SOUTHERN METROPOLITAN REGION PALLIATIVE CARE CONSORTIUM

SMRPCC

ANNUAL REPORT 2026



Southern Metropolitan Region Palliative Care Consortium (SMRPCC)

Consortium Staff

Karen Bolger | Consortium Manager	karen.bolger@smrpcc.org.au
Penny Fletcher | Administration & Communications Officer	penny.fletcher@smrpcc.org.au

Consortium Chair

CEO, Peninsula Home Hospice, 327 Main St, Mornington, 3931
Donna Goldsmith

donna.g@peninsulahospice.com.au

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Message from the Acting Chair

It is my pleasure to present the Southern Metropolitan Region Palliative Care Consortium (SMRPCC) Annual Report for the 2025–2026 financial year.

In May 2026, Janet Phillips, Chief Executive Officer of Peninsula Home Hospice and Chair of the SMRPCC, retired after many years of dedicated leadership and service. Following Janet's retirement, and prior to the appointment of a new CEO for Peninsula Home Hospice, I assumed the role of Acting Chair of the SMRPCC. I am honoured to present this report, reflecting on a year marked by change, renewal, and continued development across the consortium.



Over the past 12 months, the SMRPCC has remained committed to strengthening palliative care services across the southern metropolitan region. Our focus has continued to be on providing valuable educational opportunities for the workforce, supporting projects that drive service improvement, and raising the profile of palliative care within the broader health sector and community.

Education remained a key priority throughout the year, with a range of learning opportunities delivered across multiple platforms. Topics included motor neurone disease (MND), palliative symptom management, and end-of-life conversations, ensuring clinicians and service providers had access to current knowledge and best practice approaches. Strategic partnerships also continued to underpin the consortium's work, demonstrated through our ongoing collaboration with Palliative Care Victoria, Advance Care Planning Australia, and the South Eastern Melbourne Primary Health Network (SEMPHN).

The work of the SMRPCC continues to be guided by the Victorian Palliative Care and End of Life Framework. The release of the new Victorian Palliative Care and End of Life Framework 2026–2036 has provided renewed opportunities for engagement and discussion with the Department of Health regarding the important role of the consortia in supporting the delivery of high-quality palliative care services across Victoria. I would like to sincerely thank the Department of Health for its ongoing funding and support, which enables the consortium to continue its valuable work.

This year also marked a significant transition for the SMRPCC team. After 17 years as Consortium Manager, Tanja Bahro made the decision not to return following 12 months of long service leave spent overseas with family. Tanja played a pivotal role in the establishment

and growth of the consortium and has been instrumental in supporting the palliative care sector across the southern region. Her leadership, commitment, and vision have left a lasting legacy, and on behalf of the consortium, I extend my sincere thanks and best wishes for the future.

I would also like to acknowledge and thank Alina Hinton-Tooley for undertaking the Consortium Manager role during Tanja's leave and ensuring continuity of leadership and support for our members.

I am delighted to welcome Karen Bolger as the new Consortium Manager. We look forward to working with Karen as she leads the next chapter of the SMRPCC and continues to build on the strong foundations established over many years.

Finally, I would like to thank our member organisations, partners, stakeholders, and the SMRPCC team for their ongoing commitment to improving palliative and end-of-life care across our region. Together, we continue to make a meaningful difference to the lives of patients, families, and communities.

Julie Murphy — Acting Chair (SMRPCC)
General Manager Clinical Services Peninsula Home Hospice



Port Phillip Bay from near Brighton

The Consortium

During 2025–26, SMRPCC strengthened regional collaboration, delivered targeted education across palliative care, aged care and progressive neurological conditions, and expanded access to practical workforce resources. The year also included several staffing transitions and changes to established education programs. This report outlines these developments, participation outcomes and key activities across the region.

The Southern Metropolitan Region Palliative Care Consortium (SMRPCC) is an alliance of all publicly funded palliative care services in the region and associate member agencies with an interest in collaborating regionally on issues around palliative care.

Voting Members

- Bayside Health Alfred
- Calvary Health Care Bethlehem
- Bayside Health Peninsula
- Peninsula Home Hospice
- Palliative Care South East
- Monash Health

Associate Members

- Bolton Clarke
- Cabrini Palliative Care
- South Eastern Private Hospital
- Southern Metropolitan Integrated Cancer Service
- South Eastern Melbourne Primary Health Network (SEMPHN)
- St John of God Health Care

The Southern Metropolitan Palliative Care Consortium collaborates with the regional palliative care services, approximately 160 Residential Aged Care services and many other relevant health and community services in the region.

In accordance with the Victorian End of Life and Palliative Care Framework, we support the specialist providers to deliver high-quality palliative care and encourage other services to develop their ability to deliver the palliative approach through relevant information, training and resources. Additionally, we work closely with other consortia, Palliative Care Victoria, Safer Care Victoria and the Centre for Palliative Care.

Our Region

The SMRPCC encompasses the Local Government Areas (LGAs) of Bayside, Casey, Cardinia, Frankston, Glen Eira, Greater Dandenong, Kingston, Mornington Peninsula, Port Philip and Stonnington. Based on 2021 Census and 2025 Estimated Resident Population data, the region is home to approximately 1.4 - 1.6 million residents.

Age and Health Profile

Approximately 16% of residents in the region are aged 65 and over with a range of 11% in the LGA of Casey to 26% in the LGA of Mornington Peninsula.

