The Association for Palliative Medicine of Great Britain and Ireland

T

Annual General Meeting

Friday 24 April 2015

09:30 – 11:00

Ludgate Suite

America Square Conference Centre, London

Association for Palliative Medicine

76 Botley Road, Park Gate, Southampton SO31 1BA
Telephone: 01489 565665
Email: becki@compleat-online.co.uk
Website: www.apmonline.org

The Association for Palliative Medicine of Great Britain and Ireland

T

Annual General Meeting
Friday 24 April 2015 at 09:30 – 11:00

Ludgate Suite

America Square Conference Centre, London

AGENDA

1. **Welcome from Chair**

2. **Minutes of 2014 Annual General Meeting** ..... **ENC A**

3. **Articles and Memorandum of Association**

4. **Ratification of Terms of Reference for all APM Committees**

5. **Committee Reports**

   a) President
   Dr David Brooks ..... **ENC B**

   b) Treasurer
   - *Ratification of APM Accounts for year ended 30 November 2014*
   - *Setting of APM Membership fee*

   Dr Mike Stockton ..... **ENC C**

   c) Education Committee
   Dr Chris Farnham ..... **ENC D**

   d) Ethics Committee
   Dr Tim Harlow..... **ENC E**

   e) Juniors Committee
   Dr Anna Street..... **ENC F**

   f) Professional Standards Committee
   Dr Sarah Cox..... **ENC G**

   g) Science Committee
   Dr Jason Boland ..... **ENC H**

   h) Specialty Staff Grade & Associate Specialists Committee

Dr Anna Hume & Dr Sally Middleton ..... **ENC I**

i) Trainees' Committee
Dr Tom Middlemiss ..... **ENC J**

j) Workforce Committee
Dr Stephanie Gomm ..... **ENC K**

k) Specialist Advisory Committee
Dr Alison Coackley ..... **ENC L**

6. Representatives' Reports

a) Acute Oncology Service CRG
Dr Catherine O'Doherty

7. Special Interest For a Reports

a) Neurological Palliative Care Special Interest Forum
Dr Annette Edwards..... **ENC M**

b) Undergraduate Medical Education Special Interest Forum
Dr Stephen Barclay & Professor John Ellershaw ..... **ENC N**

c) Transitions Special Interest Forum
Dr Amelia Stockley ..... **ENC O**

8. Committees
Thanks to committee members who have demitted

Education Committee: Dr Emily Collis

Executive Committee: Professor Irene Higginson (Treasurer), Dr Simon Coulter (Northern Ireland Rep)

Juniors Committee: Leila Platt (Junior Committee Chair)

Science Committee: Professor Paddy Stone (Science Committee Chair)

Specialty Staff Grade and Associate Specialists Committee: Dr Reema Pal (Workforce Committee Rep)

Trainees' Committee: Dr Andrew Shuler (Trainee Rep to the Ethics Committee), Dr Gareth Watts (Trainee Rep to the Science Committee)

Workforce Committee: Dr Jane Edgecombe (Scotland Rep)

Ratification of elected members

President: Professor Rob George
Prof George will now take over the Chairmanship of the AGM and Dr Brooks demits from office

Vice-President: Dr Andrew Davies

Executive Committee: Dr Mike Stockton (Treasurer), Dr Dee Traue, Dr Neil Jackson (Northern Ireland Rep), Dr Paul Paes, Professor John Ellershaw

Education Committee: Dr Aruna Hodgson

Juniors Committee: Dr Anna Street (Junior Committee Chair), Emma Bailey, Victoria Green, Faye Johnson, Emma Rudsdale, Lucy Ison (Liaison to the Trainees' Committee)

Professional Standards Committee: Dr Andrew Davies

Science Committee: Dr Jason Boland (Chair of the Science Committee)

Specialty Staff Grade and Associate Specialists Committee: Dr Esraa Sulaivany (SSAS Rep to the Professional Standards Committee)

Trainees' Committee: Dr Guy Schofield (Trainee Rep to the Ethics Committee), Dr Amy Proffitt (Trainee Rep to the Professional Standards Committee), Dr Richard Kitchen (Trainee Rep to the Science Committee)

Workforce Committee: Dr Kathleen Sherry (Scotland Rep)

9. Announcement of APM award winners

a) Twycross Research Prize 2014

b) Undergraduate Palliative Medicine Essay Prize 2014

10. Future of the APM

11. Any other business

12. Date of next AGM

Thursday 10 March 2016
Scottish Exhibition and Conference Centre, Glasgow

The Association for Palliative Medicine

Annual General Meeting
13 March 2014
Auditorium, Harrogate International Centre, Harrogate

01/14 **Welcome from Chair**

Dr David Brooks welcomed those present to the meeting.

02/14 **Minutes of 2012 AGM**

The minutes were accepted as a true record.

Proposed: Iain Lawrie
Seconded: Stephanie Gomm

03/14 **Committee Reports**

a) <u>President</u>

David Brooks expressed that a huge amount of work this year has gone towards the Leadership Alliance for the Care of the Dying patients response to the more care less pathway report. It appears that we have had some significant success but DB is limited as to what can be said at this stage. The minister does not want things leaking out before the full report is signed. However, DB believes that the APM has had some influence. Next year is going to be a time of great opportunity for Palliative care and an opportunity to lead the implementation of service improvement in both last days of life care and broader palliative care and this would mean all of us working in partnership with our healthcare communities to harness the response this give us. Other pieces of work that we have been involved in will contribute to that, the work with the peer review team, the development of a service specification for specialist palliative care services which is soon to be out for consultation. The soon to be published National Care of the Dying in Hospitals audit is going to provide us with some opportunities. Work has also been done with the Royal College of Physicians on shared care decision making and supportive self-management and so much more that there is that we can use to influence better care of the patients that we look after and care about. It is clear that we need to get our messages into the media to help to get a clearer message and make sure that the media are getting the right messages. We have already started talking to other organisations such as the National Council, Help the Hospices and Marie Curie and hoping to come together to talk about how we can join our resources together to make the larger voice of palliative care bigger and get a clearer message into the media and into all of the leaders in various communities.

b) Treasurer

In 2013 the membership subscription fees were increased. The reserves at the end of the financial year 2013 was £93,959 which dipped slightly lower than expected because we had to make 2 payments for the sage journals in 2012/13 we had made non the year before. Since the date these accounts were prepared in January the subscription now have placed our reserve in excess of 6 months reserves because we have now had all of the membership fees in. At the last AGM it was agreed to increase the membership subscription fees in line with inflation. Income in 2013 is considerably up for a couple of reasons, increased income from membership subscription, not because of the rise, because at the beginning of 2013 we hadn't increased membership fees, but an increase of our membership. Also an increase in the income from the study days and then some specific amounts of money given for restricted funds for the activity that the members have been able to achieve. In 2013 the unrestricted funds income was up to £199,000 compared to in 2012 which was £166,000. At year end in our total budget in our accounts we had £187,000. IH directed member's attention to page 8, income and expenditure to see the breakdown. IH highlighted that showing in the accounts it appears that study days are making a loss. IH drew members attention to the Bristol SSAS study day in November 2013 which looks like it is making a loss but money is still due to come in.
It was proposed and agreed to increase the membership fees by 2.5%.
Proposed: Tim Harlow
Seconded: Sarah Cox

The accounts for the year end 30 November 2013 were ratified.
Proposed: Iain Lawrie
Seconded: Benoit Ritzenthaler

c) Ethics Committee

Four areas were highlighted. Assisted suicide has not gone away but has been very quiet in the press recently. The committee reflects the APM overall view that we are against the changes in the law but we don't see our job as to oppose that but to ensure that any debate about that is reasoned and is also ethically sound. Living and dying well which is an independent think tank which is downloadable from their website. There is also some information on the APM stand. Position statements which we have had in the APM for a while and produced one that has been adapted which is also available on the APM stand which is about relationships with industry. We started to explore the BMJ advertising policy and it seems that it was not an accurate reflection on what the BMJ should be doing but this was met with a resounding silence. The changing hospice remit which has been flagged up is relevant and the whole question of specialist palliative care verses pure end of life care and how this fits in and the future of that as far as our organisation and members are concerned. Derek Willis and Craig Gannon will be producing a questionnaire for the membership in due course.

d) Professional Standards Committee

The Professional Standards Committee was ratified at last years AGM (2013). The committee are currently looking at re-validation and audit work. The piece of work that was completed the year previously on revalidation was the role of the palliative medicine consultant which is a document which is intended to help palliative medicine consultants with their appraisal. A copy of this document can be found on the APM stand. The Famcare audit was rolled out after a successful pilot. A pilot for the pain control audit has also recently completed. There is a vacancy to join the Professional Standards Committee

which will be advertised within the March e-bulletin for an RCP CPD Representative.

e) Education Committee

The Education Committee have developed a standard operating policy to streamline events with APM badging. There is an intention to employ an events organising company to standardise events. The closing date for E-elca editor applications has passed. The committee are waiting for a Memorandum of Understanding before the position can be appointed. On the 10 November 2015 we intend to do another RCP education day entitled 'The Dying in Hospitals'. The dates for next years AGM will be on the 23-24 April in London.

f) Science Committee

Appraising the Literature and Research – Getting Started study day event is due to take place in Scarborough in November 2014. This course was well evaluated by participants last year. The Twycross research prize and Napp Bursary for 2013 have been awarded. The closing date for these awards is in November each year. Guidance and application forms for these awards can be found on the APM website.

g) Specialty, Staff Grade and Associate Specialists (SSAS) Committee

The SSAS Bristol study day was well attended and we received an overwhelming amount of positive feedback. The next SSAS study day will be held in York this year and is open to all grades of doctors. Sally Middleton encouraged those that work with SAS doctors to ask them to look at the APM website and to attend the conferences. SAS doctors find the networking opportunity at the conferences valuable.

h) Trainees' Committee

The Trainees' Committee is looking forward to working with the proposed APM Juniors. The next RCP Medical Careers Day will be held in September of this year and Milind Arolker encouraged members to attend. There are two careers information leaflets that are available on the APM website. All training programme directors have received hard and electronic copies of these for distribution. Milind Arolker highlighted the RCP and GMC surveys to be completed. As the last AGM that Milind would attend as chair of the trainees' committee he thanked the committee and wished Tom Middlemiss all the best.

