Association for Palliative Medicine

Annual General Meeting

Thursday 30 March 2017

1630 - 1730

Room: Hall 1A

ASP Conference, Belfast Waterfront

The Association for Palliative Medicine of Great Britain and Ireland

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1. **Welcome from Chair**

2. **Minutes of 2016 Annual General Meeting**

3. **Committee Reports**

   a. President .....Prof Rob George

   b. Treasurer .....Dr Mike Stockton

   c. Ethics Committee .....Dr Idris Baker

   d. Juniors Committee .....Dr Anna Street

   e. Professional Standards Committee .....Dr Sarah Cox

   f. Science Committee .....Dr Jason Boland

   g. Specialty Staff Grade & Associate Specialists Committee ..Dr Helen Bonwick & .....Dr Esraa Sulaivany

   h. Trainees' Committee.....Dr Amy Proffitt

   i. Workforce Committee .....Dr Stephanie Gomm

   j. Specialist Advisory Committee .....Dr Alison Coackley

   k. Joint Speciality Committee .....Dr Sarah Cox

4. **Special Interest Fora Reports**

   a) Neurological Palliative Care Special Interest Forum.....Dr Aruna Hodgson

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

c) Transitions Special Interest Forum .....Dr Amelia Stockley

5. Committees

Thanks to committee members who have demitted

Executive Committee
Elected Member: Dr Dee Traue
Education Committee Chair: Dr Chris Farnham
Republic of Ireland Representative: Professor Tony O'Brien
RCP/APM Joint Specialty Chair: Dr Wendy Makin

Specialty Staff Grade and Associate Specialists Committee
Elected Member: Dr Rebecca Akroyd

Trainees' Committee
Workforce Representative: Dr Heidi Mounsey
SAC Representative: Dr Kirsten Baron
SAC Representative: Dr Mary-Ann McCann

Ratification of elected members

Executive Committee
President: Dr Andrew Davies
Dr Davies will now take over the Chairmanship of the AGM and Professor George demits office

Vice President: Dr Iain Lawrie
Secretary: Dr Amy Proffitt
Elected Member: Dr Alison Franks
Elected Member: Dr Simon Noble
Republic of Ireland Representative: Dr Feargal Twomey
RCP/APM Joint Specialty Chair: Dr Sarah Cox

Juniors Committee
Mentoring Co-ordinator: Dr Laura Gordge
Postgraduate Membership Co-ordinator**:** Dr Sophie Hancock

Professional Standards Committee
Representative to RCP Revalidation Network: Dr Cate Seton-Jones
Elected Member: Dr Amy Proffitt

Specialty Staff Grade and Associate Specialists Committee
RCP/APM JSC Representative: Dr Nicola Goss

Trainees' Committee
Chair: Dr Rebecca Lennon
Dr Lennon will now take over as chair of the Trainees' Committee. Dr Proffitt demits from the role.

Science Representative: Dr Simon Etkind
Ethics Representative: Dr Anthony Williams

Workforce Committee
Chair: Benoit Ritzenthaler
Dr Ritzenthaler will now take over as chair of the Workforce Committee. Dr Gomm demits from the role.

Northern Ireland Representative: Dr Joan Regan

6. Announcement of APM award winners

a. Undergraduate Palliative Medicine Essay Prize 2016 (*Rosalind Henderson*)

b. Undergraduate Audit Prize (*Amy Worrall*)

c. Twycross Research Prize (*Shuchita Patel*)

7. Any other business

8. Date of next AGM

The Association for Palliative Medicine of Great Britain and Ireland

Annual General Meeting – 2016 Minutes

Thursday 10 March 2016

Lomond Auditorium
The Scottish Exhibition and Conference Centre, Glasgow

01/16 **Welcome from Chair**

Rob George welcomed all those present to the meeting.

02/16 **Minutes of 2015 Annual General Meeting**

The minutes were accepted as a true and accurate record.

Proposed: Dr Jason Boland
Seconded: Dr Idris Baker

03/16 **Committee Reports**

a. **President**

Professor George highlighted that the APM has had a clear voice through leaders and the media. The presence on social media is growing. Professor George encouraged the membership to contribute by linking with others that disseminate research and opinion regularly via Twitter and Facebook. Represent the APM in a fair way and look into the future. Professor George highlighted the vision and values document which was included within the AGM papers. The vision needs to be punchy and accessible. Hard copies of the vision document were made available to the members in the meeting. There are also copies on the APM stand and available for download on the APM website.

Professor George thanked Ben O'Brien and the executive committee for their contribution to putting the vision document together. It was noted that the association needs everyone to engage with task and finishing work.
The membership were encouraged to get involved. Professor George asked the membership to engage by telling the APM what they want on the website that they would find a useful resource.

b. **Treasurer**

End of year account 2015
Dr Stockton reported that the APM now has a clear view of the finances and the outset is that finances have improved. The losses over the previous years were highlighted to show the scale of difference between 2014 to 2015;

Financial Year	Underlying Loss
2015	£12,354
2014	£93,636
2013	£64,074

It was felt that this was a positive step forward. However, it will still take some time to build up a financial reserve. The loss was eliminated by transfer of profit share from PCC. End of year surplus £17,646. General fund balance £66,101. 4 months running cost. Shortfall c£30,000

Financial actions over 2015
Income Generation, planning for this year and cost reductions. Increasing membership fee (from December 2015) the increase in membership fee was agreed at the last AGM.
Expenditure Reduction. Reducing journal costs. Stopped the vice president payment. General efficiencies within the secretariat.

