

The Association for Palliative Medicine Workforce Committee Update

Greetings from the APM Workforce Committee which is about to achieve its 3 year milestone as Chair, I am pleased to update you on our expanded membership:

Representatives for:

England	Benoit Ritzenthaler
Scotland	Jane Edgecombe
Wales	Caroline Osborne
Northern Ireland	Julie Doyle
Ireland	Feargal Twomey
Registrars	Mary McGregor
SSAS	Reema Pal
SAC	Penny McNamara

We also have a new addition of Hannah Billett who is a CMT doctor in Newcastle representing the APM Junior Members Committee.

As well as "crunching" workforce numbers it is vitally important as a specialty we define the purpose of our medical workforce especially in the context of 4 significant publications in 2013: Future Hospital Commission Caring for Medical Patients - RCP, The Shape of Medical Training - Academy of Medical Colleges, The 2022 GP Provision for General Practice in the Future - RCGP, and the Hospice Commission - Help the Hospices 2013.

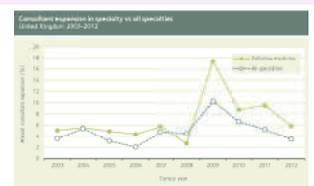
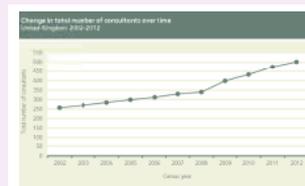
The APM Workforce survey has been in the electronic format since 2010 and we are currently analysing the 2013 data and preparing for circulation the 2014 survey. The committee links closely with the RCP Workforce Unit and we presented our speciality report for 2012 https://www.rcplondon.ac.uk/sites/default/files/palliative_medicine_0.pdf at the College meeting in London in December 2013. Also, we have the invaluable support of the heads of speciality on the SAC Palliative Medicine who do a sterling job in providing up-to-date figures each September in regard to the numbers of trainees and consultants in their Deaneries.

In 2011, I reported that the most significant challenge to all medical workforces was the current financial climate in the public sector and also its impact on the voluntary sector. As predicted

there has been a slowing of consultant expansion but our numbers still increase more than the majority of specialties.

Changes in Consultant Workforce

The RCP census 2012 identified 502 consultants across the UK: with 71.5% female - one of the highest in the medical specialties. Almost half the workforce (48%) work less than full time. There are 440 posts in England; 28 in Wales; 43 in Scotland and 16 in Northern Ireland. Annual expansion rate has slowed from 9.5% (2011) to 5.9% in 2012 slightly outpacing other medical specialties (3.5%).



Figs 1 and 2.

For the APM 2013 survey we issued 1080 questionnaires with a return rate of 765 (71%).

In September 2013, SAC Palliative Medicine reported an increase in Consultant posts from 507 (409 fte) in 2012 to 538 (436 fte) for the UK. Vacancy rates have fallen in all countries except Northern Ireland (Table 1).

Table 1.

SAC 2013 Consultants	UK	England	Scotland	Wales	N Ireland	Eire APM 2012
Number	538	438	45	36	19	30
fte	436	321.95	39.65	29.2	16.6	28.6
Participation ratio	0.81	0.74	0.88	0.81	0.87	0.95
Vacant posts	39	33	2	1	3	0
fte	36.4	30.6	2	1	2.8	0
% vacancy rate	-7.2%	-7.5%	-4.4%	-2.7%	15.8%	0%

The full Workforce report can be accessed via the APM website on: <http://www.apmonline.org/documents/14017913354865.pdf>

Stephanie Gomm - Chair, APM Workforce Committee

New Committee Members



Paul Clark - Ethics Committee. In a previous life I was a GP but gradually became drawn into palliative medicine. I work as a specialty doctor at Rowcroft Hospice in South Devon. My interests include communication skills, oedema management, education and practical ethics. I like motorbikes and painting but not at the same time.



Dee Traue - Executive Committee. I have been a palliative medicine consultant for nearly ten years and am currently Medical Director of Isabel Hospice in Hertfordshire and also work as part of the Palliative Care Team at East & North Herts NHS Trust. I am the medical representative on the Help the Hospices Care Support and Strategy Team and a member of the RCP Joint Specialty Committee for Palliative Medicine. I am delighted to have the opportunity to join the APM executive committee.