i) Workforce Committee

Bernie Corcoran was thanked for her contributions and Julie Doyle was welcomed onto the committee representing Northern Ireland. Stephanie Gomm thanked the members for their contributions to the workforce survey. The AGM report summarizes data from the 2012 APM survey and RCP census. The APM 2013 survey will close on 31 March 2014; current response rate is 67% but we would like to beat last year's response rate which was 69%. The members were encouraged to complete the survey before it closes. The workforce survey for 2014 will be opened in June /July. As a specialty we continue to expand and at a higher rate than other medical specialties however our expansion rate is falling. Our Consultant numbers have doubled in the last 10 years and the most up to date headcount for the UK in September 2013 is 538. The Consultant vacancy rate is falling but our recruitment success rate continues to improve. Trainee expansion continues with the number of potential CCT holders each year increasing from an average of 35-40/yr

and estimate the yearly average more likely to be 45-50. Stephanie Gomm expressed the view that the members of APM need to debate and describe the future role and type of medical workforce required to meet the needs of patients, in respect of service provision and models of care, and the effect on medical training by highlighting the impact of 4 recently published national reports : The RCP Future Hospital Commission, The Hospice Commission, The Shape of Medical Training by the Academy of Medical Colleges and The 2022 GP – A vision For General Practice in the future RCGP.

j) Specialty Advisory Committee

Clarity is needed on the National Tariffs for Training. There is a change to the madel funding of trainees and also undergraduate education funding in the UK that has been poorly communicated and difficult to get information on. It means that the tariff for undergraduate teachings for undergraduate placements is increasing but that is balanced against a reduction in madel funding so all training posts will only be funded the letbies at 50% of the salary plus £12, 400 placement fee. That was a worry with hospices placements as it could put a huge burden on some hospices and so with Help the Hospices we joined together to contact HEE. The HEE have put out some guidance that says hospice placements are going to be excluded from the tariff. It is understood that there will be no change to the funding of hospice placements and that they will all continue to be 100% madel funded. However, that is not really clear from the guidance and there is more work to be done. HEE do intend to produce some frequently asked questions. There is a desire from Alison Coackley to get feedback from everybody to have a thoughtful process about how we respond to the shape of training. There will be an opportunity to liaise with programme directors about how you feedback into that discussion. There was a discussion at the SAC around which specialities we might dual accredit with and Alison Mitchell is looking at that because it will have to change from the curriculum for how we can accredit in palliative medicine and the specialties we have been talking about were; Care of the Elderly and Palliative Medicine and possibly Respiratory in Palliative Medicine but there is a lot of work involved. There are three separate issues; one is the college of physician's letter, dual accreditation and comment on the shape of training. There will be a document to comment on from Alison Coackley.

04/14 **Representatives' Reports**

NEoLCP Acute Hospitals Steering Group

The report was noted.

05/14 **Special Interest Fora**

a) Neurological

The Neurological special interest for a has been up and running for 2 years and there have been approximately 100 expressions of interest. The report reflects the main areas that are being explored, for instance, withdrawal of NIV and the issues around that and trigger factors for patients with progressive neurological disease. Members with an interest in Neurological Palliative Care were welcomed to join the Special Interest Forum. The meeting in November went very well with an excellent turn out of people attending. The next meeting is due in June 2014.

b) Undergraduate Medical Education

The report was noted.

c) Transitions

The report was noted.

06/14 **Proposed Junior Membership Category and Junior Members' Committee**

David Brooks expressed how impressed he has been with the work carried out by the junior members this year. Dan Knights proposed an APM Juniors Committee to replace the Junior Members working group, which was set up in April 2013. Dan Knights had a presentation of slides prepared to give everyone a background of the junior members group. The idea was born at a meeting of the undergraduate's special interest forum in Cambridge, February 2013. There was a group of 20 students from 9 different medical schools that took part in the discussion about what could be proposed to the APM to establish a junior members group that would cover both medical students and junior doctors. The proposal for a junior members working group was ratified at the 2013 AGM after which a committee of 14 members was formed. The first face to face meeting was in November 2013 to discuss various issues that were being encountered as well as ideas for where the group would go in the future. In March 2014 the first inaugural conference took place which was attended by approximately 75 people; which included medical students and junior doctors. The day was very successful and there were a lot of ideas about how to develop. Dan Knights brought forward the idea of junior membership categories for the working group to become a committee. Dan Knights referred to the report and terms of reference. Some of the things the group have been working on are stimulating and harnessing interest, communication coordination, establishing a network, to be an information hub and provide services to medical students and medical doctors who are interested in the specialty. The group have been particularly keen to make sure that their message gets out to as many people as possible. The aim is to have some representation in every medical school and post graduate deanery. In terms of communications there is a lot of interest in new media, the group already has their own website which will feed into the main APM website. The working group plan to have a re-recruitment and will advertise for people to join the committee. Once appointed and elected the committee members would be in for a period of 2 years and asked to stay for a minimum of 1 year.
The Junior Members Committee proposal was ratified.
Proposer: Sarah Cox
Seconder: Tim Peel

Dan Knights proposed for junior membership category. There has been a discussion with the Executive Committee throughout the year and it was agreed to have free membership for medical students, junior doctors would pay £30 per annum. Juniors would not have access to the journals.

The Junior Members membership proposal was ratified.
Proposer: Eleanor Grogan
Seconder: Benoit Ritzenthaler

07/14 **Committees**

Dr Brooks thanked members who are demitting, as follows:
Executive Committee: Dr Tim Peel, Dr Victoria Wheatley, Dr Regina McQuillan

Ethics Committee: Dr Rosaleen Beattie, Dr Ian Cairns

Professional Standards Committee: Dr Chris Baxter, Dr Alison Gordon

Specialty Staff Grade and Associate Specialists Committee: Dr Berni Mountain (SSAS Rep to the Workforce Committee), Dr Jane Stickland (SSAS Rep to Professional Standards Committee)

Trainees Committee: Dr Kim Steel, Dr Sarah Mollart (Trainee Rep to the Education Committee), Dr Liz O'Brien

Workforce Committee: Dr Bernie Corcoran

The members expressed their thanks to the demitting committee members with a round of applause.

Elected members were ratified, as follows:

Executive Committee: Dr Tony O'Brien, Dr Aoife Gleeson
Proposed: Tim Harlow
Seconded: Mike Stockton

Education Committee: Dr Dylan Harris
Proposed: Tim Harlow
Seconded: Mike Stockton

Ethics Committee: Dr Rachel Bullock, Dr Paul Clark
Proposed: Tim Harlow
Seconded: Mike Stockton

Professional Standards Committee: Dr Vandana Vora
Proposed: Tim Harlow
Seconded: Mike Stockton

Science Committee: Dr Helen McGee
Proposed: Tim Harlow
Seconded: Mike Stockton
Trainees' Committee: Dr Rebecca Lennon, Dr Miranda Kronfli, Dr Kathleen Mark, Dr Ros Marvin, Dr Katrien Naessens
Proposed: Tim Harlow
Seconded: Mike Stockton

Workforce Committee: Dr Julie Doyle
Proposed: Tim Harlow
Seconded: Mike Stockton

08/14 **APM award winners**

Dr Brooks announced the following APM award winners.

Napp Research Bursary 2013

Dr Kathryn Mitchell for ‘A study to validate symptom scoring tool (C-SAS) for use in patients who are very unwell’

Dr Katrien Naessens for ‘Antibiotics for hospice inpatients at end of life; a qualitative study of the views of patients, their carers or relatives, and healthcare professionals.

Undergraduate Essay Prize 2013

‘The NHS can be viewed as a machine for promoting health: how do you see the moral questions posed by its relationships with other ‘machines’ with differing functions such as making money, promoting specific interests or limiting individual freedom?’

1st prize – Nusiba Taufik

2nd prize – Helena Lee

Twycross Research Prize 2013

Jamilla Hussain for ‘Comparison of survival in patients aged over 70 years choosing conservative management or renal replacement therapy in advanced chronic kidney disease’

09/14 **Any other business**

a) Parliamentary Experience

Ilora Finlay has been teaching some of the department of health leadership trainees on their leadership programme. Ilora Finlay has been taking trainees either on a 1 to 1 or up to 6 at a time on a group basis for an afternoon and into the evening in parliament and taken them through how legislation happens. Ilora Finlay would give a fast track about how parliament works and how legislation happens. The offer has been opened up to the trainees, then if consultants want to come for a half day and into the evening. Ilora Finlay is also happy to open the offer up to the students and juniors. Members can take up the offer via the APM office. Offer to be circulated via the juniors and trainees committee.

10/14 **Date of next Annual General Meeting**

23 April 2015, London. Venue to be confirmed.

T T

President's Report

A couple of weeks ago I had the pleasure of debating with a former President of the APM, Bill Noble, at the inaugural RCP conference. What struck me looking through the programme was that we were one of the few specialty areas that had our own complete session. Chatting to Bill afterwards we reflected that compared with a few years ago the APM is increasingly visible, relevant and getting invitations, whether it be to a ministerial round table in the Department of Health on free care at the end of life, a ministerial review on choice at the end of life, a seminar in the House of Lords on the Assisted Dying Bill or an invitation to be the specialty of the month at the RCP. It feels like our time is come.

One of the major milestones this year was the publication of the report *'One Chance to Get it Right'*. While we did not have a seat at the top table for this report the APM was represented on many of the sub-committees that developed sections of the report and also gave written responses to the consultation that I know significantly influenced the final report. I have heard some sceptics say, of course, that it is just *'the same old same old'* that has been in many documents over the years that have made no real difference. However this time I am hearing from many more of you that this and the other reports and documents that have come out this year are beginning to have traction at a local level.

Following on from the Leadership Alliance a new group has formed - the *End of Life Care Partnership Working Group*. This partnership reflects the environment of new NHS and draws from a wide constituency across health, social care and the public. Its purpose is to develop focussed *'Ambitions and Actions for End of Life Care*', - drawing on all the material and initiatives on from, and including, the previous End of Life Strategy. The intention across the partnership is to set ambitious, but realistic aspirations and goals that come with commitments to actions. The APM is a cosignatory to act on the outcomes and plays a key role. We will be consulting in due course for your views on proposals.

The National Care of the Dying in Hospitals audit, the final report and recommendations of which we had a part in shaping, also seems to be having an impact, not least because local results are being reviewed by CQC assessors in their visits to hospitals. But it also gave us access to the national media and the opportunity to get out some of our key messages. One of the hardest tasks of my Presidency was sitting in a booth in a local radio station between 7 and 9am being patched into 14 different local radio stations all wanting their own local spin on the story. Funding has been secured for another audit round and the APM are on the steering group. We have heard through consultation what you thought was good and bad and hope to make this year's audit the best so far. The amount of external representation requested of the APM is such now that we must share more amongst the leadership and so as part of my post-presidential role I will maintain continuity for us all on this project.

This year has also been dominated by the *Assisted Dying Bill* and the *Assisted Suicide Bill Scotland*. We felt it was the right time to gauge members' views again so that we could represent you accurately. You gave us a clear response: the majority of you, from all levels do not support such a change in the law and even more of you would not be willing to participate beyond giving factual reports to a court were such a bill to be passed. Your views were reported to both parliaments and we will continue to press the case that if any such process is to become legal, that it must be managed separate from the practice of medicine.

