

Stories of Change

The Gippsland palliative care workforce

DOCTOR Ahmed Nagla has only called Gippsland home for a short time but he is already making strides in his position as a specialist palliative care physician with the Gippsland Regional Palliative Care Consultancy Service (GRPCCS) based at Latrobe Regional Hospital.

GRPCCS is a team of highly skilled nurses, allied health and medical staff which works with community palliative care and primary care services across Gippsland. The team focuses on complex clinical palliative care challenges and supporting the development of palliative care skills at all points of regional health care.

Dr Nagla began his career as a GP in Melbourne and undertook palliative care training at the Peter MacCallum Cancer Centre, Barwon Health, Alfred Health and Mercy Palliative Care after identifying a need to upskill to respond to the needs of his local community.

In 2018, Palliative Care Australia set a benchmark of 2.0 full-time palliative care specialists per 100,000 population. In Gippsland there is currently 1.4 FTE, with another 4 full-time palliative care specialists required to meet the benchmark.

Dr Nagla acknowledged that equity in delivering health care in the regions compared to metro areas is a challenge and palliative care is no exception.

“We know doctors who spend most or part of their training in regional or remote areas, are more likely to work in those areas and stay there,” he said.

“There has been a lot of work in developing training programs and internships in regional and remote communities to encourage doctors to explore the opportunities.”

LRH has partnered with the Peter MacCallum Cancer Centre and Monash Medical Centre to improve palliative care services in Gippsland, and a partnership between LRH and Monash Medical Centre this year has resulted in a rural generalist training position for GPs specialising in palliative medicine.



Dr Nagla is working closely with the Peter MacCallum Cancer Centre on education and research to further develop how palliative care is delivered. The research projects are led by Professor Jennifer Philip who is the chair of palliative medicine at the University of Melbourne and Associate Professor Brian Le who co-chairs the Palliative Care Clinical Studies Collaborative.

“We have already commenced research projects involving the Gippsland community and its unique experience,” Dr Nagla said.

“We are also looking at having nursing placement opportunities at Peter Mac while also bringing metro nurses to the region. Sharing experience and collaboration in this way will be positive for both organisations. We are waiting for COVID restrictions to ease so we can start.”

An alliance of local palliative care providers, the Gippsland Region Palliative Care Consortium has helped to develop another intervention designed to address an identified gap in specialist palliative care-educated nurses.

It has partnered with Palliative Care South East and the Australian College of Nursing (ACN) to create a bridging course, ‘Transition to Specialty Palliative Care’, to support nurses living in regional and outer suburban areas to take the first step into formal post-graduate palliative care education.

Gippsland Region Palliative Care Consortium manager Anny Byrne said the course was the result of a professional development and skills matrix which mapped the individual learning needs of palliative care nurses working in community settings.

“The nurses completed this piece of work and we were able to identify what gaps they had for training needs and analysis. Not surprisingly, some people who had post-graduate certificates or further training were more competent in certain areas in terms of delivering palliative care,” Ms Byrne said.

“But what we did find out when we addressed certain areas was that nurses were very keen to continue their education but not so keen to go on to post-graduate studies and there was a real gap there.”

The Transition to Specialty Palliative Care course is for registered nurses working in a community or inpatient setting. It is a bridge for nurses who may wish to pursue post-graduate study but have not yet progressed their aspiration.

A pilot program was run over 7 sessions, in-person and online, and 7 of the 14 supported placements were filled by Gippsland nurses.

“There have been so many unintended and fantastic outcomes as we’ve gone through the face-to-face phase, so these nurses who have come from Orbost, Foster, Lakes Entrance, Warragul... all these people who are working in different

areas who are not palliative care nurses are mixing with palliative care leaders across the sector who are able to provide mentoring and support,” Ms Byrne said.

“But the feedback along the way from the nurses has just been amazing. They talk about how they have learnt so much from different leaders. But it’s more about thinking more broadly than just being a task-driven nurse - it’s about looking at the bigger picture and they’ve been able to ask questions and have discussions. The unintended outcomes have been fabulous.

“A lot of people don’t understand the breadth and depth of palliative care - that it’s about symptom management and good quality of life, not just about someone dying on the ward at the end of their life.”