



# Association for Palliative Medicine

Of Great Britain and Ireland

## Annual General Meeting Papers

March 2021

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## President's Report

### APM AGM 2021

As I reflect on both the past year and my two years in office as APM President, I feel utterly overwhelmed by the impact of events, progress and change we have all experienced. It is currently almost impossible to begin any review of achievements as an organisation without mentioning the pandemic and reflecting on our contribution to the global effort to care for ourselves, those close to us and for others, while also attempting to 'keep the wheels on the bus turning'.

Throughout the **COVID-19 pandemic** to date, the APM and the wider palliative care community have made immense contributions to health and social care that should be both recognised and applauded. New ways of working have been explored and developed, teams have been redesigned and staff redeployed, continuity has been ensured and new relationships between individuals, services and organisations have been formed. I am filled with pride at the cross-boundary, cross-society work related to palliative and end of life care that has happened and share the hope of many that such collaborative relationships will continue well into the future. The APM has been a key contributor through provision of clinical guidelines, working with NHSE/I regarding, for example, supplies of PPE, syringe drivers and essential medications, collaboration with the RCGP about maintaining provision of high quality end of life care in the community and work with other professional societies, charities and government departments around many other essential aspects of palliative and end of life care.

I am very pleased to report that **APM membership** continues to grow as we explore new ways to attract, retain and support those in all grades and professions. The introduction of a new 'non doctor' membership category, something I have personally championed for many years, has seen new member numbers rising. This is a natural development for the APM – we work in a multidisciplinary specialty and these new members bring huge amounts of skill, experience and expertise (as well as new views and ideas) to the Association which can only be for the longer term good. The views of all members are personally important and should always be considered. I hope that I have been responsive to and respecting of members' queries, even where our opinions may have differed or where I was unable to provide satisfactory answers or solutions. The fact that members feel enabled to interact with their elected representatives is in itself a very positive step and am sure will continue under Amy Proffitt's term of office as APM President.

Throughout each year, the APM is invited to be involved in many **campaigns and consultations** and, despite the pandemic the past year has been no different which has, at times, been a challenge! We have, for example, become a member organisation of the Inequalities in Healthcare Alliance and supported a number of national campaigns, including calling for bereavement leave (Sue Ryder), a review of Special Rules (DWP, MND Association and Marie Curie) and the National Day of Reflection (Marie Curie). We have also invited APM and Board members to comment on many consultations on varied issues such as respiratory support units, access to medications at the end of life, palliative sedation and stroke guidelines. This is a huge amount of work that often goes on in the background and is expertly managed by Kirsten Baron, APM Honorary Secretary.

Several years ago, **APM finances** were a subject of some concern and significant effort was invested in order to return the Association to a solid financial footing. The previous APM Treasurer, Mike Stockton, set the foundations for this work and, I am very happy to say, as a result of the immense personal commitment of our current Treasurer, Derek Willis, we are now in a much more stable position. Please do read his report and ensure you register your vote on the ratification of our accounts. Derek has ensured that finances are considered in every part of the APM and he has been central to our annual Congress planning, our relationship with journals and was the driving force

behind the APM being able to provide members access to the PCF during the pandemic and going forward.

The APM has been **reorganising and restructuring** over the past 2-3 years as our organisation was too top heavy and there was scope for greater efficiency and cost-effectiveness. The Board was slimmed down, Committees reformed with their objectives and membership reviewed. While further work is required as we evaluate the impact of these changes, we now have a more equitable, ethical, inclusive and effective approach to discussion and decision-making, and this will feed into the APM 2021-2022 strategy. A new Communications Committee has been established by Amy Proffitt to address the need for improved work on media responses, social media and our website, and additional Special Interest Forums (SIF) are already now active or planned (Postgraduate Education, Medical Directors, Global Palliative Care) and a group specifically tasked to look at BAME issues and form a new APM Committee is already very active - watch out for our survey later this year!

As have previous Presidents, I have been keen to **create, expand and further develop our relationships** with any / all organisations relating to our values and work. We have been able to grow our network of influence and collaboration significantly over the past year, which is essential if we are to grow as an Association and achieve our aims: *the relief of sickness by the advancement of palliative medicine*. Although not an exhaustive list, we have been / are / will continue to work with a wide variety of bodies, societies and organisations, including:

MHRA	Macmillan	British Thoracic Society
NICE	Sue Ryder	British Lung Foundation
NHSE/I	MND Association	Department of Work and Pensions
JRCPTB	Marie Curie	British Haematological Society
RCGP	Macmillan	Intensive Care Society
RCP	HEE	NHS Blood and Transplant
GMC	HospiceUK	BMJ Supportive and Palliative Care
IAHPC	EAPC	Ambitions Partnership (27 organisations)
ACCEA	ANZSPM	Association for Paediatric Palliative Medicine

Palliative Medicine Scottish Partnership for Palliative Care  
Shaukat Khanum Memorial Cancer Hospital and Research Centre, Pakistan

I would like to take this opportunity as I leave office to thank everyone who has contributed to the work of the APM and supported me in my role. In particular, I would like to thank the APM Officers and Board, Committee and SIF members for all their hard work, usually undertaken in their own time, which makes the APM function and be the fantastic organisation it has become. However, none of this would be possible without the support we receive from our amazing Secretariat (Compleat Secretariat Services) and our events company (MunroSmith Associates).

