



Blog of the Month

AMPJ Blog of the Month: November 2022 Edition

Dr Rose O'Duffy is a ST5 in Palliative Care in the South Yorkshire region and is the new Shape of Training Representative for the APM Trainees' committee. For this month's AMPJ blog post, she shares with us a brief overview of the new Palliative Care curriculum and the impact this has had on Palliative Care ST4 applications. Thank you, Dr O'Duffy!

Interested in submitting something yourself, have any comments or questions on this piece? Email submissions.apmj@gmail.com or tweet us [@APMJuniors](https://twitter.com/APMJuniors)

How The New Curriculum Has Changed the Application Process For Palliative Medicine

Introduction

Training in palliative medicine is a very rewarding career path, and certainly one of the best decisions I have ever made. However, training now looks quite different to how it looked in previous years – the main difference being that palliative medicine now dual accredits with general internal medicine (GIM). In this blog post I will talk a little about how these changes have, in turn, changed the application process. However, this won't be a comprehensive overview of the application process (although I've included some helpful links to more information if you'd like it).

Background

The 2013 Shape of Training Report recommended that postgraduate medical training should prepare doctors to provide more 'general care in broad specialities across a range of different settings' (1), in view of a changing population with multiple co-morbidities.

Leading on from this report, the 2017 Shape of Training Steering Group confirmed that palliative medicine would move to being a 'Group 1' speciality, and therefore dual accredit in GIM from 2022 (2). This requires 25% of higher specialty training to be spent in GIM, with a particular emphasis on being able to manage the acute unselected take, and medical emergencies (3).

In 2019 it was confirmed that doctors would enter palliative medicine at ST4, having first completed IM1-3. The new curriculum, which is centred on Capabilities in Practice (CiPs), and includes new elements such as patient survey and leadership development assessments (LEADER), was approved in March 2022, for implementation in the August 2022 (4).

In real terms, this means palliative medicine training now runs from ST4-7, with 25% of that time spent in GIM, and 75% in palliative medicine. This is a change from previous years, where training ran from ST3-ST6, with 100% of the time spent in palliative medicine.

How does this affect applications?

Now that dual accrediting in GIM is part of palliative care training, it is perhaps unsurprising that the entry requirements for ST4 have changed. Whereas previously training was open to doctors from all backgrounds i.e. GP, anaesthetics, etc., now applicants must have completed IM3 to start training.

This is reflected in the person specification for Palliative Medicine ST4 (which is a very good place to start planning your application):

<https://specialtytraining.hee.nhs.uk/portals/1/Content/Person%20Specifications/Palliative%20Medicine/PALLIATIVE%20MEDICINE%20-%20ST4%202023.pdf>

This is also reflected in the application process which is comprised of both an online application form, and an interview. Points gained in both of these sections are added up and weighted, and how highly you score determines whether you are offered a training number. The score required will change from year to year, depending on the weighting, and the number of posts available.

The application form

There are 9 domains on the application form:

1. Commitment to specialty i.e. your understanding and experience of palliative medicine
2. Postgraduate degrees
3. Additional achievement i.e. prizes
- 4. MRCP (UK)**
5. Presentations
6. Publications
7. Teaching
8. Quality Improvement Projects
9. Leadership

Applicants self-score their achievements, and upload evidence to support the score they have chosen. Your score will be reviewed after submission, so it could go up or down. The final score for your application form will determine whether you are shortlisted for interview.

To reflect the changing role of a palliative medicine registrar, one of these domains now looks at how many parts of MRCP you have passed. For example, just having passed MRCP part 1 will score 0 points, as it is an essential eligibility criterion. However, having full MRCP at the time of application will score 8 points.

For more details regarding the domains and the application process I would strongly recommend looking at this website:

<https://phstrecruitment.org.uk/recruitment-process/applying/application-scoring>

I would also highly recommend looking at this website long before you actually intend to apply, as very few of these points can be accumulated at short notice!

The interview

As you get closer to the interview this website will become more important:

<https://phstrecruitment.org.uk/specialties/palliative-medicine>

It details the 4 question areas:

1. Suitability and commitment – your chance to expand on the information you’ve given in your application form
2. **Medical registrar suitability** – specifically looking at managing the take and leading an MDT
3. Professionalism and governance – I would definitely recommend a good working knowledge of GMC Good Medical Practice for this one!
4. Ethical/communication scenario – you’ll be given a scenario, then a role play based on the scenario with an actor.
 - You will then be asked to reflect on your communication skills

At the moment the interviews are online and I’m not aware of any plans to change this. In my opinion, this is much more convenient than face to face, although it does mean you need good WiFi, and a quiet place to talk. You will see 2 interviewers on the screen, who will score your answers independently – I also had an observer, and someone who was keeping time.

The major change is question two, which asks you to reflect on your work as a medical registrar. I would advise reflecting on some of the scenarios you have faced as an IM3 and using those to answer this question.

Conclusion

As you can see from the application form that includes MRCP, and the interview that includes questions about the medical take, GIM is integral to the new palliative care curriculum. Although this transition can be challenging at times it can also be very rewarding, particularly for people who enjoy the faster pace of the acute take.

The hope is that both internal medicine and palliative medicine will benefit from the sharing of expertise, and patients will benefit from doctors with more general medical experience. The application process is in-depth, but, in my experience, worth the work. Best of luck!

1. Greenway D. Securing the future of excellent patient care. In: Council GM, editor. 2013.
2. Polly Edmonds AC. Implementation of the new Palliative Medicine curriculum – Essential Requirements for Service Delivery and Specialty On Call. 2019.
3. The Scottish Government. Report from the UK Shape of Training Steering Group (UKSTSG). 2017.
4. Board JRCOPT. Curriculum for Palliative Medicine Training. 2022.