Submission No 83

INQUIRY INTO PROVISIONS OF THE VOLUNTARY ASSISTED DYING BILL 2021

Name: Dr Michael Casey

Date Received: 22 November 2021

22 November 2021

The Hon. Wes Fang MLC
Chair, Standing Committee on Law and Justice
Legislative Council
Parliament of New South Wales
Macquarie Street
SYDNEY 2000

Dear Mr Fang,

Inquiry into the provisions of the Voluntary Assisted Dying Bill 2021

The PM Glynn Institute is the public policy institute of Australian Catholic University. Earlier this year we released a report on palliative care services in Australia. The report analysed the published data from agencies such as Palliative Care Australia, the Department of Health and Ageing, and the Australian Institute of Health and Welfare to explore some key trends and gaps in palliative care service provision in Australia. A one-page summary of some of the main findings and recommendations of the report is **attached** to this submission.

As a continuation of our work in this area, the Institute has undertaken an analysis of workforce trends for palliative care doctors and nurses in New South Wales from 2013-20, and I **attach** a copy of this analysis to assist the Committee in its inquiry into the *Voluntary Assisted Dying Bill 2021*.

The analysis is based on the Health Workforce Data available on the New South Wales Department of Health website. It identifies the trends in numbers of palliative care physicians, registered palliative care nurses and enrolled palliative care nurses working in the major cities and the inner regional, outer regional and remote areas of the state. It also looks at factors such as the age and gender of the workforce, and the average hours worked per week.

There are limitations on the data, but the analysis highlights some stark findings. In the seven years to 2020, there was little improvement in the number of palliative care physicians resident in outer regional and remote areas. It seems that for most of those years, the number of palliative care physicians resident in these areas was zero. Over the same period the number of palliative care nurses increased significantly in inner regional and outer regional areas, but for most of those years it seems there were none resident in the remote parts of the state.

The workforce shortage in palliative care, particularly in outer regional and remote areas of New South Wales, raises serious questions about equity in the provision of palliative care and access to it. This is a significant problem in its own right. It also raises serious questions about legalising euthanasia and assisted suicide in a situation where access to palliative care for those at the end of life or suffering from a life-limiting illness is neither universal nor equitable.

This concern is only deepened by the importance the *Voluntary Assisted Dying Bill 2021* places on equality of provision and access to assisted dying across the state. The principles of the Bill set out in clause 4 include specific reference to this:

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> “a person who is a regional resident is entitled to the same level of access to voluntary assisted dying as a person who lives in a metropolitan region” [c.4(1)(i)].

The importance of this objective is underscored in the Bill by expressly including it among the information to be gathered about the operations of the assisted dying system. Among other matters, the Voluntary Assisted Dying Board must “record and keep” statistics on:

> “participation in the request and assessment process, and access to voluntary assisted dying, by patients who are regional residents” [c.176(1)(c)].

Equal access for regional areas is also expressly highlighted as one of the principles that must be considered in the second anniversary review of “the operation and effectiveness” of the law, and in the five-yearly reviews that would follow it [c.190(2)(b)].

Respect for individual choice and autonomy, especially when someone is suffering and nearing the end of their life, is a major foundation of the case for euthanasia and assisted suicide. However, if there is no effective access to palliative care for some people, whether they are in the regions or in the cities, it is difficult to see how ensuring that assisted dying is available to all offers suffering people a genuine choice, or genuinely respects their autonomy. If the choice is between assisted dying on the one hand, and the absence of effective pain and symptom control and accompaniment by family and carers on the other, it is a false choice and one which it is unjust to offer.

Respect for autonomy and choice are included in the important principles set out in clause 4 of the Bill, as is the entitlement to high quality end-of-life and palliative care [cl.4(1)(b),(d) & (h)]. The principle of choice is particularly important in considering access to healthcare services for people in regional and remote areas:

> “a person is entitled to genuine choices about the person’s care, treatment and end of life, irrespective of where the person lives in New South Wales and having regard to the person’s culture and language” [cl.4(1)(h)].

These principles will not be properly respected, or properly meaningful for people at the end of life, unless high quality end-of-life and palliative care is available for everyone who needs it in New South Wales.

Even with perfect choice and autonomy, and perfect provision and access to palliative care, there are a number of decisive reasons for opposing euthanasia and assisted suicide. Considered solely from a public policy perspective, however, the proposition we should start from is it that before a community decides to take a momentous step such as legalising assisted dying, governments and law makers should ensure that everything possible has been done to address the significant inequities in the provision of palliative care and access to it, not least of all for people living in outer regional and remote areas.

Thank you for the opportunity to make a submission on this Bill.

Yours sincerely,

Michael Casey | Director

A snapshot of palliative care services in Australia

The PM Glynn Institute has produced a new report on palliative care services in Australia. The report explores some key trends and gaps in palliative care service provision, and makes a number of recommendations to address them.

Palliative care and voluntary assisted dying
The state of palliative care in Australia is an important aspect of the current debate on legalising voluntary assisted dying (VAD). As with healthcare as a whole, it is essential to ensure that the principles of access and equity underly the provision of palliative care. This means that palliative care should be available to everyone who needs it, and especially to those who are more vulnerable or disadvantaged, before considering the legalisation of VAD.

The report's findings
Analysing the published data from agencies such as Palliative Care Australia, the Department of Health and Ageing, and the Australian Institute of Health and Welfare, the report makes a number of findings, including:

- An increasing rate of palliative care hospitalisation, growing at an average rate of 5% each year since 2003. Significantly, the burden of this increase has been borne by the public health system, with 86% of all palliative care hospitalisations in 2017-18 occurring in public hospitals. Given an ageing population and an increase in the incidence of chronic illnesses, both of which imply increasing need for palliative care services, the burden on public hospitals is also likely to increase in the future.
- Increasing palliative care hospitalisations for children and young adults, with double-digit rates of annual increase in hospitalisations since 2011-12 for those under 15 years old. This highlights the increasing importance of paediatric palliative care, which is often overlooked because the number of hospitalisations is small in comparison to older cohorts.
- A low uptake of palliative care training by physicians and nurses. Despite an ageing population and increasing palliative care hospitalisations, rates of full-time equivalent (FTE) palliative medicine physicians and palliative care nurses have remained unchanged since 2013 (at 0.9 and 12.1 per 100,000 population respectively). Palliative care remains one of the least preferred specialisations of medical students for future practice.

The report's recommendations
In response to these findings the report makes several policy recommendations, including:

- Develop integrated models of palliative care service provision to reduce the burden on hospitals, using community-based care to support people in their homes and in aged care, as well as people in boarding houses and the homeless. This requires strengthening the knowledge and role of GPs in palliative care provision, and making Advanced Care Planning for future treatment a basic part of clinical care.
- Develop a national policy framework or strategy for paediatric palliative care, similar to existing frameworks and strategies for general palliative care. Despite the comparatively small numbers involved, double-digit annual increases in hospitalisations and the unique characteristics of paediatric palliative care — which can be for a very short period or for many years until adulthood — warrant a dedicated policy focus in this area.
- Actively encourage increased uptake of palliative care training among physicians and nurses. Palliative Care Australia recommends 2.0 FTE palliative care physicians per 100,000 people. A range of options including government subsidies for training, university scholarships for students, and larger numbers of fellowships for graduates should be considered to meet this benchmark, and to encourage specialisation in palliative care nursing. It is also important to significantly increase the skills of aged care staff in palliative care.

Better palliative care as common ground
Ensuring that everyone can access high-quality and effective palliative care when it is needed should be common ground on all sides of the debate over VAD. This report is intended as a resource for discussing how this might be achieved.

Further information:
Dr Cris Abbu, Policy and Projects Manager, PM Glynn Institute

An overview of palliative care physicians and palliative care nurses working in regional and remote NSW

Prepared by the PM Glynn Institute, Australian Catholic University

A note on the data

The data in this report were extracted by the PM Glynn Institute from the Table Builder in the Health Workforce Data, New South Wales Department of Health. The breakdown of palliative care physicians and nurses, whether registered or enrolled palliative care nurses, across regions may not always equal the total number reported overall, particularly when broken down into demographic characteristics. This is throughout the report. This is likely to be a product of data linkage processes across multiple data sources.

