

# PEPA

**Program of Experience in  
the Palliative Approach**

Funded by the Australian Government  
Department of Health and Ageing

THE NATIONAL  
PALLIATIVE CARE  
PROGRAM

# PEPA QUEENSLAND PROGRESS REPORT DECEMBER 2008



**Queensland Government**  
Queensland Health



Centre for Palliative Care  
Research and Education

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## **EXECUTIVE SUMMARY**

A total of 46 applications were received in the reporting period and 38 placements were completed in the same period. A further 11 placements are confirmed for early 2009. An excellent response to PEPA for Aboriginal and Torres Strait Islander Health Workers has resulted in 16 Health Workers participating in a 2 day course held at Brisbane in October. Four of these Health Workers were from ARIA classifications of Very Remote.

An Allied Health Workshop was held in Cairns on 14<sup>th</sup> November and was attended by 35 participants. A “GP Update in Palliative Care” was held in Townsville on 15<sup>th</sup> November. A total of 16 GPs attended this event and 7 other health professionals also attended. Two workshops titled “Palliative Care from an Indigenous Perspective” were held in Caloundra on 17<sup>th</sup> July and Bundaberg on 21<sup>st</sup> August. These were attended by 38 and 37 participants respectively.

In the reporting period, 29 participants have been contacted post-placement to offer support and debriefing. Participants are offered a range of post-placement activities to maintain and develop their palliative care knowledge and skills.

The PEPA Manager attended the NIMAC conference promoting the PEPA program and a great deal of energy has been devoted to promoting the program to Medical Officers.

## **1. PROJECT OVERVIEW**

### **1.1 PROJECT AIM**

The specific aims of PEPA are to:

- Enhance the skills and expertise of health care providers, in providing care for people who are living with a life-limiting illness and their families;
- Support and enhance the skills of groups working collaboratively across the professional boundaries;
- Develop and explore opportunities for health care providers from a range of areas of practice to gain professional exposure to, and experience in, palliative care;
- Develop opportunities for increasing the skills and knowledge of health care providers in the care of people who are living with a life-limiting illness.

### **1.2 PERSONNEL**

The full time PEPA Program Manager and 0.4 FTE Administration Officer has continued throughout the reporting period. A consultant commenced in February 2008 to focus on support for the Indigenous component of PEPA.

### **1.3 SCOPE OF THE PROJECT**

#### **1.3.1 Expected Outcomes**

The expected outcomes of PEPA include:

- Greater capacity of local communities to provide palliative care by facilitating the opportunity for health care practitioners from a broad range of clinical settings to obtain hands-on experience in the field and enable skill development to occur in a supported experiential learning environment;
- Expanded base of practitioners managing palliative care caseloads or having input into the care of palliative care clients;
- Improved access to a broad range of care providers for those people with palliative care needs who wish to be managed in a variety of settings;
- Improved professional relationships across disciplines and settings, and thereby enhanced communication and collaboration in the care of persons with a life limiting illness; and
- Increased opportunities for a broader range of health care practitioners to develop their palliative care skills as part of their professional development and extend their career opportunities.

#### **1.3.2 Governance And Stakeholders**

In Queensland, PEPA is administered by the Centre for Palliative Care Research and Education (CPCRE). The Centre is based at the Queensland Health facility Royal Brisbane and Women's Hospital (RBWH). Staff from PEPA Queensland will communicate with and forward copies of all reports to their Palliative Care Intergovernmental Forum (PCIF) member who will also be involved in decision making regarding the Queensland project.

The PEPA Manager has maintained a working relationship with the National Coordinator as required and has participated in teleconferences and national workshops for PEPA Managers. She has also liaised with PEPA Managers in other jurisdictions regarding resources or strategies used in that jurisdiction for similar challenges.

The PEPA Manager has liaised with other stakeholders as required. These include staff from host sites, potential participants or employers of potential participants,

professional bodies (e.g., Division of GP's, Australian Psychological Society, Australia Association of Social Workers), Australian Government Department of Health and Ageing, potential workshop venues, catering staff, potential presenters, health service providers, mentors, participants, and employers.

### 1.3.3 Program Eligibility

PEPA is open to all health care providers. Applicants must agree to comply with the conditions of the program and meet the following eligibility criteria in order to participate:

- Be currently employed in a health care service which cares for people with palliative care or end-of-life care needs;
- Hold formal qualifications and current registration in associated discipline (evidence of this is checked by PEPA Manager and Acting Director CPCRE);
- Have the permission of their current employer to participate;
- Must obtain mutual recognition of registration to practice from the relevant state/territory regulatory authority prior to undertaking the placement (if placement is to take place outside of their usual jurisdiction);
- Provide evidence of relevant insurances for the length of the supervised clinical placement.

## 2.0 PROJECT ACTIVITIES

### 2.1 PLACEMENTS

Table 1 outlines the original placement plan for Queensland PEPA.

Table 1: Allocation of Placements in Queensland by year

Discipline	July 07 to Jun 08	Jul 08 to Jun 09	Jul 09 to Jun 10	Total
<b>Nurses</b>	20	20	10	50
<b>GPs</b>	20	20	10	50
<b>Allied Health</b>	10	10	5	25
<b>Health Workers</b>	10	5		15
<b>Total</b>	<b>60</b>	<b>55</b>	<b>25</b>	<b>140</b>

For the period 1<sup>st</sup> July 2008 to 31<sup>st</sup> December 2008, 46 applications were received. A total of 38 placements were organised and completed by 31<sup>st</sup> December, 2008. It should be noted that 16 of these placements are participants in the 2-day PEPA for Aboriginal and Torres Strait Islander Health Workers. A further 11 placements are confirmed for the next reporting period. This information is summarised in Table 2 as well as further details about the completed placements being provided in Tables 3 and 4.

Table 2: Summary of PEPA applications and placements 1<sup>st</sup> July to 31<sup>st</sup> December 2008

Jurisdiction	Placements Planned (Available)	Total Applications	Placements Completed	Confirmed for future
Queensland	43 <sup>#</sup>	46	38 <sup>*</sup>	11

Note: <sup>\*</sup> This figure includes 16 Indigenous Health Workers attending the 2 day course  
<sup>#</sup> This figure is the target which was revised after completing the June 2008 progress report.

Table 3: Summary of Participants by discipline

Participant Discipline	Jurisdiction	Number
Nurses	Queensland	10
AINs	Queensland	1
Care Workers	Queensland	2
Allied Health	Queensland	5
Aboriginal and Torres Strait Islander Health Workers	Queensland	16
Doctors	Queensland	4
<b>TOTAL</b>	Queensland	38

Table 4: Rural status of PEPA participants using the Accessibility / Remoteness Index of Australia (ARIA) Classification.

Participant Discipline	HA	A	MA	VR	TOTAL
Nurses	4	5	1		10
AINs			1		1
Care Workers		1	1		2
Allied Health	2	1	1	1	5
Aboriginal and Torres Strait Islander Health Workers	7	2	3	4	16
Doctors	3			1	4
<b>TOTAL</b>	16	9	7	6	38

## 2.2 WORKSHOPS

### 2.2.1 General Practitioner Workshops

A “GP Update in Palliative Care” was held on 15<sup>th</sup> November, 2008 in Townsville with 23 participants attending, 16 of whom were GPs. A flier and program for this event can be found in Appendix A. Pre-workshop questionnaires were received from 15 participants and post-workshop questionnaires from 20. A further “GP Update in Palliative Care” is scheduled for Mackay on 21<sup>st</sup> March, 2009.

Table 5: Number of Workshop Participants for GP Workshops

Jurisdiction	Workshops Planned	Workshops Delivered	Total Number of Workshop Participants
Queensland	1	1	23*

Note: \* Includes 16 GP's.

### 2.2.2 Allied Health Workshops

An Allied Health Workshop was held in Cairns on 14<sup>th</sup> November, 2008. A flier for this event can be found in Appendix B. This was attended by 35 allied health professionals. This information is summarised in Table 6 while a breakdown by discipline can be found in Table 7. A further Allied Health Workshop is planned for Mackay on 20<sup>th</sup> March, 2009.

Table 6: Number of Workshop Participants for Allied Health Workshops

Jurisdiction	Workshops Planned	Workshops Delivered	Total Number of Workshop Participants
Queensland	1	1	35

Table 7: Number of Allied Health Workshop Participants by Discipline

Participant Discipline	Jurisdiction	Number
Social Workers	Queensland	10
Occupational Therapists	Queensland	9
Physiotherapists	Queensland	4
Dietitians	Queensland	3
Speech Pathologists	Queensland	3
Psychologists	Queensland	3
Other	Queensland	3
<b>TOTAL</b>	Queensland	35

### 2.2.3 Palliative Care from an Indigenous Perspective

A workshop targeted at mainstream health professionals and designed to increase their awareness of cultural issues involved in providing palliative care for Indigenous Australians has been developed, similar to the one held in Brisbane in June 2007. The first "Palliative Care from the Indigenous Perspective" workshop was held in Caloundra on 16<sup>th</sup> July 2008. This workshop attracted 38 participants. The second workshop was held in Bundaberg on 21<sup>st</sup> August and 37 participants attended this workshop. This information is summarised in Table 8. Fliers for these events can be found in Appendix C.

Table 8: Number of Workshop Participants for Palliative Care from an Indigenous Perspective

Jurisdiction	Workshops Planned	Workshops Delivered	Total Number of Workshop Participants
Queensland	2	2	75

## 2.3 PEPA FOR ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS

In this reporting period, PEPA for Aboriginal and Torres Strait Islander Health Workers was offered in Brisbane (21<sup>st</sup> and 22<sup>nd</sup> October, 2008) at the HACC Training Room, Chermside Community Health Centre. This venue was chosen due to its proximity to both current PEPA host sites and the Chermside Indigenous Community Health Centre. This two-day PEPA course consisted of:

- **Day 1:** A workshop exploring principles of a palliative approach, clinical care, communication, loss and grief, and community resources and supportive services
- **Day 2:** An observational visit with specialist palliative care service and a community nursing service. Day 2 concluded with an opportunity for debriefing and a session about discussion about self-care strategies.

During this two-day course, participants have an opportunity to:

- Understand the philosophy and principles of a palliative approach to care
- Identify common symptoms of advanced and chronic illness
- Discuss the role of Health Workers in managing common problems faced by patients and families
- Explore communication strategies
- Gather information about community and hospital resources for supporting patients and families
- Understand assessment methods used in palliative care
- Understand people's responses to loss, grief and bereavement
- Develop supportive networks with specialist palliative care
- Identify own objectives for implementing a palliative approach.