Plans for 2016
Income generation is the theme for 2016. End of Year Forecast - £10,000 surplus target to replenish reserves.
Newly created income generation lead role. New education strategy. Optimising the advertising potential of the APM. Further administrative cost reduction. President salary reduced to 1 PA.

Financial Summary
Stronger financial position achieved in 2015. Continued efforts to increase income and reduce expenditure. End of year forecast for 2016 is £10,000 surplus.

The accounts for the year end 30 November 2015 were ratified.
Proposed: Dr Fliss Murtaugh
Seconded: Dr Dee Traue

c. **Education Committee**

Dr Davies reported that the Education Committee has disbanded. The Executive Committee are putting together a small education group to oversee future study events. The new education group will oversee all APM events in terms of education value and finances.
It was noted that the committees need to put in time to reduce the administration costs linked to running an event. Dr Davies reported that the next annual conference will be in Belfast in March 2017. The programme for this event is currently being worked on by the education group. It was noted that the APM will run the event with content that the members want.

d. **Ethics Committee**

Dr Baker thanked Dr Tim Harlow for his time as chair of the Ethics Committee. It was noted that Dr Derek Willis would now be vice-chair of the Ethics Committee. The committee focus will be on supporting the association on ethical issues related to palliative medicine. BMA consultation on end of life care; the committee is continuing to monitor the output from this consultation and consider how it can support the APM's engagement with it. The BMA has been through an interesting process of consultations. The agenda won't be published until May. It is likely that end of life care will be a major part of the focus of the meeting. Dr Barker encouraged the members to take an interest in it and to make representations locally.

e. **Juniors Committee**

The report was noted

f. **Professional Standards Committee**

The report was noted

g. **Science Committee**

Dr Boland asked the membership for a show of hands to see how many people are accessing the journals via the APM website. The Science Committee highlight any articles from the journals that will be of interest to the membership. These are then linked in the monthly bulletin and via the website. Dr Boland reported that the committee are putting guidance and useful resources for hospices on the APM website and developing a resource document. The committee marked the undergraduate essay prize and it was noted that the essays were at a very high standard.

h. **Specialty, Staff Grade and Associate Specialists (SSAS) Committee**

Dr Bonwick reported that the SSAS committee are keen to put on another study day. Development of SSAS drs in palliative care. Dr Wendy Makin and Dr Alison Coackley are going to join a finishing group to look at that. Large part of the workforce undervalued. It was noted that very few members that completed the SSAS survey were on SSAS contracts. Dr Bonwick put out a plea to use the correct contract as it is important to go through the correct process.

i. **Trainees' Committee**

Dr Proffitt thanked the committee for their hard work over the year. Dr Rebecca Lennon was thanked for leading on providing information relating to the BMA junior doctors. It was reported that the Executive Committee would like to submit a statement in support of the trainees.

Statement
The APM supports adequately resourced seven day palliative medicine services but believes that the imposition of a contract on the junior doctor workforce will make recruiting and retaining enough junior doctors to achieve this increasingly difficult, even if funding becomes available for such services. In time it could threaten those areas where such services are already provided and thus harm terminally ill and dying patients.

It was felt that there has to be a clear position statement from the APM. It was agreed that all need to stand firm alongside the juniors who are the future. There was some discussion and comments from the membership. A show of hands was requested as to whether the membership were in support of the statement. All present were in favour. Due to the attendance at the AGM the vote was not quorate. A vote of the entire membership via email needed.

j. **Workforce Committee**

Dr Gomm thanked the members of the Workforce Committee for all of their hard work. Dr Gomm also thanked the demitting members. Dr Heidi Mounsey was welcomed onto the committee as the new trainee representative. It was noted that the committee is seeking four committee members. Dr Gomm urged the membership to nominate a friend or colleague to join the committee. It was noted and important to emphasise how closely the committee work with the specialty advisory committee. Dr Gomm reported that the annual census and further information relating to data can be found on the workforce page of the website.

k. **Specialty Advisory Committee**

Dr Coackley paid tribute to Dr Fiona Hicks;

It was with great sadness that members of the SAC heard about the death of Dr Fiona Hicks in autumn 2015. Fiona was an inspirational and influential colleague and was Chair of the SAC for six years. She made many significant contributions to the development of training and was always a great source of wisdom and advice. We are very grateful for everything she did and we will miss her enormously.

The tribute was followed by a round of applause.

Dr Coackley thanked the members of the specialty advisory committee. The working group have been developing draft Competencies in Practice for the specialty training programme which will form the basis of the new curriculum.

Certificate of Eligibility for Specialist Registration (CESR)

The number of applications for CESR increased markedly towards the end of 2015 and into 2016. CESR applicants are assessed against the current curriculum and need to provide extensive evidence of their competence and experience. It is absolutely essential that any doctor considering this route receives the most up to date information and advice about requirements. Advice is available from CESR assessors via the SAC, the GMC and from the certification department at the JRCPTB.

