**POSITION STATEMENT:**

**DEPLOYMENT OF PALLIATVE MEDICINE TRAINING GRADES DURING THE COVID-19 PANDEMIC**

These are unprecedented times. It is Palliative Medicine’s time and responsibility to step up and ensure that our assistance in this crisis is effective and in the right place.

The nation is concerned both with the number of patients infected with COVID-19 and the levels of health care staff self-isolating or infected. Delivering services is becoming more difficult.

We are acutely aware that the *particular* skills of palliative care are needed more now than ever before. The specialty is already

1. Receiving far more calls for advice on symptom control
2. Supporting staff and providing both direct and remote care and support for those who are dying
3. Being proactive in having and encouraging advance care plan discussions
4. Relieving hospital pressure up-stream with our community services by keeping patients at home
5. Relieving hospital pressure downstream by turning hospice beds over now almost exclusively to end of life care and taking referrals for those wishing to die in their home

All five areas need focused and expert Palliative Medicine input. To move our training grades out of specialist practice will undermine our effectiveness at a system level. The relief on hospital bed pressure is essential at this time of national crisis.

One proposal is to move STs, including those in palliative care, from their current roles. We do not support this.

Our specialty can be of most help doing more in the five areas we have identified and not relocating our trainees away from the equally important community front line. Had we thought that this direct contribution was best served by relocation, we would have suggested it already.

We believe that Palliative Medicine is best placed doing more of what we do best by ramping up community and hospice support. This frees up hospital beds to manage people with the acute needs of COVID-19.

The Officers

27/3/20