



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

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Inaugural APM Supportive & Palliative Care (ASP) Conference 30-31 March 2017 Belfast Waterfront

Abraham Lincoln said "You can please some of the people all of the time, you can please all of the people some of the time but you can't please all of the people all of the time". The Inaugural APM Supportive and Palliative Care Conference aims to "please" all of the APM membership in terms of its educational content, its social programme and value for money - at least for 2 days in March 2017!

The organising committee has planned a programme to address the CPD requirements of all sections of the membership - from medical students to established consultants, highlighting new developments within the specialty, e.g. "early palliative care" and also to highlight the challenges for the specialty, e.g. Shape of Training. Moreover, the conference will consist of a main programme, with concurrent parallel sessions, so that delegates will always have a choice of sessions to attend. The conference will also include the APM Annual General Meeting.

The main programme will include invited lectures and submitted presentations relating to new research, service evaluations (service developments) and audits. Confirmed speakers include;

- Professor Janelle Yorke, who will give the Abe Guz Lecture
- Professor Bee Wee, who will discuss EOLC
- Dr Richard Berman, who will present on early palliative care and the Christie Hospital model
- Professor Karen Forbes, who will speak about the SCE.

In addition, there will be the Fiona Hicks Memorial Lecture, which will relate to her enduring passion for palliative medicine education and training. We will confirm the speaker for this session in due course.

The parallel sessions have been organised in conjunction with the various APM committees, i.e. Trainees Committee, SSAS Committee, Science Committee and Ethics Committee, together with our invited partner organisations, e.g. the Irish Palliative Medicine Consultants Association, the All Ireland Institute of Hospice and Palliative Care (AIHPC). As well as formal sessions, there will be more informal "meet the expert" sessions, to discuss a range of topics from careers advice for Junior and SSAS Doctors to undertaking research and medical writing.

The Science Committee will also host a pre-conference critical appraisal and research methodology study day, based on their successful annual course.

In addition to the educational programme, there will be ample opportunity to network with colleagues and to sample the "active" social scene in Belfast. The conference centre is situated close to the city centre and to a number of hotels, restaurants and bars and also the major tourist attractions, e.g. the Titanic Museum, the Crumlin Road Gaol and Game of Thrones tours. Moreover, the people are very friendly and the atmosphere is very relaxed.

So.....book your study leave now - before your colleagues do! I look forward to seeing you in Belfast next March.

Andrew Davies #ASP2017
Chair, The APM Supportive and Palliative Care Conference

New Committee

Members... continued on page 2



Heidi Mounsey

I am the new Trainees' Committee workforce representative, and I'm looking forward to supporting and representing fellow trainees. I'm based in Sheffield, and have filled my house with foster kittens from the local cat shelter (keeps my mind off the junior doctors' contract!).

President's Report



Well, it's been another active quarter. Two areas merit comment:

Education and training remain very important: on the conference and education front, we had the pleasure of an outstanding PCC in Glasgow for which we must thank the team at Compleat and Derek for his leadership in chairing. The few comments he highlights in this post reflect both the mood and impact of the meeting. However, if you missed out on PCC2016, be encouraged that our strategic intention for education is to run such major conferences annually from now on. As our headline feature says: next March in Belfast we have our first ASP conference catering specifically for physicians. The programme is already substantial and wide-ranging so get the date earmarked. Andrew will be sending updates regularly.

Turning to training, we continue to work hard in the College to represent your interests in the development of the plans for Shape of Training and Alison will keep you informed. It remains a slow and sometimes rather opaque process. Our intention in the Belfast 2017 Conference is to have a session devoted entirely to this and we hope it will follow some active engagement with you all over the coming months.

You will not have failed to notice the media exposure and effectiveness of Amy Proffitt and the APM in its support of the junior doctors and our specialty trainees during the trying time of dispute between the BMA and Government. As one of the 'old guard' I am enormously encouraged to see how active the trainees, other postgraduate members and SSAS members, without whom our specialty would founder, are becoming. We need this new blood and energy. Our activity on your behalf is in the media archive on the website and I hope you feel we are serving you well and fairly.

Finally, our major piece of work this coming year on 7 day working and out of hours is under way and we are seeking key alliances with related organisations to maximise our impact in the public debate on standards of and access to care for the dying. Keep a close eye on our social media feeds and the website for information, commentary and resources.

Rob George *President*

The Science Committee's articles of the month from the APM journals.