According to 2021 census, approximately 11,815 (0.75%) of people in the region reported living with dementia, 84,793 (5.4%) reported needing assistance with core activities, and 152,938 (11.9%) reported being an unpaid carer.

In 2024, there were 5,405 deaths in the region with the highest number of deaths occurring in the LGAs of Casey and Mornington Peninsula.



Local Government Area	Total Population (2021 Census)	Estimated Resident Population 2025	Persons Aged 65 and Over (2021 Census)	Persons with Dementia (2021 Census)	Need for Assistance with Core Activity (2021 Census data)	Persons who report being an Unpaid Carer (2021 census)	Number of Deaths (AIHW, 2024)
Bayside	101,321	106,750	21,626 (21%)	876 (0.86%)	4,734 (4.7%)	10,540 (12.8%)	400
Cardinia	118,506	136,840	14,561 (12%)	554 (0.47%)	5,332 (4.5%)	11,467 (12.4%)	333
Casey	365,239	405,210	40,727 (11%)	1,940 (0.53%)	18.994 (5.2%)	33,522 (11.7%)	928
Frankston	139,281	144,380	24,305 (18%)	1,228 (0.88%)	9,015 (6.5%)	14,758 (12.9%)	565
Glen Eira	148,855	157,120	25,397 (17%)	1,327 (0.89%)	6,549 (4.4%)	14,396 (11.7%)	489
Greater Dandenong	158,208	165,340	24,759 (16%)	1,221 (0.77%)	12,498 (7.9%)	15,616 (12.3%)	626
Kingston	158,129	164,250	28,209 (18%)	1,372 (0.87%)	8,538 (5.4%)	16,155 (12.3%)	598
Mornington Peninsula	168,870	172,830	44,129 (26%)	1,987 (1.18%)	11,483 (6.8%)	20,233 (14.4%)	850
Port Phillip	101,980	108,650	13,914 (14%)	535 (0.52%)	3,773 (3.7%)	8,054 (8.7%)	285
Stonnington	104,788	109,110	16,621 (16%)	775 (0.74%)	3,877 (3.7%)	8,197 (8.8%)	331
TOTAL	**1,465,177**	**1,670,480**	**234,248 (16%)**	**11,815 (0.75%)**	**84,793 (5.4%)**	**152,938 (11.9%)**	**5,405**

Cultural and Social Profile

The SMRPCC catchment area encompasses a broad socio-economic spectrum, ranging from highly advantaged populations in Bayside and Glen Eira to highly disadvantaged communities in Greater Dandenong.

Cultural and linguistic diversity varies significantly across the region, highlighted by Greater Dandenong where nearly 71% of residents speak a language other than English at home, compared to just 11% in the Mornington Peninsula. Mandarin, Greek, and Punjabi represent the most common

non-English languages spoken. The region's Aboriginal and Torres Strait Islander population sees its highest proportional representation in Frankston and the Mornington Peninsula.

Although "No Religion" and Catholicism are the dominant faith affiliations region-wide, vibrant Jewish, Islamic, and Buddhist communities underscore the region's complex cultural fabric and the ongoing need for culturally responsive services.

Local Government Area	Aboriginal/Torres Strait Islander (2021 Census)	Language other than English at Home	Languages other than English (top 3)	Religions (top 3)	Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) Profile
Bayside	269 (0.27%)	18.9%	Mandarin Greek Russia	No Religion (44%) Catholic (21%) Anglican (12%)	Highly Advantaged (Decile 10)
Cardinia	1145 (0.97%)	22.9%	Punjabi Sinhalese Hindi	No Religion (44%) Catholic (18%) Anglican (8%)	Middle to Advantaged (Decile 7 – 8)
Casey	2,395 (0.66%)	46.9%	Punjabi Sinhalese Hazaraghi	No Religion (28%) Catholic (20%) Islam (11%)	Middle (Decile 5 - 6)
Frankston	1,800 (1.29%)	16.4%	Mandarin Greek Italian	No Religion (50%) Catholic (18%) Anglican (9%)	Middle to Disadvantaged (Decile 5 – 6) **+**
Glen Eira	411 (0.28%)	34.4%	Mandarin Greek Russian	No Religion (37%) Judaism (17%) Catholic (16%)	Highly Advantaged (Decile 10)
Greater Dandenong	615 (0.39%)	70.7%	Vietnamese Khmer Mandarin	No Religion (21%) Catholic (18%) Buddhism (16%)	Highly Disadvantages (Decile 1 - 2)
Kingston	700***** (0.44%)	27.5%	Greek Mandarin Italian	No Religion (40%) Catholic (18%) Eastern Orthodox (8%)	Middle to Advantaged (Decile 8)

Local Government Area	Aboriginal/Torres Strait Islander (2021 Census)	Language other than English at Home	Languages other than English (top 3)	Religions (top 3)	Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) Profile
Mornington Peninsula	1,724 (1.02%)	10.8%	Italian Greek German	No Religion (49%) Catholic (18%) Anglican (9%)	Advantaged (Decile 8-9)
Port Phillip	515 (0.50%)	26.9%	Greek Mandarin Spanish	No Religion (51%) Catholic (17%) Anglican (6%)	Highly Advantaged (Decile 10)
Stonnington	363 (0.35%)	26.9%	Mandarin Greek Cantonese	No Religion (44%) Catholic (18%) Anglican (9%)	Highly Advantages (Decile 10)
TOTAL	**9,936 (0.68%)**	**30.2%**	**Mandarin** **Greek** **Punjabi**	**No Religion (~41%)** **Catholic (~19%)** **Anglican (~9%)**	**N/A significant variation between LGAs**

*****Estimated figure based on 2016 – 2021 census growth trend for that LGA; all other figures are direct extractions of the 2021 ABS QuickStats.

