FELLOWSHIP

ADVANCED SPECIALISED TRAINING

PALLIATIVE CARE

Australian College of
Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

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ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the traditional owners of lands across Australia in which our members and staff work and live and pay respect to their elders past present and future.

Contents

Introduction

Fellows of ACRRM receive specialist registration as a general practitioner with the Medical Board of Australia and can practise in any location throughout Australia.

ACRRM's standards and training also prepare doctors to be rural generalists.

> A rural generalist is a general practitioner who has specific expertise in providing medical care for rural and remote communities. A rural generalist understands and responds to the diverse needs of Aboriginal, Torres Strait Islander and other rural communities; this includes applying a population approach, providing safe primary, secondary and emergency care as required and providing specialised medical care in at least one additional discipline.

Palliative Care is recognised as one of the additional disciplines in which a rural generalist may undertake Advanced Specialised Training (AST).

Advanced Specialised Training in Palliative Care is a training program that builds on ACRRM Core Generalist Training in Palliative Care.

Rationale

The WHO defines palliative care as:

> 'An approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.'

Palliative care is an important specialty area for rural generalists. As growth in older populations continues to rise the prevalence of death from diseases with a palliative phase will rise accordingly. The end-of-life care burden is increasing.

The current specialist-based palliative care system does not have the capacity to manage all deaths, the responsibility of care must be borne by all healthcare practitioners, particularly those in primary care. This situation is exacerbated in rural and remote areas as most specialist-based palliative care services are based in large urban areas.

Credentials

A rural generalist who has completed the advanced specialised training program in Palliative Care can:

- manage rural palliative patients at home, in a hospital, a hospice or a residential care facility
- work without local specialist palliative care support
- work as part of team with other skilled medical, nursing and allied health practitioners
- provide an advisory resource in palliative care to other rural generalists
- maximise the effectiveness of specialist outreach and telemedicine services in their communities
- assist in training other rural generalists
- assist in the development, provision and promotion of palliative care services
- engage in, foster, and encourage research
- develop health policies and procedures for palliative care services

Eligibility

Prior to undertaking this training, candidates must meet the following criteria:

- satisfactory completion of 12 months Core Generalist Training component of ACRRM Fellowship training or
- have completed postgraduate year two for those doctors who are not in Fellowship Training.

Advanced Specialised Training in Palliative Care should be ideally undertaken in the third or fourth year of ACRRM Fellowship training or at least fifth post graduate year.

Completion of some rural training time will provide the doctor with the opportunity to gain the core palliative care knowledge and skills and background experience with which to contextualise their advanced palliative care training.

Training

Advanced Specialised Training in Palliative Care requires a minimum 12 months full time or equivalent part time training in an ACRRM accredited training post. The training may be undertaken in two or more blocks or concurrently with Core Generalist Training.

Education

Registrars are expected to average a minimum of four hours per week engaged in educational activities related to the AST. A record of education must be kept by the registrar and discussed with the Supervisor and Medical Educator regularly throughout training.

Registrars are required to participate in the education program provided by the training post.

Registrars will supplement their learning by completing courses, including ACRRM online courses which have content relevant to Palliative Care for example:

- Palliative Care - A doctor's bag
- Palliative care - choose your own journey

Candidates are encouraged to complete the Clinical Diploma in Palliative Care - RACP.

Assessment

The assessments required for Advanced Specialised Training are additional to the assessments undertaken for Core Generalist Training.

Registrars must submit to the College:

- AST Plan and Progress Report completed by registrar and supervisor every three months
- Five miniCEXs conducted by their supervisor
- Five Case Based Discussions conducted by their supervisor (strongly encouraged)

Case Based Discussion

Registrars must gain a pass in the Palliative Care, Case Based Discussion assessment conducted by a College assessor.

Candidates must submit a total of 12 cases, six cases are assessed. All cases must be submitted within 12 months from date of first submission.

A minimum of four cases must be submitted at CBD enrolment, then a minimum of four cases at a time. Cases are to be those of actual patients who presented to and were managed by the candidate.

Candidates are required to submit cases in at least four of the following areas:

- malignancy
- neurodegenerative disease
- organ failure
- frailty
- dementia
- HIV/AIDs

One case may cover more than one of the areas listed above.

Candidates should expect assessors to explore any area of management including how they have developed / changed their understanding of dying through the course of the term, and how they plan to manage elements of self-care and personal well-being in their future practice.

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.

See the Fellowship Assessment Handbook for further information on case based assessment.

Training posts

Advanced Specialised Training must be undertaken in training posts accredited by ACRRM. Training for the Advanced Specialised Training year in Palliative Care may be undertaken across one or more posts. An appropriate post or combination of posts must be prospectively accredited by ACRRM.

Such posts must have the caseload and teaching capacity to provide appropriate experience and training across the syllabus. To achieve the syllabus outcomes, it may be necessary for a registrar to split training across more than one post. It may also be necessary to undertake one or more short-term secondments to learn specific skills.

