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Its summer 2022 and we are entering the brave new world of Shape of Training. With big changes to the curriculum and working patterns for trainees following the new curriculum, it's more important than ever that we support each other. Many of you will have completed the survey about shape of training in July, and this will be repeated annually, but we would like to hear about any issues you experience in coming months, and we will pass these on to the specialty advisory committee. Please contact apmtraineescommittee@gmail.com.

To ensure those on the new curriculum are represented at the APM. **We are looking for a trainee who is following the new curriculum to join the committee as 'new curriculum rep'** for the next 2 years. If interested please contact office@compleat-online.co.uk for further information. More details on the APM website very shortly.

In other news **we are delighted to offer a new package of support for APM members taking the Specialty Certificate Exam** this year:

1. In late August we will be setting up an online revision channel for those taking the exam to network and revise together. More detail on this very soon.
2. In addition, **as of 1st August the APM will offer a full discount on purchases of the PallMedpro SCE revision flashcards** for those taking the exam this year. The flashcards are an unofficial interactive reference resource from Pallmedpro, which you can carry with you on your phone, tablet or laptop. There are over 500 flashcards in 14 categories relevant to the exam, including Management of Emergencies, Cochrane Reviews, NICE, BTS and other UK Guidelines, Aspects of the Law, Pharmacology and more. They're illustrated, and contain learning quizzes, plus a mock exam to help you test your knowledge. You'll need an app called Flashcard Hero to view and use the resource (only for Windows, macOS, iPadOS and iOS). **They usually cost £30, and we will be able to reimburse the full amount**, so the only cost you will need to pay is the £2.99 cost of the flashcard hero app.

Full details including info on how to claim reimbursement can be found on the the APM website (<https://apmonline.org/trainees-committee/>). You'll need to fill in a brief claim form with your APM number and also show us your receipt and evidence of exam registration. Please contact office@compleat-online.co.uk with any queries.

Also in this newsletter:

- Info on upcoming courses about sustainability and public health;
- 'Am I being paid correctly?' an update on pay and junior doctor strike ballots;
- Papers of the month – qualitative experiences of artificial hydration and a trial of methylphenidate

Jasmine and Simon
Co-Chairs, APM Trainees Committee

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/apmt0>

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

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.

The most recent addition is our Wellbeing Resource List compiled by our SAC team. Find it here –

<https://apmonline.org/trainees-committee/>

Upcoming Events

Greener Palliative Care: why and how should pall care be more sustainable?

This is a free interactive seminar held by the Palliative Care Sustainability Network which will cover the following: climate change and health; NHS policy; examples of projects, and how to use existing skills for change

Thursday 17th November 2022 09:00 – 12:00

Venue: Online course

Cost: Free

<https://www.eventbrite.co.uk/e/greener-palliative-care-why-and-how-should-pall-care-be-more-sustainable-tickets-379136305897>

Palliative Care Congress 2023

Sustaining each other and growing together

Thursday 16th March 2023

Friday 17th March 2023

Venue: Edinburgh International Conference Centre

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

Specialist Registrar training in Public Health

Specialist Registrar training - public health palliative care is now part of specialist training for all palliative care consultants. This course is now on the optional list for study leave. Whilst the idea of providing a truly population based approach to palliative and end of life care is attractive, knowing how to do this is another matter. The publication of the Oxford Textbook of Public Health Palliative Care in April 2022 provides a thorough background to the need, basic concepts and theory, practice methods, population based approaches, research evidence and education and training. It is incredibly helpful to see the full picture of what public health palliative care means. However, working your way through a textbook and putting that into practice is not so easy. In order to cover the basics, and to meet the need of the Specialist Registrar training in palliative care in the UK, Compassionate Communities UK has designed a course to help bring the subject to life.

Introduction: Tuesday 13th September 2022 0:00 – 17:00

4 Lecture Series (15:30 - 17:30) Tuesday 11th October 2022

Tuesday 8th November 2022

Tuesday 6th December 2022

Tuesday 10th January 2023

Workshop (15:30 – 17:30) Thursday 16th February 2023

Venue: Online

Cost: £539.59

<https://www.eventbrite.co.uk/e/specialist-registrar-training-tickets-327183172677>

Featured Post – Am I being paid correctly?

