



Association for Palliative Medicine

Annual General Meeting

Thursday 19 March 2020

14:30 – 15:40

PCC, Telford International Centre

Room: Ironbridge 1

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| 1. President's welcome and report | Dr Iain Lawrie |
| a. Vote to ratify minutes – proposer/seconders/vote | |
| 2. Treasurer's report | Professor Derek Willis |
| a. Vote to ratify accounts – proposer/seconders/vote | |
| 3. Vice President report | Dr Amy Proffitt |
| 4. Professional standards committee report/update on 7 day working | Dr Sarah Cox |
| 5. Trainee committee report | Dr Vanessa Jackson |
| 6. Junior committee report | Dr Annabelle Mordon-Ballantyne |
| 7. Questions from the floor | Audience |
| 8. APM prizes | Dr Iain Lawrie |
| 9. Close / date of next AGM | Dr Iain Lawrie |



The Association for Palliative Medicine of Great Britain and Ireland Annual General Meeting

Thursday 21 March 2019

Auditorium

ASP Conference, Harrogate Convention Centre

01/18 Welcome from Chair (Andrew Davies)

Andrew Davies welcomed all those present to the meeting.

02/18 Minutes of 2019 Annual General Meeting (Andrew Davies)

The minutes were accepted as a true and accurate record.

03/18 Committee Reports

a. President (Dr Andrew Davies)

See slides. AD/IL/BR checked and confirmed that there were enough members for the AGM to continue. AD advised he had been very honoured to have been the President for the Association over the last 2 years and followed in the footsteps of some great people. It has been a privilege and hoped he has done a good job at doing what is best for the Association. One of the greatest achievements over the past few years not only for the Association but for the specialty as a whole was gaining a place on the RCP Council. We can now try and influence their position on different matters and not just on things important to us such as Assisted Dying, but the wider issues as well. As part of the RCP 500 years celebrations they created a code of conduct (see slide). We come from diverse backgrounds and have diverse opinions. We need to respect other's opinions even if they do not match our own, AD recommended the code of conduct be used by the APM going forward. The Association needs to take the opportunities handed to them and make greater connections to other organisations and fight for the specialty.

b. Handing over Presidency and welcoming Vice President (Dr Andrew Davies, Dr Iain Lawrie & Dr Amy Proffitt)

AD handed over Presidency to Dr Iain Lawrie. IL thanked AD for holding the office of the APM for the last 2 years and presented AD with a gift. IL introduced the APM Trustees, with the

exception to Professor George who was away representing the APM at the RCP for the Assisted Dying survey results. IL then introduced AP, the new Vice President. AP has been Honorary Secretary to the APM for 2 years and hands over the Honorary Secretary role to Dr Kirsten Baron (unavailable to speak in person). AP explained that Dr Baron is a Consultant in Wigan and spent 5 years as the SAC England representative, and was on the Trainees Committee of the Association in the past. AP described KB as a 'starter finisher' and expressed that she will be a huge asset as Honorary Secretary.

Vote to ratify the election of Dr Kirsten Baron as Honorary Secretary:

Proposed – Baroness Ilora Finlay

Seconded – Peter Brooks

No votes against KB appointment

c. Finance (Professor Derek Willis)

See slides. DW thanked Executive Committee and colleagues at Severn Hospice for support. DW explained that his aspect of palliative care is from a Hospice and community as that is where he works. One strength of palliative care is that it's one specialty with three distinct areas, and when MS stepped down DW felt that a Medical Director representation was required. MS did an amazing job and saved the APM from the brink of collapse in 2015 when we were making a loss.

The APM's financial year runs from 1st December – 30th November.

Operational account 2019 – membership/advertising/FAMCARE surplus profit of £41k. That was predicted at £43k. At the end of the APM financial year, the Operating account had £53k available. We had 6 accounts at the beginning of the year, however 2 of these were closed leaving 3 current accounts and a high interest account where the funds from closed accounts were added. All charities are required to have a minimum of 6 months running costs in their bank account, and the APM has £82.5k, meaning this is covered. Our membership is down £6k financially, however we have more Junior or reduced rates applying who bring in less income. Advertising is stable at around £7k for the last 2 years. Prediction for next year is a £3k reduction in administration costs. Prediction for next financial year is that APM makes £31.9k surplus. Little else can be reduced, so need to review other sources of income that can be tapped into in the future.

Education account 2019 – This account pays for the conference and study days. The end of year balance was £157,644. Palliative Care Congress used to be a joint venture between PCRS and the APM, however this was bought to an end and £95k was transferred into the Education account from this. The Education account in 2018-2019 made a £40,539 surplus.

APM's main source of income is made up of memberships and education and those two things are tightly bound. Membership should have benefits people want irrespective of counting on a course discount rate. Also need to review popular courses, and the ASP to decide if it is viable to run it this big each year.

Restricted Reserve 2019 - This account is made up of two sections, e-ELCA, breathlessness education fund/the Fiona Randall fund. There is enough money in there to carry on with e-ELCA. An additional grant has been applied for however the details can't be shared yet.

Scottish Widows account (high interest) 2019 - Current balance £259k

Summary – Operating account is healthy and has money for all courses and current commitments. We now need to review membership and see how to make this more enticing. Membership fees will not increase for another year. As from 25th March you will be able to pay for membership online.

Education needs to be reviewed and DW is looking at ways to invest money from high interest account into educational programs that will help members, and boost membership. End of year budget suggests a £31,900 surplus for memberships.

Questions - Bill Noble; Unrestricted funds are more than charity commission would be happy with and spending it on something that will be beneficial would be good. There was talk at one time of buying into journals. Have you had any thought on that? DW; I am not allowed to say anything, but it is a very good idea. You are right, we do have too much money & would be criticised as a charity profiting off the amount that we have, but in past times when we were financially stable, we were so paranoid about the money we had that we spent it badly and that led us to almost being on the brink in 2015. We do need to look and see if there is anything for the membership or events that we can review for stable investment.

Vote to ratify accounts:

Proposed – Ellie Grogan

Seconded – Debbie Talbot

No votes against Treasurer Accounts

d. Education (Dr Paul Paes)

See slides. A year ago, we were here looking at rebuilding the committee and deciding what members wanted. Member's survey was sent around for feedback re study day attendance allowance, types of study days, topics, funding etc. and there have been many successful study days held by the SAS Committee, Trainees study day, Junior's Conference, UG Conference and an Ethics Study day as a result. This year's conference has 500 delegates, however, to make this a yearly conference we will need to overcome the challenge of exhibitors to ensure the conference is profitable as well. One of the new study days will be Non-Clinical as there appears to be a gap in this section. The website has been re-developed now and members will also be entitled to a paper copy of BMJ Supportive and Palliative Care Journal.

e. eELCA (Dr Richard Kitchen)

See slides – There has been a new session developed on Culturally Sensitive Palliative and End of Life Care for the LGBT patients. Further sessions are in development: Research into liver disease and Palliative Care one of which is research in hospices. We are reviewing how we develop our sessions. Looking at uploading 40-50 sessions per year. Main challenges are ensuring people know about the resources, so promotion has been made via Twitter, conferences, Blogs, Bulletins etc.

Question: Benoit Ritzenthaler - Can you access e-ELCA overseas? RK E-Integrity can be purchased overseas approx. £100 per year.

f. Professional Standards Committee (Dr Sarah Cox)

See slide - SC FAMECARE has run for 6 years. 50% of audience had used this. This is a validated survey run externally and a good way of benchmarking your service. Due to the re-structure we will be looking for 2 people to run FAMCARE. Audit Prizes will be running every year alternating between UG & members, so please enter. For Trainees there are now 16 symptom guidelines on the website under 'Signposting to clinical Guidelines', with 2 more being written currently which are useful for the SCE's. SC will be stepping down as Chair of Professional Standards Committee and confirmed the Committee will be restructuring along with others urging members to join. SC thanked members of committee & CSS for their support.

