



Association for  
Palliative Medicine  
Of Great Britain and Ireland

Trainees'  
**NEWS UPDATE**

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## APM Trainees' News

Welcome to this month's edition of the monthly trainees' news update, I hope that you find it a useful and informative read. March was a busy month for the APM, with Bournemouth the venue for this year's annual ASP conference. It was again a highly valuable time with a variety of engaging and thought provoking sessions, which will hopefully be an inspiration for those who attended as they return to their day-to-day workplaces. Amy Ritchie, our Communications Co-ordinator, has given us a helpful overview and flavour of the conference in our 'Post of the Month'.

There have also been a number of developments in relation to Shape of Training, which have been summarised in the SAC update below. The final landscape is still far from clear, but a number of important landmarks are now in position – including the publication of the new IM curriculum. The Committee will continue to advocate on behalf of palliative medicine training and trainees as the Shape of Training process continues.

This is the first newsletter since I have taken over as Chair and I would like to take the opportunity to thank those members who are leaving the Committee. Rebecca Lennon has served the Committee tremendously as Chair over the last year, having also previously served as the BMA representative. Claire MacDermott, our Professional Standards representative, has, amongst other contributions, overseen the extremely successful annual 'APM Undergraduate Palliative Medicine Audit and Quality Improvement Project' Prize. Both Rebecca and Claire have contributed enormously to the Committee, in a variety of ways, and I wish them both the very best for their futures. It is also my pleasure, on behalf of the Committee, to welcome Jane Whitehurst as the new Workforce Committee representative and Hannah Rose as the Juniors' Committee representative.

Finally, we are very grateful to those who completed the newsletter survey. The feedback was very helpful and we will be using this as we continue to develop and improve this resource, so it becomes as useful as possible. As a Committee, we are most beneficial when we most accurately represent the entire body of palliative medicine trainees' so if there is anything you wish to feed back to us or a matter in which you feel we can help, please do contact us.

Best wishes,

Anthony Williams

Chair, APM Trainees' Committee

## Upcoming Events

### 7<sup>th</sup> Guildford Advanced Pain and Symptom Management Courses

4-5th September 2018 - University of Surrey, Guildford

24-25th September 2018 - Midland Hotel, Manchester

<http://www.guildfordadvancedcourses.co.uk>



Guildford Advanced Courses

### New Directions in Palliative Medicine

**Challenge or Conform: Finding Consensus in an Evolving Specialty**

Date: 27-28 September 2018

Venue: John McIntyre Conference Centre, Edinburgh

<https://www.strathcarronhospice.net/Event/annual-conference-2018>



## Meet the Trainees' Committee



**Dr Vanessa Jackson**

**BMA Junior Doctors Committee Observer**

I joined the APM Trainees' Committee last year and I have enjoyed my role in the Committee thus far. In this role I act as a point of liaison between the APM and the BMA and I represent our specialty at the BMA Junior Doctor Committee meetings and multi-specialty working group meetings. It has been interesting to learn about current issues which affect our training such as the new Junior Doctor contract and Shape of Training, and how these issues will affect our specialty. I am keen to engage with other trainees and making sure that our voices are heard – if there are any concerns which you would like me to raise at future BMA meetings please get in touch at [vanessa-jackson@hotmail.co.uk](mailto:vanessa-jackson@hotmail.co.uk)

I am currently working as ST3 in the East Midlands and I am enjoying being back in Nottingham. I am interested in community palliative care and the care of patients with non-malignant disease. I spent some time working at a hospice in New Zealand before taking up my training post here and had a fantastic experience working out there. In my free time I enjoy travelling and salsa dancing, which is a great way to meet new people.

## Knowledge Hub

The **APM Professional Standard's Committee** has produced some 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

Sessions within the program are currently being mapped to the palliative medicine specialty training curriculum.

