

The Association for Palliative Medicine



Annual General Meeting
13 March 2014

Auditorium, Harrogate International Centre, Harrogate

01/14 **Welcome from Chair**

Dr David Brooks welcomed those present to the meeting.

02/14 **Minutes of 2012 AGM**

The minutes were accepted as a true record.

Proposed: Iain Lawrie

Seconded: Stephanie Gomm

03/14 **Committee Reports**

a) President

David Brooks expressed that a huge amount of work this year has gone towards the Leadership Alliance for the Care of the Dying patients response to the more care less pathway report. It appears that we have had some significant success but DB is limited as to what can be said at this stage. The minister does not want things leaking out before the full report is signed. However, DB believes that the APM has had some influence. Next year is going to be a time of great opportunity for Palliative care and an opportunity to lead the implementation of service improvement in both last days of life care and broader palliative care and this would mean all of us working in partnership with our healthcare communities to harness the response this give us. Other pieces of work that we have been involved in will contribute to that, the work with the peer review team, the development of a service specification for specialist palliative care services which is soon to be out for consultation. The soon to be published National Care of the Dying in Hospitals audit is going to provide us with some opportunities. Work has also been done with the Royal College of Physicians on shared care decision making and supportive self management and so much more that there is that we can use to influence better care of the patients that we look after and care about. It is clear that we need to get our messages into the media to help to get a clearer message and make sure that the media are getting the right messages. We have already started talking to other organisations such as the National Council, Help the Hospices and Marie Curie and hoping to come together to talk about how we can join our resources together to make the larger voice of palliative care bigger and get a clearer message into the media and into all of the leaders in various communities.

b) Treasurer

In 2013 the membership subscription fees were increased. The reserves at the end of the financial year 2013 was £93,959 which dipped slightly lower than expected because we had to make 2 payments for the sage journals in 2012/13 we had made non the year before. Since the date these accounts were prepared in January the subscription now have placed our reserve in excess of 6 months reserves because we have now had all of the membership fees in. At the last AGM it was agreed to increase the membership subscription fees in line with inflation. Income in 2013 is considerably up for a couple of reasons, increased income from membership subscription, not because of the rise, because at the beginning of 2013 we hadn't increased membership fees, but an increase of our membership. Also an increase in the income from the study days and then some specific amounts of money given for restricted funds for the activity that the members have been able to achieve. In 2013 the unrestricted funds income was up to £199,000 compared to in 2012

which was £166,000. At year end in our total budget in our accounts we had £187,000. IH directed member's attention to page 8, income and expenditure to see the breakdown. IH highlighted that showing in the accounts it appears that study days are making a loss. IH drew members attention to the Bristol SSAS study day in November 2013 which looks like it is making a loss but money is still due to come in.

It was proposed and agreed to increase the membership fees by 2.5%.

Proposed: Tim Harlow

Seconded: Sarah Cox

The accounts for the year end 30 November 2013 were ratified.

Proposed: Iain Lawrie

Seconded: Benoit Ritzenhaler

c) Ethics Committee

Four areas were highlighted. Assisted suicide has not gone away but has been very quiet in the press recently. The committee reflects the APM overall view that we are against the changes in the law but we don't see our job as to oppose that but to ensure that any debate about that is reasoned and is also ethically sound. Living and dying well which is an independent think tank which is downloadable from their website. There is also some information on the APM stand. Position statements which we have had in the APM for a while and produced one that has been adapted which is also available on the APM stand which is about relationships with industry. We started to explore the BMJ advertising policy and it seems that it was not an accurate reflection on what the BMJ should be doing but this was met with a resounding silence. The changing hospice remit which has been flagged up is relevant and the whole question of specialist palliative care verses pure end of life care and how this fits in and the future of that as far as our organisation and members are concerned. Derek Willis and Craig Gannon will be producing a questionnaire for the membership in due course.

d) Professional Standards Committee

The Professional Standards Committee was ratified at last years AGM (2013). The committee are currently looking at re-validation and audit work. The piece of work that was completed the year previously on revalidation was the role of the palliative medicine consultant which is a document which is intended to help palliative medicine consultants with their appraisal. A copy of this document can be found on the APM stand. The Famcare audit was rolled out after a successful pilot. A pilot for the pain control audit has also recently completed. There is a vacancy to join the Professional Standards Committee which will be advertised within the March e-bulletin for an RCP CPD Representative.

e) Education Committee

The Education Committee have developed a standard operating policy to streamline events with APM badging. There is an intention to employ an events organising company to standardise events. The closing date for E-elca editor applications has passed. The committee are waiting for a Memorandum of Understanding before the position can be appointed. On the 10 November 2015 we intend to do another RCP education day entitled 'The Dying in Hospitals'. The dates for next years AGM will be on the 23-24 April in London.

