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apm POST

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

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What you Thought about the Shape of Training Review

In May 2015 a briefing paper about the Shape of Training Review and the potential impact on Palliative Medicine was circulated to all APM members along with an invitation to complete a questionnaire. To see the briefing paper please go to: http://apmonline.org/wp-content/uploads/2015/05/Shape-of-Training-and-Impact-for-Palliative-Medicine-APM-Review-Paper.pdf

Results from the APM Survey

There was a 41% response rate from the membership which included 37% of all consultants, 33% of SSAS doctors and 63% of trainees.

The key findings were as follows:

- 56% of respondents did not feel that the changes suggested in Shape of Training would have a positive impact on the training of doctors in Palliative Medicine. 25% were neutral
- 59% of respondents did not feel that a 12 month placement in General Internal Medicine would help trainees to meet specialty curriculum competencies. 18% were neutral
- If trainees are required to complete placements in GIM then 88% of respondents felt that the length of training should be increased
- The purpose and role of credentialing caused the most confusion. 27% felt they were unable to give a view on whether there were any areas in the curriculum which would be suitable for credentialing. 43% felt that there would be no suitable areas but 30% felt that this could be further explored with suggested suitable topics including interventional pain techniques, research and hospice management
- 66% felt that the creation of opportunities for dual accreditation with other medical specialties would be a positive development for Palliative Medicine. 20% were neutral
- 82% said they had concerns about the impact that the changes suggested in the Shape of Training review would have on service delivery in Palliative Medicine
- 81% felt that Palliative Medicine training should be increasing the experience in the community setting rather than just increasing the experience in the acute hospital
- 68% felt the current curriculum is effective in producing doctors who are equipped to meet the changing needs of the patient population
- 58% felt that the current undergraduate and foundation programmes do not prepare doctors well for entry into Palliative Medicine
- 50% felt that Palliative Medicine as a specialty should not support the changes to training outlined in the review. 19% felt that the changes should be supported and 30% were neutral

So What Happens Next?

In February 2015 the Shape of Training Steering Group highlighted the need for further work to describe how doctors' training could be more generic to better meet the current and future needs of patients. In April the Royal Colleges were invited to begin an internal scoping exercise to look at the extent to which generic components of the curricula could be developed.

Over the summer all of the medical specialties have submitted a response to the JRCPTB. The response from the Palliative Medicine Specialty Advisory Committee (SAC) has been based on SAC discussions and the results from the APM survey. The information obtained from the specialties will be used to formulate the Federated response to the 'Training Doctors for Patients' Shape of Training Mapping exercise, led by the Academy of Medical Royal Colleges.

We expect to hear news on next steps sometime in the autumn and will ensure that we keep all members well informed.

Alison Coackley
Chair of Palliative Medicine SAC

The APM Workforce Update

It's that time of year again for the 2015 APM workforce survey. Remember your country needs your data and so far we have a response rate of 39% so let's beat 67% in 2014. We use this data for the specialty for example to influence the implementation of Shape of Medical Training.

If you have not received the survey please go on to the APM website or contact Becki Munro by email: becki@compleat-online.co.uk

President's Report

I'll keep it brief as there are more important updates to read than my machinations: not least to read about the new blood people are bringing to the committees. Please come and join us in advancing and developing the specialty: there is a great deal going on.

Thanks so much to Alison on the Shape of Training and all the fruit of her labours reported here. Thanks also to the tireless work of Andrew, Mike and Ellie as officers anall the Committees. It's hard to keep abreast, but we are 'putting it out there'.

It is fascinating to read our story as an Association and Ilora's reminiscence is revealing. Undercurrents remain the same, their challenges, like ours now were great, but not only does history repeat itself, at each turn, the screw, whilst apparently at the same point, is in fact that much further in. Our influence has grown on the shoulders of those previous committees and leaders. We are the people now to whom all come for an expert opinion on the dying. Fortunately it is not all bad and I feel like we are gradually moving on to the front foot.

I am pleased to say that to service this extending role and relevance,

- The website is now fit for purpose and abreast of current affairs. Keep an eye and feed back – better still offer to help curate the information for this and our social media feeds.
- Our upgraded email software is now the same system used by the RCP. Our messages will now come from: communications@apmonline.org.uk and should not end up in your junk. However, to be prudent, check and set an exception!
- If you do not get any electronic communications, this is because your address is wrong and not because our systems are rubbish. Please rectify this by emailing Becki.

The ball is now in your court. We plan to make all information digital once we are confident in our new systems.

Finally, you will probably get this in the week of the Marris Bill and no doubt a sophisticated and targeted deluge of publicity from its proponents. If you have not acted, then please do so.

Rob George
President

Palliative Care from a Junior Perspective

My interest in palliative care stemmed from a visit to a hospice in South London whilst at medical school. The calm, pragmatic nature of care alongside excellent communication with patients and their families and a strong multidisciplinary team inspired me to take up a placement in palliative care in my final year at university. This involved one day a week with the hospice team during which I would visit patients in the community, spend time in the Day Unit and also on the inpatient ward. During a stressed out exam-focussed final year this placement offered a wonderful opportunity to step back, take a breath and focus on the needs of patients living with a terminal illness or approaching the end of their lives.

