



POST

The Newsletter of the Association for Palliative Medicine of Great Britain and Ireland

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President's Report

This year has been exceptionally busy for the Association. You said during David Brooks' time as president that we needed more profile and influence and we have done a great deal to achieve that. As I wish you all a Merry Xmas and a peaceful New Year, Here are a few highlights:

Much of the driver for this has not been through our own initiative as End of life care – that peculiarly amorphous subset of palliative care has jockeyed with assisted suicide for public attention and we have been able to exploit these opportunities. My first report as President in June asked whether media and the public eye were to be the shape of this year. Indeed they has been.

- We have been actively quoted or published in the serious press and media most weeks as we have engaged either with the latest report on poor care or the tragedy of someone feeling that their only course of action in their disability or suffering was assisted suicide.
- Rather than having to fight for our voice to be heard, we are now seen as a definitive voice and approached and asked as a matter of course now for comment. We do however need more of you willing to be media spokespeople and we will give the support necessary for you to develop the skill and confidence to do this.

In terms of moving end of life care forward, the Ambitions for Palliative and End of Life Care were published this autumn and the Association was closely involved both in this and in the refreshment of the specifications for specialist services that will be published soon. Work by NICE also continues and we encourage you to seek actively to be involved in the committee to be formed early in the New Year on refreshing guidance.

Assisted suicide came to a head of course first in Scotland in May, when there was a decisive rejection by the Scottish Parliament. This was followed in September with the defeat in Westminster of the First debate in the Commons on assisted suicide for over a decade in the form of Rob Marris' Bill. Both were defeated decisively.

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New Committee Members



Sharon Twigger
– APM Trainees'
Committee (Regional
Representative
Liaison)

Having grown up in Reading I moved to Birmingham for my undergraduate studies and have remained in the West Midlands ever since. I chose to train in General Practice before making the transition to Palliative Medicine and I am now working as a ST5 Palliative Medicine registrar in Worcester. In my spare time I enjoy running, Pilates, am actively involved in my local church and have recently completed a MSc in Palliative Medicine at Cardiff University.



Kath Webber
– Science Committee

I am a Consultant in Palliative Medicine at the Royal Surrey County Hospital. I have always been interested in research and have completed an MSc assessing the prevalence of Alcohol Use Disorders in advanced cancer patients. I have also developed and validated the Breakthrough Pain Assessment Tool and was awarded a PhD. for this work at Imperial College, London. This assessment tool is currently being translated and validated in multiple languages. I look forward to participating in the Science Committee and teaching and involving trainees in research.



Annabel Howell
– Executive Committee
(Scotland Representative)

I am delighted to be joining the Executive as the Scotland rep. I lead a team whose work is throughout the Scottish Borders – community, community hospitals, acute hospital and an inpatient unit. I am also Lead Clinician for Cancer services. I am keen to develop this role and would appreciate any feedback on how I can best represent the workforce based in Scotland.

President's Report ... continued

Our confidence in opposing this as we did came from your mandate. I hope that we have represented you properly. However, the matter on the mainland is now merely dormant in the public domain whilst behind the scenes the campaign is to move medicine towards neutrality. We will need to engage with this in the New Year. For colleagues in Ireland challenges may come in several forms and we will be advising and supporting as necessary.

Death doesn't leave us alone, either and we have lost two of our pioneers in the Association: Debbie Wilkinson, who was one of the trailblazers of the SSAS and for those deciding to convert to consultant grade with CESRs in the specialty and Fiona Hicks whose impact was felt most in establishing training and our curriculum. Both had breast cancer and are sorely missed by many. Have them in your thoughts as their families face their first Christmas without Debbie and Fiona. Thérèse Vanier, one of Cicely's direct contemporaries and a pillar of the Movement as a whole also died this year.

In terms of work for you as specialists and advocate

- Ellie Grogan our Hon, Secretary averages a consultation document a fortnight that cover the full diversity of our specialty and contribution by the broader Executive is one of our regular responsibilities. The more significant ones of course are thrown

open to you and we welcome any contact from you.