f) Science Committee

Appraising the Literature and Research – Getting Started study day event is due to take place in Scarborough in November 2014. This course was well evaluated by participants last year. The Twycross research prize and Napp Bursary for 2013 have been awarded. The closing date for

these awards is in November each year. Guidance and application forms for these awards can be found on the APM website.

g) Specialty, Staff Grade and Associate Specialists (SSAS) Committee

The SSAS Bristol study day was well attended and we received an overwhelming amount of positive feedback. The next SSAS study day will be held in York this year and is open to all grades of doctors. Sally Middleton encouraged those that work with SAS doctors to ask them to look at the APM website and to attend the conferences. SAS doctors find the networking opportunity at the conferences valuable.

h) Trainees' Committee

The Trainees' Committee is looking forward to working with the proposed APM Juniors. The next RCP Medical Careers Day will be held in September of this year and Milind Arolker encouraged members to attend. There are two careers information leaflets that are available on the APM website. All training programme directors have received hard and electronic copies of these for distribution. Milind Arolker highlighted the RCP and GMC surveys to be completed. As the last AGM that Milind would attend as chair of the trainees' committee he thanked the committee and wished Tom Middlemiss all the best.

i) Workforce Committee

Bernie Corcoran was thanked for her contributions and Julie Doyle was welcomed onto the committee representing Northern Ireland. Stephanie Gomm thanked the members for their contributions to the workforce survey. The AGM report summarizes data from the 2012 APM survey and RCP census. The APM 2013 survey will close on 31 March 2014; current response rate is 67% but we would like to beat last year's response rate which was 69%. The members were encouraged to complete the survey before it closes. The workforce survey for 2014 will be opened in June /July. As a specialty we continue to expand and at a higher rate than other medical specialties however our expansion rate is falling. Our Consultant numbers have doubled in the last 10 years and the most up to date headcount for the UK in September 2013 is 538. The Consultant vacancy rate is falling but our recruitment success rate continues to improve. Trainee expansion continues with the number of potential CCT holders each year increasing from an average of 35-40/yr and estimate the yearly average more likely to be 45-50. Stephanie Gomm expressed the view that the members of APM need to debate and describe the future role and type of medical workforce required to meet the needs of patients, in respect of service provision and models of care, and the effect on medical training by highlighting the impact of 4 recently published national reports : The RCP Future Hospital Commission, The Hospice Commission, The Shape of Medical Training by the Academy of Medical Colleges and The 2022 GP – A vision For General Practice in the future RCGP.

j) Specialty Advisory Committee

Clarity is needed on the National Tariffs for Training. There is a change to the model funding of trainees and also undergraduate education funding in the UK that has been poorly communicated and difficult to get information on. It means that the tariff for undergraduate teachings for undergraduate placements is increasing but that is balanced against a reduction in model funding so all training posts will only be funded the letbies at 50% of the salary plus £12, 400 placement fee. That was a worry with hospices placements as it could put a huge burden on some hospices and so with Help the Hospices we joined together to contact HEE. The HEE have put out some guidance that says hospice placements are going to be excluded from the tariff. It is understood

that there will be no change to the funding of hospice placements and that they will all continue to be 100% madel funded. However, that is not really clear from the guidance and there is more work to be done. HEE do intend to produce some frequently asked questions. There is a desire from Alison Coackley to get feedback from everybody to have a thoughtful process about how we respond to the shape of training. There will be an opportunity to liaise with programme directors about how you feedback into that discussion. There was a discussion at the SAC around which specialities we might dual accredit with and Alison Mitchell is looking at that because it will have to change from the curriculum for how we can accredit in palliative medicine and the specialties we have been talking about were; Care of the Elderly and Palliative Medicine and possibly Respiratory in Palliative Medicine but there is a lot of work involved. There are three separate issues; one is the college of physician's letter, dual accreditation and comment on the shape of training. There will be a document to comment on from Alison Coackley.

04/14 **Representatives' Reports**

NEoLCP Acute Hospitals Steering Group

The report was noted.

05/14 **Special Interest Fora**

a) Neurological

The Neurological special interest for a has been up and running for 2 years and there have been approximately 100 expressions of interest. The report reflects the main areas that are being explored, for instance, withdrawal of NIV and the issues around that and trigger factors for patients with progressive neurological disease. Members with an interest in Neurological Palliative Care were welcomed to join the Special Interest Forum. The meeting in November went very well with an excellent turn out of people attending. The next meeting is due in June 2014.

b) Undergraduate Medical Education

The report was noted.

c) Transitions

The report was noted.