Question; Ilora Finlay - During previous keynote in the plenary there was a comment that the minimum dataset is not there anymore, and with the current move through NHS England and the recognition of Palliative Care have you thought about applying to department of Health or NHS England for a grant for the APM to run the data collection, as if you have the data showing the amount of work that's done it becomes very powerful in arguing for the development of the Profession and further resources. Without the data coming in from across the whole country, it can all become more difficult and there is lots of evidence of patchiness, and personally I should declare an interest as I have my Access to Palliative Care Bill which I will put to Parliament again in the next session whenever that is, but to have that data coming through and it seems a special society should really be collecting the data of the workload of its members particularly with increasing pressure. SC Many of you may be aware or may have been involved in the pilot of the Clinical Dataset which was produced partly to take over from the MDS but also to collect information around outcomes, so it includes some of the OACC data but also includes some of the Palliative care Funding few data. There wasn't funding in the end to collect the national data collection we estimated at the time it would cost half a million pounds per year to collect, which in the general scheme of things is not an enormous amount money for what it would give us. I think if you think there was a chance to get that money, I will certainly support the APM doing although it may not be me. Flic – Agrees with previous comments, it would be important to connect as HUK have their dataset going forward, and in addition there has been Frailty & EoL currency work so would urge these be connected & happy to have conversations with the RCP Commissioning Group who could help with this & SC.

g. Science Committee (Dr Katherine Webber)

See slides – KW has been interim Chair of committee. Committees job is to advise APM on scientific basis to Palliative Medicine i.e. consultations, guidance and development, but also to develop a greater scientific profile. KW has been forwarding 'Articles of the Month' for the bulletin for members. A big part of work this year was to promote the Twycross Prize and UG Essay Prize (which received 36 applicants). Committee has also been involved in judging the Poster Prize at the conference. With regards to guideline development this year the committee have felt that it is important for the committee and the APM to have a voice within different guidance and different specialities. KW has been working with the British Geriatric Society developing EoL guidance for frail elderly patients as well as the Royal College of Anaesthetists writing guidance for EoL in ITU. Unable to run the Research Methods Study day this year but hoping to re-develop that in the future. Thank you to CSS & MunroSmith. KW encouraged members to join the new Research & Ethics Committee. KW Thanked current Science Committee members for hard work.

h. Ethics Committee (Dr Idris Baker)

See slide – IB (previous Chair of Ethics Committee) Thanked Officers & other Executive Committee members for their patience, support, courtesy and respect that he has experienced. IB thanked CSS. IB commended DW and other colleagues for the development and delivery of the Study Day as it has been a great success. IB as a previous chair wanted to highlight as an observation; "there are things that we agree/disagree on but we must be respectful and courteous to each other and not demonise those who do hold controversial views that are not the same as ours. We are all a member of the APM because we want the best outcome for our patients". Assisted Suicide is going to be one of those controversial issues that remains indefinitely, but regardless of what your belief on this matter, we have a shared commitment as people working in this field. Whoever takes on the Ethics for the APM needs to demonstrate a way of maintaining that value. IL thanked the committee for all of their help approving guidance documents, their input with the Assisted Dying debate and ensuring the documents released by the APM are reviewed by them first thanking their swiftness with this.

i. Workforce Committee (Dr Benoit Ritzenthaler) The younger members of the team contributions have been really welcomed in guiding the Workforce Committee. The Workforce Committee is about planning for the future and it is proper and right that Juniors & Trainees get involved with this. The

committee, like others, is being disbanded and merged with the Professional Standards Committee. The new joint committee will carry on the work in its place. Committees priority was to review data from the workforce survey. This year was different as it asked for opinion rather than a census, as the RCP are running a workforce census each year that provides good data. This is then cross-referenced with the SAC collection data from the Training Programme Directus. This data is particularly useful as SAS doctors are not surveyed by the RCP currently. Going forward we should be helping support the RCP census. Committee has written a report which is endorsed by Executive Committee and this will be available on the website once final approval received. The hyperlink in BR report gives a brief view of results. Receiving around half of the CCT's required and currently have no answer for how to manage this. This message needs to get out there if we are to meet the demand in the future and we need the funding for this.

Question: Flic - Is Academic Workforce incorporated and will this be going forward? BR, this used to be in the survey in the past, however it's not something I am aware of that the RCP are collecting. BR will investigate this as it is important.

- j. Trainees Committee (Dr Vanessa Jackson)
See slides. VJ sent apologies on behalf of Anthony Williams (Chair). Had ongoing engagement with Trainees through Regional Reps. Committee have worked hard to increase their presence in the way of Twitter, Facebook and email account. Committee has had good amount of input with the APM response to the RCP Assisted Dying poll. The bi-monthly newsletter has had positive feedback from other Trainees. Through the newsletter and a National Research Collaborative Club the committee has managed to promote various research opportunities. The Committee has also been involved quite heavily with the Shape of Training. This involvement has not only been with the APM but with the SAC, BMA and RCP. The committee have also helped develop a joint study day with the SAS Committee. The Trainees are also arranging a Local Health Study Day in 2020. The Committee also helps to produce Trainee specific data for the Workforce Committee. Support has continued for the Juniors Committee and their annual conference. AW will be demitting later in the year and thanked him and the committee for all their hard work.
- k. SSAS Committee (Dr Helen Bonwick)
See slides. HB thanked Esraa Sulaivany for her hard work as Co-Chair and the rest of the committee for the hard work. HB reiterated just how important the SAS Doctors are as a workforce in specialist palliative medicine and try and represent the speciality in as many communities as possible. SAS Doctors work locally, regionally and nationally. They work with as many committees as they possibly can to raise the profile amongst the wider audience. Committee ran a very good collaboration Study Day with Trainees in January and 2020 SAS will run their own Study Day in November 2020. Committee provides endless support and advice that comes through the APM Secretariat & will always seek to answer questions in a timely manner. Committee is fully supportive of the re-structure and will run as they currently do and will continue to try and reach as wider audience as possible.
- l. Juniors Committee (Dr Annabelle Mondon Ballantyne)
See slides. AMB advised she has only been Chair since January. The Junior Committee had undergone a huge re-jig over the past year with roles removed and others created. Looking to remove SCC Officer as felt work can be done by others. Research Officer stepping down and asked Juniors to apply for role. Juniors are a very engaged Committee, and this is thanks to the conference, where promotion will continue. Members have been working with the Trainees Committee on the Research Collaborative and this will allow for further opportunities for Junior members. In terms of careers, Junior Committee would like to do more work around the webpage for careers and work on communication through Twitter promoting article of the week. With regards to the Juniors Conference, it received a lot of support from the APM and gave an opportunity for Juniors to

promote posters and oral presentations. The Conference made a profit last year which can be invested into next years Conference. There is a lot of anxiety around SoT as this will affecting their future and there is concern around getting jobs in the future. IL thanked Juniors and advised there will be as much support as required by the APM to the Juniors and Trainees as they are the future of the specialty and will continue to promote their work.

m. SAC Committee (Dr Alison Coackley)

See slide. AC advised that her years working on the SAC have been both interesting and challenging at times. Working with colleagues across the country who form the SAC they have been trying to deliver high quality Specialty Training which has been a highlight of her professional career. AC thanked all of those who work on the SAC, but in particular Professor Karen Forbes who has been Chair of the Exam Board and wished AD good luck taking over the role. Specialty is the most popular with Trainees with a 100% fill rate. Challenge for the future is making sure it stays that way. There is a real concern regarding workforce as BR mentioned, and the SAC & APM will have to work hard together to try and address the increasing gap of Trainees coming in and vacancies that are created. Academic Training posts are not being created so as people are retiring there is little plan for replacing them and creating new opportunities which is a concern. CESR and Assessments are an important area of SAC work & need to support SAS colleagues who wish to CESR better as this is a hard route. SoT – Now 3 ½ years out from dual accreditation, meaning 2 years left to negotiate an implementation model that will work for the specialty and patients and SAC need to work with APM more than ever to ensure this happens.

n. UG Educational SIF (Stephen Barclay)

See slides. SB - There are 33 medical schools to rise to 42 within the UK and hope as an Association we help to equip our future colleagues with the skills, knowledge and attitudes required for Palliative medicine. UG Educational SIF run an Annual Conference and host a website where they encourage medical schools to upload their curriculum to share and aid each other. Working with GMC and Medical Schools Assessment Council to create a national question bank which will then be fed into the National Licensing Exam that the GMC will be introducing to all medical schools shortly. Working to map the APM curriculum onto the new document from the GMC outcomes for graduates. Can the APM not just focus on the specialty but open it up to other colleagues wanting to deliver good Palliative Care. IL agreed this can be done.

Question; BR - Does your SIF have a view of the growth of the medical students as the draft plan for the workforce indicates that there should be many more medical students going into medical schools, the RCP are calling for double the current amount going in from 7500 to 15000 per year? SB – there are several more medical schools coming on stream with an increasing number of students being accepted. We certainly need more doctors in the UK. What we need to ensure is that palliative care is front and centre in all the curricular. The GMC writes to every medical school and asks them to write a report. The UG SIF have been trying to get a question into the National Junior Doctor Survey as to how prepared they felt regarding palliative care to reflect on the adequacy or comprehensiveness of their training.

o. APM Restructure (Iain Lawrie)

See slides. IL this has been discussed in the bulletin several times recently. Lots of challenges now in the profession and not just with Assisted Dying, but the changing nature of care and provision of care. We have had external companies looking into the APM as we want to be the 'go to' in palliative care advice. Gone from an Association that the media wouldn't approach, to being on top of their list for contacts for matters relating to palliative medicine over the last year alone. The RCGP, British Thoracic society and many more also wish to liaise regarding palliative care. Needed to make APM more effective, efficient, streamline and look at aims. Re-designed to be more effective and looking at the strategic side of the APM. Nothing is set in stone, have an idea of what and where we want to be,

however we can learn and adjust along the way. Looking at having two new proposed SIFs, supportive Care SIF with Richard Berman in Manchester, and the other Hospice Medical Directors SIF. IL Thanked all members demitting. To make it fair, all committee members will demit with exception of the APM Officers. They can re-apply if they wish along with any new members.

