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Hello all,

Welcome to the September issue of our trainee newsletter. Firstly can I encourage you all, if you haven't already, to take part in the Trainees survey. This is a survey written by the APM trainees Committee and the SAC committee to assess the impact of the new curriculum. Any trainee can fill this in - new or old curriculum - and it is a really important way to get our views and any concerns across. The link is below:

[Survey for Higher Specialist Trainees in Palliative Medicine regarding the introduction of the 2022 Palliative Medicine Curriculum \(surveymonkey.co.uk\)](https://surveymonkey.co.uk)

Our article this newsletter is a really interesting look at palliative care in Gibraltar, covering what the palliative care service is like and what it is like to live and work there.

Journal articles that are covered this month include two really interesting recent publications, both articles authored or co-authored by trainees. One looks at Hospital Specialist palliative care provision in hospitals, the SEECare study, and another looks at the barriers for palliative medicine consultants undertaking research.

Finally we welcome Dr Rachel Davies on to the committee as Research and Ethics rep. Thank you to Dr Ting Ta who has worked tirelessly for the committee over the last few years.

This will be my final newsletter as chair, we welcome Dr Sarah Foot and Dr Erin Kadodwala as the new co-chairs to the committee, who I know will be fantastic!

All the best

Lucy

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

Paediatric Palliative care conference

As a trainees committee we have this year decided to collaborate with the Association of Paediatric Palliative Medicine this year for their annual conference as it will be centred around transition. I for one found this curriculum item very difficult to achieve and this is a great opportunity to learn more about the topic and get those items ticked off.

<https://www.appm.org.uk/events/>

Where: Birmingham

When: Thursday 16th and Friday 17th November 2023

APM members will get discounted tickets, like being an APPM member.

We are also looking for 3-4 trainees to take part in the rapid fire journal club that will take place during the conference. This will involve talking about a research article on transition, for around 5 mins with chance for discussion after. Please contact me on l.ison@nhs.net if you have any questions.

Poster submission is also welcomed.

Palliative Care Congress

World Wide Working

Your invitation to an innovative, international MDT

Date: 28th March 2023 21st – 22nd March 2024

Venue: Virtual

<https://pccongress.org.uk>

Post in focus: Reflection on Palliative care in Gibraltar

I work in Gibraltar as the only specialist palliative care doctor along with a small specialist nursing team and a hospice outreach team.

Gibraltar is a British overseas territory at the southernmost tip of Spain and has a population of approximately 35000. There are also approx. 10,000 cross-frontier workers who are also entitled to care, but live in Spain.

The Gibraltar Health Authority (GHA) started in 1987 and is similar to the NHS with health care free at the point of access. There is one main hospital with approximately 200 beds. There are some specialties onsite but others e.g. emergency cardiology and neurosurgery need to be accessed in Spain or the UK. There is a separate mental health inpatient unit and 3 main sites for residential/nursing home beds which are all state funded, with no private homes.

The oncology services have grown over recent years with a relatively new oncology suite, 2 full time Oncologists and one visiting consultant. The majority of chemotherapy services have been repatriated to Gibraltar. Historically, patients would go to the UK or Spain, to undergo treatments at tertiary centres.



A very brief history of Palliative Care in Gibraltar:

Palliative care services have evolved over the last 40 years and were started in 1983 by Lady Williams (the wife of the Governor of Gibraltar, Admiral Sir David Williams). She was passionate about cancer care and despite initial obstacles asked for support from Dame Cicely Saunders. A representative for Dame Cicely Saunders, Dr Fleur Fischer, visited Gibraltar to help and this led to the birth of the Gibraltar Society for Cancer Relief. The priorities of the charity in the beginning were community care, equipment loan and education with the hope of one day opening a day centre. These aims have grown and developed with the renovation of a beautiful colonial building as the new Cancer Relief Centre which was officially opened in 2013 and now provides a huge array of holistic services, clinical cancer support services and is also the base for the hospice outreach service. Whilst it is a cancer charity, it also supports patients with non-cancer diagnoses who wish to access hospice care.

In 1998 the first palliative care nurse specialist for Gibraltar was employed by Cancer Relief. In 2012, 2 palliative specialist nurses were employed by the GHA and in 2015 the first part time GPwSI in Palliative Medicine started. In 2019, the Cancer Relief Charity was awarded a grant by the government to develop a Hospice Outreach Service, which included funding for a hospice doctor. The medical post (GHA Palliative and Cancer Relief Hospice Outreach Doctor) has evolved to be hybrid post with the aim of delivering an integrated service between hospital and community.



St Bernard's Hospital



Cancer Relief Centre

The numbers of patients accessing palliative care services is increasing.

Gibraltar has a small population and consequently the number of deaths per year (in total) is not high. On average there are 280-300 deaths per year. The numbers of patients choosing to be cared for and die at home has increased steadily over the past 4 years. The numbers of patients with non-cancer diagnoses being referred to palliative care are increasing however we are looking to strengthen our links with the medical, elderly care and dementia teams to improve access for these patients and their care givers.

What service does Gibraltar need?