06/14 **Proposed Junior Membership Category and Junior Members' Committee**

David Brooks expressed how impressed he has been with the work carried out by the junior members this year. Dan Knights proposed an APM Juniors Committee to replace the Junior Members working group, which was set up in April 2013. Dan Knights had a presentation of slides prepared to give everyone a background of the junior members group. The idea was born at a meeting of the undergraduate's special interest forum in Cambridge, February 2013. There was a group of 20 students from 9 different medical schools that took part in the discussion about what could be proposed to the APM to establish a junior members group that would cover both medical students and junior doctors. The proposal for a junior members working group was ratified at the 2013 AGM after which a committee of 14 members was formed. The first face to face meeting was in November 2013 to discuss various issues that were being encountered as well as ideas for where the group would go in the future. In March 2014 the first inaugural conference took place which was attended by approximately 75 people; which included medical students and junior doctors. The day was very successful and there were a lot of ideas about how to develop. Dan Knights brought forward the idea of junior membership categories for the working group to become a committee. Dan Knights referred to the report and terms of reference. Some of the things the group have

been working on are stimulating and harnessing interest, communication coordination, establishing a network, to be an information hub and provide services to medical students and medical doctors who are interested in the specialty. The group have been particularly keen to make sure that their message gets out to as many people as possible. The aim is to have some representation in every medical school and post graduate deanery. In terms of communications there is a lot of interest in new media, the group already has their own website which will feed into the main APM website. The working group plan to have a re-recruitment and will advertise for people to join the committee. Once appointed and elected the committee members would be in for a period of 2 years and asked to stay for a minimum of 1 year.

The Junior Members Committee proposal was ratified.

Proposer: Sarah Cox

Secunder: Tim Peel

Dan Knights proposed for junior membership category. There has been a discussion with the Executive Committee throughout the year and it was agreed to have free membership for medical students, junior doctors would pay £30 per annum. Juniors would not have access to the journals.

The Junior Members membership proposal was ratified.

Proposer: Eleanor Grogan

Secunder: Benoit Ritzenthaler

07/14 **Committees**

Dr Brooks thanked members who are demitting, as follows:

Executive Committee: Dr Tim Peel, Dr Victoria Wheatley, Dr Regina McQuillan

Ethics Committee: Dr Rosaleen Beattie, Dr Ian Cairns

Professional Standards Committee: Dr Chris Baxter, Dr Alison Gordon

Specialty Staff Grade and Associate Specialists Committee: Dr Berni Mountain (SSAS Rep to the Workforce Committee), Dr Jane Stickland (SSAS Rep to Professional Standards Committee)

Trainees Committee: Dr Kim Steel, Dr Sarah Mollart (Trainee Rep to the Education Committee), Dr Liz O'Brien

Workforce Committee: Dr Bernie Corcoran

The members expressed their thanks to the demitting committee members with a round of applause.

Elected members were ratified, as follows:

Executive Committee: Dr Tony O'Brien, Dr Aoife Gleeson

Proposed: Tim Harlow

Secunder: Mike Stockton

Education Committee: Dr Dylan Harris

Proposed: Tim Harlow

Secunder: Mike Stockton

Ethics Committee: Dr Rachel Bullock, Dr Paul Clark

Proposed: Tim Harlow

Secunder: Mike Stockton

Professional Standards Committee: Dr Vandana Vora

Proposed: Tim Harlow

Secunder: Mike Stockton

Science Committee: Dr Helen McGee

Proposed: Tim Harlow

Seconded: Mike Stockton

Trainees' Committee: Dr Rebecca Lennon, Dr Miranda Kronfli, Dr Kathleen Mark, Dr Ros Marvin, Dr Katrien Naessens

Proposed: Tim Harlow

Seconded: Mike Stockton

Workforce Committee: Dr Julie Doyle

Proposed: Tim Harlow

Seconded: Mike Stockton

08/14 **APM award winners**

Dr Brooks announced the following APM award winners.

Napp Research Bursary 2013

Dr Kathryn Mitchell for 'A study to validate symptom scoring tool (C-SAS) for use in patients who are very unwell'

Dr Katrien Naessens for 'Antibiotics for hospice inpatients at end of life; a qualitative study of the views of patients, their carers or relatives, and healthcare professionals.'

Undergraduate Essay Prize 2013

'The NHS can be viewed as a machine for promoting health: how do you see the moral questions posed by its relationships with other 'machines' with differing functions such as making money, promoting specific interests or limiting individual freedom?'

1st prize – Nusiba Taufik

2nd prize – Helena Lee

Twycross Research Prize 2013

Jamilla Hussain for 'Comparison of survival in patients aged over 70 years choosing conservative management or renal replacement therapy in advanced chronic kidney disease'

09/14 **Any other business**

a) Parliamentary Experience

Ilora Finlay has been teaching some of the department of health leadership trainees on their leadership programme. Ilora Finlay has been taking trainees either on a 1 to 1 or up to 6 at a time on a group basis for an afternoon and into the evening in parliament and taken them through how legislation happens. Ilora Finlay would give a fast track about how parliament works and how legislation happens. The offer has been opened up to the trainees, then if consultants want to come for a half day and into the evening. Ilora Finlay is also happy to open the offer up to the students and juniors. Members can take up the offer via the APM office. Offer to be circulated via the juniors and trainees committee.

10/14 **Date of next Annual General Meeting**

23 April 2015, London. Venue to be confirmed.