



Association for  
Palliative Medicine  
Of Great Britain and Ireland

Trainees'  
**NEWS UPDATE**

Term: Spring | Issue 10 | Date: 7th June 2018

## APM Trainees' News

Dear Trainees,

Welcome to the 10<sup>th</sup> edition of the Trainees' newsletter. I hope that there has been opportunity to enjoy the sunshine that we have somewhat surprisingly had over recent weeks, in between the usual diet of work, training and ARCPs. There has been much the committee has been involved in over recent weeks and so I trust this issue is an informative read.

Our post of the month in this edition is written by my predecessor Rebecca Lennon and is a very thought-provoking piece on end-of-life care issues for LGBTQ+ patients. I would encourage you to read it – ensuring access to end of life care of the highest standard for all in our communities, is an essential component of the work we do.

The research components of the curriculum are often hard to complete and the committee is always looking for ways to facilitate this. The research section below has some very useful information with regards to getting into research, as well as an opportunity to get involved in a project that may well be of interest – please do have a look.

I would also like to take the opportunity to highlight the Professional Standards Committee (PSC) Representative position. Given all of the potential changes in the provision of training and the ongoing development of the specialty in the coming years, it is a very exciting time to be involved in both the PSC and the work of the Trainees' Committee in general. Please see below for further details on considering nomination.

Lastly, you may have noticed it has been a couple of months since the last Trainees' News update. We took the decision to ensure the sustainability of the newsletter to publish this every other month. This will hopefully ensure every edition is packed full of useful information. Many of you provided feedback on the newsletter through our survey for which we are very grateful. The feedback was very positive and we have taken on board all of the helpful comments about additional content which we you will endeavor to incorporate in future editions. As ever, if you have any further feedback please get in touch via any of the means at the end of newsletter.

Best wishes,  
Anthony Williams  
Chair, APM Trainees' Committee

## Upcoming Events

### The Future Direction of Palliative Care – Implications for SAS Doctors and Trainees

An APM Event, organised by the SAS and Trainees Committee  
North West Cancer Research Centre, University of Liverpool  
Date: 8<sup>th</sup> January 2019  
<https://docs.google.com/forms/d/e/>



### Ethics Study Days

An APM Event, organised by the Ethics Committee  
Severn Hospice, Telford  
Dates: 21<sup>st</sup>-22<sup>nd</sup> January 2019  
<https://docs.google.com/forms/d/e/>



### Research Methodology Workshop

An APM Event, organised by the Science Committee  
Saint Michael's Hospice, Harrogate  
Dates: 20<sup>th</sup> March 2019  
<https://docs.google.com/forms/d/e/>



### The APM's Supportive & Palliative Care Conference

Harrogate Convention Centre  
Dates: 21<sup>st</sup> – 22<sup>nd</sup> March 2019  
Registration opens soon



### Oxford Advanced Courses in Pain and Symptom Management

14-15 June 2018 Newcastle, 27-28 June 2018 Nottingham  
5-6 July 2018 Oxford, 12-13 July 2018 Oxford



Map curriculum  
competencies.docx



OAdC 2018.docx

## Meet the Trainees' Committee



**Dr Anthony Williams**

**Chairperson  
Trainees' Committee**

I am an ST5 trainee based in South Wales. I had the privilege of being involved in the APM Ethics Committee before taking over as Trainees' Committee Chair in March of this year. I am conscious that the landscape of palliative medicine training is in flux with Shape of Training on the horizon and this in turn could have important implications for the nature and scope of the speciality as a whole in the coming years. I am keen to ensure that Trainees Committee acts as a thoughtfully passionate voice that speaks on behalf of trainees as we strive to provide the very best palliative and end-of-life care for the people we have the privilege to care for.

I am married to Jen and we have two daughters Bessie and Mabel who very happily occupy most of my time. I am involved in youth work in my local church and also enjoy playing football. However tearing my ankle ligaments in the middle of my paternity leave has forced me to consider hanging up my boots!