Several points about this experience struck me. Firstly doctors and other members of the team really took their time with patients, addressing concerns and ensuring that all needs – emotional, physical, and spiritual – were met. The patient was a whole instead of a being defined by their illness and this felt very special. Furthermore the care and compassion taken to enable a patient to order their affairs, do things they may not be able to otherwise do and enjoy life to the full was fantastic. An art class in the day centre allowed patients to think as people, about fun creative projects – we often broke in to fits of laughter, overjoyed by the moment.

Behind the scenes a small army of doctors, nurses, physiotherapists, occupational therapists, social workers, chaplains and managers, amongst others, worked together to ensure that patients were surrounded and supported by a strong, kind network of people dedicated to their comfort and care. It felt like there was more autonomy in palliative care; if a patient was in pain and needed to be admitted for pain control, that could happen. If a patient and their family were struggling with the burden of care and disease, respite services were accessible for both parties. If a patient needed help with their will, that support was available. The overarching theme of the placement was of a holistic, compassionate service that really took its time to care and subsequently offer patients hope at an otherwise difficult time. I was lucky enough to have a taster week in palliative care in F1 and was happy to see that this theme appears to be quite universal. Instead of going to 'God's Waiting Room' as one patient described their perceptions of hospice care, palliative care enables one to gain control over symptoms and situations thus empowering a patient and their loved ones. This is exceptional, and I look forward to what my future adventures in to the world of palliative care may bring.

V. Jones, *FY2 Doctor*
Newham University Hospital, London

New Committee Members

Yuk-chun Virginia Lam - *APM Juniors*
Virginia is a 2nd yr medical student in Warwick medical school. Previously to her study in medicine, she had a lot of experience looking after patients with advanced illness, which is why she holds such a passion for palliative medicine. Victoria looks forward to working with APMJ committee to promote palliative care and training for junior doctors.

Emma Rudsdale - *Communications Co-ordinator, APM Juniors*
Having completed her foundation training Emma is currently working in a locum position at St Christopher's Hospice before starting her Core Medical Training in August. She hopes for a career in palliative medicine. Emma is looking forward to sharing the important work of the APM Juniors Committee as the new Communications Co-ordinator.

Faye Johnson - *APM Juniors*
Faye is a core medical trainee currently working at the University Hospital of Wales in Cardiff. She graduated from the University of Sheffield in 2011 and is currently enrolled on the Palliative Medicine Diploma at Cardiff University. She is committed to pursuing a career in Palliative Care.

Emma Bailey - *APM Juniors*
Emma graduated in 2009 with a BA 2:1 from Trinity Hall, Cambridge. Currently a final year clinical medical student at Cambridge University School of Clinical Medicine she has just been re-nominated as secretary of the APMJ Committee. She is particularly interested in the clinical management of the extremes of age; having spent time with EACH and volunteering as Group Co-ordinator for Centre33.

A Brief History of the APM 'through the years'

We continue with 1996 -1998

It is almost 20 years since I started my term chairing the APM. Many things have changed since then, but the issue of 'assisted dying' (physician-assisted suicide) is still with us.

Lord Walton's Select Committee on Medical Ethics, to which the APM gave evidence, had reported two years previously. It was set up in the wake of the 1993 'Bland Judgement' whereby Airedale Trust withdrew all interventions, including food and water, from Tony Bland, who then died, aged 22, becoming the 96th victim of the Hillsborough disaster.

Lord Walton's committee defined voluntary euthanasia as being "a deliberate intervention undertaken with the intention of ending a life so as to relieve intractable suffering; an act which must inevitably terminate life". As such, the intention behind supplying or administering lethal drugs was viewed as one and the same. The only difference in today's parlance is that the term 'assisted dying' has been coined to imply only physician-assisted suicide of the apparently terminally ill.

The Committee felt that "the right to refuse medical treatment is far removed from the right to request assistance in dying" and concluded that "society's prohibition of intentional killing … is the cornerstone of law and of social relationships", stating "the interests of the individual cannot be separated from those of society as a whole". Today the arguments continue. The latest 'assisted dying' bill seeks to make doctors the gatekeepers for assisted suicide and actively involved in all the processes. But this begs the question: are doctors best-placed to make these judgements? The High Court has taken difficult life and death decisions over the decades; judges may well be best placed to decide eligibility for assisted suicide and to oversee its administration without involving clinicians. There seems to be a half-hearted recognition of this in the latest bill, which asks the Court to run the rule over prior decisions by doctors. But it is little more than a rubber-stamping process and the real decisions would lie with doctors.

Over my decades in practice and now as a Peer in the House of Lords, the fundamental incompatibilities between striving to improve quality of life, yet simultaneously to assist suicide, have become stark. Yet perhaps many MPs are unaware of the resulting ramifications of agreeing to Rob Marris' Private Member's Bill on September 11th in the House of Commons.