I would also like to thank Rob George specifically, as he stepped in at very short notice as President Support in 2019 despite being at the end of his tenure with the APM in order to support me. He has done an amazing job in supporting, advising, chiding (where necessary!) and mentoring me – many thanks, Rob.

Stay safe and take of yourselves and each other.



**Dr Iain Lawrie**  
APM President

# Treasurer's Report

## The 2020 period

### APM AGM March 2021

#### **Introduction**

The APM has reached a period of financial stability. 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. Given the above, there have been discussions how we can

1. Improve membership for our members
2. Invest into developing the APM

Trials of membership improvements have been introduced and these will be discussed more fully below

This report will focus on the results for the 2020 financial year and the forecast for the 2021 financial year.

#### **The Accounts for 2020 (End of year Accounts)** **(Please note an APM year runs from December to November)**

##### **1. The Operating Account**

In 2020 the APM experienced a deficit in respect of its general activity of £3,503. There was still a balance of £23,000 in the operating account at APM year end and a balance of £185,304 at Feb 2021

The reduction of surplus is not worrying- in the financial year in question the decision had been reached to provide paper copies of BMJSPC to members Also new membership was introduced a decision reached to advertise these changes in journals- costing £4,500 . To make such a small loss in a covid year is an achievement.

The 2020 balance sheet indicates that the general fund balance is at £317,845 ( this includes the Scottish widows reserves account)

The APM reserves level is set at 6 months' running costs. Based on 2020 estimated expenditure (£200,000), we should have 100,000 in the account. This indicates the APM has an unrestricted surplus above the reserve of £100,000 of £217,845.

##### **2. The Education Account**

Nov 2020 year end the account had £106,128.

There is a reduction in the amount in the account compared to last year- unsurprisingly given that we have made no real money for education over the past year. Also cancelling the 2020 PCC incurred costs with some money paid forward to 2021 PCC and our event insurance premium refunded. The Education Account deficit therefore sits at £88,655.

I am reassured that we will make a surplus next year as:

1. We have piloted and will continue to use remote technology to host some virtual conferences (PCC SAS Docs, Ethics)
2. We have secured a venue for next years 2022 PCC and 2023 PCC at 2020 rates
3. The ethics course will run twice a year

Therefore, there has been no excess made over the past year, but the account is still healthy, and investment has been made in future conferences.

### **3. The Restricted Reserve**

The total in the restricted reserve is £223,295

This is made up of two main elements:

E-ELCA:	£209,360
Breathlessness Research Charitable Trust:	£ 13,935

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

### **Financial Issues and Actions in 2020**

#### **Income Generation:**

##### **1 Membership Income:**

- Membership income increased at the end of the APM financial year (Nov 2020) by £1,735 compared to the previous year (total income for membership 2020s APM year was £189,687)
- This is the first year in 4 years that membership income has increased
- This year so far (up until Feb 2021) membership income is increased by £17,000 compared to the same time last year (Feb 2020)- total income so far is £191,695- more than the final year end figure last year
- Associate non doctor membership has not really flourished – this has been a difficult year to promote this. To date there are 33 new members in this category

#### **Expenditure Reduction:**

1. **Committee meeting** reduction in face-to-face meetings reduced expenditure by £15,000

## Looking Ahead: Plans for 2021

### Income Generation Plan:

#### 1. Membership Income:

Given the Covid year that we have had - we have not really had much of a launch for our changes in membership. We need a full year both to embed and advertise further membership. This will need further review at the next AGM

#### 2. PCF:

The Board initially approved a 2-year trial with the PCF. This has proved popular both with existing members and attracting new members. We have agreed with the PCF that we have a fixed rate of £53,000 for 3 years unless we exceed an increase in 15% of members who are eligible to have online PCF subscription.

We have deferred from increasing membership fees for another year- these have not increased in 4 years. There may need to be an increase in subscription fees depending on the income generated over the next year

### Operating Account Budget for 2020

**The target forecast income for 2020 is £ 203,000**

The key assumptions are:

- Membership numbers increase further on the early signs from 2020 and 2021 figures
- Marketing and advertising at 2020 rate
- Education income to increase this year- post covid
- We will continue to meet remotely meaning a continued reduction in expense claims

**The forecast expenditure for 2020 is £178,000 (with £53,000 for PCF from the reserves)**

The key assumptions are:

Area	Expenditure
Administration, organisation and telecommunications	£ 74,000
All journals	£ 37,100
Travel and accommodation	£ 2,000
Officers remuneration	£ 29,000
PCF	£ 53,000
All other costs	£ 39,000
Total	c£234,100 (£53,000 from reserve) £181,100

**The end of year outturn is forecast to be around £22,000 unrestricted surplus.**

## **Summary**

The APM is financially healthy and stable, and we are starting to invest and expand membership types and privileges - with the aim of increasing income and using reserves appropriately.

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.