Posts that meet RACP requirements for training in palliative care are likely to be suitable but require accreditation by ACRRM for Advanced Training. Posts that do not meet RACP requirements for training in palliative care may also be suitable for an AST.

An ideal training program would include six months in a RACP accredited post and then six months in a regional or rural palliative care service with supervision by a Rural Generalist Palliative Care Physician.

Appropriate posts have the following features:

- inpatient palliative care
- outpatient and community-based care
- on-call or after-hours services
- ideally in a regional location.

See Supervisor and Training Post Standards for further information.

The AST registrar must be employed as a Registrar or in a position with an equivalent level of responsibility.

Supervision

Candidates undertaking AST in Palliative Care will require specific medical, professional and personal support and supervision arrangements.

This will include at least one:

1. *Specialist supervisor* – a doctor holding a Fellowship of RACP, or other Fellowship with relevant qualifications and experience who is overall responsible for the clinical and educational supervision of the registrar.

See Supervisor and Training Post Standards for further information.

Competencies

Rural Generalist competencies are grouped under the eight domains of rural and remote practice. They describe the key competencies that are required in each context of practice.

These competencies are required to be met by all Rural Generalists prior to Fellowship, they are described in the Rural Generalist Curriculum.

The table below describes the competencies and the standard required in Core Generalist and Advanced Specialised Training in palliative care.

Competencies		Core Generalist	Advanced Specialised
1.3	Diagnose and manage common and important conditions in rural primary, secondary and emergency settings	Provides patient with most plausible diagnoses based on evidence gathered Negotiates individual evidence-based management plan, considering impact of the condition and proposed management on the patient's lifestyle/function	Diagnoses and manages less common or more complex, acute and chronic conditions with consideration of clinical services capability: Autonomously delivers a defined scope of specialised clinical practice
1.6	Appropriately order, perform and interpret diagnostic investigations	Judiciously orders investigations with the risks and benefits of investigations explained to the patient Able to explain how each investigation contributes to the patient's management. Assists with development of robust and efficient systems to ensure that results are interpreted and communicated to patients	Performs and interprets a broader range of diagnostic investigations as identified in the relevant syllabus and within clinical services capability
1.7	Ensure safe and appropriate prescribing of medications and non-pharmacological treatment options	Reviews and revises own patterns of prescribing to improve quality and safety Performs non-pharmacological treatment options from Core	Delivers a broader range of pharmacological and non-pharmacological treatment options as identified in the relevant syllabus and within clinical services capability
1.8	Formulate an appropriate management plan, incorporate specialist practitioner's advice or referral where applicable	Arranges referrals in concert with the patient and/or carer considering the balance of potential benefits, harms and costs	Works with a team on and off site to provide specialised clinical care
1.9	Demonstrate commitment to teamwork, collaboration, coordination and continuity of care	Provides leadership and participates as a respectful team member with local and distant teams to optimise quality patient care	Provides leadership for the defined scope of specialised clinical practice

		Works collaboratively, including during challenging situations and transitions of care Negotiates and manages conflict amongst the healthcare team	

Syllabus

The Core Generalist Training knowledge and skills for palliative care required by all rural generalists are defined in the Rural Generalist Curriculum. The Advanced Specialised Training palliative care knowledge, skills and attributes that build on this core are described below.

Knowledge

AS.K.1 Discuss indicators of disease progression

AS.K.2 Discuss implications of hepatic and renal impairment

AS.K.3 Identify potential treatment interactions

AS.K.4 Discuss dose adjustment and de-prescribing principles for commonly used medications with frail, elderly, children, altered metabolism, organ failure, end of life

AS.K.5 Describe commonly used palliative care medications: routes of administration, absorption, excretion, metabolism, half-life, usual frequency of administration, toxicity and adverse effects and their management, use in syringe drivers, interactions with other medications, possibility of tolerance, dependence, addiction and discontinuation syndromes

AS.K.6 Discuss the prevention and management of overdose

AS.K.7 Compare pain types, including somatic, visceral, neuropathic and incident

AS.K.8 Discuss pain syndromes including plexopathies, central sensitisation

AS.K.9 Explain principles of spinal analgesia and use of epidural and intrathecal catheters and infusion pumps

AS.K.10 Describe common nerve blocks and neurosurgical procedures

AS.K.11 Discuss emotional issues involved in pain management

AS.K.12 Discuss Palliative Surgery/ Radiotherapy/ Chemotherapy

AS.K.13 Describe the management of biochemical abnormalities in the terminally ill

AS.K.14 Describe management of the emergencies that occur in the palliative care setting: severe pain/pain ‘crisis’, acute dyspnoea, airway obstruction, acute anxiety, acutely suicidal patient, cardiac tamponade, massive haemorrhage, superior vena caval obstruction, spinal cord/cauda equina compression, fractures, sepsis, seizures, brain herniation/coning, acute dystonia, substance overdose, opioid toxicity, acute withdrawal syndromes, Addisonian crisis, carer’s crisis – unable to cope

AS.K.15 Discuss the signs of approaching death

AS.K.16 Identify the needs of patients and families in regard to illness, death and bereavement.

