

Save the Date!

The APM's 3rd Biennial Conference and AGM Evolution vs Revolution

Thursday 23 - Friday 24 April 2015

America Square Conference Centre, London

America Square is located minutes from Tower Hill and is a state of the art, modern conference venue. We have a great programme planned for this event and further information is available on the APM website.

Plenary Lecture – Baroness Rabbi Julia Neuberger – Palliative Medicine – lost or found?

Debates will include: Ethics and Do we need Specialist Consultants in Palliative Medicine?

Oxford Union Round Hall discussion: Can Palliative Medicine take part in acute care?



New Committee Members



Amy Proffitt – Professional Standards Committee

I am an ST4 registrar in the East Midlands. In my role on professional standards committee, I aim to draw on my experience from my Masters in medical education in developing mentoring, reviewing appraisal and revalidation. In my spare time I can be found doing charity fundraising, including a mad parachute jump at 10,000 feet. I look forward to representing my colleagues on the trainees committee.



Mike Stockton – Honorary Treasurer

In his 17th year as a consultant in palliative medicine and medical director at St Gemma's Hospice, Leeds. Over his career he has held the role of training programme director and regional specialty adviser and has established the St Gemma's Professor of Palliative Medicine, University of Leeds, which has led to the growth of the Academic Unit of Palliative Care. Mike has taken on the role of treasurer for the APM. He has been part of a hospice senior management team for the past 16 years and has a good understanding of finance and financial performance which he hope will be put to good use for the APM.

President's Report

So much has happened since I last wrote for the post that if I wrote about it all there would be one sentence for each. Instead I am going to focus on one issue that is likely to be a recurrent theme in the coming months; the "Assisted Dying" Bill. The current status is that the bill is going to committee stage in the late autumn for further consideration and I am sure we will be asked for representation during that stage.

I have been asked by a non-member whether we would consider changing our position to one of neutrality. Whatever you think about whether decisions about the right of people to have assistance to end their lives should be for society alone or whether doctors' voices should have added weight, clearly this current bill, if enacted, would have a significant impact on all our lives.

While it is not in the text of the bill, Lord Faulkner has indicated that he expects Palliative Physicians to take a key role in this process. Although there are conscientious objection clauses (as in the Abortion Act) this does not mean we can avoid any consequences. My first consultant Palliative Physician trainer was an



ex Gynaecologist who had found continuing to work in Gynaecology while refusing to take part in abortions impossible after the passing of the act.

Clearly we need to represent you, our members, in our submissions to the committee so it is important that we hear your views. We will be surveying members in the near future. I encourage you to respond to the survey. The larger the response the more certain we can be that we are representing you and the more impact that voice will have. In preparation I encourage you to read the bill (it is very easy to find via google and is not very long). Consider carefully what impact it would have on your practice and your patients.

In order to make sure that we include everyone in our survey please check if you received our August e-bulletin. If you did not please contact Becki at: becki@compleat-online.co.uk to confirm your email address.

David Brooks
President

Association for Palliative Medicine Special Interest Forum – Undergraduate Medical Education meeting.

University of Liverpool, Thursday April 3rd, 2014, excerpt of the Executive Summary

New doctors will look after forty dying people in their first year after qualification. How can we prepare medical students to provide the best possible care for these patients? More than 50 participants attended the second annual conference of the APM SIF in Undergraduate Medical Education, held in Liverpool on 3rd April 2014. Since the inaugural meeting in Cambridge in 2013, the updated APM Undergraduate Curriculum has been approved by the APM Executive Board. A complimentary mapping document of the updated APM curriculum with the current edition of the GMC's Tomorrow's Doctors is available to champion the role of Palliative Medicine in the medical undergraduate curriculum. The APM Juniors committee is now fully inaugurated and recruiting; collecting resources and providing leadership for students and junior doctors interested in Palliative Medicine.

Care, compassion and communication are the hallmarks of excellent palliative care and being increasingly demanded of all

health care. It is essential that the foundations for this are built into undergraduate training. The SIF is working to support this across the country by bringing together the work and ideas in each medical school and further developments will be shared in the coming year.