04/16 **Shape of Training**

Dr Coackley highlighted to the members the ongoing discussions about the shape of training review and the potential impact on the specialty. The recent paper published in APM Post has been included with the AGM papers. The paper outlines the current position. The proposed model aims to produce doctors capable of providing more general care. 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. Current work streams within JRCPTB are defining the new internal medicine curriculum which contains a core set of competencies. Members will be pleased to know that one of these is palliative and end of life care skills and the SAC is providing input as to what this should include and how it should be assessed. Dr Coackley took questions from the members. There was a discussion and it was felt that further insight would help the membership.

The APM and the joint specialty committee have joined forces on issues this year, not least the shape of training. There is a need to be clear about the role and direction of future energies. The profile of palliative medicine needs to be increased. It was noted how important the debate on shape of training had become.

A session to continue the discussion on Shape of Training has been arranged for Friday 11 March during the coffee break in the Alsh room. Members were encouraged to attend.

05/16 **Special Interest Fora Reports**

a. **Neurological Palliative Care Special Interest Forum**

The report was noted

b. **Undergraduate Medical Education Special Interest Forum**

The report was noted

c. **Transitions Special Interest Forum**

The reports was noted

06/16 **Committees**

Rob George thanked all the committee members that have demitted this year.

Ethics Committee
Dr Tim Harlow (Chair of the Ethics Committee)

Executive Committee
Dr Fiona Finlay (Scotland Representative)

Juniors Committee
Faye Johnson (Postgraduate membership coordinator)

Professional Standards Committee
Dr Andrew Davies, Dr Esraa Sulaivany (SSAS Rep to the Professional Standards Committee)

Specialty Staff Grade and Associate Specialists Committee
Dr Anna Hume (Joint chair of the SSAS committee), Dr Sally Middleton (Joint chair of the SSAS committee)

Trainees' Committee
Dr Katrien Naessens (Secretary and Regional Reps Coordinator), Dr Mary McGregor (Trainee Rep to the Workforce Committee), Dr Kate Mark (Specialty Advisory Committee Scotland Rep)

Workforce Committee
Dr Julie Doyle (Northern Ireland Representative), Dr Feargal Twomey (Republic of Ireland Representative), Dr Kathleen Sherry (Scotland Representative)

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

Elected members were ratified, as follows:

Ethics Committee
Dr Idris Baker (Chair of the Ethics Committee

Executive Committee
Dr Annabel Howell (Scotland Representative)

Juniors Committee
Anna Robinson (Education Coordinator), Virginia Lam (Student-Selected Components and Electives Coordinator), Frank Wang (Research Coordinator), Laura Norris (Careers & Mentorship Coordinator)

Science Committee
Dr Katherine Webber

Specialty Staff Grade and Associate Specialists Committee
Dr Esraa Sulaivany (Joint chair of the SSAS committee), Dr Helen Bonwick (Joint chair of the SSAS committee), Dr Rebecca Akroyd, Beth Williams (Professional Standards Representative)

Trainees' Committee
Dr Claire MacDermott (Trainee Rep to the Professional Standards Committee), Dr Rebecca Lennon (Secretary), Dr Sharon Twigger (Regional Reps Coordinator), Dr Felicity Dewhurst (Trainee Rep to the Education Committee), Dr Joanna Prentice (Specialty Advisory Committee Scotland Rep), Dr Heidi Mounsey (Trainee Rep to the Workforce Committee)

Proposed: Dr David Brooks
Seconded: Dr Martine Meyer

07/16 **APM award winners**

Rob George announced the following APM award winners.

Undergraduate Essay Prize 2015
Essay subject: How can science help us to diagnose dying?
The first prize went to Eika Webb. The second prize went to Lucy Gray. It was noted that the standard of essays for 2015 were exceptionally high. The winning essays can be found on the Awards page of the APM website.

Twycross Research Prize
There were no Twycross Research entries for 2015.

08/16 **Any other business**

a. Patrons

Professor George reported that the APM are currently looking for Patrons. There is more information and a copy of the patron policy on the website. The membership were asked to forward any ideas and suggestions to Becki Munro.

09/16 **Date of next Annual General Meeting**

APM Supportive & Palliative Care Conference
29 – 31 March 2017

President Report

"Events, dear boy, events."

Harold Macmillan

As my Presidency began to loom in 2015, several people asked what I planned to do. They were always affable, inquisitive and affirming, but the question has the tacit assumption that I had some sort of control over events and the risible idea, as part of it, that I might also have sway over a bunch of palliative care doctors. Dream on. I started, I'm embarrassed to say, by sort of believing the assumption and as leaders are supposed to do, I began to consider a grandiose plan to do with the media and 'public' engagement, mistaking it for a strategy. I'll come back to that at the end as I outline our ideas about communications for you all to consider.

I then had the best counsel from my old friend Bill Noble, who bears the marks of APM Presidency from a few years ago when he said something like '… Rob, it's not about strategy, but events …' He was quoting Harold Macmillan's response to a question about what makes or breaks a political party and is relevant to a vision driven movement such as ours.