In some cases, data for remote NSW were omitted due to very low counts. Analysis of such data would not be meaningful.

The lack of comprehensive and consistent data on palliative care nationally, and the difficulties this causes for coming to a complete understanding of service provision, is a problem that was highlighted in the Institute's 2020 report *A Snapshot of Palliative Care Services in Australia*.

Palliative care physicians in NSW

Number of employed palliative care physicians by region

Table 1 shows the number of palliative care physicians in NSW by region from 2013 to 2020. It can be noted that most of them are based in major cities. It is also obvious that there has been an upward trend in the number of palliative care physicians in major cities each year since 2013. Contrast this to the situation in outer regional and remote areas where for most years there was no palliative care physician.

Table 1. Number of palliative care physicians in NSW, by residential region, 2013-2020

	Major Cities	Inner Regional	Outer Regional	Remote	Total*
2013	68	3	0	0	72
2014	68	3	0	0	71
2015	75	4	0	3	81
2016	76	5	0	0	82
2017	85	4	3	0	90
2018	93	6	3	0	100
2019	101	5	0	0	108
2020	100	9	0	0	111

**As mentioned, the breakdown of palliative care physicians across the regions may not always equal the total number reported overall.*

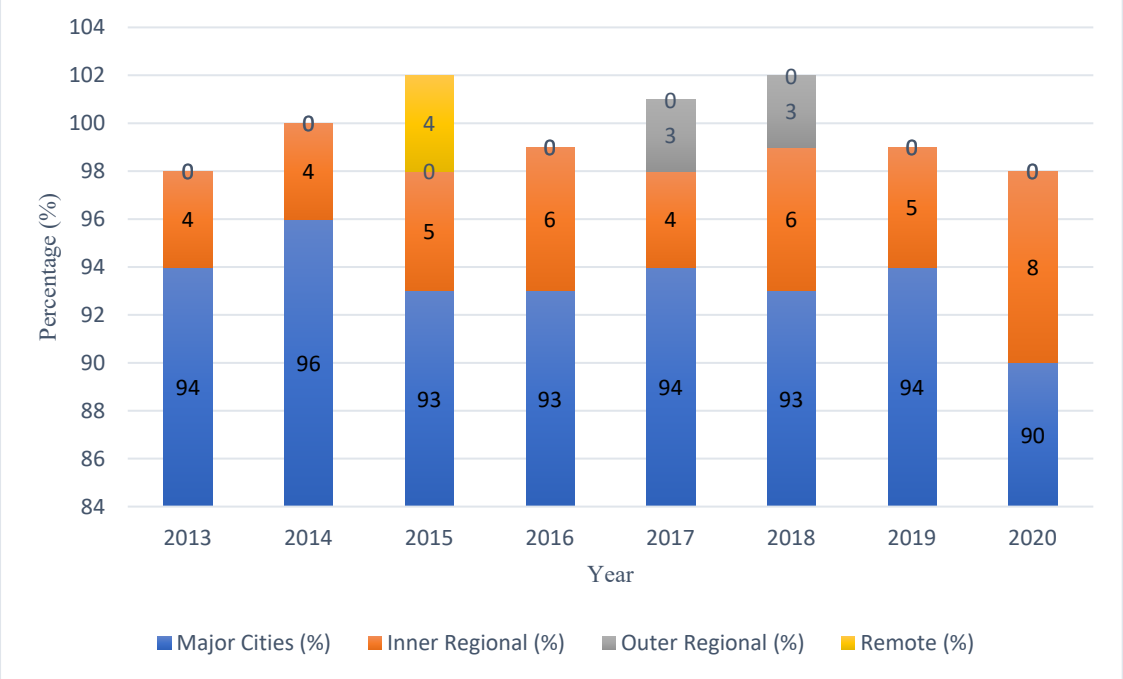
Translating Table 1 into percentage shares (Figure 1), the share of palliative care physicians in inner regional areas comprised about 4%-8% of the total number of palliative care physicians in NSW. For outer regional areas, this ranged from 0% to 3%. These figures for inner and outer regional areas imply that the bulk of palliative care physicians were in major cities ---at the very least, 90% of the total. It can also be seen from Table 1 that in the 7 years

since 2013, there had been no improvement or increase in the number of palliative care physicians in outer regional and remote areas compared to major cities.

The Australian Medical Association (AMA) cited that such inadequacy or absence of service delivery has resulted in some very poor and sad outcomes for individuals and their families in regional and remote NSW (Hansard, Proceedings on Health Outcomes, Access to Health and Hospital Services in Rural, Regional and Remote NSW, NSW Parliament, 19 March 2021). In the same document, the National Rural Health Alliance noted how key health indicators for Australians living in rural areas have remained unchanged over the years.

> *"It is not a New South Wales specific issue, and it is something that has been happening for decades. It always comes back to workforce…strategies for improving the number and the retention of the rural workforce" (Hansard, Portfolio Committee No.2, 19 March 2021, p. 7).*

Figure 1. Percentage share of palliative care physicians by residential region, 2013-2020*



**The breakdown of palliative care physicians across the regions may not always equal the total percentage (100%) reported overall.*

Analysis by gender and age

Of the total number of palliative care physicians in NSW from 2013 to 2020, 73% were women. Most male and female palliative care physicians lived in major cities compared to other areas of NSW (Table 2).

Figure 2 shows that there was an increasing trend in female palliative care physicians in metropolitan areas between 2013 and 2020. In comparison, the number of male palliative care physicians remained stable over time. Slightly more male than female palliative care physicians were in inner regional NSW between 2003 and 2020. However, by 2020 there were more female than male palliative care physicians in inner regional NSW.

Palliative care physicians did not reside in outer regional NSW until 2017, and only 3 female palliative care physicians lived in this region.

Table 2. Total number of palliative care physicians in NSW by residential region and gender from 2013-2020, (n=715)*

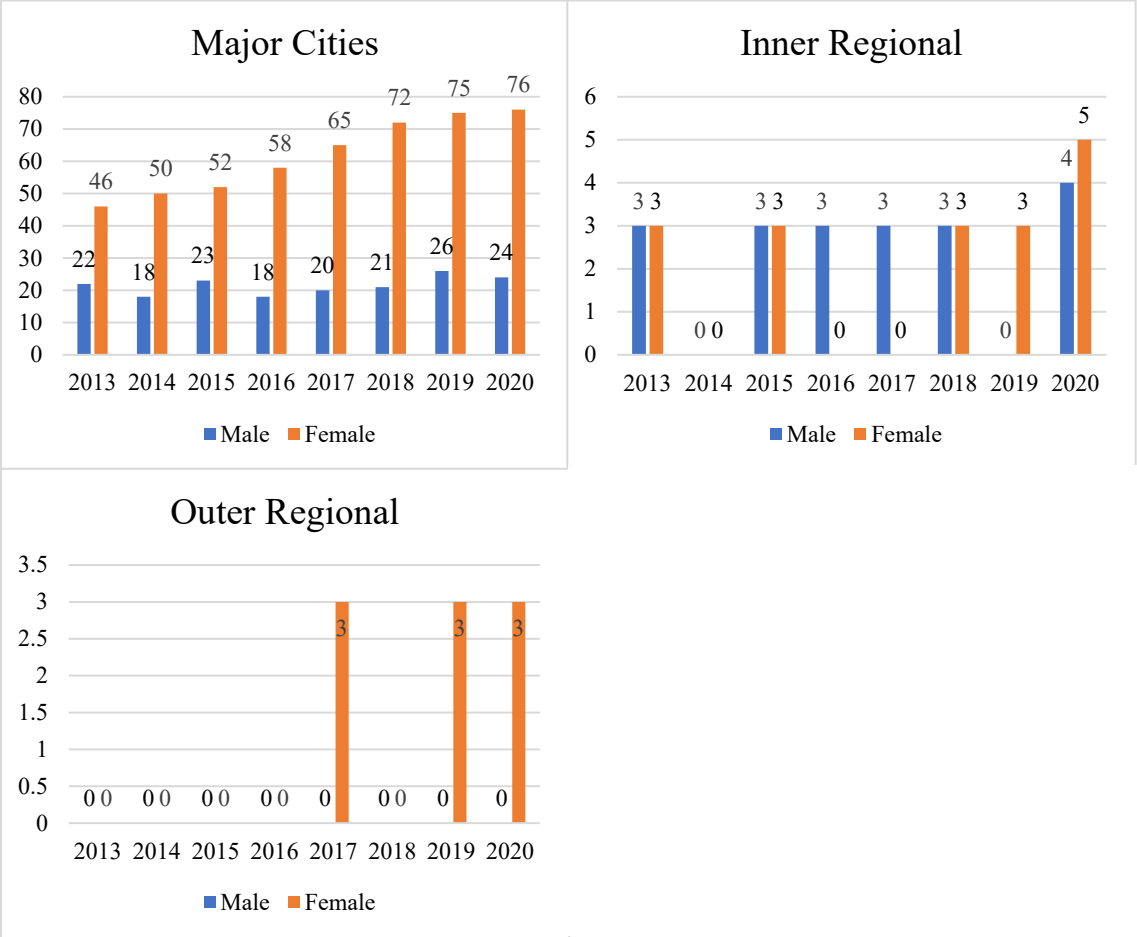
	Major Cities	Inner Regional	Outer Regional	Remote	Total
Male	172	20	0	0	194
Female	494	19	7	0	521

