



## Midland Medical Advanced Palliative Care Trainee Model of Service Development Plan 2015-18

Update October 2015

### Executive summary

The purpose of the paper is to provide a high level overview of the Midland medical advanced palliative care trainee model of service, recognise the complexity with multiple organisations involved in advanced training, highlight the key issues and agree a pathway forward. It has been noted that nationally and regionally palliative care has been identified as a vulnerable service.

The Midland Cancer Network Executive Group, Midland Palliative Care Work Group and Midland GMs Planning and Funding endorsed the Midland Medical Advanced Palliative Care Trainee Model of Service and plan and in summary:

- recommends that implementation of the model of service plan is a priority
- Waikato is the lead DHB responsible for the quality and delivery of the training programme
- endorsed recommendations that each organisation supporting the model of service requires undertaking specific actions
  - Hospice Waikato to obtain site training accreditation. Once approved there would be clinical attachments available in the Hospice Waikato inpatient (6 months) and Hospice Waikato community (6 months) – (in progress)
  - Waikato DHB resource a dedicated clinical (vocational) training director for the palliative care advanced trainee programme
  - Facilitate meeting with HWNZ and key stakeholders regarding a national barrier where HWNZ only fund pre fellowship
  - DHB and Hospices continue to fill SMO vacancies
- Registrars will be employed by a DHB. Waikato RCC has budget for 3 advanced trainee positions. When registrars have a clinical attachment within a hospice, hospices will contribute to the costs.
- support the additional opportunity for Waikato to pilot PGY2 community rotation at Hospice Waikato for 13 weeks.
- noted that HWNZ has verbally indicated supporting more advanced trainee positions should the DHB support a three year training programme and that there may be future change to the HWNZ funding and training packages.

### Update on progress

- HWNZ confirmed 1 September 2015 additional funding for a palliative care registrar. The new position will be allocated to Waikato in the first instance. For the region there will be 2 Hospice, 1 palliative care medicine and 1 basic rotation allocated to the Waikato hospital palliative care unit. Development of the business case has commenced.
- Waikato DHB has appointed a medical Director of Training

- **Introduction**

The MCN Executive Group in September 2014 requested that a discussion paper be tabled at the 26 March meeting outlining the progress of implementing a Midland Medical Advanced Trainee Model of Service in Palliative Care. The previous key Midland issues were the funding mechanism and the critical SMO shortage (appendix a). The preferred funding mechanism was confirmed by Midland GMs Planning and Funding (appendix c). There has been some improvement with appointments to SMO vacancies, and with more SMOs it is an ideal time to make improvements to advanced training. A request has been made and is in progress for Hospice Waikato to be considered for site accreditation.

The Midland Palliative Care Work Group developed the *Midland Specialist Adult Palliative Care Service Development Plan 2015-2018* (January 2015) and a key priority recommendation of the plan is to develop a Midland specialist palliative medicine advanced trainee model of service and development plan.

### **Background**

Palliative medicine is integral to efficient, effective and appropriate delivery of healthcare whilst also recognising that palliative medicine is a vulnerable speciality because of current workforce issues (PAMTRACC). Palliative care is principally provided in the community and an integrated approach to the delivery of services is essential. While the development of a cadre of New Zealand trained palliative care specialists is a priority it is also recognised that a training centre for palliative care would be able to support the wider medical training needs and generalists in training e.g. Midland rural hospital medicine programme, general practitioners in training.

The Cancer Programme Steering Group and Health Workforce New Zealand (HWNZ) wrote to DHBs (8/9/14) identifying palliative medicine as a vulnerable medical speciality, noting concerns regarding unfilled trainee position and ongoing SMO vacancies compromising the sustainability of the workforce.

The number of people requiring palliative care will increase by 25% over the next 15 years and will be over double the current level by 2061 (HWNZ). To support this growth PAMTRACC have identified “within the next 5 years, 74 (55 FTE) SMO positions will be needed (current, retirement and additional) in order to provide sustainable and comprehensive specialist palliative medicine services across the country.” This is 36% increase in SMO positions. The *Midland Specialist Adult Palliative Care Service Development Plan 2015-2018* also noted the critical shortage of SMOs and the Waikato/BOP DHBs and Waipuna/Waikato Hospices are working on the recruitment and retention of SMOs, including ensuring there is adequate SMOs with credentials to support training requirements.