The next meeting of the Special Interest Forum will be on Thursday March 5th 2015 at the Institute of Public Health at the University of Cambridge. The theme of the forum will be 'Assessment'. Members of the SIF and all who attended the Liverpool meeting will be emailed with further details in due course.

Please contact Dr Stephen Barclay at: sigb2@medschl.cam.ac.uk if you would like your name or that of a colleague added to the distribution list. The SIF is an open group: all with an interest in medical student education in Palliative Care are welcome.

To read the full Executive Summary please visit: www.apmonline.org/documents/140128875555045.pdf

APM Administration



The APM Officers are pleased to announce that from 1 September 2014 the full administrative function of the organisation has been outsourced to Compleat Secretariat Services (CSS). CSS is a new company formed by Heather and Roy Enticott who many of you will have had dealings with through Compleat Conference.

Becki and Sheila remain your contacts for APM administrative requirements and will still be based at Peterkin House. APM bank accounts for subscription payments by direct debits, the APM web address and members log-in all remain the same but you will notice a few small changes such as their email addresses and the answer phone message. The APM email addresses you have for Becki and Sheila will continue to reach them for the foreseeable future but their new email addresses should you wish to update your address book now are: becki@compleat-online.co.uk and sheila@compleat-online.co.uk. The APM telephone number has transferred too so the number remains the same but will now be answered as Compleat Secretariat.

your main contact for membership queries and the committee work is to be shared by Becki and Vanessa. She will be working across both companies so you may also come into contact with her for APM Study Days and other conferences organised by Compleat Conference. Sheila has moved from Finance to an administrative role looking after audits, bursaries, essay prizes and surveys. The new APM website will be launched over the coming months and when it is, we will upload a more detailed breakdown of the team's roles and responsibilities. During this transition period, if you have any accounts queries please email:

heather@compleatconference.co.uk

The Executive Officers have worked with Heather and Roy at Compleat over a number of months to ensure a smooth transition. We are confident that this new arrangement will allow the team to provide an even better service than you already receive.

If you have any queries regarding the new administrative arrangement please contact David Brooks: davidbrooks@nhs.net or Heather Enticott: heather@compleatconference.co.uk

We are also pleased to announce that Vanessa Thomas will be working with Becki and Sheila from 22 September. Vanessa will be

A Brief History of the APM 'through the years'

The Next Three Years: 1989 – 1992

When it came to choosing the first chairman the obvious candidate was Derek Doyle. An established physician at St Columba's Hospice with great experience and enthusiasm for the cause, his strong leadership and diplomatic skills laid a good foundation on which others would build. Derek defined his stature by holding the post of chairman for 4 years, and ensuring that his successors would only remain in post for 3 years! Finding someone to follow Derek was a difficult task. There was a small field of lesser mortals to choose from and somewhat to my surprise I was given the job! That was 25 years ago and I have now been retired for as long as half my working life. Fortunately, to assist my ageing brain, Sheila Richards, a valued secretary in my day and still in the office today, produced some minutes of relevant meetings to aid my memory.

1989 to 1992 was a period of consolidation establishing the Association as an important voice in palliative medicine and making links with other leading organisations in the field. It was a time of steady growth and membership rose to 450. Charitable status was achieved, collective membership of the European Association for Palliative Care was arranged, and a working party was set up to look at ethical issues and euthanasia in particular. The Association set up a manpower database and information became available in 1992. The secretariat moved from the Royal South Hants Hospital to the offices of the Wessex Cancer Trust in Southampton and NAPP Laboratories continued to support it with a donation of £12,000 per year.

Training was of paramount importance. The major item facing the

Association was which qualifications should be required for entry into the senior registrar training programme. There was no question that MRCP should be required but would the MRCGP also be appropriate? The Royal College of Physicians with its 470 years of history and Henry VIII looking down from above was a powerful body compared with the Royal College of General Practitioners founded in 1953 and was against this suggestion, pointing out that the MRCGP was an exit examination following a training programme, whereas the MRCP was a qualification for entry into a training programme. Within the Association many members were general practitioners and strongly supported MRCGP entry.

