

AP



General data

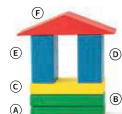
POPULATION, 2023  
**26,658,948**  
SURFACE, KM² 2022  
**7,741,220**  
PHYSICIANS / 1,000 INH, 2022  
**3,981**

Socioeconomic data

COUNTRY INCOME LEVEL, 2023  
**High**  
HUMAN DEVELOPMENT INDEX RANKING, 2021  
**5**  
GDP PER CAPITA (US\$), 2023  
**64820,91**  
HEALTH EXPENDITURE (% GDP), 2021  
**10,54**  
UNIVERSAL HEALTH COVERAGE, 2021  
**87**



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- Ⓕ PROVISION OF PC

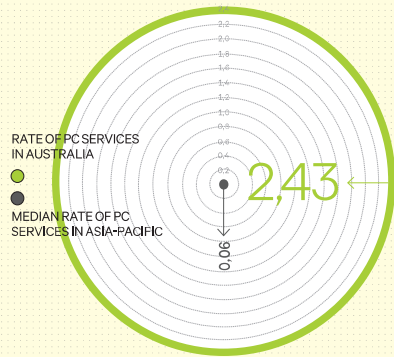


# Australia

**F Provision of PC (Specialized Services)**

Total number of Specialized PC services  
**646**  
Rate of PC services per 100,000 inhabitants  
**2,43**

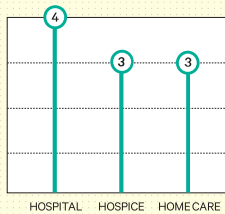
Australia in the context of Asia-Pacific regions



Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services

Geographic distribution and integration  
**4**  
Total number  
**22**

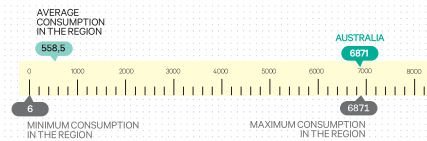
AP

# Australia

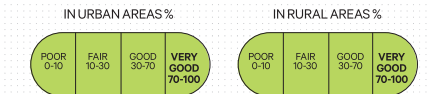
**D Use of essential medicines**

Opioids consumption (excluding methadone)  
**6871**  
S-DDD/MILL INHABITANTS/DAY

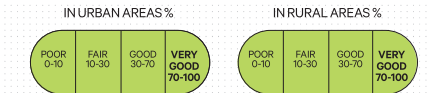
Australia in the context of Asia-Pacific regions



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



**C Research**

PC-related research articles  
**4**

Existence of PC congresses or scientific meetings  
**4**



National Association: Palliative Care Australia (PCA).  
Consultants: Layla Edwards; Christine Drummond.

Data collected: June-September 2024.  
Report validated by consultants: October - November 2024  
Report sponsored by National Association: Yes  
Edited by Atlantes Research Team University of Navarra (Spain)

**E Education & Training**

Medical schools with mandatory PC teaching  
**9/21**

Nursing schools with mandatory PC teaching  
**37/57**

Recognition of PC specialty  
**4**

**B Policies**

National PC plan or strategy  
**4**

Responsible authority for PC in the Ministry of Health  
**4**

Inclusion of PC in the basic health package at the primary care level  
**3**



**A Empowerment of people and communities**

Groups promoting the rights of PC patients  
**4**

Advanced care planning-related policies  
**4**

AP Australia

People & Communities





<p><b>Ind1</b></p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	<p></p> <p>Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.)</p>	<p>There are several groups dedicated to promoting the rights of patients in need of palliative care, their caregivers, and disease survivors. Palliative Care Australia (PCA) is the national peak body supported by its member State/Territory palliative care associations and national professional associations, as well as a national register of carers and consumers, to advocate for accessible palliative care. PCA aligns with the Australian National Palliative Care Strategy and has a strong consumer focus, organizing forums and providing information digitally and in print. Other key organizations include Australia &amp; New Zealand Society of Palliative Medicine (ANZSPM), Palliative Care Nurses Australia (PCNA), Palliative Care Social Work Australia (PCSWA), and Carers Australia, all of which advocate for professionals and caregivers. Additionally, Cancer Council Australia, Palliative Care New South Wales (NSW), and Carers NSW offer support and resources for patients and families.</p>
<p><b>Ind2</b></p> <p>Is there a national policy or guideline on advance directives or advance care planning? (Select the highest that apply).</p>	<p></p> <p>There is a national policy on advance care planning.</p>	<p>Australia has a national framework for advance care planning (ACP), established in May 2021. This framework provides guidelines for healthcare professionals, patients, and families on discussing and documenting future healthcare preferences. It supports policymakers and regulators in each State and Territory to create their own ACP policies, which are valid nationwide. Advance Care Planning Australia™ is a national project funded by the Australian Government Department of Health and Aged Care. It offers training, education, and guidance on ACP for health professionals, as well as tailored resources for diverse communities and specific health settings, helping Australians make informed choices about their future care.</p>