+Frankston's statistical average is the result of extreme socio-economic polarisation with some neighbourhoods within the LGA experiencing substantial disadvantage (some ranked in the lowers 10% of Victoria) alongside highly affluent costal suburbs.

Specialist Palliative Care Services

Inpatient Palliative Care services include Calvary Health Care Bethlehem (Caulfield), Monash McCulloch House (Clayton), Monash Casey Palliative Care Unit (Berwick) and Peninsula Health Golf Links Road Unit (Frankston).

Community Palliative Care Services include Calvary Health Care Bethlehem (Bayside, Glen Eira, Port Phillip, Stonnington, parts of Kingston), Palliative Care South East (Casey, Greater Dandenong, Cardinia, parts of Kingston) and Peninsula Home Hospice (Mornington Peninsula, Frankston, parts of Kingston).

Palliative Care Clinics are located at Bayside Health | Alfred (Melbourne), Calvary Health Care Bethlehem (Caulfield), Peninsula Health (Frankston) and Monash Health (Clayton). Monash also operates a Virtual Palliative Care Clinic and a Responsive Acute Palliative Intervention and Decision (RAPID) assistance program.

Key Collaborators

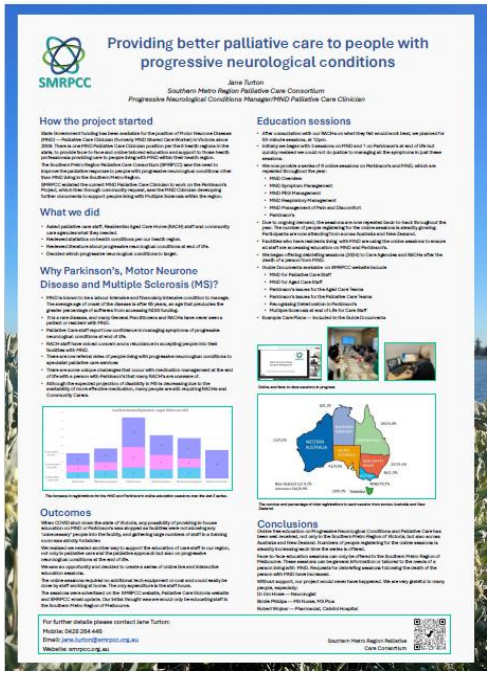
The SMRPCC intersects with the South East Melbourne Primary Health Network (SEMPHN) and the Bayside and South Metro Local Health Service Networks and borders with the Eastern Melbourne Primary Health Network (EMPHN) and Gippsland, East Metro and Murrindindi Local Health Networks.

Progressive Neurological Conditions Program

Motor Neurone Disease

Jane Turton continued in the role of MND Palliative Care Clinician and Progressive Neurological Diseases Manager until March 2026. The education component of the role combined face-to-face and online “Lunchtime Sessions”. Jane’s contributions to SMRPCC’s MND education program included:

- Educating Residential Aged Care Homes with a resident with MND in managing symptoms.
- Providing education to Monash University Master of Nursing Course in Progressive Neurological Conditions.
- Meeting with MND Victoria Advisors bi-monthly to collaborate in providing education and support to service providers in the Southern Metro Region who care for people with MND.
- Contributing to state-wide MND Palliative Care Clinician/MND Victoria meetings.
- Providing successful interactive online training through the “Lunchtime Sessions” and the “Personal Care Assistant 10-minute Palliative Care Sessions”.
- Creating a new training session, *MND - Managing Cognitive and Behavioural Changes*.
- Providing two posters for the MND Australia and Pan-Asian Consortium for Treatment and Research in ALS (PACTALS) Conference in Melbourne September 2025. These posters provided information on the MND Lunchtime Sessions, and the role of the MND Palliative Care Clinician. After the PACTALS conference, these posters were shown digitally at the World Symposium in MND in Toronto. Following the Toronto conference, Jane has been approached by the Chair of MND South Africa and will now be providing online education to carers and nurses in South Africa.
- Being accepted to do an oral presentation at the OPCC. The topic was on the success of the Lunchtime Sessions, showing the increase in registrations and the expansion of topics at participants requests. Jane reported many people engaging with conversations after the presentation asking how they can have their staff join in sessions.
- Coordinating the PEM (Program of Experience in MND) for two Peninsula Home Hospice staff to attend the Statewide Progressive Neurological Disease Service (SPNDS) Clinic at Calvary Healthcare Bethlehem and MND Victoria to enhance their knowledge of MND specific care.


Providing better palliative care to people with progressive neurological conditions

SMRPCC

Jane Turton
Southern Metro Region Palliative Care Consortium
Progressive Neurological Conditions Manager/MND Palliative Care Clinician

How the project started

What we did

Why Parkinson’s, Motor Neurone Disease and Multiple Sclerosis (MS)?

