



# Strategic Plan

## 2022/2025

**anzspm**

Australia New Zealand Society of Palliative Medicine



Our Purpose describes **why** we exist:  
who do we serve; and what good do we do?

## Our Purpose

We support the professional needs of medical practitioners as they work to improve the health outcomes of every person with a life-limiting illness, and their family/whānau, in Australia and Aotearoa.

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## Our Purpose

We support the professional needs of medical practitioners as they work to improve the health outcomes of every person with a life-limiting illness, and their family/whānau, in Australia and Aotearoa.

We support the medical professionals who are the members of our society. We also support medical professionals who engage in generalist palliative care. Our support is focused on their professional needs.

We aim to improve measurable health outcomes. This is a more concrete idea than 'quality of life'. And it positions us as focused on the clinical aspects of care.

Palliative medicine has a broad remit to any life-limiting illness. This is especially relevant with growing demand from aged care and dementia care.

Equity of access to the right care at the right time for every person

We work in Australia and Aotearoa. Nonetheless we will continue to work closely with our Western Pacific neighbours.

**Our Mission** describes **how** we achieve **Our Purpose**

## Our Mission

Our support of medical practitioners has four elements, as they seek to improve the health outcomes of patients and their families/whānau.



## Unpacking the four elements of *Our Mission*

<b>1</b> 	<b>Advocacy</b> We advocate for changes in health and community care policy and resourcing	<p>In partnership with other peak bodies, we advocate for changes in health and community care policy and resourcing so that good palliative medical care is available for all who need it. This includes advocacy for palliative medicine practitioners so that they have everything they need to provide good medical care. It also includes advocacy for adequate funding and resourcing of palliative medicine to ensure the right skilled workforce is available to meet the needs of all people in Australia and Aotearoa.</p>
<b>2</b> 	<b>Member Representation</b> We represent and develop members of the Society	<p>We represent and develop members of the Society: supporting, educating and developing palliative medicine practitioners and trainees to provide the six dimensions of best practice palliative medicine (<i>see Appendix</i>), across all care settings (community, outpatient, sub-acute, hospice/palliative care units, acute). Representing the interests of members to ensure better health outcomes for patients and their families/whānau.</p>
<b>3</b> 	<b>Non-Member Collaboration</b> We collaborate with and develop other treating practitioners	<p>We collaborate with and develop other palliative care providers. We work with them to help them incorporate palliative principles into their practice. These practitioners include GPs and nurse practitioners, and specialists.</p>
<b>4</b> 	<b>Stewarding the Specialty</b> We act as stewards for the specialty of palliative medicine	<p>We act as stewards for the specialty of palliative medicine. We steward the specialty by developing the body of knowledge and promoting excellence in practice in palliative medicine. We support ongoing research and the sharing of best practice.</p>



***Our Aspiration*** for the next three years.  
We recognise that this is not fully  
achievable. Instead we will define a set of  
three-year **change objectives** that will set  
out our targets for the next three years...

### **Aspiration**

Free and equitable access to individualised and  
culturally safe palliative care, for all who need  
it in Australia and Aotearoa.

Our four **change objectives** set out the long term changes that will drive the fulfillment of **Our Aspiration**.

## Aspiration

Free and equitable access to individualised and culturally safe palliative care, for all who need it in Australia and Aotearoa.

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	Equitable Geographic Access	Seamless Transitions	Supportive Policy and Funding Settings	Addressing Emerging / Specialised Needs
LONG TERM	Equity in access to palliative care services, regardless of geographic region	Every patient experiences seamless palliative care: both within acute care and in primary and community care, and in the transitions between care contexts	Government policy and funding settings support equitable access	Palliative care practices better meet the emerging or specialised needs of key groups
NEXT THREE YEARS	We will work towards a significant increase in palliative care services in regional, rural, and remote communities of Australia and Aotearoa.	We will focus on: building better transitions between acute care contexts and community contexts; and on making referrals to a small number of key specialties seamless.	We will work towards a significant increase in a skilled palliative care workforce; and we will focus on increasing resourcing for palliative care to match that of VAD in relevant jurisdictions.	We will focus on: <ul style="list-style-type: none"> <li>• Developing models of ethical support for patients seeking VAD</li> <li>• Sharpening the specialty's understanding of culturally safe care</li> <li>• Increasing skills in aged and dementia palliative care.</li> </ul>

**Our Initiatives** represent the priority actions we will take to achieve our **change objectives**.

	LONG TERM	
<b>Equitable Geographic Access</b>	Equity in access to palliative care services, regardless of geographic region	<p><b>Hypothesis:</b> If we focused on the most marginalised groups, then everyone gets covered ('targeted universalism').</p> <p>We will develop and support primary palliative care in rural and regional areas, focusing on GPs and Nurse Practitioners. This is likely to include:</p> <ul style="list-style-type: none"> <li>• Telehealth initiatives</li> <li>• Educational initiatives (building on the lessons from the QuoCCA Project)</li> <li>• Working with the RACP on a broader workforce strategy</li> <li>• Working on links between RACP, RACGP, RNZCGP, ACRRM, regional Māori health advisory bodies, and NACCH.</li> </ul>
<b>Seamless Transitions</b>	Every patient experiences seamless palliative care: both within acute care and in primary and community care, and in the transitions between care contexts.	<ul style="list-style-type: none"> <li>• Collaborate with a small number of chosen specialist societies to build referrals and teamwork (priority societies include: Geriatrics, Respiratory, Cardiology)</li> <li>• Equip our members to build strong networks with specialists in their local context</li> <li>• Identify best practice examples of integration with primary and community care and communicate these lessons to members</li> <li>• Adopt a binational approach to developing an agreed benchmark to measure improvement in patient experience (<i>building on PCOC, but acknowledging its current limitations</i>).</li> </ul>
<b>Supportive Policy and Funding Settings</b>	Government policy and funding settings support equitable access.	<ul style="list-style-type: none"> <li>• Advocate for equal funding for palliative care in VAD jurisdictions</li> <li>• Advocate for more resourcing of rural and regional palliative care practitioners.</li> </ul>
<b>Addressing Emerging / Specialised Needs</b>	Palliative care practices better meet the emerging or specialised needs of key groups.	<ul style="list-style-type: none"> <li>• Understand the principles underpinning culturally safe care (<i>noting 'if you can do biculturalism, you can do multiculturalism'</i>)</li> <li>• Position statement on VAD – examine ways of supporting palliative care practitioners to support VAD patients (if this is possible)</li> <li>• Develop best practices for geriatric and dementia care.</li> </ul>





## *Other Objectives and Initiatives* – objectives that support the smooth functioning of the Society.

	LONG TERM	
Society Sustainability	The Society is placed on a firm foundation for the future	<ul style="list-style-type: none"> <li>• Governance review</li> <li>• Strong systems in place</li> <li>• Financially healthy</li> <li>• Explicitly understand and develop member value propositions.</li> </ul>

As part of achieving ANZSPM's Mission, we have identified six dimensions of best practice palliative medicine, which we want every palliative medicine practitioner to provide, and in support of which ANZSPM will foster strategic initiatives.