This is not the only area in which we have represented patients' interests and professional concerns. We have joined with others in lobbying for fast and free care at the end of life, reported the illegal practices within some CCGs of declining Continuing Care Fast Tracks from appropriate clinicians and initiated an NHSE review of this practice; we have supported the RCP in their successful lobbying on the Shape or Training; we have supported the development of the Service Specification for Specialist Palliative Care services soon to be finalised, and we have consulted and responded with your views to numerous consultations including those on the dataset, the funding currency and many examples of NICE's guidance. Many thanks to Ellie Grogan in particular, who as Honorary Secretary, co-ordinates all these consultations, which at times has seemed like a full-time occupation.

Despite all these new initiatives the APM continues in the background to work on your behalf to support EPACCs, maintain e-ELCA, assess national CEA applications, and work with the Joint Specialty Committee to influence the RCP, run study days and this annual conference. We have endeavoured to keep you informed through the e-bulletin, the APM Post and the Website. For efficiency, accessibility, media penetration and cost-effectiveness, we are moving more and more towards using the web as our primary platform to link people and exploit social media. Ellie Grogan has led a piece of work to develop our website and hopefully by the time you read this you may be able to see the first fruits.

To keep pace with our work and growing profile, we have made a radical change to how our secretariat functions. When the APM began over 20 years ago, the administrator was employed through Southampton University Hospitals but as the Presidency moved there was no longer any link with SUH and they asked the APM to take over direct employment, which it did. However it became apparent last year that this was not an ideal situation for a small association that was entering the mainstream and whose officers were spread around the country and changed on a regular basis. We simply had not been keeping up with modern employment practices. We therefore decided to rationalise our administration by extending our relationship with *'Compleat',* an organisation that has worked with the APM successfully over many years delivering our conferences and study days. This is to make us fit for purpose and for the future. Our staff were all protected through the TUPE process and transferred to Compleat in September last year. Vanessa joined the team alongside Becki to replace some of the hours that had been worked by Sabine, and Heather and Roy who run Compleat provide us with managerial support. We also have increased input from Rob the bookkeeper, who, as you will see from Mike's report, with Heather and Roy's help, has enabled us to get a much clearer view of our financial situation. Many thanks to them all, especially Mike, for the hours they have devoted to this.

These changes also enabled Sheila Richards, our first administrator, who had already retired once from the APM and come back to help out, to retire for good. I am sure you will all join me in thanking her for her decades of service to the APM and wishing her well for the future and a very happy and well deserved retirement. I also particularly want to thank Becki for her wonderful support during this time.

It took a lot of hard work to finalise the contract and transfer, but thanks to Mike and Rob who supported the process and Heather and Roy for their forbearance I think the Secretariat is now solid and robust as we move into the future.

We live in exciting times. It feels like the wind is in our sails for Palliative and End of Life care. We have some choices and challenging decisions to make as we set the course for the future. I look forward to hearing your views on this at the AGM and conference.

Finally I would like to thank all the officers, executive, committee members and all of you as members who make this Association and this Specialty what it is and have worked so hard for it in many different ways throughout the year. But in particular I would like to thank Rob George who has been a wonderful Vice-President and wish him all the best for his presidential years.

David Brooks
March 2015

Treasurer's Report
APM AGM April 2015

Introduction

This report provides a detailed narrative of the APM finances. The APM are facing financial challenges and it is important that the membership have an understanding and awareness of these matters. The report provides an historical analysis, a description of the 2014 account and the action plan for moving forward and securing the APM.

Summary of Financial Accounts 2010 – 2013

The APM generates funds from two principal sources, from subscriptions and from monies paid to the APM to fund specific projects.

Subscription income is classed as "general funds" and can be used for any purpose but essentially is used to fund the general running costs of the APM. (Members will note that in some years there is also a category of funding referred to as "designated funds". These are a subset of "general funds" and so throughout this report the term "general funds" also includes the designated funds)

Funds received for specific projects are classed as "restricted funds" and must be used for the purpose for which they were provided. Sometimes however, the funds provided for a specific project are more than is required to cover the relevant expenditure and this gives rise to a surplus in the restricted fund that can be transferred to the APM's general fund and be used to fund general expenditure.

Between 2010 and 2013 c£143,000 of such surplus funds was transferred from the restricted fund to the general fund.

In the same period, before taking into account the transfers from the restricted fund, there was a cumulative deficit on the general fund of c£118,000. The general fund deficit arose in part because between 2010 and 2013 the annual general costs in the APM increased by c£51,000 from c£157,000 (2010) to £208,000 (2013).

It is important that members understand the effect that the increase in the general costs, (as mitigated by the transfers from the restricted fund), has had on the general fund reserve position of the APM.

At the beginning of 2010 the general fund reserves were c£86,000. At the end of 2013 the general fund reserves were c£111,000. Whist this may appear to be a satisfactory position members should note that the position was only sustained as a result of the transfers from the restricted fund.

In addition, as a result of the underlying increase in general costs over the 4 year period, the general reserves at the end of 2013 were only marginally sufficient to cover 6 months costs.

In summary, the period 2010 to 2013 was unusual in that the APM benefited from an influx of funds from the restricted fund. However at the end of 2013, given that further significant transfers from the restricted fund were unlikely, the APM needed to ensure that its ongoing cost base could be funded from subscriptions and other general sources of income.

At the end of 2013 there was a membership subscription increase, (the first for 4 years), which was to cover the cost of electronic journal access (Journal of Pain and Symptom Management) and to catch up with inflation. However the additional revenue arising from this increase has proved insufficient to cover the underlying general costs of the APM and consequently further action is required. The necessary actions are discussed later in this report.

The Accounts for 2014

In 2014 the APM incurred a loss in respect of its general activities of £93,638, (2013: £64,074). The 2014 loss was reduced to £63,026 after taking into account transfers totalling £30,612 from the restricted fund.

The 2014 balance sheet indicates that the general fund balance has reduced from £111,481 (2013) to £48,455 (2014). This covers less than three months running costs for the APM which is significantly below the Trustees' aim of having reserves sufficient to cover 6 months running costs

Members should note that further significant transfers from the restricted fund are unlikely in 2015 and beyond because further surpluses in the restricted fund are unlikely to arise. Consequently the APM needs to generate sufficient income from its general activities to cover its general operating costs.

Why have the general costs of the APM increased?

Ongoing Revenue Costs

Palliative Medicine Journal and British Medical Journal Supportive and Palliative Care

The APM provides access to the Palliative Medicine Journal and the British Medical Journal Supportive and Palliative Care. The cost of access has been funded through existing income and costs £47,221 per year.

Vice President Cost

This was introduced in 2013 and costs c£15,000 per year. The cost is funded via the general operating account. There has been no additional funding to support this payment and it has therefore contributed to the general fund deficit.

In addition there was a vice president back payment for 2013 that was expended in 2014 period. This was £11,984 and is a one off cost.

Outsourcing the Secretariat

This has been an essential change to improve the function and quality of the secretariat.

The secretariat has been outsourced to Compleat Secretariat Services and Conference Company who have been working for the APM since September 2014. This has improved the working practices and also the quality of service and is in part why we now have such a good understanding of our financial position.
The transfer has resulted in some one off, non-recurring costs (see below).
Going forward the estimated recurring additional cost when compared to the previous secretariat costs, and when we reach a steady state, should be around £10,000 per year.

One Off Costs in 2014

Legal and Personnel Costs.

The process of transferring to Compleat Secretariat Services and other legal and personnel issues has resulted in a number of exceptional costs. The quantum of these costs is c£20,000.

***Compleat Secretariat and Conference Company*.**

There has been significant increased input to enhance essential standards and systems of working. The additional work and resources have cost the APM c£5,000 above the forecast cost over the last three months of the year.

Financial Options Appraisal and Plan

The APM Executive Committee has considered and agreed a financial plan based on a comprehensive financial options appraisal and realistic financial targets.

The underlying principle is to increase the general reserve to support six months of running costs (APM agreed reserve level). This will be replenished through achieving a 5% surplus each year:

- The estimated running costs are in the region of £240,000 per year (after all changes are implemented).
- The general reserve should therefore be £120,000.
- The current shortfall on the reserve is £71,545.
- A 5% surplus would generate £12,000 per year.

In this year (2015), it is forecast that there will be no surplus, and that there will be either a breakeven position or a manageable deficit.

If we are able to generate a 5% surplus, it will take a further 6 years or more (excluding this current year) before the reserves are fully replenished.

The following is an outline summary of the plan:

Actions that Have Been Implemented

1. Vice President Remuneration terminates from April 2015.
2. Journal Subscription Cost Reduction - the cost of subscription has been renegotiated with the publishers.
3. Committee Changes – terms of reference revised to reduce costs and to improve the value, function and impact of each committee.
4. Restricted fund surplus - final £10,000 surplus transferred into the operating account.
5. Strategy to improve profitability of APM education events introduced:
    a. Education committee working closely with Compleat Conference Company
    b. Target of between 10-20% surplus on each event
6. Cost Control Mechanisms:
    a. Expenses policy introduced
    b. Detailed budgeting and close monitoring of variances and cash flow

Actions to be Agreed and Implemented

1. Journal Cost Reduction: consult with membership regarding the continuance of the journals and/or raising the membership fee to cover the full cost of all the journals.
2. Membership Fee – consider inflationary increase each year.

Other Actions to be implemented throughout this year

1. Membership: increase the number of APM members by adding value to the membership, promotion and marketing
2. Sponsorship: improve sponsorship of events, gifts, prizes and bursaries.

Summary

The APM faces significant financial challenges now and for the foreseeable future.

The financial position has arisen because the general cost base has increased without there being a similar increase in general income. The transfers from the restricted reserve have masked this imbalance for a number of years, but this source of funding has now come to an end.

The APM must now operate within its usual level of income which is derived mainly from membership fees.

In 2014 there were a number of unavoidable exceptional costs that further increased the deficit and exacerbated the financial difficulties.

This year (2015) the aim is to stabilise the situation by reducing costs and begin to increase income.

In the following years it is envisaged that the APM will begin to build its general financial reserve and secure its future.

The APM executive committee will lead and monitor this change; it requires the membership to be aware of the challenge and to support and contribute to the action plan.

Dr Mike Stockton
Treasurer to the APM
2nd April 2015

Education Committee Report 2014-2015 AGM 2015

Elected Members	
Dr Chris Farnham	(CF) Education Committee Chair
Dr Sarah Yardley	(SY)
Dr Aruna Hodgson	(AH)
Other members (ex-officio)	
Dr Ali Gordon	(AG) SSAS Representative
Dr Miranda Kronfli	(MK) Trainee Representative
Dr Emma Bailey	(EB) Secretary of the Juniors Committee
Dr Dylan Harris	(DH) CPD Assessor to RCP
Dr Anna Street	(AS) Conference Coordinator & Liaison
Dr Derek Willis	(DW) PCC Representative

The committee has been involved in drawing up guidelines that will allow clearer relations with Compleat Conference Organisers and the APM. Committees will have to organise events in a timely manner and mitigate against financial risk to the APM.