Membership rates will need review next year.

Derek Willis

March 2021

## Vice President's Report APM AGM 2021

What a year 2020 was. The pandemic has challenged us all and highlighted to society the importance and vitality of good end of life care and the valued input of specialist palliative care. As we tentatively come out of lockdown, it remains vital that we continue to grow and influence both locally, nationally and globally. To this end, the APM is launching a new Communications and Media Committee to ensure a truly two-way communication with our membership and to engage in the national narrative.

As this pandemic eases its grip, I fear that we may be on the precipice of the next pandemic – The Mental Health Pandemic. For the dying, during the Covid-19 spikes, loved ones were replaced by gowned and masked professionals and other relatives feared visiting hospitals and Guilt remains a common theme. This is added to by the impact on the public's psychological and emotional health as a result of lockdown and the loss of social support and distanced friendships. Wellbeing will be a primary focus as we move forward.

Another key issue at the fore is that of our workforce. We will need to rethink our traditional models and reverse innovate to ensure the sustainability and strength of our services in an ever-changing world. We are just starting to see the tip of the iceberg of those who were undiagnosed and untreated due to the events of 2020. Collaboration and co-working will be crucial.

We have come so far as an organisation in the last two years and that has been thanks to our outgoing president, Dr Iain Lawrie. We have faired some stormy waters and his hand has been firmly on the helm. His report is a true testament to his achievements and he has worked tirelessly to bring the APM forward. I know he will continue to support the organisation in his new capacity as Presidential Support and for that I am immensely grateful as I have some very big shoes to try to fill.

The 12 members of the APM board have worked cohesively together and it has been a pleasure to be part of such a hard-working group who have supported each other, laughed together and spoken with one voice on your behalf. Dr Alison Franks funny Whatapps videos have been something to behold and kept me sane during lockdown. I want to thank each and every board member for all they have done. We will now be looking of a new member of the board, as I am immensely pleased to have Dr Sarah Cox stepping into the role of Vice-President. Please consider applying to be a board member and shape the future of the APM.

Lastly but certainly not least, Prof. Rob George is now stepping down from his roles within the APM. What can I say about Rob. He is likely to pitch up to a meeting in full Lycra, polishing his monocle and speaking in Greek. He has a brain the size of a planet and what he doesn't know about ethics is not worth knowing. He will be sorely missed but I am sure we have not seen the last of the Professor.

I have learnt so much from my peers in this last year, not least to be kind and be true and self-care. Lets hope 2021 is better than 2020



Dr Amy Proffitt  
Vice President

## Clinical Quality Committee Report

### APM AGM 2021

Below is a short report on the work of the Clinical Quality committee for the purposes of the refashioned annual general meeting (AGM) of the Association of Palliative Medicine (APM) 2021.

The Clinical Quality committee is a newly formed committee and came about from the merger of the old workforce and professional standards committees. The group had a shaky start with a few failed meetings, but our first proper meeting was held on 6<sup>th</sup> October 2020. We have met a second time and by the AGM, we will more than likely, have held our third meeting (scheduled 11<sup>th</sup> March 2021).

One of our first items to work through was to agree on a suitable name that captured the remit of the group. Broadly we felt the originally suggested name, “*quality and clinical affairs*” was not quite right. The clinical affairs part was too nebulous. We finally decided on the short and sweet “Clinical Quality committee”.

To support our work, we then defined [terms of reference for the committee](#) which have subsequently been agreed by the executive committee and are now published on the APM’s website. Within that first meeting, it was agreed Cate Seton- Jones would chair the group. The committee of five members then drew up draft objectives for the next 18-24 months and an advert has been crafted to appoint a sixth member, with applications being welcomed from non-medical members.

Over the five months that the committee has sat, our accomplishments include

#### 1. E-bulletin contributions

We have contributed multiple short pieces to the e- bulletin including

- Raising awareness of new publications/guidelines and similar for the intelligence section eg [https://www.psych.ox.ac.uk/research/covid\\_comms\\_support](https://www.psych.ox.ac.uk/research/covid_comms_support)  
[https://www.alzheimers.org.uk/sites/default/files/2020-10/pathway\\_report\\_full\\_final.pdf](https://www.alzheimers.org.uk/sites/default/files/2020-10/pathway_report_full_final.pdf)
- Completed a series of six spotlights on revalidation and appraisal

#### 2. RCP workforce meeting representation

Several members of the committee were able to attend the online meeting in Nov 2020

#### 3. Consultants in palliative medicine letter

We have drafted and presented to the executive team a letter in support of consultants in palliative medicine. The second draught will have a broader emphasis on SAS doctors and consultants. The aim is to send this letter out to commissioners of services and chief execs in acute trusts in due course.

#### 4. Revalidation and appraisal resource

The committee has acted as a source of reference and expert opinion with respect to revalidation and appraisal. Through attendance at responsible officer network online events, responsible officer GMC reference group meetings and similar, the committee’s knowledge

has been kept up to date especially in light of pandemic prompted changes. We have answered queries coming into the secretariat on revalidation and appraisal.