- Now that we have a new website and email system, we feel confident in communication only through digital means. We hope that you are finding the regular updating of our activity via the website, emailed bulletins and social media to be useful. Please be in touch if there are problems. You will find our new and updated guide lines here as they are completed.
- Continued surveillance and analysis of our workforce and the implications for your future continues to be overseen by Stephanie Gomm. Appraisal metrics are also available to assist you at work and this was led by Wendy Makin.
- We had hoped to have clearer advice and information on the Shape of Training, but this is still some time away. Suffice it to say that new recruits to the specialty will have to engage very actively in general internal medicine training and activity despite our reservations. However, much still remains fluid and we will keep you posted.

Finally, I have to mention finance. It has also been a year of reality and restructuring as we have felt the full force both of the ambient climate and our weaknesses in generating income. Mike Stockton, our treasurer has done an amazing job bringing us back into line. Our deficit has halved in

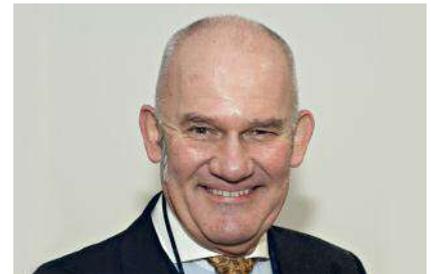
this last year. We are set for a lot more stability and a chance to develop resilience into next year.

To close, I would ask two things:

- We are working hard along with the financial restructure to refresh our vision and values that was begun at the Spring Conference and we will be launching them in Glasgow in March. Please make every effort to attend, as we need to benefit from a collective identity.
- We also need income from the conferences to clear our deficit and
- Please also encourage those around you if not already members to join. This is your Association, it is your conference and without your support, there is no organisation.

Have a good break, it is a privilege to serve you and I and the Executive will continue to do so next year!

Rob George
President



What's new in e-ELCA?

Workforce education and training – review into End of Life Care resources

The 'One Chance to Get it Right' report, produced by the Leadership Alliance for the Care of Dying People in June 2014, set out the approach to caring for dying people in the last few days and hours of life identifying five Priorities for Care. The report also made recommendations on the desired characteristics of education and training programmes. One of the Health Education England (HEE) commitments in the One Chance to Get it Right document was to conduct research into the development and evaluation of education and training methods and programmes which addressed uncertainty and communication when caring for the dying.

The End of Life Care for All e-learning programme (e-ELCA) has been recommended as part of a blended learning approach by the 'Training and Education in End of Life Care' report, commissioned by HEE to review the efficacy of existing education and training resources on end of life care.

Why not take a look at the new 'Making the most of e-ELCA' guide? It is simple and concise, designed to provide a brief overview of factors that can help organisations maximise the effectiveness and value of using e-ELCA.

Have you considered how you might use e-ELCA sessions in your teaching? Why not consider using the recently updated session *Cultural and Spiritual Considerations in ACP* as a way of getting a group to discuss really important concepts at the heart of advance care planning:

<http://portal.e-lfh.org.uk/Component/Details/361564>

For more information, please visit the updated e-ELCA website:

<http://www.e-lfh.org.uk/programmes/end-of-life-care/>

Communicating with Empathy

This course consists of six sessions that have been developed by PallE8 to promote sensitive and effective communication in end of life care. It is available within the

e-ELCA programme and is primarily aimed at non-registered care staff but is potentially suitable for newly qualified professionals and non-clinical staff who interact with patients and families at the end of life e.g. receptionists, ward clerks and volunteers. Multimedia content is integral to the e-learning with extensive video clips drawing on patient, carer and professional expertise as well as simulated scenarios with professional actors. For more information, please visit:

<http://www.e-lfh.org.uk/programmes/communicating-with-empathy/>



Health Education England

A Brief History of the APM

“through the years”

My direct predecessor as Chair of the APM was Richard Hillier. It was Richard who took me under his wing and provided a year-long induction into the difficulties, and rewards, of the role. I owe him a huge debt of gratitude.

My term of office started 15 years after the APM was formed. The issues that I grappled with were concerned with what could be termed the “adolescence” of palliative medicine as a speciality. It had been accepted that large numbers of patients and their families were being cared for in the charitable sector, either alone or in partnership with NHS community services. The APM’s manpower data had demonstrated the very large shortfall in suitably trained consultants needed to fill posts both within and outside the NHS. During my chairmanship the number of unfilled consultant posts rarely fell below 100 nationally.