Professor Christina Faull was appointed as the Editor of the work being done for e-Elca and she has successfully bid for more money to develop further modules. She has polled the membership about their use of e-Elca and suggestions for further work – this was very well supported, particularly by trainees. There is still scope for additional authors and sub editors, so if interested please contact Becki at CSS!

A great deal of time has been spent developing the Biennial meeting. It was decided to hold it in London this year, and sourcing suitable venues that matched the price structure was challenging. The format has been changed, hopefully to allow members to really take part in the debates that will shape the future of our speciality. It has been particularly difficult to attract sponsorship and we hope to look at how we might attract sponsors differently in the future.

APM Events

- **Ethics Committee**
  Took place on 27/28 January 2015 in Telford. The event was fully booked.

- **Juniors Committee**
  Took place on 28 March 2015 in Cambridge.

- **Trainees Committee**
  29/30 September 2015 at the Royal College of Physicians and Surgeons in Glasgow

- **SSAS Committee**
  5 November 2015 at BMA House in London.

- **Science Committee**
  Next event 2016. Venue and topic to be announced.

Chris Farnham
April 2015

APM Ethics Committee Report - AGM 2015

Membership

We enjoyed the help of Andrew Shuler until as trainee rep. Ros Beattie and Ian Cairns left the committee after long service and wise contributions. With the election of Rachel Bullock, Paul Clark and Guy Schofield the committee is at full strength

Current membership:

Idris Baker	Rachel Bullock
Paul Clark	Craig Gannon
Rob George	Tim Harlow (chair)
Guy Schofield (trainee rep)	Derek Willis

Ethics study days

The Committee, principally the trainee rep, has organised 3 courses- one in London and 2 in Telford- generally for registrars but with a good cross section of grades. The course have well attended (oversubscribed) and well evaluated. The courses are designed to cover the training curriculum in ethics and build from theoretical basics up to practical application. We plan to hold the next one in London in January 2016.

Assisted suicide

This has continued to be much debated. The Committee has helped the President design the survey of APM members on this important matter. The survey showed overwhelming opposition to the Falconer Assisted Dying Bill and a great reluctance by our members to participate in implementing such a bill if it became law. The committee reflects the APM view that the law should not be changed and have acted both individually and collectively to inform the debate.

Tracey Judgement

The Committee has produced a consideration the Tracey DNAR judgement from the Appeal Court 2014 and this has been welcomed by various organisations.

LCP

The committee wrote to the Neuberger Committee about this and the LACPD.

Publications

The Committee has published articles, rapid responses and letters about various subjects such Assisted suicide, advertising policy of BMJ, Non cancer palliative care, Terminal sedation.

Position Statements

The committee has drafted or revised these –on Advance Care Planning, Sedation, Double Effect, Assisted Suicide, Withdrawing and Withholding treatment, Relations with Industry, and commented on APM statement on the withdrawal of ventilation.

Other Matters

The Committee has considered proposed surveys and other matters from time to time as the Exec or President thought necessary. We set and marked the undergraduate essay prize 2014.

Tim Harlow
March 2015

APM Juniors report for AGM

Membership

Anna Street	Chair
Emma Bailey	Secretary
Victoria Green	Undergraduate Membership Coordinator
Faye Johnson	Postgraduate Membership Coordinator
Emma Rudsdale	Communications Coordinator
Lucy Ison	Liaison to the APM Trainees' Committee
Virginia Lam	Student-Selected Components and Electives Coordinator

In the last year, the Association for Palliative Medicine has created new types of memberships aimed at medical students and pre-specialty doctors with an interest in palliative care. The APM Juniors has become a committee rather than a Working Group and is beginning to work on projects including:

- Running an annual conference
- Providing links between members and mentors and advice on careers
- Information about how to organise a Student Selected Component or Elective in palliative medicine
- Creating a research hub to link interested Juniors with more established researchers
- Creating links with other APM committees

The APM Juniors held a conference on March 28th 2015 at the Cicely Saunders Institute in London. 57 delegates attended and heard talks on our theme of "A Good Death" by Professor Irene Higginson and Professor Rob George. There were also palliative medicine themed workshops during the day on the topics of Paediatrics, Ethics, Policy, General Practice, Psychiatry, Careers and Pain Management. There was a great range of research displayed in the twelve posters on show during the event and two junior research presentations: Reya Shah (medical student) presented an audit identifying unmet palliative care need in hospital inpatients and Dr Laura Gordge (FY2) presented a retrospective audit of Do Not Attempt Cardiopulmonary Resuscitation Decisions and documentation. Application forms for the remaining APM Juniors committee positions were available and there was a lot of interest in joining. Overall, it was a fantastic day with a great atmosphere and it was wonderful to see so much enthusiasm from everyone involved!

Anna Street
March 2015

Professional Standards Committee report 2014/2015

Membership

Sarah Cox (chair)	Elected member
Tim Peel	Elected member
Vora Vandana	Elected member
Andrew Davies	Elected member; audit lead
Fiona Bailey	Elected member; revalidation rep to RCP
Margred Capel	Elected member
Esraa Sulaivany	SSAS rep
Amy Proffitt	Trainee rep
Hannah Billett	Junior rep

The committee is grateful to Amy Proffitt who has joined us as trainee representative. We would like to thank Hannah Billett who was our junior representative but has now moved on.

Appraisal and Revalidation

Fiona Bailey is elected to be our revalidation rep to the RCP. She has received few speciality specific queries through the RCP this year which suggests our members are coping with the appraisal changes associated with revalidation. Fiona and I joined Wendy Makin and others to write “Appraisal Metrics for Palliative Care Physicians”, providing guidance on supporting evidence for appraisal for palliative medicine doctors.

Audit

The national service evaluation FAMCARE has been run for a second consecutive year. In 2014 38 services took part in comparison to 74 services in 2013. Services receive individual reports which they can use for quality improvement, benchmarking and as supporting evidence for revalidation. Hospice care continues to be more highly evaluated than home or hospital care (with slightly fewer dissatisfied / very dissatisfied responses for home care patients as compared to hospital patients). Symptom management was the predominant reason for dissatisfaction across all types of service. Two complaints were received about the evaluation (via the services). FAMCARE will be offered on an annual basis by the APM at a low cost to services (i.e. freepost envelopes); the service evaluation requires some input from the secretariat (not onerous), and the APM make a small profit from the distribution of freepost envelopes.

A second pilot of the BPI pain audit was carried out. About 505 of second pain assessments were missing suggesting that this audit could not deliver useful data. This audit will not be developed as a national tool by the APM.

An audit prize for undergraduates has been developed with the trainees committee and will be advertised later this year. Please encourage enthusiastic undergraduates to take part.

Signposting to Clinical Guidelines

The committee is developing symptom specific lists of clinical guidelines. Lists for anorexia/cachexia, neuropathic pain, constipation and dyspnoea have been completed and are available on the website. We have also collated relevant NICE and Cochrane guidelines which we will ask the trainees committee to review annually.

Mentoring

The mentoring list remains available to members on the APM website.

Input to new guidelines

The committee contributes to the development of new guidelines and recommends endorsement to the executive. For instance we have been involved this year in the statement around "Withdrawal of ventilatory support at the request of an adult patient with neurological or neuro-muscular disease" led by Prof. Christina Faull.

Undergraduate essay prize

The PSC ran this year's APM essay prize. The title "Can we measure patient related outcomes in palliative care that are meaningful?" attracted eleven entrants. Results are as follows;

1st Prize – William Brierley (£250 plus a free place at an APM event)
2nd Prize – Kristina Paige (£100 plus a free place at an APM event)

I should like to express my thanks to the members of the PSC for their work and enthusiasm this year

Sarah Cox
April 2015

Annual Report of the Science Committee: April 2013 – March 2014

Membership

Dr Jason Boland	Chair
Dr Elaine Boland	
Prof Miriam Johnson	
Dr Helen McGee	
Dr Ollie Minton	
Dr Paul Perkins	
Prof Paddy Stone	

Coopted Member (ex-officio)

Dr Richard Kitchen	Trainee Representative
Dr Gareth Watts	stepped down as Trainee Representative
Rebecca Fisher	Junior member liaison

The role of the Science Committee is to support, encourage and enhance the scientific profile of palliative medicine for the APM membership. Here is a summary of our activities over the past year:

Study days

Our two-day study events: 'Appraising the Literature' and 'Research – Getting Started' are aimed at the APM membership (particularly SpRs) and are now established annual events. A successful event was held at St Catherine's Hospice in Scarborough on the 13th & 14th November 2014, attended by 15 Specialist Trainees. The course was well-evaluated by participants. The next course will run 23 & 24 June 2016.

APM biennial meeting

The Science Committee session at the APM 2015 Mini-conference is titled `The changing landscape for palliative medicine research: evolving from local to national coverage'. We have put out a call for submissions to present doctoral research at this meeting but did not get any applicants, hence the change from our usual session plan.

Task groups

The task groups are designed to provide some seed-corn funding to facilitate the undertaking of systematic reviews. Elaine Boland and Helen McGee have updated the rules of entry and terms of reference for task groups. As there is currently no budget for these they have been put on hold.

Napp Research Bursaries

Two Napp research bursaries (each worth up to £2000) may be awarded annually by the Science Committee. Their aim is to support new researchers in small or pilot projects and they are awarded to support the development and execution of these projects. The bursaries are funded by unrestricted educational grants from Napp. Guidance and application forms for the Napp Research Bursaries are available on the APM website. The closing date is in early November each year. Currently, as money has not been received from Napp, further funding streams are being explored to enable this bursary to continue.

Twycross research prize

The Twycross Research Prize, worth £500, is awarded annually for the best report of a completed piece of original research. The prize for 2015 was awarded to Amara Nwosu for his research entitled, "The assessment of hydration states in advanced cancer patients using novel technology: the evaluation of bioelectrical impedance vector analysis (BIVA) in the palliative care setting". The prize winner is invited to present their research at the APM conference. Guidance and application forms for the Twycross Research Prize is available on the APM website. The closing date is in early November each year.

Research champions

The APM has been sponsoring a Project Officer to (among other things) develop and maintain a Palliative Care research “champions” database as a resource for APM members. This funding has now finished. The database for research champions is available on the APM website.

Palliative Medicine Journal

The science committee continues to represent the APM on the editorial board of the journal `Palliative Medicine`, feeding in the views of the membership and executive committee to the journal’s board and the publishers.

Acknowledgements

I would like to thank the members of the Science Committee for their hard work, time and commitment to the above activities and also the APM Secretariat for administrative support.