5. **FAMCARE headlines** (Please refer to the separate paper for the Famcare report)

- FAMCARE continues to be a vital resource to providers to measure their service.
- The administration promotion and development of the survey is led by Dr Jaya Kane. She is a member of the Clinical Quality committee. There is also the post of audit support (position vacant at present) and help is gratefully received from the secretariat of the APM.
- There has been a small reduction in participation this year (55 in 2020 compared to 57 in 2019). This may be a reflection on the limitations placed by the COVID-19 pandemic, General Data Protection Regulations (GDPR) concerns and NACEL running at the same time.
- The team has worked closely with Crimson Crab to ensure the survey and its processes are fully compliant with GDPR.
- In this cycle, we have received negative comments from 10 individuals about the care their loved one received. This data has not been collected before, so we are unable to tell if there has been more this cycle.
- With the support of the Clinical Quality committee, Dr Kane explored with Prof Fliss Murtagh if historical FAMCARE data could be used for NHSE research priorities. Sadly, this is not possible as the relevant data was not available.

### **Conclusion**

The newly formed Clinical Quality committee is now established with a workplan drawn up for the next 18-24 months. Over the five months it has existed, the group has already begun to contribute to the APM's work for the advancement of palliative medicine and hopes to be very successful in all areas relating to quality in the months to come.

Cate Seton-Jones  
Chair of Clinical Quality Committee

## Education and Training Committee Report APM AGM 2021

### 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 (replaced by Dr Angus Grant 2021)	Juniors Committee
Dr Felicity Werrett	Trainees committee
Kate Smith/ Becki Munro	MunroSmith Associates- APM event organisers

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 Palliative Care Formulary
- 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. Educational events 2020-21

A number of study days had to be cancelled or postponed this year due to Covid restrictions including the 2020 Palliative Care Congress and inaugural Nursing Study Day. Additionally a RCP Study Day on Hospital Palliative Care and the follow up to the successful, first "Ask the Experts" Study Day were postponed alongside regular study events run by APM committees.

However, this year also saw the development of virtual study events. While many members enjoy the networking opportunities and discussion of face to face events, it has also been clear that accessing study days or conferences is not always easy. The virtual events held have been well attended and highly regarded allowing many more members to access them,

than had we held them face to face. Going forward we will look to have a blended approach to educational activities.

Theme	Date	Delegates
Pandemic Webinar 1: Mobilising Palliative Care Services in a Pandemic	16 July	222
Pandemic Webinar 2: Advance Care Planning in a Pandemic	21 August	228
Pandemic Webinar 3: Winter is coming- the return of Covid	21 October	103
Virtual Ethics	January x 4 sessions	45

#### 4. Developments 2020-21

The Committee have been 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; there has been strong initial interest and an agreement to set this up over 2021.
- The development of an APM Education Hub to signpost to events and educational resources. The intention is that this will launch in 2021 and over time build the scope of what is available

#### 5. APM Study Days/ Conferences 2021-22

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. The following are confirmed:

PCC	25-26 March	Virtual
Nursing Study Day	25-26 March	Virtual
“Go with your Gut” gastroenterology study day, including ethics surrounding nutrition	13 & 27 May 2021	Virtual
Virtual Ethics	September- October x 4 events	Virtual

More will be added to this as restrictions ease and it becomes sensible to hold face to face events.

#### 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, especially given the pressures in their everyday roles. We are also grateful for the huge support we receive from MunroSmith Associates in organising events and developing resources.

Paul Paes Education & Training Committee Chair

<https://pccongress.org.uk/>



@APMStudyDays

## **SAS and Hospice Doctors Committee Report APM AGM 2021**

### **Members of the Committee**

#### **Elected Members**

Dr Esraa Sulaivany	Joint chair
Dr Helen Bonwick	Joint chair

#### **Committee members**

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

The committee carried out 4 virtual meetings in the year 2020 – 2021, this mirrored the process during the COVID – 19 pandemic.

#### **Committee Work**

Support and representation of SAS doctors and Hospice Doctors who are members of the Association of Palliative Medicine. This was responding to enquiries either by telephone or mainly email. These often related to CESR applications or SAS Charter related issues.

The SAS Study day which was due to take place in November 2020 was postponed and will be delivered virtually on 2 half days in May 2021.

The committee members have contributed to the strategic work of the APM as requested over the last year.

The committee have developed the strategy for 2021 – 2024 which has been approved by the Executive Board (Appendix 1). The members have commenced the delivery of the objectives.

Please refer to the separate paper for the SAS Committee strategy 2021-2024.

### Representation on other committees/workstreams

COMMITTEE MEMBER	NAME OF COMMITTEE
Dr Rebecca Watson Dr Owain Prys Thomas	Members of the PCC Organising Committee 2020 and 2021
Dr Andrea Graham	SAS representative on the RCP Joint Speciality Committee
Dr Esraa Sulaivany and Dr Helen Bonwick	Members of the RCP SAS Speciality Committee
Dr Paul Selway	Member of the Communications Committee
Dr Helen Bonwick	Elected Member for England on the APM Executive Board
Dr Helen Bonwick	Member of the Education Committee
Dr Vijaya Kane	Audit lead for FAMCARE and member of the Quality and Clinical Affairs Committee.