The Burden of Polypharmacy in Patients Near the End of Life

Michael J. McNeil, Arif H. Kamal, Jean S. Kutner, et al
J Pain Symptom Manage. 2016;51(2):178–183

In a secondary data analysis of a multi-centre randomised trial, medication burden of 244 adults estimated to be in the last year of life taking a statin for primary cardiovascular disease prevention was evaluated. Patients took an average of 12 medications at enrolment and 11 medications at death or study termination. Antihypertensives, broncholytics/bronchodilators, laxatives, antidepressants, and gastric protection drugs were the most common classes of medications prescribed near the end of life.

Should we involve terminally ill patients in teaching medical students?

A systematic review of patient's views

Harris DG, Coles B, Willoughby HM.

BMJ Supportive & Palliative Care 2015;5:522–530.

A systematic review using narrative synthesis explored how terminally ill patients feel about being involved in undergraduate medical teaching. Seven studies with 269 patients (mostly hospice based) were included. Patients were generally in favour of being involved in teaching. Negative aspects included concerns about being physically examined; finding it tiring and feeling unable to decline.

Prepared by Jason Boland, on behalf of the APM science committee

Famcare Audit 2016

It is that time of year again where we would like to ask members to register to take part in the Famcare audit for 2016. Duration of service evaluation: 1 August to 30 September 2016 (covers deaths during the period 1 June to 30 August 2016). Each unit will need to obtain clinical governance approval. The closing date to register your unit to take part is 22 July 2016. Please contact Hazel Craik on hazel@compleatconference.co.uk for further details and to register.

New Committee Members... continued from page 1



Beth Williams

- Prof Standards Rep,
SSAS committee

I have been working as a Specialty doctor for Isabel hospice in Hertfordshire for almost three years, having completed Core Medical Training in South London. I am delighted to now be joining the SSAS committee. In particular I look forward to opportunities to meet and work with others and to promote and support the important role of SSAS doctors in Palliative medicine.



Sophie Hancock

- Postgraduate
Membership
Coordinator

I graduated from Manchester in 2012 and have since trained in adult medicine in the North West of England. In August, I will be taking a year out of training to teach medical students. When I'm not working you can often find me enjoying the outdoors in the nearby Lake District. I have always been passionate about palliative care and I am excited to take on my new role for the APM junior committee.



Helen Bonwick

- SSAS Joint Chair

I have been an Associate Specialist for 11 years and prior to that I was a Staff Grade. I work at Marie Curie Hospice Liverpool and the Liverpool Heart and Chest Hospital. I have been on the APM SSAS committee for the past 4 years and have just taken up the post of Joint Chair from December 2015.

I have a special interest in teaching all disciplines from undergraduate to post graduates. It is a privilege to represent the SSAS group of doctors and hope to promote our expertise within specialist palliative care.

e-ELCA: Supporting NICE Guideline Implementation

The following e-ELCA sessions have been highlighted as a resource to help with implementation of the National Institute for Health and Care Excellence (NICE) guideline Care of the Dying Adult [NG31]:

- Assessment of dying phase and after death care (02_14)
- "What will it be like?" – talking about the dying process (03_26)
- Discussing 'do not attempt CPR' decisions (03_30)
- Symptom management (04_23–04_26)
- Discussing food and fluids (03_31)

More information on this can be found here:

<https://www.nice.org.uk/guidance/ng31/chapter/Implementation-getting-started>

A new, additional session that brings together management of symptoms of the dying adult and anticipatory prescribing will be available in the summer.

e-ELCA: Updates

The 'Five Ways To Motivate And Engage Learners' leaflet is now available on the e-ELCA website (<http://www.e-lfh.org.uk/programmes/end-of-life-care/>).

This is intended as a practical guide for managers, as well as trainers, wanting to improve end of life care as it will help motivate and engage learners by highlighting best practice when using e-learning.

All e-Learning for Healthcare (e-LfH) programmes, including e-ELCA, will soon be available via an alternative route of access. Anyone entitled to an OpenAthens account will be able to access e-LfH programmes via OpenAthens. This will be available in the summer. It will allow university healthcare staff and students to access e-ELCA and will be especially helpful for medical students. To support this there will be a pathway in e-ELCA for medical students, mapped to the APM medical student curriculum.

Lastly, I need some help! All e-ELCA sessions are now up-to-date but need further editorial work to streamline content and enable navigation by staff group and learner level. If you have some time, I have some resource so please do get in contact with me.

Christina Faul
APM e-ELCA Lead
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A Brief History of the APM “through the years”

We continue with Bill Noble 2007-2010

Here are a couple of the best bits:

I was talking to my Spanish colleagues at a European Association for Palliative Care conference about the fact that I had just started my term as Chair of the APM. I was doing the English self-deprecating humour thing, “Oh it’s nothing really, just like being captain of the golf club.”