(%)

	Major Cities	Inner Regional	Outer Regional	Remote	Total
Male	26%	51%	0%	0%	27%
Female	**74%**	**49%**	**100%**	**0%**	**73%**

**As mentioned, the breakdown of palliative care physicians across the regions may not always equal the total number reported overall. There is also a potential data collection issue with the number of palliative care physicians in outer regional NSW. It appears that the 3 palliative care physicians in remote NSW in Table 1 are picked up with outer regional NSW. Hence, in Table 2 remote NSW has zero palliative care physician.*

Figure 2: Number of the palliative care physicians in NSW by residential region and gender over time, from 2013-2020



**As mentioned, the breakdown of palliative care physicians across the regions may not always equal the total number reported overall.*

Palliative care physicians in inner regional NSW tended to be older than those in major cities. Although not illustrated in a graph due to their small number (there were only 3), palliative care physicians in outer regional areas were also relatively older with an age range between 45 years and 54 years.

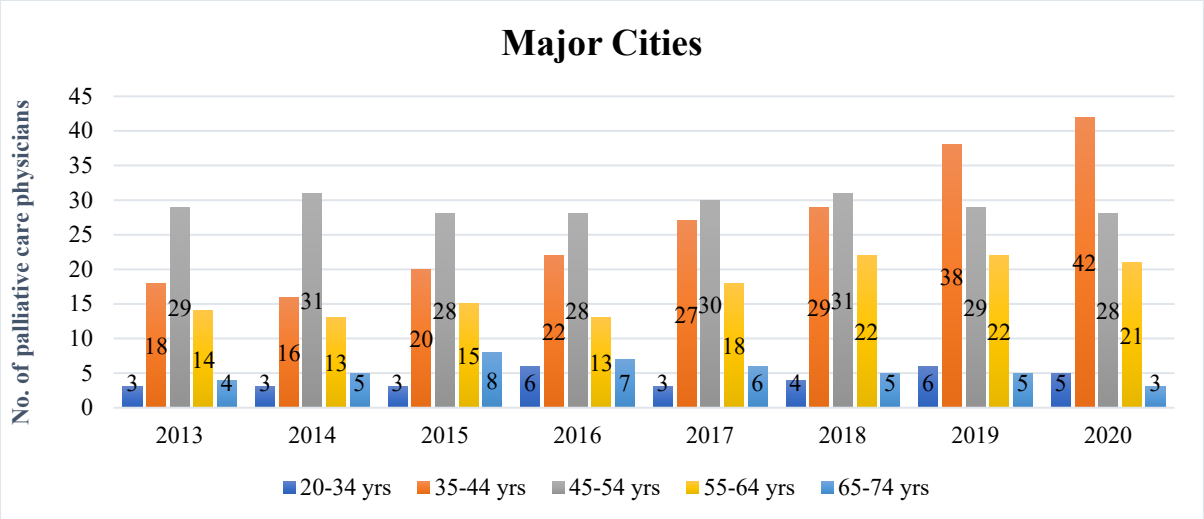
In the 2020 PM Glynn Institute report, *A Snapshot of Palliative Care Services in Australia*, it was noted that in 2016, Australia-wide, the average age of palliative care clinicians was 50.5 years. Twenty-three percent (23%) were aged 60 years and over, and 42% had intentions to retire in the next 10 years. In the Hansard proceedings mentioned earlier, the National Rural Health Alliance reiterated the importance of a continuity plan particularly for GPs who are expected to "step into these roles" (p. 8) in the rural areas, quite unlike the situation in major cities where palliative care specialists are available.

> *"One of the big initiatives coming forward is the rural generalist program and certainly palliative care is one of those areas where a rural GP can pick up an area of specialty…"*

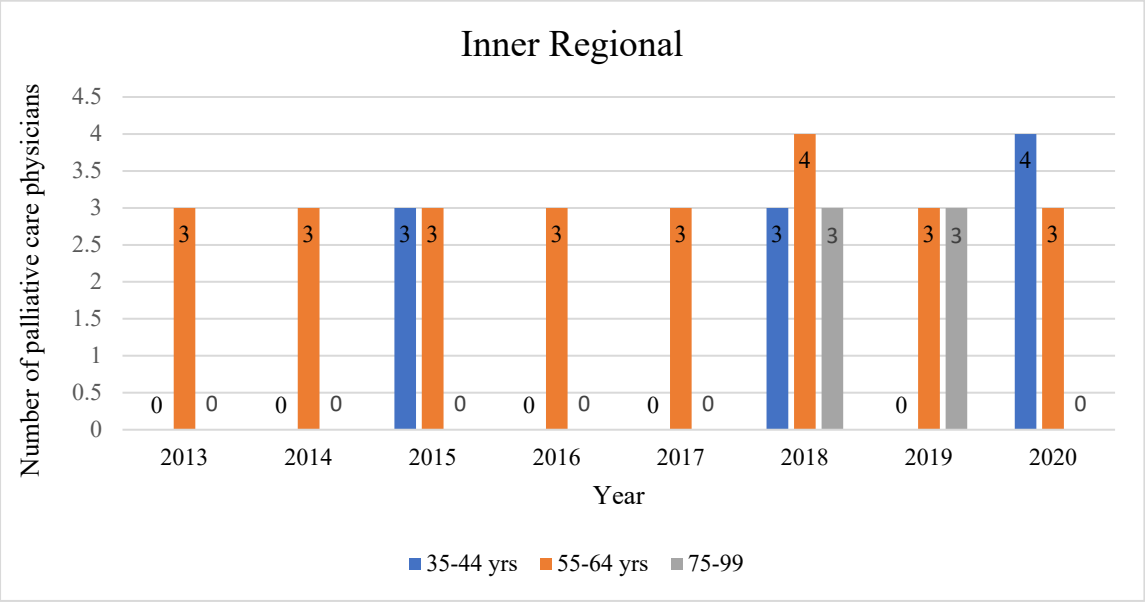
However, according to the Royal Australian College of General Practitioners (RACGP), the problem with general practice is that it is often seen as financially unattractive and unsupported compared to other specialties:

> *"What we know is that doctors --- careerwise your training happens at the same time that you are putting roots down for your family, It is very difficult to uproot a family of young children into a rural community when they have been settled for five to ten years of their training in the city. We really need to have more flexible training models that guarantee doctors will be able to stay in a local community, put down roots and become part of it so that they can establish better continuity and flow-through" (Hansard, Portfolio Committee No. 2, 19 March 2021, p.15).*

