Association for Palliative Medicine
Of Great Britain and Ireland

Trainees' NEWS UPDATE

Term: Summer | Issue 1 | Date: August 11, 2017

APM Trainees' News

Welcome to the first edition of the monthly Trainee's news update! I hope that you find it a useful resource and the committee would welcome any feedback from you since it is in its infancy. Within this section, I will aim to update you on issues happening nationally, the work of the committee and signpost you to important surveys, research roles, prizes or other opportunities.

The APM audit/quality improvement prize is open to all members this year. For further details please visit http://apmonline.org/awards/ The closing date for applications is the **27th October 2017**.

I have been involved in discussions about the impact of the new contract on rostering. There is recognition that the new contract was designed to alleviate punishing acute resident on calls and it is adversely affecting all specialties that do non-resident on calls. The BMA are working with NHS Employers to jointly produce contractual rostering guidance, which we will continue to have input with.

I would like to thank Sharon Twigger, our Regional Representatives' Coordinator, who has done a fantastic job of improving engagement with our regional reps and this newsletter will be her legacy. The committee wish her all the best in her new consultant job. Her post will be advertised in the August edition of the APM bulletin if any of you are interested in taking over from Sharon.

I would also like to thank Jo Prentice who steps down as Scottish SAC rep. She has played a significant role in discussing issues facing trainees, such as the Shape of Training reform and the new contract. Jo has responsibilities on other medical committees, so her commitment and time to the APM trainees' committee has been appreciated.

The committee welcomes Kirsty Lowe as the new Scottish SAC rep and Vanessa Jackson who will represent trainees at the BMA.

Best wishes,

Rebecca Lennon
Chair of the APM TC

Upcoming Events

APM / PCC ASP Conference
15-16 March 2018
Bournemouth International Centre
@ASPConf2018
#ASPPCC2018
http://apmonline.org/events/

6th Guildford Advanced Pain & Symptom Management Courses
5-6 September 2017
Guildford
25-26 September 2017
Manchester
http://www.guildfordadvancedcourses.co.uk

Supportive Care for the Renal Patient '17
14-15 September 2017
Hammersmith Hospital, London
http://www.w12conferences.co.uk

New Directions in Palliative Medicine Finding Strength: Challenges and Opportunities for Patients with Neurological and Psychiatric Disorders
28-29 September 2017
John McIntyre Conference Centre, Edinburgh
https://www.strathcarronhospice.net/Event/annual-conference-2017

Beyond Advanced Communication Skills
11 & 13 October 2017
LOROS Hospice, Leicester
http://apmonline.org/wp-content/uploads/2015/04/BACS-flyer-v6Christina-Faull-1.pdf

Knowledge Hub

Recognising that many of you will be thinking about, or already preparing for, the SCE, this section is designed to help provide pointers to some key educational resources.

The **APM Professional Standard's Committee** has produced some really useful summaries signposting guidelines on various common symptoms in palliative care:
http://apmonline.org/committees/professional-standards-committee/

e-ELCA is a national e-learning programme and includes some interesting modules with specialist content including:

•Intrathecal drug delivery
•Heart Failure in end-of-life care
•Discussing intimacy in advanced illness
•Dying as a homeless person
•Tracheostomy care

Once complete, the modules link directly to the Palliative Medicine curriculum competencies so you can use the e-learning as evidence.

http://www.e-lfh.org.uk/programmes/end-of-life-care/

If there is anything else that you have found useful in preparing for the SCE, or for CPD in general, then please do contact us and we will endeavour to add this to the next News Update.

Meet the APM Trainees' Committee

Chair of the APM Trainees' Committee

Rebecca Lennon is a North-West ST6 trainee and is Chair of the APM Trainees' Committee. Previously, she was the BMA Junior Doctors' Committee Observer. As Chair, she coordinates the work done by the Committee, as well as representing trainees on the APM Executive and Joint Specialty Committee with the Royal College of Physicians.

Rebecca is interested in Medical Leadership. She has recently completed a leadership fellowship and the Elizabeth Garrett-Anderson programme with the NHS Leadership Academy.

Outside of medicine, she is a competitive swimmer. Rebecca holds individual regional records and, with her relay team, holds National, European and World records. Rebecca is also mum to 3-year-old Noah.

SAC Update

There are currently three Trainee Representatives on the SAC:

Isobel Jackson (Wales and Northern Ireland)

Kirsty Lowe (Scotland)

Anna Bradley (England)

We are always looking for feedback on training matters from trainees, so please do contact us if there is anything you would like us to raise at the SAC.

Update from the last SAC meeting

DOPS update: The SAC acknowledge that some trainees have struggled to get certain skills signed off. The SAC plan to produce guidance for DOPS assessors to ensure clarity on the level of competence required of Palliative Medicine trainees.