Education sessions

Outcomes

Conclusions

Poster presented by Jane Turton

Parkinson's Disease

Jane continued to provide education and support to care agencies and RACHs in Parkinson's at end of life until her resignation in March 2026. Jane's contributions to SMRPCC's Parkinson's program included:

- Developing a new resource, *Managing Atypical Parkinson's at end of Life*.
- Developing additional Lunchtime Sessions on managing Atypical Parkinson's at end of life.

Program of Experience in MND (PEM) Program

The PEM program (Program of Experience in MND) was run again in the 2025-26 financial year. Two successful applicants, both from Peninsula Home Hospice, spent two days at Calvary Healthcare Bethlehem in the Statewide Progressive Neurological Disease Service (SPNDS) clinic observing neurologists and allied health staff managing the care of people with MND. The applicants spent a further day at MND Victoria observing how their services also support those living with MND and their families.



Jane Turton presenting at PACTALS and OPCC

Aged Care and Disability

In September 2025, Katrina Midgley joined SMRPCC as the Program Manager, Residential Aged Care Facilities. Disability was later added to Katrina's responsibilities. Katrina remained in the role until May 2026 when she left for other opportunities. Katrina's contributions include the following.

Microlearning Program

Building on the success of the SMRPCC online education program, Katrina engaged an industry leader in microlearning to explore a microlearning tool for palliative care education. Microlearning is an approach that uses short bursts of two to three minutes per day of targeted learning. The approach incorporates personalised learning, spaced practice and effortful retrieval to aid knowledge retention and maximise time spent learning. Analysis of existing online palliative education tools in Australia identified that current programs focus predominantly on short-video based learning with limited opportunity for personalisation, practice to mastery, or knowledge testing.

AIM

The project aimed to explore the utility of a microlearning app to improve palliative care knowledge, skills and confidence within the aged care workforce. Specific objectives included:

- Assessing the ease of use during education module development
- Understanding the level of engagement and/or barriers to engagement with the app by aged care workforce
- Ability of the tool to provide feedback about current knowledge, gaps in knowledge and engagement in learning

METHOD

An 18-question Foundations of Palliative Care Knowledge Check List was developed in collaboration with SMRPCC members. Learning content included specialist vs generalist palliative care, holistic care, recognising palliative care needs, goals of care and planning, symptom management and anticipatory medication, deterioration and escalation, and person-centred care. The pilot module was tested by consortium members and partners from aged care. Early result showed potential, however, further refinement of the module and user acceptability is needed.

While the platform appears to have utility, significant financial investment is needed to progress the tool. A review of other microlearning resources is currently underway to identify gaps and opportunities for any new tool developed. Opportunities for partnerships and commercial investment is also being explored.

Advanced Care Planning Workshop

In March 2026, Katrina coordinated an in-person workshop with Advance Care Planning Australia on *Advance Care Planning (ACP) in Aged Care*. A total 18 people attended, primarily from the Peninsula and Bayside regions. The session aimed to build participants' knowledge and confidence in facilitating ACP conversations within their workplaces. It covered key concepts including decision-making capacity, the relevance of ACP to quality aged care, and the "Think, Talk, Record, and Share" process, supported by presentations, videos, and interactive activities.

Participants engaged in practical learning through values exploration, communication skill development, and small-group simulation exercises. The workshop also addressed documentation requirements in Victoria, the role of substitute decision-makers, and managing ethical and conflict scenarios. The afternoon focused on best practice approaches, including leadership, systems support, and quality improvement, concluding with a reflection on the day and action planning to support implementation in practice.

A big thank you to Peninsula Home Hospice for hosting the workshop and supporting the catering, which was described by attendees as delightful.

Scholarships

To build capacity in the aged care workforce, the SMRPCC offered a scholarship program for aged care workers in the southern metro region to attend an introductory 2-Day Palliative Care Workshop presented by Peter MacCallum Cancer Centre on 25 & 26 May 2026.

Potential scholarship recipients were asked to submit an Expression of Interest, detailing their current role, workplace, experience in aged care, interest in attending the workshop and how the learning would benefit residents, families, and their workplace. A total of 73 applications were received from across the SMRPCC region from a variety of clinical backgrounds including nurses, allied health professionals, care workers, team leaders and managers. Applications were assessed based on relevance to role, motivation and interest and potential impact on practice.

A total of 17 scholarships were awarded. Feedback from scholarship awardees was very positive.

Disability

Katrina participated in the working group for the Disability Summit, volunteered to contribute to a working group reviewing the NDIS Palliative Deterioration Tool and committed to ongoing monitoring of outcomes from statewide meetings, with relevant information to be disseminated across the region as needed.

Collaborations

Comprehensive Palliative Care in Aged Care

During the 2025-26 financial year, SMRPCC worked with Palliative Care Victoria identify what resources palliative care services in the southern metro region are passing on to the community through their websites. The overall aim of the PCV project is to improve the end-of-life experience for Aboriginal and Torres Strait Islander people and to expand that improvement to other communities, such as multicultural and LGBTQIA+ communities.

SMRPCC completed Stage 1 of the project, by reviewing the websites of palliative care services in the southern metro region to see what Cultural Acknowledgements and what resources were available for Aboriginal and Torres Strait Islander people. In addition, we reviewed the websites to confirm what multicultural and diversity resources were available.

The next stage of the project, due to be completed during 2027, will involve supporting palliative care services in the southern metro region to standardise website information for Aboriginal and Torres Strait Islander communities, for multicultural communities and for LGBTQIA+ communities, in line with recommendations from the project group.

