



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

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## Inaugural APM Supportive & Palliative Care Conference - ASP Conference. 30-31 March 2017 Waterfront, Belfast

One of the main aims of the ASP Conference is to provide sessions relevant to different groups within the APM. This update focuses on sessions aimed at junior doctors and specialty trainees in Palliative Medicine: these sessions have been organised by the Trainees Committee. Dr Amy Proffitt, Chair of Trainees Committee, is a member of the ASP Conference Organising Committee.

### Research methodology study day

The Science Committee has organised a one day research methodology study day, including critical appraisal, which will take place prior to the main conference. The study day is an abridged version of its normal 2-day course and is a **must** for inexperienced researchers, particularly those seeking to undertake a research project. The study day is organised by experienced palliative care researchers.

### Junior doctor programme

The junior doctor programme will be run by trainees with support from experienced educational supervisors. The session will give an overview of specialty training, provide advice on preparing for specialty training, i.e. essential / desirable experience; application completion, and provide experience of a **mock** specialty interview featuring a clinical station and an ethical station.

The session is somewhat unique, and is a **must** for any junior doctors considering a career in Palliative Medicine. So please make your juniors aware of the session, including the reduced delegate rates for medical students and junior doctors.

### Specialty trainee programme

The specialty trainee programme includes sessions on the SCE - presented by Professor Karen Forbes, duty of candour, mental capacity legislation, mental health legislation, ACPs / ADRTs, anxiety and depression, delirium and terminal agitation, and interactive communication skills training, i.e. dealing with challenging patients / families; dealing with challenging colleagues.

The session was developed by the Trainees Committee to cover "orphan" topics within the curriculum; the speakers were chosen for their relevant expertise and presenting skills. Specialty trainees are also eligible for a reduced delegate fee for the ASP Conference, if a member of the APM.

In addition to these tailored sessions, the remainder of the conference programme will not only be of interest to consultants, but to medical students, junior doctors, and specialty trainees. The conference is accepting abstracts for poster and oral presentation and there are specific prizes for medical students, junior doctors, and specialty trainees, as well as the annual Twycross prize.

Finally, the Conference offers a great opportunity to network with colleagues and to experience the various attractions and nightlife of Belfast/Northern Ireland. For further information about the ASP Conference, or to submit an abstract please go to the APM website [apmonline.org/document-links/](http://apmonline.org/document-links/)

### Andrew Davies #ASP2017

Chair, The APM Supportive and Palliative Care Conference

## New Committee Members



### Cate Seton-Jones

I am the Medical Director of a Hospice on the Surrey Hampshire border. It is with enthusiasm that I join the APM professional standards committee as the RCP Revalidation representative. In my role as responsible officer for my Hospice and medical appraiser at my local acute trust, I feel equipped to advise the committee on matters such as appraisal metrics, supporting information, GMC recommendations and quality assurance of appraisal systems. Beyond Revalidation I have an interest in medical leadership and service integration/development.



### Joan Regan

I work as a full time Consultant in Palliative Medicine between the Belfast Trust / Marie Curie Hospice Belfast and have Co-Medical Director duties in Marie Curie Hospice Belfast. I have recently taken up the role of APM Workforce Committee member for Northern Ireland, and will be involved in the regional workforce review in conjunction with the Palliative Care Programme Board.

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## President's Report



I can't remember which of Dicken's characters said 'Times is 'ard', but if you feel things in your neck of the woods are at breaking point, remember the apocryphal quip that Churchill may have said: 'Never let a good crisis go to waste'. As this summer of extremes comes to a close I want to highlight three very practical things covering service sustainability and development on which we must act. The first is to do with local strategy; the other two relate to the essential feedback that the APM needs to provide the evidence base that underpins each of your local cases for investment in services. Information is power: First, if you are unaware of the Government's 60 page publication [National Commitment for end of life care](#), it is the key document that lays out their position. Whilst money does not come with it, one can take this as a mandate to press hard in your localities for change

and for each of us to contribute to realising the [Ambitions for Palliative and End of Life Care](#).

- This week the NCPC produced a practical overview [NCPC Briefing National Commitment](#), so use this as you begin to make plans in your locality. It is down to us all to lead where we can and lobby and woo where we can't. Commissioners need answers, colleagues need partnership and patients need better care. This is what we have, so let's use it for all we are worth

- We will refresh our resource area on policy and strategy documents to assist you with this

Second, in order to make your cases locally, you will need evidence of where there are pressures on the workforce and to be able to benchmark yourself against others. This is why Stephanie is being so emphatic that we have a substantial return on our **Workforce Survey**.