Jason Boland
March 2015

Report from the Specialty Staff Grade and Associate Specialists Committee 2015

Membership

Anna Hume	Joint Chair
Sally Middleton	Joint Chair
Berni Mountain	

Representatives

Alison Gordon	APM Education Committee
Alison Talbot	APM Workforce Committee
Esraa Sulaivany	APM Professional Standards Committee
Helen Bonwick	RCP/APM Joint Specialty Committee
Simon Brooks	Website

Our continuing aim is to represent SSAS doctors working in Palliative Medicine in the UK and Ireland. A significant proportion of APM members are SSAS doctors many of whom work in the independent sector often in quite isolated environments.

Annual Study Day

The 5th study day organized by the SSAS committee took place in York in November 2014.
Integrating clinical and ethical aspects of decision making in palliative medicine was the title for a very informative and interactive day. 74 delegates attended to hear lectures on palliative care in haematological malignancies, hepatology and the role of palliative medicine and difficult decisions in MND. The afternoon was led by Craig Gannon and featured fast-paced talks and discussion on DNACPR, decision-making at the end of life and withdrawing NIV.
Apart from valuing the educational content, the feedback from the day commented on the welcome opportunity for networking with other SSAS doctors that these study days allow.
The study day also made a profit of more than £4000
Although arranged by the SSAS committee and attended by high numbers of SSAS doctors, consultants and SpRs also attended in significant numbers.

Our next study day will be held at BMA House, London on November 5th 2015. It is titled - Heads Up – palliative care issues affected by changes in cognition and an update on oncology treatments.

Survey of SSAS members

We surveyed the SSAS members of the APM during this year. 105 doctors responded to a number of questions on availability of the 'new' contract, study leave, on call commitment and payment, appraisals and mentoring.
We will share the collated results in the APM Bulletin and we are seeking the support of Hospice UK to encourage non- NHS organisations to adopt similar Terms and Conditions of employment as offered to SSAS doctors in the NHS.

APM Conference April 2015

The SSAS committee arranged for speakers from Midhurst Specialist palliative Care Service will discuss their evolution from a hospital based service to a community based service.

Changes in Committee Membership

Reema Pal has left the committee after a change in work circumstances. Alison Talbot will take her place as the SSAS representative on the APM Workforce Committee.
Esraa Sulaivany has joined the committee as representative to the Prof Standards Committee.

Alison Gordon is standing down in June after service as a committee member, chair and rep to the Education Committee. We would like to record our thanks for all her work both for SSAS doctors and the APM.

We are requesting nominations from the APM for a committee member to act as SSAS rep to the education committee.

The SSAS pages on the APM website include the presentations from our conferences, access to the APM mentoring scheme, and helpful links to the BMA on contract issues, deaneries for funding and the Joint Royal Colleges of Physicians Training Board (JRCPTB) for further details on applying for a CESR. Future plans include the development of an SSAS forum for sharing information and ideas and to facilitate networking.

Anna Hume and Sally Middleton
April 2015

Trainees' Committee Report for APM AGM 2015

Shape of Training

All trainees were invited to share any thoughts and concerns regarding 'Shape of Training'. These were assimilated and included in the response of Wendy Makin, Chair of the Joint Specialties Committee, to the RCP council to further inform their discussion.

Engagement with BMA

There has been increased engagement with the BMA Junior Doctors Committee and Multi-Specialty Working Groups. This included being joint signatory on the Junior Doctors Committee response to Shape of Training and highlighting common issues for trainees.

Website and Social Media

The Website Officer, Ros Martin, has been involved in the development of the new APM website and has set up a Facebook page for trainees. Search 'APM Trainees'. It is a closed group to allow trainees to share views, discuss pertinent issues and arrange social events around education days.

Royal College Careers Days

Careers days at the three colleges for prospective trainees in all specialties took place in September and October. Palliative medicine was represented by both trainee and consultant APM members. The leaflets that were developed last year were up-dated for use at these days. They are entitled 'Getting into Palliative Medicine' and 'Palliative Medicine: What is it like being a trainee and consultant?' Other material available included the 'The Role of the Palliative Medicine Consultant' document from 2012, and previous issues of the APM newsletter. These leaflets are available on the APM website for use by members.

Interaction with APM Juniors Committee

A new committee of 'APM Juniors' has been formed. It has been agreed that the Trainees' Committee will play a more active role in the mentoring of this committee to ensure that any difficulties are addressed and the APM juniors are able to have a strong support network. Lucy Ison, a core medical trainee will sit on the Trainees Committee and will act as the key link between the two committees.

Future Education Events

Autumn APM Trainees' Study Day – 30th September 2015, Glasgow
'Challenges in Palliative Care: Building from a New Foundation' An update of palliative oncology treatments, techniques in interventional pain management and ethical challenges as the specialty becomes increasingly interventional.

A spring 2016 study day will be hosted by the London trainees

Committee Work

- Our primary aim remains that of acting as a conduit for networking and supporting trainee members of the APM.
- Various members of the Trainees' Committee continue to contribute to the respective committees upon which they sit. Our regular face-to-face meetings and conference calls keep each other informed of the work of these committees and help to inform the wider trainee membership about APM activity in all its forms.

- We continue to rely on regional trainee representatives, themselves APM members, in order to communicate with the wider trainee membership.
- Keep reading the APM bulletins for future vacancies on the Trainees' Committee for the opportunity of an interesting and different element to being a trainee.

Current Committee Members

Dr Tom Middlemiss	Chair
Dr Katrien Naessens	Regional Rep Coordinator/Secretary
Dr Ros Marvin	Website Officer
Dr Mary-Ann McCann	SAC Rep (NI and Wales)
Dr Kirsten Baron	SAC Rep (England)
Dr Kate Mark	SAC Rep (Scotland)
Dr Amy Proffitt	PDC Rep
Dr Mary McGregor	Workforce Committee Rep
Dr Rebecca Lennon	BMA Junior Doctors Committee Observer
Dr Guy Schofield	Ethics Committee Rep
Dr Richard Kitchen	Science Committee Rep
Dr Miranda Kronfli	Education Committee Rep
Dr Lucy Ison	Junior APM Rep

I would like to thank all committee members, past and present for their enthusiasm and work in representing the trainee body. I would also like to wish Amy Proffitt the best of luck who takes over as Chair from today.

Tom Middlemiss
Chair, Trainees' Committee
April 2015

APM WORKFORCE COMMITTEE REPORT

I would like to thank the APM membership, colleagues on the APM Workforce Committee, specifically the contribution from Penny McNamara for the SAC, Berni Mountain and Reema Pal for SSAS doctors and to welcome in their place , Polly Edmonds for the SAC, Alison Talbot for SSAS doctors and Kathleen Sherry representing Scotland. In addition, thanks to the members of the SAC Palliative Medicine for their on-going contribution to workforce data.

APM Workforce Committee members are as follows:

Chair:	Stephanie Gomm
England Representative:	Benoit Ritzenthaler
Scotland Representative:	Kathleen Sherry
Wales Representative:	Caroline Usborne
Northern Ireland Representative:	Julie Doyle
Ireland Representative:	Feargal Twomey
Trainee representative	Mary McGregor
SSAS representative	Alison Talbot
SAC representative	Polly Edmonds

- The APM workforce survey data for 2013 has been analyzed (full report on APM website).
- The 2014 survey closed 31st January 2014. Response rate 67%, from a total of 1091 questionnaires issued.

Country	Number of surveys sent	Number of responses	Percentage of responses (per country)	Percentage of responses from overall response rate
England	859	583	67.8%	80.2%
Northern Ireland	34	27	79.4%	3.7%
Republic of Ireland	30	27	90%	3.7%
Scotland	81	51	62.9%	7.0%
Wales	50	35	70%	4.8%
Other/Unknown	36	4	11.1%	0.5%

- The APM workforce survey for 2015 will be circulated in June.
- RCP workforce meeting on 12th November 2014:

For the APM, Benoit Ritzenthaler and Caroline Usborne attended jointly with Idris Baker for the SAC Palliative Medicine, to present the palliative medicine report of the RCP 2013 workforce census, along with other medical specialties. Discussions for each specialty focused on current consultant numbers,

expansion, recruitment and unfilled posts; current trainee numbers, recruitment, with an opportunity to raise issues for our specialty and to make predictions for workforce planning over the next 5 years.

Harriet Gordon RCP workforce Lead highlighted from the RCP census 2013-4:

- Number of palliative medicine Consultants had not increased from the 2012 Census (see below).
- The decision that LAT posts will disappear at the next recruitment in England and expressed concerns about the difficulty to cover 'out of programme experience' (OOPE); sickness and maternity leave and for the smaller specialties reduced opportunities for 'taster' experience.

RCP Census 2013 reported an overall UK Consultant Physician expansion rate of 4% compared to 3.5% in 2012. The major concern remains the shortage of recruitment into acute medicine and geriatric medicine and the impact of dealing with the influx of acute medical admissions and the frail elderly.

Academy of Royal Colleges publications the 'Commission of the Future Hospital' and the 'Shape of Medical Training' in 2013 continue to be debated and their impact on the format of 7-day access to palliative medicine, continuity of care, our relationships with the wider hospital and community service provision, and the promotion of (general) internal medicine skills across the medical workforce.

APM Workforce Commentary.

For England

HEE published Investing in people: *Developing people for health and healthcare. Proposed Education and Training Commissions for 2015/16. Workforce Plan 2015/16:* which despite extensive information from the APM and SAC Palliative medicine published underestimates of numbers of training posts and consultants. As a specialty there has been no reduction in training numbers and to maintain CCTs at 40-45/year.

In addition, the change by HEE of MADEL Funding of basic salaries for FY2 and Registrar trainees reducing from 100% to 50% and a £11400 placement fee. The APM, SAC and Hospice UK made strong representations of the impact on funding for training placements and currently training provided by hospices remains outside national tariff and under local LETBs.

For Scotland: Following the decision approved by the Reshaping Medical Workforce Project Board that NES should work with whole time equivalent (wte) numbers rather than trainee establishment numbers. The Scottish training Programme has been given one additional trainee, which increases the number of trainees on the Programme from 13 to 14. This will be included in National Recruitment from April 2015.

For Wales: The medical workforce in Wales following the Sugar Report 2008 has had significant expansion in consultants posts and is unlikely to significantly increase further or its training capacity.

For Northern Ireland: Workforce issues are under discussion with currently no proposed changes in trainee numbers.

For Eire: Expansion in consultant posts remains slow and impacts significantly on the availability of consultant posts for qualified trainees. Eire workforce information has been submitted to RCPI as part of a workforce review. The RCPI and Health Service Executive are engaged in a workforce review including palliative care. There may be some expansion in NTNs though the ultimate impact on trainee numbers remains under discussion.

35 (33.6 fte) Consultants in Palliative Medicine at present only three (8.6%) of these work less than full-

time.