Question: Jo Elversham Chair of Transitional SIF – on behalf of the Transitional SIF are there more consultations to be had around the re-structure as looks like the SIF is answerable to the SAS/Hospice Doctor Committee. IL – not answerable to but just lines of communication. JE – Purely more the thinking behind structure as no one from SIF was consulted in this matter. IL – They can all be moved if lines of communication isn't correct.

04/18 Committees (Dr Iain Lawrie)

Dr Iain Lawrie thanked all the committee members that have demitted this year & thanked for all their hard work.

Executive Committee

Dr Andrew Davies
Dr Paul Paes
Dr Aoife Gleeson
Dr Alison Franks
Professor John Ellershaw
Dr Eleanor Grogan
Dr Idris Baker
Dr Anna Street
Dr Sarah Cox
Dr Kath Webber
Dr Helen Bonwick
Dr Esraa Sulaivany
Dr Anthony Williams
Dr Benoit Ritzthaler
Dr Feargal Twomey
Dr Ian Warwick
Dr Annabel Howell
Dr Alison Coakley
Professor Noble
Professor Rob George

Juniors Committee

Dr Anna Street
Dr Emma Rudsdale
Dr Laura Gordge

Trainees' Committee

Dr Amy Ritchie
Dr Lucy Ison
Dr Hannah Clare
Dr Simon Etkind
Dr Jane Whitehurst
Dr Felicity Werrett
Dr Anna Bradley
Dr Isobel Jackson
Dr Kirsty Lowe

Education Committee

Dr Felicity Dewhurst
Dr Alison Franks
Dr Ros Marvin
Dr Wendy Prentice
Dr Amy Proffitt

Professional Standards Committee

Dr Margred Capel
Dr Vandana Vora
Dr Amy Proffitt
Dr Cate Seton-Jones
Dr Beth Williams

Science Committee

Dr Kath Webber
Professor Paddy Stone
Dr Elaine Boland
Dr Jason Boland
Dr Amara Nwosou
Dr Helen McGee
Dr Simon Etkind

Workforce Committee

Dr Gabrielle Rose
Dr Katie Frew
Dr Joan Regan
Dr Regina McQuillan
Dr Andrew Shuler
Dr Katie Frew (SAC)
Dr Alison Coackley (SAC)
Dr Nicola Goss
Dr Jane Whitehurst

Ethics Committee

Dr Idris Baker
Dr Guy Schofield
Dr Paul Clark
Dr Craig Gannon
Dr Rachel Bullock
Dr Hannah Clare

SAS Doctors Committee

Dr Beth Williams
Dr Nicola Goss
Dr Owain Thomas
Dr Soumen Saha
Dr Rebecca Watson

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

Elected members were ratified, as follows:

APM Board

Dr Iain Lawrie (President)
Dr Amy Proffitt (Vice President)
Prof Derek Willis (Treasurer)
Dr Kirsten Baron (Secretary)
Dr Andrew Davies (Past President)
Prof Rob George (President Support)
Dr Helen Bonwick (England Rep)
Dr Feargal Twomey (ROI Rep)
Dr Ian Warwick (Northern Ireland Rep)
Dr Aoife Gleeson (Wales Rep)

05/18 APM award winners (Dr Kath Webber & Dr Sarah Cox)

Dr Kath Webber and Dr Sarah Cox announced the following APM award winners.

UG Audit Prize 2018

Winner: Amy Radcliffe

Twycross Prize 2018

Winner: Charlotte Leach

Undergraduate Essay Prize

Winner: Alicia Griffin

Second place: Alice Rogers

06/18 Any other business

Please encourage non-members to join. We have a new retired member's rate of £50.

07/18 Date of next Annual General Meeting

19th March 2020 (PCC, Telford)

President's Report APM AGM 2020

It is a privilege to be able to provide my first Annual General Meeting President's Report to members of the Association for Palliative Medicine of Great Britain and Ireland (APM). The organisation has had one of the busiest and most productive / transformative years in its history. For this, I am hugely grateful to the excellent team I work with, the APM Board whose members have, without exception, been very active in contributing to the work of the Association. We function well because we work together as a team.

My aims for my time as President of the APM are to ensure we moved to a position of openness and transparency, increase member engagement and build relationships and partnerships for joint working to improve palliative care provision. I feel that I can report we have achieved some success in each of these areas.

I have tried to capture a selection of what the APM has been doing over the past year in my report below. As always, this is not an exhaustive list, as there are so many areas in which the APM is involved it is almost impossible to capture in one report!

Partnerships

Over the past year, we have established or continued links with a number of partners:

- Ongoing key members of the national Ambitions Partnership – Dr Amy Proffitt is our representative and I sit on the Steering Group
- Work with palliative care representatives from Singapore during their fact-finding visit to the UK
- Palliative Medicine representation and input to the British Thoracic Society Pleural Guidelines Group
- New partnership with Palliative Medicine colleagues at the Shaukat Khanum Cancer Centre, Lahore, Pakistan where I was invited to speak at their 18th Cancer Conference and help develop links with the APM

Education and Training

As a result of having a strong Education and Training Committee, chaired by Dr Paul Paes, we have been very active in education and training, with a range of study days provided by APM Committees and Special Interest Fora throughout the year. There are plans for new study days for transition from paediatric /TYA to adult palliative care, and also management for Trainees.

- June 2019: Hospice Medical Directors' Study Day, London
- Sept 2019: Ethics Study Day, Telford
- Nov 2019: Juniors' Conference - inequalities at end of life, Cambridge
- Feb 2020: Trainees' Global Palliative Care Study Day, Newcastle
- March 2020: Nurses' Study Day, Telford

Under the leadership of Dr Rich Kitchen, eELCA continues to be a successful part of the APM's work, with now over 160 modules relating to palliative and end of life care available free to UK healthcare staff. Current provision has been reviewed, with modules being updated as required, and Rich has commissioned a number of new modules.

The APM continues to offer some categories of member electronic access to Palliative Medicine, BMJ Supportive and Palliative Care and the European Journal of Palliative Care archives (1984-2018). BMJSPC is now also provided in print copy should members wish to receive it.

I was privileged for the APM to be invited by the Royal College of Physicians to form a Faculty to create a palliative care course for doctors and nurses in Pakistan, the result of a generous donation by the Jeelani Drabu family. Dr Chris Farnham was appointed as the Faculty Lead, assisted by Jackie Pritchard and Dr Humaira Jamal. A very successful course was provided for 32 participants in partnership with the Shaukat Khanum Cancer Centre in Lahore in November 2019. I was very impressed with the course content and delivery and it was good to see the development of participants' knowledge and skills over the week.

It is hoped that a second course may be delivered in north eastern India in October / November 2020. This will help spread the scope of the APM's education work and will establish further international links for the Association.

Member engagement

It has been lovely to receive positive feedback about the introduction of a Members' Questions section in the APM Bulletin although, to make this sustainable, we need questions from members! I, or one of the other Officers, have replied to all the enquiries that have been passed on to us, and a random selection of questions and responses is included in each Bulletin.

We have also started a series of Your APM, Local visits where one of the APM Officers attends a regional palliative care meeting to discuss the work of the organisation, hear members' (and non-members') views and gather feedback about the future direction of the APM. So far, I've had a really positive meeting with the North West Palliative Care Physicians' Group in Bolton and the All Wales Palliative Care Physicians' Group in Swansea, with a visit to the Yorkshire Palliative Medicine Group arranged for June 2020. Professor Derek Willis, APM Treasurer has also visited colleagues in the South West in Bristol. So far, such meetings have sparked lively debate and provided suggestions for the APM Board to consider and take forward.

The APM Officers would welcome further invitations to share news about the work of the Association with members and non-members around the country as we want to be receptive to feedback and representative within the specialty.

APM restructure

At last year's AGM, it was announced that the predecessor of the APM Board (the APM Executive Committee) had agreed review and restructuring of APM committees. To this end, the Executive Committee of 25 members has been streamlined to a Board of just 12 members who meet 3-4 times a year but conduct all other business electronically or via video conference call.