The Association owes a great debt to Gillian Ford who was able to overcome this impasse. She was chairman of the Specialty Advisory Committee of the Royal College of Physicians which was responsible for establishing training programmes for senior registrars and inspecting units applying for these posts. Her diplomacy, patience, persistence and negotiating skill resulted in the Royal College of Physicians agreeing to accept the MRCGP alongside the MRCP as entry qualifications for senior registrars. The Association produced a core curriculum and by 1992 there were 31 full time and 8 part time senior registrar posts.

I look back on these three years with admiration and affection for my colleagues who worked so hard for the emerging Association and played their part in the early development of the remarkable organisation it is today.

Contributed by **Graham Thorpe**

Westminster Parliamentary Experience

An exciting opportunity presented itself earlier this year in the form of an email from the APM secretariat. It detailed an invitation from Baroness Iloria Finlay to all trainee members of the APM offering the chance to gain first hand parliamentary experience by joining her for a day in Westminster. Baroness Finlay of Llandaff is Professor of Palliative Medicine in Cardiff, the current president of the BMA and has been an independent crossbench peer in the House of Lords since 2001. During her service in the Lords to date she has been active on a number of health related issues and served on a number of key committees. On 16th June 2014 four of us took up the opportunity offered and spent the day with Baroness Finlay in the Houses of Parliament.

On the day, we presented ourselves to the Peers' entrance, where we were greeted by Baroness Finlay and escorted to Millbank house. She led a seminar on the workings of parliament. Using the Criminal Justice and Courts Bill and Female Genital Mutilation (FGM) as an example, we discussed the stages of legislation and opportunities for amendment to a bill as it passes through the House of Lords and the House of Commons.

We returned to parliament after lunch, in time to witness the gathering of MPs and peers en route to their respective houses for an afternoon session of parliamentary questions which we were able to view from the public gallery in the House of Lords. Questions ranged from GP working hours to the conflict in Gaza. In the afternoon, we studied the Assisted Dying Bill in detail, to consider its implications for healthcare professionals and potential

areas of ambiguity in its drafting. We then had an impromptu tour of parliament, followed by more viewing from the public gallery at the House of Commons. Finally we attended a Macmillan reception lobbying for an investigation into the delays in processing Personal Independent Payments (PIP).

Arguably, the legislative process has never been more relevant to palliative medicine; just a few weeks after we attended parliament the Assisted Dying Bill had its second reading in the House of Lords. When immersed in clinical work, we find it easy to overlook the "bigger picture" view of healthcare reform. Watching live parliamentary debate provided an opportunity to reflect on the current challenges in healthcare provision and on how developing legislation may impact upon our practice. Furthermore, it reminds us that it is a democratic process and that as clinicians and citizens we have the ability to read upcoming bills and to influence their passage by, amongst other things, lobbying MPs and Peers.

Finally, we must thank our host. It was inspiring to meet Baroness Finlay; to hear about her work, the challenges she has faced in her career and her role in developing 7-day working in Wales. She provides a leadership model to learn from. We cannot recommend this experience highly enough. Those interested in taking up Baroness Finlay's offer should contact for more information:

becki@compleat-online.co.uk

Contributed by **Fiona McCormick, Edith Ubogagu, Kirsten Baron and Caroline Barry**

New Committee Members - continued



Mary-Ann McCann – Trainees Committee
Currently an ST5 in Palliative Medicine in Northern Ireland and works in Belfast. Prior to entering specialist training, Mary-Ann worked as a specialty doctor in Cystic Fibrosis medicine. Mary-Ann is also the trainee rep on the SAC for Northern Ireland and Wales. She is looking forward to joining the Trainees Committee and helping to organise APM events.

Dr Kathleen Sherry – Workforce Scotland Representative
I am a Consultant in Palliative Medicine in the West of Scotland. I became Training Programme Director for the Scottish Programme last year and I have been delighted to have the opportunity to be closely involved in training again. I am now looking forward to working with this Committee.