The best advice states the obvious memorably. Strategy isn't about plans but the inferences we draw, from events, about possible futures, and if they matter to us, the sort of responses necessary to keep us on our track. To do that requires us to know our goal and that's why we spent our time last year revisiting who we are and what sort of destination we should have in mind for the specialty. This vision and our values were launched in Glasgow.

So does Macmillan (Harold, that is) mean that strategy etc. is pointless and we just respond to events? Don't think so. Neither does Harvard business School, but they do say that strategies should be short, aspirational and scary when most hope and design them to set plans to control uncertainty (). Well that's good, then because 2016 has been nothing if not uncertain and in terms of events, there were a string that we could not ignore. Here they are briefly:

Finance & Governance

I want to start here as our good news story for 2016.

- Finance continues to challenge us, but through real team working across the Exec and Committees, and of course Becki's efficiency and the economies that our secretariat has made, means that we are now in a healthy state. However, this has meant that officers and the committees in general have had to do much of their own administration, a burden that is substantial and has left us somewhat at the mercy of events. Mike covers the detail in his Report for the AGM.
- Second, Iain has revamped our operating documents which are now available and will be adopted as part of the AGM. A major piece of work – thank you.

The Profession

Events around the Specialty feel as though they have dominated the year, three of which have defined our work and are interlinked: The Junior Doctors' Contract, Seven-day working and the Shape of training.

- We left the Glasgow conference with the task of engaging with you in considering the implications of Shape of Training (SoT) and thinking through 7-Day working. Those of you attending the conference in Belfast will have the opportunity to hear how far we have got.
- Progress on SoT has been a frustration and disappointment to us as, despite hard work and representation at every opportunity, its structure and detail of SOT remains undecided at College level. The College notified us that there would be no definitive news in the next month or two, but the state of play is apt to change without notice, although implementation will undoubtedly be put back quite some time.

I. If you are unable to make the presentations and discussion at conference, ensure that you read them on the website.

- Difficulties around seven day working and on call are closely linked to training and we have been active in collecting models and possible solutions that will also be loaded onto the website following Belfast's presentations and discussion.
- Spring and summer was dominated by the Junior Doctors' dispute over their contract and we were very active on our trainees' behalf in making the case for moderation in the light of our staff demographic. The open letter that Amy Proffitt and I wrote to Jeremy Hunt on your behalf is on the website.
- The work of our intrepid Workforce Committee adds flesh to the challenges that we face into the future on training and service cover, the bottom line being that we have a static consultant workforce and too few trainees. Look at Stephanie Gomm's Report for more information on this.

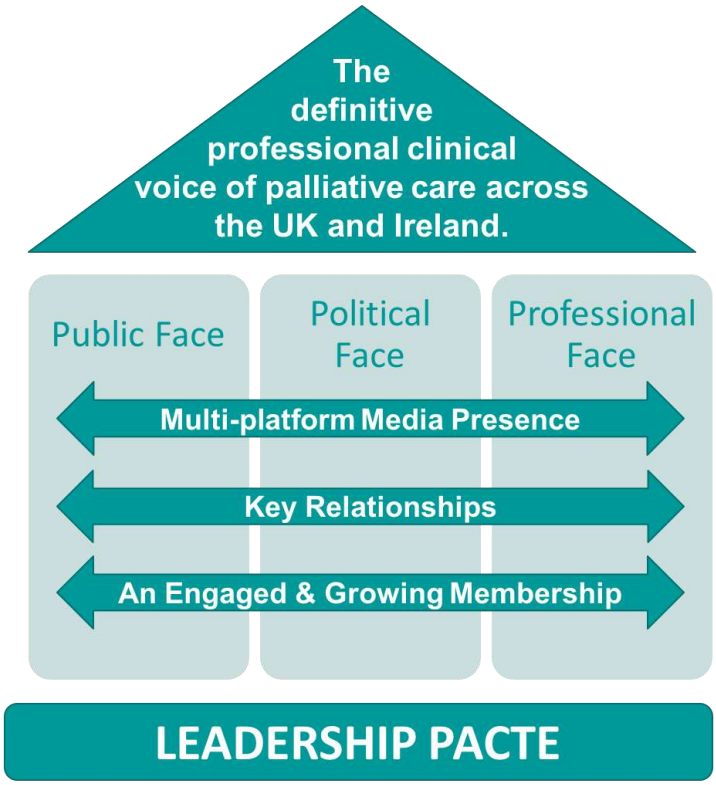
So what does that mean we should do? We might argue for more – a case that falls on deaf ears just now, look much closer to joint working with matched specialties such as elderly care or Primary Care and consider with our Specialty doctors and nursing colleagues other solutions beyond the consultant workforce. The reality is that solutions will have to come from combinations of these three options. – uncomfortable but inevitable I believe.

The Policies and Politics

Workforce brings us immediately to politics, having to do more with less and the crisis in health and social care. We are fortunate in Prof Bee Wee to have an excellent advocate and Bee has been very clear with us that now is a time for offering solutions, not expecting resource, for there genuinely are none, and using our hard-won places at decision-making tables wisely. Here is only a sample of what we have done as your representatives this year.