Greater Choice for At Home Palliative Care – GP Engagement Project

As part of the Greater Choice for At Home Palliative Care program, SMRPCC partnered with the South Eastern Melbourne Primary Health Network (SEMPHN) and three participating community palliative care providers to deliver a practice engagement and education initiative for general practices across the South East Melbourne region.

The activity offered general practices the opportunity to connect directly with their local community palliative care service through a one-hour education session delivered either face-to-face or virtually. The initiative aimed to strengthen relationships between primary care and community palliative care providers, improve understanding of referral pathways, and support general practitioners and practice staff caring for patients with palliative care needs.

A total of 29 education visits were delivered to general practices across the South East Melbourne region, achieving 80% of the project target of 36 visits.

AIM OF THE PROJECT

The GP Engagement Project aimed to:

- Strengthen relationships between general practices and local community palliative care service providers
- Increase awareness of the role and services offered by community palliative care teams
- Improve general practice understanding of when and how to refer patients to community palliative care services
- Enhance communication and collaboration between healthcare providers involved in palliative and end-of-life care
- Build capacity in primary care, by providing education and training

DELIVERY OF THE PROJECT

SEMPHN

- Promotion of activity through newsletters, electronic direct mail communication and other practice engagement channels
- Development of Microsoft Forms expression of interest form, housed on the SEMPHN website
- Completed Expression of Interest form provided to Southern Metropolitan Palliative Care Consortium for scheduling with services

SMRPCC

- Project officer coordinated and scheduled visits between the general practice and community palliative care service provider, based on Local Government Area
- Responsible to capture evaluation data to share with SEMPHN

Community Palliative Care Service Providers

- Responsible to contact the general practice and determine time, date and mode of delivery (in-person or virtual)
- Education sessions were one hour in duration and tailored to the practice needs.

The General Practice was able to select topics they would like to receive education or information about. Topics included:

- The role of community palliative care
- When to refer to community palliative care

- How to refer to community palliative care
- Having difficult conversations
- Case Study discussion
- Anticipatory prescribing
- Pain management in palliative care
- Caring for a dying patient at home
- Psychosocial support for patients and families

EVALUATION OF THE PROJECT

Immediate post-visit

- Short online survey completed by both general practice and the community palliative care service provider

Longer-term

- Follow-up survey six months post visit

KEY PERFORMANCE MEASURES FOR THE PROJECT

- 12 visits per community palliative care service provider
- Total of 36 visits over 12 months (completion of project)

CHALLENGES OF THE PROJECT

- General practice engagement was lower than anticipated despite significant promotion and follow-up efforts from all stakeholders involved
- General practice workload and competing priorities, the clinical demand pressures, limited flexibility for practices to schedule longer education meetings
- Scheduling sessions can be difficult due to practice operational demands, seasonal pressures (influenza season), accreditation activities and workforce constraints
- Community palliative care services also experienced workforce and capacity pressures that affect flexibility in scheduling and delivery

- Current Medicare arrangements do not provide any dedicated MBS items for core palliative care activities, leaving General Practitioners without appropriate remuneration for the time and complexity required to provide quality palliative care

LEARNINGS FROM THE PROJECT

- Building relationships between general practice and community palliative care providers requires sustained engagement and significant coordination time
- The rate of sessions delivered represents a positive outcome considering the system wide constraints
- Where engagement occurred, the model demonstrated value and genuine interest from participating practices
- Considerations for future initiatives should include:
    - Session timing to align with General Practice capacity cycles
    - Incentives or funded release time for General Practitioners to attend
    - Virtual and hybrid models to reduce scheduling barriers
    - Targeted approaches focussing on practices with identified palliative care interest may improve participation rates

STATUS

The project concluded in December 2025 following agreement between SEMPHN and SMRPCC to cease further recruitment and scheduling activities. Learnings about how to engage with GP's will be included in all future SMRPCC initiatives.

Education and Training

During 2025–26, SMRPCC continued to provide accessible online education while responding constructively to evolving priorities and staffing transitions. Following Jane Turton's departure in March 2026, Katrina Midgley assumed responsibility for the Trending Sessions, helping to maintain program continuity until her departure in May 2026. The PCA 10-Minute Sessions concluded successfully in October 2025, marking the completion of a valuable program that supported practical palliative care learning.

Lunchtime Sessions

From July 2025 to March 2026, SMRPCC delivered the Lunchtime Sessions, a series of accessible online palliative care education sessions for clinicians across the southern metropolitan region. Sessions delivered during this period included:

July 2025 to October 2025

- *Goals of Care*
- *MND Overview*
- *Recognising Signs of Deterioration*
- *MND Symptom Management*
- *Symptom Management at End of Life*
- *Symptom Management at End of Life | Pain*
- *MND Respiratory Management*
- *MND PEG Management*
- *Symptom Management | Breathlessness*
- *MND Managing Pain and Discomfort*
- *Communication at End of Life*
- *Parkinson's at End of Life*