A copy of the program for the Brisbane course and the relevant flier and application form are attached in Appendix D. This course was organised with the cooperation of local Indigenous Educators, Health Workers and Chermside Indigenous Community Health, Blue Care Brisbane Region Northside and Southside, The Prince Charles Hospital Palliative Care Service, Karuna Hospice at Home, and Mater Palliative Care Service. The presenters included medical and nursing specialists and an Aboriginal Counsellor and the Indigenous Education Officer from Cancer Council Queensland. A total of 16 participants attended the Brisbane course and these figures are reflected in Tables 2, 3 and 4. On the second day, four participants attended home visits with palliative care nurses from Karuna Hospice at Home Services (2), Blue Care Brisbane Region Northside and Southside while the remainder of the participants attended a discussion and clinical observation visit at the Mater Palliative Care Service. At the Mater, participants received information about the various roles within the multidisciplinary team at the Mater as well as a visit with the Hospital Liaison Officer. They were also able to tour QRI at the Mater. In the afternoon, the participants who went on community visits were given the opportunity to tour the Palliative Care Service at The Prince Charles Hospital while the remaining participants spent time discussing the role of the Indigenous Health Worker with Catherine Jacka-Paroz, Indigenous Education Officer from Cancer Council Queensland. The course concluded with a debriefing session facilitated by Marg Phillips, Social Worker at The Prince Charles Hospital Palliative Care Service.

## 2.4 POST PLACEMENT SUPPORT INITIATIVES

The Program Manager contacts as many participants as possible for a debriefing and contact post placement either by phone (or email if difficult to contact). For some

participants, calls are made during placement (e.g., if from a very remote community and coming to Brisbane, Indigenous participants in 5 day placement program). One allied health participant had a particular need and she was met face to face to discuss how her placement was going mid-placement. In the period 1<sup>st</sup> July to 31<sup>st</sup> December, 29 participants were contacted, 21 being from the current reporting period.

If any concerns about the host site are raised by the participant or are evidenced in the post-evaluations, this is addressed with the relevant host site. During this period, there were two negative reports about the same mentor and host site. This was addressed by offering the mentor the Victorian Mentoring Resource as well as other mentoring checklists from South Australia and Victoria. This was to ensure that the mentor was familiar with what is expected of the mentor and the host site during a PEPA placement. They were also offered the opportunity to discuss any issues with the PEPA Manager. One of the complainants requested a second PEPA placement, which is not acceptable under PEPA guidelines. This participant was supported into seeking further experience from one of two palliative care services in Brisbane, one of which is operated by the same charity as her workplace, and therefore more likely to enable the gaining of further palliative care skills.

Past participants receive the PEPA newsletter and also have the option to receive the CPCRE Newsletter. Participants and line managers are also encouraged to add their contact details to CPCRE's contact list, which means that they will also receive the CPCRE Annual Education Calendar, advice of upcoming events (PEPA and CPCRE), any updates in palliative care (e.g., announcements for PCA and PCQ), other palliative care events and professional development opportunities. The CPCRE Calendar lists CPCRE and PEPA events for the year, as well as other palliative care education in Queensland and a list of relevant National and International Conferences.

As well as the PEPA funded workshops, CPCRE in the past has provided Clinical Skills workshops for Nurses, Research Skills one day workshops, one-day seminars such as "Allied Health Update" (2008) and an "Oncology Update" (2009), and the CPCRE Annual Conference. Until now, these events have all been free. However, the 2009 Annual Conference will have a minimal charge attached. This combination of events allows past-PEPA participants to keep up to date on palliative care topics. In late 2009, an Advanced Allied Health workshop is planned to build on skills and knowledge learnt in the PEPA Allied Health one-day workshop. These events will be open to all health workers, not just past PEPA participants.

PEPA participants from both workshops and placements are encouraged to develop peer support networks. They are also encouraged to join Palliative Care Queensland and other palliative care interest groups (e.g., Cancer Council Queensland's Nurses Oncology Interest group and Allied Health Oncology Interest group, Allied health palliative care interest group). Queensland Health employees are networked into their area's knowledge networks or relevant and appropriate palliative care staff where possible.

Initiatives and funding for formal follow-up of the PEPA Aboriginal and Torres Strait Islander 2-day course are currently being investigated. As well as following up from

what was learnt at the course, the aim of the follow-up of the 2-day course will be to encourage participants from all three groups to network together for peer support.

### **3. DEVELOPMENT AND DISTRIBUTION OF RESOURCES**

A reference list of web sites, literature and contacts were distributed to each participant attending the two day PEPA for Aboriginal and Torres Strait Islander Health Workers course. A list of Indigenous Services, contacts and reference lists were also formulated and distributed to participants of the workshops "Palliative Care from an Indigenous Perspective". A quiz was also developed by Dr Deborah Prior and Catherine Jacka-Paroz to assist in the raising of Awareness of Indigenous Issues. A copy of this quiz can be found in Appendix E.

### **4. COMMUNICATION AND PROMOTION STRATEGIES**

The Queensland PEPA Manager has participated in teleconferences when able and written articles for the PEPA newsletter. The Queensland team has also contributed to the quarterly CPCRE newsletter advising of upcoming events and PEPA news. PEPA is featured on the CPCRE website.

A database of host sites and relevant contacts has been maintained. The PEPA Manager is in constant liaison with the host sites keeping them updated on PEPA news and events.

PEPA promotional materials were available at the following events:

- Nurses in Management Aged Care Conference, Gold Coast 17<sup>th</sup> and 18<sup>th</sup> July, 2008 (DoHA The National Palliative Care Program Sponsored trade stand)
- Palliative Care Queensland Sunshine Coast Branch, Monday 6<sup>th</sup> October, 2008
- PEPA for Aboriginal And Torres Strait Islander Health Workers, Brisbane 21<sup>st</sup> and 22<sup>nd</sup> October 2008
- Allied Health Update in Palliative Care, Cairns 14<sup>th</sup> November, 2008
- GP Update in Palliative Care, Townsville 15<sup>th</sup> November 2008.

The Queensland Manager also collaborated with other PEPA Managers to create an universal GP Flier for the RACGP Conference in Melbourne in October. Queensland PEPA Materials were also provided to the National PEPA Coordinator for a Rural Allied Health Conference (SARRAH) in Yeppoon.

An advertisement appeared in the September edition of the RACGP Queensland Newsletter. A copy of this advertisement can be found in Appendix F. The Queensland Manager also wrote articles to be submitted to the "Allied Health Oncology Interest Group Newsletter", Cancer Council Queensland November, 2008 and "Nurses Oncology Interest Group Newsletter", Cancer Council Queensland September, 2008. A poster was submitted to the Royal Brisbane and Women's Hospital Symposium in October 2008 and was in the Atrium of the main entrance to the hospital for two weeks. This poster was aimed at recruitment of Doctors to PEPA placements. A copy of the poster can be found in Appendix G.

An event advertisement for the PEPA GP Update in Palliative Care also appeared in local Division's publications and on websites for the following Divisions:

- Central Queensland Rural Division of GPs

- Far North Queensland Rural Division of GPs
- General Practice Cairns
- Mackay Division of GPs
- Townsville Division of GPs.

Bulk mailouts were sent to members of General Practice Cairns and Townsville Division of GPs regarding the GP Update in Palliative Care in Townsville. The Mackay Division also advertised financial support for GPs wanting to attend this event. Emails notifying recipients of all workshops to be held in the reporting period were regularly forwarded to the CPCRE Email distribution list, the Allied Health Contact List developed by the Statewide Allied Health Training and Development Coordinator for Queensland Health, and contact lists developed by the Queensland PEPA Manager. In 2008, several Senior Medical Officers (SMOs) were appointed in Rural Palliative Care Services in Queensland Health. These newly appointed SMOs were sent information about PEPA and an Application and Information Kit.

The Queensland Manager has also been in contact with the Mackay Division of GPs to enlist their support for the upcoming GP Update in Palliative Care in Mackay on 21<sup>st</sup> March, 2009. A face to face meeting was held with the Program Support Officer, GP Links in Bundaberg on 21<sup>st</sup> August, 2008. Close contact has also been maintained with the Health Professional Development Officer at Cancer Council Queensland and a face to face meeting was held with the new incumbent of this position on 12<sup>th</sup> December, 2008.

PEPA Resource Folders (containing the PEPA Application and Information Kit, a PEPA placement flier and the PEPA Pamphlet as well as fliers for upcoming events) were given to the following organisations:

- Palliative Care Queensland: Sunshine Coast Branch sent 1<sup>st</sup> July, 2008
- Central and Southern Queensland Training Consortium (55 folders) – sent 19<sup>th</sup> December 2008.

Information about the PEPA for Aboriginal and Torres Strait Islander Health Workers was sent by bulk mailout to all Indigenous Health Services in Brisbane areas listed in Queensland Health's Indigenous Services Directory. Groupwise was again searched to reveal Queensland Health staff members working in Indigenous Services, particularly service Coordinators and Indigenous Operational Policy Managers. Emails containing the course flier, program and application forms were sent to these individuals prior to the workshop in Brisbane as well as to the Contact database already gathered by previous activities. Reminders were not needed as the response was excellent.

The PEPA Manager has collaborated with other CPCRE staff members to develop the 2009 CPCRE Education Calendar. A copy of the latest version of this calendar can be found in Appendix H. This calendar advertises PEPA events scheduled for 2009. This is circulated to all individuals on the CPCRE and PEPA mailing lists. It is also provided to all workshop or other event participants (PEPA and CPCRE events). The calendar is also available on the CPCRE Website.

## **5. CHALLENGES AND DIFFICULTIES**

The lack of participation in the PEPA placement program by Medical Practitioners is still the most challenging aspect of this program in Queensland. This issue has also

been discussed at the National PEPA Managers Workshop held in Brisbane on 13<sup>th</sup> October, 2008 and various ideas have been brainstormed. The “Engaging GPs Briefing Paper” developed by the National team does not contain any marketing suggestions that have not already been used in Queensland. The PEPA Manager has also discussed the matter with Doctors at various levels to determine how best to address this issue.