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



There are some also valuable resources available to help support the care of patients with **learning difficulties**:

<https://www.mariecurie.org.uk/help/support/publications/easy-read-booklets>

<http://www.pcpld.org/links-and-resources/>

The **RCP Quality Improvement Hub** has been set up to support anyone embarking on quality improvement work. Resources to support quality improvement work can be found at: <https://www.rcplondon.ac.uk/projects/rcp-quality-improvement-rcpqi>

*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.*

## Post of the Month

Feedback from the ASP conference by Dr Amy Ritchie

As a new member of the APM from 2017 this was my first attendance at an ASP conference. Once I found my way over from little old Belfast and got my poster firmly attached to its rightful home for the next 2 days, I was able to relax and begin to enjoy the conference. The programme was jam packed with interesting titles making it difficult to choose which sessions to attend. There was a wide variety of talks ranging from those focusing on symptom management, advances in research, and ethical debates to discussions relating to changes in training. I started my Thursday morning attending Professor Willis' very engaging session on patients with muscular dystrophy, discussing how as these patients survive into adulthood the role of palliative medicine is developing to support the management of complex symptoms. This was followed by a morning plenary from Chris Pointon taking us on the journey of Dr Kate Grainger and her story of developing the #hellomynameis campaign and how through her own experiences as a patient she strived to create a legacy through which we as health care professionals can improve a patient's journey using three simple core values. There was a wide range of masterclasses on symptom management, from delirium and cancer related fatigue to malignant bowel obstruction and the use of opioids for breathlessness. Ethical debates were heard on palliative care and global health to the use of cannabis and mistletoe in integrated palliative care and most interestingly an afternoon plenary from Professor David Currow on the role and importance of RCTs in the world of palliative medicine. We heard from Professor Simon Noble on the use of new oral anticoagulants and from Professor Miriam Johnson on the management of heart failure in palliative medicine. As a new trainee my eye was caught by sessions on the programme focusing on the SCE examination which gave a very informative overview of the exam, what to expect and how to prepare with useful resources and practical points from those who have successfully passed! And secondly a discussion on Shape of Training and how this will affect us as current trainees and the future of the training programme. The list goes on with each session as interesting and informative as the last. The wealth of information and knowledge was vast and engaging and from my first experience of the ASP conference I would highly recommend it to colleagues and friends alike! See you all in Harrogate!

## Research/Journals

### Resources for Trainees Wanting to Carry Out Research

Knowing how to get into research can be daunting for trainees, and with this in mind the Science Committee has produced a resource to help trainees consider the research element of the curriculum, highlight some useful resources and outline how you might approach carrying out a research project. This resource can be found under the Science Committee section of the APM website or via the link below.

<https://apmonline.org/wp-content/uploads/2015/04/Resources-for-Trainees-Wanting-to-Carry-Out-Research.pdf>

### Accessing journals through the APM

There are incredibly low levels of access to journals via the APM website, therefore, the APM are always reviewing their access to journals and whether it represents value for your membership fee. A many number of publications are available through the BMA website, as long as you have membership. A list of these can be found at <https://www.bma.org.uk/library/e-resources/e-journals>.

The following journals can still be accessed via the APM website; Palliative Medicine, BMJ Supportive and Palliative Care and the European Journal of Palliative Care (at a reduced subscription rate). These journals can be accessed by going to the member's area of the website

[http://apmonline.org/login/?redirect\\_to=http%3A%2F%2Fapmonline.org%2Fmembers-area%2F](http://apmonline.org/login/?redirect_to=http%3A%2F%2Fapmonline.org%2Fmembers-area%2F), logging in, then scrolling down to 'membership benefits' and clicking on the 'journals' tab. An example of what should then appear on the page is given below. If you click 'online access' this will take you through to the journal's website.



### Articles of the Month:

#### January

#### Dying persons' perspectives on, or experiences of, participating in research: An integrative review

Bloomer et al. Palliative Medicine 2017

This review explores the evidence of dying patient's views with regards to participating in research. 10 studies across 5 countries, were included, with inpatient, outpatient, and clinical trial settings. Patients have diverse motivations for cooperating with research programs, but overall there was a strong desire to help others, particularly with regards to improving future care and contributing to research.

[http://journals.sagepub.com/doi/abs/10.1177/0269216317744503?dm\\_i=2GTP,16MZ1,7L9M07,3PIXQ,1](http://journals.sagepub.com/doi/abs/10.1177/0269216317744503?dm_i=2GTP,16MZ1,7L9M07,3PIXQ,1)

#### Characterising the growth in palliative care prescribing 2011–2015: Analysis of national medical and non-medical activity

Ziegler et al. Palliative Medicine 2017

To establish the level of non-medical prescribers' activity in palliative care across England, prescriptions of palliative care medications issued by general practitioners, nurses and pharmacists in England and dispensed in the community between April 2011 and April 2015 were extracted from the Prescribing Analysis Cost Tool system. The number of prescriptions issued by nurse prescribers in community palliative care in England has doubled since 2012, with much of this related to opioid prescribing in the community. Non-medical prescribers are now prescribing 7% of all medications issued in community palliative care.

