



Association for
Palliative Medicine
Of Great Britain and Ireland

APM Trainees' NEWSLETTER

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Hello all,

Welcome to the spring edition of the APM trainees newsletter. We are focusing on **SEECare** this edition – this is an exciting national project designed to evaluate the provision of generalist led end-of-life care in adult hospital in-patients. The more sites that get involved the more useful the findings will be, so please consider getting involved and collecting data in your workplace – this would count towards **research and audit competencies**.

Also this week, the **Palliative Care Congress** is happening in Telford. If you're at the conference, come and say hello at lunchtime on the Friday as we'll be having a Trainees' meet up (see conference programme for details).

Are you interested in **joining the APM trainees committee**? We're looking for a new communications co-ordinator to share information about the work of the committee and the APM. See below for info on how to apply, or contact us for more information.

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
Co-chairs

Trainees' Committee Update

APMT Facebook Group and Twitter

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

Follow us on Twitter @APM_trainees

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.

Website update

APM Statement to Promote the Role of Senior Palliative Medics within the Palliative Care Multi-Professional Team

The Association for Palliative Medicine of Great Britain and Ireland (APM) have written a [statement](#) to confirm the indispensable role of senior medics in palliative medicine for all specialist palliative care teams, in hospitals, hospices and community settings. (Senior palliative medical personnel include Consultants, Associate Specialists (AS) and the new specialist grade specialty (SGS) doctors.)

The Association recognises the current economic pressures that units are under and would like to offer this statement to the membership to be used to support negotiations relating to a safe staffing and business planning. Registrars in the last year of training and Speciality doctors close to obtaining their CESR would be wise to read and comprehend in detail the role they will hold as their career progresses.

Wellbeing Resource List

Our website has been updated throughout this year. You'll find links to the curriculum including the Covid-amended curriculum.

The most recent addition is our Wellbeing Resource List compiled by our SAC team. Find it here – <https://apmonline.org/trainees-committee/>

Post of the Month – SEECare

With palliative care becoming a legal right, now is the time to come together and arm ourselves with the evidence to ensure that every person has access to high quality end-of-life care in hospital.

“Dying is easy – it’s not like trying to cure someone!”

This view is one I’m sure many of us have encountered in hospital care (accompanied by varying levels of boiling blood). There is an assumption by some colleagues that if someone is dying, there is “nothing to do”. Thus, if you’re competent to provide life-sustaining treatments, you can handle dying patients with your eyes shut. For others, *recognising* dying remains a challenge – perhaps due to a lack of clinical exposure, or sometimes because this feels like “admitting defeat”. Still others can readily recognise dying patients, but need more support, to boost their skills and confidence, to really provide the best care for those in their last days.

Every hospital will have every combination of unconscious/conscious incompetence/competence when it comes to generalists and their skillset when caring for the dying. So, what can we, as Specialist Palliative Care Teams (SPCTs), do to ensure that everyone gets the dignified, peaceful and comfortable end to their lives that they deserve?

An anticipatory reality check is needed here. I don’t know of any hospital SPCT that isn’t stretched right now, compounded by two years battling against the COVID-19 pandemic, an aging population with evermore complex health and social care needs and endless SPCT vacancies.

We can’t, and nor should we, be trying to do everything alone. Collaboration is crucial, and our generalist colleagues are invaluable. Where generalists are confident and competent to meet the needs of dying patients, this will allow SPCTs to focus on those with more challenging needs. However, SEECare, a service evaluation project involving four acute NHS hospital trusts published last year¹ found that 22% of dying patients receiving end-of-life care (EOLC) by generalists had poorly managed symptoms. Over half of these patients needed urgent prescribing advice and/or holistic support, by the evaluating SPCT. Generally, our colleagues are trying their utmost, but it is apparent that for almost a quarter of their dying patients, there is an urgent need to improve the care they receive.

So, what can we do?

Firstly, we need to capture the scale of the problem. Across the UK and Ireland, how many people in hospital die without receiving palliative care team input? And how many have unmet EOLC needs – how many are dying deaths that *aren’t* good enough?

The Association for Palliative Medicine (APM) know that the answers to these questions will have huge impacts. The results will inform workforce planning, commissioning, training needs, service delivery models, and ultimately, the quality of EOLC that our patients dying in hospital receive.

Therefore, the APM are rolling out a single-day, prospective, service evaluation project in each country in late April, and all of us in the hospital palliative care setting can help.

Site registration is already underway, and the straight-forward data collection process will allow a swift turnaround of results. The data will provide new insights into the quality of generalist-led EOLC in hospitals. Learning from good care can be shared, and where change is needed, teams will have the data to support their response – both locally and nationally.

In fact, nationally, the need for such data couldn't be more critical.

In recent weeks, Professor of Palliative Medicine, Baroness Finlay of Llandaff, has successfully advocated an amendment to the new Health and Care Bill², which means in England, equitable access to specialist palliative care will be an explicit legal right for the first time in NHS history. This is monumental for charity-dependent palliative care services. And for the hospital setting, SEECare can provide unique, robust data to support calls for further palliative care resources.