The main strategies that will be implemented in 2009 include:

- Enhance relationships with the Practice Support Liaison Officer within each of the 18 Divisions within Queensland to ensure that they have information about PEPA and are actively disseminating information to the GP practices within their division.
- Seek assistance from each Division to target GPs interested in palliative care, members just awarded their RACGP Fellowship, and overseas trained doctors (OTD). Recent research (Rhee, Zwar, Vagholkar, Dennis, Broadbent & Mitchell, 2008) as well as information obtained by the Queensland Manager have determined that OTD often do not know what Palliative Care is and are reluctant to order the large doses of opioids required by palliative patients (especially when authority scripts are required). Targeting OTD will also assist in the aim to increase the uptake by CALD participants.
- Continue to develop relationships with the Training Consortia as to date, GP Registrars have proved to be a fruitful source of enquiries and recruits.
- Obtain access to the Rural and Remote Medical Practitioners within Queensland Health through the Rural Coordination Unit database. This unit coordinates the replacements for MSRPP and Rural and Remote SMOs going on leave in Queensland.
- Enhance collaboration with Medical Education units providing Medical Officer Education within hospitals in Queensland. Also, determine which hospitals have local GP Division Liaison Officers within the hospitals whose job it is to disseminate information to GPs in their catchment areas.

In the previous report, it was highlighted that nursing places were filling fast and the target was increased from 50 to 55, due to savings made on the completed placements. As at the time of writing, this target of 55 nursing placements has been achieved and all 55 placements will be completed by 20<sup>th</sup> March, 2009. In Queensland, there is an urgent need to convert some of the GP target placements to nursing placements (including AINS and Care Workers) as the original target of 50 Medical Practitioners is believed to be difficult, if not impossible to achieve. Sources within the ranks of GPs in Queensland are suggesting that the number of placements achieved in 2006 (79) may have saturated the market of existing GPs with a palliative care interest. Therefore, this would mean that only Medical Practitioners new to GP practice are the target audience, and therefore limited in number. Another possible obstacle is the requirement for GPs to have Work Cover or Income Protection Insurance.

As previously reported, there have been some issues with regard to finances, some of which have been resolved. As of 1<sup>st</sup> October, 2008 a new financial reporting system has become operational within Queensland Health. This new report is no longer able to be “drilled down” to individual “transaction line items”, so the previous method of tracking finances can no longer be utilised. This has meant that new systems have had to be implemented to track the financial progress of this project.

## **6. FINANCIAL STATEMENT**

The financial report for 1<sup>st</sup> July to 31<sup>st</sup> December 2008 shows that there is an underspend of \$331,213.88. However, this column of actual expenses includes a budget figure for the whole year and actual expenditure for only half a year.

GP and allied health placements are still incurring an underspend due to the placement targets not being met. As would be expected by the large number of nursing placements completed, host site fees for nurses have an overspend of \$2,800.00. This should correct itself with time. The placement expenses for PEPA for Indigenous Health Workers show a large overspend. This has been caused by 38 participants being put through the three 2-day courses whereas the budget was calculated on 15 participants. However, on the whole the Indigenous Health Worker budget still has an overall underspend of \$6802.14. However, this total does not include any follow up activity, and the Project Consultant is to be employed for some follow-up activities in 2009.

The overall workshop expenditure shows an underspend of \$21,192.78. This means that after the two workshops planned for 2009 have been completed, there should still be an underspend on the overall workshop activity expenditure.

## **7. RECOMMENDATIONS**

As at 31<sup>st</sup> December, 2008 a total of 9 Medical Officers have either completed a placement or have been organised for a placement. The original target for the triennium is 50. For allied health, a total of 11 Allied Health professionals have either completed a placement or have been organised for a placement.

It is thought that a target of a further 14 allied health professionals is still within the range of possibility. However, the target for Medical Officers is deemed to be not realistic at this point in time. Discussions with GPs, Division staff, and other relevant people suggest that the 2006 program may in fact have almost saturated the market of current GPs who are interested in palliative care. It is recommended that practitioners new to General Practice, OTD and SMO's new to Queensland Health be targeted in 2009. Links will also be established with the GP Registrars Association.

However, taking the time-line into account, it is believed that a total of 35 Medical Officers would be more realistic, but still requiring a performance above the results to date. This target would also need to be reviewed in June 2009. We would like to suggest that 15 extra nursing placements be created (i.e., RNs, EENs, AINs and Care Workers). As backfill for nurses is cheaper than backfill for Medical Officers (currently \$135 per hour versus \$62.50 per hour), it is suggested that the remaining backfill money be transferred to promotion and marketing of Medical Officer placements as the marketing and promotion budget is already showing an overspend (e.g., having a trade stand at RDAQ, further paid advertisements in RACGP and ACRRM newsletters, more direct mail-outs etc).

If approved, the project plan and budget due to be submitted to QUT on 29<sup>th</sup> February, 2009 would reflect these changes.

## References

Rhee, J. J., Zwar, R., Vagholkar, S., Dennis, S., Broadbent, A. M., & Mitchell, G. (2008). *Attitudes and Barriers to Involvement in Palliative Care by Australian Urban General Practitioners*. *Journal of Palliative Medicine*, 11 (7), pp. 980-985.

## Appendix A

## GP UPDATE IN PALLIATIVE CARE

**DATE:** Saturday 15<sup>th</sup> November, 2008

**VENUE:** Rydges Southbank Townsville Convention Centre

**TIME:** 7.30 am to 4.00 pm

### PROGRAM PURPOSE

Updates in Palliative Care is a seminar of lectures, discussion and interactive learning activities designed to provide General Medical Practitioners (GPs) and other primary care providers with knowledge and resources that increase confidence in meeting the needs of palliative care patients in the community. The seminar will focus on providing culturally appropriate palliative care, caring for a patient in the community environment, and clinical leadership in end-of-life care. Therefore, the workshop aims to build on knowledge and skills in clinical management of malignant and non-malignant diseases during end-of-life care, especially the last 48 hours. The seminar will also examine strategies and clinical leadership skills that foster practice wide care and support for self, staff, patients and their families.

### PROGRAM OBJECTIVES

On completion of the seminar 'Updates in palliative care' participants should be able to:

- Understand the meaning and importance of providing culturally appropriate palliative care.
- Confidently apply evidence-based guidelines in the prescription and administration of opioids used for palliation
- Understand the role of a proactive team in the management of end-of-life care and the doctor's role as the clinical leader.
- Understand the role of a GP and other health professionals in end-of-life care.
- Demonstrate an increased confidence to liaise with palliative care specialists regarding the care of their palliative patients.
- Demonstrate increased confidence in the management of common symptoms during the final 48 hours of life.
- Explain the legal principles and outside of hours issues relevant to palliative care in general practice.
- Apply strategies that provide support to self, practice staff, patients and their families.

**Space is limited** and reservations are required. This is a **free event** and lunch will be provided. Please register for this workshop using the registration form attached.

#### **For further information contact:**

Kathy Laurent  
PEPA Program Manager (Qld)  
Centre for Palliative Care Research & Education  
ROYAL BRISBANE & WOMEN'S HOSPITAL  
QLD 4029  
**Phone:** 07 3636 6216  
**Fax:** 07 3636 7942  
**Email:** Kathryn\_Laurent@health.qld.gov.au

## PEPA GP UPDATE IN PALLIATIVE CARE PROGRAM

Time	Topic	Presenter
7:30 – 8:00 30 minutes	Registration	
8:00 – 8:05 5 minutes	Welcome	Professor Janet Hardy, Palliative Care Physician, Director Mater Palliative Care Service and Clinical Research Program Leader CPCRE
8:05 - 8:10 5 minutes	Display learning objectives Overview of PEPA	Kathy Laurent – PEPA Program Manager Kathy Laurent – PEPA Program Manager
8:10 – 10:00 1 hr 50 mins	Session 1: Providing culturally appropriate palliative care <b>Topics to be discussed include:</b> <ul style="list-style-type: none"> <li>• <i>Philosophy of palliative care: Incorporating cultural sensitivity into care framework</i></li> <li>• <i>The Indigenous Perspective</i></li> <li>• <i>The Italian Perspective</i></li> <li>• <i>The Buddhist Perspective</i></li> <li>• <i>The Islamic Perspective</i></li> <li>• <i>Age specific issues</i></li> <li>• <i>Case studies illustrating above perspectives</i></li> </ul>	Dr Ofra Fried, Palliative Care Physician, Townsville Hospital Palliative Care Service Dr Will Cairns, Palliative Care Physician, Director Townsville Hospital Palliative Care Service Liela Murison, Social Worker, Bowel Cancer Screening Program, Townsville Public Health Unit And Invited guests from other cultures
10:00- 10:15 15 minutes	Morning Tea	
10:15 -11:15 1 hr	Session 2: Opioid Update	Professor Janet Hardy, Palliative Care Physician, Director Mater Palliative Care Service and Clinical Research Program Leader CPCRE
11:15 – 12:45 1 hr 30 mins	Session 3: The community approach to a palliative care patient <b>Topics to be discussed include:</b> <ul style="list-style-type: none"> <li>• <i>RACF Vs Independent living</i></li> <li>• <i>After hours care (including access to opioids)</i></li> <li>• <i>The conceptual approach to the proactive team</i></li> <li>• <i>The role of allied health, nursing, GPs, palliative care specialists</i></li> <li>• <i>The concept of holistic care</i></li> <li>• <i>Case studies (incorporating the management of delirium in the community).</i></li> </ul>	Tanya Trevena, Director of Learning & Development, CPCRE Dr Andrew McKenzie, Senior Lecturer James Cook University & GP Judy Metcalfe, Palliative Care Nurse, Spiritus Community Services, Townsville Anthea Peachey, Community Services Manager, Spiritus Community Services Townsville Dr Josh Munn GP / Sue Chapman Townsville Division of GPs Dr Ofra Fried, Palliative Care Physician, Townsville Palliative Care Service
12:45 – 1:15 30 minutes	Lunch	
1:15 – 3:15 2 hrs	Session 4: Issues related to End-of-life care <b>Topics to be discussed include:</b> <ul style="list-style-type: none"> <li>• <i>The role of End of life pathways in the care of the dying</i></li> <li>• <i>Recognising dying</i></li> <li>• <i>Care of the dying in the home</i></li> <li>• <i>Clinical leadership skills</i></li> <li>• <i>NFR Orders, AHD &amp; Other legal issues</i></li> <li>• <i>Decision making in the last 48 hours - how to avoid hospitalisation</i></li> <li>• <i>Strategies and services to support the patient and their family (incorporating communication skills update)</i></li> </ul>	Dr Will Cairns, Palliative Care Physician, Director Palliative Care Service, Townsville Hospital Professor Janet Hardy, Palliative Care Physician, Director Mater Palliative Care Service Tanya Trevena / Kathy Laurent CPCRE Dr Andrew McKenzie, GP & Senior Lecturer JCU Dr Ofra Fried, Palliative Care Physician, Townsville Palliative Care Service