Dr Esraa Sulaivany  
Joint Chair of the SAS Committee  
February 2021

Dr Helen Bonwick  
Joint Chair of the SAS Committee

## Research and Ethics Committee Report

### APM AGM 2021

This year like no other has been one where science - what we know, and ethics - what one should do about it, has been combined and tested. Furthermore, the specialty has consolidated its place as central to hospital as well as community practice as every clinician in the UK has had to face the challenges of caring for the dying. This has led to a burgeon of local and national guidance on every aspect of practice as it has related to Covid, much of which has been generalisable. The Committee, rather than to add to this, elected to ensure that links to the best material was available on the website along with the APM's general Covid guidance that was led by our President.

#### **Supporting and Advising individual members:**

Members continued to contact the Office for specific advice. We were extremely grateful to Nadine, and subsequently Georgina for managing the continuing flow.

- Covid has of course seasoned most enquiries and there have been no surprises;
- Assisting colleagues to navigate how to raise concerns over practice, and
- The challenges around anticipatory prescribing and repurposing drugs has been particular this year

#### **Extending Knowledge and Developing Guidance**

#### **The APM Membership**

As the biggest professional association in the specialty, we are an important conduit of surveys for expert opinion.

- Whilst the stream is smaller this year, 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, we like to know of their purpose and planned outputs when you apply, along with a report of the results.

#### **The APM Ethics Course**

This course remains a firm regular in our annual programme. However, it is usually residential and highly interactive, so our need to rework the format and be more selective and disciplined in areas we have taught, and how best to deliver it, has stretched tutors and delegates.

- We are most grateful that Derek Willis has continued to lead it and its development as we seek to blend an optimum mix of on-line and face to face teaching as and when that becomes feasible.
- In the meantime, the course is running twice this year and we hope to learn and improve as we go

## **Nationally**

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

- We continue to work with Prof Stephen Barclay on Anticipatory Prescribing and the development of robust guidance
- We have advised the RCP with their Oral Feeding Guidance this year and our work on voluntarily stopping eating and drinking (VSED) that is being completed this month is referenced by it.
- We are part of the expert reference group for implementation of the Deemed Consent Legislation for Organ Donation
- We have revised the resource on assisted suicide and administering euthanasia fully this year as we have supported the Isle of Man, Ireland and latterly Jersey as they engage with local attempts to change legislation.

## **Prizes**

- We had paused this in the light of Covid, but submissions for both the Twycross and Undergraduate Prizes will be reopened this year.

## **Work for 2021**

- We will be developing our profile on the website where we will
  - Publish the results of our surveys
  - Look to ways that we can improve signposting to reliable external resources

Finally, I would like to say that after a number of years as an elected member and latterly as Chair, it is time that I step back. Rosie Bronnert will be taking up the role. To serve the Association has been my honour and privilege and I have learned much. Thank you for your confidence and I hope I have served you adequately through interesting times.

Rob George  
Retiring Chair Research and Ethics

## Juniors Committee Report APM AGM 2021

In the midst of this challenging year, the APMJ platform has seen a strong growth in its online presence with a large increase in the social media following and the successful delivery of online educational opportunities.

### Online Presence

In the last year, the APMJ twitter following has nearly doubled to 829 followers, providing an invaluable platform for the community, particularly in the current circumstances. As the pre-speciality doctors get 'younger', and given the resultant tech surge from social distancing we feel our online and social media presence is a crucial component of the community.

Through our feed we have been highlighting a 'Publication of the Week' which has routinely engaged our followers and sparked conversation and learning. The feed has also been used to also publicise our upcoming events and popular monthly blog. In June 2020 the committee launched a #COVIDCreativity series which encouraged submissions for creative pieces and a space for reflections on the pandemic. We look forward to introducing an #EventOfTheMonth to highlight relevant palliative care events for our followers to attend.

Table to demonstrate growth in social media following

Month	Number of Twitter followers
Jan 2019	218
March 2020	470
March 2021	829

### AMPJ Organised Educational Events

Despite the challenges of the pandemic the APMJ Conference Committee strove to deliver the APMJ conference, recognising this as an extremely important component of the APMJ community and calendar. In response to missed teaching opportunities for junior doctors in the pandemic, and as a means to scope out the world of online events, the committee liaised with the Royal Society of Medicine to deliver a free webinar series focussing on palliative care themes and reflections from the pandemic. Four monthly webinars were delivered which were well attended, averaging about 150 delegates across the sessions and had great feedback.

