Association for Palliative Medicine
Of Great Britain and Ireland

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In this issue:

Welcome to the June issue of our trainee newsletter.

I'm writing on a beautiful sunny day, grateful the summer has finally come! The summer also means ARCP season for many of us, a time when we realise how close the end of training really is and we have to think about what job we might want to do. This month we spoke to **consultants who have gone down very different career paths** to showcase the world of options that soon awaits us!

In our journal articles we looked at research on **how long dying** takes, a question we're all asked on an almost daily basis, and frankly patients never fail to surprise me on this one, so it's good to see some numbers given to this question. We also showcase **short subcutaneous infusions**, as our speciality continues to evolve it's exciting to know what options are available to us.

Finally, there have been a few changes on the committee since our last newsletter. We say **thank you to Heledd Lewis** for her hard work as the regional rep coordinator. This has been taken over by **Rose O'Duffy**, as this fits well with her work focussing on supporting new trainees. Rose has also joined the workforce committee, ensuring representation of trainees across the APM committees. We also welcome **Becky Hammond** as our new education rep.

Finally, please check out the PCRS research course on P.3. Having little experience in research I did this course to tick those all-important curriculum boxes. What I found was an infectious enthusiasm for research and the course left me confident to delve into the world of research. I highly recommend (and I'm not on commission!).

Enjoy your summers!

Sarah

Co-chair 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/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 – 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

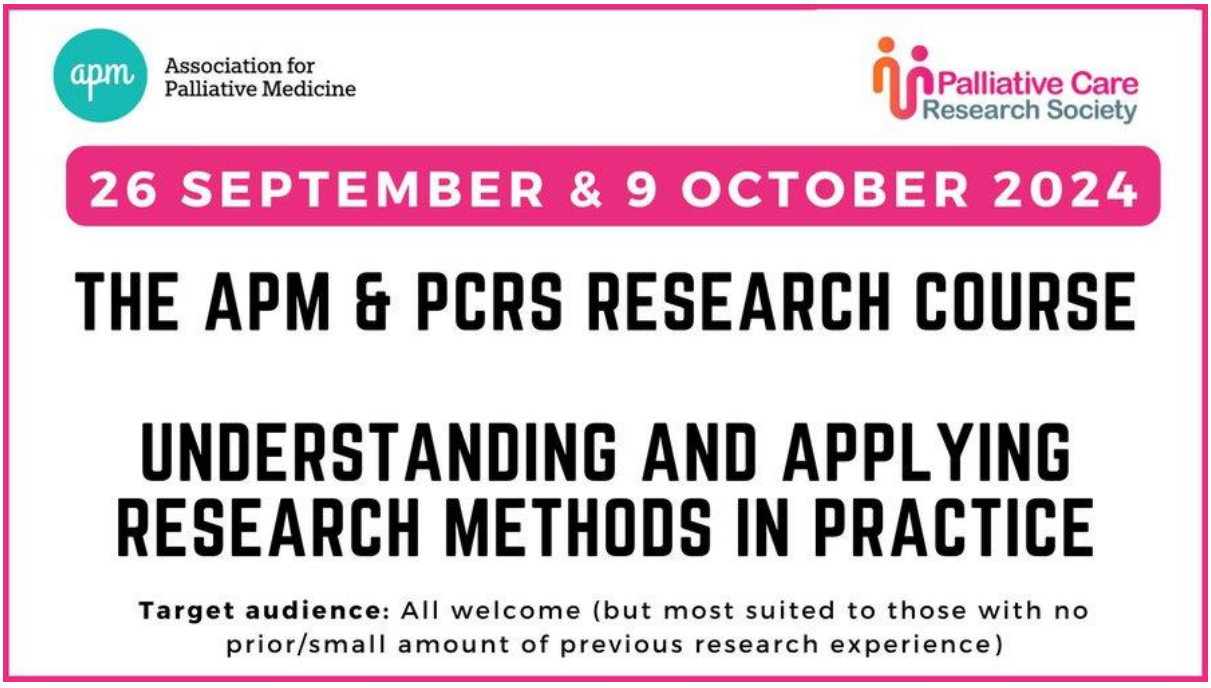
APM & PCRS Research Course 2024: Understanding and Applying Research Methods in Practice

A joint APM and PCRS course on Understanding and Applying Research Methods in Practice, has been developed by the APM Research & Ethics Committee and the PCRS Executive Committee. The course will be facilitated by national leaders in Palliative and End of Life Care Research, and be held over 3 weeks, with pre-work being issued in Week 1, a virtual day held in Week 2 and an in-person day to finish the course.