New Zealand currently has 9 advanced trainee positions. PAMTRACC noted that in New Zealand only 5 advanced trainees in palliative medicine have the necessary ring-fenced funding to allow completion of their training. PAMTRACC emphasised that the major issue of an ill-defined funding stream needs urgent resolution to ensure the viability of palliative medicine in New Zealand and support filling all trainee positions in New Zealand. The funding mechanism was the major issue for Midland, despite the agreement implementation has not occurred.

HWNZ recently amended the Waikato contract (348906) with a 2015 funding:

PU code	Training programme	Price per unit p.a.	contracted 2014	actuals 30.6.14	Budget 2015	proposed \$ 2015
CTM54L	Palliative Care Medicine	\$42,518	1	1	2	\$85,036
CTM54LH	Palliative Care – Hospice Rotation	\$67,776	2	1	2	\$135,552
Total			3	2	4	\$220,588

Note: the level of HWNZ funding has remained the same since 2012.

As of 1 September 2015 HWNZ advised that Midland should receive 1 additional funding unit (CTM45L).

In addition, Waikato has a new opportunity for PGY2 to undertake 13 weeks community care run i.e. Hospice Waikato, however this is dependent on consistent vocational registered supervision. The DHB funds this so there would not be any financial implications should PGY2 community runs occur in Hospice Waikato.

To date Midland has agreed in principle:

- to a Midland approach that collectively supports a strong training philosophy
- to developing a regional training centre of excellence that will strengthen the ability to attract and retain advanced trainees and specialist SMOs
- that there is a need to grow our own medical palliative care workforce
- that trainees will be able to participate in palliative care research
- that the model of service should enable and support medical advanced trainees.

The Midland medical advanced trainee model of service in palliative care is based on the Royal Australasian College of Physicians (RACP) and the Palliative Advance Medicine Trainee Coordinating Committee (PAMTRACC) training programme. PAMTRACC is the national coordinating committee for palliative care trainees. PAMTRACC aims are to:

- provide national coordination and standardisation of palliative medicine training rotations
- assist in the coordination for training placements
- assist with the identification and coordination of short term attachments in palliative medicine for advanced trainees in other disciplines
- assist the Palliative Medicine Education Committee (PMEC) with the process of site accreditation in New Zealand.

PAMTRACC recommends a lead DHB approach with advanced trainees being employed by a single host DHB for the duration of their three year training programme. This will minimise disruption to the training pathway and avoid unnecessary time organising employment matters between multiple organisations that has previously been experienced within Midland. Note: the overall training period may be extended by leave that is additional to normal statutory leave e.g. interrupted training, parental leave, prolonged illness. Advanced training must be complete within seven years. Nationally most advanced trainees commence at the start of the calendar year and generally follow a pattern of January to June and July to December terms. However variations in commencing and concluding can occur because of reasons mentioned above (training part time and/or extended leave). Trainees may also enter a DHB having already completed a number of terms elsewhere in New Zealand or overseas. This complicates a planning process for placements and reinforces the need for a single lead DHB and regional approach for training.

The HWNZ funding recognises the need for advanced trainees to rotate through the hospice sector.

Training sites are accredited as either core or non-core/elective by the RACP, Australasian Chapter of Palliative Medicine, Combined Specialist Advisory Committee (CSAC) in Palliative Medicine. Those that are able to fulfil all accreditation criteria will be accredited as core. Three of the six terms of the training programme are to be carried out at core sites. Detail criteria that is considered for site accreditation includes supervision, sufficient workload and suitable infrastructure (refer to Criteria and Application Process for Accreditation of Advanced Palliative Medicine Training Positions).

Waikato Hospital is accredited and due for review 2017. Waipuna Hospice is accredited and due for review in 2016 (December 2014. [www.racp.edu.au](http://www.racp.edu.au)). Recently a request has been made for Hospice Waikato to be considered for site accreditation.

PAMTRACC and HWNZ have been discussing the feasibility of increasing the number of advanced trainee positions from 9 to 14, with three year training packages that would be funded at a higher rate than the norm for advanced trainees in general. The training packages would be distributed across the 4 DHB regions with the number of packages per region being dependent upon current training potential. In preparing this paper MCN is unsure where the discussions are at regarding this proposed way forward.