Consultant Workforce

Table 1. Comparison of APM Consultant headcount 2014 with RCP 2013-4 and SAC 2014 data.

Consultants	England	N Ireland	Scotland	Wales	UK	Eire
APM 2014	296	14	25	20	351	20
SAC 2014	454	20	46	35	555	-
RCP 2013/14	414	15	48	25	502	35*

* RCP1 2014 data.

The RCP Census 2013

The Federation of Royal Colleges of Physicians of the UK 2013-14 census of consultant physicians identified 502 palliative medicine consultants working in the UK: 414 in England, 25 in Wales, 48 in Scotland and 15 in Northern Ireland. There was no overall expansion of UK Consultant posts compared to 4% for all specialties

Overall 52.3% of consultants in palliative medicine work less than full -time (LTFT).

Women comprise a higher proportion of the consultant workforce (73.3 %) than most other medical specialties, with 63.6% of women working fewer than 10 PAs per week.

The average rate of retirement (due to consultants reaching 65 years of age) is anticipated at 4.5 per year during the period 2014–18, and 11 per year over the following five years. However, intended average retirement ages reported in the census in the UK is 60.7 yrs and ranges from 59.8 years (Northern Ireland) to 61.7 years (Scotland).

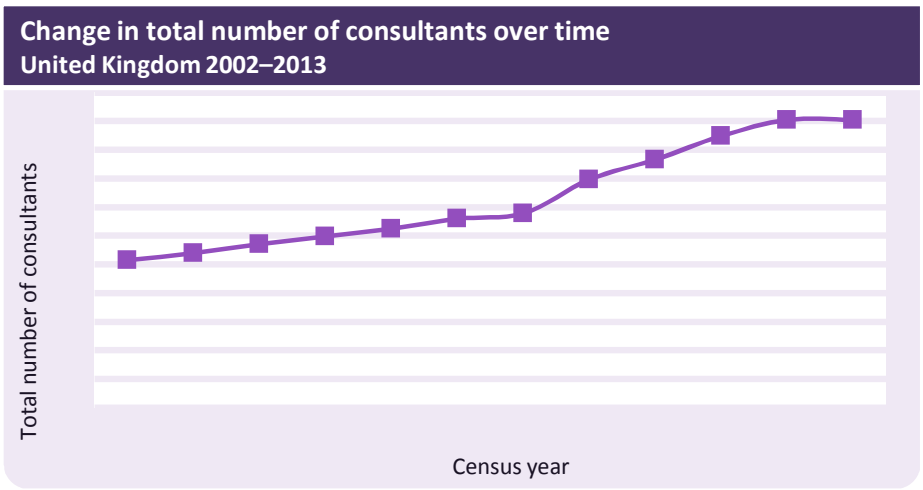


Fig.1

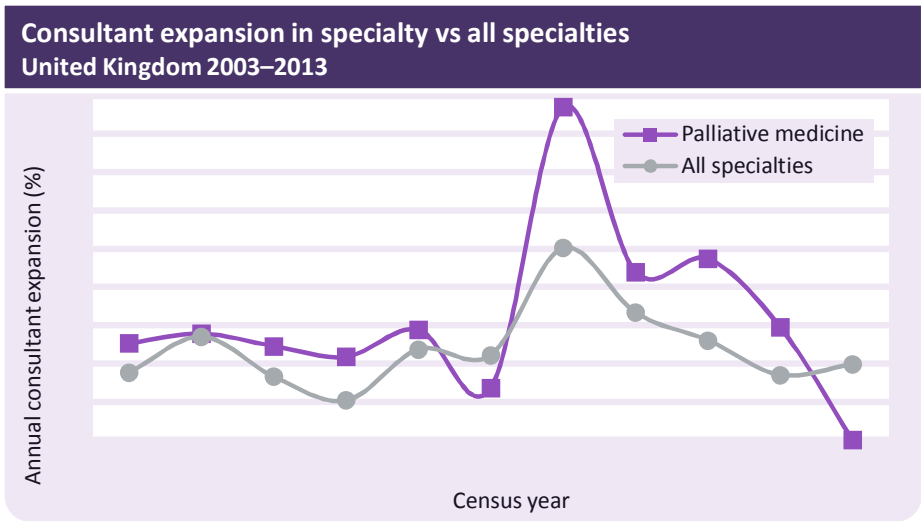
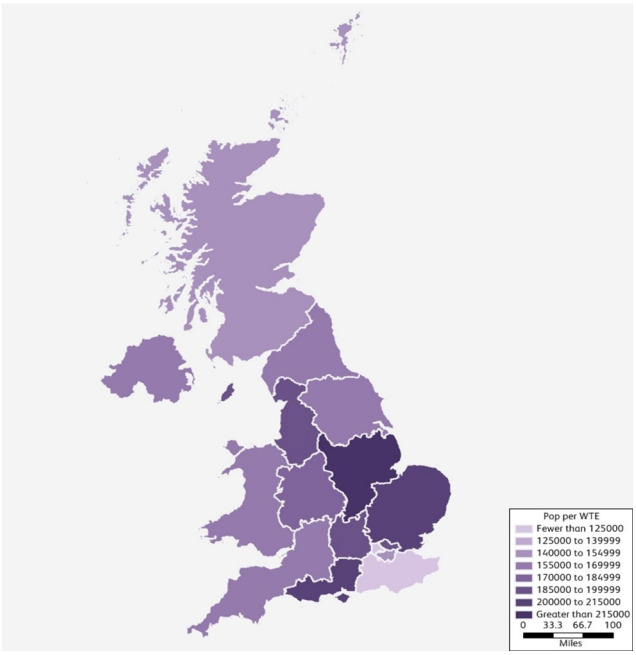


Fig 2.

Data for advisory appointments committees in England, Wales and N Ireland from January - December 2013 show that 43 out of 59 (73%) were successful, six were not made and 10 were cancelled. The average number of consultant appointments during 2008–2011 was 30 per year. The UK consultant vacancy rate is 7.5%[1] (or 40 posts). The projected average number of CCTs per year over next three years is 50.[2]

The geographical distribution of UK consultant posts presented in the map shows that the East Midlands, East of England and Wessex LETBs have the lowest number of full- time equivalent (fte) consultants (ie 1 fte: greater than 215,000 population). Fig. 3.



[1] SAC data 2014 (unpublished)
[2] JRCPTB data 2014 (unpublished)

SAC Palliative Medicine September 2014

A decrease in expansion rate from 5.3 % to 3.2% in UK Consultant numbers from 538 (436 fte) in 2013 to 555 (454 fte). Number of vacant posts and vacancy rates have fallen in all countries except Northern Ireland.

Table 5. SAC Workforce data 2014 compared to 2013.

Consultants **SAC 2014** **SAC 2013**	**UK**	**England**	**Scotland**	**Wales**	**N Ireland**
Number 2014 2013 Fte 2014 2013	 555 538 454.2 407.4	 454 438 367.2 321.95	 46 45 39.2 39.65	 35 36 30.2 29.2	 20 19 17.4 16.6
Participation ratio 2014 2013	 0.82 0.76	 0.79 0.74	 0.85 0.88	 0.86 0.81	 0.87 0.87
Vacant posts 2014 2013 fte 2014 2013	 40 39 30 36.4	 30 33 24.8 30.6	 3 2 3 2	 4 1 3.2 1	 3 3 3 2.8
% vacancy rate 2014 2013	 7.5% ↓7.2%	 ↓6.6% ↓7.5%	 ↑ 6.5% ↓ 4.4%	 ↑11.4% ↓ 2.7%	 ↓13% ↑15.8%

APM Workforce Survey 2014

This was undertaken from 1st July 2014 to 31st January 2015 obtaining information for UK and Eire on numbers and grade of post-holders, age, gender, ethnicity and full-time and less than -time working. Overall response rate was 67.0 % hence under-reporting workforce numbers.

Table 2. APM data 2014: Consultant number of posts by country

CONSULTANT POSTS	ENGLAND	NORTHERN IRELAND	SCOTLAND	WALES	UK TOTAL	REPUBLIC OF IRELAND
Consultant	296	14	23	18	**351**	20
Locum Consultant	20	-	2	2	**24**	1
Total Consultant Posts	**316**	**14**	**25**	**20**	**375**	**21**

Table 3. APM data 2014: Consultants by gender UK and ROI

Consultant Posts	**UK**		**Republic of Ireland**	
	Female	**Male**	**Female**	**Male**
Consultant	259 (69%)	92 (95%)	9 (90%)	11 (100%)
Locum Consultant	19 (7%)	5 (5%)	1 (10%)	-
Total Consultant Posts	**278** (74%)	**97** (26%)	**10** (48%)	**11** (52%)
Total Consultant Posts by Country	**375**		**21**	

Working Hours

The RCP 2013 -14 Census reported working hours are higher at 10.16 PAs than contracted 9.01 PAs, but are overall lower compared to most specialties reflecting the high proportion of less than full time working. Table 4. compares contracted and actual working hours (PAs) for FT and < FT Consultants .

Table 4. Contracted and Worked Hours RCP 2013-4

Contracted hours	TOTAL PAs	DCC	SPAs	Academic PAs	Other PAs
All	9.01	6.33	2.12	0.27	0.3
FT	10.61	7.25	2.44	0.45	0.47
<FT	7.53	5.48	1.82	0.09	0.14
Worked hours	**TOTAL PAs**	**DCC**	**SPAs**	**Academic PAs**	**Other PAs**
All	10.16	6.84	2.65	0.27	0.40
FT	11.79	7.7	3.18	0.46	0.45
<FT	8.67	6.05	2.16	0.11	0.35

Academic Post holders

Table 5. APM 2014 Academic posts by country

ACADEMIC POSTS	ENGLAND	NORTHERN IRELAND	SCOTLAND	WALES	UK TOTALS	REPUBLIC OF IRELAND
Clinical Lecturer	10	1	2	-	**13**	5
Lecturer	4	1	-	1	**6**	1
Professor	5	-	1	-	**6**	1
Reader	3	-	-	1	**4**	-
Research Fellow	8	-	2	1	**11**	-
Senior Lecturer	14	-	-	-	**14**	2
Total Academic posts	**44**	**2**	**5**	**3**	**54**	**9**
Total Respondents by country	**583**	**27**	**51**	**35**	**696**	**27**

SSAS Doctors APM Survey 2014

SSAS doctors were defined for the purpose of the survey as Associate specialist, Staff grade, Clinical assistants, Medical officers, GPwSI, Specialty Doctors and other non-training grades. Total numbers who responded were 153. 78% were female and 20% male. Overall 38% were >50years of age.In total, 47 % were working less than full-time.