This mismatch between demand and supply led to several initiatives and concerns about both funding and the need for increased flexibility for trainees. We won some of these battles (NTNs) and lost others (funding).

The process of “speciality building” was pursued in several fora. We revised the work on specialist and non-specialist curricula that had been so important in the previous ten years. Fiona Hicks worked tirelessly in this regard, through the RCP. We advocated better integration between the primary, secondary and charitable sectors. This was often through the advocacy of joint consultant posts across the sectors. We continued the argument with charitable hospice administrators that they must adopt NHS terms and conditions for all grades of medical staff in the speciality. This included access to what became clinical excellence awards, which had previously been denied to hospice doctors.

Ethical issues were a preoccupation then as now. End of life care in the UK had been examined critically in the shock that followed Harold Shipman’s trial and conviction. During my chairmanship, Dame Janet Smith’s Shipman Inquiry reported. Not all the recommendation had positive effects on the provision of palliative care. In particular, non-specialist colleagues who were not regularly prescribing strong

analgesics, sometimes took the defensive decision to steer clear of prescribing opioids at all. Perhaps the greatest tragedy associated with the Shipman case was his suicide, which denied further possibility of understanding exactly what he had done and why.

Other challenges were faced in this period. This included “drugs beyond licence” working group. This work led to useful collaboration between the pharmaceutical industry, the legal profession and interestingly the paediatricians. We discovered that off-label prescribing was the rule rather than the exception for children.

During and after my term as APM Chair, I enjoyed unstinting support from the secretariat (Sheila and Heather) in Southampton, and also from my colleagues back at base. It became apparent that the role was quite impossible without very tolerant and understanding colleagues and employers. The APM was then and continues to be effective because of the activities and enthusiasm of its members.

Andrew Hoy 2001-2004

Parliamentary Experience 14th September 2015



Pictured L-R: Edward Presswood, Olivia Bush, Victoria Bradley, Baroness Ilora Finlay, Rebecca Lennon, Maggie Presswood & Anna Sutherland

As we leant forward on our pews in the visitors’ gallery to watch ‘just another day’s business’ in the House of Lords chamber it was far from ‘just another day’ for a group of 6 palliative trainees fortunate enough to attend parliament with Baroness Ilora Finlay on Monday 14th September 2015. We could see our host sat on the famous red

leather benches alongside her fellow peers as “Questions” were put, in apparently much the same way as during Prime Minister’s Questions but with what seemed like less heckling from the assembly.

It was an opportune time to attend. The preceding Friday had seen Lord Falconer’s

Assisted Dying Bill brought by Rob Marris MP to the House of Commons for a second reading. Over 50 MPs stood to speak in the passionate debate prior to 330 votes cast against and 118 votes cast in favour of a change in the law. We had watched much of the four and a half hour debate on BBC
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Contact Details

Editor/Correspondence to:

Heather Enticott

The Compleat Conference Company Ltd,
Peterkin House, 76 Botley Road, Park Gate,
Southampton, Hampshire, SO31 1BA

Tel: 01489 565475

Email: heather@compleatconference.co.uk

www.compleatconference.co.uk

Assistant Managing Editors:

Jason Boland

Senior Lecturer and Honorary Consultant in
Palliative Medicine, Hull York Medical
School, University of Hull, HU6 7RX

Email: jason.boland@hyms.ac.uk

Dylan Harris

Consultant in Palliative Medicine,
Prince Charles Hospital, Cwm Taf Health
Board, Merthyr Tydfil CF47 9DT

Email: dylan.harris@wales.nhs.uk

Simon Noble

Clinical Reader in Palliative Medicine,
Cardiff University and Royal Gwent Hospital,
Cardiff Road, Newport, Gwent, NP20 2UB

Email: simon.noble@wales.nhs.uk

Mark Taubert

Consultant in Palliative Medicine,
Velindre Cancer Centre, Cardiff and Vale
University Healthboard

Email: mtaubert@doctors.org.uk

Joy Waldock

Consultant in Palliative Medicine,
Barnsley Hospice, Church Street, Gawber,
Barnsley, S75 2RL