## Webinar programme with attendance

Webinar	Speakers	No. Attendees
You, Me and PPE: The challenges of communicating in lockdown	Prof Liz Sampson, Prof Ruth Parry, Dr Kathryn Mannix	171
Are we nearly there yet? Coping with COVID-19 burnout	Prof Simon Noble, Aggie Rice, Rhiannon Barker	107
Grief: The shadow pandemic	Dr Jonathan Koffman, Dr Lucy Selman, Dr Rachel Clarke	153
Inequalities in end-of-life care: The magnifying effect of COVID-19	Claude Chidac, Dr Mohammed Sattar, Dr Sabrina Bajwah	123

Facilitating the webinar series provided great learning and experience for delivering the APMJ conference through the online platform Hop In. The theme of this year's conference was 'Navigating Uncertainty' with key note presentations from Dr Jonathan Koffman, Dr Rachel Clarke, and Prof Allan Kellehear and breakout sessions provided by Dr Yasmin Gunaratnam, Prof Kathryn Almack and Prof Stephen Barclay to name a few. 75 delegates attended which is slightly more than previous years, and feedback from the event was very positive. Holding the event remotely meant that we were able to more easily secure speakers, and that the costs of the event were lower allowing us to raise approximately £500 (TBC) which will be donated to charity (chosen charity also TBC but likely to be Hospice UK). Particularly with the pre-specialty audience, the networking component of the conference was missed, however, and we hope to be holding the event in person this autumn if possible!

### Plans for 2021-22

We have lots of exciting ideas for the coming year. Currently in the pipeline is creating a medical school network with student representatives across the country to try and enhance our support, reach and engagement with medical school students. We also plan to develop the #EventOfTheMonth to create a calendar of palliative care events and opportunities which will be of interest for our community. We are also looking to continue liaising with the APM education committee to deliver more online educational opportunities as well as continuing the blog and our other media based programmes. There will also be 4 positions on the juniors committee advertised in the March bulletin and I look forward to welcoming the new recruits to their roles who I am sure will bring some fresh ideas!

Dr Philippa McFarlane  
APMJ Chair

## Trainees Committee Report

### APM AGM 2021

#### Membership:

- This year, Vanessa Jackson & Felicity Werrett left their roles as Chair and Education rep respectively, we thank them for their considerable achievements during their time on the committee.
- Jasmine Lee & Simon Etkind moved roles to take on the position of co-chairs of the committee, and we have welcomed Ting Ta as the new science & Ethics representative. Isobel Morton has joined as the APM Juniors liaison.
- The Education and Communications Co-ordinator roles are currently vacant and we plan to advertise these roles imminently.

#### Activities:

- Communicating with trainees by running our twitter account, Facebook group, and sending a bimonthly newsletter to all trainees, disseminated by our network of regional reps.
- Attended APM board meeting in January 2021. Agreed there is scope to integrate trainees further into the work of the APM, e.g. by involving trainees in responses to consultations etc.
- Set up of a new virtual peer-support group for trainees who are unable to attend their usual place of work due to shielding or other reasons relating to the COVID-19 pandemic.
- Supporting an ongoing survey assessing the impact of COVID-19 on palliative medicine training.
- Advocating for an online option for the SCE examination in the event that an in-person examination is not possible in 2021 due to pandemic restrictions.
- Planning for a management study day to be held in the second half of 2021.
- Working to improve the APM trainees website section by addition of a list of helpful resources: see <https://apmonline.org/trainees-committee/>
- Working closely with the UK Palliative Trainees Research Collaborative (UKPRC) to deliver national research projects led and run by palliative medicine trainees. The first UKPRC publication is now available at: <https://spcare.bmj.com/content/early/2021/02/07/bmjspcare-2020-002609>. The latest project – a national audit of VTE prophylaxis was conducted in 120 sites

#### Objectives for next 1 – 2 years:

1. Communication, integration and representation:
  - a. Improve integration with the rest of the APM so trainees' views are represented, and trainees have more opportunities to participate in and make valuable contributions to all APM activities.
  - b. Provide trainees with information that is up to date and relevant to their training by developing our newsletter, social media, and website. In particular, the website will become a 'first port of call' for trainees seeking resources, and the committee will explore new approaches to communication e.g. via blogs/webinars.
  - c. Liaise regularly with trainees in all regions via the regional trainee representatives to ensure two-way communication and an up to date understanding of their needs.

2. Support trainees to meet 'difficult to achieve' curriculum competencies by:
  - a. Organising study days focused on specific curriculum areas such as management, using innovative web-based approaches where appropriate, and
  - b. Highlighting opportunities for trainees to become involved with research in conjunction with the UK Palliative trainees Research Collaborative.

Dr Simon Etkind  
Joint Chair of the Trainees Committee

Dr Jasmine Lee  
Joint Chair of the Trainees Committee

## e-ELCA Report APM AGM 2021

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. Engagements with others

#### **1. New session development**

The following new session have been released over the last year:

- 5.25 - AMBER Care Bundle
- 5.26 - COVID-19 and Palliative, End-of-life and Bereavement Care
- 5.27 - Registered Nurse Verification of Expected Adult Death
- 5.28 - The Management of Diabetes at the End of Life
- 10.7 - Palliative Care for Adult Patients with Neuromuscular Disorders

The following sessions are currently in development:

- Palliative care for those with mental ill health
- Time critical telephone conversations
- Discussing nutrition at the end of life

Thanks to those who have helped develop sessions.

#### **2. Rolling session update programme**

The e-ELCA programme contains approximately 165 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 3-4 yearly basis. 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. A small number of sessions due for update from 2018 and a larger number from 2019 are still outstanding; this deficit is being caught up.