Table 6.Grade of SSAS Doctor by country

SSAS AND OTHER NON-TRAINING POSTS	ENGLAND	N. IRELAND	SCOTLAND	WALES	UK TOTALS	REPUBLIC OF IRELAND
Associate Specialist	19	1	2	-	**22**	-
Clinical Assistant	1	-	-	-	**1**	-
GP with Special Interest (GPwSI)	4	1	1	-	**6**	2
Macmillan GP Facilitator	1	2	-	-	**3**	-
Medical Director ONLY	9	1	-	-	**10**	-
Medical Officer	5	3	-	-	**8**	1
Specialty Doctor	65	4	8	2	**79**	-
Staff Grade	7	-	-	-	**7**	-
Other non-training post	13	-	2	2	**17**	-
Total SSAS and other non-training posts	**124**	**12**	**13**	**4**	**153**	**3**

Trainees

Specialist Advisory Committee (SAC)

In September 2014, the SAC reported 248 (202.8 fte) palliative medicine registrars in the UK (Table 7) with 84.4% female. Overall, 31.8% of registrars were working < FT. The breakdown for these posts was: 215 (173.3 fte) in England, 13 (11.6 fte) in Scotland, 13 (12.5 fte) in Wales and 7 (5.8 fte) in Northern Ireland. The number of OOP trainees in UK was 18 post-holders and 28 on maternity leave. In England there were 10 academic fellows at registrar grade and 4 academic clinical lecturers posts.

Annual expansion rate of registrar posts JRCPTB has fallen in 2013 and 2014 compared to 2012 (Table 8) and to the overall expansion rate of 54.1% between 2001 and 2010.

In Eire there were in Sept 2014:16 registrar posts (14 Female)

1 on long-term leave of absence;1 acting at Locum Consultant level

Table 7. UK Trainee Registrar SAC Data September 2014

Sept 2014 SAC	**UK**	**ENGLAND**	**SCOTLAND**	**WALES**	**N IRELAND**
TOTAL REG	248	215	13	13	7
FTE	202.8	174.4	(11.6)	(12.5)	(5.8)
REG FT	169	145	7	12	5
	68.1%	67.5%	53.8%	92.3%	71.4%
REG <FT	79	70	6	1	2
	31.9%	32.5%	46.2%	7.7%	28.6%
LAT	11	10	1	0	0
OOP	18	17	1	0	0
Education	0	0	0	0	0
Research	8	7	0	1	0
Clinical	6	6	0	0	0
Other	4	4	0	0	0
Mat leave	28	22	4	1	1
ACF	10	10	-	-	-
CMT	29	24	3	1	1

Table 8. Expansion of Registrar posts (JRCPTB database)

No. UK Registrars	Year	% expansion
135	2001	
179	2005	32.6%
208	2010	16.2%
220	2011	5.8%
243	2012	10.5%
240	2013	- 1.2%
248	2014	3.3%

CCTs and Outcome of achieved CCT holders:

Overall, it takes on average 5 years to train a Palliative Care Physician (Note: this figure modified from 4 years full-time training because of the number of less than full-time trainees). For the period 1st August 2014 to 31st July 2015 expected CCTs are 37.

For the period 1st August 2013 to 31st July 2014 33 certificates of completion of training (CCTs) in palliative medicine were awarded 10 recipients in substantive posts, 4 in locum consultant posts, 14 in their periods of grace, 1 abroad and 4 other.

Projected numbers of CCTs for the next 5 years are taken from JRCTB data for UK between 2014 and 2018. (Table 9) and for Eire (Table 10).These projected numbers will vary year on year affected by changes to less than full-time working, periods out of programme etc .The average number of CCTs estimated per year between 2014-2018 is 50/year.

Table 9. JRCPTB Projected CCT data September 2014.

Year	England	Northern Ireland	Scotland	Wales	UK
2014	54	0	4	6	64
2015	57	1	8	2	68
2016	39	2	1	0	42
2017	25	1	0	0	26
2018	5	0	0	1	6
Totals	**180**	**4**	**13**	**9**	**206**

Table 10. Projected CCSTs for Eire (APM data 2014)

Year CCST due	2014	2015	2016	2017	2018
Number	1	2	6	2	3

Development of the Consultant Workforce

The following factors will influence the numbers and development of the consultant workforce:

- The increase in workload due to the higher prevalence of cancer, and patients with long-term conditions
- A predicted 20% increase in mortality rates for patients aged 85 years or older.
- The high proportion of women trainees (greater than 80%)
- The percentage of UK doctors working less-than-whole-time (52% for Consultants and 32 % for trainees)

However the number of Consultant posts available may increase due to trainees moving abroad, entering whole-time research or leaving medicine, an increase in the rate of retirement among older consultants, and the impact of the state retirement age for those currently younger than 50 years increasing to the age of 67.

The most important variable, though, is the creation of new posts and their funding (ie expansion in consultant numbers) within the current financial climate.

Consultant Expansion and Retirements.

RCP Census 2013:

Consultant expansion rate. The annual UK expansion of our consultant numbers showed a decrease from 9.5% in 2011 to 0 % in 2013-4 (RCP). This compares to an overall fall in expansion rates for medical specialties from 10.2% in 2009 to 4%.

Using SAC data % expansion from 2013 t0 2014 decreased from 6.1% to 3.2%.

Consultant appointments in 2012 advisory appointments committees (AACs) appointed consultants in 70 out of 83 cases (84%), with 13 appointments not made January - December 2013 show that 43/59 (73%) were successful, six were not made and 10 were cancelled.

Consultant retirements.

APM data 2014: for UK between 2014 and 2018.estimated 33 retirements on average 6.5/year and from 2019 -2023 = 9.5/yr. In 2013 the average age of retirement is 60.2 years.

Only 2 responses from the Republic of Ireland; 1 intends to retire in 2023 the other intends to retire in 2021.

RCP 2013 -14:

The average rate of retirement (due to consultants reaching 65 years of age) is anticipated at 5 per year during the period 2014–18, and 11 per year over the following five years. However, intended average retirement ages reported in the census in the UK is 60.7 yrs and ranges from 59.8 years (Northern Ireland) to 61.7 years (Scotland).

Consultant vacancy rate has fallen to 7.2% of the workforce for 2013 and 7.5% in 2014 (SAC) compared to 8.8 % in 2010 and 12.3 % in 2009.

Workforce issues for the specialty in the UK 2014-18

The projected average number of CCTs per year = 50 which can be used as a model to match number of Consultants needed.

A simplified predictive model (Table 11) with the need **to interpret with caution** as it is dependent on historical consultant expansion being maintained tempered by the annual number of retirements and the fluctuation in CCT holders each year.

Table 11 .

	Average Per annum 2014-18			Per annum expansion 2012-14	Potential excess CCT holders in 2018 if historical expansion maintained
	New CCT holders/yr	Consultant retirements/yr	Consultant expansion required		
Palliative Medicine	50	11	39	30	45 Average 9/yr

Estimated Consultant workforce requirements:

The current estimate of workforce requirements are based on 2 fte consultants for a population of 250,000 adjusted for a Consultant workforce with 30% working < FT representing an estimated need of 513 fte working across the UK. (Table 12a).

Table 12a Estimates for each country in UK and Eire

Based on 2 full-time equivalent (fte) per 250,000 population Consultant Physicians working with patients: The duties, responsibilities and practice of Physicians in Medicine. (5th Ed) Royal College of Physicians, 2011.[1] With a participation ratio (0.81- 0.95) for fte and headcount in each country using SAC 2014 data.

Country <30% FT	Population Est.ONS Millions (2013)	RCP estimate[1]		SAC 2014 data		Participation Ratio
		Headcount	wte	Headcount	wte	
Wales	3.1	29	24.8	35	30.0	0.86
N Ireland	1.8	16.5	14.4	20	17.40	0.87
Scotland	5.3	52.0	42.4	48	39.2	0.82
England	53.9	532	431.2	454	367.2	0.81
UK	64.1	625	513	555	454.2	0.82
Eire	4.05	34	32.4	35	33.6	0.95

Table 12b demonstrates a further adjustment as the numbers of Consultants working less than FT = 40%.

Table 12b. Estimated Consultant workforce numbers and wte 2014 for each country on the basis of Consultant workforce 40% <FT expressed as 2.5 wte/250000 in UK compared to current provision (SAC data 2014). With a participation ratio (0.81- 0.95) for fte and headcount in each country.

Country	Population Est.ONS Millions (2013)	RCP estimate[1]		SAC 2014 data		Participation Ratio
		Headcount	wte	Headcount	wte	
Wales	3.1	36	31	35	30.0	0.86
N Ireland	1.8	20.7	18	20	17.40	0.87
Scotland	5.3	64.6	53	48	39.2	0.82
England	53.9	665	539	454	367.2	0.81
UK	64.1	782	641	555	454.2	0.82
Eire	4.05	42.5	40.5	35	33.6	0.95

Overall significant cumulative consultant expansion has occurred in the last decade, the current estimate of need has not been reached for the UK is 513 fte representing a headcount of 625 using (< FT working = 30%). A significant shortfall in England with 367 fte in 2014 compared with an estimated need of 431 fte. Noting that there has been an increase in the proportion of Consultants working less than FT, and using <40% FT would adjust the estimate of need to 2.5fte /250,000 population and would represent 641 fte needed for UK (Table 12b).There is a discrepancy between RCP and SAC data for the UK in terms of consultant headcount and fte likely to represent those who do not hold a NHS contract.

Currently there is no problem in recruiting to NTNs but probably insufficient NTNs given the existing Consultant vacancies of 40 posts, overall unmet need and major geographical variation, consideration needs to be given to recruit additional funded NTNs in these areas, recognizing the effect of the large proportion of female and LTFT trainees who may not be able to apply outside their training region.

The most important variable remains in the current financial climate are the creation and funding of new consultant posts and the continued funding of existing consultant vacancies. Overall there remains a potential risk in the next 5 years that there will be an over production of CCT holders in regard to available consultant posts (although there has been no mis-match in trainees obtaining Consultant posts). One of the consequences of this may be the facilitation of recruitment of consultants to regions that are currently under supplied

The specialty's response to the Academy of Royal Colleges publications the 'Commission of the Future Hospital' and the 'Shape of Medical Training' in 2013 require addressing in regard to their impact on 7-day access to palliative medicine, continuity of care, our relationships with the wider hospital and community healthcare provision, and the promotion of (general) internal medicine skills across the medical workforce in meeting the needs of the frail, elderly and the increasing number of acute medical admissions.

Main issues confronting workforce planning are extending the current patterns of 7 day working and the potential added commitment to acute medicine; in the context of delivering out of hours cross - site working of community, hospice and hospital and recognition that additional consultant numbers will be needed to achieve this.

Dr Stephanie Gomm Chair APM Workforce Committee

A

A

A

A

Specialist Advisory Committee in Palliative Medicine
Report to the Association for Palliative Medicine AGM, March 2015

The SAC is a subcommittee of the JRCPTB and contributes to the development of specialist training policy as it affects Palliative Medicine and supervises the delivery of training set to standards set by the JRCPTB / GMC. 2014 has been a busy year and that looks set to continue in 2015 with Shape of Training sure to impact on the specialty. The following is a brief summary of developments over the past 12 months.