E-portfolio: The e-Portfolio system is to be reviewed. The SAC are therefore looking for feedback about any technical or practical problems from users before the end of August. Please contact your local TPD or the APM Trainees' Committee with feedback as soon as possible.

Research / Journals

Each month the **APM Science Committee** look through palliative medicine journals and produce '**articles of the month**', picked for personal learning or for journal club discussions. The August 'articles of the month' include:

Shulman C, Hudson B, Low J, et al. **End-of-life care for homeless people: A qualitative analysis exploring the challenges to access and provision of palliative care.** *Palliative Medicine* (2017): 0269216317717101. http://journals.sagepub.com/doi/full/10.1177/0269216317717101

Salamanca-Balen N, Seymour J, Caswell G, et al. **The costs, resource use and cost-effectiveness of Clinical Nurse Specialist–led interventions for patients with palliative care needs: A systematic review of international evidence.** *Palliative Medicine* (2017): 0269216317711570. http://journals.sagepub.com/doi/full/10.1177/0269216317711570

Lancaster University

Research opportunities:
Considering further research? Thought about a PhD? If so, why not consider applying for a place on the September intake of Lancaster University's part-time, distance (blended) learning PhD in Palliative Care? http://www.lancaster.ac.uk/fhm/study/phd-study/courses/palliative-care-phd/#overview

Post of the Month

"Shape of Training" by Rebecca Lennon *(APM Trainees' Committee Chair)*

The Trainees' Committee recognise that the development of the Shape of Training reform is causing anxiety about what training and our specialty will look like in the future and how this will affect our Consultant careers. Constant alterations to the proposals certainly exacerbate these feelings of uncertainty. The Trainees' Committee continue to be involved in discussions about the reform with our SAC, the APM, RCP and BMA.

We felt it worthwhile to share our committee's discussions about the Shape of Training reform with you. We have documented these in the letter at the end of this newsletter. There are opportunities for us to grasp, but unfortunately there are also challenges ahead. We will continue to discuss these challenges with the national bodies involved and mitigate them as much as possible. Despite this, there will continue to be challenges that Palliative Medicine will need to manage.

The Shape of Training updated report with ministerial approval has been published today. This will be fully digested and we will have ongoing discussions with the national bodies involved about how this affects Palliative Medicine.

What we know currently is that there will be two training pathways. Group 1 specialties will undergo training which includes acute unselected take. This group includes Palliative Medicine, Cardiology, Respiratory Medicine, Gastroenterology, Care of the Elderly, Diabetes and Endocrinology. Trainees in this group will have the option to dual accredit in their own specialty and Internal Medicine. As yet it is not clear whether Neurology and Medical Oncology will join this group. Group 2 specialties will undergo training which does not involve acute unscheduled take and trainees will not be able to dual accredit.

The new Internal Medicine curriculum will mandate competencies in caring for dying patients during IMT1-3 in recognition that this is a core skill required by all doctors. Exactly how trainees will gain this experience is yet to be agreed.

There has been no decision taken yet regarding the qualifications which will be required to obtain a training post in Palliative Medicine and whether routes from other specialties such as general practice will remain open.

We will keep you updated with any new developments as they happen.

We would be interested to hear your views, as we have found discussing this issue amongst the committee invaluable. We would also like to hear your views about whether holding events like a webinar would be helpful in discussing important issues such as these. Your questions could be answered, as well as contributing ideas to our discussions with our SAC and other national bodies. Please get in touch with your thoughts using the contact details below.

Contact the APM Trainees' Committee

We always want to hear your feedback so please do get in touch:

- Via your regional APM Trainees' Representative

  For full list of regional Representatives go to:
  http://apmonline.org/committees/trainees-committee/

- Email us directly via:
  apmtraineescommittee@gmail.com

- On Facebook 'APM Trainees'

- On Twitter @ApmTrainees

Joining the APM provides a host of benefits: if you are not already a member join today!
http://apmonline.org/join/

Association for Palliative Medicine
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Dear Trainees,

As a Trainees' Committee, each member is devoted to Palliative Medicine and excited to be training in an interesting and challenging specialty, which remains a desirable and competitive one to enter. Furthermore, we are proud of the work our colleagues have done before us in developing Palliative Medicine into such a credible medical specialty.

Our Committee has debated the implications of the proposed Shape of Training reforms, discussing the perceived opportunities and challenges that they pose. We have not surveyed the Trainee body, however, we hope that sharing some of our own viewpoints will be informative to you.

We firmly believe, that with careful planning, it will be possible to achieve an outcome where we continue to integrate with the acute sector, whilst retaining the wealth and experience that working across primary, secondary and hospice care settings brings to our specialty. Dual accreditation in Internal Medicine recognises the medical skills we possess and will also further strengthen our credibility within medicine.

We feel that there are many potential opportunities with Shape of Training, including the "up-skilling" of Junior Doctors through the inclusion of end of life training in IM1-3 (the equivalent of ST1-3). This will hopefully improve the quality and provision of generalist palliative care.