PAMTRACC supports trainees recruited into a role with 'ring-fenced' funding for a three year training programme. DHBs would need to commit to supporting these training packages. The Auckland Regional Palliative Medicine Vocational Training Committee has established a model for specialist palliative medicine in the Northern region (ADHB, CMDHB, WDHB, NDHB). Trainees are employed by the host DHB for the

duration of the programme and rotate through clinical attachments in the wider Northern region (refer appendix b).

Development of the Midland Medical Advanced Palliative Care Trainee Model of Service proposal (appendix a) was first presented to the MCN Executive Group was in August 2012. The Midland GMs planning and funding and Midland COOs groups supported the regional proposal (August 2012). An update proposal was resubmitted to Midland GMs planning and funding 29/11/12 and response received 7/5/13. The response recognised Taranaki and Tairāwhiti were not part of the model; however the response did not adequately address the questions on how to move forward.

The key issue was how and who would fund the shortfall if a registrar went to a Hospice? It was noted that Waipuna Hospice had previously had a registrar rotation and paid Waikato Hospital the difference between HWNZ funding and salary step. In 2013 the Midland agreement was that if a registrar rotated to a Hospice then the Hospice would pay Waikato the salary difference between HWNZ training subsidy and the run size salary for the six month clinical attachment. The salary difference is related the service delivery component. The rationale behind this decision was financial sustainability. Waikato DHB was not in a financial position to cover Hospice registrar clinical attachment costs (full or partial) and/or for the Waikato Hospital palliative care service to function with reduced registrar staff and/or have additional cost related to backfilling a position to meet service demand.

A second Midland paper was updated in 2013/14 for Waikato to guide implementation (appendix b). This paper also presented the Northern DHB option, which was rejected. At this point in time Waikato went through a significant specialist palliative care service change, as well as resignation of a key project manager and vacancies in SMOs. These factors contributed to the loss of focus on the progress of the Midland model of service.

Another issue identified as a barrier is that HWNZ only fund pre fellowship. HWNZ is aware and considering the issue. Currently to obtain HWNZ authorisation for post fellowship trainees is on a case by case basis.

In 2015 the model of service plan was endorsed.

### **Midland medical advanced palliative care trainee model of service**

The Midland medical advanced palliative care trainee model of service is as follows:

- Waikato is the lead DHB<sup>1</sup> responsible for the quality and delivery of the training programme
- Waikato requires a dedicated clinical (vocational) training director to develop and provide oversight of the training programme. Waikato needs to resource and implement this service component – COMPLETED - 2015 Director of Training appointed Dr Lara Hoskins
- Waikato DHB is the lead contract holder for HWNZ advanced palliative care registrar training and is responsible for service requirements and reporting
- Waikato will be the employer of the advanced palliative care trainees
- all Midland specialist palliative care SMOs will contribute and support the regional training programme with formal supervision
- Midland will have a formal recruitment process with an interview process that is conducted at a Midland level (i.e. includes Waipuna Hospice). Rationale is that training at a single site is a maximum of 18 months.
- Midland will have adequate number of dedicated supervisors with FRACP and FACHPM (as per the PAMTRACC/PMEC recommendations). A minimum of two palliative medicine specialists as staff members who are able to supervise the trainee(s). The training site must have at least 1.0 palliative medicine specialists as staff members. The palliative medicine specialists will hold FRACP (palliative medicine) or FACHPM. The two palliative medicine specialists shall provide complete back-up cover for trainee involved in after-hours and on-call work. Supervisors should be trained in the supervision

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<sup>1</sup> Endorsed by Waikato DHB COO and MCN Executive Group Chair 2013.

of advanced trainees in palliative medicine. Supervisors must have attended College Supervisor Workshops at least once every 5 years (Criteria and Application Process for Accreditation of Advanced Palliative Medicine Training Positions).