Introducing the Thrombosis Registry of Palliative Care and Hospice Units (TROPHY)

The treatment and prevention of venous thromboembolism (VTE) in the palliative care setting has gained increasing attention over the years; in part due to the changing patient population and also due to increased requirements to risk assess patients admitted as NHS in-patients. The strong evidence base guiding the management of cancer associated thrombosis (CAT), in particular, is largely unrepresentative of the patients palliative care teams look after. Furthermore, the outcome measures used in the randomised control trials may be of less relevance to those with advanced disease.

Over the past 4 years we have established the Thrombosis Research in Advanced Disease (TRAD) Alliance with the main aim of increasing the evidence base for VTE prevention and treatment in the palliative setting. Several successful studies have been completed under its auspices. Currently an exciting hospice VTE prevalence study is in set up under the leadership of Claire White, Max Watson and Miriam Johnson, with the support of the Marie Curie Palliative Care Research Group in Cardiff.

However, the challenges of undertaking research in the palliative care environment are well known and sometimes cited too often before we even consider whether a research project is feasible in our own organisations. Through the TRAD Alliance, we are hoping

to encourage jobbing clinicians to contribute to the research agenda by providing real world data on CAT patients under their care. The Thrombosis Registry of Palliative Care and Hospice Units (TROPHY) has been designed to capture longitudinal anonymised patient data of as many CAT patients as possible. We hope this will provide more information regarding the epidemiology and natural history of the condition as well as identify the main clinical challenges we face in their management.

TROPHY is being run through the Marie Curie Palliative Care Research Centre in Cardiff in partnership with the South East Wales Trials Unit who are responsible for the data security and information governance. We would like as many people as possible to be a part of this data collection exercise: the more data collected, the better. Also we are always keen to support colleagues in the design and set up of palliative care related VTE studies, so please feel free to get in touch. This can be done by the website: www.tradalliance.org or by emailing me at: simon.noble@wales.nhs.uk

Simon Noble
Clinical Reader in Palliative Medicine
Cardiff University and Royal Gwent Hospital, Newport

PATCH - Palliation And The Caring Hospital

There is irrefutable evidence for improved specialist palliative care in hospitals as many hospital patients with pain and complex symptoms do not have access to a palliative care specialist. The lessons learnt from hospice care do not easily transfer to large, busy acute hospitals, which have different organisational structures as well as many conflicting demands. Different approaches have been tried – some local, some national but hospitals are all different, both in their patient populations, their staff, their history and their “culture.” Any new service or approach has to be accepted by the organisation, championed by someone with enough first-hand experience to argue the clinical case and will almost certainly need some funding. Government-funded initiatives aside, there are many examples of new patient services which started small and evolved over time following the careful collection of data to support (or disprove) the case. Funding for clinical, research, audit and administrative time for unproven developments may be well nigh impossible to obtain.

PATCH - Palliation And The Caring Hospital (www.patchscotland.com), a new Scottish Charitable Organisation and the first charity dedicated to specifically support 24/7 specialist palliative care for patients in hospital, was launched in Tayside, Scotland in June 2014. PATCH’s vision is that patients in hospital who need specialist palliative care will receive it when they need it and that it is available seven days a week 24 hours a day.

PATCH was inspired by the model of care developed by the Acute Palliative Care Unit in Ninewells Hospital, Dundee and in turn this model of care was started by a charitable donation and is now funded by NHS Tayside.

Hospitals, individuals or professional teams can submit proposals to PATCH for service development such as additional staffing, dedicated specialist beds, dedicated care units or a specific project. PATCH plans to sponsor a national conference on hospital palliative care in 2015 at which hospitals either considering applying for funding or those wishing to present services which are already in place, can meet for discussion and debate. It is intended to develop a network of hospital palliative care services that have benefitted from PATCH support.

The first Friends of PATCH fundraising group is now established in Tayside and it is planned that further Friends Groups will be established. For further information on Friends of PATCH, for any information in relation to PATCH or to discuss palliative care issues in hospital email: contactus@patchscotland.com

Pam Levack
Retired Consultant in Palliative Medicine and Medical Director of PATCH

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