



Association for
Palliative Medicine
Of Great Britain and Ireland

Trainees'
NEWS UPDATE

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APM Trainees' News

Dear Trainees,

Hospice UK Conference

I attended the Hospice UK annual conference in Liverpool last month. It was fantastic to see some posters there that trainees had led or been involved in, but there were not many trainees in attendance. This led me to reflect on this reasons for this and decided I would therefore, share my experience of attending the conference.

It is expensive - £552 fee for members, but the majority of trainees are likely to be non-members, like myself. The hospice I had been working at wanted me to present a poster on a project I had led though, so I managed to negotiate with them to pay my delegate fee. Member Hospices get a free delegate for every 10 attendees. Had they not paid for me, my study budget would not have permitted me to go and I certainly would not have afforded it out of my own pocket. Having already paid for ASP in Belfast, there was very little left in my study budget pot.

The conference runs over 3 days and was very Hospice service orientated, as you would expect. The schedule was very leisurely though, which I enjoyed because, often at conferences, I feel there is not much time in between sessions to network, look at posters or exhibitors. The programme was very varied and I found sessions were useful in terms of reflecting on practice and hearing about developments across the UK. The sessions would not help in achieving many clinical curriculum competencies, but there is much to be learnt from a leadership and management perspective. It may, therefore, be a conference that trainees choose to attend later in their training, especially if you are thinking about a Hospice based Consultant role.

Shape of Training

I know that many of you get questions from those interested in a career in Palliative Medicine. If anyone does get queries you cannot answer, then please forward them to us, as we have communication avenues to the people that do know. One of the trainees I work with in my region tasked me with finding out whether those who have completed CMT, but take a break before entering higher speciality training, would be eligible to apply for Palliative Medicine if the Shape of Training programme had started. What would technically prevent them is not having completed IM3, which would become an extra year of internal medicine training. This question went straight to Professor David Black, the Medical Director of the JRCPTB, via our SAC. Their response was that they are keen to facilitate entry to IM3 for those trainees who have taken breaks after CMT (or IM2 in the future), as they want to be as flexible as possible. They do not have any details on how this would work in practice, but they will detail this in due course. Essentially, any trainees that have completed CMT and taken a break, will need to complete IM3 before entering higher speciality training in Palliative Medicine.

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

Delegate fees can be found here:

<http://aspconference.org.uk/wp-content/uploads/2017/09/DelegateRegistrationFeesASP-PCC2018.pdf>

<http://apmonline.org/events/>



APM Ethics Study Course

22 - 23 January 2018

Severn Hospice, Telford

APM member (early bird) £185

APM member standard rate £200

Non APM member rate £230

This course is aimed, in part, at completing many of the ethics curriculum objectives and so for trainees should be well worth attending. More details will be on the APM website imminently.



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/>



Meet the Trainees' Committee



Ethics Committee Representative

**Anthony
Williams**

As the Ethics Committee representative for the APM Trainees Committee, I provide a link between trainees and the Ethics Committee. The Ethics Committee supports the APM in a variety of ways including advising the APM Executive on ethical matters and watching out for ethical issues relevant to APM members. It is also responsible for producing position statements on ethics matters including assisted suicide and doctrine of double effect (which can be accessed via the APM website). It also has an important role in the education of APM members with regards to ethics including the organisation of an ethics stream at the annual APM conference and a regular two-day study course aimed at fulfilling curriculum objectives for trainees.

My primary roles are to represent the views of trainees during committee discussions and participate in the various activities of the ethics committee including assisting in the organisation of the two-day study course. It has been fascinating to be involved in the work of the committee, especially during occasions when we need to wrestle with difficult matters that arise within the speciality.

Outside of my APM role, I am an ST5 trainee based in South Wales. I am married to Jenny and we have two daughters, Bessie and Mabel.

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



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/>

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/>

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.

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, 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.



Post of the Month

Living Every Moment – ‘My experience of Palliative Medicine in New Zealand’ by Dr Vanessa Jackson ST3 in Palliative Medicine

Working abroad – how I did it

Ever since starting work as a doctor, I had always wanted to work abroad. It was just a question of when. I felt that it would be useful to experience healthcare outside the NHS and that this would help me become a more resourceful and adaptable physician. I decided to wait until completing Core Medical Training and MRCP, so that I would feel sufficiently experienced to make the most of the opportunity. During my CT2 year I sent my CV to hospices throughout New Zealand. I got a reply back from Hospice Southland in Invercargill, at the bottom of the South Island. Within a few weeks I had a Skype interview and soon after that followed a job offer. Deciding to accept the job and withdraw my application for ST3 training was a tough decision, but it ended up being one of the best decisions I ever made.