- Our work with her on the steering committee of the Ambitions for Palliative and EoL Care continues.
- We were involved in the development of the specification of specialist services and

- The recommendations on a Palliative Care Funding Model have been out for consultation. We are writing up the findings of our survey on this but of the 83 teams who represented themselves, current funding is a very mixed bag and most feel their resources threatened. On a very positive note a few have activity based funding and some are making their case with some success to work towards outcome-based funding.
- We have been part of the teams developing the ReSPECT process. This is also being described in the conference and we will continue to support its implementation and evaluation
- If you are unaware of the Government's 60 page publication National Commitment for end of life care, it is the key document that lays out their position. Whilst money does not come with it, one can take this as a mandate to press hard in your localities for change and for each of us to contribute to realising the Ambitions for Palliative and End of Life Care.
- Sustainability and Transformation Plans (STPs) are the 5 year forward view that informs expectations of what health care will look like. We are assembling guidance and examples for you as you will have seen from our recent bulletin call for your experiences.
- We have of course continued to respond on your behalf to the monthly requests for comments on Guidance's etc. We do at least one a month.
- In terms of the Nations, this year has been a real challenge for us all with day jobs and other pressures. The countries focus is a perennial challenge and one this year that we have not done as well as last year. One option to consider is a country focus in each Post because I am aware that with Scotland for example, much has been happening but we have reported little.
- We will need also to begin engaging meaningfully with radical models of future care that involve communities in what is becoming known as public health approaches to care for the dying, which brings us to how we engage with the public and media.



The Public

Things have been quieter generally with the media this year, although several members are very active in the public space and we continue along with our website have a healthy and active Twitter and Facebook feeds that we are exploiting to some effect.

A Communications Strategy

So finally, having listed the events that have controlled our last year, let me introduce the beginnings of our process to develop a comms strategy. I will talk about this in more detail in the session on Palliative Care: the politics, and of course you will be consulted as we refine our approach in the coming months, but as a taster We believe that there are three faces with which we must present ourselves to be effective.

- **A public face** to give a clear and accessible understanding of supportive, palliative and end of life care for people engaged or coping with suffering from life-limiting & life-threatening illness and others with an interest;
- **A political face** that influences policy and political decision-making to benefit such patients and their families;
- **A professional face** that represents our membership and the interests of the specialty.

We will develop our initial ideas through a task and finish group and will be questioning you as a membership on the priorities you wish us to develop.

As I thank you for allowing me the privilege of being your president for the last 2 years, I close with another politician's words – ironic that it is the Frenchman who blocked our entry to the common market as we take our leave of Europe:

'You have to be fast on your feet and adaptive or else a strategy is useless.'

Charles de Gaulle

Rob George
APM President, 2017

Treasurer Report

The 2016 period

Introduction

The APM has faced financial challenges over the past number of years.

The APM executive committee has successfully implemented a number of important financial changes over the year that has resulted in improved financial performance and stability.

This report will focus on the results for the 2016 financial year and the forecast for the 2017 financial year.

The Accounts for 2016 (End of year Accounts)

1. The Operating Account

In 2016 the APM generated a surplus in respect of its general activity of £68,203 (2015: loss of £12,354, 2014: loss of £93,636, 2013: loss of £64,074).

The 2016 balance sheet indicates that the general fund balance has increased from £66,101 (2015) to £134,304.

The APM reserves level is set at 6 months' running costs. Based on 2017 estimated expenditure (c£173,000), the reserve level is £86,500. This indicates the APM has an unrestricted surplus above the reserve of c£48,000.

2. The Restricted Reserve

The total in the restricted reserve is £85,855.

This is made up of two elements:

E-ELCA:	£70,794
Breathlessness Research Charitable Trust:	£15,061

There are sufficient funds to meet the intentions and objectives of each element.

Financial Actions Taken in 2016

Income Generation:

1. The membership income has increased by c£21,000 compared to 2015. This is mainly due to:
   a) Increase in the membership fee by £20 across all membership categories except for junior doctor members. This came into effect December 2015. In 2016 the APM benefitted from the full year effect of this change
   b) Increased number of members (2015: 1,012, 2016: 1,244)
   c) Improved direct debit systems for subscription collection

2. Improved income generation through advertising and marketing via the APM website and other systems.

3. Established an income generation lead as part of the APM executive.

Expenditure Reduction:

1. Reducing journal costs from £82,263(2014) and £64,891(2015, part year effect) down to £49,000 (2016, full year effect).

2. Reduction in all administrative costs by c£18,000 (17% reduction compared to 2015). This is a combination of reduced CSS costs, office overheads and other efficiencies.

3. President's salary has been reduced from 2 programmed activities (PAs) to 1 PA, saving around £13,000.

4. Committee meeting efficiencies continue.

Looking Ahead: Plans for 2017

Income Generation Plan:

1. A new education strategy that will increase the probability of being cost neutral or making a small profit. In 2014 the charity made a profit of £5,034 on education provision but in 2015 there was a loss of £898. In 2016 the APM limited education whilst gaining financial stability.