- *Case studies (incorporating management of breathlessness, nausea, agitation and distress etc)*

3:15 – 3:30 15 minutes	Afternoon Tea	
3:30 – 3:45 15 minutes	Open Question Time: Time to ask those questions you've always wanted to ask about the care of the dying	Dr Will Cairns, Palliative Care Physician, Director Palliative Care, Townsville Hospital Dr Andrew McKenzie, GP & Senior Lecturer JCU Dr Ofra Fried, Palliative Care Physician, Townsville Palliative Care Service
3:45– 4:00 15 minutes	<ul style="list-style-type: none"> <li>• Reinforcing activity</li> <li>• Evaluation (forms collected on leaving)</li> <li>• Review of the day</li> </ul>	Kathy Laurent – PEPA Manager Qld Tanya Trevena – CPCRE

**CPCRE reaccreditation as an Education Provider for RACGP is in progress.  
RACGP Activity Number 741 533 - 40 Category 1 Points.  
ACRRM Activity Number EEACR-8001-CPCR 9 core points.**

## PEPA GP UPDATE IN PALLIATIVE CARE

### REGISTRATION FORM

I would like to register for the one-day seminar

**DATE:** 15<sup>th</sup> November, 2008  
**VENUE:** Rydges Southbank Convention Centre  
**TIME:** 7.30 am for an 8.00 am start

(PLEASE PRINT)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

RACGP QA & CPD No.: \_\_\_\_\_ ACRRM Number: \_\_\_\_\_

The seminar "GP Update in Palliative Care" is an RACGP Active Learning Module comprised of three parts; pre-disposing activity, seminar participation, and reinforcing learning activity. GPs are expected to complete all three parts in order to obtain 40 Category 1 points.

Do you require a special diet? If so, please name: \_\_\_\_\_

**Please send this completed form to:**

Kathy Laurent

PEPA Program Manager (Qld)

**Fax: 07 3636 7942**

**Email:** Kathryn\_Laurent@health.qld.gov.au

**Postal Address:**

Centre for Palliative Care Research and Education

Block 7, Level 7

ROYAL BRISBANE AND WOMEN'S HOSPITAL QLD 4029

**DEADLINE FOR SEMINAR REGISTRATION: 5<sup>th</sup> November, 2008**

Note: Numbers are limited and reservations are required

**ACRRM Activity Number EEACR-8001/CPCR**

**RACGP Activity Number 741 533 - 40 Category 1 Points.**

## Appendix B

## FREE Allied Health Workshop

**DATE:** Friday 14<sup>th</sup> November, 2008

**VENUE:** Conference Room, Edmonton Community Health, Cairns

**TIME:** 8.30am to 4.30pm

**REGISTRATION CLOSES:** 31<sup>st</sup> October, 2008

### PROGRAM OBJECTIVE

The aim of the PEPA Allied Health Workshop is to develop allied health professionals' understanding of the palliative approach and how this approach can be applied in practice.

Following the workshop, allied health practitioners should be able to:

- Describe how the principles of the palliative approach can be applied in practice
- Identify strategies for integrating a palliative approach into the care of people with life limiting illness and their caregivers
- Identify resources in their workplace and local community that will assist with providing quality palliative care to people with life limiting illness and their caregivers.

### PROGRAM OUTLINE

- The palliative approach: Caring for people with life limiting illness
- Palliative assessment and intervention for allied health professionals
- Managing common symptoms
- Psychosocial care for people with life limiting illness
- Supporting the spiritual needs of the patient and family
- Caring for yourself, the professional caregiver

Space is limited and reservations are required. This is a **free event** and lunch will be provided. Please register for this workshop using the "fax back" form attached.

#### **For further information contact:**

Kathy Laurent  
PEPA Program Manager (Qld)  
Centre for Palliative Care Research & Education  
Level 7, Block 7  
ROYAL BRISBANE & WOMEN'S HOSPITAL  
QLD 4029  
**Phone:** 07 3636 6216  
**Fax:** 07 3636 7942  
**Email:** Kathryn\_Laurent@health.qld.gov.au

## Friday 14<sup>th</sup> November 2008 – Cairns workshop – Venue: Edmonton Community Health

### Program Outline

Time	Topic	Learning Objectives
8:30 - 8:45 15 Minutes	<b>Welcomes and introduction to the workshop</b>  Kathy Laurent, Qld PEPA Manager	
8:45 – 9:35 50 minutes	<b>The Palliative Approach: Caring for People with Life Limiting Illness</b>  Tanya Trevena, Director of Learning & Development CPCRE	<ul style="list-style-type: none"> <li>• Discuss the key concepts in the palliative approach</li> <li>• Identify who can benefit from a palliative approach to care</li> <li>• Describe the needs of people with life limiting illness and their family</li> <li>• Discuss the role of the multidisciplinary team in providing a palliative approach</li> </ul>
9:35– 10:25 50 Minutes	<b>Supporting the Spiritual Needs of the Patient and Family</b>  Rinchen Wangmo, Buddhist Nun, Khacho Yulo Ling Buddhist Centre	<ul style="list-style-type: none"> <li>• Discuss various perspectives on spirituality and spiritual care</li> <li>• Describe strategies that allied health professionals can use to respond to a person's spiritual needs</li> </ul>
10:25- 10:45	Morning Tea	•
10:45 – 11:50 65 minutes	<b>Palliative Assessment and Intervention for Allied Health Professionals</b>  TBC	<ul style="list-style-type: none"> <li>• Discuss the relationship between palliative and rehabilitative approaches to care</li> <li>• Review the complexities of the illness experience for people with life limiting illness</li> <li>• Explore the importance of understanding an individual's goals</li> <li>• Discuss the ongoing need for accurate assessment</li> <li>• Appreciate the need for excellent communication skills in this setting</li> </ul>
11:50 – 1:05 75 minutes	<b>Psychosocial Care for People with Life Limiting Illness</b>  Donna Goodman, Psychologist, Cairns Base Hospital, Cancer Care Services	<ul style="list-style-type: none"> <li>• Discuss psychosocial responses that a person with life limiting illness may experience</li> <li>• Identify how allied health professionals can provide psychosocial support to people with life limiting illness</li> <li>• Identify the resources that allied health professionals can access in their local area to provide psychosocial support to people with life limiting illness</li> <li>• Describe common responses to grief and bereavement</li> </ul>
1:05– 1:50	Lunch	•
1:50 – 2:50 60 minutes	<b>Managing Common Symptoms in Palliative Care</b>  Rachel Hughes, Registrar, Gordonvale	<ul style="list-style-type: none"> <li>• Describe the key principles for assessing and managing common symptoms for people with life limiting illness, including: <ul style="list-style-type: none"> <li>• Pain</li> <li>• Fatigue</li> <li>• Breathlessness</li> <li>• Anorexia</li> </ul> </li> </ul>
2:50 -3.15 25 minutes	<b>Small Group Work - Case Study</b>  Kathy Laurent, Qld PEPA Manager	<ul style="list-style-type: none"> <li>• Develop a plan of care relevant to the case study</li> </ul>
3:15 - 3:35	Afternoon Tea	•
3:35 – 4:15 40 Minutes	<b>Caring for Yourself, the Professional Caregiver</b>  Kathy Laurent, Qld PEPA Manager	<ul style="list-style-type: none"> <li>• Identify how grief and loss can affect professional caregivers</li> <li>• Review common stressors in palliative care</li> <li>• Review strategies to manage the impact of working with people with life limiting illness</li> </ul>
4:15 – 4:30	<b>Review of the day</b>  Kathy Laurent & Tanya Trevena	<ul style="list-style-type: none"> <li>• Review key learning points from the workshop</li> <li>• Complete post-workshop evaluation</li> </ul>

# PEPA Allied Health Workshop: Providing a Palliative Approach to Care for People with Life Limiting Illness and their Families

## REGISTRATION FORM

I would like to register for the one-day Allied Health Workshop

**DATE:** 14<sup>th</sup> November, 2008

**VENUE:** Edmonton Community Health, Cairns

**TIME:** 8.15 am for an 8.30 start

(PLEASE PRINT CLEARLY)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you require a special diet? If so, please name: \_\_\_\_\_

(Please note: This is an allied health workshop – we are sorry we cannot accept registrations from nurses or other non-allied health professionals)

**Please send this completed form to:**

Kathy Laurent

PEPA Program Manager (Qld)

**Fax:** 07 3636 7942

**Email:** Kathryn\_Laurent@health.qld.gov.au

**Postal Address:**

Centre for Palliative Care Research and Education

Block 7, Level 7

ROYAL BRISBANE AND WOMEN'S HOSPITAL QLD 4029

**DEADLINE FOR SEMINAR REGISTRATION: 31<sup>st</sup> October, 2008**

Note: Numbers are limited and reservations are required

## Appendix C

# PEPA

**Program of Experience in  
the Palliative Approach**

Funded by the Australian Government  
Department of Health and Ageing

THE NATIONAL  
PALLIATIVE CARE  
PROGRAM

## **Palliative care from Indigenous people's perspective**

**DATE:** Wednesday 16<sup>th</sup> July, 2008

**VENUE:** Rydges Oasis Resort, Caloundra

**TIME:** 8.30 am to 4.00 pm

**This Free PEPA workshop will provide an opportunity for  
participants to:**

- ⊙ **Understand the constructs of Indigenous people's culture**
- ⊙ **Identify Indigenous cultural perspectives of disease, illness and dying**
- ⊙ **Examine communication styles that make a difference in the approaches of palliative care**
- ⊙ **Understand cultural beliefs relating to healing, traditions and spirituality, and an integrative approach in palliative care**

**Facilitators include: Dr Deborah Prior (CPCRE), Catherine Jacka Paroz (TCCQ) and colleagues**



## Palliative Care from Indigenous people's perspective

### REGISTRATION FORM

I would like to register for the one-day workshop

**DATE:** 16<sup>th</sup> July, 2008  
**VENUE:** Rydges Resort, Caloundra  
**TIME:** 8.00am for an 8.30am start

(PLEASE PRINT)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Do you require a special diet? If so, please name: \_\_\_\_\_