- Please give half an hour to completing the workforce survey.

Finally, equally important action is needed in two areas related to service funding.

The project to develop a **Palliative Care Funding Model** is coming to its close this December when the final draft guidance will be published. Although the original intention had been to develop a per-patient tariff, the changes in the health care landscape following the Health and Social Care Act 2012 means that this is no longer the ideal mechanism, nor will it be possible to

mandate a single payment system. The recommended approach is likely to be population rather than individually based to accommodate local variations in demography, rurality, and socioeconomics fairly; it will be able to reflect a service's capacity and be adjustable to allow incentives for quality, outcomes, and innovation. To gain maximum benefit from this there are two key actions needed by you:

- **For those of us working in hospitals**, it is vital that every service contributes to the [survey attached to this post](#) - just decide who will represent your hospital team and follow the instructions on the survey. This is a crucial survey to benchmark the presence or absence of existing investment and funding in hospitals and strengthen your local negotiating positions, and I would urge you not to squander this opportunity;

- **For all of us**, please look out for the draft guidance from the palliative care funding project, and exploit the window for comments, which is likely to run from mid-October to mid-November. We will notify you of this. Much has been learned both from our pilot sites and from developments in other specialties, and we have the opportunity to comment and strengthen this guidance further. Go to it!

**Rob George** *President*

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

A selection of recent 'articles of the month' have been selected by the science committee. These articles are updated in the bulletin every month which may also be used for journal clubs.

**Pharmacovigilance in hospice/palliative care: the net immediate and short-term effects of dexamethasone for anorexia** showed by day 7 two-thirds had some reduction in anorexia but one-third had negative effects (insomnia, depression, euphoria and hyperglycaemia). Longer term follow-up will help to understand longer term and cumulative harms.

**A Mixed-Methods, Randomized, Controlled Feasibility Trial to Inform the Design of a Phase III Trial to Test the Effect of the Handheld Fan on Physical Activity and Carer Anxiety in Patients With Refractory Breathlessness** randomised patients to breathlessness self-management/exercise advice +/- fan. 43 completed the study and interviews showed patients found fans useful. They conclude that a definitive, multisite trial is feasible BUT it's not going to happen – 'the value of information for changing practice or policy is unlikely to justify the expense of such a trial, given perceived benefits, the minimal costs, and an absence of harms demonstrated in this study.'

**Update on Prevalence of Pain in Patients with Cancer: Systematic Review and Meta-Analysis** selected 122 studies for the meta-analyses on pain (117 studies, n = 63,533) and pain severity (52 studies, n = 32,261). Pain prevalence was 39% after curative treatment; 55% during anticancer treatment; and 66% in advanced, metastatic, or terminal disease. Moderate to severe pain (numerical rating scale score  $\geq 5$ ) was reported by 38% of all patients.

**Jason Boland**, *on behalf of the APM science committee*

## New Committee Members... continued from page 1



**Amy Proffitt**

I am a final year SpR Trainee in the East Midlands and current chair of the Trainees' Committee of the APM. I represent the APM on the JSC with the RCP (London) and am the Secretary to the RCP (London) Trainees' Committee. Through these roles I have a particular interest in the development of audit, service evaluation and outcome measures. I was co-author on the FAMCARE service evaluation lead by the APM in 2015. I am completing a Masters in Medical Education and look forward to continuing to represent the APM on the PSC through my CCT in August 2017



**Anthony Williams**

I am currently based in Cardiff after spending three years in Cornwall. I am married to Jen we have a little daughter, Bessie. I enjoy being outdoors, most sports and riding my bike. I am a member of my local church and involved in the youth work there. I am really looking forward to working on behalf of trainees as the Ethics representative.

## e-ELCA and beyond...

I'd like to draw your attention to useful sessions in the e-Learning for Healthcare (e-LfH) Hub that aren't in the e-ELCA programme but scattered in the many other programmes. You can gain access to any of these by logging in, going to the 'My Account' tab and selecting 'Enrolment'.

A brand new Acute NIV programme has been launched. This has useful learning about the physiology of respiratory failure and assisted ventilation but also has lots of information about the use of NIV in COPD and includes some focus on end of life issues.