Palliative Medicine curriculum points covered include:
- **Awareness of the scope of palliative care research**
- **Able to synthesise the literature and critical appraisal**
- **Awareness of research principles**
- **Identify research methods**
- **Recognise the strengths and limitations of different research methodologies (such as qualitative and quantitative methods)**
- **The principles of formulating a research question and designing a project**
- **Considering research ethics**
- **Applying for research approval**
- **Applying for research funding**

Dates: 26th September 2024 – 9th October 2024
Venue: Virtual followed by in-person at University of Leeds
Early Bird Deadline: 30th August 2024

https://pcrs.org.uk/events/apm-pcrs-research-course-2024/



Post of the Month: Careers Focus

Dr Jason Ward, Consultant in Palliative Medicine, St Gemma's University Teaching Hospice, Leeds

I have been a consultant in palliative medicine for 20 years and my job has changed over the years. Flexibility and variety are definite advantages to our specialty. Initially I was a single handed consultant covering a hospice, district general hospital and community team – looking back not to be recommended as a first job but a great learning curve. For over 10 years now I have predominantly worked in the community. This has allowed me to develop and expand the community SPC service but also combine my clinical role with a number of University roles, most recently Head of the MBChB programme at Leeds. Portfolio or hybrid roles are probably easier to manage working in the community alongside another consultant colleague. I'd really recommend having other roles or projects to keep you sane and fresh. A city wide QIP for patients with heart failure was a great way to learn more cardiology and develop good working relationships with hospital colleagues. Most recently I've undertaken a coaching diploma and am building up this role (a shameless plug if anyone feels they would benefit from some coaching).

Even after 20 years there is still much I enjoy about my role especially the daily patient contact. There is real variety from giving advice to CNSs on patients you never meet, to one off assessments, to getting to know patients and families over months (or sometimes longer). The number and complexity of patients wanting to be cared for at home has definitely increased which keeps clinical work interesting. We have a really dynamic team who have been up for trying interventions such as ascitic drains and iv bisphosphonates at home as part of our rapid response service.

One of the main differences between consultant posts and higher training is that you are in it for the long haul. Although not moving on after 12 months can be a challenge you do get to develop solid working relationships with your team, GPs, district nurses. Seeing colleagues develop is immensely rewarding.

The main challenge remains funding, although we are fortunate as a hospice we have not had to make cuts to services there is no additional money in the system to fund new developments or services. A specific challenge for community medical working is the variability in demand and trying to have sufficient cover to meet demand without being perceived by managers as having excessive downtime.

Professor Dr Syed Qamar Abbas, Consultant in Palliative Medicine, St Clare Hospice, Essex

I have been working at St Clare Hospice, an 8-bedded hospice in West Essex since 2000. It also has a community specialist nurses team, hospice at home, day therapy centres, patient and family support and bereavement support service, community engagement team, hospital support visits, care home support service, education and research activities and much more. I lead a team of 4 consultants and 2 specialists. We cover a population of over 340,000 residents.

However, it was not always this range of service. When I started in 2000, there was only an in-patient unit and a day therapy service and I was the only doctor here. Over the years, it has been a long, busy, challenging but rewarding journey. During this journey, I went through my CESR application and then in 2018, I became Medical Director of the hospice.

There is a phrase, ‘A cadet ultimately has the biggest desire to lead the unit where he joined the service.’ This was my biggest incentive to take on the role of Medical Director. While taking on this role, it has been fulfilling to lead work on many aspects which bring change to delivery of good palliative care. I have developed to address following responsibilities:

· Taking a lead on clinical standards

· Providing clinical updates and advice to the Hospice Trust board

· Providing professional leadership to medical staff and connect them to rest of teams

· Outward facing work with external organisations including Integrated Clinical System, CQC, acute hospital, major donors and other stake-holders

· Chairing Clinical governance

· Leading Quality Improvement projects

· Leading appraisals and revalidation

· Leading Education

· Medical staffing planning

· Disciplinary issues concerning doctors

In a small hospice (with about 160 paid staff), I have enjoyed working with clinical AND non-clinical colleagues. For example, I run a regular workshop on ‘Walking in patients’ shoes’ for non-clinical staff where I remind staff, what we are really here for. I have also contributed to fund-raising activities which brings teams together towards a common goal.