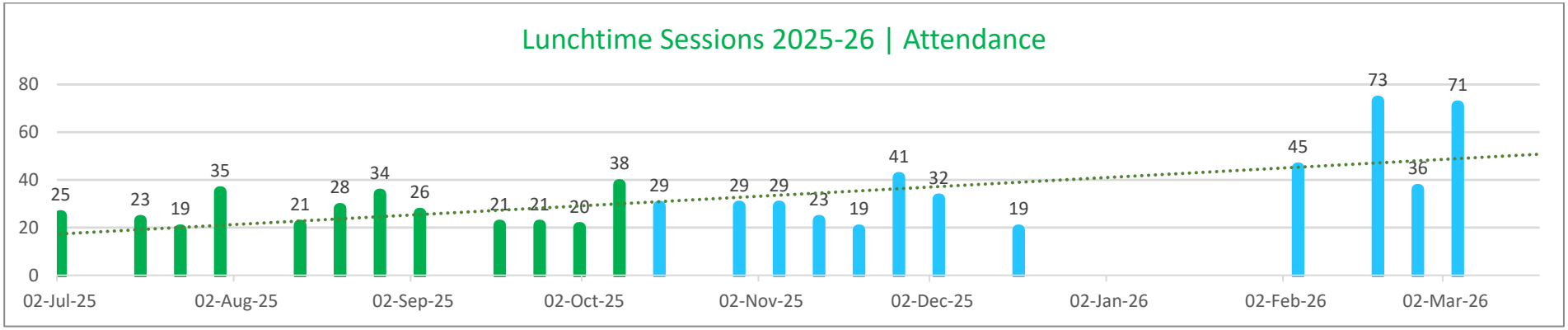
October 2025 to March 2026

- *Goals of Care*
- *Recognising Signs of Deterioration*
- *MND Overview*
- *MND Symptom Management*
- *Symptom Management at End of Life*
- *Symptom Management at End of Life | Pain*
- *MND Respiratory Management*
- *MND PEG Management*
- *Symptom Management | Breathlessness*
- *MND Pain and Discomfort*
- *Communication at End of Life*



Participation in the Lunchtime Sessions continued to grow, increasing from 25 attendees in July 2025 to 73 in March 2026 and building on the strong growth achieved in previous years. Attendance per session over the past three years was:

- 2023-24 ranged from 6 to 45
- 2024-25 ranged from 14 to 69
- 2025-26 ranged from 19 to 73.



Participant evaluations demonstrated the strong value of the sessions. Among respondents — 84% of whom identified as nurses — 100% agreed or strongly agreed that they had learned something relevant to their work, enjoyed the session and would recommend it to others. Feedback included:

- *Well-presented and informative. Thank you.*
- *Enjoying the sessions!*
- *Wish they could be recorded and shared with others unable to attend.*
- *Thank you for making this available.*

Personal Care Assistant 10-Minute Palliative Care Sessions

During 2025–26, SMRPCC delivered the final series of its *PCA 10-Minute Palliative Care Sessions*, concluding a practical and accessible education initiative for personal care attendants.

History of the PCA Sessions

In early 2024, SMRPCC identified an opportunity to provide brief, accessible online education at times suited to personal care attendants (PCAs). A five-week pilot offered two 10-minute sessions each week on Tuesday and Wednesday afternoons. Topics were selected to address the practical needs of PCAs, with a particular focus on care during the final weeks and days of life.

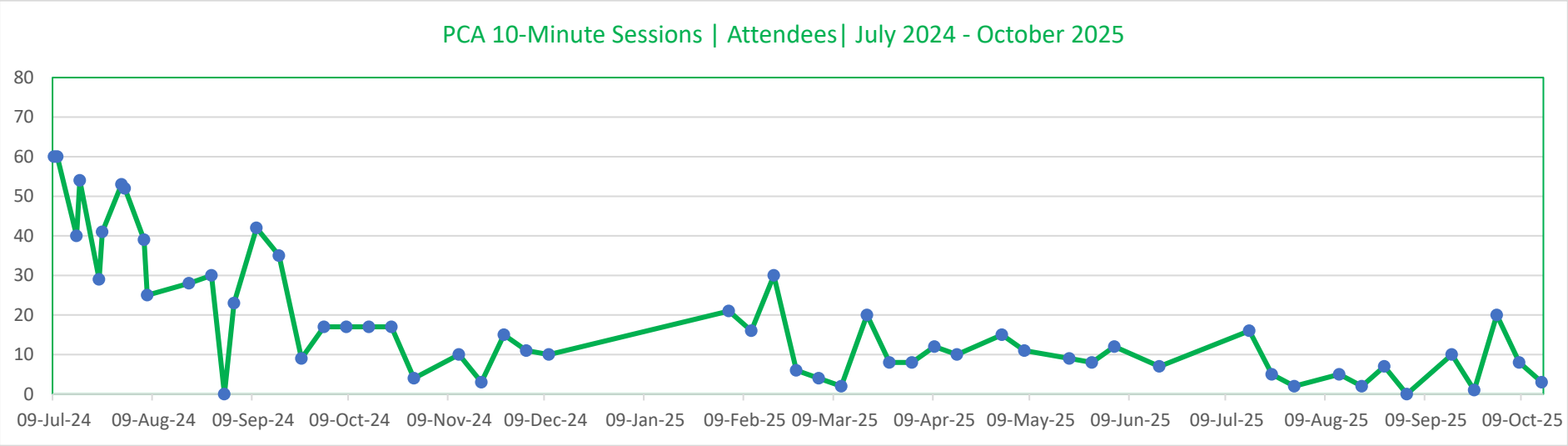
To make participation straightforward, the PCA 10-Minute Sessions did not require registration and used one consistent Microsoft Teams link. Attendance during the pilot ranged from 25 to 60 participants. Strong participation and engagement supported the transition to weekly 10-minute sessions for PCAs.