Figure 3. Age range of palliative care physicians in NSW, 2013-2020



*****As mentioned, the breakdown of palliative care physicians across the regions may not always equal the total number reported overall.*



*****_As mentioned, the breakdown of palliative care physicians across the regions may not always equal the total number reported overall._

Average number of hours worked per week

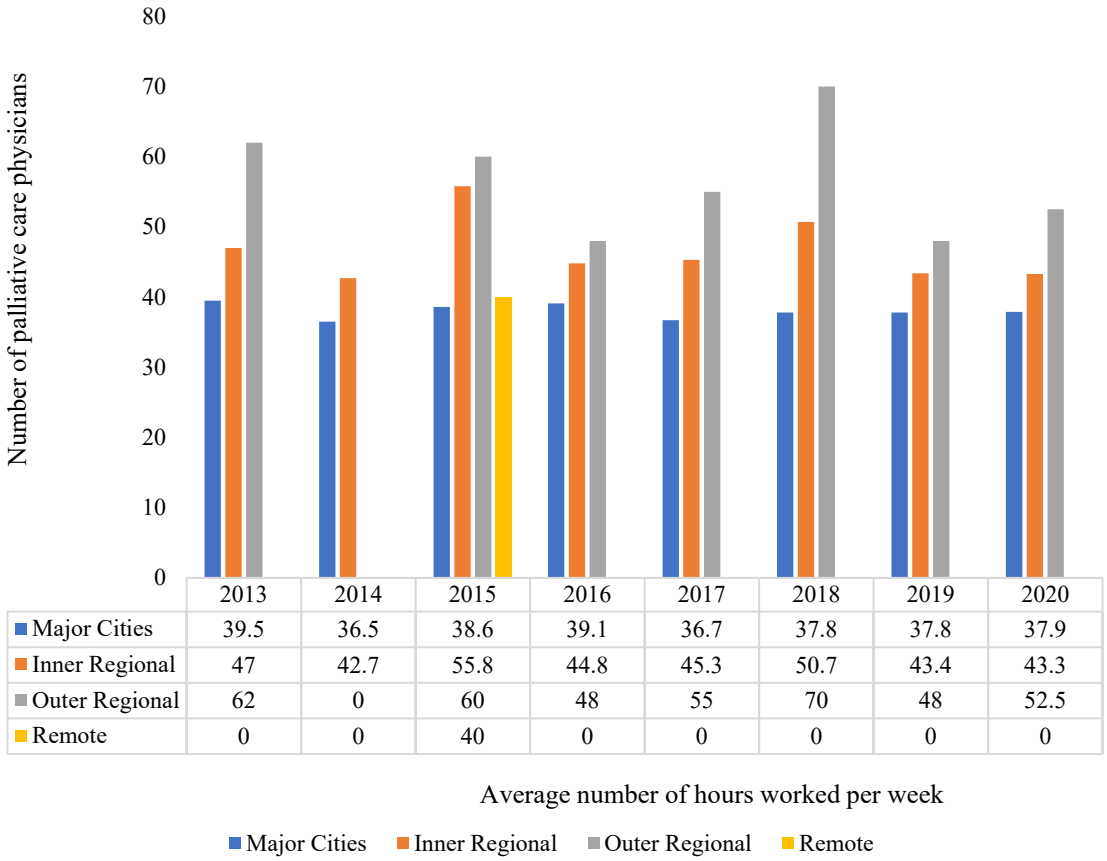
Figure 4 shows the average number of hours worked per week by palliative care physicians in NSW. It appears that palliative care physicians in major cities tended to work the standard 37–40-hour week, lesser or shorter than the number of hours worked by their counterparts in inner and outer regions.

Palliative care specialists in inner regional areas tended to work between 43 hours and 56 hours per week on average. Those in the outer regions worked even longer, averaging up to 70 hours a week.

These findings are supported by anecdotal evidence in the Hansard where medical personnel talked about having no day off because there were no or less staff to cover their load. They talked about how they would work continuously all day and all night. Although the Australian Medical Association (AMA) provides a framework for safe and ideal work hours, understaffing is a major constraint in the regions.

> *"We have a problem in rural and regional health in that unfortunately we are often left understaffed because of the metropolitan hospitals prioritizing their staffing of our regional centres…. We actually need to staff our regional areas first. Because when they are left short, there is no one to fill the gap" (Hansard, Portfolio Committee No.2, 19 March 2021, p. 5).*

Figure 4: Average number of hours worked per week by palliative care physicians in NSW by residential region



	2013	2014	2015	2016	2017	2018	2019	2020
Major Cities	39.5	36.5	38.6	39.1	36.7	37.8	37.8	37.9
Inner Regional	47	42.7	55.8	44.8	45.3	50.7	43.4	43.3
Outer Regional	62	0	60	48	55	70	48	52.5
Remote	0	0	40	0	0	0	0	0

FTE per 100,000 population

The number of full time equivalent (FTE) palliative care physicians in the major cities and inner regional areas of NSW increased between 2013 and 2016. However, there were no FTE palliative care physicians in outer regional NSW over the same time period.

Table 3: Number of FTE palliative care physicians per 100,000 of population in NSW regions over time*

	Major Cities	Inner Regional	Outer Regional
2013	1.22	0.25	0.00
2014	1.10	0.22	0.00
2015	1.27	0.39	0.00
2016	1.28	0.39	0.00

**1) Population data in NSW by region is only available up to 2016. Therefore, the FTE analysis is limited to the period 2013-2016.*
2) Data for remote areas were excluded due to small counts.

Principal role in main job

Palliative care physicians have varied principal roles in the major cities of NSW. This variety has also been maintained over time. Meanwhile, physicians in inner regional NSW have only been clinicians.

There appears to be no data available on the principal role of palliative care physicians in outer regional and remote NSW.

Table 4: Number of palliative care practitioners by principal role in main job by NSW region over time*

Year	Major cities				Inner regional
	Clinician	Administrator	Teacher or educator	Researcher	Clinician
2013	62	4	3	0	3
2014	63	0	3	0	3
2015	67	3	4	0	3
2016	71	3	3	3	5
2017	78	5	0	0	3

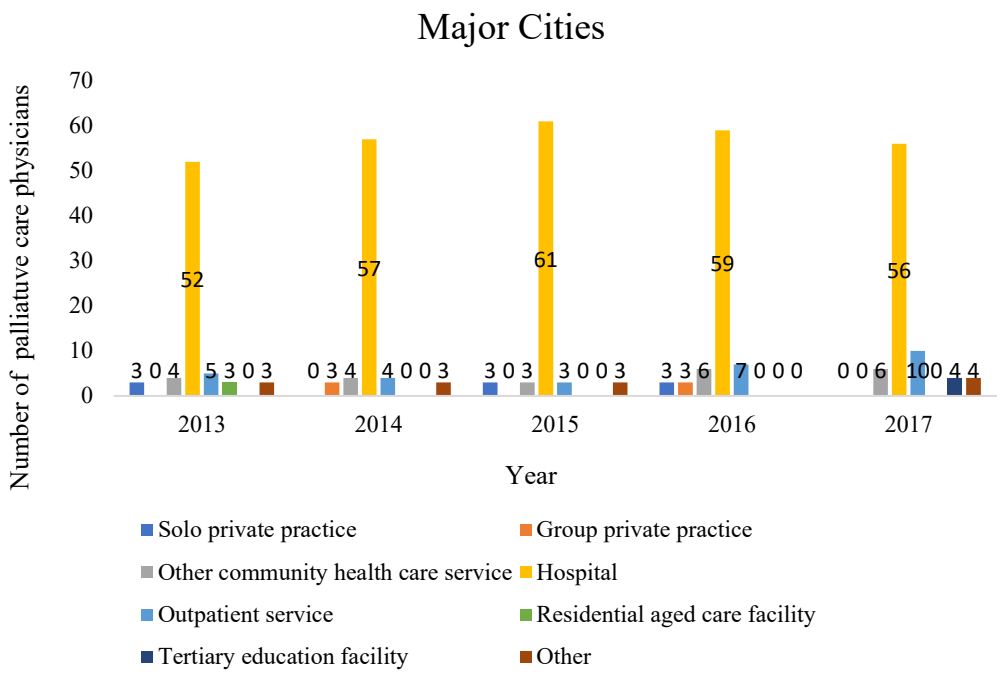
**Health workforce data only available until 2017 for principal role in main job.*