As you would expect, reconfiguring and streamlining all committees within an organisation has its challenges but, with a few minor exceptions, the APM has been transformed to be more responsive and more accountable, but has also managed to reduce costs in order that membership fees can be redirected to other areas, especially benefits for members themselves.

I believe we have more 'teething trouble' ahead as each of the APM committees re-establishes themselves and become fully functioning. This should not be a worry and is to be expected, and the APM Board is providing support to manage this process.

APM Special Interest Fora (SIF)

The APM has a number of well-established Special Interest Fora (Undergraduate, Neurological), but a number of members have expressed an interest in or have already created other groups. It is fantastic news that there are new, revitalised or proposed SIFs for Postgraduate Education, Transition, Global Palliative Care and Hospital Medical Directors. Obviously, such groups need interested members to get them up and running and sustain their activity and I hope that this support will be forthcoming from the APM membership.

Consultations / NICE Guidelines

As an organisation, over the past year we have seen a significant increase in the number of consultations where our view is invited. This is in part due to the recent, more effective promotion of the organisation. The APM has been involved in / responded to a number of consultations since the last AGM:

- Legal definition of terminal illness (Marie Curie / MND Association)
- RCGP Daffodil Standards
- Anticipatory prescribing at the end of life
- Department of Work and Pensions 'Special Rules' consultation

- MHRA Opioid Stakeholders' consultation
- Department of Health Lung Cancer Clinical Expert Group 'Time to treatment' consultation
- Health Education England Health Careers Website
- NHS England Health Collaborative Summary Guide on Palliative and End of Life Care
- NICE Guideline on multiple sclerosis in adults: management
- MHRA Opioids Stakeholders' Consultation
- EU Horizon 2020 study on palliative sedation
- Department of Health Lung Cancer Clinical Expert Group National Optimal Lung Cancer Pathway guidelines

Workforce, training and specialist training

The APM continues to conduct an annual workforce survey, but this has been significantly revised to focus on issues key to the specialty. This work has been led by Dr Benoit Ritzenthaler and the survey has transferred to the new Quality and Clinical Affairs Committee, now chaired by Dr Cate Seton-Jones.

We continue to administer the annual FAMCARE survey for acute hospitals. Uptake for the survey continues to be good and the data provided by the survey is invaluable for teams and wider healthcare providers to improve care and support for palliative care patients and those close to them.

The APM continues to offer support to members who are applying for national Clinical Excellence Awards (CEA) through ACCEA. Panels are convened to assess applications and determine the level of support that can be provided from the APM. This is an important part of our work to ensure recognition of contributions by members that go far beyond that expected of them in their job plans.

The APM remains aware that, under current regulations, SSAS Doctors are not currently eligible to apply for CEA. This is something that the APM would like to take forward over the next year.

The APM has been actively involved in the RCP (London) This Doctor Can campaign. I was very happy to be one of the first clinicians promoted as part of the project as, for Palliative Medicine to be highlighted in this project, our entire specialty was highlighted as tolerant and forward-thinking.

The APM has developed Specialist Palliative Medicine Appraisal Guidance that I do hope will be useful to all members. Appraisal is such an important part of our working lives now that it deserves to have support from your national organisation behind it.

The proposals outlined as part of Shape of Training have been of concern for many members. The APM has been actively involved in discussions regarding this. Dr Amy Proffitt, APM Vice President has been leading on this work. Further information is presented in the APM Vice President's Report.

Assisted dying

There has been a considerable amount of press coverage, and involvement of Royal Colleges, in the debate about assisted dying over the past year. The Royal College of Physicians (London) has taken a neutral stance on the issue and the Royal College of General Practitioners (RCGP) has retained its stance of opposition to a change in the law.

A small number of APM Members have expressed their unhappiness that the APM is opposed to assisted dying. This is not the case and members are encouraged to read APM material carefully in which we distinguish very clearly between the principle of assisted dying and the involvement of doctors.

Dr Amy Proffitt, APM Vice President has been leading on this work. Further information is presented in the APM Vice President's Report.

APM Past President award in New Year Honours List

It was with great pride on behalf of the APM that Professor Bee Wee, a Past President and currently National Clinical Director for Palliative and End of Life Care at NHS England, was appointed CBE in the New Year Honours

List, specifically for "Services to Palliative and End of Life Care". Bee, a personal friend, has worked so hard to develop and improve palliative and end of life care in the UK and deserves this recognition. Bee represents us all ... in a wonderful way. I am proud to be able to call her a colleague and friend.

Treasurers Report

The 2019 period

APM AGM 2020

Introduction

The APM has now reached a period of financial stability

Some changes have been brought in to improve the benefits of membership

Further discussions need to be had how we improve our membership and wisely spend some of our reserves. Our reserves are well above our figure of 6 months running costs and we will be criticised for not looking at using the money to develop the society.

This report will focus on the results for the 2019 financial year and the forecast for the 2020 financial year.

The Accounts for 2019 (End of year Accounts)

1. The Operating Account

In 2019 the APM generated a surplus in respect of its general activity of £ 69,036 (2018: surplus of £ 73,791, 2017: surplus of 57,795, 2016 surplus of 68,203, 2015: loss of £ 12,354, 2014: loss of £93,631).

The 2019 balance sheet indicates that the general fund balance has increased from £ 265,890 2018 to 321,348 2019.

The APM reserves level is set at 6 months' running costs. Based on 2019 estimated expenditure (£200,000), the reserve level is £321,348. This indicates the APM has an unrestricted surplus above the reserve of £ 100,000

2. The Education Account

The Education Account is a designated reserve and is for the purpose of supporting education in palliative and end of life care. This needs further discussion if this is still required to be a designated reserve account

All education income has been allocated to a designated reserve. At the end of the financial year there was a fund balance of £189,584

Education events created a surplus of £32,122 during 2019.

3. The Restricted Reserve

The total in the restricted reserve is £ 267,567

This is made up of two elements:

E-ELCA: £ 253,632

Breathlessness Research Charitable Trust: £ 13,935

There are sufficient funds to meet the intentions and objectives of each element.

Financial Issues and Actions in 2019

Income Generation:

1. Membership Income:
 - a. The membership income has decreased by £ 4,112 compared to last year
- Due to increase in lower fee-paying members
- Also does not reflect the increase in membership Dec 2019 (accounts run from Nov 2018 to Nov 2019) 80 more members were added in Dec 2019
- It is too early to capture the change in membership categories

Expenditure Reduction:

1. Administrative Costs: Reduced by £ 6,879 over the past year from Compleat
2. Committee meeting reduction in face to face meetings reduced expenditure by £2,301- further savings will be made with the alteration of the structure of the committees

Looking Ahead: Plans for 2020

Income Generation Plan:

1. Membership Income:
 - a. Looking for associate membership non doctor membership- and getting approval from AGM to go ahead with this. This should increase the income not only from membership but also attendance at study days.
2. PCF:

The exec has approved a 2-year trial period of PCF access to all those memberships who pay over £100. Over this two years and assessment needs to be made of whether it increases memberships. If not, the trial should not be instigated as a regular subscription.

NB Membership fess need to be looked at next year as PCF is an expensive outlay and may go up next year.

Operating Account Budget for 2020

The target forecast income for 2020 is £ 200,000

The key assumptions are:

- Membership numbers maintained
- Marketing and advertising at 2019 rate

The forecast expenditure for 2020 is £ 197,000

The key assumptions are:

Area	Expenditure
Administration, organisation and telecommunications	£ 63,00
All journals	£ 34,100
Travel and accommodation	£ 17,000
President salary	£ 13,000
PCF	£ 51,000
All other costs	£ 39,000

The end of year outturn is forecast to be around £ 2,000 unrestricted surplus.

Summary

The APM is financially healthy and stable.

Attention needs turned to further developing and promoting the society and its benefit.

There is still a large amount within the account and in Breathlessness account. We need to be seen to be using some of this money to develop the organisation.

It is likely that as the changes are brought in that advertising will increase- to be reviewed as the year goes on.

Take Home Messages

Operating (end of Nov)
 £321,348- High interest 288,876.45
 Designated
 £189,584
 Restricted
 £267,567

Membership Dec 2019

	19	18
Full	465	435
Reduced	381	343
Total	1,265	1,184

Its increasing

What we did last year

1. Paper journal
2. Investigated buying journal
3. Tidied up membership

Next year

1. PCF
2. Associate non doctor
3. Ethics twice a year

What else?

