Dear Trainees,

Trainees’ News Update Survey
As promised, you have hopefully received a link to our short survey to ask your opinion on the newsletter. If not, the link is below. If you would like to respond, then please do so by the 12th March.
https://www.surveymonkey.co.uk/r/Z9YTKVM.

Dr Bawa-Garba ruling
Since publishing the last newsletter, I have been to the RCP and discussed the implications of this ruling on the profession. A helpful article to read would be Dr David Oliver’s recent reflections http://www.bmj.com/content/360/bmj.k646. The RCP are also intending to publish guidance on this issue. The APM will work with the SAC to make this guidance relevant to Palliative Medicine trainees, whom may be working in organisations that lack the NHS hierarchy and reporting systems.

RCP focus on end of life care
This month’s RCP journals focussed on end of life care; Clinical Medicine, Future Healthcare Journal and Commentary magazine. The APM were involved in delivering some of these articles, which you can access using the links below:
http://www.clinmed.rcpjournal.org/content/current?dm_i=2GTP,171WO,4MMZCR,3TFV2.1
http://futurehospital.rcpjournal.org/content/current?dm_i=2GTP,171WO,4MMZCR,3TFW0.1
http://edition.pagesuite-professional.co.uk/launch.aspx?pbid=609a4251-d3b5-430e-9f32-3b40b457fa24&pnum=12&dm_i=2GTP,171WO,4MMZCR,3TFW1.1

HEE ARCP review
HEE have conducted a major year-long review into the ARCP process due to increasing pressure from trainees and the BMA about inconsistencies in practice. This was indeed found in their review and you can read their recommendations to improve ARCPs at: https://hee.nhs.uk/our-work/annual-review-competency-progress.

Shape of Training implementation
Detail has been published on the implementation of Stage 1 and Stage 2 training and I attach the document below. There is a link within this to the Stage 1 curriculum, which was agreed in December. This document confirms that there will be no gaps in recruitment for Palliative Medicine.

APM Trainees’ Committee AGM Report
I have just finishing compiling a report for the APM’s annual general meeting, which details the work of the committee over the last year. I am immensely proud of what the committee have achieved over the last year and I have attached the report, so you can see the work that we get involved in. I would have liked to be there in person to speak about our work, but Bournemouth is a long way from Manchester at 35 weeks pregnant! If you want to hear more about the work of the APM, the AGM is an ideal opportunity to do this and would encourage you all to attend, especially if you are interested in getting involved.

Best wishes,

Rebecca Lennon
Chair of the APM Trainees’ Committee
Upcoming Events

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

APM Research Methodology Workshop
14 March 2018
Poole Hospital Education Centre
APM member (early bird) £80
APM member standard rate £100
Non APM member rate £120
http://aspconference.org.uk/research-methodology-workshop/

7th 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

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 Anna Bradley
SAC Representative (England)

As the Trainee Representative for England on the Palliative Medicine Specialty Advisory Committee (SAC) I provide a link between the SAC and current trainees, along with representatives from Scotland and Wales/Northern Ireland. The SAC addresses curriculum and training issues and I feel that this is a particularly interesting time to be a member of it given the future remodelling of training through Shape of Training. I am always wanting to gain feedback from as many trainees as possible; please email me (anna.c.bradley@doctors.org.uk) or speak to your regional representative about any training matters.

In my role as part of the APM trainee committee I have thoroughly enjoyed getting to know trainees from across the country and the opportunities that have arisen, for example reviewing of conference abstracts, participating in sections of the ASP conference and collecting trainee feedback for other committees.

I am a ST4 trainee in Northeast and Central London, currently working at Barts and the London Hospitals. Outside of work I enjoy travelling, running and spending time with friends and family.

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-rcpi

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.
Royal College of Physicians’ Chief Registrar Scheme 2018/2019

“A fantastic opportunity to work on leadership and management skills and develop new ideas in a supported environment”

Chief registrars are aspiring clinical leaders who care deeply about improving the NHS and delivering better outcomes for patients, colleagues and their organisations. With protected time for leadership and management development, chief registrars have the flexibility to develop ideas and initiatives that make a positive difference to the NHS, whilst remaining key members of the medical workforce.