The Dementia programme has a useful session on end of life care written by Murna Downs and Lindsey Collins from the University of Bradford. The session addresses the Tier 2 learning outcomes for Dementia, as defined in the Dementia Core Skills Education and Training Framework. It

may be a useful teaching resource for you.

There are 14 sessions about DoLS developed by the RCPsych. The most useful may be DoLS Legal Process Overview. I'd be interested in your feedback on this.

I've previously highlighted the value of Tracheostomy safety, especially for SpRs to support their curriculum.

If anyone has used other sessions it would be good to share this knowledge, so please send me your comments and I can facilitate this.

### Learning paths

If you venture onto the Hub page for e-ELCA you will see the 8 courses and further down, folders of learning paths including those for the Priorities for Care of the Dying person. Learning paths are

collections of e-ELCA sessions brought together for a specific focus or staff group. Adam Brown at United Lincolnshire Hospitals Trust (ULHT) has developed a core training programme of e-ELCA sessions for doctors, palliative care link practitioners and other healthcare staff. This is hosted on the e-LfH Hub and integrated with the Trust ESR so learning activity is recorded and can be reported on. You might want to use this or develop one of your own for your hospice, hospital or community service. e-LfH is very open to supporting this so get in touch if we can help.

### Christina Faulf

APM e-ELCA Lead  
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e-ELCA  
End of Life Care for All

## A clarion call to the specialty

To all APM members we need your help in seeking your views on the future development of the specialty. The APM Executive has convened a task and finish group for Service Development and Workforce chaired by Dee Traue to review the challenges facing the palliative medicine workforce and the models of services required. A scoping of current practice will be undertaken to determine our workforce requirements, and the design of the service models to deliver 7/7 services. There will be interactive sessions to present and discuss with members in Belfast on March 30th/31st 2017 at the APM Supportive and Palliative Care conference.

So please complete the 2016 APM

workforce survey that has a specific focus on current access to the palliative medical and nursing workforce for 7 day palliative care services in hospices, community and hospitals.

Each country needs your data to support recommendations from the APM to the respective Departments of Health, Royal Colleges, Health Education England, and to influence the changes to training in palliative medicine proposed by the implementation of Shape of Medical Training and its impact on service models and future consultant roles.

So far we have a response rate of 41% so let's beat 57% in 2015.

If you have not received the survey please go to:

[www.surveymonkey.co.uk/r/7WDYPX3](http://www.surveymonkey.co.uk/r/7WDYPX3)

to complete the survey or contact Becki Munro at [becki@compleat-online.co.uk](mailto:becki@compleat-online.co.uk)

The APM Workforce committee has published a commentary on the 2015 APM workforce survey including a summary of other data from RCP and SAC Palliative Medicine alongside the full analysis see <http://apmonline.org/committees/workforce-committee/>

### Stephanie Gomm

Chair APM Workforce Committee

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# Research Methodology Workshop

Organised by the APM Science Committee,  
kindly supported by Marie Curie

Wednesday 29 March 2017

Venue to be confirmed, Belfast, Northern Ireland

[Click here to view the programme](#)

**Registration is now open!**

[Register Now](#)



### Registration Fees

APM Member Early Bird Rate  
(until 13.01.17) **£75**

Non Member Early Bird Rate  
(until 13.01.17) **£95**

APM Member Standard Rate  
(after 13.01.17) **£100**

Non Member Standard Rate  
(after 13.01.17) **£120**



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## The APM Supportive & Palliative Care Conference (ASP Conference)

Organised by The Association for Palliative Medicine  
30-31 March 2017 ● Belfast Waterfront, Northern Ireland

**The call for papers is now open!**

Submission Guidelines are available – [click here to view](#)

To submit, you will need the following username and password,  
then click on the blue 'Abstract Submission' box:

Username – ASP2017 Password – March 2017

[Submit Now](#)

**Registration is now open!**

For a full list of registration fees, [click here](#)

[Register Now](#)

For further information on the conference, [click here](#)



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## End of Life Care Study Day

To be held in conjunction with the APM's Supportive and  
Palliative Care Conference  
Study Day: Organised by the APM, in association with the  
All Ireland Institute of Hospice and Palliative Care (AIHPC)

**Friday 31 March 2017**

Belfast Waterfront, Northern Ireland

[Click here to view the programme](#)

**Registration is now open!**

[Register Now](#)

**Registration Fees**

Early Bird Rate (until 13.01.17) **£150**

Standard Rate (after 13.01.17) **£200**



**AIHPC**

All Ireland Institute of  
Hospice and Palliative Care