President's Report

It's 7am Thursday 15th May. I should be on annual leave helping my Mum pack for her move to a retirement village. But instead I am sitting in a cubbyhole studio in BBC York waiting for the first of a dozen local radio stations to come down the line and fire questions at me on the National Care of the Dying Audit for Hospitals. I am wishing I brought a flask of coffee or even a bottle of water as there is none available here. 8 am; six down. At last a receptionist brings me a coffee - I am starting to struggle to remember where I am talking to until a strong scouse accent comes down the line. Have I used that phrase before to this station or was that the last one? 9am; I stagger out of the station to the nearest cafe and order a large Americano with an extra shot.

A Guardian is lying on the table. I open it and on page 2 the headline "End of life care requires 'widescale improvements', report says," jumps out at me. It quotes from the APM press release. I put in a call to find out how the rest of the media engagement is going. APM spokespeople on BBC, ITV and Channel five news and we have placed spokespeople into many local TV and radio outlets. (I can't see any of these because my Mum neither has TV nor the internet!) The Guardian has published my Comment is Free article online.

Two years ago we did a survey of the Membership and one of the comments that came back was 'my breathing makes more noise than the APM...'. Well you can hardly say that now. There are likely to be more media opportunities arising in the near future with the upcoming publication of the response of the Leadership Alliance for the Care of Dying People and the proposed Assisted Dying Bill.



If you are approached by the media and want some resources to help or don't want to respond but would like an APM spokesperson to then please contact the APM office.

One of the reasons for success in the media engagement in both Dying Matters week and around the NCADH was partnership working. Our voice is louder when we sing from the same hymn sheet. This is not only true of media work but of other areas of influence. With the change in NHS structures we need to find different ways to influence. We have therefore been talking with potential partners about how we may join forces on various initiatives. One such coming together is the newly formed End of Life Care Working Partnership Group including representation from other professional groups, national organisations, charities and NHS bodies. One of the key roles for this group in its first year is to monitor and influence the implementation of the output from the Leadership Alliance for the Care of Dying People.

It feels like we have been holding our breath for that for a very long time. Hopefully very soon, maybe even before this lands on your doormat, we will be able to let out that breath and move forward.

David Brooks
President

New Committee Members - continued



Esraa Sulaivany – SSAS Committee. I am a senior specialty doctor in palliative medicine in Warrington, North Cheshire, I am very much involved in the merseyside and cheshire specialist palliative care delivery group and the SSAS group. I am delighted to join the APM SSAS committee and looking forward to getting involved.

Ros Marvin – Trainees' Committee. I'm currently a palliative medicine ST4 based in Cambridge. As the Trainees' Committee Website Officer I hope to draw on a variety of experiences, including designing a computer-aided learning module on diabetes as a medical student, and running my own website as a part-time wedding photographer. I believe as a specialty we should embrace advances in communication provided by social media.



Kate Mark – Specialist Advisory Committee. I am an ST4 in South East Scotland. I am from Northern Ireland, and worked in London and New Zealand, before securing a training post based in Edinburgh. I am interested in public health related to palliative care. In my spare time, I enjoy cycling and running very slowly around Scotland. I am looking forward to representing my colleagues in Scotland on the SAC.

Forthcoming Events

APM Study Day - organised by the SSAS Committee
6 November 2014 – York

Integrating clinical and ethical aspects of decision making in palliative medicine. On-line registration is **now open** and the outline programme can be viewed on the APM website.

Appraising the literature and research – getting started
13-14 November 2014 - St Catherine's Hospice, Scarborough

A two day event organised by the Science Committee Trainees should note that the programme is designed to meet your curriculum requirements.

On-line registration is **now open** and the full programme can be viewed on the APM website.

APM Study Day - organised by the Trainees Committee
28 November 2014 – Centre for Life, Newcastle
Sessions will include: End stage non-malignant disease and organ transplantation

On-line registration is **now open** and the full programme can be viewed on the APM website.

www.apmonline.org



SAVE THE DATE

The 3rd Biennial Conference and AGM
23rd-24th April 2015
One America Square, London

More information coming soon.

A Brief History of the APM ‘through the years’

“The First Four Years”

The twenty years after St Christopher’s opened in 1967 saw an explosion of hospices in Britain, many run by charities, but a significant number by the NHS which chose to call them ‘Continuing Care Units’, studiously avoiding such words as death, dying & terminal. Not only did they attract highly professional nursing and medical staff, but also the attention of government, the Royal Colleges, politicians, Royalty and significantly, the general public who contributed very generously and seemed pleased with ‘hospice care’.