Policies

<p><b>Ind3</b></p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	<p></p> <p>Actualized in last 5 years, and actively evaluated or audited.</p> <p></p> <p>Yes, there is a standalone national palliative care plan AND/OR there is national palliative care law/legislation/ government decrees on PC.</p>	<p>The National Palliative Care Strategy (2019) provides a comprehensive framework for palliative care in Australia, with an Implementation Plan requiring annual progress reports from States and Territories. The plan, due for completion in 2024, has been reviewed and is yet to be replaced by a new version Implementation Plan by the Australian Government. The Australian Institute of Health &amp; Welfare (AIHW) publishes six-monthly updates and holds national meetings to discuss progress. While no national law governs palliative care, services operate under various legislation, including the Aged Care Act (1997) and Health Practitioner Regulation National Law. Each State and Territory aligns its policies with the national strategy and reports annually to the Australian Government as a funding condition. The strategy's indicators track progress, with data on services, workforce, and outcomes published by AIHW.</p>
--	---	--

AP Australia

Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p></p> <p>The Indicators to monitor and evaluate progress are currently implemented.</p>	<p>with most providers contributing through the Palliative Care Outcomes Collaborative to monitor service effectiveness and responsiveness.</p>
<p><b>Ind4</b></p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p></p> <p>Included in the essential list of services recognized by a government decree or law but not in the General Health Law.</p>	<p>Palliative care services are included in Australia's universal health coverage, Medicare, which covers consultations with general practitioners, specialists, home visits, and other related medical services. While not legislated, palliative care is considered an essential component of primary care, integrated by Primary Health Networks (PHNs). Medicare funds palliative care services, regardless of the service location or provider type. Essential palliative care medications are available through the national Pharmaceutical Benefits Scheme, and can be prescribed by any medical practitioner, including general practitioners, specialists, or Palliative Care Nurse Practitioners. A 2022 scoping review highlighted the Australian Government's significant investment in PHNs to enhance palliative care provision within primary health care settings. Palliative care services are regularly reported on as part of national health assessments.</p>
<p><b>Ind5</b></p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	<p></p> <p>The coordinating entity for palliative care is a well-defined and has a good structure (scientific &amp; technical).</p> <p></p> <p>There are concrete functions, staff and budget.</p>	<p>The Australian Department of Health and Aged Care oversees palliative care policies, programs, and funding across the country. The Newborn Screening and Palliative Care Branch handles the development and delivery of services, coordinating quarterly meetings with States and Territories to align national objectives. The department funds palliative care activities through the Australian Institute of Health and Welfare (AIHW) and supports initiatives like the National Palliative Care Grants Programme, which funds impactful projects such as the Palliative Care Outcomes Collaborative (PCOC) and the Palliative Care Curriculum for Undergraduates (PCC4U) at Queensland University of Technology. It collaborates with organizations such as Palliative Care Australia, universities, and other stakeholders to advance policies and campaigns. The department advises the Federal Minister for Health on palliative care issues, ensuring a cohesive approach to service delivery. This comprehensive framework supports ongoing development and implementation of national palliative care priorities.</p>

# AP Australia

Research

## Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



At least one national conference specifically dedicated to palliative care every 3 years.

There are several national congresses and scientific meetings dedicated to palliative care. The biennial Oceanic Palliative Care Conference (OPCC), organized by Palliative Care Australia (PCA), is the country's premier event. State branches of PCA also hold annual conferences. Other national conferences include those by the Australian & New Zealand Society of Palliative Medicine (ANZSPM) and Palliative Care Nurses Australia (PCNA). Many Royal Australasian Colleges, such as the Royal Australasian College of Physicians and the Royal Australasian College of General Practitioners, include palliative care topics in their annual meetings. Additionally, the Palliative Care Research Network (PCRN) and the Australian Pediatric Palliative Care Conference provide platforms for discussing research and clinical practices in palliative care. National Palliative Care Week also hosts various activities.

## Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



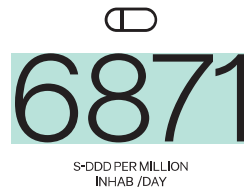
Very High: Denotes an extensive number of articles published on the subject.