2. Income generation strategy to be further developed.

The Cost Reduction Plan:

1. Administrative costs will be further reduced this year, although it is considered that all significant efficiencies have already been realised, and that further cost reduction is limited.

Budget for 2017

For purposes of clarity and simplicity, education is dealt with as a separate area of finance.

The forecast income for 2017 is c£221,000.

The key assumptions are:

- Membership numbers maintained
- Marketing and advertising at 2016 rate

The forecast expenditure for 2017 is c£173,000.

The key assumptions are:

Area	Expenditure
Administration, organisation and telecommunications	c£80,000
All journals	£49,000
Travel and accommodation	c£19,000
President salary	£13,000
All other costs	c£12,000
TOTAL	**c£173,000**

The end of year outturn is forecast to be around £48,000 unrestricted surplus.

Summary

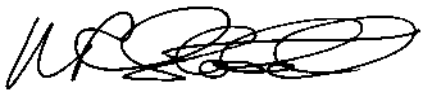
The APM is financially healthy and stable.

The APM has faced a number of financial challenges over the past years. 2016 was a key, financial, turning point. This is the first year since 2010 that the APM has created a cash surplus; there are sufficient reserves to cover six months' running costs and that there is now the opportunity to look to invest some of the funds into APM strategic priorities.

Changes have also been introduced that have improved financial clarity, governance and oversight.

The key task over 2017 is to maintain and improve the financial performance.

The APM executive committee will continue to lead, scrutinise and improve finances to the benefit of all members.



Dr Mike Stockton
Treasurer to the APM, 2017

Ethics Committee Report

Membership

Dr Idris Baker
Dr Paul Clark
Dr Craig Gannon
Professor Rob George
Dr Derek Willis
Dr Rachel Bullock
Dr Guy Schofield
Dr Anthony Williams
Emma Bailey

Ethics study days

The committee has developed this year's parallel ethics study day. Rather than trying to cover palliative care ethics as a whole, the day seeks to look in depth at some neglected and evolving areas.

In past years the two day study course has been attended by a good cross section of grades, oversubscribed and well evaluated. It was designed to cover the ethics elements of the palliative medicine training curriculum and build from theoretical basics up to practical application. The committee hopes to repeat this next year to meet the continuing demand.

BMA consultation on end of life care

Members of the committee as well as other APM members engaged with regional BMA meetings as part of their consultation on end of life care. Unlike the earlier report stages, some of these meetings focussed particularly on assisted suicide. They offered an opportunity to put the specialty's perspective and specifically to counter some of the more nihilistic messages about quality of life in life-shortening illness.

Media guidance

In response to members' requests, the committee developed brief guidance notes for use when asked to discuss assisted suicide in the media.

Undergraduate essay prize

The Committee set the annual essay prize competition with the title 'Do ethics hold back or promote advances in medical knowledge and practice?' The prize includes attendance at this year's conference.

DOLS

The committee has supported work on a members' survey about Deprivation of Liberty Safeguarding and is pleased to hear about the constructive approach being taken to a review of the regulations.

e-ELCA

We have engaged with the development of e-ELCA modules on ethical aspects of end of life care including the use of ADRTs and a proposed module on human rights.

Other Matters

The Committee has reviewed proposed surveys for their suitability for circulation to the membership. Topics have included prescribing in neuropathic pain, research priorities in palliative care, and recognition of dying.

Dr Idris Baker
Ethics Committee Chair, 2017

Juniors Committee Report

Membership

Anna Street	Chair
Emma Bailey	Secretary
Position vacant	Undergraduate Membership Coordinator
Sophie Hancock	Postgraduate Membership Coordinator
Emma Rudsdale	Communications Coordinator
Roberta Jordan	Education Coordinator
Virginia Lam (Yuk Chun)	Student-Selected Components and Electives Coordinator
Frank Wang	Research Coordinator
Laura Gordge	Careers and Mentorship Coordinator
Lucy Ison	Liaison to the APM Trainees Committee

The APM Juniors now have our own section on the APM website with information on what a career in palliative medicine involve as well as tips for applications. We also have a new "Post of the Month" where we hope to build a collection of interesting posts on the types of opportunities available in palliative medicine – from research projects and student-selected components to elective experiences and non-traditional career options.

Annual Conference

Our annual conference has been moved to the autumn to avoid clashing with other APM events and we are excited about building on our previous very successful events. We are also continuing with our aims of creating a research network linking juniors with more experienced researchers in palliative medicine.

As ever, more information can always be found on the website or our Facebook page and if you have any ideas or suggestions then please get in touch!

Dr Anna Street
Juniors Committee Chair, 2017

Professional Standards Committee Report

Membership

Sarah Cox	Chair
Amy Proffitt	Elected member, lead for FAMCARE
Vandana Vora	Elected member
Cate Seton-Jones	Elected member, revalidation rep to RCP
Margred Capel	Elected member
Beth Pulker	SSAS rep
Claire MacDermott	Trainee rep
Laura Gordge	Junior rep

The committee would like to express their thanks to Fiona Bailey who demitted from her role to emigrate to Australia. We congratulate Beth on the birth of her baby girl.

Appraisal and Revalidation

There is an APM revalidation representative who links with the RCP.