I aim to continue developing my team and service, but am aware of future challenges. I see the biggest challenges as:

· Hospice funding

· Having a smooth relationship with system partners

· I am particularly concerned about future staffing of small hospices as current training and service practice will invariably create staff for hospitals and larger hospices.

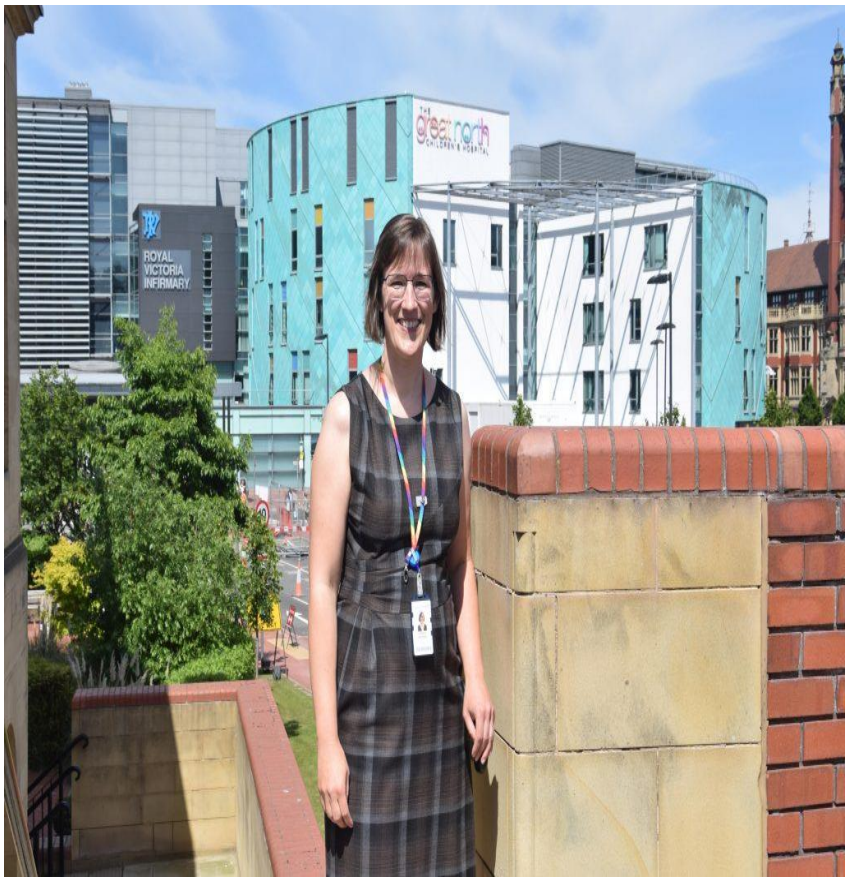
Having said that, I am a glass half-full person. 25 years back, we did not have a hospice in the area where I work and now there is. So I hope for an even better future.

Dr Emma Dymond, Consultant in Palliative Medicine, Glasgow Royal Infirmary

I currently work within a teaching hospital as one of the consultants within the hospital specialist palliative care team. Although I cover hospital, hospice and community during the on-call period and have other non-clinical responsibilities, the clinical part of my job day to day is solely within the hospital. I enjoy the collaboration approach required within a liaison role. The job allows me to consider the complexities of symptom management or holistic assessment of a patient alongside management of their acute issues. It requires careful consideration of risk and benefits of treatment as well as trying to consider the optimal management of each problem a patient faces by combining expertise on acute management alongside specialist palliative care input and patient preferences. The opportunity for shared decision making and person centred, realistic medicine helps try achieve the best outcome for the patient and can often help facilitate decisions around future care planning. Team working also remains a great advantage where we can support each other and all strive to improve palliative and end of life care for all.