By the 1980’s, administrators in the charitable units and nurses had formed professional associations to look at contracts, recruitment, training, record keeping, computerisation, and much else. Soon other groups – nurse managers, tutors, chaplains, therapists – had their own representative bodies. Feeling that the time had come for doctors working in ‘terminal care’ to have such a body Drs Twycross, Hillier and Doyle met in Oxford to discuss it. They agreed that the time had come to propose it to colleagues. A meeting was then held in Birmingham, attended by 90 doctors (a further 40 sending apologies) when it was unanimously agreed to form what they called The Association of Palliative Care and Hospice Doctors of Great Britain and Ireland. A small committee was formed. Elected as Treasurer was Twycross but he resigned after a few weeks because of pressure of work. The vacancy created was filled by Simon Dover. Hillier was Secretary and Doyle Chairman. The decision to include Ireland was a unanimous one and this was one of the earliest of many occasions after that when the word ‘palliative,’ first introduced in Canada, was used to describe their work.

That inaugural meeting agreed unanimously on the following objectives:

- To set clinical standards through research, evaluation, regular scientific meetings.
- To recommend appropriate training for those ‘specialising’ in terminal care. It was recognised that such ‘specialising’ would not meet the standards of the Joint Committee for Higher Medical Training (JCHMT) but was a pointer to the future. Note the use of ‘terminal care’ – the start of a long debate (in UK and later worldwide) on the definition of our work.
- To encourage the education of medical students and generalists.
- To encourage an appropriate distribution of hospice-type care nationally.
- To advise on medical staffing levels, contracts and terms of employment.
- To promote evaluation and research.

Other proposed, but not unanimously agreed, objectives included:

- To review and determine the scope of diagnoses with which hospices could and should become involved.
- To publish a newsletter, as a basis of improved communication between hospice doctors.

Readers will have noticed that even in the infancy of the APM there was concern about its name, its scope, its responsibility to help to train medical students and colleagues in different branches of medicine, a commitment to research (and at the same time frank admission that much of what they were doing was not research-based. Indeed it was pointed out that of 100 or so members when we started, less than 10 were conducting research or had been trained in research).

Initially there was some tension, but no animosity, between GPs and hospital doctors, the former reminding them that care of the dying was an accepted part of their work and asking their hospital colleagues what they thought they could do better. The hospital doctors related how poor was the ‘terminal care’ provided in some hospitals, how inadequate many junior doctors felt having had little, if any, training as students. As every month passed the need for professional recognition of the challenge and what they could

offer by way of education and research grew. What was agreed by all members was that the core features of what today is called Palliative Medicine were, in fact, the integral features of all compassionate care whatever the pathology, wherever the patient was being cared for.

What many readers may not realise is that the APM founded near the end of 1986 and still in its infancy, influenced many very influential initiatives worldwide:

- In 1987 the journal ‘Palliative Medicine’ was launched. What a success story that has proved to be.
- In 1987 Palliative Medicine was recognised as a sub-specialty of Medicine.
- In 1988 the European Association for Palliative Care (EAPC) was launched in Milan by 41 national representatives. A British APM member was elected Vice-Chairman and Chair of the Education Committee.
- In 1991 was formed the National Council for Hospice and Palliative Care Services.(Great Britain), an umbrella organisation working closely with the DoH.
- In 1993 The first edition of the Oxford Textbook of Palliative Medicine (OTPM) was published and soon on the shelves of new Associations /Societies in Australasia, North America and Europe.

All were important milestones but none more so than recognition as a sub-specialty. During the negotiations to achieve such status searching questions were asked about the APM (with surprise being expressed that so many doctors already worked in what it was decided to call Palliative Medicine) and how they saw it developing. Other questions included what research was being done and envisaged, and whether their ‘sub-specialty’ would, in time, have its own journal. Fortunately the journal had, in fact, been launched only months before. No matter how attached some were to the name ‘Hospice’ those appointed to say whether or not they should be a new sub-specialty were unanimously for ‘Palliative’.

In the next few years more eager recruits came in than had been expected, most with no specific training in palliative medicine but eager to learn, GPs often offering to work part-time. Soon different models of palliative care provision were being tried. Some units only saw out-patients, others used Home Care Teams, some services had no beds, others peripatetic advisory services in hospitals. In spite of much effort to get consultants other than oncologists to use such teams the first few years were almost totally devoted to patients with malignant disease. The APM was deeply indebted to NAPP Laboratories and Macmillan Cancer Relief in those early days.