Medicines

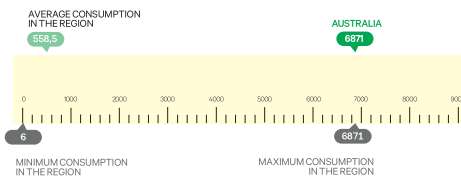
## Ind8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 6871 S-DDD



COUNTRY VS REGION



# AP Australia

Medicines

## Ind9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Very good: Between 70% to 100%

Urban primary care facilities typically have reliable access to pain and palliative care medications listed in the WHO Model List of Essential Medicines through the Pharmaceutical Benefits Scheme (PBS). The PBS ensures these essential medicines are widely available in urban pharmacies and healthcare facilities. Prescribing controlled substances is governed by national and state/territory laws, alongside professional standards set by the Australian Health Practitioner Regulation Agency (AHPRA) and medical colleges like the Royal Australasian College of Physicians and the Royal Australasian College of General Practitioners. While most primary care facilities and pharmacies in regional and rural areas also provide PBS-listed medications, these regions face challenges, including lower healthcare facility density, which can hinder access to medicines. Despite the PBS's efforts to ensure availability, the geographic and logistical constraints in rural and remote areas can affect patients' ability to obtain essential pain and palliative care medications.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Very good: Between 70% to 100%.

## Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Very good: Between 70% to 100%.

Immediate-release oral morphine (liquid or tablet) is listed on the Pharmaceutical Benefits Scheme (PBS) in Australia. This inclusion ensures that it is subsidized by the government, making it more affordable and accessible to patients who need it for pain management. While rural areas face challenges such as fewer healthcare facilities, immediate-release oral morphine is generally available at the primary care level in the facilities that are present. The PBS ensures its affordability and accessibility, though the availability may still be impacted by the lower density of healthcare services in remote areas.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Very good: Between 70% to 100%.

AP Australia

Education & Training

Ind11

11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of medical schools in the country

9/21



In Australia, palliative care education is not legally mandated in medical or nursing schools but is widely incorporated into programs, supported by a government-endorsed national curriculum. Freely accessible education packages and a nationally funded training scheme further promote palliative care integration. The National Safety and Quality Health Service Standards, particularly Standard 5, ensure consistent quality of end-of-life care. Additionally, the Australian Health Practitioner Regulation Agency (AHPRA) outlines professional responsibilities in its Code of Conduct for Doctors, emphasizing patient autonomy and surrogate decision-makers. Nurses and midwives are similarly guided by professional codes of conduct and practice, which stress the importance of consent, cultural sensitivity, and respectful relationships in end-of-life care. The Shared Code of Conduct for various health professionals, issued by AHPRA, highlights collaboration and ethical practices in this domain.

11.2. The proportion of medical schools with **OPTIONAL** teaching in PC...

4/21

11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.

35/57

11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC...

3/57

Ind12

12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognized by competent national authorities.

There is an official specialization process in palliative medicine for physicians in Australia, recognized by the Royal Australasian College of Physicians (RACP). The RACP oversees a structured three-year, full-time Specialist Palliative Medicine training program, which includes clear requirements for both trainees and accredited training sites. The college develops and accredits all medical specialty training programs, ensuring rigorous standards for physicians specializing in palliative medicine.

AP Australia

Provision of PC / Services

Ind13

13.1. There is a system of specialized PC services or teams in the country that has a **GEOGRAPHIC** reach and is delivered through different service delivery platforms.



Integrated provision: Specialized palliative care services or teams are systematically provided.

13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.



Are part of most/all hospitals in some form.

13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).



Found in many parts of the country.

13.4. **HOME CARE** teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

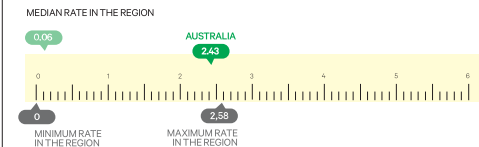


Found in many parts of the country.

13.5. Please enter the total number of specialized PC services or teams in the country.

Australia has a system of specialized palliative care services with broad geographic reach, delivered through multiple platforms. Hospital inpatient units in larger hospitals provide multidisciplinary palliative care, while outreach services offer home-based care with support from nurses, doctors, and allied health professionals. Hospices provide intensive care in home-like settings, with around 211 freestanding palliative care units nationwide. Consultation services in hospitals support providers managing palliative care patients. Approximately 25% of public acute hospitals in cities have dedicated palliative care units, but availability decreases in rural and remote areas. 900 Home Care Providers deliver services through Home Care Packages (HCP), though access remains limited in remote areas, and waiting times are significant. Australia has 646 specialized palliative care teams corresponding to 2.43 services per 100,000 people.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



646 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind14

14.1. There is a system of specialized PC services or teams for **children** in the country that has geographic reach and is delivered through different service delivery platforms.



Integrated provision: Specialized palliative care services or teams for children are systematically provided

14.2. Please enter the total number of pediatric specialized PC services or teams in the country

22

PPC TEAMS

Australia has 13 children's hospitals, with 11 offering specialized palliative care services. In 2021, nearly half of children who died from life-limiting conditions received palliative care from these hospitals. Additionally, there are 11 freestanding specialist pediatric palliative care services across the country. This system provides broad geographic reach through hospitals and independent services, ensuring care is available across various service platforms.