A Palliative medicine consultant job in any setting will usually give an opportunity to teach and empower junior doctors and other health care professionals. Working in a teaching hospital is satisfying as it gives opportunity for medical students and trainees to gain first-hand experience of patients with palliative care needs during attachments. The tertiary centre also allows for them to see some more complex, specialist issues and gain some insight into the management of these patients alongside addressing symptom management, communication challenges or psychosocial/spiritual concerns. Enthusiastic trainees and students can make all the difference in the provision of palliative care for all patients and to job satisfaction. Knowing that the teaching you are providing has a direct impact on improving patient care and widening the access of palliative care to all patient groups is rewarding.

Over the coming years the challenges we are likely to face within hospital palliative care are an ageing population, more patients with multiple co-morbidities adding to the complexity of treatment and decision making, as well as the financial pressures within all areas of the NHS. The expanding treatments provide improvements in survival but with an expectation that more can always be done. I think balancing all the challenges will continue to require honest conversation and a focus on realistic, shared decision making to try achieve the best outcome for each individual patient.



Dr Joanna Elverson, Consultant in Palliative Medicine, St Oswald's Hospice, Newcastle Upon Tyne

As a palliative medicine trainee I never imagined that I would end up with a special interest in palliative care for teenagers and young adults. Beyond a half day visit to the local children's hospice, I had very little exposure during my training. My first consultant post was at a hospice for children and young adults and although my main responsibility was the care of the 16-35 age group, I also worked alongside the paediatric palliative care consultant to cover the children's unit.

I remember feeling frequently out of my comfort zone working with young people with rare non-malignant conditions that I had never even heard of, let alone knowing of the symptoms to expect or their likely progression. I learned how to approach these situations where evidence is sparse with openness and curiosity – finding what knowledge was available, applying physiology and pharmacology principles, consulting with colleagues from other specialties, but most importantly keeping the focus on the young person and listening to and responding to their needs.

Many of the patients had profound learning disabilities. I learned from the experienced nurses and carers how to communicate with them to make sure we were including their preferences and values into the decisions we made.

Another challenge was trying to gain the trust of expert parent-carers who had spent their child's lifetime "fighting the system" to make sure their child received the care, support and treatment they needed.

After 7 years I relocated and started work in an adult hospice. I thought at this point that I had left my paediatric experience behind me, but an opportunity opened up to lead a hospice service development in transition. I found all my previous experience incredibly helpful but now I was able to see the bigger picture for young people with life-limiting conditions moving into adult services: the profound loss of continuity; the challenge to primary care when the paediatric specialist services have no "adult equivalent"; and the need to support growing independence and the changing role of parents.

With medical progress, the number of young people surviving to adulthood with life-limiting childhood conditions is growing, however they are often reaching adult services with complex unmet needs and may well be reaching the end of life soon after transition. As palliative medicine specialists, we are all likely to see these young people in our practice and need to identify our learning needs and the ways we may need to adapt our practice to care for them.
The APM Transition and young adult special interest forum is a group of around 50 palliative medicine professionals meeting regularly online for learning, support, case discussion and sharing service developments. Please get in touch if you are interested in joining. Joanna.elverson@nhs.net

There are various learning resources available:
General care for adolescents and young adults:
E-learning for health has an excellent suite of resources in their adolescent health care programme https://www.e-lfh.org.uk/programmes/adolescent-health/
Northumbria university developed a toolkit for providing developmentally appropriate healthcare. https://www.northumbria.nhs.uk/application/files/9416/5174/9229/nhs-making-healthcare-work-web-02.pdf
The Royal college of physicians now have an accreditation for acute care for adults with a learning disability. Although not specific to young adults this covers a lot of relevant themes and would be valuable for anyone wanting to develop a special interest in this area. https://www.rcp.ac.uk/events-and-education/education-and-learning/clinicians-as-clinicians/training-programme-to-meet-the-medical-needs-of-adults-with-a-learning-disability/
Palliative care for young adults:
E-ELCA has a module on paediatric palliative care (05_07), and palliative care for people with neuromuscular disorders (09) and will soon have a new session on transition.
Together for Short Lives has developed quality standards and a toolkit for transition. https://www.togetherforshortlives.org.uk/changing-lives/developing-services/transition-adult-services/
The Association of Paediatric Palliative Medicine website has guidelines for common symptoms such as dystonia and a formulary. They also hold an annual study day which is a valuable opportunity for learning and networking with others working in this field. https://www.appm.org.uk/guidelines-resources/