Am I being paid correctly?

A reminder of BMA resources for everyone and an update on potential industrial action.

As we rotate every year we have to go through, the often exhausting process of trying to make sure we get paid properly. However, some time making sure you are being paid correctly is invaluable. Many of us aren't paid correctly, and the discrepancies can quickly add up to thousands.

And disclaimer – each devolved nation has their own T&Cs, so some of this information is England based, but I've tried to put in links to find your own local information. All links are available to non-BMA members unless otherwise stated.

Firstly, a timeline in England:

- 8 weeks before rotating you should be receiving a generic work schedule.
- 6 weeks before you should receive a personalised work schedule.

The 6 week deadline is now contractually obliged, and below is a link for reporting.

[Late Rota Reporting Form](#)

If you're in a devolved nation, check [here](#) for your timelines.

Work Schedules

I can't go through every mistake work schedules have, but make sure you do check:

- Your grade – are you on the correct nodal point – particularly in your final year!
- Weekend allowance
- Night allowance
- NROC allowance

For trainees in England there is a straightforward 14-page [document](#) that shows you how much you should be earning. If you're a BMA member you can also check your rota using the [rota checker](#), to ensure it is compliant with the 2016 contract. Once you get your first pay slip you can then check it matches your work schedule [here](#). For those in devolved nations please click [here](#) to find information for your nation.

LTFT Guidance

Many palliative registrars are LTFT for a number of reasons. This adds another layer of complexity to checking work schedules, not least agreeing which days of the week you aren't rostered! The best place to get support with this is the "LTFT Trainees Forum" Group on Facebook. It's run by LTFT members in the BMA, and has a well archived wealth of evidence as well as active questions readily answered. Or please drop me an email, as a regional LTFT rep I'm happy to point you in the right direction for support!

Finally

There has been a lot of discontent amongst junior doctors in recent months. On 19th July the government announced that doctors, other than juniors, would get a 5% pay rise. Juniors are part of a multi-year pay deal, and will receive the pre-planned 2%. As I write inflation is sitting at 9%, so this is real-terms pay cut.

Additionally the Junior Doctors committee in the BMA are **committed to balloting members for industrial action** before the end of the first quarter of 2023. If you're a BMA member then please fill out this quick [survey](#) about the 2% "pay award".

Please check out the [pay campaign site](#) for further information. If you are unhappy about pay you need to:

- Join a union
- Make sure your contact details are up-to-date (ballots have to be done by post in law).
- Keep an eye out for information events so you can decide how to vote.

Our experience of recruitment for our speciality this year is just one example of burnout, and the impact it's having on staff, recruitment and, ultimately, patients. I don't relish industrial action, but worry it's necessary to preserve the NHS.

Journal Articles: In Focus

Medical communication and decision-making about assisted hydration in the last days of life: A qualitative study of doctors experienced with end of life care

Kingdon A, Spathis A, Antunes B, Barclay S. Medical communication and decision-making about assisted hydration in the last days of life: A qualitative study of doctors experienced with end of life care. *Palliat Med.* 2022 Jul;36(7):1080-1091. doi: 10.1177/02692163221097309. Epub 2022 May 21. PMID: 35603668; PMCID: PMC9248002.

The impact of assisted hydration (AH) on symptoms or survival in the last days of life is unclear. The prevalence of AH for people near to or in the last days of life varies considerably between countries and between organisations such as hospitals and hospices, indicating a lack of consensus about best practice.

Hydration-related conversations near the end of life are important, but the frequency of such conversations appears low, despite NICE guidance encouraging healthcare professionals to discuss issues relating to AH with all dying people and those close to them. UK audit data suggests that conversations about AH are only documented with dying people and families in 9% and 30% of cases, respectively. The discrepancy between guidelines and practice suggests either that current practice is suboptimal, or that existing guidelines are unrealistic or in need of revision.

Some studies have explored hydration-related communication strategies but few have examined decision-making processes and influences, or cultural considerations.