Palliative Medicine in New Zealand

There are some differences in general between the healthcare systems in New Zealand and the UK, but the hospice system is part funded by government and part funded by charity, as is the case in the UK. Each hospice organisation covers a specific geographical area and the team will help support people in their own home, in care homes or as an inpatient at the hospice. At Hospice Southland we covered a large geographical area which incorporated the region of Southland and the Queenstown area. There are many rural areas in Southland, which posed challenges in terms of supporting patients in their own homes. We worked closely with GPs and local district nurses, and often family members provided a lot of care support for patients.

A typical day at Hospice Southland

The day would start with an interdisciplinary team meeting, where we would discuss overnight calls, high risk community patients, and current inpatients. The hospice cat Meg would often join us for these meetings! As I was the designated community doctor I would often have a morning of home visits with one of the community nurses. I enjoyed being out on the road and travelling to different parts of the region to visit patients in their own homes. Together with the nurse I would devise a management plan which included appropriate medication regimens for symptom management and future planning discussions. We would sometimes have lunch on the road, which was often a good excuse to sample some of the region's best cafes!

In the afternoon I would return to hospice to document my notes. I would also check in with the inpatient nurses to see if there were any outstanding tasks. Sometimes patients would get admitted to the inpatient unit who would require a medical review. Prior to going home, I would check in with the other community nurses to discuss patient management plans.

Benefits of working in New Zealand

From what I experienced, work life balance was much better in New Zealand than in the UK. My pay was also better – nearly twice what I was being paid as a CT2 in the UK. I felt well supported by my consultant, but I was also given the opportunity to practice independently and make my own clinical decisions, which was a welcome change from my experience of Core Medical Training.

Skills acquired and lessons learned

I had experience of caring for patients with a range of life-limiting illnesses. I learned a lot about methadone as this was commonly used as an adjuvant for neuropathic pain. I had experience of caring for patients with Motor Neurone Disease, which was useful, as I had not had much exposure to this condition prior to this placement.

Southlanders are generally very resourceful and family life is very important. I was often surprised at how capable family members could be at providing end of life care for their relatives. I learned how to implement management plans to help support family carers at home and the experience taught me not to underestimate the resilience and capabilities of families. I think in the UK we are often too quick to conclude that patients cannot be cared for at home and perhaps care home admissions could be avoided or postponed if better advice and support is provided for family carers.

Life in New Zealand

I had the most amazing time living in New Zealand. Kiwis are the most welcoming, warm-hearted people you could ever hope to meet. My work colleagues became like family and I met many new friends through joining a local salsa dancing group and a Young Professionals group. I had time to take up running and I ran two half marathons. The Queenstown half marathon was a breathtakingly beautiful race and the run over the Shotover Bridge was a definite highlight.

I had a great time travelling around the country exploring all it had to offer. I hiked bush trails, went canoeing, explored the geothermal wonders of Rotorua, and walked the Tongariro Crossing. I saw such beautiful scenery and fell in love with this beautiful country and its people. It really was paradise on Earth.

Training considerations

I have no regrets about working abroad and believe that this has only made me a better physician. The experience will stand me in good stead for embarking on Palliative Medicine training in the UK.

I did consider continuing my training in New Zealand, however I was told that MRCP is not recognised by the Australian and New Zealand College and that I would need to sit the College's membership exams as well as complete 'Basic Medical Training', the equivalent of Core Training in the UK. I therefore decided to return to complete my training in the UK.

I would strongly encourage anyone to consider a move Down Under – it was an amazing experience which I will never forget.

SAC Update

DOPS Guidance: The SAC has produced a document to help guide trainees and assessors regarding DOPS assessments. This aims to clarify the level of competence required of trainees for each skill. The assessments do not need to be performed only in a specialist palliative care setting. A list of specialist palliative care settings is included in the document so that assessors understand where the skills will be performed in the future. The document can be found below.



SAC DOPS
assessment guidance

Penultimate Year Assessments (PYA): A discussion was held to standardise PYA assessments between different regions. The SAC hopes that most clinical competencies should be signed off by PYA and would encourage trainees to self-assess as well as their Educational Supervisor assessments. The SAC also strongly recommends that trainees keep a log of on-call and community time.

GMC Trainee Survey 2017: Palliative Medicine generally performed very well as a specialty and there was an improvement in results from 2017 compared to 2016. The same specialty-specific questions will be used in the survey in 2018.

There are currently three trainee representatives on the SAC: Isobel Jackson isobel.jackson@wales.nhs.uk (Wales and Northern Ireland), Kirsty Lowe kirstylowe1@nhs.net (Scotland) and Anna Bradley Anna.bradley4@nhs.net (England). We are always looking for feedback on training matters. Please contact us or the Trainees' Committee directly, or via your regional representative.

Committee Vacancies

The Trainee's Committee currently has the following vacancies:

- **Workforce Committee Representative** – deadline 15th December at 5pm
- **Juniors' Committee Representative** – this is for medical students and doctors below ST3 level (not yet been advertised)

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.

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 apm@compleat-online.co.uk