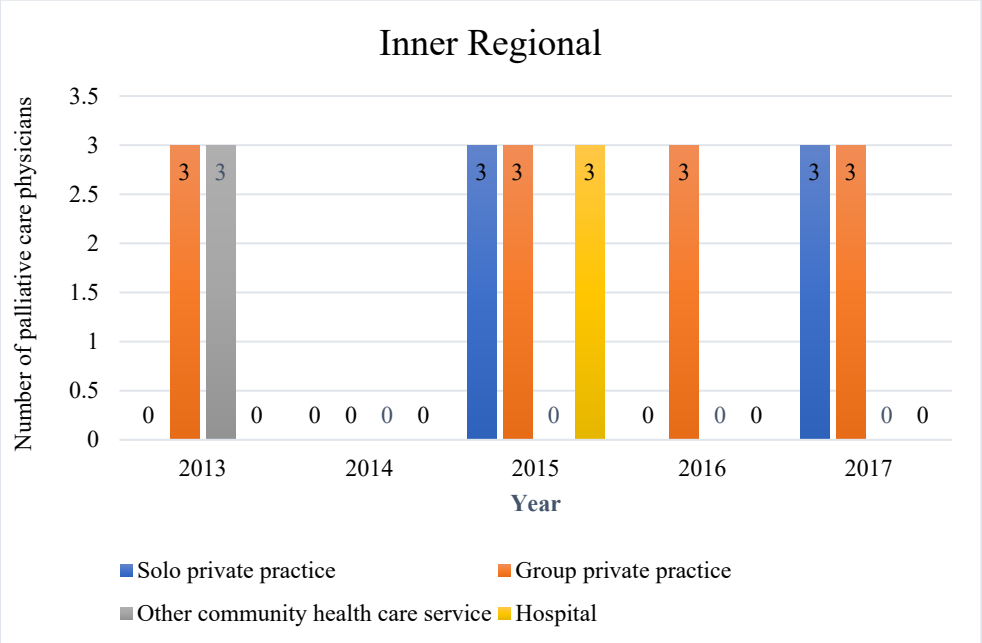
***As mentioned, the breakdown of palliative care physicians across the regions may not always equal the total number reported overall.*

The hospital was the primary work setting for palliative care physicians in major cities between 2013 and 2017. In comparison, the hospital was only cited as a work setting for palliative care physicians in inner regional NSW during 2015. Instead, palliative care physicians in inner regional NSW consistently worked in group private practice.

While not included in a chart, there were 3 palliative care physicians employed in outer regional NSW, but only during 2017. These 3 physicians all worked in a hospital setting.

Figure 5: Number of palliative care physicians by work setting by NSW region over time*





** As reported above there were no palliative care physicians residing in inner regional NSW during 2014.*

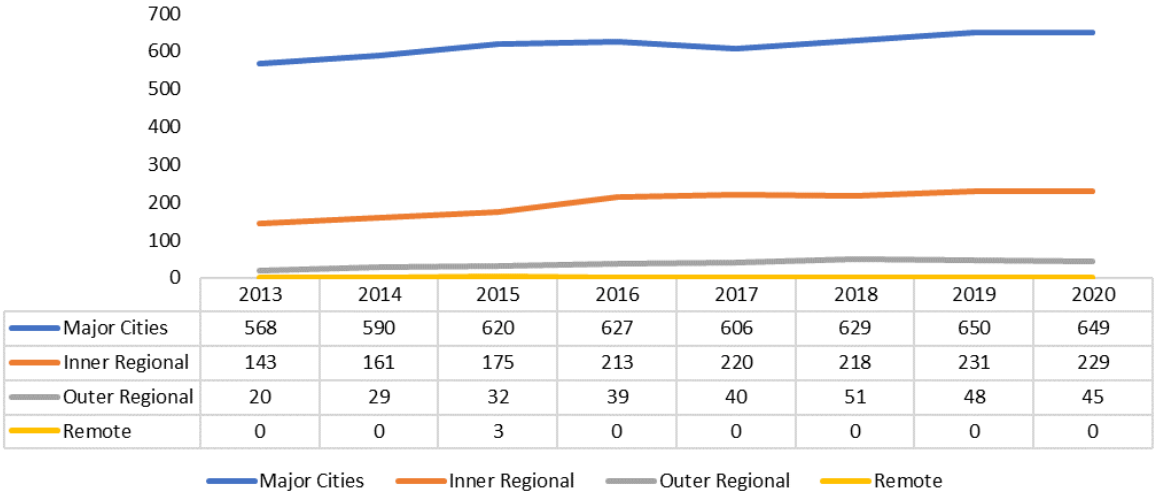
**As mentioned, the breakdown of palliative care physicians across the regions may not always equal the total number reported overall. Also, a palliative care physician may work in more than 1 setting.*

Palliative care nurses in NSW

Number of registered palliative care nurses in NSW by residential region

Most of the registered palliative care nurses resided in major cities in NSW between 2013 and 2020. However, there has been a steady increase in the number of these nurses residing in inner and outer regional NSW as well as major cities of NSW. For inner regional areas, registered palliative care nurses increased by 60% in 2020 from the number in 2013. The outer regions registered a 125% increase in 2020 from the figure in 2013.

Figure 6: Number of the registered palliative care nurses in NSW over time by residential region*



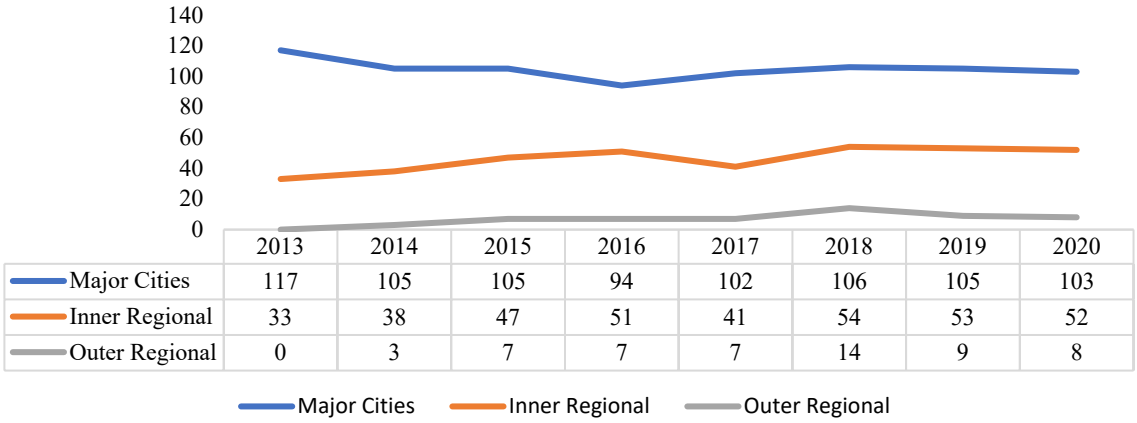
	2013	2014	2015	2016	2017	2018	2019	2020
Major Cities	568	590	620	627	606	629	650	649
Inner Regional	143	161	175	213	220	218	231	229
Outer Regional	20	29	32	39	40	51	48	45
Remote	0	0	3	0	0	0	0	0

**As mentioned, the breakdown of palliative care registered nurses across the regions may not always equal the total number reported overall.*

Number of enrolled palliative care nurses in NSW by residential region

As shown in Figure 7, over time, the number of nurses enrolled in palliative care has gradually fallen in major cities in NSW. The decrease was 12% in 2020 from the 2013 figure of 117 enrolled palliative care nurses. However, the gap in enrolled palliative care nurses between the regions and major cities in NSW has narrowed over time following a gradual increase in particular in inner regional NSW from 33 enrolled palliative care nurses in 2013 to 52 enrolled palliative care nurses in 2020 or an increase of 57%.