AS.K.17 Detail therapeutic interventions in minimising psychological distress including counselling, behavioural therapy, group activities, relaxation/meditation, imagery/visualisation and creative therapies

Skills

AS.S.1 Integrate a supportive component into all aspects of providing palliative care

AS.S.2 Communicate the benefits and burdens from investigations, interventions and non-intervention to patient and carers

AS.S.3 Order and/or perform diagnostic tests where required to confirm disease progression, monitor medical care and/or exclude treatable conditions

AS.S.4 Respect the need for maintenance of autonomy by giving the patient and family a central role in determining treatment

AS.S.5 Formulate a management plan for symptom management in concert with the patient and/or carer, judiciously applying best evidence and the advice of expert colleagues

AS.S.6 Respond appropriately to any negative outcomes of terminal illness on patients and carers, including the loss of independence, role, appearance, sexuality and perceived self-worth

AS.S.7 Use validated assessment tools for symptoms and pain

AS.S.8 Set realistic pain management goals in consultation with the patient and their family

AS.S.9 Ensure safe and appropriate prescribing of pharmacological and non–pharmacological treatment options in the palliative care context

AS.S.10 Respond to and explore emotional cues/concerns with patients and their families, including fear, anger, guilt, uncertainty, sadness and despair

AS.S.11 Respect the patient's and carer's beliefs, needs and wishes regarding the end of life care

AS.S.12 Maintain a plan of food and fluids relevant to patient condition and patient and family wishes

AS.S.13 Manage stomas, tracheostomies, gastrostomies, nasogastric tubes, urinary and suprapubic catheters, implanted ports, PICC and central venous lines

AS.S.14 Recognise and respond early to the deteriorating patient to ensure patient and carer's end of life wishes may be accommodated

AS.S.15 Interpret the complete clinical picture to estimate prognosis

AS.S.16 Stabilise critically ill patients and provide primary and secondary care if consistent with Advanced Care Directives

AS.S.17 Develop and apply strategies for self-care, to manage the challenges of dealing with death and grief

Attributes

At.6 Compassion

At.7 Empathy

At.5 Commitment

Common problems

Gastrointestinal tract problems:

- oesophageal problems
- dyspepsia
- ascites

- nausea and vomiting
- constipation
- bowel obstruction
- diarrhoea
- stomas
- rectal discharge
- squashed stomach syndrome
- oral candidiasis
- dry mouth
- dysphagia
- cachexia

Respiratory system problems:

- cough
- dyspnoea
- superior vena cava obstruction
- death rattles
- choking
- tracheostomy
- hiccoughs

Genitourinary system problems:

- dysuria
- haematuria
- urinary tract infection
- incontinence
- fistulae
- uraemia
- contraception
- decreased urine output
- vaginal bleeding and discharge
- bladder innervation
- urinary frequency and urgency
- bladder spasms

Neurological disturbances:

- convulsions
- spinal cord compression
- twitching
- confusion

- delirium
- hypercalcaemia

Psychological disturbances:

- anxiety/panic attacks
- insomnia
- depression
- suicide risk
- terminal restlessness

Musculoskeletal system and skin problems:

- deep vein thromboses
- pathological fractures
- wounds and pressure areas
- pressure areas
- pruritus
- dry skin
- lymphoedema

Learning resources

ACRRM online courses are mapped to the Rural Generalist Curriculum. A range of courses are available on palliative care, these may be identified through the search function. These courses also provide links to external learning resources.

Recommended texts and other resources

- User Guide - Advanced Care Directive, Central Coast Division of General Practice in collaboration with Northern Sydney Central Coast - http://www.nscchealth.nsw.gov.au/carersupport/resources/otherpublication/003772155.pdf
- Therapeutic Guidelines Limited *Therapeutic guidelines: Palliative care* Therapeutic Guidelines Ltd. Melbourne.
- Palliative Care Curriculum for Undergraduate (PCC4U) - http://www.pcc4u.org/
- The Australian & New Zealand Society of Palliative Medicine (October 2010) Clinical Indicators for End of Life Care and Palliative Care - http://www.anzspm.org.au/c/anzspm?a=da&did=1005077
- Watson M, Lucas C, Hoy A & Wells J *Oxford Handbook of Palliative Care*, Oxford University Press, Oxford.
- Department of Health: Palliative Care resources - http://www.health.gov.au/palliativecare
- Palliative Medicine Journal
- Journal of Palliative Care
- Progress in Palliative Care Journal
- Journal of Pain and Symptom Management
- Pain Journal

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