As a speciality driven by people who care deeply and give fully, many of us are tired, depleted and worried about taking on more work. The APM are acutely aware of this, and the project is purposefully simple with a quick data collection tool and snapshot design. Furthermore, the data you collect can be used to directly inform quality improvement in your own trust, and by contributing to the national study, you will receive acknowledgement that can be used to evidence your continuing professional development.

In palliative care, we know that high quality care is best achieved when we collaborate. And no matter how big or small your hospital or team, every site and patient included will provide vital information for our speciality moving into the future. This is truly a situation where many drops make an ocean, and where a rising tide floats all ships, so let's seize this opportunity.

To express your interest or register for the project please email office@compleat-online.co.uk with the subject SEECare.

1. Tavabie S, Berglund A, Barclay D, Bass S, Collins N, Edwards E, Malik F, Minton O, Peters D, Stewart E, Winter J, Ford-Dunn S. Seeking Excellence in End of Life Care (SEE Care): A Multi-Centered Acute Hospitals Service Evaluation. *Am J Hosp Palliat Care*. 2021 Jul 1;10499091211027815. doi: 10.1177/10499091211027815. Epub ahead of print. PMID: 34196219.. Available from: <https://journals.sagepub.com/eprint/SABHQ2YTHNY9K8BRV7BD/full>
2. Health and Care Bill: A Bill to make provision about health and social care. <https://bills.parliament.uk/bills/3022>

Dr Yinting Ta

Palliative Medicine Registrar London

APM Research & Ethics Committee Trainee Representative

Journal Article of the Month

Home parenteral nutrition versus artificial hydration in malnourished patients with cancer in palliative care: a prospective, cohort survival study

Cotogni P, Ossola M, Passera R, et al, *BMJ Supportive & Palliative Care* 2022;12:114-120

Malnutrition in patients with incurable cancer is associated with reduced quality of life, increased symptom distress and shorter survival.

A lack of evidence on the survival impact of home parenteral nutrition (HPN) in such patients, and an evolving understanding of the mechanisms and impact of cancer cachexia are just some of the reasons why the use of HPN in this group varies worldwide.

This 3-year, prospective, cohort study compared the survival of malnourished patients with cancer receiving palliative care, and either HPN (89 patients) or artificial hydration (AH) alone (36 patients), in Italy.

Patients in both groups were eligible for HPN, based on assessment guidelines. They were unable to meet their nutritional requirements enterally resulting in potential risk of earlier death (compared to death from cancer progression), had a prognosis of > 2 months and a Karnofsky performance status ≥ 50 . Included patients were not on chemo and did not have severe organ dysfunction.

There was a significant difference in survival, with a median survival of 4.3 months in the HPN group, versus 1.5 months in the AH group ($p < 0.001$).

The authors conclude that these data support the guideline recommendation that HPN should be considered when malnutrition represents the overriding threat for the survival of such patients.

However, the study is underpowered, and does not look at other significant measures, such as quality of life.

Knowledge Hub

Journal Access

The following journals can be accessed by members via 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>

APM Study Days (follow @APM_hub) – <https://apmonline.org/apm-events-courses/>

- Palliative Care Congress 2022 – <https://pccongress.org.uk/>
24th – 25th March 2022

External educational events - <https://apmonline.org/external-courses/>

- Palliative Care Conference 2022 – Challenges in end-of-life care (RCP Glasgow)
29th April 2022
- Heart Failure and Palliative Care (Oxford Centre for Education and Research in Palliative Care (Ox CERPC))
27th May 2022
- Spotlight on End-of-Life Care for those with a Learning Disability (Ox CERPC)
10th June 2022

Palliative Care Formulary Online

As of 2020, full APM members (including reduced subscription) have access to the PCF Online through MedicinesComplete.

Access is via the APM website – <https://apmonline.org/>

Log in and click PCF via the Learning and Information tab.

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 at the bottom of the homepage – <https://apmonline.org/>

APM Trainees Committee Vacancy

APM Trainees Committee – Communications Co-Ordinator

The APM trainees are looking for a Communications Co-ordinator to join our committee. This is an opportunity to represent trainees nationally and develop management and leadership experience. Please download a nomination form from the [APM website](#) and return your completed form and personal statement to the APM Secretariat at office@compleat-online.co.uk. You can also ask for further information about the role if desired.

About the Role

Oversight of the trainee's committee communications, including:

- Managing our group on Facebook
- Running the APM trainees twitter account

(As membership grows, these will become ever more useful resources for sharing information and organising formal and informal meetings and events. The Facebook group will also act as a forum for discussion about trainees' issues such as the SCE and research.)

- Oversight & updating of the trainees' pages of the APM website
- Editing & working with other committee members to put together the bimonthly APM newsletter

Contributing to the wider work of the APM Trainees committee including:

- Attendance at trainees' committee meetings (up to 4 meetings per year)
- Preparation of Communications Report for trainees' committee meetings, with updates on communications activity

Liaise with the newly formed APM communications committee:

- Contribute to development of new APM website
- Ensure the new APM website is relevant and useful for trainees

Contact the Committee

We're here to support trainees and our development.

Contact us:

- Via your regional APM Trainees' Rep
- On Twitter @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, a journal summary or trainee reflection.