**Please send/fax this completed form to:**

**Postal Address:**

Centre for Palliative Care Research and Education  
Block 7, Level 7  
ROYAL BRISBANE AND WOMEN'S HOSPITAL QLD 4029  
**Or Fax Number:** 07 3636 7942

**DEADLINE FOR SEMINAR REGISTRATION:** Monday 7<sup>th</sup> July, 2008

***Please register early – numbers are limited to 35 participants***

**This PEPA Palliative Care from an Indigenous Perspective Workshop is funded  
by the Australian Government Department of Health and Ageing**

Palliative care from Indigenous people's perspective  
 A workshop for all health care professionals  
**Rydgcs Oasis Resort, Caloundra.**  
**16<sup>th</sup> July 2008**

Time	Subject	Presenter
0800	Registration/reception	
8.30-8.45	Welcome to country	Beverley Hand
8.45	<b>Constructs of culture:</b> respecting the historical journey of Indigenous Australians	Deborah Prior
9.15	<b>Cultural differences that make a difference:</b> values, beliefs and social structures	Catherine Jacka Paroz, Beverley, Deborah
10.00-10.30	Morning tea	
10.30	<b>Perspective of health and illness and palliative care:</b> Literature review	Deborah
11.00	<b>Death threat or death wish:</b> cultural perspectives of prognosis, treatment options, and palliation	Group: sharing stories & having discussion Beverley, Catherine, Corey Czok, Deborah
12.30-1.30	Lunch break	
1.30	<b>Communication:</b> Knowing what to say and saying it appropriately	Catherine Jacka Paroz
2.30	<b>Traditional beliefs in present times:</b> Healing, spirituality, traditions and conventional medicine	Beverley, Catherine, others
3.30	Meditation and reflection	Beverley
4.00	Evaluation/close	Deborah

# PEPA

**Program of Experience in  
the Palliative Approach**

Funded by the Australian Government  
Department of Health and Ageing

THE NATIONAL  
PALLIATIVE CARE  
PROGRAM

## **Palliative care from Indigenous people's perspective**

**DATE:** Thursday 21<sup>st</sup> August, 2008

**VENUE:** Sugar Country Motor Inn, Bundaberg

**TIME:** 8.30 am to 4.00 pm

**This Free PEPA workshop will provide an opportunity for  
participants to:**

- ⊙ **Understand the constructs of Indigenous people's culture**
- ⊙ **Identify Indigenous cultural perspectives of disease, illness and dying**
- ⊙ **Examine communication styles that make a difference in the approaches of palliative care**
- ⊙ **Understand cultural beliefs relating to healing, traditions and spirituality, and an integrative approach in palliative care**

**Facilitators include: Dr Deborah Prior (CPCRE), Catherine Jacka Paroz (TCCQ) and colleagues**



## Palliative Care from Indigenous people's perspective

### REGISTRATION FORM

I would like to register for the one-day workshop

**DATE:** 21<sup>st</sup> August, 2008  
**VENUE:** Sugar Country Motor Inn, Bundaberg  
**TIME:** 8.00am for an 8.30am start

(PLEASE PRINT)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Do you require a special diet? If so, please name: \_\_\_\_\_

**Please send/fax this completed form to:**

**Postal Address:**

Centre for Palliative Care Research and Education  
Block 7, Level 7  
ROYAL BRISBANE AND WOMEN'S HOSPITAL QLD 4029  
**Or Fax Number:** 07 3636 7942

**DEADLINE FOR SEMINAR REGISTRATION:** Monday 11<sup>th</sup> August

***Please register early – numbers are limited to 35 participants***

**This PEPA Palliative Care from an Indigenous Perspective Workshop is funded  
by the Australian Government Department of Health and Ageing**

Palliative care from Indigenous people's perspective  
 A workshop for all health care professionals  
 21 August 2008

Time	Subject	Presenter
0800	Registration/reception	
8.30-8.45	Welcome to country	Uncle Merv
8.45	<b>Constructs of culture:</b> respecting the historical journey of Indigenous Australians	Deborah Prior Catherine-Jacka Paroz
9.15	<b>Cultural differences that make a difference:</b> values, beliefs and social structures	Jeanette Springham Catherine Jacka Paroz
10.00-10.30	Morning tea	
10.30	<b>Perspective of health and illness and palliative care:</b> Literature review	Deborah Prior
11.00	<b>Death threat or death wish:</b> cultural perspectives of prognosis, treatment options, and palliation	Group: sharing stories & having discussion Catherine-Jacka Paroz Jeanette Springham et.al
12.30-1.30	Lunch break	
1.30	<b>Communication:</b> Knowing what to say and saying it appropriately	Catherine Jacka Paroz
2.30	<b>Traditional beliefs in present times:</b> Healing, spirituality, traditions and conventional medicine	Group discussion Tbc
3.30	Meditation and reflection	
4.00	Evaluation/close	Deborah et.al

## Appendix D



## Program of Experience in the Palliative Approach for Aboriginal and Torres Strait Islander Health Workers

### Course aim

To build the capacity of Health Workers to provide supportive care for palliative care patients and their family in community and hospital settings.

To enable rural and remote Aboriginal and Torres Strait Islander Health Workers to gain culturally appropriate experiences in palliative care

PEPA is offered as a two day course that comprises a workshop and clinical observation visit in either a hospital or community based specialist service

Day 1 Workshop: Principle and practice of palliative care, common symptoms, treatment interventions, response to loss, grief and bereavement, community services and resources

**Day 2 Clinical observation visit** to a hospital or community specialist palliative care service. **Day 2** will conclude with debriefing on the clinical visits, discussion on self-care and some reflection on implementing a palliative approach in the Health Worker's areas of practice/work.

### Workshop objectives

PEPA participants will have an opportunity to:

- Understand the philosophy and principles of a palliative approach to care
- Identify common symptoms of advanced and chronic illness
- Discuss the role of Health Workers in managing common problems faced by patients and families
- Explore communication strategies
- Gather information about community and hospital resources for supporting patients and families
- Understand assessment methods used in palliative care
- Understand people's responses to loss, grief and bereavement

- Develop supportive networks with specialist palliative care
- Identify own objectives for implementing a palliative approach.



### Course program

**Day 1: Workshop 0830-1630.**

**Tuesday 21 October 2008**

### **Culture-centred palliative care, principles, practices and resources**

Time	Activity	Facilitator/presenter
0830- 0845	Welcome & introductions	Representative of local Indigenous community
0845-0900	Pre-workshop questionnaire	
0900-1000	Introduction to culture-centred palliative care: when is it appropriate?	Dr Deborah Prior PEPA Consultant
1000-1030	Principles and practice of palliative care	Deborah
1030-1045	Morning tea	
1045-1145	Common symptoms and clinical care	Toni Bradley NUM TPCH Palliative Care Service
1145-1230	Assessing signs & symptoms associated with advanced/chronic diseases.	Toni Bradley NUM TPCH Palliative Care Service
1230-1300	Lunch break	
1300-1400	Community nursing care and resources for patients and families at home	Mary Cowan Karuna Hospice
1400-1430	The role of the Health Worker in palliative care	Pamela LeNoy HLO, TPCH
1430-1600 (included tea break)	Understanding loss, grief and bereavement  Keeping your caring spirit- Self-care strategies	Aunty Jenny Thompson, Jenwakka Indigenous Counselling Service
1600-1630	Reflection and close Day 1	Aunty Jenny/Deborah & Kathy

<b>Day 2: 0830-1630</b> <b>Wednesday 22<sup>nd</sup> October, 2008</b> <b>Clinical observational visit with palliative care service providers</b>	
<b>Option 1</b> <b>0800-1200</b>	<b>Option 2</b> <b>0900-1200</b>
<b>Karuna</b> <b>Blue Care</b>	<b>Mater</b>
<b>1330-1630</b>	
<ul style="list-style-type: none"> <li>⊙ Tour The Prince Charles Palliative Care Unit</li> <li>⊙ Implementing a palliative approach - the Health Worker's role: <b>Catherine Jacka-Paroz, CCQ</b></li> <li>⊙ Debriefing: <b>Marg Phillips, SW at TPCH palliative care service</b></li> <li>⊙ Course evaluation</li> </ul>	

### Objectives

Participant will have the opportunity to:

- ⊙ Discuss with specialist staff aspects of clinical management of patient's symptoms
- ⊙ Identify the facilities of a palliative care unit
- ⊙ Witness clinical procedures and techniques
- ⊙ Observe assessment procedures and documentation
- ⊙ Pursue own objectives relevant to palliative care

## ABOUT PEPA

The Program of Experience in the Palliative Approach (PEPA) is an initiative of the Australian Government Department of Health and Ageing

PEPA aims to improve the quality, availability and access to palliative treatment and care for patients and their family, when dealing with serious-life threatening illness and end-of life issues

Further details about PEPA can be found on the web site [www.cpcrc.com](http://www.cpcrc.com)

Qld PEPA Manager  
Kathy Laurent  
Ph. 07 3636 6216  
Email: Kathryn\_Laurent@health.qld.gov.au



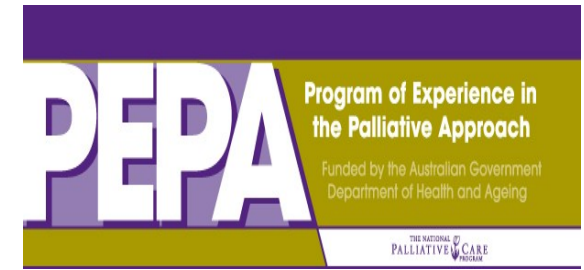
## APPLICATION

To apply for a place in the **Brisbane PEPA program** please complete the official application form. To obtain an application form please contact:

Kathy Laurent  
PEPA Manager (Qld).  
Centre for Palliative Care Research and Education  
PO Royal Brisbane and Women's Hospital, Herston Qld 4029  
Ph: 07 3636 6216  
Fax: 07 3636 7942  
or downloaded from CPCRE web site:  
<http://www.cpcrc.com>



**Closing date for applications  
16<sup>th</sup> September, 2008**



Program of Experience in the Palliative Approach (PEPA)

2008

A course for Aboriginal & Torres Strait Islander Health Workers

**BRISBANE**

**October 21<sup>st</sup> & 22<sup>nd</sup> 2008**

Funded by the Australian Government Department of Health and Ageing

**Aboriginal and Torres Strait  
Islander Health Workers  
PEPA course**

**AIM OF PEPA**

The general aim of the PEPA program is to build the knowledge and skills of Aboriginal and Torres Strait Islander Health Workers to enable them to provide supportive care for palliative care patients and their family in the community and hospital settings.