1. Membership fee
2. Abe Gutz
3. Sessional payments?
4. Review of PCF
5. Review of where we are with journal

Derek Willis March 2020

Vice President Report APM AGM 2020

Dual accreditation models (Shape of Training)

In March 2017, the UK Shape of Training (SoT) Steering Group confirmed to JRCPTB that Palliative Medicine should become a 'Group 1' specialty, committing to dual accreditation with Internal Medicine (IM) from August 2022.

The proposed new curriculum and a paper outlining proposed models for implementation was disseminated for consultation in October 2019, by the Specialty Advisory Committee (SAC) of the RCP. Simultaneously, The Association for Palliative Medicine (APM) conducted a consultation on potential impact and implementation of dual accreditation. The aim of this was to gauge more contemporaneous views on the potential impact of dual accreditation now that we all knew what this would mean for services. The APM acknowledged that views may have changed since its last consultation in 2016.

The patient population is changing, and so are their need, including increased longevity, multi-comorbidity and less certainty around prognosis. The reduction in available social, mental health and health care resources brings additional pressure. The challenges of our workforce and the impact of dual accreditation must be considered in the context of these changes.

The APM received 291 survey responses. These raised significant concerns on the impact of SoT for the voluntary sector, community and hospices. The loss of other entry routes into the Palliative Medicine will have a significant and negative impact upon the specialty and its blended workforce. The potential reduction in Academic Training and loss of the current CESR route gave further concern. The APM membership believe that SoT dual accreditation is not feasible under the currently proposed structure but, given the benefit to broad based training, managing increased complexity and delivering care across settings, members are supportive of the pursuit of alternative options to make this achievable.

The SAC and APM agree that dual accreditation with IM, to improve our Trainee and doctors' generalist skills, is the right approach for the specialty to manage increasing patient complexity and to support new models of care, particularly out of hospital. Like us, the SAC also believes that it cannot implement dual accreditation within the current proposed framework. The APM looks forward, as the SAC continue to work with JRCPTB, the GMC and the four nations, to develop feasible options with them and we are committed to working with them.

Within the wider context of workforce challenges, and funding models that has left over 8 out of 10 charitable hospices in the red in the coming financial year, the APM are working in partnership with HEE, NHSE and the charitable sector to find a way forward in this challenging landscape.

Assisted Suicide – the debate continues

Exactly 12 months ago, The Royal College of Physicians (London) surveyed its membership for their views around the notion of "Doctors assisted Dying". ([LINK result](#)) This created much conversation at the time and continues to do so a year on because it is one of the most important issues and ethical debates for society and if or how modern medicine should be involved. It provokes much emotion.

In the subsequent 12 months, we have seen debate in the [House of Keys in the Isle of Man](#) , discussion in [Westminster](#) , the [Royal College of General Practitioners](#) surveying its members, who reaffirmed its position of opposition and we await the results of a survey from the British Medical Association . The APM contributed to all these debates.

The APM represents clinicians for whom a core responsibility is to care for the dying. Because of this, we must have a clear position on matters of law such as the involvement of doctors in assisting the suicide of their patients or administered euthanasia.

Whether the law should be changed to permit people to be supplied with lethal drugs to end their own lives is a social rather than medical matter. As seen in [Oregon](#), the main reasons that the terminally ill seek lethal drugs are most often personal/social rather than clinical. Worryingly, this includes feeling a burden on others. The 2019 survey by the Royal College of Physicians shows the majority of British physicians remain unwilling themselves to assist suicide, and particularly those who specialise in treating the terminally ill. duty.

Within this Survey there is a spread of views in Palliative Medicine Physicians very similar to our own survey in 2015: 4% supported a change in the law and 80% remain opposed. Fewer than 1:20 of us are willing to participate in this. Despite this, [proposed bills](#) continue to mandate this as a doctor's duty. For this reason, we do not support a change in the law that involves doctors directly. This may of course change and the APM commits to re-surveying its member only at a time when different new legislation is proposed.

Until this time, we will continue to engage with Parliamentary Briefing, open debate and consultation. We continue to welcome members' views and encourage healthy discussion as it continues to be a way to promote the case for properly funded and resourced palliative and end of life care in the UK.

Dr Amy Proffitt 2020

Trainees' Committee Report APM AGM 2020

The Trainees' Committee is run by trainees for their peers. Its primary purpose is to provide trainee peer support and trainee representation, information gathering and networking in a variety of areas.

Current Committee Members

Dr Vanessa Jackson	Chair
Dr Lucy Ison	Regional Representative Coordinator
Dr Jasmine Lee	Communications Coordinator
Dr Anna Grundy	Juniors' Committee Representative
Dr Simon Etkind	Science and Ethics Representative
Dr Felicity Werrett	Education Representative
Dr Hannah Rose	Quality and Clinical Standards Representative
Dr Maimoona Ali	BMA Representative
Dr Gurpreet Gupta	SAC Representative (England)
Dr Amy Ritchie	SAC Representative (Wales/N.Ireland)
Dr Shaun Qureshi	SAC Representative (Scotland)

We have been involved in the following work over the last year:

Trainee support and representation

The committee exists primarily to provide trainee support and representation. Therefore, an important ongoing part of the committee's work has been disseminating relevant and important information to trainees and ensuring opportunities for regular feedback from trainees to the committee. We have been pleased to be able to continue to communicate with every Palliative Medicine trainee nationwide through the committee's two-monthly electronic newsletter, distributed via the committee's regional representatives. Included in this are sections on training updates, upcoming events, 'Meet the Trainees' Committee', signposts to research and educational resources or opportunities, committee vacancies, 'Post of the Month' and SAC Committee updates. The committee have strengthened its social media presence in the last year with active Twitter (@apm_trainees) and Facebook accounts. Dr Jasmine Lee has recently been appointed to the role of Communications Co-ordinator and has been sharing articles of interest with our followers on twitter. We have also maintained a Trainees' Committee email account which has been able to receive and respond to a variety of requests from trainees. This year at PCC we have arranged an informal 'meet the trainees' committee' session so that we can meet with other trainees to discuss issues of importance to them.

Dr Amy Ritchie has changed role from communications co-ordinator to SAC representative and I would like to take this opportunity to thank her for all her work in the communications role over the past year. I would also like to thank Dr Lucy Ison for overseeing the regional representative programme and both for producing the newsletter over the last year.

Shape of Training

The committee has continued to provide significant input in the ongoing discussions regarding the implementation of Shape of Training. We have provided trainee representation to the SAC and APM in addressing issues regarding the new curriculum with the JRCPTB and GMC. Some of our members have been active in the Curriculum review virtual group and have helped to review the new curriculum. We have also been able to provide input to discussions within the SAC and APM Executive committee directly.

Research development

The committee has continued to help and support research opportunities for trainees within palliative medicine. It is paramount that trainees have good exposure to research opportunities in order to develop an understanding and appreciation of its role within Palliative Medicine, develop competencies required by the curriculum and also to inspire those who may go on to pursue a career in research. I would like to thank Dr Simon Etkind for his hard work representing trainees on the science committee over the last year. He has also been involved in establishing the UK Palliative Trainees Research Collaborative (UKPRC), a national trainee research collaborative with other trainees in palliative medicine. Through the PRC, many trainees have had the opportunity to participate in a national DNAR audit and future projects are expected soon.

The committee has supported the UKPRC and details of a number of research opportunities through regular promotion to trainees via the newsletter. The committee as a whole have also participated in the 'paper of the month' rota, selecting relevant journal articles to highlight to the wider APM membership.

Education development

The committee has been actively involved in the ongoing development of the APM education strategy. Specific trainee study days have been developed. I would like to thank Dr Felicity Werrett for all her hard work in representing the needs of trainees as this strategy develops. The Global Health Study Day was held in Newcastle this year and this event was a great success. Dr Werrett played a leading role in organising the event. We had some positive feedback on twitter and much interest in a Global Health Special Interest forum.

Dr Hannah Clare, in her role as Ethics committee representative, has been involved in organising the Ethics study event. Hannah has since stepped down in this role and Dr Simon Etkind will be taking on the joint role of Science and Ethics representative.

The committee is currently planning a Study Day in 2020. This will be on the theme of Management for Palliative Trainees. This event will be held in the East Midlands and the committee is currently brainstorming ideas for the event.

The committee continue to consider further ways of providing educational support to trainees. In addition to the above, the committee have been involved in reviewing the abstracts for the APM Supportive and Palliative Care Conference 2020. This year the committee will help judge the poster prize at PCC.

Mentoring APM Juniors' Committee

The committee have continued to support the APM Juniors Committee to ensure they are supported as their committee continues to develop and grow. Dr Hannah Rose has previously held the post of Juniors' Committee representative and we thank her for her work. Between the trainees' committee and juniors' committee we have decided that in future the liaison role will be held by a member of the juniors' committee who will attend trainees' committee meetings. Dr Anna Grundy has recently been appointed to this role and we look forward to working with her to maintain this relationship.