2025-26 Financial Year

Following a sustained period of delivery, the PCA 10-Minute Sessions concluded in October 2025 as attendance patterns changed. During 2025–26, SMRPCC delivered one 12-session PCA 10-Minute series from July to October 2025, including a new topic. The program covered:

- *What is palliative care?*
- *What does pain look like?*
- *De-mystifying morphine*
- *Eye care at end of life*
- *Mouth care at end of life*
- *Pressure care at end of life*
- *Hygiene care at end of life*
- *Breathlessness and secretions*
- *Bowel care at end of life—NEW*
- *Restlessness and Agitation at end of Life*
- *What does dying look like?*
- *Grief and bereavement*

Across the full program period from July 2024 to October 2025, SMRPCC delivered 56 PCA 10-Minute Sessions and recorded 1,019 attendances, demonstrating the program's broad reach.



Trending Sessions

During 2025–26, SMRPCC continued to expand its successful Trending Sessions, responding to topics identified by participants in other online education programs.

SMRPCC delivered 10 Trending Sessions between July 2025 and 15 April 2026—more than twice the four sessions delivered in the previous financial year. Total attendance across the series reached 532.

The 2025–26 Trending Sessions featured the following topics and presenters:

- *Palliative Care in the new Aged Care Quality Standards — what has changed?* | Carol Barbeler | 9 July 2025
- *Anticipatory Medications* | Alex Walker | 6 August 2025
- *Cultural Diversity at end of life* | Tonina Gucciardo-Masci | 22 October 2025
- *The role of oral care in reducing aspiration pneumonia risk in the palliative care context* | Fiona Walsh | 18 November 2025

- *Victorian Palliative Care Advice Service* | Esther McMillan-Drendel | 9 December 2025
- *Diabetes at End of Life* | Carol Barbeler | 11 February 2026
- *Empathic communication – part 1* | 21 January 2026
- *Empathic communication – part 2* | 28 January 2026
- *Medications for Parkinson's at End of Life* | Robert Wojnar | 1 April 2026
- *How PEPA can help Residential Aged Care Services* | Sharon McAllister Boyles | 15 April 2026

Participant feedback on the *Trending Sessions* was highly positive and highlighted the relevance, accessibility and practical value of the program. Comments included:

- *Thank you for sharing your knowledge and experience. I gained some knowledge and confidence in my current position.* (*Anticipatory Medications*)
- *Excellent session, thank you.* (*Cultural Diversity*)
- *Thank you, Fiona, for a great presentation. Such an important aspect of care.* (*Aspiration Pneumonia*)
- *Good talk very relevant for work.* (*Diabetes*)
- *Honestly thought it was a brilliant workshop. Learned a lot and very practical to real life situations. I attended both.* *(Empathic Communication)*
- *Great to have captions for Deaf ppl to watch.* *(Medications for Parkinson's)*

Electronic Media

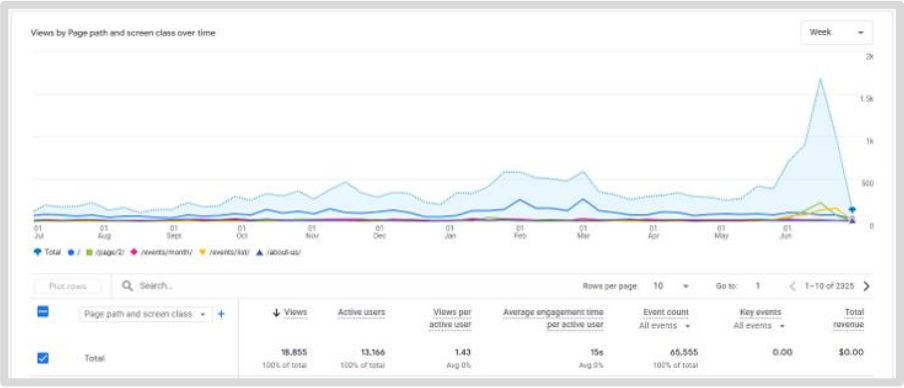
Website

In the 2025-26 period financial year, we focussed on maintenance of the website, aiming to keep the information relevant and correct. We updated the Disability page to better reflect Katrina's focus in her role. On the Education and Training Opportunities calendar, we continued adding education and training opportunities that are accessible not only from the southern metro region, but also from other regions around Victoria.

In the 2025-26 financial year, there were close to 19,000 page views from 13,000 users — a significant increase from the previous year (7,300 page views from more than 3,400 users).

The top 5 most popular pages were:

- SMRPCC Home
- About Us
- Motor Neurone Disease
- Consortium Developed Resources
- Aged Care



