



Association for
Palliative Medicine
Of Great Britain and Ireland

Trainees'
NEWS UPDATE

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APM Trainees' News

Dear Trainees,

Welcome to September edition of the APMT newsletter. This newsletter marks the beginning of a new academic year for many of us trainees and we hope everyone is finding their feet in new placements. We also warmly welcome any new ST3s starting with us in the specialty and hope you'll consider joining us in the APMT.

In this newsletter:

- Trainee updates on **indemnity changes** from the HEE block indemnity
- **Anti-racism and Palliative care:** For this key area that will be an ongoing area of work for our specialty we're delighted to have our SAC representative Gurpreet for this post of the month that shares her experiences and learning in this insightful account on racism and palliative care and feature our journal of interest from Dr Jamilla Hussain et al.
- **PCF online access:** APMT members get online access to PCF with subscription – great for referencing on the job and revision for the SCE.

Whilst we will be trying to forge new plans for the year ahead undoubtedly many of us will be continuing to reflect, adapt and move forward from events of the last year and a half. Working alongside our roles your APMT committee understand these challenges and we'll continue to do our best to represent you and supplement training experiences. Don't forget our wellbeing resource list is available online on our website.

We'd love to hear from you and welcome your contributions to the APMT and upcoming newsletters.
apmtraineescommittee@gmail.com

With regards,
Jasmine and Simon

Trainee Committee Update

APMT Facebook Group and Twitter

If you are a new palliative medicine trainee or not yet in our Facebook group please do join to share educational events, discuss topics and for latest APMT news.

OOP Trainees Facebook Group

The Facebook group that was formerly set up to help support APM shielding trainees has evolved into a support group for trainees going OOP (parental leave, OOPE/T, sick leave)

<https://www.facebook.com/groups/apmto>

If you would like to join, please request to join via Facebook and drop us a message with your name and region.

Indemnity

As you are likely aware Health Education England recently procured block indemnity, for all palliative medicine trainees, in order to ensure more equity across the country. This came into effect on 5th August 202. If you have not opted out you will now be covered by either MDDUS or MPS (depending on your deanery).

As a committee we have been aware of the confusion this has caused. We hope that the FAQs disseminated over the past month have offered some clarity.

Please be aware:

1. You cannot be indemnified by multiple defence organisations at the same time.
2. You can still opt out of the block indemnity and source your own if you wish to.
3. Locum work is unlikely to be covered by the block indemnity, even if this is undertaken at your current training site. You will need to organise additional cover for this with the relevant defence organisation.
4. If you have chosen to opt out of the block cover you may be eligible for reimbursement of your current fees. Please check with your individual deanery.

Website update - Wellbeing Resource List

Our website has been updated throughout this year. You'll find links to the curriculum including the Covid amended curriculum. Our recent addition is our Wellbeing Resource List compiled by our SAC team. <https://apmonline.org/trainees-committee/>

Post of the Month – Anti-racism and Palliative Care

**“Not everything that is faced can be changed.
But nothing can be changed until it is faced”**

-James Baldwin-

Where are you *really* from? A simple question but one with many undertones and not infrequently encountered during consultations with patients. It may seem an innocent enquiry but for me (as someone from a minoritised ethnicity) it is ‘othering’, and I am tired of being othered.

I live in a home where the topic of racism/anti-racism is frequently at the forefront of discussion. Not because we enjoy it but because it is an inescapable part of our lived experience. In the face of George Floyd’s murder and the Black Lives Matter movement in 2020, healthcare bodies and organisations were slow to respond or demonstrate a commitment to anti-racism. The silence was disappointing. That is not to diminish the significant allyship demonstrated by many individuals, which was heartening. But meaningful change requires organisations and policymakers, of the dominant racial/ethnic groups, to utilise their power and privilege and take the lead [1]. Anti-racism work cannot be an ‘optional extra’.

There is much data on the ethnic makeup of the NHS workforce and the harassment faced by staff. The Workforce Race Equality Standard (WRES) report of 2020 found that nursing staff from minority ethnic backgrounds reported the highest levels of bullying or abuse from other staff [2]. The impact of such incidents is known to contribute to moral distress and burnout [3] and they demand further attention. Although we are aware that there continue to be disparities in palliative and end of life care for minoritised ethnic people [4], there is little data on the experiences of staff working in palliative care.

In the aftermath of the 2016 referendum public opinion towards immigration remained negative [5]. In 2018, personal experiences led me to conduct a review of staff experiences of racism, at the hospice where I worked at the time. Although the number of respondents were small (n=28) it did not diminish the unpleasantness of the results and narratives that were revealed; a vast majority had either witnessed or experienced racism or xenophobia at work from patients and/or their visitors [6].

I firmly believe that you cannot create equitable environments for patients without ensuring equitable environments for staff in healthcare organisations. We are a specialty unafraid to have the ‘difficult conversations’ with our patients and so we must be willing to do the same with ourselves. It is time for action.

This is in part why when the opportunity arose to be part of the new APM Race Equity Committee (REC), I took it. The committee’s primary aims are to identify issues and incidents around race equity from palliative care teams/organisations across the United Kingdom. Alongside this we also hope to raise the profile of race equity and ensure equal opportunity. We are keen to provide opportunities for healthcare professionals to share their experiences whilst also creating a supportive space for allies where we can learn and implement equitable inclusive change together.