Figure 7: Number of the enrolled palliative care nurses in NSW over time by residential region



	2013	2014	2015	2016	2017	2018	2019	2020
Major Cities	117	105	105	94	102	106	105	103
Inner Regional	33	38	47	51	41	54	53	52
Outer Regional	0	3	7	7	7	14	9	8

** There were 3 enrolled palliative care nurses living in remote NSW in 2015. However, as mentioned, there are a few counting problems that emerge when other demographics are used to examine this total. Therefore, it has been left out of the discussion in succeeding demographics sections.*
**As mentioned, the breakdown of enrolled palliative care nurses across the regions may not always equal the total number reported overall.*

Despite the steady increase in the number of registered and enrolled palliative care nurses in regional NSW, outer and remote areas lagged. It was only in 2015 that there was registered palliative care nurse in remote NSW. This mirrors the findings on national data. Based on the report published in 2020 by the PM Glynn Institute, *A Snapshot of Palliative Care Services in Australia,* most of the palliative care nurses worked in hospitals in major cities across the country. In 2017, only 0.09% of palliative care nurses worked in Aboriginal health service setting. As community organisation Can Assist Coleambally commented about this situation:

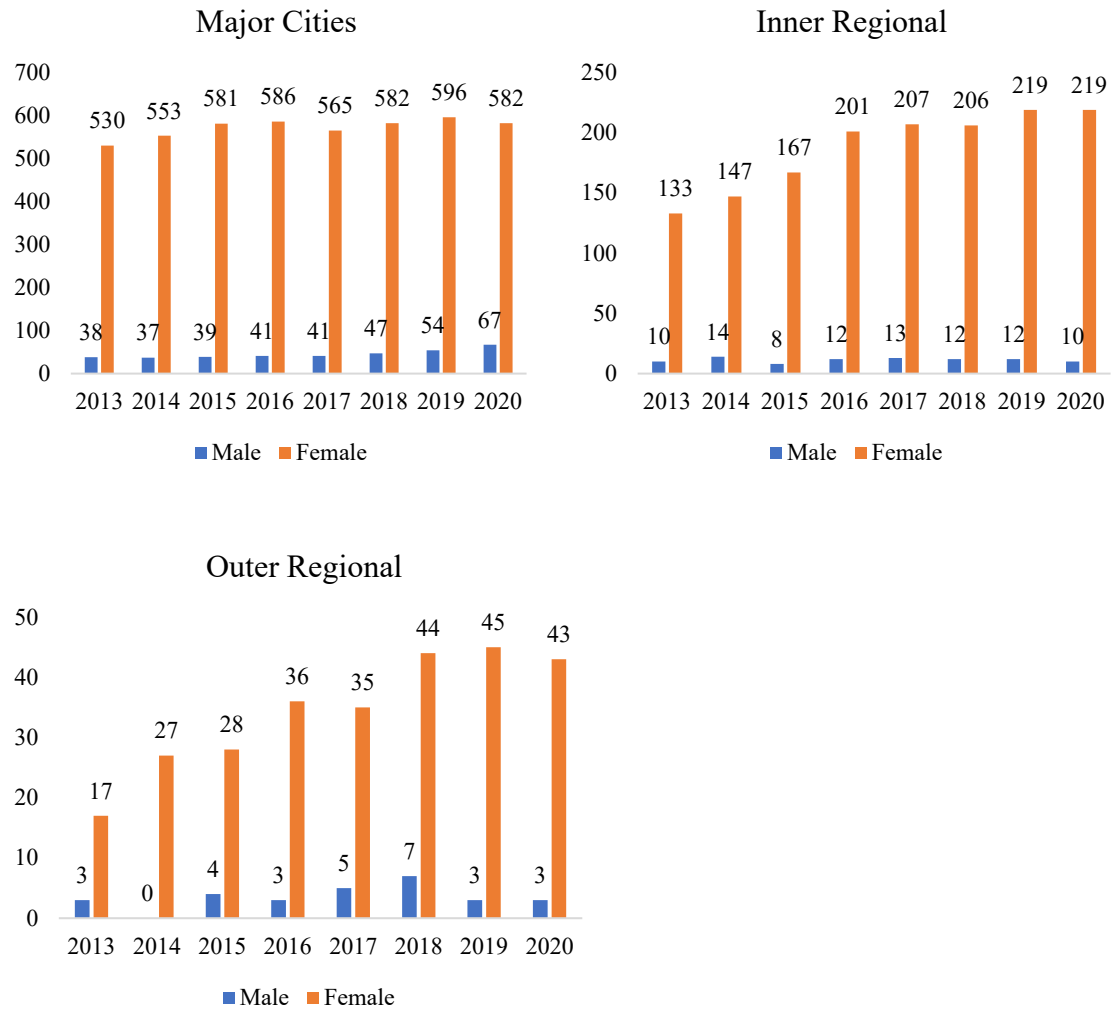
> *"Looking at our community, there are some great palliative care services out there in towns, the bigger towns, and the bigger towns have great opportunities for people to die at home: They have access to the palliative care nurse specialists, they have access to GPs. It is once you get a geographical distance from those services that you come across problems in service" (Hansard, Proceeding on Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote NSW, Portfolio Committee No. 2, 29 April 202, p. 27).*

Gender

Registered palliative care nurses

Most registered palliative care nurses were female regardless of the region of NSW in which they resided. While the number of these nurses in major cities has remained stable over time, there has been a gradual increase in both inner and outer regional NSW.

Figure 8. Number of the registered palliative care nurses in NSW over time by residential region and gender



**As mentioned, the breakdown of palliative care registered nurses across the regions may not always equal the total number reported overall.*

Enrolled palliative care nurses

Enrolled palliative care nurses were also primarily female across all NSW regions over time. The trend among female enrolled nurses in major cities and regional NSW matches the overall trend. That is, the number of enrolled female palliative care nurses in major cities in NSW has been gradually declining over time. Meanwhile, there have been increases in both inner and outer regional NSW from 2013. In outer regional NSW the number of enrolled palliative care nurses increased to 8 in 2020 from 0 in 2013. For inner regional NSW, there were 31 enrolled palliative care nurses in 2013 to 52 enrolled palliative care nurses in 2020. See Figure 9.

Figure 9. Number of the enrolled palliative care nurses in NSW over time by residential region and gender*

**As mentioned, the breakdown of enrolled palliative care nurses across the regions may not always equal the total number reported overall.*