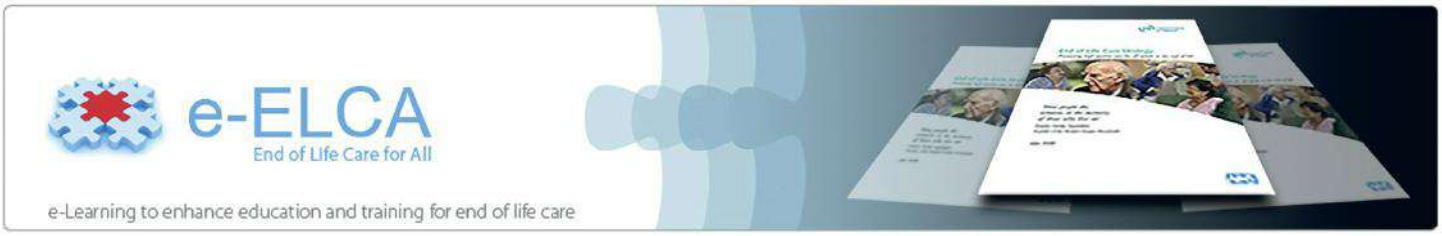
The APM has come a long way in the last 20 years; most of our campaigns from 1996-98 bore fruit. Joining the BMA Consultants Committee, we negotiated rights and NHS contracts for voluntary sector doctors, with maternity, sickness and study leave now the norm. In 1997, we achieved our RSM forum for educational opportunities. Our curriculum for specialist and non-specialist training was revised, the manual for trainers was produced and MRCGP was recognised for higher specialist training. Meanwhile the Treasury recognised our bid for 26 more trainees as a priority.

The APM's voice strengthened through the Department of Health Clinical Standards Advisory Group, its roles in the National Council for Palliative and Hospice Care, Help the Hospices, and in Europe through the EAPC. Korner coding identified our large workload. The APM became a company limited by guarantee, restructured its committees to focus on science, ethics, regional concerns, and professional development. We 'branded' with our logo, an APM website, the newsletter and instigated office e-mails (it was 19 years ago!). And with some financial trepidation we undertook to host the 5th EAPC Congress at the Barbican in 1997; a great success for the UK.

They were important times, full of fun, friendship and affection. I remain indebted to all on my committees who made so much happen.

Contributed by **Ilora Finlay**

The original APM Logo



e-ELCA and Priorities for Care of the Dying Person

The e-learning resources of e-ELCA are universally praised but the biggest criticism is that people don't know about them. APM members, who have contributed hugely to the development of the 150 sessions, are also key to making e-ELCA used to it's full potential.

We're all supporting local initiates to improve the competence of the health and social care workforce to deliver good end of life care and e-ELCA provides a great resource as part of a blended learning approach. Many of you have said your NHS organisations are looking for this type of information to direct their staff training.

The sessions in e-ELCA have been mapped to the learning objectives of the 'One Chance to Get it Right' report and core and additional e-ELCA sessions have been defined for doctors, nurses, AHPs, social care workers, and managers

A newly developed training needs analysis session will help people identify their strengths and weaknesses in end of life care and direct them to pertinent sessions.

Quite a lot of this can be accessed via the website (without the need to register) including a key session (in 'sample sessions') ***Recognising the Dying Phase Last Days of Life and Verifying Death.*** Please do share this information with your colleagues and consider using e-ELCA in your teaching.

We want to develop resources to support trainers integrate e-ELCA into their teaching. If you have made use of sessions in courses or within face to face teaching I'd be delighted to hear more.

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New Committee Members... Continued

Victoria Green -
Undergraduate Membership Coordinator
Victoria works as a Clinical Teaching Fellow at Warwick Hospital, delivering clinical and tutorial based teaching to medical students and junior doctors. Currently completing a PGCE in Medical Education she hopes to develop interest in palliative medicine amongst medical students and recruit new APM junior committee members and representatives from each medical school.

Anna Robinson -
Education Coordinator, APM Juniors
Anna is a FY2 Doctor, hoping to pursue a career in palliative care. She is about to take a year out from training in order to undertake a diploma in medical ethics, and to teach medical students abroad. Emma is really excited to be part of the APM Juniors committee and is looking forward to the challenges of this role.

Future APM Events

Challenges in Palliative Care: Building from a new foundation
Organised by the Trainees' Committee. Date: 30 September 2015
Location: Fifteen Ninety Nine, Glasgow (Royal College of Physicians and Surgeons). Registration: OPEN

Heads up: Palliative care issues affected by changes in cognition and an update on oncology treatments
Organised by the SSAS Committee. Date: 5 November 2015
Location: BMA House, London. Registration: OPEN

Visit the Events section on the APM website: www.apmonline.org for further information and to register for these events

Dates for your diary

Study day: Organised by the Ethics Committee (*Title: To be confirmed*)
Date: 27 – 28 January 2016
Location: Severn Hospice, Telford
Registration: Opening soon

Study day: Organised by the Trainees' Committee (*Title: To be confirmed*)
Date: 6 May 2016
Location: St Joseph's Hospice, London
Registration: Opening soon

Research methods course: Organised by the Science Committee
Date: 23 – 24 June 2016
Location: Venue to be confirmed
Registration: Opening soon