Another obvious benefit is acquiring Internal Medicine competencies by future Palliative Medicine physicians. Several members of our Committee have worked as a Medical Specialty Registrar and can see the benefits of dual accreditation, not only for the individual doctor, but also for the wider team. The improved integrated working that will result will help us identify, reach and provide better care for more patients.

We appreciate that our patient population is changing; the demand on acute care is unsustainable, whilst complex multi-morbid, frail individuals challenge our current approach to Palliative Medicine delivery. Training posts in Core Medicine, Emergency Medicine and General Practice are only currently being filled to approximately 75% capacity, which is a symptom of the pressures on the frontline. Thus, by contributing to the acute medical workforce, we recognise that we can help relieve these pressures, whilst gaining skills that benefit our palliative patients.

There is, however, growing concern that the proposed training programme will result in the dilution of competencies. Two years of managing the acute medical take may be insufficient to produce a Consultant confident and competent to run the acute take. Likewise, new Palliative Medicine Consultants may not be sufficiently trained in the core skills fundamental to providing holistic palliative care across a wide range of settings.

We are also concerned that the palliative approach can contrast with acute care. For Trainees who dual accredit, this may mean switching mind sets frequently, depending on how acute medicine is integrated into Higher Specialty Training. This will be challenging and could cause a potential clinical risk. At this present time, how integration will look is undecided. This potential clinical risk needs to be considered when designing the model of integrated training and our input to the acute take.

There is a possibility that alternative routes of entry into Palliative Medicine will be closed, but there has been no decision about this yet. We feel this potential loss would be disappointing. Particularly, GP entrants have historically been a core part of the Palliative Medicine Consultant work force and have brought a depth of community expertise that should not be undervalued. Furthermore, whilst Shape of Training concentrates on the need to fill the gaps in the acute take and relieve the pressures in the acute sector, it is also important for us to recognise that our community colleagues are increasingly struggling with increased workloads and reduced recruitment.

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The new training structure may produce a succession of hospital Palliative Medicine Consultants, leaving the "old Trainees" more suited to community and hospice posts. There is the potential that we may become a two-tiered specialty and increasingly divided. We appreciate this to be a particular concern for those "old Trainees" who may gain their CCTs at the same time as Shape of Training Trainees.

Despite this, specialty services will be disrupted by Palliative Medicine Consultants needing to contribute to the acute medical take. Hospitals, hospices and community Palliative Medicine will, therefore, always need Consultants, who do not take part in the acute take, to run the service. This currently happens in hospitals, as many medical specialties already dual accredit, yet not all Consultants contribute to the acute take. We, therefore, believe that despite these concerns there will continue to be a range of jobs available for all.

Finally, a significant number of the members of the Trainees' Committee feel that the new training scheme would have discouraged them from applying for Palliative Medicine training. There is the potential that Shape of Training will, therefore, lose a future cohort of trainees passionate about Palliative Medicine. Given this challenge, there is a chance the characteristics of our workforce may change in the future. We recognise, however, that Junior Doctors being trained using the Shape of Training model, may feel more prepared to take on the dual role of acute medic and Palliative Medicine Specialty Trainee. Hopefully, those passionate about Palliative Medicine will not be deterred from applying because they are required to dual accredit with Internal Medicine, if they are supported well throughout their training.

We are aware that a 'perfect storm' is coming. Changes with the Junior Doctor contract, Shape of Training and cuts in medical education are all making Palliative Medicine Specialty Trainees unattractive employees to fund in hospices. Zero days in the new rotas and time away to run the acute take are not conducive to continuity in patient care. Consequently, we understand that some hospices are choosing to replace Trainees with SSAS doctors. We can fully appreciate why hospices are doing so, as their charitable funding needs to be spent efficiently. We implore hospices to consider though that we are the future Consultant workforce and as such need the experience of working in hospices and Specialist Palliative Care units to be effective Palliative Medicine Consultants in the future.

In summary, our Committee believes that the change to dual accredit with Internal Medicine could benefit our specialty, our colleagues and ultimately our patients. Although, for the benefits of these changes to be realised, the challenges detailed above must be addressed. Our specialty needs the support of all Palliative Medicine Consultants if we are to see the benefits from the Shape of Training model, as it is within our influence to mitigate the challenges. We, therefore, urge you all, as upcoming Consultants, to support Palliative Medicine Specialty Trainees through Shape of Training; to lessen the challenges they will face and attain the benefits for our patients and the specialty.

Kind regards,

The APM Trainees' Committee

Rebecca Lennon
Felicity Dewhurst
Joanna Prentice
Anthony Williams
Anna Bradley
Isobel Jackson
Sharon Twigger
Lucy Ison
Claire MacDermott
Ros Marvin
Simon Etkind