



# Palliative care: Advanced skills role and model of service delivery

| Setting                                   | Focus of care and influence | Role  | Key connections  |
|---|-----------------------------|---|--|
|   |                             | Enhance access to, and delivery of, quality palliative care in rural and remote communities by providing:   | Local specialty outreach services  |
| General practice                          | Patients                    | <ul> <li>Holistic, high quality, primary and emergency medical care as a Rural<br/>Generalist including participation in on-call duties, supervision, and support<br/>of trainees.</li> </ul> | Tertiary subspecialty services<br>Consultant Physician<br>Palliative Care Registrar  |
| Hospital                                  | Community                   | <ul> <li>Expert assessment and management of palliative care related emergency,<br/>inpatient and primary care presentations including delivery of specific</li> </ul>                        |  |
|   |                             | assessments and interventions.  | Private specialist services  |
| Primary Health<br>Care Centre             | Colleagues                  | <ul> <li>Establishment of and participation in palliative care specific clinics in the<br/>community in collaboration with visiting specialists.</li> </ul>                                   | General Practice/Primary Care colleagues   |
|   |                             | <ul> <li>Establishment of referral pathways and various innovative community specific<br/>health delivery methods (e,g. telehealth) to meet community need.</li> </ul>                        |  |
| Community<br>Controlled<br>Health Service |                             | <ul> <li>Coordinating and integrating patient care across primary, secondary and<br/>specialty services.</li> </ul>   | Multidisciplinary allied services -<br>public and private  |
|   |                             | <ul> <li>Building capacity and skills of the rural healthcare team and collaborative<br/>working relationships with visiting specialists.</li> </ul>  |  |
| Other                                     | Health service/<br>practice | Development/review of relevant hospital protocols.  | Community and Government service providers, including aged care  Community organisations and stakeholders e.g. Police-Citizens Youth Club, Returned Services League, local council |
|   |                             | <ul> <li>Facilitate application of relevant legislation and guidelines locally.</li> </ul>  |  |
|   |                             | <ul> <li>Advocacy and promotion of future development of palliative care services,<br/>building community resilience and social capital.</li> </ul>   |  |
|   |                             | <ul> <li>Development of/participation in community programs addressing specific<br/>community needs.</li> </ul>   |  |
|   |                             | <ul> <li>Other opportunities for additional scope of extended practice, including roles<br/>in management, education, and research.</li> </ul>  |  |



## Examples of what the PC AST job might look like in practice:

What the job looks like will depend on your location/context, community need and your skills/interests. Every RG who has an PC advanced skill has a slightly different role that works for them and their community. The following examples provide an idea of what a week in the life of an RG with PC AST might look like but there are many different models and ways the role can work best for you and your community. It is what you make it.

## Primarily private GP/AMS

• Some RGs with PC AST work mainly in General Practice or AMS and provide extended scope services to their patients in close consultation with their physician colleagues and tertiary referral services

## Primarily hospital based

• Alternatively, some RGs with PC AST deliver their service from a hospital setting, running Palliative Care clinics in consultation with visiting physicians and might be involved in renal dialysis services, cardiac clinics etc. depending on their skill set.

#### Mixed hospital and primary care context

• Many RGs do a mixture of both hospital based and primary or community based care and use their skill set to provide care across contexts to better meet the needs of their community.

#### Other hats our RGs with PC AST wear

• Medical administration and managerial roles, academic roles, GP supervisors, medical educators etc.