The following 45 sessions have been reviewed over the last year:

- 0.2 - Relationship Between Palliative Care and End of Life Care
- 2.1 - Introduction to principles of assessment in end of life care: Part 1
- 2.2 - Introduction to principles of assessment in end of life care: Part 2
- 2.3 - Assessment of Physical Symptoms
- 2.4 - Assessment of physical function
- 2.11 - Assessing through proxies
- 2.13 - Assessing Urgent Situations with Limited Information
- 2.15 - First assessment: meeting the patient

- 2.18 - Following up Assessments and Evaluating Outcomes
- 3.1 - The importance of good communication
- 3.2 - Principles of communication
- 3.5 - Culture and Language in Communication
- 3.6 - Communication skills for administrative staff, volunteers and other non-clinical workers
- 3.7 - Self awareness in communication
- 3.13 - Written communication skills
- 3.15 - Breaking Bad News
- 3.16 - Communicating with non-English speaking patients
- 3.22 - "Am I Dying" "How Long have I Got" Handling Challenging Questions
- 3.23 - "Please Don't Tell My Husband" - Managing Collusion
- 3.25 - "I don't believe you, I'm not ready to die!" Managing Denial
- 3.28 - "I'm not loveable anymore" - discussing intimacy in end of life care
- 3.31 - Discussing Hydration
- 3.33 - Distress: the crying patient
- 4.1 - General approach to assessment of symptoms
- 4.3 - Communicating the Plan of Management and Care
- 4.11 - Managing Different Types of Pain
- 4.14 - Non-drug management of breathlessness
- 4.22 - Recognising and Managing Malignant Spinal Cord Compression
- 4.25 - Agitation and Restlessness in the Dying Phase
- 4.28 - Non-drug intervention in symptom management
- 4.30 - Symptom Management Complicated by Coexisting Conditions
- 4.37 - Assessment and management of weight loss and loss of appetite
- 4.41 - Management of Cognitive Deterioration
- 5.1 - Initiating Conversations about End of Life Care: COPD
- 5.4 - Initiating Conversations About End of Life Care: Long-term Neurological Conditions
- 5.9b - Case study: dementia
- 5.12 - Dying in Acute Hospitals
- 5.15 - Dying As A Prisoner
- 5.16 - End of Life Care for People Experiencing Homelessness
- 5.23 - Framework for End of Life Care in Advanced Kidney Disease
- 7.2 - Assessment of Carers' Needs
- 7.4 - Sudden Death and Bereavement
- 8.1 - Spirituality and the Philosophy of End of Life Care
- 8.5 - Spirituality and the Multidisciplinary Team

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. We have been engaging through the following strategies:

- Utilising Twitter to inform of new sessions/session updates/learning paths. The number of e-ELCA Twitter followers continues to grow. Our handle is @cmf\_elca
- e-ELCA presence at conferences; we will attend the PCC in March 2021.

- 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, HospiceUK and Skills for Care also receive this copy to distribute it too.
- Engagement with partnership organisations including HospiceUK and the RCN.

The current communications strategy will be continued, with future opportunities developed too.

#### **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 internal medicine trainees and for GPs with an interest in palliative and end-of-life care, and also learning paths based around heart failure, chronic kidney disease and COVID-19. The COVID-19 learning path be found on e-LfH's COVID programme (which is open access) as well as on e-ELCA.

Learning paths are currently being developed for foundation doctors, for social carers (supported by Skills for Care – sessions in this learning path will be public access) and for healthcare support workers (supported by the RCN).

#### **5. Engagement with others**

We carried out a survey of e-ELCA members regarding their use of and thoughts on e-ELCA in late 2020. Thanks to those who completed this. A report has been submitted to the APM and an action plan is being developed. This will include an aim to link up more with the RCP.

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 November 2020. eIntegrity host a twice yearly content provider group (CPG) meeting. I attended the meeting November 2020 remotely.

Dr Richard Kitchen  
APM e-ELCA Lead

## Neuro SIF Report APM AGM 2021

- We have updated our membership and also welcomed new members to the group with representation from care of the elderly, clinical nurse specialists and specialty trainees - our membership is now 70
- Members of the group have contributed to the design and distribution of a national UK survey ascertaining the extent of the involvement of palliative care services in the UK with people with MND/ALS. A poster has been submitted to the EAPC.
- Requests for interested clinicians to get involved and contribute to a number of pieces of work have included:
- **Teaching**  
Neurology Academy - webinar on palliative care for MS  
Royal Society of Medicine - Clinical Neuroscience Section – Palliative Care in MS
- **Research**  
Looking for interested participant identification centres for 'A virtual peer-to-peer support programme for family caregivers of individuals with motor neurone disease at risk of becoming or currently technology-dependent: randomised controlled trial'
- **Guidelines**  
Multiple Sclerosis in Adults (update) guideline – committee member recruitment
- **Signposting to CPD**  
EAN virtual congress
- A study day organized for September 2020 – 'Meeting the need and models of working for people with neurodegenerative conditions' was postponed due to the pandemic but with further plans to create a virtual learning event for this year instead.