The trainees' committee were again involved in supporting the APM Juniors' conference which took place in November 2019. This event has gone from strength to strength and the trainees have been pleased to provide mentorship and support for junior doctors considering a career in Palliative Medicine.

BMA

The Trainees' Committee have continued to engage and contribute to the work of the BMA. There have been a number of issues relevant to palliative medicine training such as reflective practice, rota gaps, exception reporting

and work scheduling which have been prominent on the agenda of the BMA Junior Doctors' Committee over the last year. The BMA are currently undertaking a piece of work on non-resident on call. Dr Maimoona Ali, our BMA representative, has advocated for the interests of our specialty at Multi-Specialty Working Group meetings and has collated member views on non-resident on call for this important piece of work. I would like to thank her for representing the views of palliative medicine trainees in this role.

Quality and clinical affairs committee

Dr Hannah Rose has been appointed a position on the Quality and Clinical Affairs Committee following the formation of this new committee in 2019. Hannah will prove to be a strong trainee voice on this committee and provide a point of liaison between the two committees. We look forward to supporting her in this role as the committee becomes established.

SAC

I would like to thank our SAC representatives, Dr Gurpreet Gupta, Dr Amy Ritchie and Dr Shaun Qureshi. They have continued to advocate for trainees during the numerous discussions surrounding Shape of Training. Within this they have been heavily involved in the ongoing development of the new palliative medicine curriculum. Outside of Shape of Training, our trainee representatives have contributed to discussions around academic training and research, quality management and workforce planning.

Demitting members

The committee has seen change in personnel over the past year and I would like to take this opportunity to thank members who have demitted. Dr Hannah Clare has demitted from the role of Ethics Committee representative and I thank her for her hard work in this role. Dr Isobel Jackson has demitted from the role of SAC representative for Wales and Northern Ireland and she has ensured that the voice of trainees has been heard in SAC meetings. I thank her for her contributions. Dr Anna Bradley has stepped down from the role of SAC representative for England and I would also like to thank her for her hard work. Finally, Dr Anthony Williams demitted in his role as Chair in summer 2019. I would like to thank him for his mentorship as I assumed the role and for all his hard work during his tenure in the committee.

Committee work and future direction

The committee continues to have active involvement and trainee representation within the wider scope of the APM. Our committee members feedback to the Trainees' Committee during our quarterly meetings, which are either face-to-face meetings or teleconferences. Within the committee we have had multiple conversations about the future role that our committee should take in light of the wider APM restructure. As part of our own restructure we are reviewing our Terms of Reference and we hope to have a final agreement about our restructure and agreed roles at our next face to face meeting at PCC 2020.

Personally, I will be stepping down from the committee in the summer and so I would like to take this opportunity to thank the entire committee for all their work during my time as chair. I have been very grateful for the commitment and enthusiasm of the committee and inspired by everyone's dedication to represent the trainee body. It has been a real privilege and pleasure to be in the role over the last year. We will begin succession planning at our next meeting, and I wish my successor all the best in this role.

Dr Vanessa Jackson

Chair of the APM Trainees' Committee

APM Juniors Report

APM AGM 2020

Following a year of changes to the committee in 2018/19 the juniors committee has had a year of stability which has allowed for changes and progress to be made.

There has been ongoing success of:

- APM Juniors blog: monthly articles provided by trainees and juniors which are published to the website.
 - Significant numbers of which have been provided by the medical student creative entry competition introduced for the APMJ conference.
 - Has also published the winning essays from APM Undergraduate Prize.
 - Posts have diversified in their content and include reflections, research, topical issues and career advice
- The annual APM Juniors Conference: this year held in Cambridge.
 - Ongoing support from Dr S. Barclay (thank you!)
 - Provides opportunity for junior members to engage with research, learning and chance to showcase own work.
 - Dr Charlotte Lee to step down as conference coordinator and role has been re-advertised for 2020.

There has been further development in:

- The new look of the APM Juniors website.
 - Link to committee biographies.
 - Live social media feeds.
 - Updated content to reflect blog and conference – easy access for members to information and ticketing.
- Social media presence
 - Twitter following nearly doubled (approaching 500 followers) with increasing reach.
 - ‘Publication of the Week’ providing up to date articles and encouraging conversation among junior members.

Future plans:

- Continue ongoing realisation of current projects.
- Aim to produce lasting content on website which is accessible and engaging to junior membership.

Dr Annabelle Mondon-Ballantyne 2020

Education and Training Committee Report

APM AGM 2020

Membership

Dr Paul Paes	Chair
Dr Helen Bonwick	SSAS committee
Dr Polly Edmonds	SAC Chair
Dr Alison Franks	APM representative
Dr Suzie Gillon	APM representative
Dr Amy Hawkins	APM representative
Dr Richard Kitchen	E-ELCA lead
Dr Mary Miller	APM representative
Dr Wendy Prentice	APM representative
Dr Simon Tavabie	Juniors Committee
Dr Felicity Werrett	Trainees committee
Kate Smith/ Becki Munro	MunroSmith Associates- APM event organisers

The Education and Training Committee was relaunched in 2019 with a remit to co-ordinate the Association's educational strategy and activities. The committee aims to ensure the educational needs of members and other professionals are met through:

1. A comprehensive education programme (face-to-face and e-learning)
2. The production of educational resources
3. Signposting to external events

Summary of Committee Activity

1. APM members' educational benefits
Members receive the following educational package:
 - At least 25% discount to APM study days or resources where charges apply
 - Electronic access to the journals Palliative Medicine
 - Hard copy of BMJ Supportive and Palliative Care
 - Free access to APM publications about policy, curricula, guidelines etc
 - E-ELCA
 - regular communication about education events
2. E-ELCA
E-ELCA is covered in a separate update.
3. New education activities 2019-20
There has been a steady increase in the number of Study Days being held. Of note:
 - "Ask the Experts" Study Day was successfully held in November 2019. This was held in response to members' requests to have a study day dedicated to dealing with day to day non-clinical aspects of working as a Palliative Care specialist. This first day covered themes around complex decision making and the law/ social media, mental capacity act, staff wellbeing and burnout. The event was well attended, and evaluated, people particularly valuing the opportunities for discussing difficult situations with peers. Having held this as a pilot, it will now run annually.
 - Nursing Study Day, March 2020 is being held intertwined with the Palliative Care Congress. This has been planned to meet a growing unmet educational need among palliative care nurses, alongside the APM's exploration of its relationship with other palliative care disciplines.
 - The Ethics Study day is being delivered twice in 2020, having been oversubscribed for a number of years

4. APM Study Days/ Conferences 2019-20

Theme	Date	Venue
2019		
Annual Conference	21 – 22 March	Harrogate
Undergraduate SIF	2 October	London
Ask the Experts	15 November	London
2020		
Ethics	20-21 January	Telford
Global Palliative Care (Trainees Committee)	4 February	Newcastle
PCC	19-20 March	Telford
Nursing Study Day	19 March	Telford

5. Developments 2020-21

The Committee are working on 2 major areas of development in addition to the rolling education programmes:

-The scoping of a Postgraduate Education SIF to complement the undergraduate SIF and meet the needs of trainers in Palliative Medicine. The specialty is in an exciting/ challenging time in terms of training pathways; if members feel a SIF would be helpful, it will be created. An initial exploratory meeting for interested people will take place at the PCC, followed by an initial joint study day to be held with the Undergraduate SIF.

-The use of digital resources for members- how to deliver a non-face to face package for members utilising activities that currently take place, such as podcasts, webinars, bulletin boards etc.

6. APM Study Days/ Conferences 2020-21

There is a rolling programme of APM education events so members can plan their diaries. Additionally, bids are put in to co-host a conference with the RCP.

PCC	19-20 March	Telford
Nursing Study Day	19 March	Telford
RCP Study Day	10 June	London
Ethics	28-29 September	Telford
Neurological SIF	TBC	
Undergraduate/ Postgraduate SIF	8 October	Cambridge
Ask the Experts	TBC	
Transition and Young Adult SIF	TBC	
“Go with your Gut”	19 November	Birmingham
Palliative Care Congress	March 2020	Edinburgh

Acknowledgements

I would like to thank committee members for making our committee so enjoyable to be on, and their enthusiasm and commitment to develop our educational strategy.



SAS and Hospice Doctors Committee Report

APM AGM 2020

THE COMMITTEE

Elected Members

Dr Esraa Sulaivany Joint Chair
Dr Helen Bonwick Joint Chair

SSAS Representatives

Dr Beth Williams
Dr Nicola Goss
Dr Owain Prys Thomas
Dr Rebecca Watson
Dr Paul Selway
Dr Andrea Graham
Dr Vijaya Kane

The committee now has a full complement of members and continues to work tirelessly to represent SAS doctors and Hospice Doctors working in palliative medicine

The Committee had 2 face to face meetings a year and 2 conference calls in 2019 -2020.

