

What appeals about Palliative Medicine?

If delivering high-quality, multi-disciplinary, patient-centred care interests you, then palliative medicine could be the specialty for you.

As a trainee, you will learn to care for patients with a great range of illnesses, of all ages and in all settings, whether at home, in hospital, or in a hospice.

You will learn to think on your feet, apply theoretical and scientific knowledge and blend this with empathy and pragmatism.

As a small and dynamic specialty, there is ample opportunity to help shape the future by becoming involved in collaborative research, quality improvement and education during your training



Association for Palliative Medicine



APM Juniors (Association for Palliative Medicine of Great Britain and Ireland)

A committee of the Association for Palliative Medicine (APM) set up to explore the scope for establishing a forum or committee for medical students, foundation programme doctors and core medical/surgical trainees interested in palliative medicine.



Association for Palliative Medicine of Great Britain and Ireland

www.apmonline.org

Palliative Medicine

What's it like being a trainee and a consultant?

[2015 version]

Some relevant statistics

If training full-time in a numbered post, it takes four years to gain a certificate of completion (CCT) in palliative medicine. Trainee numbers in palliative medicine have increased from 135 (in 2001) to 243 (in 2012) and about 30% train flexibly.

149 palliative medicine trainees responded to the recent RCP 2011 survey (response rate 59%). The vast majority work an on-call rota rather than a full-shift rota, with just over 50% receiving a pay banding of 1A or 1B. Compared with other specialties, palliative medicine trainees spend proportionally more time doing ward work (52% of their time, compared to 46.6% for geriatric medicine trainees). **The survey revealed that 74% of palliative medicine trainees felt positive about going to work in the morning (one of the higher figures compared to other specialties).**

In comparison to most other medical specialties, there is a much higher proportion of female trainees in palliative medicine, at about a 1:5-6. Specialties with a similar gender bias include clinical genetics.

During 2012-13, for the 34 CCTs awarded, 25 (67.6%) were in substantive posts, and 7 (20.6%) were in locum consultant posts. During 2011-12, 34 CCTs were awarded, with 20 (59%) in substantive posts, and 4 (11.8%) in locum posts.

The estimated Royal College of Physicians workforce requirements are 2 full-time equivalent consultants for a population of 250 000, which represents 505 full-time equivalent posts across the UK. According to the Specialty Advisory Committee workforce data for 2012, there are 409.6 full-time equivalent palliative medicine consultants in the UK.

The consultant's role

Why do we need consultants in palliative medicine?

There is a growing need for consultants in palliative medicine. With population growth and a larger percentage of elderly people, the number of patients nearing end-of-life is increasing. Patients with advanced diseases are also living longer and needing more specialist palliative care. There is increasing referral of patients with diseases other than cancer to specialist palliative care. The complexity of medical treatments and co-morbidities in advanced disease is rising, and there is a national focus on improving the quality of end of life care services.

What do consultants in palliative medicine offer?

Consultants in palliative medicine provide medical leadership to multi-professional specialist palliative care teams. They work in acute hospital, hospices and in the community; often enabling continuity of care by working in more than one setting. Their core roles cover the following five areas, and this leaflet will consider further the first two:

- Clinical expertise
- Leadership of palliative care services
- Clinical governance
- Education
- Research

Consultants provide clinical expertise in several ways. For example:

- they assess complex symptoms from an understanding of the underlying pathology
- they assess and support patients who are dying and their families
- they formulate evidence-based and individualized management plans
- they advise other clinicians on ethical decision making and symptom control

"Palliative physicians work within specialist palliative care teams assessing and treating patients with difficult symptoms and complex psychosocial and spiritual problems"

[RCP London]

In addition consultants are expected to demonstrate leadership in a variety of contexts. For example:

- clinical and operational leadership of palliative care teams
- strategic leadership for service development
- supportive leadership and appraisal of specialty, staff grade and associate specialist (SSAS) doctors

"You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die."

[Dame Cicely Saunders, founder of hospice movement]