In order to develop a palliative care service which fits the needs of the Gibraltar population, it is important to identify the needs of the community. One of our GHA specialist nurses is undertaking her PhD research broadly looking at the role of compassionate communities in Gibraltar. Cancer Relief have also collected survey data looking at attitudes towards end-of-life care and place of death and the results mirror similar studies of Southern Mediterranean countries. The role of the community in the delivery of care is very important in such a tight knit community, however access of care to all members of the community is very important. The population includes a significant 'ex-pat' population who can be quite isolated, there is a large Moroccan population and we will be looking at collecting data with a view to improve equity and access to care for all who need it.

Living and working in Gibraltar:

There are lots of wonderful benefits to living here: my commute to work is very short (measured in minutes) and the farthest I have to travel for a home visit is approximately 6 km. I tend to walk or take one of the free buses to travel (partly because parking is so difficult due to lack of space and my lack of skill!). We have a wonderful climate and access to beautiful beaches in Gibraltar and also, across the border in Spain. It is only a few hours drive to the mountains in Granada for skiing, to Tarifa for surfing or Jimena for beautiful countryside. My time outside of work is spent with my children and we manage to have a lot more time than I could ever imagine having if I was working back in the UK.

However, there are downsides. I am far away from my family, (I am originally from Wales) and travelling back quickly for emergencies is hard. Living and working in such a small community can be challenging and hard to switch off from. At times, the shared grief from a recent death is palpable when walking in town. At times like that, I miss the anonymity of working in a large city. I have not long returned from a 6-month sabbatical where I worked in Ty Olwen Inpatient unit, gaining valuable experience and skills. I loved being part of a bigger medical team and really enjoyed being able to discuss cases so easily. I did find out that I have become quite accustomed to the climate in Gibraltar and 'gone soft' - finding February in Swansea absolutely freezing! Palliative care services in Gibraltar are developing and growing to meet the needs of our community and exciting times are ahead.

Dr Bronwen James

Palliative care and hospice outreach service doctor

Journal Articles: In Focus

[Seeking Excellence in End of Life Care UK \(SEECare UK\): a UK multi-centred service evaluation](#)

Tavabie S, Ta Y, Stewart E, et al., BMJ Supportive & Palliative Care Published Online First: 11 July 2023. doi: 10.1136/spcare-2023-004177

In response to the perceived unmet needs of people dying in hospitals, the APM coordinated the first ever prospective evaluation of EOLC against set standards in 88 hospitals across the UK.

284 adult patients identified as being at EOL but not referred to Specialist Palliative Care (SPC) services were reviewed.

“Significant and poorly identified unmet needs” experienced by nearly all (93%) patients.

3 out of 4 patients (213/284) had physical symptoms. Most (86%, 244) had other unmet holistic care needs.

A locally agreed EOL care plan was in place for 57% (162).

Immediate SPC intervention was required in over half the patients (57%, 162), across the spectrum of holistic needs. Other interventions included stopping treatments that were no longer appropriate, advance care planning, and rapid discharge from hospital.

Deficits and the need for intervention were significantly more likely in district general hospitals than teaching hospitals and cancer centres.

Patients were less likely to need intervention with a higher than average headcount of specialist palliative care staff /100,000 of the population; where there was a 7-day specialist palliative care service available; and where there was an end of life care plan in place.

Expansion of this evaluation into intermediate care, residential care environments, patients’ homes and other potentially underserved environments is likely to reveal significant unmet SPC needs.

These findings should prompt further research and give service leads and commissioners stimulus to revisit their SPC strategic planning.

Qualified and motivated, but limited by specialty-specific barriers: a national survey of UK Palliative Medicine consultants research experience

Wakefield D, Ta Y, Dewhurst F, et al., BMJ Supportive & Palliative Care Published Online First: 23 August 2023. doi: 10.1136/spcare-2023-004198

National survey of palliative medicine consultants and academic trainees to understand interest and capacity to conduct clinical research in palliative medicine and identify key facilitators and barriers.

195 surveys were submitted including 15 respondents with Integrated Academic Training (IAT) experience. 78% of consultants were interested in conducting research. Despite this enthusiasm, 83% had no allocated time within their job plan. 88% of those who undertook IAT would recommend IAT, but 60% reported difficulty transitioning from academic trainee to research active consultant.

Barriers to research included; insufficient research culture and integration, with small teams working in a mixture of National Health Service (NHS) and non-NHS settings, leading to isolated, silo working. Filling service gaps was routinely prioritised over research activity.

A palliative care-specific strategy that permeates different palliative care settings, promotes interspecialty collaboration and improves the current infrastructure for palliative care research to maximise gains from IAT and embed a research culture are suggested.

The APM and PCRS have collated a [research directory](#) with contact details of palliative care research institutions and representatives across the UK in order to improve collaboration and access to research opportunities. All contacts listed are happy to be contacted.

Work is also underway for an APM Academic Special Interest Forum (SIF). The goal is to support researchers in palliative care, particularly early career academia and those in training, by facilitating peer support, networking, sharing of work and any other ideas members would find beneficial. Keep your eyes peeled!

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-committee/>).

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 –

[PCF CSCI Compatibility Database Guide - Feb 2023.docx](#)

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.