Email: joy@waldock.org

APM Executive Committee:

Rob George MA MD FRCP

President of the APM

Consultant Palliative Care, St Christopher's
Hospice, 51-59 Lawrie Park Road,
Sydenham, London, SE26 6DZ

Email: rob.george@kcl.ac.uk

APM Administration:

Becki Munro

Compleat Secretariat Services Ltd,
76 Botley Road, Park Gate, Southampton,
Hampshire, SO31 1BA

Tel: 01489 565665

Email: becki@compleat-online.co.uk

Parliamentary Experience... continued

parliament and gathered at breakfast in Soho to debate the issues before meeting Iora Finlay at the peers' entrance to the House of Lords.

Baroness Finlay's timely Access to Palliative Care Bill had also had its first reading and was waiting for its second in the Lords. The Baroness not only gave us a tour of the corridors and highly decorated rooms within the House of Lords but also schooled us in the workings of parliament, how bills are developed, amended, debated and ultimately put into law.

It transpired we were not just there to sit back and observe but in a wooden panelled meeting room we were challenged by the Baroness to consider how we will improve equity and access to palliative care services in the UK. "You have one year...what are you going to do?" she asked expectedly, her eyes fixing on each of us in turn. I gulped, thinking of the stacks of portfolio work and unpublished case reports jostling

for position on my to do list and wondering if I was up for this daunting task.

As Baroness Finlay spoke with passion she inspired the sense that it is never too early to get involved with leading the specialty forward and improving end of life care. Her words: "If you want to influence things then you have to get into a position where you can influence them" held particular resonance given her own achievements.

We finished the day in the House of Commons. I had hoped we would see Jeremy Corbyn's very first PMQs but the benches had thinned out by the time we joined and we were instead treated to Boris Johnson and Alan Johnson slinging arrows regarding trade union reform.

We would like to thank Baroness Iora Finlay for her invitation, Becki Munro and Maxwell Downman for organising our timetable and our bosses for allowing us this valuable opportunity.



The 11th Palliative Care Congress
Glasgow 2016

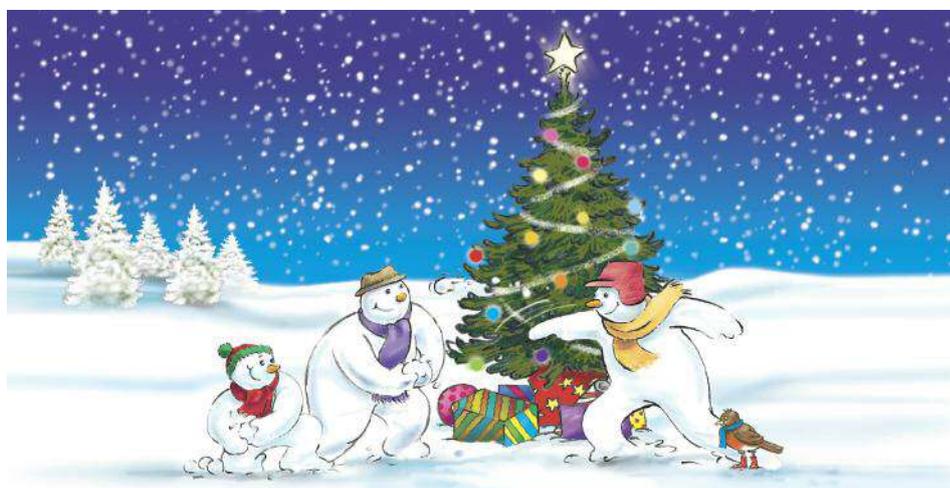
Early Bird Registration Closing - 22 Jan 2016

Rediscovering Holism: the future for Palliative Care

9-11 March 2016

Scottish Exhibition and Conference Centre
Glasgow, Scotland, UK

To book your place visit: www.pccongress.org.uk



The Editorial Board would like to thank you for your contributions to APM Post throughout 2015 and encourage everyone to send in articles of interest to your colleagues. If you would like to contribute, please contact: heather@compleatconference.co.uk

With all good wishes for 2016

Rob, Jason, Dylan, Simon, Mark, Joy, Becki and Heather