**STRUCTURE OF THE  
PROGRAM**

The PEPA program for Aboriginal and Torres Strait Islander Health Workers offers a combination of a workshop and a clinical observation visit with the Rockhampton Hospital palliative care specialist service and the community nursing service. The program is offered as **a 2 day course**, additional workshops or site visits may be negotiated as required.

The workshop will be presented by Health Workers, clinicians and lecturers with experience in the specialty area.

**Workshop Program-Day 1  
21<sup>st</sup> October 2008**

Time	Topic	Presenter
0830	Welcome to country	
0845	Introduction-culture-centred palliative care: when is it appropriate?	Deborah Prior
0930	Principles and practice of palliative care	Deborah Prior
10430	Morning tea	
1045	Clinical symptoms & clinical care	Marg Adams NP (tbc)
1130	Assessing signs & symptoms associated with advanced/chronic diseases	Marg Adams NP (tbc)
1230	Lunch break	
1300	Community nursing care and resources for patients and families at home	Karuna staff member (tbc)
1400	The role of the Health Worker	ALO TPCH (tbc)
1500	Afternoon tea	
1515	Communication and support for patients and families dealing with grief	Aunty Jenny Thompson, Jenwakka Indigenous counselling service
1600	Evaluation and close	Deborah & Kathy

**Day 2  
22<sup>nd</sup> October 2008**

<b>Clinical observation visit</b>	
0800-1230	0800-1230
Prince Charles Hospital palliative care services	Palliative care in the community: Blue Care & Karuna
1330 to 1630	Debrief and evaluation

**APPLICATIONS**

Aboriginal and Torres Strait Islander Health Workers in any health sector in Queensland are encouraged to apply

**ELIGIBILITY**

- Applicants must be working in a health related sector.
- Applicants must have the approval of their line-manager or employer.

**COST**

The PEPA program is funded by the Australian Government Department of Health and Ageing.

- Participants may be eligible for travel and accommodation allowance to attend the 2 day program.
- Employers will receive \$50.00 per hour (plus GST) to cover back-fill cost of up to 16 hours.

## Appendix E

## RESPECTING THE HISTORICAL JOURNEY

### The Past

Let no one say the past is dead  
The past is all about us and within,  
Haunted by tribal memories, I know  
This little now, this accidental present  
Is not the all of me, whose long making  
Is so much of the past

Tonight here in suburbia as I sit  
In easy chair before electric heaters  
Warmed by the red glow, I fall into dream:  
I am away  
At the camp fire in the bush, among  
My own people, sitting on the ground  
No walls about me,  
The stars over me,  
The tall surrounding trees that stir in the wind  
Making their own music,  
Soft cries of the night coming to us, there  
Where we are one with all old Nature's lives  
Known and unknown,  
In scenes where we belong but have now forsaken.  
Deep chair and electric radiator  
Are but since yesterday,  
But a thousand thousand camp fires in the forest  
Are in my blood,  
Let none tell me the past is wholly gone,  
Now is so small a part of time, so small a part  
Of all the race years that have moulded me.

(Oodgeroo of the tribe Noonuccal, 1990. *My People*. (3<sup>rd</sup> ed). The Jacaranda Press.p.86).

Oodgeroo's poem, which appear above, reveals her connectedness with a past way of life, and although Oodgeroo lived mainly in suburban communities, the history of her people, and her cultural heritage influenced her beliefs and way of life.

Oodgeroo's poem is presented here to remind us that while culture is not a static state, the historical journey and cultural heritage remain imbedded in the psychic of Indigenous peoples.

## INTRODUCTION

Underpinning a culture-centered approach in palliative care services for Aboriginal and Torres Strait Islander peoples is an understanding and respect of their historical journey and renewed cultural identity since European colonization. The purpose of the following history quiz is to either reawaken or increase awareness of critical events in Indigenous post-colonial history and, more importantly, its effect on Aboriginal and Torres Strait Islander's contemporary life, attitudes and relationships with the non-Indigenous Australian society.

## HISTORY QUIZ

- Q1) How are Aboriginal and Torres Strait Islander peoples defined?
- Q2) What is the symbolic meaning of the Aboriginal flag designed by Harold Thomas in 1971?
- Q3) What is the symbolic meaning of the Torres Strait Islander flag, designed by Bernard Namok in 1992?
- Q4) Why is the term peoples used when talking about Indigenous communities?
- Q5) What do the names Koori, Goori, Murri, Noongar, Anugu, Yulngu, refer to?
- Q6) According to the 2006 census what percentage of the total Australian population identified as Indigenous Australians?
- Q7) Which state or territory has the largest population of Indigenous Australians?
- a) Qld.
  - b) NSW
  - c) NT
  - d) WA
  - e) SA
  - f) Vic

Q8) What does the term Terra Nullius mean as allegedly used by Captain James Cook?

- a) land of many plants
- b) land belonging to no one
- c) sovereign land
- d) land of plenty

Q9) Which Torres Strait Islander person began the famous case that ended in the recognition of native title?

Q10) What was the effect of the Industrial and Reformatory Schools Act 1865, on the Aboriginal communities of Queensland?

Q11) What was the intention of the Aborigines Protection and restriction of Opium Act 1867?

Q12) How did the 'absorption and assimilation' policy effect Aboriginal communities in Queensland?

Q13) What was the intention of the self-determination and reconciliation policies?

Q14) In what year were Indigenous Australians first counted in the National census?

- a) 1902
- b) 1945
- c) 1967
- d) 1971

Q15) What year was the Protectionist legislation repealed in Queensland?

- a) 1945
- b) 1965
- c) 1971
- d) 1979

Q 16) Approximately how many Indigenous language groups existed before colonization?

- a) 200-250
- b) 150-200
- c) 300-400
- d) 10-20

Q17) What event does the National Sorry Day (26<sup>th</sup> May) commemorate?

Q18) Name two key recommendations from the 'Bringing them home' Report (1997).

Q19) What is NAIDOC?

Q20) Name some famous Aboriginal or Torres Strait Islander people and state why these people are well known.

## Appendix F

## DO YOU CARE FOR PEOPLE WITH LIFE-LIMITING ILLNESSES?

### PEPA: A SUPERVISED CLINICAL ATTACHMENT

#### What is PEPA?

The Program of Experience in the Palliative Approach (PEPA) is an Australian Government Department of Health and Ageing funded program for Doctors, Nurses and Allied Health professionals to enable them to develop or update their skills in palliative care through:

- Supervised clinical placements
- Developing strategies for integrating new learning into their practice
- Building networks of support with specialist palliative care providers.

#### Will there be Financial Support?

Self-employed applicants or employers will be paid a backfill allowance. Financial support to assist with travel, accommodation and other living expenses is provided for rural participants.

#### Will I receive QA & CPD Points?

RACGP have allocated 40 Category 1 points to this activity.

#### Feedback from GPs who have already undertaken a PEPA placement

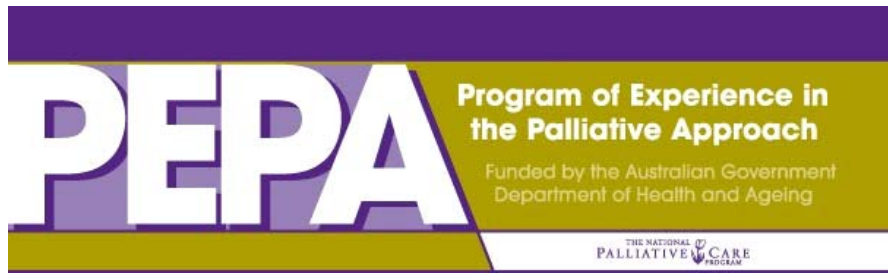
- *I better understand current management of pain and other symptoms, 2007*
- *I'm more confident in symptom management, 2007*
- *I have a better appreciation of the 'ripple effect' of illness on families, 2007*

#### How to Apply

For further information regarding PEPA download information from the Education page at the Centre for Palliative Care Research & Education's website at [www.cpcrc.com](http://www.cpcrc.com) or contact the PEPA Manager Queensland, Kathy Laurent on 07 3636 6216 [Kathryn.Laurent@health.qld.gov.au](mailto:Kathryn.Laurent@health.qld.gov.au).  
(Note: GP Registrars and Practice Nurses welcome to apply.)



## Appendix G



## ARE YOU A DOCTOR WHO CARES FOR PERSONS WITH LIFE-LIMITING ILLNESS?

### *How can PEPA enhance my practice?*

PEPA is an Australian Government Department of Health and Ageing funded program for health practitioners that enable them to develop or update their Skills in palliative care through:

- Supervised clinical placements
- Developing strategies for integrating new learning into their practice
- Building networks of support with other specialist services.

### *PEPA Financial support*

- Financial assistance with travel, accommodation & meal allowances
- Generous backfill reimbursement allowance
- Self-employed persons must have Medical Indemnity and Income Protection Insurances.

### *CPD points*

- RACGP has allocated 40 Category 1 points
- ACRRM have allocated 2 points for every hour (32 points).

