

Role Delineation in Palliative Care in Australia

The nature of palliative care in Australia has changed over the past two decades. As more patients and families seek access to quality end of life care it has become increasingly important that states and territories plan effectively to meet this increasing demand. One component of the work currently being undertaken to ensure comprehensive strategically focused

plans are developed across Australia has been the development and articulation of role delineation in palliative care.

Role delineation frameworks are important because they provide a mechanism by which health service planners and providers can agree upon a level of resourced capability for specific services.

This enables service planning

around realistic and reasonable expectations. Role delineation also ensures that comparative studies and other quality activities such as benchmarking are measuring and comparing like with like.

The following table (Table 1) describes the various levels of service that are required to meet the needs of the entire population of people with a life limiting disease.

Level	Capability	Typical resource profile
Primary care	Clinical management and care coordination including assessment, triage, and referral using a palliative approach for patients with uncomplicated needs associated with a life limiting illness and/or end of life care. Has formal links with a specialist palliative care provider for purposes of referral, consultation and access to specialist care as necessary.	General medical practitioner, nurse practitioner, registered nurse, generalist community nurse, aboriginal health worker, allied health staff. Specialist health care providers in other disciplines would be included at this level.
Specialist palliative care level 1	Provides specialist palliative care for patients, caregiver/s and families whose needs exceed the capability of primary care providers. Provides assessment and care consistent with needs and provides consultative support, information and advice to primary care providers. Has formal links to primary care providers and level 2 and/or 3 specialist palliative care providers to meet the needs of patients and family/carers with complex problems. Has quality and audit program.	Multi – disciplinary team including medical practitioner with skills and experience in palliative care, clinical nurse specialist/consultant, allied health staff, pastoral care and volunteers. A designated staff member if available coordinates a volunteer service.
Specialist palliative care level 2	As for level 1, able to support higher resource level due to population base (eg regional area). Provides formal education programs to primary care and level 1 providers and the community. Has formal links with primary care providers and level 3 specialist palliative care services for patients, caregiver/s and families with complex needs.	Interdisciplinary team including medical practitioner and clinical nurse specialist/consultant with specialist qualifications. Includes designated allied health and pastoral care staff.
Specialist palliative care level 3	Provides comprehensive care for the needs of patients, caregiver/s and families with complex needs. Provides local support to primary care providers, regional level 1 and/or 2 services including education and formation of standards. Has comprehensive research and teaching role. Has formal links with local primary care providers and with specialist palliative care providers level 1 and 2, and relevant academic units including professorial chairs where available.	Interdisciplinary team including a medical director and clinical nurse consultant/nurse practitioner and allied health staff with specialist qualifications in palliative care.