Dr Claire Stockdale  
Neuro SIF Lead

## Transition SIF Report APM AGM 2021

This year has brought considerable pressures to the patient group we support, with changes to education, respite provision and care home visiting, shielding, and redeployment of healthcare staff. Many of the forum members have had to prioritise their core clinical adult palliative care work during the pandemic. We are hopeful that the coming year will present more opportunities to develop and function as an active and growing special interest group.

In addition to regular briefing emails sharing information about learning events and national initiatives relating to Transition, we also met remotely in January.

This was a supportive meeting to discuss ways that the group wants to function to meet our aims, as described below. We recognised the advantages of being a relatively small SIF, and hope to make the most of the opportunities we discussed in the coming year.

### Terms of Reference

<b>Aim of SIF</b>
<ul style="list-style-type: none"> <li>● To improve services for young adults with palliative care needs</li> <li>● To increase awareness amongst adult SPC professionals of the needs of young adults</li> <li>● To improve the process by which young adults move between children’s palliative care and adult palliative care services where this is appropriate</li> </ul>
<b>Brief description of anticipated activities</b>
<ul style="list-style-type: none"> <li>● To provide a forum for discussion, debate and ideas creation</li> <li>● To create an opportunity for collaborative working, practice sharing and policy-making</li> <li>● To encourage development of services appropriate to the needs of young adults</li> <li>● To support the APM by responding to requests for expert advice an opinion in this area</li> <li>● To represent the APM within the Association of Paediatric Palliative Medicine (SIF Co-ordinator to be co-opted member of APPM executive committee)</li> <li>● To report back to the APM Executive Committee quarterly</li> </ul>

### Key points for future activity include:

- Peer support and clinical advice enabling us to learn from each other and share challenging situations where our local colleagues are less able to help.
- Sharing service models, referral criteria and challenges/unmet needs
- Strengthening connections with paediatrics – including improving the understanding of adult palliative care within paediatrics.
- Intentional recruitment to the SIF to ensure regional representation including each of the 4 nations are represented within the group
- Support for trainees in achieving their curriculum goals around Transition

We agreed to meet remotely every 2-3 months for case-based discussion, peer support and opportunities to learn from each other’s experiences.

### **Link with Association of Paediatric Palliative Medicine**

Activity with this link has been limited for much of the last year, however we have maintained contact with the subspecialty around research, outcome measures and developing educational resources.

### **Study day**

Educational events have a role both for supporting trainees (and others) to understand the basics around Transition and achieve their curriculum requirements; and in developing the learning of those of us who are already working with this patient group.

We have put plans for a study day on hold at present but hope to hold a virtual event later in 2021. We also plan to make the most of opportunities to represent an adult palliative care perspective within Transition work within other specialist organisations.

### **Research**

We are engaging with opportunities to participate in existing research through collaboration, as well as hopes for the future to develop research and guidance within the group.

### **Name update**

As a group we discussed updating the name of the SIF to **“Transition and Young adult SIF.”** We felt this name better reflects the ongoing unmet needs of young adults following Transition, and the learning needs of adult physicians in supporting young adults with complex conditions/neurodisability. **We would welcome feedback from the wider APM regarding this name change.**

## **Undergraduate Medical Education SIF Report APM AGM 2021**

### **1. Annual SIF Meeting**

The 2020 SIF annual meeting was held remotely via Zoom on October 8<sup>th</sup> 2020 with the theme of “Virtual undergraduate Palliative Care teaching in the time of COVID-19: lessons learned” <https://www.apmuesif.phpc.cam.ac.uk/userfiles/conf2020/APMUESIFProgramme2020.pdf> After an update from Johanna Kuila of the GMC, we had four plenary presentations from participants followed by parallel sessions in breakout rooms. 60 members attended for a very productive afternoon.

Planning for the 2021 SIF meeting is well underway, and will take place either remotely via Zoom or in person in Cambridge Thursday November 11<sup>th</sup> 2021. All are welcome to join us then: please contact Stephen Barclay at [sjgb2@medschl.cam.ac.uk](mailto:sjgb2@medschl.cam.ac.uk) for further information.

### **2. Revision of APM Curriculum for Undergraduate Medical Education**

We are continuing to work on revising the 2014 APM curriculum for undergraduate education and mapping this against the GMC’s document “Outcomes for Graduates”. This was paused due to the COVID-19 pandemic but work has recently restarted with a view to the publication of a formal APM document entitled “Key Palliative Care Learning Outcomes for UK Medical Schools”.

### **3. SIF Website**

The SIF website (<https://www.apmuesif.phpc.cam.ac.uk/>) and email communication list is managed and updated by the team at Cambridge. The site contains details of undergraduate palliative medicine curricula from 27 UK medical schools and details of previous and upcoming events.

### **4. Question writing for the National Bank**

The SIF hosted another event in early 20120 to produce Single Best Answer questions on palliative Care for medical student Finals Examinations, the Medical School Council Assessment Alliance national question bank and the future General Medical Council Medical Licensing Exam. Further similar events are planned.

### **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

Professor Stephen Barclay  
Undergraduate SIF Lead

Professor John Ellershaw  
Undergraduate SIF Lead