For further information contact:  
**PEPA Manager Qld**  
**Phone: 07 3636 6216**  
**Fax: 07 3636 7942**  
**Email: [cpcre@health.qld.gov.au](mailto:cpcre@health.qld.gov.au)**  
**Web: [www.cpcre.com](http://www.cpcre.com)**



## Appendix H

## Appendix I

PEPA 2007 - 2010 PROGRESS REPORT FINANCIAL REPORTING																							
QUEENSLAND PEPA FUNDING FOR 2007 - 2010																							
		1	2	3	4	\$5.00	\$6.00	7	8	\$9.00	\$10.00	11	12	13	\$14.00	15	16	17	18	19	20	21	22.00
		TOTAL BUDGET				Jan-Jun 2007				Jul 07-Jun 08				July 08-Jun 09				July 09-Jun 10				CHECK	
STATE:	Details / Comments	Estimated Cost 2007 - 2010	Funds committed	Actuals / Budget variations	Under/over spend to carry forward	Funds committed	Actuals / Budget variations	Under/over spend to carry forward	Under/over spend (Col. 4-7)	Funds committed	Actuals / Budget variations	Under/over spend to carry forward	Under/over spend (Col. 8-11)	Funds committed	Actuals / Budget variations	Under/over spend to carry forward	Under/over spend (Col. 12-15)	Funds committed	Actuals / Budget variations	Under/over spend	Under/over spend (Col. 16-19)	OVERALL ACTUAL	Total Budget - Total Actual
		Jan-Jun 2007	Jan-Jun 2007	Difference	Jul-Dec 2007	Jul-Dec 2007	Difference	Running total	Jan-Jun 2008	Jan-Jun 2008	Difference	Running total	Jul08 - Jun09	Jul08 - Jun09	Difference	Running total	Jul09 - Jun10	Jul09 - Jun10	Difference	Running total	Total	Difference	
<b>PERSONNEL</b>																							
	Project Coordinator .6 FTE @ PO 3.4 + 25% On-costs	\$159,185.70	\$0.00	\$8,112.00	-9,112	\$25,136.74	\$20,782.80	4,354	-4,758	\$25,136.75	\$24,182.96	954	-3,804	\$53,127.90	\$26,239.18	26,889	23,084	\$55,784.30	55,784	78,869	80,317	78,868.76	
	Follow up mentoring .4 FTE staff PO 3.4 + 25% on costs	\$106,123.80	\$0.00		0	\$16,757.84	\$13,855.20	2,903	2,903	\$16,757.84	\$16,121.98	636	3,539	\$35,418.60	\$17,492.79	17,926	21,464	\$37,189.53	37,190	58,654	47,470	58,653.83	
	Administrative support .4 FTE AO3.4 + 25% on costs	\$76,599.00	\$0.00		0	\$12,001.50	\$4,887.00	7,115	7,115	\$12,001.50	\$12,706.20	-705	6,410	\$25,657.00	\$12,706.17	12,951	19,361	\$26,939.00	26,939	46,300	30,299	46,299.63	
	Meetings & travel PEPA Manager	\$17,160.00	\$0.00		0	\$1,848.00	\$1,175.00	673	673	\$4,312.00	\$3,330.13	982	1,655	\$7,000.00	\$1,378.97	5,621	7,276	\$4,000.00	4,000	11,276	5,884	11,275.90	
	Consumables & postage	\$3,750.00	\$0.00	\$38.00	-38	\$360.00	\$1,249.32	-889	-927	\$840.00	\$10,885.90	-10,046	-10,973	\$1,300.00	\$951.00	349	-10,624	\$1,250.00	1,250	-9,374	13,124	-9,374.22	
	Host site resources	\$1,000.00	\$0.00		0	\$180.00		180	180	\$420.00		420	600	\$200.00		200	800	\$200.00	200	1,000	0	1,000.00	
	Participant resources	\$8,750.00	\$0.00		0	\$975.00		975	975	\$2,275.00		2,275	3,250	\$3,750.00	\$1,772.50	1,978	5,228	\$1,750.00	1,750	6,978	1,773	6,977.50	
	Promotion and marketing of PEPA	\$6,205.00	\$0.00		0	\$1,035.00		1,035	1,035	\$2,415.00	\$7,922.06	-5,507	-4,472	\$2,000.00	\$1,168.82	831	-3,641	\$755.00	755	-2,886	9,091	-2,885.88	
	Communication	\$4,685.00	\$0.00	\$150.00	-150	\$450.00		450	300	\$1,050.00		1,050	1,350	\$1,600.00		1,600	2,950	\$1,595.00	1,595	4,545	150	4,545.00	
<b>SUBTOTAL</b>		<b>\$383,468.50</b>	<b>\$0.00</b>	<b>\$9,300.00</b>	<b>-9,300</b>	<b>\$58,744.08</b>	<b>\$41,949.32</b>	<b>16,795</b>	<b>7,495</b>	<b>\$65,208.09</b>	<b>\$75,149.23</b>	<b>-9,941</b>	<b>-2,446</b>	<b>\$130,053.50</b>	<b>\$61,709.43</b>	<b>68,344</b>	<b>65,898</b>	<b>\$129,462.83</b>	<b>0</b>	<b>129,463</b>	<b>195,361</b>	<b>188,108</b>	<b>195,360.52</b>
<b>NURSING PLACEMENTS</b>																							
	50 (5 day) Nursing places over 3.5 years																						
		\$120,000.00	\$0.00		0	\$13,200.00	\$29,700.00	-16,500	-16,500	\$30,800.00	\$38,692.50	-7,893	-24,393	\$50,000.00	\$24,257.12	25,743	1,350	\$26,000.00		26,000	27,350	92,650	27,350.38
	Travel for 35 nurses (70% participants) @ \$600 ea/7	\$21,000.00	\$0.00		0	\$2,520.00	\$1,743.83	776	776	\$5,880.00	\$500.59	5,379	6,156	\$8,400.00	\$2,878.30	5,522	11,677	\$4,200.00		4,200	15,877	5,123	15,877.28
	Accommodation and meals for 5 Nights for 25 nurses (50% participants) @ \$125/day	\$15,625.00	\$0.00		0	\$1,875.00	\$1,807.28	68	68	\$4,375.00	\$11,483.23	-7,108	-7,041	\$6,250.00	\$6,987.65	-738	-7,778	\$3,125.00		3,125	-4,653	20,278	-4,653.16
<b>SUBTOTAL</b>		<b>\$156,625.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$17,595.00</b>	<b>\$33,251.11</b>	<b>-15,656</b>	<b>-15,656</b>	<b>\$41,055.00</b>	<b>\$50,676.32</b>	<b>-9,621</b>	<b>-25,277</b>	<b>\$64,650.00</b>	<b>\$34,123.07</b>	<b>30,527</b>	<b>5,250</b>	<b>\$33,325.00</b>	<b>0</b>	<b>33,325</b>	<b>38,575</b>	<b>118,051</b>	<b>38,574.50</b>
<b>GP PLACEMENTS</b>																							
	50 (4 day) GP places over 3.5 years																						
		\$224,000.00	\$0.00		0	\$25,920.00		25,920	25,920	\$60,480.00	\$13,162.50	47,318	73,238	\$89,600.00	\$16,200.00	73,400	146,638	\$48,000.00		48,000	194,638	29,363	194,637.50
	Travel for 35 GPs (70% participants) @ \$600	\$21,000.00	\$0.00		0	\$2,520.00		2,520	2,520	\$5,880.00	\$477.26	5,403	7,923	\$8,400.00	\$865.38	7,535	15,457	\$4,200.00		4,200	19,657	1,343	19,657.36
	Accommodation and meals 4 Nights for 25 GPs (50% participants) @ \$125/day	\$12,500.00	\$0.00		0	\$1,500.00		1,500	1,500	\$3,500.00	\$1,214.62	2,285	3,785	\$5,000.00	\$1,575.11	3,425	7,210	\$2,500.00		2,500	9,710	2,790	9,710.27
<b>SUBTOTAL</b>		<b>\$257,500.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$29,940.00</b>	<b>\$0.00</b>	<b>29,940</b>	<b>29,940</b>	<b>\$69,860.00</b>	<b>\$14,854.38</b>	<b>55,006</b>	<b>84,946</b>	<b>\$103,000.00</b>	<b>\$18,640.49</b>	<b>84,360</b>	<b>169,305</b>	<b>\$54,700.00</b>	<b>0</b>	<b>54,700</b>	<b>224,005</b>	<b>33,495</b>	<b>224,005.13</b>
<b>ALLIED HEALTH PLACEMENTS</b>																							
	25 (5 day) Allied health places over 3.5 years																						
		\$60,000.00	\$0.00		0	\$6,600.00		6,600	6,600	\$15,400.00	\$6,160.00	9,240	15,840	\$25,000.00	\$10,443.75	14,556	30,396	\$13,000.00		13,000	43,396	16,604	43,396.25
	Travel for 17.5 (70% participants) Rural allied health staff @ \$600	\$10,500.00	\$0.00		0	\$1,260.00		1,260	1,260	\$2,940.00		2,940	4,200	\$4,200.00	\$1,256.80	2,943	7,143	\$2,100.00		2,100	9,243	1,257	9,243.20
	Accommodation and meals for 5 nights for 12.5 (50% participants) allied health staff @ \$125/day	\$7,812.50	\$0.00		0	\$937.50		938	938	\$2,187.50	\$1,097.30	1,090	2,028	\$3,125.00	\$3,525.51	-401	1,627	\$1,562.50		1,563	3,190	4,623	3,189.69
<b>SUBTOTAL</b>		<b>\$78,312.50</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$8,797.50</b>	<b>\$0.00</b>	<b>8,798</b>	<b>8,798</b>	<b>\$20,527.50</b>	<b>\$7,257.30</b>	<b>13,270</b>	<b>22,068</b>	<b>\$32,325.00</b>	<b>\$15,226.06</b>	<b>17,099</b>	<b>39,167</b>	<b>\$16,662.50</b>	<b>0</b>	<b>16,663</b>	<b>55,829</b>	<b>22,483</b>	<b>55,829.14</b>
<b>INDIGENOUS PEPA</b>																							
	Project Consultant 10hrs pw for 56 wks until Feb	\$30,760.80	\$0.00		0	\$12,304.32		12,304	12,304	\$12,085.15		219	219	\$18,456.48	\$12,085.15	6,371	6,591			6,591	24,170	6,590.50	
	Development of resources	\$3,000.00	\$0.00		0	\$500.00		500	500	\$2,500.00		500	500	\$2,500.00		2,500	3,000			3,000	0	3,000.00	
	Coordination and administration costs	\$2,476.70	\$0.00		0	\$1,500.00		1,500	1,500	\$976.70		977	2,477			977	2,477			2,477	0	2,476.70	
	Communication	\$1,500.00	\$0.00		0	\$1,000.00		1,000	1,000	\$500.00		1,000	1,000	\$500.00		500	1,500			1,500	0	1,500.00	
	Workshop / Placement Activity																						
	Trainer fees - 2 trainer 8 hrs ea @ \$120 ph x 3	\$1,920.00	\$0.00		0	\$1,920.00		1,920	1,920	\$1,920.00		1,920	1,920		\$504.55	-505	1,415			1,415	505	1,415.45	
	Staff travel 1 x 2 x \$600 each	\$1,200.00	\$0.00	\$293.00	-293	\$1,200.00		1,200	-293	\$1,056.11		144	-149			0	-149			0	1,349	-149.11	
	Trainer travel 2 per workshop x 1 day x 3 work	\$3,600.00	\$0.00		0	\$2,400.00		2,400	2,400	\$1,200.00		2,400	2,400	\$1,200.00		1,200	3,600			3,600	0	3,600.00	
	Accommodation & meals trainer 2 x 3 x 1 day	\$670.00	\$0.00		0	\$580.00		580	580	\$580.00		580	580	\$580.00		580	580			580	0	870.00	
	Accommodation & meals staff 1 x 2 x 2 days	\$580.00	\$0.00		0	\$580.00		580	580	\$619.81		-40	-40	\$280.00		290	250			250	620	-39.81	
	Venue Hire	\$350.00	\$0.00		0	\$250.00		250	250	\$190.91		59	59	\$100.00		100	159			159	191	159.09	
	Catering (\$20 ea x 5 x 2 x 3 workshops)	\$600.00	\$0.00		0	\$400.00		400	400	\$1,164.44		-764	-764	\$200.00	\$988.18	-768	-1,533			-1,533	2,133	-1,532.62	
	Host site fees - 1 day x 3 sites x 3 workshops	\$900.00	\$0.00		0	\$600.00		600	600	\$300.00		300	300	\$300.00		300	200			200	700	200.00	
	Participant travel 14 @ \$600 ea	\$8,400.00	\$0.00		0	\$6,000.00		6,000	6,000	\$3,294.95		2,705	2,705	\$2,400.00	\$5,825.67	-3,426	-721			-721	9,121	-720.62	
	Accommodation & meals participants 14 partic	\$4,060.00	\$0.00		0	\$2,900.00		2,900	2,900	\$4,689.21		-1,789	-1,789	\$1,160.00	\$4,049.94	-2,890	-4,679			-4,679	8,739	-4,679.15	
	Backfill 15 x 16 hrs @ \$50 per hour	\$12,000.00	\$0.00		0	\$8,000.00		8,000	8,000	\$16,000.00		-8,000	-8,000	\$4,000.00	\$10,327.27	-6,327	-14,327			-14,327	26,327	-14,327.27	
	Follow up Activity / Workshop (3 groups)																						
	Staff travel 2 trips @ \$600 ea	\$1,200.00	\$0.00		0	\$310.00		310	310	\$310.00		310	310	\$310.00		310	310			310	0	1,200.00	
	Staff accommodation & meals 2 trips @ \$155 per day	\$310.00	\$0.00																				