Committee Work

- Continued support of SAS Doctors and Hospice Doctors – answering email and telephone enquiries, mainly relating to CESR applications and contract issues.
- Dr Owain Prys Thomas and Dr Becky Watson have been members of the PCC organising committee for 2020. There will be representation on the committee for 2021.
- SAS Study Day has been organised for the 19 November 2020 at the University of Birmingham, titled Follow your Gut.
- Continued to contribute to the strategic work of the executive committee and provided representation at all appropriate work streams including the other committees and task and finish groups.
- Dr Esraa Sulaivany and Dr Helen Bonwick have been mentoring members of the committee to take over as chair into the future.
- The SAS committee regularly involved and contributed to the Annual Conference, Dr E Sulaivany and Dr H Bonwick presented a session, relating to CESR applications and discussion forum at ASP 2019 for SAS doctors the committee will continue to support colleagues into the future
- Dr H Bonwick is a representative on the newly formed Executive Board
- Dr A Graham is the SAS representative on the RCP JSC Committee
- Dr Esraa Sulaivany and Dr Helen Bonwick have represented Palliative Care on the RCP SAS Committee. Contributing to a GMC discussion about how to improve the CESR application process.

Dr Esraa Sulaivany
Joint Chair of the SSAS Committee

Dr Helen Bonwick

Joint chair of the SSAS Committee

29 February 2020

Research and Ethics Committee Report

APM AGM 2020

It is good to have a new combined committee that not only seeks to support members and the Board in gaining and disseminating knowledge (science), but also combines what this means that one ought to do with that knowledge (ethics). Here are the areas in which we have been active this last year as we begin to develop this combined role.

Supporting and Advising individual members:

It is essential that members can contact the APM for specific advice on what to do in difficult situations and the evidence they need to underpin their decisions. If we can't help you, we will know who can. We're grateful to Nadine and the team in the office in the way in which they field and manage our steady stream of enquiries and requests. This year's chestnuts have included:

- Practical guidance and support in managing treatment withdrawals in Prolonged Disorders of Consciousness (PDoC).
- In the voluntary sector, advice on managing and supporting colleagues, trustees etc. when patients are admitted to die when they have elected to stop food and fluids, oxygen etc.
- Assisting colleagues to navigate how to raise concerns over practice, and
- Supporting local teams with their challenges over and plans for managing anticipatory prescribing

Supporting colleagues

As we open the APM to other clinical disciplines, and our nursing colleagues in particular, we are being asked to engage with issues relevant to them.

- We have been active contributors to the guidance for nurses pronouncing death for some time. Final guidance came out in 2019.
- Following a controversial judgment by the NMC, we have been asked to support consider how we can support nurses in decisions about CPR when no documentation is in place. This is work in progress

Extending Knowledge and Developing Guidance

The APM

Surveys:

As the biggest professional association in the specialty, we are an important conduit of surveys for expert opinion. There is a small but steady stream and we are grateful to everyone who answers them!

We are keen to collaborate, to support development where methods could be more robust, for the surveys we circulate to have an impact and for them to lead somewhere rather than being ends in themselves. In return for this, we like to know of their purpose and planned outputs when you apply, along with a report of the results.

APM led Guidance:

This year, Prof Christina Faull will be leading the development of guidance for Tracheostomy ventilation in patients living with MND.

Nationally

The APM continues to be the national professional reference point for palliative and end of life care involvement in the development of guidance.

- The RCP updated its guidance in managing PDoC. This is published this March
- We continue to work with Prof Stephen Barclay on Anticipatory Prescribing and the development of robust guidance
- We have been asked by the RCP to assist in their Oral Feeding Guidance this year and
- We are part of the expert reference group for implementation of the Deemed Consent Legislation for Organ Donation

Prizes

This year the Undergraduate Essay Prize attracted excellent submissions. Beth Robbins is the winner and will be presenting at PCC and the runner-up Jack Maddicks has a poster presentation.

Work for 2020

- We will be developing our profile on the website where we will:
 - Publish the results of our surveys
 - Develop resources on relevant topics beginning with a full revision of the resource on assisted suicide and administering euthanasia following the results of the BMA poll.
 - Look to ways that we can improve signposting to reliable external resources.

Rob George

Interim Chair Research and Ethics March 2020

e- ELCA Report

APM AGM 2020

This report focusses on work over the last year

Strands of work and future opportunities

1. New session development
2. Rolling session update programme
3. Communications strategy
4. Improving the utility and accessibility of e-ELCA
5. Engagement with the APM and other supporting organisations

1. New session development

The following new session is in the final stages of development and will be ready for the e-ELCA website soon:

- 5.25 AMBER Care Bundle

The following session is currently in development:

- Muscular Dystrophy session

The following session is in the very early stages of development:

- Liver Disease for Specialists in Palliative Care

The following sessions are possibly to be developed, with a potential author identified:

- Learning disability in palliative care (to replace session 4.29, some of which could be used as a framework)
- Palliative care for those with mental illness (to replace session 4.29, some of which could be used as a framework)
- DNACPR policies and the ReSPECT Process (to replace session 5.21, some of which could be used as a framework)

The following sessions are planned and are in the early stages of an author being identified

- Discussing nutrition at the end of life
- Diabetes towards the end of life
- Recognising a patient with palliative care needs
- Deprescribing in palliative care

2. Rolling session update programme

The e-ELCA programme currently contains approximately 160 sessions. It is imperative that all sessions are reviewed to remain up to date. The aim is to try to review each session on a 3-yearly basis, though this may be extended to 4-yearly for some sessions. By the nature of the variety of sessions, some session updates can be completed in a short period of time, whereas others require significantly more work.

Sessions reviews may be carried out by a variety of people: the original session author, a new reviewer, or myself as APM e-ELCA Lead. The update programme forms a significant volume of work, with a fair number of sessions due for update from 2018 and a larger number from 2019 still outstanding. This deficit is being caught up.

A spreadsheet is kept ensuring session updates can be planned as needed.

The following sessions have been reviewed and uploaded over the last year:

- 0.1 - Introduction to e-learning for End of Life Care
- 1.1 - Introduction to principles of ACP
- 1.2 - Cultural and Spiritual Considerations in ACP
- 1.3 - Benefits and Risks of ACP to Patients Families and Staff

- 1.4 - ACP in Practice: Using an End of Life Care Tool
- 1.5 - Advance Decisions to Refuse Treatment: Principles
- 1.6a - Advance Decisions to Refuse Treatment in Practice
- 1.6b - Writing an Advance Decision to Refuse Treatment
- 1.7 - Mental Capacity Act - Aims and Principles
- 1.8 - Mental Capacity Act in Practice
- 1.9 - Approaching ACP When Capacity is Uncertain, Fluctuating, or Likely to Deteriorate
- 1.10 - ACP and Different Illness Trajectories
- 1.11 - Introduction to conducting conversations about advance care planning
- 1.12 - How to get started and get the timing right
- 1.13 - How to handle patients' questions and concerns
- 1.14 - How to Document Conversations About Advance Care Planning
- 1.15 - How to Negotiate Decisions Which May be Difficult to Implement
- 1.16 - How to Review Previous ACP Decisions
- 1.17 - Developing ACP in Your Organisation
- 1.18 - Developing Your Practice Clinical Supervision Further Reading
- 2.5 - Assessment of psychological well-being
- 2.9 - Bereavement assessment and support
- 2.10 - Carer assessment and support
- 2.12 - Assessing those with fluctuating mental capacity
- 2.16 - Identifying the patient's goals and priorities
- 2.17 - Documentation, communication and coordination
- 2.19 - Uses and Limitations of Assessment Tools
- 3.8 - Understanding and Using Empathy
- 3.9 - Skills which facilitate good communication
- 3.18 - Communicating With Children and Young People
- 3.30 - Discussing 'Do Not Attempt CPR' Decisions
- 3.34 - Dealing With Challenging Relatives
- 3.35 - Challenging communication with colleagues
- 4.13 - Drug management of breathlessness
- 4.15 - Causes of nausea and vomiting
- 4.16 - Assessment of nausea and vomiting
- 4.17 - Management of nausea and vomiting
- 4.20 - Management of Bleeding
- 4.23b - Symptom Management for the Dying Adult
- 4.33 - Assessment and Management of Anxiety
- 4.35 - Assessment and Management of Agitation
- 4.36 - Recognising and managing fatigue
- 4.39 - Assessment of physical and cognitive deterioration in function
- 4.40 - Management of physical deterioration
- 5.3 - Initiating Conversations about End of Life Care: Dementia
- 5.7 - Case study: COPD
- 5.13 - When the dying process is protracted or unexpectedly fast
- 5.18 - Treatment and Care Towards the End of Life Good Practice in Decision Making
- 5.22 - Using the NHS Continuing Healthcare Fast Track Pathway Tool

A further list of sessions have been updated and are awaiting upload to e-ELCA by e-LfH.

