse is palliative care. There may be differences between the data presented here and that published elsewhere due to different calculation or estimation methodologies or extraction dates. The HWDT uses a randomisation technique to confidentialise small numbers. This can result in differences between the column sum and total and small variations in numbers from one data extract to another.

Further information regarding the Medical practitioner workforce and Nursing and midwifery workforce surveys is available at http://www.health.gov.au/internet/main/publishing.nsf/content/health_workforce_data

Key Concepts

Workforce

Key Concept	Description
Employed	<p>An employed health professional is defined in this report as one who:</p> <ul style="list-style-type: none">• reported (the week before the survey) practising in Australia (including practitioners on leave for less than 3 months), or• was involved with work that is principally concerned with their health discipline (including non-clinical roles—for example education, research and administration). <p>‘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.</p>
Full-time equivalent (FTE)	<p>The number of standard-hour workloads worked by employed health 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 the number of hours in a standard working week. The standard working week is assumed to be 38 hours, equivalent to 1 FTE, for all practitioners with the exception of medical practitioners where it is assumed to be 40 hours.</p>
Total hours	<p>The total hours worked per week in the profession.</p>