Journal Articles: In Focus

The following recent publications might be interesting/ of relevance to trainees. See links and summaries below:

1. O'Connor T, Liu W-M, Samara J, Lewis J, Paterson C. 'How long do you think?' Unresponsive dying patients in a specialist palliative care service: A consecutive cohort study. Palliative Medicine. 2024;38(5):546-554. doi:10.1177/02692163241238903

   'How long do you think?' Unresponsive dying patients in a specialist palliative care service: A consecutive cohort study - Tricia O'Connor, Wai-Man Liu, Juliane Samara, Joanne Lewis, Catherine Paterson, 2024 (sagepub.com)

   Brief summary: We are so often asked 'how long' during the dying phase and this study aims to give some evidence to our estimations of length of time between a person becoming unresponsive and death. It is a large retrospective study (with 786 patients) in Australia. They found that 47% of patients died within 2 days and 84% within 4 days of gaining an AKPS of 10.

2. Howard P, Clawson S, Curtin J. Short subcutaneous infusions for symptom control in palliative medicine. *BMJ Supportive & Palliative Care* 2024;**14:**183-186.

   Short subcutaneous infusions for symptom control in palliative medicine | BMJ Supportive & Palliative Care

   Brief Summary: (not open access but BMJ Supportive and Palliative Care can be accessed through your APM membership). Paul Howard and colleagues from the IOW have produced a retrospective review of use of short subcutaneous infusions of drugs that take a long time reach a steady state in a continuous subcutaneous infusion or which are irritant as a subcutaneous bolus. They conclude that short subcutaneous infusions are likely a useful addition to the symptom control toolkit and include a table of examples of how they have been used.

As an APM member you have free access to the following journals:

· Palliative Medicine Journal

· BMJ Journals including BMJ Palliative and Supportive Care

Plus membership benefits of the European Association of Palliative Care (EAPC) if you register on their website as an Associate Member via the APM, including Journal access.

Knowledge Hub

BMA England Junior Doctors Strikes
We wanted to remind trainees in hospices that they can strike if employed by an NHS trust on the day of the strike. The BMA has got really helpful guidance on their website, with a specific section for palliative trainees:
www.bma.org.uk/our-campaigns/junior-doctor-campaigns

Pay Protection for trainees on 2002 contract
Pay protection was due to come to an end in March 2023, however it has now been extended to
August 2025. It is expected this will make sure all trainees pay protection will then last until they CCT.
If you think you won't CCT by August 2025, and you are currently pay protected under the old contract, please get in touch with our BMA Rep, Dr Sarah Foot:
foot.sarah@gmail.com

SCE Revision Flashcards – http://www.pallmedpro.co.uk/flashcards
The APM offers a full discount on purchases of the Pallmedpro SCE revision flashcards. Full details including how to claim reimbursement can be found on the APM website. (https://apmonline.org/trainees-committeee/).

Instructions for Accessing PCF CSCI Compatibility Database (via APM membership) as of February 2023
Compatibility charts have now moved to the PCF subscription which is available via APM membership.
There are several options available for use:

- The **PCF** (both hard copy and online versions) contains some basic compatibility charts https://www.medicinescomplete.com/
- **Palliative Care Adult Network Guidelines Plus** is the suggested reference in the PCF –http://book.pallcare.info/ This does not require a login or password.
- The **PallCare Matters mobile app** – which is available for use on a desktop or phone —
  does require registration but is free and easy to use. This interactive resource explains the
  CSCI compatibilities in more detail and allows for submission of reports – http://m.pallcare.info
- A **compatibility book** on the ward, if available. However, this is only as current as the day of publication.

Please see the attached document below for a step-by-step guide –

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/
The APM & PCRS Research Course – https://apmeducationhub.org/events/apmpcrs-2023/
28th September and 12th October 2023

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.