The APM REC is shortly due to release a survey to explore the experiences of race/ethnicity-based prejudice and discrimination of staff working in palliative care. The survey will also examine structural inequalities that may exist in organisations. We hope to make the survey accessible to ALL staff working in palliative care and hope you will all help us amplify the message amongst your colleagues.

Dr Gurpreet Gupta
ST6 Palliative Medicine East of England
SAC Trainee Representative (England)
Deputy Chair APM Race Equity Committee
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Research and Journals – Article of the Month

Hussain JA, et al.: Racism and palliative care. Palliative Medicine 2021, Vol. 35(5) 810–813

This editorial aims to help us confront the “pernicious pandemic of racism in healthcare and society” and “create an environment where diversity is valued and where differences that make a difference are mitigated”. Some of the critical steps to achieving this:

1. Understanding racism
 - a. As a multifaceted issue that can occur at an individual and systemic level, as “a belief that race is a fundamental determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race”, and as “a system of advantage based on skin colour”, resulting in the systemic oppression of a racial group (socially, economically and politically).
 - b. That racism can be implicit or explicit / unintentional or intentional / unconscious or conscious. All are damaging. Where societal movements have made racism taboo, this can hinder progress, as “the discomfort of examining our racial privileges has resulted in paralysis, passivity or denial of racism”.
2. Accepting that racial and minority ethnic disadvantage exists in palliative care
 - a. There is growing evidence of racial and ethnic disparities in access, quality and outcomes in palliative care.
 - b. Though perhaps well-intentioned, the language and narrative of “hard to reach” groups may suggest blame / cast negative attributes on such groups.
 - c. Historical aspects relating to the development of palliative care in the UK may perpetuate racism and should be closer examined.
3. Take anti-racist action
 - a. Recommendations from reports and reviews need to be enacted.
 - b. These include access to trained translators, cultural competency training, building partnerships with communities to develop policies and services, and recruitment of a diverse workforce at all levels including policymaking and research. Organisational implicit bias training alone is not enough.
 - c. Lasting change requires the dominant group(s) to take the initial lead, as this is where “power, influence and responsibility lie”. Ensuring inclusion, engagement and collaboration of the dominant group(s) is key to avoid unintentionally alienating people and worsening the problem.
 - d. Allyship includes actively educating ourselves on racism, acknowledging the existence of racial privilege and how it can affect change and challenging racism. Also, recognising the intersectionality of racism with other forms of discrimination.

The authors close with a call to the palliative care community to speak up and recognise the need for an ongoing commitment to tackling racism at all levels – from individual, to community, organisational and policies, across healthcare hierarchies and racial groups.

Knowledge Hub

Journals

The following journals can be accessed via your login through the APM website:

- Palliative Medicine Journal
- BMJ Supportive & Palliative Care Journal
- EAPC Journal (at a reduced subscription rate)

Publications may also be available through the BMA website, for those with membership. A list of these can be found at: <https://www.bma.org.uk/library/e-resources/e-journals>.

Palliative Care Formulary Access

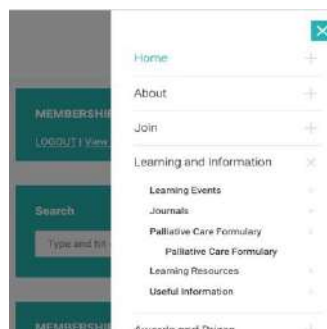
New to 2020, eligible APM members i.e., full members (including reduced subscription) now have access to Palliative Care Formulary Online through MedicinesComplete. Access is via the APM website by logging in and accessing PCF through the learning tab.



1. Login on to the APM website apmonline.org



2. From the list icon (top right corner) select 'Palliative Care Formulary'



COVID-19 Guidance

The APM has issued guidance regarding COVID-19 and Palliative, End of Life and Bereavement Care. The latest guidance can be found on the website: <https://apmonline.org/>



If there is anything else that you have found useful in preparing for the SCE, or for CPD in general, then please contact us and we will endeavour to add this to the next News Update.

Meet the Committee



Dr Daniel Soutar

**Comms Officer,
APMT**

Hi! My name's Dan and I'm the current APMT Communications officer. My role involves the transmission of information between the APM and Palliative Medicine Trainees via Twitter, Facebook, email, and the Newsletter. Mainly I retweet interesting stuff and change the Facebook header photo periodically.

I'm an ST6 in Palliative Medicine in Belfast where I live with my wife Terri and 9-month-old daughter Annabel. I enjoy sport (Leeds United, Glentoran, Ulster Rugby, F1), Twitter doom-scrolling, and am a recent SUP convert. I'm interested in the development of community palliative care services and the promotion/teaching of good general palliative care skills and knowledge.

Contact the APM Trainees' Committee

We're here to support trainees and our development. Contact us:

- Via your regional APM Trainees' Representative
- On Twitter [@apm_trainees](https://twitter.com/apm_trainees)
- On our Facebook page 'APM Trainees'
- Email us directly via apmtraineescommittee@gmail.com



The APM is the world's largest representative body for doctors practicing or interested in palliative medicine. If you are not already a member join today! <https://apmonline.org/join-pages/join/>

Please remember to upgrade your membership to 'full membership' on commencement of your first consultant post. This can be done by emailing the APM at office@compleat-online.co.uk

This newsletter is for trainees by trainees. We want to hear from you, allow trainees to connect nationally and have a platform to feature your contributions in the upcoming newsletters.

Please contact us at apmtraineescommittee@gmail.com to contribute with a feature article, journal summaries or trainee reflections.