This paper aimed to gain a better understanding of the views and experiences of senior doctors in palliative care and care of the older person, relating to:

- Providing or withholding AH
- Communicating with dying patients and families about AH
- Decision-making about AH

Using 16 semi-structured interviews and a framework analysis approach, the authors identified 4 main themes:

1. How decisions are made about assisted hydration – including perceptions and evidence of harms vs benefits, ethical considerations including “treating the family”, and practical issues e.g. community provision/services.
2. The building blocks and strategies of the hydration conversation – including good communication, normalising the dying process, open-mindedness and patient-centredness.
3. The ‘meta-conversation’: what is and isn’t discussed, when and with whom – including proactive discussions (or lack of), involving patient and/or family, AH or just hydration.

These 3 sit within the context of:

4. Society, workplace culture and education – including the legacy of the Liverpool Care Pathway, professional dogma, education and training, and different cultural backgrounds.

The study is limited by a lack of ethnic diversity and focuses on a single UK region but adds to the understanding of variations in practice across the globe.

The study highlights that AH remains challenging, even for experienced senior clinicians, given clinical uncertainties, discrepancies of opinion between patients, families and medical teams, and ethical quandaries.

The widely-used time-limited trial of AH is a potential practical approach in some situations.

The authors encourage clinicians to reflect on whether the exclusion of patients from hydration-related decision-making is a conscious choice with the aim of reducing burden, or whether this exclusion relates to time pressure, discomfort with these conversations, or the extra conversational and associated emotional work required. Going further, they ask whether doctors sometimes avoid discussions for ‘protection’ of themselves as well as patients or family.

The concept of “treating the family” and its accompanying ethical challenges, require further inquiry, and the authors suggest that clinicians consider interactions with dying patients and their families through the lens of relational autonomy.

Finally, the authors discuss the need for education and training that engenders comfort with uncertainty and avoids dichotomous right vs-wrong viewpoints. 'Hospice philosophy' may predispose to a reified conception of good death as one which is as 'natural' and de-medicalised as possible. Hospital-based practitioners may need reminding that active treatment until death is not always the right course of action; hospice-based professionals may need reminding that it is not always wrong. Individualisation of care is always essential – but entrenched workplace cultures can stymie attempts to individualise. Clinicians must challenge inflexible viewpoints and contribute to culture change.

Improved cancer-related fatigue in a randomised clinical trial: methylphenidate no better than placebo

Centeno C, Rojí R, Portela MA, et al Improved cancer-related fatigue in a randomised clinical trial: methylphenidate no better than placebo *BMJ Supportive & Palliative Care* 2022;12:226-234.

Fatigue in people with advanced cancer is multidimensional in its suspected aetiology and impact. Methylphenidate is a psychostimulant with dopaminergic effects on the basal ganglia and both dopaminergic and noradrenergic effects on the cerebral cortex.

This randomised, double-blind, placebo-controlled, multicentre trial of 100 patients looked at efficacy of methylphenidate vs placebo for the relief of fatigue in patients with advanced cancer.

Recruitment to palliative care clinical research is complex, and the authors highlight that the final sample size is triple the average of similar trials published in the last 6 years.

Response was measured using the Edmonton Symptoms Assessment System (assessing symptoms including fatigue, and its severity) and Functional Assessment of Cancer Therapy-Fatigue scales (assessing impact on activities of daily living).

Patients receiving methylphenidate had an improvement in fatigue vs placebo but this was not statistically significant. The improvement was greater when participants were stratified by fatigue severity but again, did not reach statistical significance. There was also no statistically significant improvement in cognitive function between the groups.

However, the authors did observe a notable improvement in both fatigue severity and function in both groups by day 3 of treatment, which remained stable at day 6.

The side effects of methylphenidate were mild and infrequent.

The authors suggest:

- Exploring different characteristics that might reveal whether some patients are more likely to benefit from methylphenidate
- The development of a consensus on tools to screen for and monitor fatigue
- Further investigation into how we might take advantage of the placebo effect to design therapeutic strategies that don't expose patients to side effects.

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/>

- Ethics Course
September 2022 (virtual event)
- Hospice and Community Doctors Medical Updates Study Series
15th and 20th September 2022 (virtual event)
- Postgraduate Medical Education Special Interest Forum (PME SIF) Annual Conference
11th October 2022 (virtual event)

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/>

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.