- Each trainee will have a tailored training plan that will service as a ‘road map’ and enable cross organisational planning of resources and planning for site approval where required (particularly for non-core/elective terms). Clinical attachments need to be agreed by the organisations concerned and PAMTRACC and PMEC.
- It is recommended that a trainee will complete training within a Midland organisation. If a trainee wishes to rotate to an organisation outside the Midland region, ideally a swap would be recommended as well as written agreement between the organisations. Waikato DHB would manage this on a case by case basis.
- Each trainee will have a clinical attachment description and will be paid according to roster sizing for that rotation; and when at Waikato hospital trainees are expected to contribute to the on call roster (with appropriate and identified specialist backup/support after hours)
- Trainees will be expected to attend the regular structured/formal education course (FEC) at Waikato Hospital (weekly on a Wednesday afternoon). Each ‘receiving’ DHB/hospice will accept responsibility for release time and to cover travel costs to attend the educational requirements.
- The advanced trainee will complete core and non-core clinical attachments at Waikato Hospital, Waipuna Hospice, and in the future, Hospice Waikato, to meet the RACP registration with the New Zealand Medical Council on the Vocational Register as a vocationally trained specialist in palliative medicine. Six by six monthly clinical attachments are:

Core	Hospital Consultation Liaison (CL)
Core	Hospital oncology
Core	Community in-patient hospice
Core	Community hospice
Non-core	Palliative Care medicine elective
Non-core	Open elective i.e. general medicine, geriatric medicine, respiratory medicine, clinical pharmacology, pain management, intensive care, consult liaison psychiatry

For further detail refer to the RACP 2015 PREP Advanced Training in Palliative Medicine Program Requirements Handbook.

- Hospice Waikato needs to obtain site training accreditation
- When an advanced trainee has a core or non-core clinical attachment at Waipuna Hospice, and in the future Hospice Waikato, the Hospice will pay the salary difference between the HWNZ training subsidy and the run size salary for the six month run (appendix c). Waikato is responsible to provide adequate notice to the Hospice of the planned rotation for budgeting purposes. Waikato is responsible for invoicing. (Note: this is different to what PAMTRACC recommends)
- Waikato is responsible for managing the planning and budgeting of internal Waikato Hospital core and non-core clinical attachments.
- A quality advanced training programme will offer trainees a research active environment. The Waikato Clinical Campus is research active, has strong track record of research in palliative care and primary care cancer and is well placed to support an advanced trainee programme.
- A hospital consult liaison service has been established at Tauranga Hospital, BOPDHB. In the future Tauranga Hospital could potentially be considered to obtain site training accreditation.
- Lakes and Tairāwhiti DHBs do not meet the requirements for training accreditation, but recognise the links with rural hospital medicine programme. In the future there maybe the possibility for Lakes

DHB to accept non-core clinical attachments. Taranaki is excluded from the Midland medical advanced palliative care trainee model of service.

- A long term vision of the Midland advanced medical training centre of excellence is to attract an active academic/research specialist in palliative care to work in collaboration with the research centre.

The following table provides an estimate of the salary difference between HWNZ subsidy and clinical attachment size. This is not a detailed financial analysis.

Based on RDA MECA (via website) Salary rates effective 8 December 2014.								
Urban scales (Waikato)	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10	average
Base salary Cat. E 45-49.9 hours	\$ 81,888.00	\$ 85,632.00	\$ 102,867.00	\$ 107,216.00	\$ 111,717.00	\$ 116,412.00	\$ 121,300.00	\$ 103,861.71
less HWNZ Palliative Care Medicine	\$ 42,518.00	\$ 42,518.00	\$ 42,518.00	\$ 42,518.00	\$ 42,518.00	\$ 42,518.00	\$ 42,518.00	\$ 42,518.00
Balance per annum	\$ 39,370.00	\$ 43,114.00	\$ 60,349.00	\$ 64,698.00	\$ 69,199.00	\$ 73,894.00	\$ 78,782.00	\$ 61,343.71
Balance per 6 month term	\$ 19,685.00	\$ 21,557.00	\$ 30,174.50	\$ 32,349.00	\$ 34,599.50	\$ 36,947.00	\$ 39,391.00	\$ 30,671.86
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Balance per annum	\$ 14,112.00	\$ 17,856.00	\$ 35,091.00	\$ 39,440.00	\$ 43,941.00	\$ 48,636.00	\$ 53,524.00	\$ 36,085.71
Balance per 6 month term	\$ 7,056.00	\$ 8,928.00	\$ 17,545.50	\$ 19,720.00	\$ 21,970.50	\$ 24,318.00	\$ 26,762.00	\$ 18,042.86

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## Summary

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Appendix a -	 2012-08_Palliative Medicine Advanced Ti
Appendix b -	 2014-1-7_Midland Advanced Palliative M
Appendix c -	 2015-6-2_Memofrom GMP&F re Palliative re
Appendix d-	 2015-9-1_HWNZ new registrar.pdf