## 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.pcpd.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

[End of Life Care Issues for LGBTQ+ patients and their carers – Dr Rebecca Lennon, ST6 Palliative Medicine](#)

I became interested in health inequalities whilst doing an assignment for a Masters degree. At the same time, the CQC's report 'A Different Ending' was published, which put forward the health inequalities experienced with end of life care. The report can be found here

<http://www.cqc.org.uk/publications/themed-work/different-ending-end-life-care-review>. I was looking to embark on a quality improvement project, so discussed this with the Hospice I was working at. I liaised with the CCG, looked at the local population and discussed which health inequality group it would be beneficial for our Hospice to look at improving the end of life care experience for. Given the demographics of the local population, it was felt that focusing on the LGBTQ+ population would be helpful. My project, alongside many others that have worked to reduce health inequalities with the LGBTQ+ population, the homeless and Gypsies and Travellers, will be featured in a Hospice UK report 'Care Committed to Me', which is going to be published this year.

A literature search highlighted several issues that this particular group of patients and carers experience when accessing healthcare services and at the end of life. Their prior poor experiences of a heteronormative culture and discrimination makes them reluctant to access Hospice care or express themselves freely when they are at their most vulnerable. This population are at increased risk of several cancers and health problems because there is a higher rate of tobacco, drug and alcohol use. There are also complex issues that lead to reduced engagement with cancer screening programmes, mental health issues and suicide. To transition to the opposite sex, hormones are taken and these increase the risk of diabetes, cardiovascular disease and liver abnormalities. There is a higher probability that LGBTQ+ patients live alone, are single and do not have parents, siblings or children to provide informal care. Their chosen families may be complex, being made up of a mix of biological and social links, frequently including ex-partners. In addition, those who transition and were married before, will have had their marriage forcibly annulled on seeking a gender recognition certificate. Reliance on formal care, as their health deteriorates, is therefore a concern. Some who were openly 'out' may choose to go back 'in' rather than be cared for by people who don't accept them. Those who need care in their own homes may either refuse it or depersonalise the house to conceal their identity. The transgender population may fear getting dementia or needing formal care because they believe they will not be able to express their preferred gender or be given their hormones, if reliant on others to administer medications. Consequently, they would prefer to die at home, commit suicide or be euthanised, rather than face these end of life issues.

Advance care planning is crucial given these issues. Knowledge about lasting power of attorneys and advanced directives is high, but most have not

completed them. The transgender population are particularly fearful about their wishes being respected after death, especially what clothes they are buried in or what name will be put on the grave, regardless of whether there is legal documentation in place or not. For carers, bereavement may only be recognised if a person is open about their sexual orientation, otherwise the relationship may be labeled as the loss of a 'friend'. The bereaved may also be purposefully, or inadvertently, be excluded from the grief rituals/funeral. Some clergy are still unwilling to recognise same sex relationships at funerals. Bereavement support groups can have negative or positive effects, depending on how heteronormative the discussions are. Consequently, the bereaved in this population are at a greater risk of depression, anxiety and loneliness.

In order to address these issues, I set up an MDT working group, which included medical and nursing staff, the communications manager, volunteer chaplain and external representation from the local LGBTQ+ community and charities. I also got advice and support from Macmillan, Marie Curie, Royal Trinity Hospice, the LGBT Cancer Support Alliance, which included the LGBT Foundation. As a group we used an service audit tool from a Scottish charity called LGBT Health and Wellbeing (<http://www.lgbthealth.org.uk/wp-content/uploads/2015/09/LGBT-Age-Audit-Tool-final.pdf>) and, with their permission, ran a staff survey adapting questions from a survey that Marie Curie had published in their report 'Hiding who I am'. We came up with 25 recommendations that the Hospice plan to implement and build into current workstreams to make it sustainable over the next 5 years. These center around developing education on LGBTQ+ issues and how care for transgender patients, specific LGBTQ+ resources for patients and staff, supporting staff and giving them the skills to challenge behaviour in other staff and patients/carers, develop more robust monitoring of patients and a new monitoring system of staff with education about why monitoring is important, being visible to, and continuing to develop relationships, with the local LGBTQ+ community. By putting these recommendations into action, the Hospice can hopefully be a safe and accessible service for LGBTQ+ patients, and their carers, so that they are provided with a better end of life care experience.