WORKSHOPS																						
Allied Health - 6 workshops with 20-30 participants each (2 per year)				0			0	0			0	0			0	0			0	0	0	0.00
Presenters costs	\$5,760.00	\$0.00		0	\$800.00	\$163.00	637	637	\$800.00		800	1,437	\$1,920.00	\$247.29	1,673	3,110	\$2,240.00	2,240	5,350	410	5,349.71	
Travel costs	\$14,400.00	\$0.00	\$757.05	-757	\$2,200.00		2,200	1,443	\$2,200.00		2,200	3,643	\$4,800.00		4,800	8,443	\$5,200.00	5,200	13,643	757	13,642.95	
Accommodation and meals	\$2,880.00	\$0.00	\$208.91	-209	\$460.00		460	251	\$460.00		460	711	\$960.00		960	1,671	\$1,000.00	1,000	2,671	209	2,671.09	
Catering	\$3,750.00	\$0.00	\$430.91	-431	\$500.00	\$1,510.00	-1,010	-1,441	\$500.00		500	-941	\$1,250.00	\$601.05	649	-292	\$1,500.00	1,500	1,208	2,542	1,208.04	
Coordination	\$3,210.00	\$0.00		0	\$500.00		500	500	\$500.00		500	1,000	\$1,050.00		1,050	2,050	\$1,160.00	1,160	3,210	0	3,210.00	
GP's - 6 workshops with 25 participants each (2 per year)				0			0	0			0	0			0	0			0	0	0	0.00
Presenters costs	\$5,760.00	\$0.00		0	\$0.00		0	0		\$195.00	-195	-195			0	-195		0	-195	195	5,565.00	
Travel costs	\$14,400.00	\$0.00	\$1,065.72	-1,066	\$0.00		0	-1,066	\$1,600.00		1,600	534	\$1,920.00	\$1,146.45	774	1,308	\$2,240.00	2,240	3,548	2,212	12,187.83	
Accommodation and meals	\$2,880.00	\$0.00	\$1,218.17	-1,218	\$0.00		0	-1,218	\$4,400.00		4,400	3,182	\$4,800.00	\$502.95	4,297	7,479	\$5,200.00	5,200	12,679	1,721	1,158.88	
Catering	\$3,750.00	\$0.00	\$14.85	-15	\$0.00		0	-15	\$920.00	\$1,137.75	-218	-233	\$960.00	\$1,365.66	-406	-638	\$1,000.00	1,000	362	2,518	1,231.74	
Coordination	\$3,210.00	\$0.00		0	\$0.00		0	0	\$1,000.00		1,000	1,000	\$1,250.00		1,250	2,250	\$1,500.00	1,500	3,750	0	3,210.00	
Venue Hire				0	\$0.00		0	0	\$1,000.00	\$850.00	150	150	\$1,050.00		1,050	1,200	\$1,160.00	1,160	2,360	850	-850.00	
From Indigenous Perspective				0			0	0			0	0			0	0			0	0	0	0.00
Staff Accommodation & meals				0			0	0			0	0		\$1,016.55	-1,017	-1,017		0	-1,017	1,017	-1,016.55	
Presenters costs				0			0	0			0	0			0	0		0	0	0	0.00	
Venue Hire				0			0	0		\$300.00	-300	-300			0	-300		0	-300	300	-300.00	
Welcome to Country				0			0	0		\$500.00	-500	-500		\$500.00	-500	-1,000		0	-1,000	1,000	-1,000.00	
Catering				0			0	0		\$1,470.00	-1,470	-1,470		\$1,405.91	-1,406	-2,876		0	-2,876	2,876	-2,875.91	
<b>SUBTOTAL</b>	<b>\$60,000.00</b>	<b>\$0.00</b>	<b>\$3,695.61</b>	<b>-\$3,695.61</b>	<b>\$4,460.00</b>	<b>\$1,673.00</b>	<b>\$2,787.00</b>	<b>-\$908.61</b>	<b>\$13,380.00</b>	<b>\$4,452.75</b>	<b>\$8,927.25</b>	<b>\$8,018.64</b>	<b>\$19,960.00</b>	<b>\$6,785.86</b>	<b>\$13,174.14</b>	<b>\$21,192.78</b>	<b>\$22,200.00</b>	<b>\$0.00</b>	<b>\$22,200.00</b>	<b>\$43,392.78</b>	<b>\$16,607.22</b>	<b>\$43,392.78</b>
<b>PAYMENT TO HOST SITES</b>	<b>\$500 / placement for 50 Nurses</b>	\$25,000.00	\$0.00	0	\$3,000.00	\$6,100.00	-3,100	-3,100	\$7,000.00	\$10,200.00	-3,200	-6,300	\$10,000.00	\$6,500.00	3,500	-2,800	\$5,000.00	5,000	2,200	22,800	2,200.00	
	<b>\$400 / placement for 50 GPs</b>	\$20,000.00	\$0.00	0	\$2,400.00		2,400	2,400	\$5,600.00	\$1,600.00	4,000	6,400	\$8,000.00	\$1,500.00	6,500	12,900	\$4,000.00	4,000	16,900	3,100	16,900.00	
	<b>\$500 / placement for 25 Allied health staff</b>	\$12,500.00	\$0.00	0	\$1,500.00		1,500	1,500	\$3,500.00	\$1,400.00	2,100	3,600	\$5,000.00	\$2,100.00	2,900	6,500	\$2,500.00	2,500	9,000	3,500	9,000.00	
	<b>Mentor Workshop &amp; Mentor/Participant networking and support</b>	\$10,376.50	\$0.00	0	\$1,050.00		1,050	1,050	\$2,450.00		2,450	3,500	\$3,500.00		3,500	7,000	\$3,376.50	3,377	10,377	0	10,376.50	
				0			0	0			0	0			0	0			0	0	0.00	
<b>SUBTOTAL</b>	<b>\$67,876.50</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$7,950.00</b>	<b>\$6,100.00</b>	<b>1,850</b>	<b>1,850</b>	<b>\$18,550.00</b>	<b>\$13,200.00</b>	<b>5,350</b>	<b>7,200</b>	<b>\$26,500.00</b>	<b>\$10,100.00</b>	<b>16,400</b>	<b>23,600</b>	<b>\$14,876.50</b>	<b>0</b>	<b>14,877</b>	<b>38,477</b>	<b>29,400</b>	<b>38,476.50</b>
<b>TOTAL</b>	<b>\$1,085,060.00</b>	<b>\$0.00</b>	<b>\$13,288.61</b>	<b>-\$13,288.61</b>	<b>\$127,486.58</b>	<b>\$82,973.43</b>	<b>\$44,513.15</b>	<b>\$31,224.54</b>	<b>\$268,714.91</b>	<b>\$204,990.56</b>	<b>\$63,724.35</b>	<b>\$94,948.89</b>	<b>\$417,631.68</b>	<b>\$180,745.67</b>	<b>\$236,886.01</b>	<b>\$331,834.90</b>	<b>\$271,226.83</b>	<b>\$0.00</b>	<b>\$271,226.83</b>	<b>\$603,061.73</b>	<b>\$481,998.27</b>	<b>603,061.73</b>
<b>OPERATING COSTS TRACKED AGAINST INCOME</b>	<b>\$1,085,060.00</b>	<b>\$1,085,060.00</b>	<b>\$1,071,771.39</b>	<b>1,085,060</b>	<b>\$957,573.42</b>	<b>\$988,797.96</b>	<b>944,285</b>		<b>\$688,858.51</b>	<b>\$783,807.40</b>	<b>720,083</b>		<b>\$271,226.83</b>	<b>\$603,061.73</b>	<b>366,176</b>		<b>\$0.00</b>	<b>603,062</b>	<b>331,835</b>		<b>-603,062</b>	
<b>Total budget</b>	<b>\$1,085,060.00</b>																					
<b>Total expenditure</b>	<b>\$481,998.27</b>																					
<b>Total under/overspend</b>	<b>\$603,061.73</b>																					