Appendix G

A snapshot of specialist Palliative Medicine Workforce in Tasmanian in January 2015, and some future directions

All three Tasmanian Health Organisations (THOs) employ medical staff in their specialist palliative care services.

The table below details the present workforce in Palliative Medicine in Tasmania.

There are:

- Approximately 6.8 EFT funded specialist sessions in the state (S=3, N=3, NW=1.2), occupied by 12 doctors.
- Ten fully qualified specialists in Palliative Medicine; 7 are current permanent employees, two are temporary or casual employees, and one is an overseas trained specialist doing supervised practice.
- The South's profile is complicated by the use of casual sessions to cover long term sick leave and RTW of one of the permanent F/T specialists, and maternity leave (ending March 2015).
- One overseas-trained career medical officer.
- Two training registrars, one in a F/T accredited training core module post, and one in an oncology post.
- The South's director also has academic and substantial organizational duties.

THO	Name	Position	EFT	Qualification	Comments	Years left in workforce
N	David Woods	Staff Specialist	1.0	FAChPM		5-10
N	David Saner	Staff Specialist	0.8	FAChPM		1-5
N	Sam Fingas	Supervised practice as specialist	0.8	UK trained specialist	FAChPM in 12 mths	20 +
NW	Thirunavukkarasu Thirukkumaran	Career Medical Officer Conjoint SL RCS UTAS	0.8 (0.2)	UK trained CMO		20 +
NW	Rosemary Ramsay	Staff Specialist	0.4	FAChPM		5-10+
S	Michael Ashby	Staff Specialist Professor/Director	0.94 (0.06) UTAS	FAChPM FRACP	Group Director CCC Conjoint chair	1-5

S	Guy Bannink	Staff Specialist	1.0*	FAChPM	*RTW program after sick leave	5-10
S	Robyn Thomas	Staff Specialist	0.5	FAChPM		20+
S	Carmen Halton	Staff Specialist	0.5	FAChPM		20+
S	Helen Lord	Staff Specialist (temporary)	0.4*	FAChPM	*Cover for maternity/sick leave	10+
S	Paul Dunne	Staff Specialist (casual)	0.3*	FAChPM		Retires this year
S	Christine Edwards	Staff Specialist	0.4	FAChPM	One year contract in first instance	Starts February 2015
S	Amy Chow	Pall Med Trainee Registrar	1.0	FRACGP	Core training modules finish end 2015	
S	Gillian Mee	Pall Med Trainee Registrar	0.8	FRACGP	Doing mandatory oncology term	Possible core training in 2016-17

Workforce participation and retirements

- Four doctors currently working in specialist roles are in early or mid career and might be expected to work for another 20 years+.
- One newly qualified specialist on a one-year contract in the South might be expected to work another 10 years depending on employment opportunities.
- One staff specialist has had significant health issues and is working P/T on a RTW program, and has a 5-10 year potential remaining period in the workforce.
- Three F/T specialists are due to retire in 1-5 years.
- One very senior specialist who has worked across the state in casual roles since retirement from F/T work will retire permanently in 2015.
- There is two retired FAChPM listed specialists resident in Hobart, and one in a related discipline with some private patient engagement.
- Demand for the one trainee position (in the south) is constant and demand exceeds supply.

Comments

- Crude RACP numbers of fellows in Palliative Medicine (FAChPM and FRACP) resident in Tasmania are misleading and give a distorted view of the present situation and workforce future for the state.
- As in all other Australian jurisdictions, the workforce is ageing, and at least three F/T retirements of senior specialists anticipated within the next five years.

- The South has good sustainability and potential for future recruitment. Hobart is a very popular place to live and there are regular enquiries each year about staff specialist vacancies.
- The North faces one or two key retirements in the next five years. Launceston is reasonably popular as a place to live and succession planning is urgently needed.
- The NW has to serve a small, scattered population and has service sustainability challenges. Recruitment is historically harder in all disciplines as Burnie is less attractive as a place to live despite excellent regional facilities and world heritage natural surroundings.
- Specialist training is only offered in one Hobart-based position.
- There are no dedicated GP training positions outside of short-term projects.
- The state is presently in receipt of Commonwealth funds under a 'Better Access to Palliative Care' scheme that will end in mid-2016.
- The three THOs will be amalgamated into one governance organization (Tasmanian Health Service, THS) on 1st July 2015 affording good opportunities for new or enhanced cooperation in palliative medicine across the state.

Future possibilities

- Administer palliative medicine as a state coordinated service.
- Jointly plan for sustainability and recruitment for the whole state.
- Make clinical governance, recruitment, policies and procedures, teaching and research state-wide.
- Divide state into two groups: Southern and Northern Tasmania (N+NW) for specialist cooperation, cover and related purposes for the three specialist services.
- Build-up NW capacity and support by strategic link with N.
- Set up state-wide roster for phone advice and clinical support for GPs and other specialists.
- Make specialist training in Palliative Medicine a state-wide scheme and apply for recognition and funding for a second training post based in Northern (N+NW) Tasmania.
- Create two training rotations for GPs, on Northern and one Southern.
- Reinstitute regular state meetings for organizational, collegial and professional education purposes.

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