The meetings of the APM were happy, co-operative affairs given to sharing news, reporting more successes than most had dare dream of, and seeing many of their hopes fulfilled – the basis of friendships still alive today. They were good days when it felt like everything was being planned or done for the sake of their patients and not for them, their doctors.

For me it has been a happy experience recalling these and other pioneer colleagues, many of them now dead, who brought such wisdom and life-experience to the new speciality and made it what it is today – one of the most rewarding branches of Medicine. We were privileged in those ‘old days’ but no more than you are in today’s APM!

Contributed by **Derek Doyle**

★ NEWSFLASH ★

Applications for APM support for National CEA award applications are now open - for details on how to apply please contact Becki Munro: becki.munro@apmonline.org

Therapeutic Challenges in Palliative Medicine

The 4th annual SSAS conference took place in Bristol last November. The meeting was well attended, especially by doctors local to the area. The talks, which were presented fully, delivered on the brief of therapeutic challenges in palliative medicine. They included the increasingly important view of managing diabetes in our population of patients including those at the end of life. The prescribing for and management of people who are substance abusers gave useful management strategies to the delegates. The other topics included managing palliative care in the homeless population, seizures and dementia care. The day ended with the

management of Parkinson's disease. With ample time for questions and networking, evaluations reported the day as very informative. Members of the committee were available to talk with delegates and promote the website. Preparations for the next conference on 6th November 2014 in York are well underway. The Committee are keen to move the conference around the country to enable more SSAS doctors to attend the event. *Please keep the date and we look forward to seeing you there.*

Helen Bonwick, SSAS Committee Member

APM Juniors – First National Conference

The APM Juniors group held their 1st national conference in the Clinical School, Addenbrooke's Hospital, Cambridge on 8 March 2014. Attended by around 80 medical students and pre-specialty doctors with 12 posters displayed, there was a huge amount of debate and discussion throughout the day. Particularly thought provoking were Dr Richard Smith's keynote speech on "Attitudes towards Death and Dying" and the panel discussion on "What should replace the LCP?" Different and exciting workshops were

held on Ethics, Bereavement, Paediatric Palliative Care and Global Health. With a talk on the APM and the APM Juniors from Dr David Brooks and Daniel Knights, the head of the APM Juniors Working Group. Many got in touch to say they are interested in the future of the APM Juniors, meaning the conference was an incredibly exciting and successful first event.

Anna Street, Student Doctor. University of Cambridge

EAPC BOARD REPORT - APRIL 2014

When the EAPC Board met, many areas were discussed, looking at future developments and the future of the EAPC.

- In 2015 there will be elections for vacancies on the Board. Candidates are sought from all over Europe, but especially from non-physicians, from Central and Eastern Europe and members under 45 years old. Further information is available from Board members or the EAPC Secretariat.
- The EAPC Central Office is undergoing reorganisation, as Heidi Blumhuber will be retiring soon. A new Chief Executive Officer is being sought and will be appointed this year.
- There are increasing collaborations with other European organisations including:
 - The European Society of Medical Oncology – producing guidelines
 - The European Forum for Primary Care
 - The Maruzza Foundation and the European Union of Geriatric Medicine Societies working group to improve palliative care for older people
 - International Children's Palliative Care Network
 - World Health Assembly in May 2014
 - World Hospice and Palliative Care Association – planning a World Hospice Day on 16th October 2014
 - African Palliative Care Association – are undertaking a survey of involvement of volunteers in Europe and Africa
 - The social media presence of the EAPC continues to increase – with an average number of 173 views per day of

the blogs, followers include 1254 Facebook, 902 Twitter and 776 LinkedIn.

- Congresses and meetings are planned and progressing:
- 4th International EAPC research Network Seminar 16-17 October 2014 in Amsterdam
- 14th EAPC World Congress in Copenhagen from May 2015
- 9th EAPC Research Congress in Dublin from June 2016

Put the dates in your diary now!

- Involvement in European Union projects
 - ATOME – a 5 year programme looking at access to opioid medication in 12 central and Eastern European countries
 - InSup-C – looking at integrated care for people with advanced cancer and chronic disease
 - PACE-FP7 – a project looking at improving palliative care in nursing homes across Europe
- There are several working groups and Taskforces looking at various aspects of palliative care - including heart disease, euthanasia and assisted dying, care of older people, education, neurology, and nursing. White Papers, publications and reports will be available soon.

The EAPC welcomes comments and ideas from members, please use the new social media. Anyone is welcome to contact the President, Professor Sheila Payne at - s.a.payne@lancaster.ac.uk

David Oliver,
EAPC Board member

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