

ANZSPM EDUCATION COMMITTEE

DRAFT TERMS OF TERMS OF REFERENCE

Background

1. In May 2022, a small working group (Dr Christine Mott (Chair); Dr Amy Waters; Dr Catherine D'Souza) met at ANZSPM Council's request to discuss the establishment of a Committee of Council to advise on ways to improve palliative medicine education in Australia and Aotearoa. At that meeting it was agreed:
 1. There is work to do in improving palliative medicine in both countries
 2. Aotearoa has been proactive in developing educational interventions to improve the General Practice Curriculum in universities and these resources will be of interest and value as a starting point for similar work in Australia
 3. Any work that is done by ANZSPM to address palliative medicine education in Aotearoa must be cognizant of Treaty obligations and involve Māori perspectives and consultation
 4. Similarly in Australia, there is a need to acknowledge Aboriginal and Torres Strait Islander peoples and culture
 5. ANZSPM can complement and extend the work of the RACP to improve the palliative medicine curriculum for the Specialty, in particular by shaping its webinar and conference programs and other activities to address and enhance the curriculum. '
 6. It is important to take a 'toolbox' approach to this work, rather than being prescriptive of practice, so as to allow for the diversity of stakeholders and settings for palliative medicine
 7. This work will advance ANZSPM Strategy 2022-2025 and in particular our goal to support the membership in delivering quality palliative care to all who need it in Australia and New Zealand
 8. An Education Committee should therefore be formed as soon as possible. It was agreed that there is no value in waiting for the completion of RACP's curriculum update as this will be happening over the longer term and that there is opportunity through the Committee's work to inform on this important update.

About ANZSPM

2. ANZSPM is a not-for-profit specialty medical society for medical practitioners who provide care for people living with a life-limiting illness in Australia and New Zealand. It has been operating as an incorporated association since 1994 and converted to a Company Limited by Guarantee in April 2020. We have a current membership of around 540 practitioners working in, or with an interest in, palliative medicine in Australia and New Zealand. Members include palliative medicine specialists, trainees, GPs with a special interest and other medical practitioners with an interest in palliative care primarily across Australia and New Zealand.

ANZSPM Strategic Plan 2022-2025

3. The ANZSPM Strategic Plan was informed by a member survey and stakeholder contributions, and provides strong focus for ANZSPM programs over the coming three years. The broad aim is to achieve greater equity in palliative care service provision, for all who need it. There are four key areas of focus:
 1. For too long, Australia's and Aotearoa's rural, regional and remote populations have not had equitable to palliative care and our medical practitioners have not had the right levels of training and support to do their work optimally. We want to close that gap.
 2. We also know that the transitions in and out of levels of palliative care can be dramatically improved. We will advocate for and work towards building better transitions between acute care contexts and community contexts, at a time when both national governments are wanting to improve their health systems accordingly. This is an important, and exceptional, time and ANZSPM can help by ensuring government investments are well-informed as to the current roadblocks to seamless transitions in care, and what to do to address them.
 3. When we conducted our member survey in June this year, many of you told us that you wanted ANZSPM to 'stand up and be counted', and to be a louder and stronger voice for the profession. Our third change objective will be to increase our presence in policy discussions at the highest level, to make the biggest difference for our patients and their families.
 4. Our fourth change objective is to address emerging and specialised needs within our communities. We need models of ethical support for those people considering voluntary assisted dying. We need to sharpen our understanding and ability to deliver culturally safe care. We have also identified aged and dementia palliative care as key areas for strategic attention.

Education Committee Objectives

Immediate Objectives

1. To consider the RACP Trainee Curriculum for Palliative Medicine and to identify any gaps in educational supports as well as any overlaps (eg Advanced Trainee needs and CPD are likely to overlap).
2. To identify the ways in which ANZSPM might contribute to filling these gaps (for example through its program of webinars). Potential gaps in education offerings may be around such issues as business practice, communications, ethics, legal frameworks, as well as around medical interventions including updates to treatment, and when and how to apply them.
3. To investigate the applicability of the "Project Echo" hub and spoke model of education to Palliative Medicine education
4. To map the various key stakeholder groups for this exercise in both countries (RACP; RACGP; RNZCGP; nursing groups; other relevant specialties; allied health) and consider best means of linking with these groups for both development and dissemination of educational offerings. RACGP, for example, has been active in working with other Specialties to address training gaps in those Specialties. Advocacy will be important, in order to drive the Education Program with groups beyond the Specialty.

Longer Term Objectives

1. Map out a set of principles to guide ANZSPM educational activities into the future.
2. Connect the ANZSPM program with the RACP and other relevant formal training programs for palliative medicine.

Education Committee Governance Framework

1. Committee members will elect a Convenor [and Deputy Convenor - *optional*] for a two-year term. A call for nominations will be facilitated at the expiry of that term.
2. The Committee will determine its own procedures for the conduct of meetings, but must ensure that minutes of meetings are maintained that record decisions and actions from the meetings.
3. Minutes should be circulated to Committee members for comment within 7 business days of the meeting and will be approved by the Convenor. A copy of the minutes must be provided to the ANZSPM secretariat within 7 business days after approval by the Convenor.
4. The Committee will provide advice to Council at each quarterly Council meeting, and any resources required for its planned activities will be requested at that time.

Meeting intervals

Meetings will be held at least bi-monthly by video/teleconference. A face-to-face meeting will be sought where possible during major ANZSPM events (ANZSPM Conference or ANZSPM Medical & Surgical Update). More frequent meetings can be convened as required during specific work activities.

Confidentiality

All information nominated as confidential by Committee members must remain confidential and not be divulged outside of the Committee's proceedings, other than to members of the ANZSPM Council or secretariat.

Approval and amendment

The Committee will review these Terms of Reference as required and, at least, every two years. Once amended, the

Charter will be submitted to the ANZSPM Council for approval.

Last reviewed: (date)