I would like to express thanks to all of those who have been part of the session update programme. If you would like to get involved with session development, please get in touch.

3. Communications strategy

Whilst the content of the e-ELCA programme has been well praised, the main criticism has been that not enough people know about it. The previous clinical lead and project manager sought to rectify this, with this work now continued in the form of a communications strategy. We have been engaging through the following strategies:

- Utilising Twitter to inform of new sessions/session updates, with APM and e-LFH (e-Learning for Health) handles always included. The number of e-ELCA Twitter followers has more quadrupled since September 2017. We took part in a WeNurses Twitter chat on education in palliative care in February 2020, also supported by De Iain Lawrie.
- e-ELCA presence at conferences: We have had a face-to-face presence including stands at Hospice UK in November 2019 and will attend the Palliative Care Congress in March 2020. e-ELCA leaflets have also been made available at a larger number of conferences such as the RCN Congress. Also attended Ensuring Workforce Competence in Personalised End of Life Care: A national think tank about education and training (held at LOROS in January 2020).
- Three monthly report for the APM Bulletin. This copy is also forwarded to e-LFH and Health Education England to use in their publications. Furthermore, Hospice UK and Skills for Care are now also receiving this copy so that they can distribute it too.
- Engagement with partnership organisations including Hospice UK. We have recently been in correspondence with NICE and e-ELCA is now listed as a resource in guidance NG142. Other links are being worked towards.

The current communications strategy will be continued, with future opportunities taken as they arrive.

4. Improving the utility and accessibility of e-ELCA

A number of learning paths are already in place for e-ELCA, which were designed to help navigation of the programme. Recent learning paths include those for medical students, and those working in care homes (paths for both trained nurses and carers). A heart failure learning path has been developed and will soon be uploaded too.

Alongside three palliative medicine specialists, supported by the SAC, we have recently mapped e-ELCA to CiP8 (Managing end of life and applying palliative care skills) of the new Internal Medicine Training curriculum. This work has been reviewed by the SAC. An IMT learning path has now been uploaded to the e-ELCA website, utilising this work. Communications around this will soon be implemented.

5. Engagement with the APM and other supporting organisations

As APM e-ELCA lead I am a member of the APM education committee with a specific focus on e-ELCA and attend regular meetings for this.

e-LFH chair a thrice yearly e-ELCA executive meeting, last held March 2020.

eIntegrity host a twice-yearly content provider group (CPG) meeting. I attended the meeting November 2019 remotely.

Richard Kitchen – APM e-ELCA Lead March 2020

APM NeuroSIF Report APM AGM 2020

- Dr Aruna Hodgson stepped down from the role of coordinator which she had been since Dec 2015 and handed over to Dr Claire Stockdale in July 2019.
- Aruna had established a regular newsletter to the wider group and this has been continued by Claire with the latest newsletter being issued Dec 2019. This provides the group with information about relevant and recent research and study days.
- The group’s TOR has been reviewed and the number of contacts is just over 100
- The group has enabled requests for interested clinicians to get involved and contribute to a number of pieces of work which have included:
 - Use of ECAS in the clinical setting
 - Clinical scenarios that can illustrate applications of the MCA to decision making to assist with the revision of the Code of Practice for the MCA.
 - Commenting on the draft scope for the NICE guideline on management of MS in adults.
 - Meeting to discuss the views on tracheostomy ventilation in MND and prospective data collection required to fully assess this complex issue.
- A study day is being organised for September 2020:

APM NeuroSIF study day – Meeting the need and models of working for people with neurodegenerative conditions.
17th September
Shropshire Conference Centre, Royal Shrewsbury Hospital, Mytton Oak Road, Shrewsbury, SY3 8XQ
1. To recognise the challenges and gaps in knowledge for both specialist palliative care and neurology services
2. To be aware of the outcomes of recent research exploring models of support and the interface between neurology and specialist palliative care
3. To consider the tools available to support a change in practice

Undergraduate Medical Education SIF Report

APM AGM 2020

The following report identifies the core workstreams of the Undergraduate Medical Education Special Interest Forum (SIF) and describes the progress made against each in the twelve months from March 2019 to March 2020.

1. Annual SIF Meeting

The 2019 SIF meeting was held in partnership with the General Medical Council and took place at their offices in London on 2nd October. The theme of the event was “GMC Outcomes for Graduates: implications for undergraduate palliative care education” and the programme included a keynote address from Kate Gregory and Johanna Kuila (GMC) regarding the expectations of newly qualified doctors in the UK. Further presentations, round table discussions, and plenary discussions focused on potential revisions to the APM curriculum to meet the requirements of Outcomes for Graduates. The group also enjoyed oral presentations from delegates in relation to best practice and research in undergraduate palliative medicine education.

Planning for the 2020 SIF meeting is well underway and will take place at the Cambridge Institute of Public Health on Thursday 8th October. All APM members are welcome to join meeting.

2. Documents/ Resources

Work is underway to map the existing APM curriculum for undergraduate education against Outcomes for Graduates and produce a set of mapped specialist/generalist learning outcomes. From this will come a formal APM document entitled ‘Key Palliative Care Learning Outcomes for UK Medical Schools’.

3. APM SIF Website

The [SIF website](#) and email communication list is managed and updated by the team at Cambridge. The site contains details of undergraduate palliative medicine curricula from 26 UK medical schools and details of previous and upcoming events.

4. Question writing for the National Bank

The success of the 2019 question writing workshop has encouraged the SIF to host another event to produce Single Best Answer questions on palliative medicine for medical student Final Examination, the Medical School Council Alliance national question bank and the future General Medical Council Medical Licensing Exam. This will take place in London on Friday 13th March.

5. Liaison

The SIF continues to liaise with the following groups to inform and direct its work.

- APM Education committee
- GMC EOLC lead
- Palliative Care Congress
- EAPC Education Steering Group

Chairs – Dr Stephen Barclay, Prof John Ellershaw March 2020

Transition SIF Report

APM AGM 2020

Introduction

The Transition SIF has been running for over 8 years and exists to bring together and to support Palliative physicians who are involved in, or who wish to become involved in the care of young adults with long-term, life-limiting conditions. Last year we made an effort to re-publicise the group and increase membership. We had a good response to the article in the APM bulletin in July and have gained new members to the group.

The group aims to:

- improve services for young adults with palliative care needs
- increase awareness amongst adult palliative physicians of the needs of young adults
- improve the process by which young adults move between children's palliative care and adult palliative care services where this is appropriate

Current activity

The group mainly connects through email bulletins sent out every few months with updates on transition-related activity in other organisations and opportunities to participate.

Informally we support each other in clinical queries and use social media to promote activity and new research that is relevant to this field.

We are planning a study day in Autumn 2020 (date TBC) covering a range of clinical and service delivery themes. The programme will also map to relevant parts of the specialty trainee curriculum.

A large part of the work of the SIF is to bring together learning and development from other organisations and to represent the specialty within these groups.

This year, we were approached by **the Association of Paediatric Palliative Medicine**, who were keen to Co-opt the Transition SIF coordinator onto their Executive team, to represent the APM. This was approved by the APM board and Terms of reference have been updated accordingly. We look forward to the opportunities for joint working that this represents.

We have also been invited to participate in other working groups including: **Intensive Care Society** Paediatric Transitions working group; **the Genetic Alliance** Mitochondrial Diseases Priority-setting partnership; a working group focussing on Tracheostomy-ventilation in MND; **Palliative Care for People with Learning Disabilities** Specialist Advisory Group.

Plans for 2020

We continue to engage with **Hospice UK** as they develop their Transition Echo project and Community of Practice, and with **Together for Short Lives**, who are funding local transition projects in the UK, which involve a number of our members.

Locally many of our members are involved in cross-specialty teams to promote and deliver excellent care to young adults with palliative needs within their regions.

We plan to develop E-learning modules specific to the needs of this patient group to complement the existing e-lfth programmes on Paediatric Palliative Care and Adolescent Care.

To continue to promote the group, we also plan to develop content for the SIF page on the APM website.

Anyone with an interest in this field is welcome to join the SIF by contacting me via [email](#).

Coordinator: Dr Jo Elverson

Consultant Palliative Medicine, St Oswald's Hospice March 2020