The specialty was coming of age, but it still felt like we were breaking new ground, taking palliative care into the teaching hospitals and the medical schools. However, we did have a problem; we lacked influence. The founders of the APM had been persuaded by the major charities in the field (who were worried that we might become too influential), that rather than a multi-disciplinary palliative care society, we should be a doctors’ specialty association. It worked, and somehow, we did not get to sit on the important committees that decided policy, being seen as having narrow professional interest.

My plan was to try to get the big beasts of the specialty, busy professors and medical leaders to re-engage with their specialty through the APM. I sensed that colleagues’ centres of gravity were mostly in their institutions and I wanted us to become more collegiate in the cause of bringing palliative care to the masses. We had started a strategic review of the work of palliative medicine and I called a large meeting of the great and the good to hammer out a consensus. I remain proud of the document we produced: “Palliative Medicine in Supportive, Palliative & End of Life Care: A Strategy for 2008 to 2010”.

The role of the palliative medicine physician The core role of the palliative medicine physician may be defined as the medical assessment of distress, symptom management and end of life care for patients with complex clinical needs due to advanced, progressive or life threatening disease. They provide medical leadership within palliative care services, hold clinical responsibility for the treatment of patients and act as a specialist resource. Other responsibilities include ensuring good quality, efficiency and equitable access to services, advising on strategic planning including commissioning, and developing strategies for research, education and training in relation to palliative care.

Conclusion

After 22 years of gradual development and careful integration of the principles of palliative medicine, the APM is ready to contribute to supportive, palliative and end of life care with a new clarity of purpose

Getting out and into the British medical establishment was good for my soul. I was meeting seriously brilliant doctors and discovering what a real contribution to medicine looked like. There were some rather complacent, self-serving attitudes around our specialty at that time, but hanging around the Royal Colleges, the BMA and Department of Health gave me a different perspective.

One of my best morning’s work was turning up at the Director of Public Prosecutions office with Rob George to persuade Kier

Staumer that his ruling on who would be prosecuted for assisting suicide should include doctors. The other three triumphs were phone calls persuading Bee Wee, David Brooks and then Rob George to become APM Presidents. By the time I was about to step down, we were beginning to be consulted by people who mattered. At the 2010 EAPC Research Congress that we brought to Glasgow, I bumped into my Spanish friends again. “We, also have had strategic discussions about the future of our palliative care association. We made one decision first. We will not be a golf club, like the British.”



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The 11th Palliative Care Congress, 9-11 March 2016, Glasgow

The 11th Palliative Care Congress took place in Glasgow and what a great event it was! It's difficult to believe after two years work on this that the congress is over in such a short space of time, but I think the full and varied nature of the programme, the smooth running of the Congress and the warm and friendly atmosphere show how much work had gone into it. I'd like to say a huge thank you to the various committees connected to the Congress, to Compleat for their invaluable help and to the city of Glasgow for making us feel so welcome. Here are a few 'tweets' which were posted and some quotes from the evaluations.

Derek Willis

Chair of the 11th Palliative Care Congress

“This was the best PCC I have attended and...it was all summed up by the face of one of my colleagues at the end of day 3 whose face of educational and inspirational satisfaction was a picture to behold”

“Homeward bound; thank you @PCCongress for an absolutely brilliant conference with great speakers & topics. See you next time!”

“@PCCongress. hard act to follow...thanks for such an amazing 3 days. So much to think about and aspire to. :)”

“First, the choice of plenary speakers was truly fantastic. They made the congress for me.

Secondly, the clinical sessions were superb. The skill of the presenters were key to this. I was able to engage fully with the sessions and grasp the essence of what virtually everyone was trying to convey. This congress proved to me that such a forum can be captivating as well as educational, which is really what events of this kind should be about. Because the sessions did not try to be too "niche" I was able to come out of the event recharged and invigorated.

Thirdly, I felt that I was able to get from this congress that which I would not easily be able to access elsewhere. Accordingly it follows that it was worth the investment of my time and money”

“It was a pleasure to attend this year's PCC and I am grateful to the organising committee. They were able to confirm that which I had long believed, namely, that a PCC "for everyone" is not only realistic, but achievable.”

Upcoming Events

The transition from children's to adult services for young people with life-limiting illnesses

Organised by the Transition and Neurological Palliative Care SIFs

Date: 24 June 2016

Location: The Studio, Birmingham

Registration is now open!

For further details visit: www.apmonline.org/events/

The APM Supportive & Palliative Care Conference (ASP Conference)

Organised by The Association for Palliative Medicine

Date: 30-31 March 2017

Location: Belfast Waterfront, Northern Ireland

Call for Papers is now open!

Registration opening soon

For further details visit: www.apmonline.org/document-links/