You will be receiving a survey about your experience of revalidation as the new system has been in place for five years and existing consultants will have been through it. We would encourage you to complete it – it will give us all helpful information on what is working and what is not working so well.

The APM produced a document; “Appraisal Metrics for Palliative Medicine Consultants” which aims to act as guidance for consultants and their appraisers. It is available on the APM website. There is also a top tips to getting patient feedback document on the website.

FAMCARE Audit

FAMCARE has been run successfully for the fourth consecutive year. FAMCARE is a bereaved relative survey that can be useful as one measure of quality of your service and also for individual appraisal and revalidation.

A more detailed report is available to participating teams but in general, most bereaved carers were satisfied with the end-of-life care provided to their family member by the specialist palliative care service. Indeed, the overall median percentage of “dissatisfied” / “very dissatisfied” responses was only 1.97% (range 0.65 – 3.49 %), and lower than 2015 median percentage of 3.65% (range 2.01 – 5.29 %). The highest level of dissatisfaction in 2016 was for the item “The doctor’s attention to the patient’s symptoms”. In 2015 it was for the item “speed with which symptoms were treated”.

Type of Service	Sampling Rate	Response Rate
Hospice inpatient unit (n =29)	Median 80% (range 33-100%)	Median 49%
Home care team (n=22)	Median 70% (range 24-100%)	Median 43%
Hospital support team (n= 8)	Median 49% (range 33-88%)	Median 26%

FAMCARE will continue to be run annually by the APM and individual reports are provided to services. There is a small charge of £60 for each service taking part in the audit to cover costs. For 2017, expressions of interest to take part can be made to Becki Munro at becki@compleat-online.co.uk. There will also be a call for registration in the ebulletin.

Audit Prize

The PSC and the Trainees committee have developed two audit prizes for palliative medicine. The first is for medical undergraduates and we will be announcing the winners in the AGM.

This year we are inviting all APM members to enter for a general audit prize, closing date Nov 2017. Guidance and further information is available through the website.

Signposting to Clinical Guidelines

The PSC has completed signposting lists for the following guidelines;

Neuropathic pain
Opioids
Breathlessness
Anorexia and cachexia
Constipation
Nausea and vomiting
Fatigue
Depression
Terminal Agitation
Noisy Breathing

Insufficient guidelines were found to produce references for interventional pain techniques, mouth care or sweating.

Please do use these lists and if you have comments or additions we would be happy to hear from you. The lists are reviewed every two years with the support of the Trainees committee.

Mentoring

The PSC is reviewing the mentoring guidance and list. We would welcome any consultant or SSAS members who wish to be a mentor to give their details to the secretariat. We will ask for details of work setting and training. Free training is available through the RCP in return for a limited offer of mentoring for them.

Update on Intelligence for eBulletin

The PSC continues to collate important national documents and links which we publish in the ebulletin.

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

Dr Sarah Cox
Professional Standards Committee Chair, 2017

Science Committee Report

Annual Report of the Science Committee: March 2016 – April 2017

Membership

Dr Jason Boland	Chair
Dr Elaine Boland	
Dr Helen McGee	
Dr Ollie Minton	
Dr Paul Perkins	
Prof Paddy Stone	
Dr Katherine Webber	

Co-opted Members (ex-officio)

Dr Simon Etkind	Trainee Representative
Frank Wang	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:

Articles of the month

In view of the poor use of the APM's journals, we have started selecting and writing a synopsis on the articles of the month selected by a Science Committee member each month. A selection of these are summarised for APM post.

Study day

Our study event: 'Appraising the Literature' and 'Research – Getting Started' is aimed at the APM membership (particularly SpRs) and are now established events. This will map onto any changes in the research curriculum. The next course will run pre-ASP conference (March 2017).

ASP conference

The Science Committee have 2 sessions at the ASP conference. We were involved in abstract selection, organisation of the Fiona Hicks Memorial lecture, selecting the seven best abstract prizes and judging the best poster.

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.

Twycross research prize

The Twycross Research Prize, worth £500, is awarded annually for the best report of a completed piece of original research. Guidance and application forms for the Twycross Research Prize is available on the APM website. The closing date is in early November each year. We increased the promotion of this and linked it to the ASP abstract submissions to ensure more applicants.

Promoting/developing research

We are putting guidance and useful resources for hospices on the APM website and developing a resource document.

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.

APM professional guidelines

The science committee has summarised recent professional guidelines relevant for palliative medicine clinicians.

APM position statements

The science committee has been leading on a set of position statements, including: Opioids, including their benefits, risks and effect on life expectancy; Sedative medication, including their benefits, risks and effect on life expectancy; Recognising dying and Nutrition at the end of life.

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.

Dr Jason Boland
Science Committee Chair, 2017

Specialty Staff Grade & Associate Specialists Committee Report

Membership

Esraa Sulaivany	Co-Chair
Helen Bonwick	Co-Chair
Elective Representatives	
Nicola Goss	APM Workforce Committee
Beth Pulker	APM Professional Standards Committee
Vacant	RCP/APM Joint Specialty Committee (currently represented by Helen Bonwick)
Simon Brooks	Website

There are currently three vacant posts on the committee and these are currently being advertised.