Overview of Palliative Medicine Training
In 2014 there were 248 specialty registrars in Palliative Medicine. 169 trainees were working full time and 79 were working less than full-time. Recruitment to higher specialist training is co-ordinated from the Royal College of Physicians (RCP) in England and Wales, and is led by Claire Hookey for the Palliative Medicine SAC. In Round 1 there was a 100% fill rate for both NTNs and LATs. In Round 2 there was a 100% fill rate for NTNs and a 70% fill rate for LATS. This compares extremely well with other specialties.

In 2015 we return to the use of national recruitment for both Round 1 and Round 2. The person specification has been amended for 2015 permitting the entry qualification of MCEM but is likely to need further review in 2016.The specialty remains committed to considering applications from professionals with a range of different experience.

There has been on-going uncertainty about whether LAT posts will be permitted in 16/17. This is clearly a concern for the specialty and an issue that the SAC has been highlighting to JRCTPB and others over the past 12 months.

There are insufficient NTNs given the Consultant vacancies and certain areas are struggling to recruit. We need additional funded NTNs in these areas. A large proportion of trainees are female and working less than full time and the trend is for them to apply for consultant posts in their training region. Additional issues include 7/7 day working and the potential added commitment to acute medicine. Both will require additional consultant numbers which in turn requires an increase in the number of training posts.

Formal Academic Training (NIHR funded)
Since 2006, there have been eight Palliative Medicine Academic Clinical Fellows (ACFs) in London, Yorkshire, Mersey and the East of England. ACFs are for doctors in the early years of specialty training and are aimed at preparing the post holder to undertake a training fellowship for a higher degree or a postdoctoral fellowship. Two Palliative Medicine ACFs have acquired doctoral research fellowships and are now doing PhDs. In general, about one third of all ACFs acquire fellowships.

Six Palliative Medicine Clinical Lectureships (CLs), which provide opportunities for doctors working towards completion of specialty training, have been awarded in London, Yorkshire and Mersey. However not all Palliative Medicine Clinical Lectureships have been able to attract recruits, and there are vacancies.
There is a support group for academic trainees which is facilitated by Professor Mike Bennett

Shape of Training Review
A proposed model aims to produce doctors capable of providing more general care without shortening training. It comprises 2 years of foundation training followed by three years of core medical training and one further year of general medicine during specialty training. Design of the fourth year of GIM is challenging and the type of job that a consultant may be asked to do at the end of the training period is not yet clear.

The plan is to develop the internal medicine curriculum for the entirety of the programme i.e. year 3 to year 7. This will allow definition of a core set of competencies in internal medicine on top of which specialties could develop their specific internal medicine component, considering the needs of their patients. It will be important to ensure that there is no duplication between the competencies required for internal medicine and those of the specialty.

The GMC is developing a paper on credentialing. An SAC working group is reviewing the curriculum to see which areas could be classed as credentialing.

Quality
The SAC recently conducted a survey of trainee handover both pre and post on call. Many areas of good practice were noted but there was often a lack of formal handover procedures, particularly during the normal working week. The SAC is now reviewing the guidelines for handover. Trainees are being encouraged to highlight areas of concern to their TPD.

Curriculum Review
The curriculum continues to be reviewed and adapted. The GMC have approved minor modifications in the content. Following wide consultation there has been a change in the type of DOPS (Directly Observed Procedural Skills) required and a reduction in the total number of workplace based assessments. Shape of Training will require a significant review of the curriculum.

Specialty Certificate Exam
The Specialty Certificate Exam (SCE) was introduced in November 2011 and is led by Professor Karen Forbes. It consists of two three hour exam papers each with 100 best-of-five questions, displayed in a random order. For 2014 the pass rate for all candidates was 61.8% (42/68). The pass rate for UK trainees was 71.2% (42/59)

Workforce Planning
The SAC continues to contribute to workforce data collection with trainee numbers (full-time and less than fulltime), CCTs achieved and expected consultants (fte), consultant vacancies and destinations of CCT holders for each of the 4 countries. In 2014 the SAC survey was crucial in highlighting inaccuracies in the RCP workforce data for the specialty.

National Tariffs for Training
For two years there has been concern within the specialty about the changes to funding arrangements for registrars, which could in turn adversely affect training programmes across England. Progress with establishing a definitive position is slow although the DH and HEE are engaging with Hospice UK following a recent survey. HEE did not appear to have an accurate view of training in hospices and LETBs should now be receiving guidance to maintain the status quo for funding in 15/16.

Alison Coackley – Chair, on behalf of the Palliative Medicine Specialty Advisory Committee, JRCPTB
March 29, 2015

Neurological Palliative Care Special Interest Forum March 2015

This has now been running for approximately 3 years. The forum is comprised of a group of professionals, predominantly palliative medicine doctors but a few other health and social care professionals, who are keen on sharing ideas and good practice around palliative care in patients with advanced progressive neurological diseases eg MND, Parkinson's disease etc. The group maintains email contact, using this as a discussion forum for interesting clinical questions or sharing ideas re audit etc. There is also a yahoo web group, but this has not been very successful and we are looking into alternatives at present.

Our inaugural conference was held in Leicester in November 2013. Following this Jane Neerkin organised a very successful neuropalliative study day in June 2014 in London – this covered several areas including managing seizures in brain tumours, movement disorders, dementia and palliative care and current areas of research. A few of us then got together for a meal in the evening to follow up discussions about research ideas for the future.

On 17th March 2015 Aruna Hodgson organised a further conference in Manchester. This included topics such as; End of Life Care in Parkinson's Disease; Psychiatric and behavioral manifestations of Huntington's disease; Management of Creutzfeldt-Jakob Disease. The afternoon included discussions on NIV – starting, monitoring & withdrawing.

Christina Faull is leading on work on ventilation withdrawal at the request of a patient – this has involved developing a position statement for the APM, and establishing a group to develop guidance on withdrawal. An audit group has also been established, and we hope to be able to gather data from across the country in relation to practice around ventilation withdrawal,. We are aware this can be a difficult area, and the possibility of a list of people prepared to act as mentors is being explored.

Other members of the group are involved in several areas:

David Oliver is chairing the EAPC / European Academy of Neurology Taskforce on Neurological Palliative Care and a joint consensus paper is due for publication in 2015.

Jamilla Hussain is leading a national audit looking at triggers for end of life in patients with progressive neurological disease which is nearing completion, but may well lead on to further work.

Members of the group are involved in the NICE Clinical Guidelines Development Group for the management of MND.

This is an interesting time in relation to neurological palliative care. Nationally the issue of assisted suicide is frequently discussed and debated, and this often includes people with advanced neurological conditions. In addition the area of transition from childhood to adulthood frequently covers those with neurological conditions and is gaining recognition in it's own right.

If anyone would like more information re the neurological palliative care SIF then please don't hesitate to contact me

Annette Edwards
Annette.edwards@suerydercare.org

Association for Palliative Medicine: Undergraduate Education Special Interest Forum - Annual report to APM AGM April 2015

The Undergraduate Education SIF is co-led by Dr Stephen Barclay (Cambridge) and Prof John Ellershaw (Liverpool).

Annual conference, March 2015.

The third annual conference of the APM Undergraduate Special Interest Forum was held at Cambridge University in March 2015 and was well attended, with over 50 delegates taking the opportunity to engage with the day. Dr Mark Gurnell, Associate Clinical Dean at Cambridge University presented the keynote address, which was entitled "Medical Student Assessment: Challenges and Recent Development" and included discussion relating to the national database of questions used for final exams in medical schools. It was recognised that whilst the database is shared with all medical schools in the UK, it currently includes only a limited number of palliative medicine questions. A workshop was held in the afternoon and following discussion with Dr Gurnell we are now establishing a methodology for increasing inclusion of palliative medicine within the national database. A number of presentations from around the country informed the conference of current research in undergraduate palliative medicine education and assessment methodology. It was of interest that two groups have used the new APM curriculum to map against their undergraduate curricula. It is hoped that a tool for mapping can be developed and made available on the website.

Invaluable contributions to the conference were made by Jo Wren, a GMC Regional Liaison Adviser, who provided an update on the activities of the GMC, particularly in relation to the recent Leadership Alliance report into care in the last days of life, '*One Chance to Get it Right'.* We also had a very informative lecture from the Chairman of the Medical Education Steering Group for the European Association for Palliative Care, Professor Frank Elsner of Aachen University, who described the current work being undertaken to review the achievements of the Steering Group and also developments in medical undergraduate education in Germany.
It is exciting to be part of an evolving group of clinicians and educationalists who are enthusiastic and passionate to develop undergraduate education - one of our biggest opportunities to influence the doctors of tomorrow.

PalliEd

This innovative project, led by Dr Colin Giam, was initially presented at the 2014 SIF conference. Dr Giam provided an update on PalliEd, which is rapidly growing as a national online resource for medical student education in palliative medicine. Delegates suggested areas for future development and we are keen to encourage the continued use of shared educational materials through this site. The PalliEd web address is http://www.pallied.com/Home.html.

Website

A further exciting development has been the introduction of the SIF Website, which can be found at http://www.apmuesif.phpc.cam.ac.uk/. The site gives details regarding the palliative medicine components of the undergraduate curricula at most of the UK's medical schools, and we would welcome further submissions from Medical Schools who have not yet had the opportunity to complete a proforma. We hope to continue to populate the website with appropriate information and tools to support undergraduate education.

Annual Conference, Thursday 7th April 2016

We look forward to the next annual conference, which will take place in Liverpool on Thursday 7th April 2016 and will focus on Technology Enhanced Learning (TEL). We look forward to sharing developments in this area as well as research in medical undergraduate education. There will be a call for abstracts for the meeting and further information can be obtained by contacting Jan Barnard at jan.barnard@liverpool.ac.uk.

Stephen Barclay sigb2@medschl.cam.ac.uk
John Ellershaw J.E.Ellershaw@liverpool.ac.uk
April 2015

Report from the Transition SIF

Coordinator Dr Amelia Stockley, ST6 Palliative Medicine, Severn Deanery

I am pleased to report that the inaugural meeting for the Transition SIF has been arranged for May the 6th of this year. With support from the charity Together for Short Lives I have organised a relatively small meeting of 30 delegates. A series of interesting presentations will be looking at the problem of transition in palliative medicine from a variety of perspectives: a young person's hospice, an adult hospice with a transition service, the young people themselves, primary care, the charity Together for Short Lives, the acute sector and research. We will be sharing ideas and experiences and deciding upon how to proceed with the SIF.I am extremely grateful for the financial support provided by the APM for the meeting and look forward to reporting the outcomes.

Dr Amelia Stockley
April 2015

T