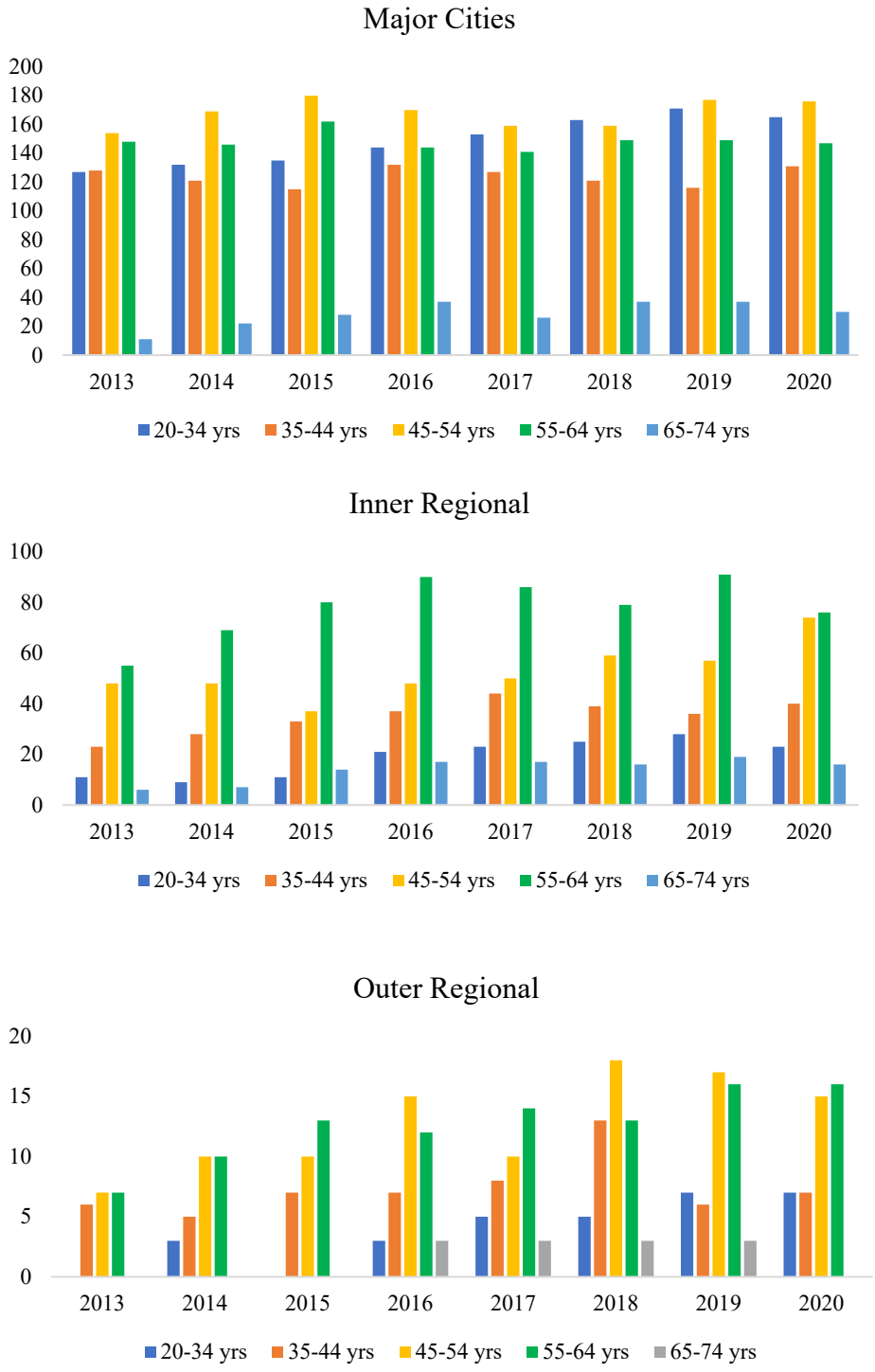
Age

Registered palliative care nurses

Figure 10 shows that registered palliative care nurses in major NSW cities ranged in age over time. In comparison, registered palliative care nurses in inner regional areas were mostly older (55-64 years old) than those in major cities in NSW (45-54 years). For the outer regions, there is an increase in those aged 55-64 years, particularly seen in 2019 and 2020.

The results indicate that the age of nurses increased in line with remoteness. This is similar to the findings on palliative care physicians. They tended to be older in regional NSW compared to palliative care physicians in major cities. The implication is the same --- the importance of continuity plans as these healthcare professionals retire in the next decade or so.

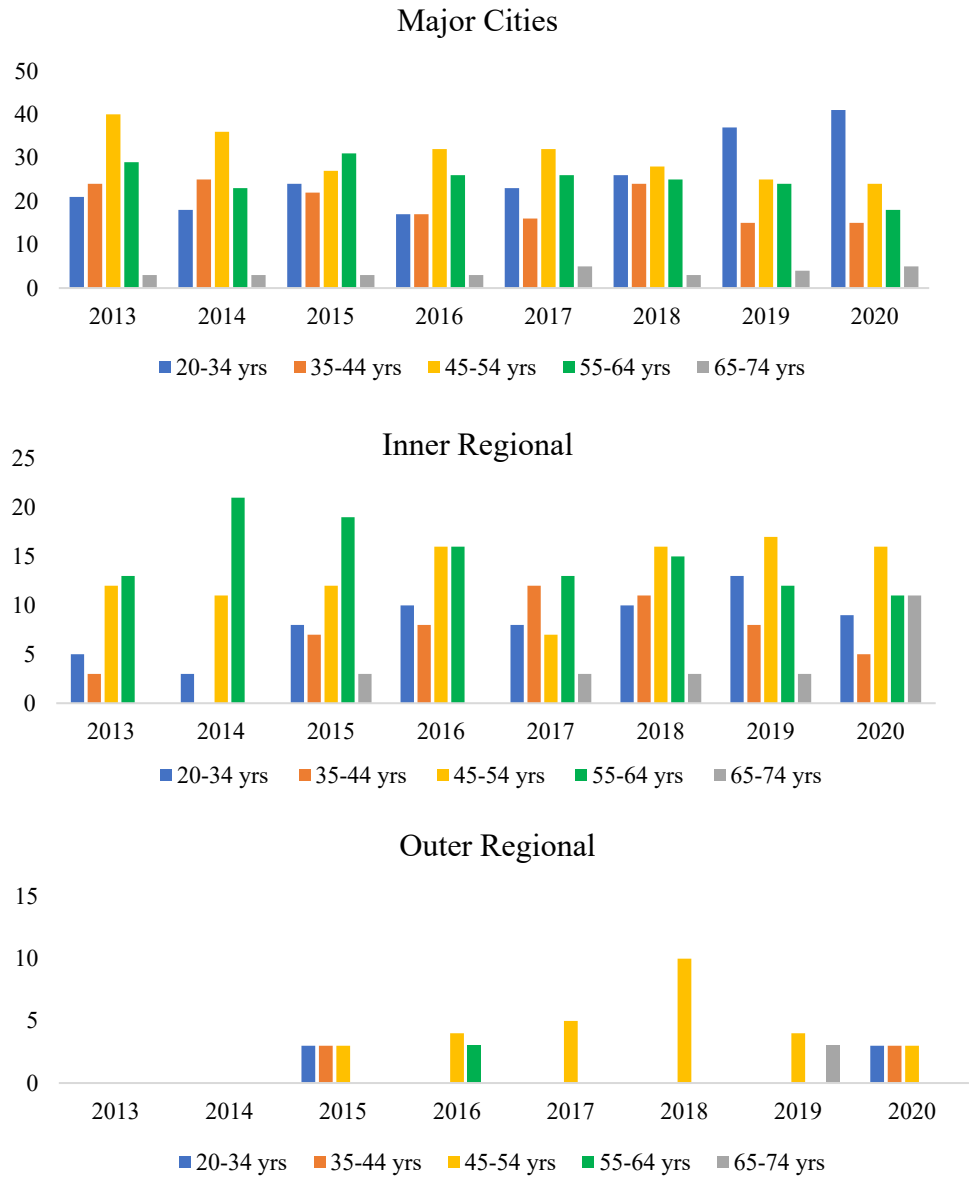
Figure 10: Number of the registered palliative care nurses in NSW over time by residential region and age



Enrolled palliative care nurses

A similar result can be seen with enrolled palliative care nurses in major cities in NSW when compared with registered palliative care nurses – enrolled palliative care nurses were much older in regional areas than in major cities. In the past 2 years, 2019 and 2020, there were increases in the number of relatively young enrolled palliative care nurses in major cities, aged 20-34 years. Similar to registered palliative nurses, the continuity of care must be prioritised for regional NSW.