[http://journals.sagepub.com/doi/abs/10.1177/0269216317744503?dm\\_i=2GTP,16MZ1,7L9M07,3PIXQ,1](http://journals.sagepub.com/doi/abs/10.1177/0269216317744503?dm_i=2GTP,16MZ1,7L9M07,3PIXQ,1)

## Committee Vacancies

The Trainee's Committee currently has the following vacancies:

- **Ethics Representative**
- **Professional Standards Representative**

Please visit <http://apmonline.org/committees/committee-vacancies/> for a detailed description of the roles and to download the nomination form. Please note, that both the nominee and nominators should be members of the APM. If you would like to discuss the role further to help inform your decision to run, then please get in touch and your email will be forwarded on to the relevant committee member.

## SAC update

The SAC met on the 23<sup>rd</sup> February 2018. The following topics were discussed:

### Shape of Training and new curriculum

The new IM curriculum has now been approved by the GMC and can be downloaded from the JRCPTB website. IM trainees are strongly recommended to gain specialist palliative medicine experience although there is no specific time period stated. The SAC are thinking about developing a simulation course for palliative medicine with the aim of helping trainees in IM years to obtain palliative care competencies. The curriculum working group (part of the SAC) will now start working on the new curriculum for higher specialist training.

The new palliative medicine curriculum will come into effect in 2022. There will need to be flexibility for trainees on the old curriculum who have delayed training by OOP or maternity leave – they should stay on the old curriculum even when the new one is implemented. There will still be intake into the old system in 2021 and these trainees will go through the old system. There will therefore be a few years of overlap between the old and new systems. There was reassurance that we should not be losing any ST3 posts, and in fact the specialty needs more training posts as we do not have enough trainees coming through to fill consultant posts.

There were some concerns re lack of flexibility around trainees coming to palliative medicine training from the GP route, particularly around the loss of community experience/awareness which is so important in specialist palliative care. It was recognised that currently only 5% of palliative medicine trainees come from the MRCGP route and this proportion is getting smaller year by year; this trend has preceded Shape of Training.

### Quality Management

There was recognition that there can be variability amongst external advisors at PYA in terms of what they are looking for, leading to confusion amongst different trainees. There is a PYA checklist that TPDs can send to trainees before their PYA, and SAC members were advised to circulate

this. We are also keen to collate examples of PYA checklists in different regions and would be grateful if examples of the checklists you are using could be sent to [kirstylowe1@nhs.net](mailto:kirstylowe1@nhs.net).

It was suggested that Educational Supervisors should sign off a placement in Oncology or Pain after the block has been completed to show that the trainee has met those competencies.

#### **Certification and trainee matters**

There has been good feedback from trainees re the recent DOPS guidance.

It was recognised that CCT date can be changed at PYA, but once a CCT date is confirmed at PYA it cannot be changed. We were reminded that trainees can't take OOP during their last year of training, unless they are acting up.

#### **Academic**

The Faculty of Pain Medicine have raised the possibility for palliative medicine trainees to do extra training in pain medicine, which would include sitting the Faculty of Pain Medicine exam. This potentially could be an OOP block. The SAC will liaise further with the Royal College of Anaesthetists regarding this.

#### **Reflective Practice**

We discussed the Bawa-Garba case and trainees raised concerns about reflections and whether they could be used as evidence against us in court. We were advised that the aim of reflection should be to elicit learning from the incident and identify changes in practice for the future. It doesn't need to be a blow-by-blow account of the case, and there should be no patient-identifiable information in the reflection. It was suggested that trainees first have a discussion about the reflection with their consultant/supervisor, decide what to document, and only after that discussion to record the reflection on ePortfolio. We were reminded that reflection doesn't always need to be about negative incidents, it is important to reflect on positive cases too.

## 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](mailto:apmtraineescommittee@gmail.com)
- On our Facebook page 'APM Trainees'
- On Twitter @apm\_trainees



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

Please remember to upgrade your membership to 'full membership' on commencement of your first consultant post. This can be done by emailing the APM at [office@compleat-online.co.uk](mailto:office@compleat-online.co.uk)