## 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.



### Research Opportunity - Administering injectable medication to patients in their own homes

This is an exciting opportunity to get involved in a research project looking at barriers/facilitators to untrained family carers administering injectable medication to patients in their own homes. In the first instance, the research team are looking for a trainee to help with planning and undertaking a literature review to help define an appropriate and original research question. Following this there will be opportunities to get involved in the next stages of the project, which is likely to be a qualitative study conducted through a series of interviews/focus groups of both carers and health care professionals to identify barriers and facilitators. If interested, or for further information, please contact Dr Katie Taylor at [katie.taylor@hospiceintheweald.org.uk](mailto:katie.taylor@hospiceintheweald.org.uk)

### Articles of the Month: May

#### Cancer patients' experiences of living with venous thromboembolism: A systematic review and qualitative thematic synthesis. Benelhaj et al, Palliative Medicine 2018

This article identified the available literature on patients experience of cancer-associated thrombosis. They identified 1397 articles, only 5 met the inclusion criteria. They used a quality appraisal checklist on all of the identified articles. Themes that emerged included knowledge deficit from patients and clinicians, effects of cancer-associated thrombosis, both physical and psychological, and effects of anticoagulation and coping strategies. They concluded that thrombosis is a frightening and unexpected burden on cancer patients. They felt that patients are not routinely educated about the risk or warning signs of thromboembolism, and called for education for patients and clinicians to be part of routine care and further work to address this patient priority.

[https://www.ncbi.nlm.nih.gov/pubmed/29485330?dm\\_i=2GTP,18GZ6,7L9M07,3YQXE,1](https://www.ncbi.nlm.nih.gov/pubmed/29485330?dm_i=2GTP,18GZ6,7L9M07,3YQXE,1)

#### Commissioning of specialist palliative care services in England. Lancaster et al, BMJ 2018

This article sought to explore the variation in commissioning of services by Clinical Commissioning Groups (CCGs), using a data collection exercise. They used a Freedom of Information request in the form of a questionnaire to all 209 CCGs in England. Only 29 CCGs provided information on the number of patients with palliative care needs in their population. The authors found that budgets were very variable – providing evidence to support concerns about a postcode lottery. Provision of 24 hour access to specialist palliative care and pain control was also found to be inconsistent. There was also variation in the type of training provided to healthcare professionals. Only half of those that responded are committed to improving their services in the future. This study showed that not only is there variation in provision of services in England but also little uniformity in the information the CCG is required to hold and a disparity in the responsibility of service provision between CCGs, trusts and hospices. The authors suggest that this data shows that palliative care is not being seen as a core service in some parts of England and call for a national framework to ensure patients achieve good end of life care everywhere.

[http://spcare.bmj.com/content/early/2017/02/28/bmjspcare-2016-001119?dm\\_i=2GTP,18GZ6,7L9M07,3XP9H,1](http://spcare.bmj.com/content/early/2017/02/28/bmjspcare-2016-001119?dm_i=2GTP,18GZ6,7L9M07,3XP9H,1)

## Committee Vacancies

The Trainee's Committee currently has the following vacancies:

- **Professional Standards Representative**

The Professional Standards Committee (PSC) focuses on the professional standards of the APM membership. The Committee supports the membership with respect to the processes and standards of appraisal and revalidation, has oversight of the APM programme of benchmarking, audit and data gathering, monitors intelligence from organisations and systems collecting information about outcomes in palliative medicine, and supports the APM mentoring scheme. The Professional Standards Representative has a vital role in the liaison between the PSC and trainees nationally.

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

Dear Palliative Medicine Trainees,

Over the past few months we, as trainee representatives to the SAC for Palliative Medicine, have been approached by a number of current and future trainees to enquire about the possibility of Palliative Medicine trainees dual accrediting in General Internal Medicine (GIM) before implementation of the new specialty training curriculum in 2022 under Shape of Training.

This matter has been discussed at length with the chair of the SAC for General Internal Medicine. The consensus is that there will be no structured method for dual accreditation in GIM for Palliative Medicine registrars who start training before 2022. For trainees who have already acquired some GIM experience, for example having transferred to Palliative Medicine from another specialty programme, there may be an option to use the CESR route for GIM. The Palliative Medicine SAC would be very happy to support any trainee who wishes to attempt this route. However, this will entail significant time and financial commitment to be successful. If this is something that a trainee wishes to explore further we would suggest that they should initially contact their local Training Programme Director.

The SAC would like to strongly emphasise that it does not think that a lack of dual accreditation will disadvantage trainees in the future. There should always be a place for Palliative Medicine consultants who have not dual accredited and at present workforce planning indicates that there will continue to be many more consultant posts available than people gaining their CCT. We hope that this addresses some of your concerns. If you have any further questions then please do not hesitate to get in touch,

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## 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)