Chief registrars benefit from:
- Flexible training, with minimum 40% protected time for leadership and management development
- A leadership and management development programme provided by the Royal College of Physicians
- Mentoring and support from senior leaders
- Raised profile as a future clinical leader

Chief registrars develop skills in negotiation, quality improvement and change management, which they put into practice addressing key challenges faced by their organisations, including: service improvement, patient safety and experience, training and education, staff morale and junior doctor engagement. This “hugely beneficial” scheme prepares senior trainees (ST4 and above) for consultant posts, and provides a solid foundation for future leadership roles.

Recruitment for the 2018/2019 cohort is well underway. For more information about the chief registrar scheme, visit https://www.rcplondon.ac.uk/projects/outputs/chief-registrar-2018-19-recruitment-guidance, read the chief registrar 2016/17 yearbook, or email Natalie Pink, Project Manager, at chiefregistrar@rcplondon.ac.uk to register your interest.

If you are interested in applying for a Chief Registrar role, then please look out for vacancies locally, as these posts are being advertised by individual Trusts. If you are not employed by that Trust, this does not necessarily preclude your application, as a training rotation could be arranged in the Trust concerned during the timeframe required, if you were successful. Discussing your application with your TPD and local RCP tutor would be helpful in this regard. Please be aware that these posts will likely be less than full time clinical training and may, therefore, have implications on pay (the Trust are responsible for paying your non-clinical training time) and extending your CCT date.

Post of the Month

“The Reluctant Researcher” by Dr Hazel Coop (STS Palliative Medicine Trainee)

If you had asked me at the start of my training in 2014 if I was going to do research, I would have emphatically said no! I thought research was for people far cleverer than me and that embarking on research required being linked to a big academic centre or University. However, the reason you are reading this is because my thoughts and actions have changed from saying I would never do research, to conducting a research study and setting up a regional trainee led research collaborative, WM CARES (West Midlands Collaboration Actioning Research in End of life and Supportive care).

On both fronts the journey started by attending the Palliative Care Congress in Glasgow in 2016. From wandering around the posters to attending oral sessions, it hit home that not all research needs to be high powered academic work; if it makes a difference to patient care, people want to know about it.

One of the sessions on the timetable particularly caught my eye; this was on digital legacy. Digital legacy is the digital information that is available about someone following their death. I knew absolutely nothing about it, but how that has changed. The session inspired me; why had I never thought about digital legacy, when I myself use Facebook, What’s app, have several email accounts and online banking? It would be my routine practice to ask about the physical world, but not the digital. The burning question was: ‘Am I the only one not asking about digital legacy?’

With the energy and enthusiasm, I had my educational supervisor on board to support me in this quest. The additional bonus was that the experience would build evidence for the research competencies on the curriculum. We spent time designing the questionnaire, and after a few edits we submitted the protocol for peer review. Then the brakes were hit. Wise people have said when planning research, think about how long it will take and then double it; I would maybe even say treble it. I had not realised or contemplated how long it can take to get these things through. After version 5, we were approved. Then for the HRA (Health Research Authority) form, which again took some time, for the HRA then to decide it was not necessary. So, from March 2016, we finally went ‘live’ in June 2017.

The response to the online survey, sent to 11 hospices in the West Midlands, was fantastic with over 200 professionals responding. As I suspected, the survey found that I was not alone. 96% of professionals had not asked patients about digital legacy. The majority of people said they had not even thought about it. Anecdotally this survey led to conversations between staff about digital legacy.

The research wheel keeps turning as from one question comes many more questions. What is the best way to support raising awareness and professionals’ confidence in discussing digital legacy? This is leading to exciting collaborative work with the Digital Legacy Association to answer this question.

What have I learnt from this process? Firstly, you can do research alongside your work and it does not have to be part of a higher degree. Secondly, there are those keen to pursue an academic career and undertake ‘high flying’ research, but there will also be those, like me, who identify questions however small or simple that can impact on everyday clinical practice. These questions are worth researching and are a gentle way to dip our toe into the sea of research.
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.


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%3Fmembers-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

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

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 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