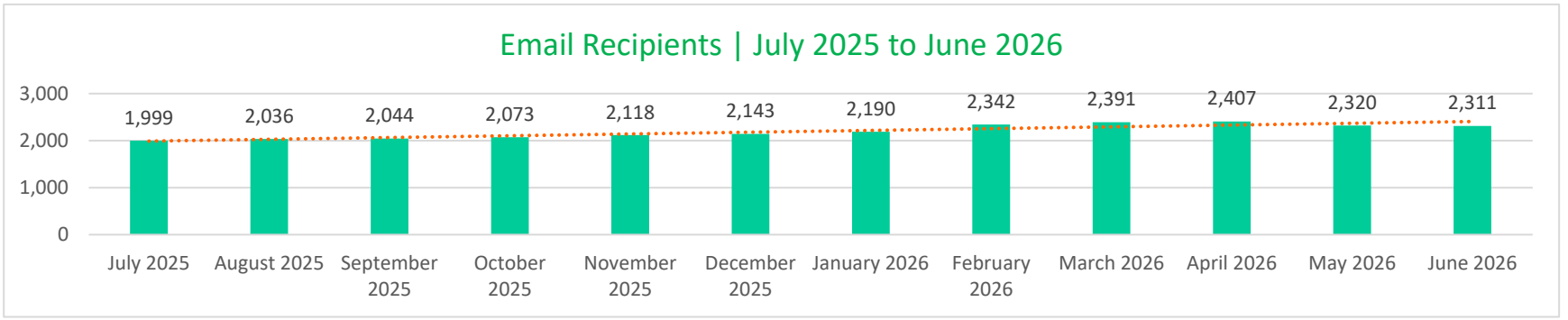
	Page title and screen class	Views	Active users
	Total	18,855 100% of total	13,166 100% of total
1	SMRPCC	4,634 (24.58%)	3,407 (25.88%)
2	About Us – SMRPCC	493 (2.61%)	337 (2.56%)
3	Motor Neurone Disease – SMRPCC	396 (2.1%)	266 (2.02%)
4	Consortium Developed Resources – SMRPCC	359 (1.9%)	227 (1.72%)
5	Aged Care – SMRPCC	358 (1.9%)	221 (1.68%)

Email Update

In 2025-26, we continued producing SMRPCC's popular monthly email update using the online email service Mailchimp. The email update includes information about upcoming events, local and online training opportunities, and useful resources.

Subscribers to / recipients of the email update increased again this year, with 1,999 people receiving the email in July 2024 and 2,311 people receiving it in June 2025. The number of subscribers / recipients stabilised from April 2026 because we were no longer asking attendees at the online education sessions if they wanted to subscribe.





SMRPCC Clinical Forums / Symposium

We didn't hold a clinical forum during the 2025-26 financial year. Instead, we held a clinical forum late in the previous financial year and the next event, renamed as a symposium, early in the following financial year. Our 2024-25 annual report included details of the two Clinical Forums held that year. As for the SMRPCC 2026 Symposium, we will include full details in the 2026-27 annual report. Below is a summary of our last three conference events.

2024-25 Financial Year Clinical Forums



SMRPCC 2024 Clinical Forum | *Consider the Carer* | 18 July 2024

- We tried a new venue in Chelsea.
- Speakers included experts from the family violence and elder abuse sectors, as well as services in the region.
- 49 attendees.
- Attendee feedback: *Thank you! Excellent day of information and conversations.*

SMRPCC 2025 Clinical Forum | *Understanding and Responding to Trauma at End of Life* | 8 May 2025



- We returned to Sandy by the Bay in Sandringham.
- The day included presentations on activities within the consortium, service responses to trauma and special guest speakers: Dr Dianne Clifton and Dr Peg LeVine.
- 66 attendees.
- Attendee feedback: *Really thoroughly enjoyed the forum. A lot of thought-provoking questions for me to reflect on and learn more.*

2026-27 Financial Year Symposium

SMRPCC 2026 Symposium | *Compassion. Collaboration. Contemporary practice.* | 29 July 2026

- A full-day event at PARKROYAL Monash Melbourne in Clayton and live-streamed.
- The program featured leading experts across a range of contemporary topics including paediatric palliative care, lived experience and family perspectives, alcohol and other drugs in palliative care, family estrangement at end of life, incarceration and palliative care, support at home and end-of-life pathways, voluntary assisted dying and art therapy and spirituality in palliative care.
- 117 attendees (including 35 online attendees).
- Attendee feedback: *A really worthwhile symposium. I appreciated being able to attend online. Would not have been possible otherwise. Thank you.*
- Attendee feedback: *Venue was very good this year and a really interesting program and range of speakers. Congratulations to all involved in organising the symposium.*



Palliative Care and VACCHO

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) Palliative Care Project aims for Aboriginal people to have access to palliative care services and for palliative care services to provide culturally safe services. It also aims to develop lasting relationships between palliative care providers and Aboriginal Community Controlled Health Organisations (ACCHOs) across the state.

In 2014, the SMRPCC, along with the seven other consortia, was invited to participate in a ceremony to mark the handover of message sticks that symbolize the importance of sharing and working together between palliative care services and ACCHOs. Each consortium was presented with a specially designed message stick by their local ACCHO.

The consortium would like to thank VACCHO, PCV and the Palliative Care Team at the Department of Health for making this important project possible. The message stick presented to SMRPCC is currently located at Palliative Care South East.



The message stick presented to SMRPCC in 2014



SMRPCC

The Southern Metropolitan Palliative Care Consortium acknowledges the Traditional Custodians of the lands across our region, primarily the Bunurong/Boon Wurrung and Wurundjeri Woi-wurrung peoples of the Kulin Nation. We pay our deep respect to their Elders past and present and extend this respect to all First Nations people. We honour and celebrate diversity across our community and proudly support people of all cultures, faiths, ages, genders, and sexualities, as well as people with disability, including those with hidden disabilities. We remain deeply committed to providing culturally safe, accessible, and inclusive palliative and end-of-life care for everyone.

PROUD TO SUPPORT THE SUNFLOWER