Figure 11: Number of the enrolled palliative care nurses in NSW over time by residential region and age



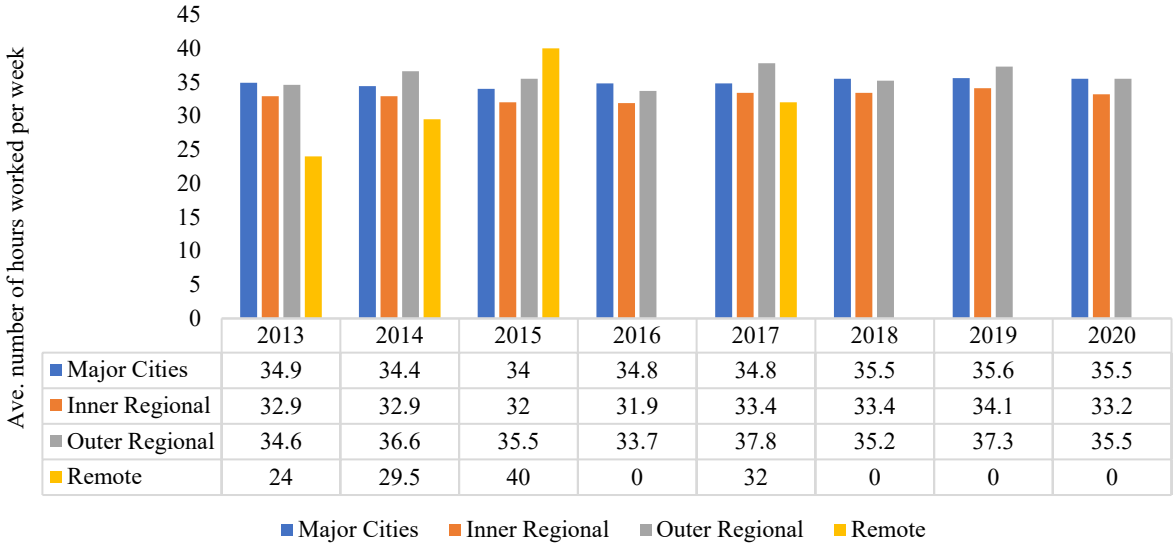
Average number of hours worked per week

Registered palliative care nurses

Registered palliative care nurses in outer regional NSW worked about the same hours, on average, as registered palliative care nurses in other regions of NSW. From 2013 to 2020, registered palliative care nurses in outer regional NSW worked an average of 36 hours per week compared to 35 hours per week for those in major cities.

Interestingly, the average hours worked by nurses in inner regional NSW was lower than major cities in NSW, at an average of 33 hours per week. This is opposite when examining the average hours of work among palliative care physicians.

Figure 12: Average number of hours worked per week by registered palliative care nurses in NSW by residential region

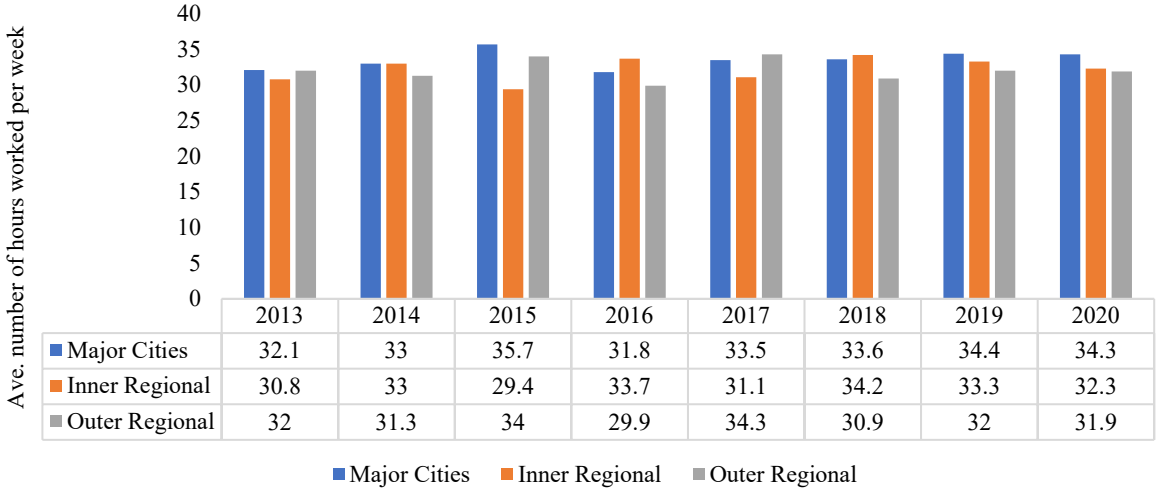


	2013	2014	2015	2016	2017	2018	2019	2020
Major Cities	34.9	34.4	34	34.8	34.8	35.5	35.6	35.5
Inner Regional	32.9	32.9	32	31.9	33.4	33.4	34.1	33.2
Outer Regional	34.6	36.6	35.5	33.7	37.8	35.2	37.3	35.5
Remote	24	29.5	40	0	32	0	0	0

Enrolled palliative care nurses

The results for enrolled palliative care nurses indicate that those in major cities worked slightly more hours on average per week (34 hours) than those in regional NSW. Enrolled palliative care nurses in outer and inner regional NSW worked an average of 32 hours per week.

Figure 13: Average number of hours worked per week by enrolled palliative care nurses in NSW by residential region



	2013	2014	2015	2016	2017	2018	2019	2020
Major Cities	32.1	33	35.7	31.8	33.5	33.6	34.4	34.3
Inner Regional	30.8	33	29.4	33.7	31.1	34.2	33.3	32.3
Outer Regional	32	31.3	34	29.9	34.3	30.9	32	31.9

FTE per 100,000 population

Registered palliative care nurses

The number of FTE registered palliative care nurses increased over time in all NSW regions. However, the greatest increases were observed in inner regional NSW, from 8.76 FTE per 100,000 population in 2013 to 12.29 FTE per 100,000 population in 2016. This was followed by outer regional NSW with an FTE of 4.13 per 100,000 population in 2013 to 7.82 FTE per 100,000 population in 2016. Major cities remained unchanged, around 9.45 to 9.9 FTE per 100,000 population from 2013 to 2016.

Table 5: Number of FTE registered palliative care nurses per 100,000 of population in NSW regions over time*

	Major Cities	Inner Regional	Outer Regional
2013	9.45	8.76	4.13
2014	9.50	9.77	6.31
2015	9.72	10.23	6.76
2016	9.90	12.29	7.82

** 1) Population data in NSW by region is only available up to 2016. Therefore, the FTE analysis is limited to the period 2013-2016.*
** 2) The results for remote NSW have not been included due to small counts.*

Enrolled palliative care nurses

The number of FTE enrolled palliative care nurses increased between 2013 and 2015 in all NSW regions. However, 2016 saw a drop in FTE enrolled palliative care nurses in major cities and outer regional NSW. In comparison, the number in inner regional NSW continued to increase.

Table 6: Number of FTE enrolled palliative care nurses per 100,000 of population in NSW regions over time*

	Major Cities	Inner Regional	Outer Regional
2013	1.79	1.89	0.00
2014	1.63	2.31	0.68
2015	1.73	2.53	1.42
2016	1.35	3.11	1.24

**The results for remote NSW have not been included due to nil count.*

The gaps in FTEs per 100,000 population for outer regions, compared to major cities and inner regional NSW, highlight the crisis in health care delivery not just on palliative care but in all healthcare services in outer regional and remote areas. This was pointed out by the NSW Nurses and Midwives Association (Hansard, Proceedings on Health Outcomes and Access to Health and Hospital Services in Rural, Remote, and Regional NSW, Portfolio Committee No.2, 19 March 2021, page 30):

> *"Not surprisingly, there is so much to be said but there is a crisis in health care delivery and in healthcare services across rural, regional and remote areas of New South Wales. This is most evident in smaller communities, particularly in those serviced by small community, or D, hospitals and multipurpose services. The Government promised a few more nurses in the base or regional referral hospitals and district hospitals - that is, the B and C hospitals – but nothing for the small facilities. These health services are reliant in bare minimum nursing staff levels and very often without the assistance of any doctors present…"*

The low FTEs per 100,000 population for outer regional NSW in particular reflect the finding of the 2020 PM Glynn Institute report, *A Snapshot of Palliative Care in Australia*. The report stated that there were 12.1 FTE palliative care nurses nationally per 100,000 population in 2013. This figure remained essentially the same in 2017 at 12.0 FTE per 100,000 population, even though there was an increased need for palliative care.

22 November 2021