CHANGES IN COMMITTEE MEMBERSHIP

The Committee would like to express their gratitude to Dr Alison Talbot and Dr Rebecca Ackroyd who have demitted from the committee during the year. This allows the opportunity for recruitment to the committee. The chairs would like to thank the other members of the committee for their continued support and hard work

REVIEW OF THE ACTION PLAN FOR 2016 – 2017

The vacant posts were advertised and recruited to but, subsequent to that, two members have demitted leaving vacant posts. Work on developing competencies for SAS doctors has commenced and will continue into 2017 – 2018

CURRENT WORK IN PROGRESS

- Representation and participation in all appropriate committees
- Active participation in the 24/7 workforce task and finish group.
- On-going support and mentoring for other SAS doctors and those supporting them. The committee answer questions or signpost to other appropriate agencies, regarding contract issues, clinical and educational supervision, CESR applications.
- Finalising the 2017 SAS survey to look at specific issues such as SPA time in job plan, clinical and educational supervision, type of work being undertaken during role, how autonomously the SAS doctor works.
- Presentation at the ASP conference regarding CESR applications for both applicants and supervisors.

WORK PLAN FOR 2017 – 2018

- To recruit to the vacant committee posts
- To complete the competencies for SAS doctors working within Specialist palliative Medicine
- To complete a development programme alongside the competencies for progression of SAS doctors in palliative Medicine
- To send out SAS Survey and review the results
- To apply to hold a study day either jointly with the Trainee committee or as the SAS group

Dr Esraa Sulaivany and Dr Helen Bonwick
SSAS Committee Chair(s), 2017

Trainees' Committee Report

Membership

Dr Amy Proffitt	Chair
Dr Rebecca Lennon	BMA Junior Doctors committee observer/Secretary
Dr Ros Marvin	Website Officer
Dr Isobel Jackson	SAC Rep (NI and Wales)
Dr Anna Bradley	SAC Rep (England)
Dr Jo Prentice	SAC Rep (Scotland)
Dr Claire MacDermott	Professional Standards Rep
Dr Felicity Dewhurst	Workforce Committee Rep
Dr Sharon Twigger	Regional Rep coordinator
Dr Anthony Williams	Ethics Committee Rep
Dr Simon Etkind	Science Committee Rep
Dr Lucy Ison	Junior APM Rep

The Association for Palliative Medicine of Great Britain and Northern Ireland Trainees' committee have continued to engage with radical changes in training and working conditions for all juniors and trainees. We have been involved in the following work:

Engagement with BMA and Junior Doctors Contract imposition.

There has been continued engagement with the BMA Junior Doctors Committee and Multi-Specialty Working Groups. The new contract for Junior Doctors in England is now in starting to be rolled out. We have continued to supply trainees and junior members with up to date information regarding this including pay scales and a summary of terms and conditions that will affect trainees in our specialty specifically .

The BMA is engaged in many other work streams including maternity leave, exception reporting, rota gaps and morale. Dr Rebecca Lennon has continued to represent our views within this dialogue.

Shape of Training/SAC

Given the potential impact the proposed "Shape of Training "transformation may have the on the structure of training and workforce for palliative medicine, the committee has continued to engage with the dialogue between the SAC/APM and the JCRPTB. This has aided in the understanding of the unique training we undertake in the speciality. We will continue to provide support to the SAC and the APM executive committee amidst these changes. The 3 SAC representatives have been key in this role and continue to feedback to the SAC regarding other developments in training, portfolio and curriculum.

Website and Social Media

The Website Officer, Dr Ros Marvin, continues her input in the development of the APM website and the Facebook page for trainees. This closed group allows trainees to share views, discuss pertinent issues and allows networking. We have been engaging in Twitter, tweet chats and journal clubs on line. I am grateful that Dr Marvin will continue this input by extending her role to support the website on behalf of all of the APM.

Interaction with APM Juniors Committee

The 'APM Juniors' committee continues to grow. 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, T3 trainee, is an active member on the Trainees Committee and will act as the key link between the two committees.

We are currently developing closer links between the two committees.

Education Events

The committee have developed two main sessions running during the inaugural ASP conference in Belfast. The trainee's day meets core curricula items in neuropsychology and the law pertaining to palliative medicine. A juniors section on recruitment to HST with scenario practise and portfolio/CV advice has been designed to help those aspiring to a career in palliative medicine. We hope the response to these will be positive.

Research development

We previously developed a survey of trainee to ascertain the involvement in research. We are keen to promote and to encourage trainees to become involved with in its many forms and the ease of developing this. We believe that good evidence based medicine is crucial to the development of Palliative medicine. Given this drive, Dr Etkind, the science representative, is developing an understanding of local research networks and will continue this work.

Regional Representatives and Engagement.

We continue to rely on regional trainee representatives, themselves APM members, in order to communicate with the wider trainee membership. DR Sharon Twigger developed a series of telephone conferences to increase this engagement and instil the importance of the role of the regional representative and to encourage dialogue and engagement with our trainees' membership. An introductory letter was sent to all UK Trainees, instilling the vision and values of the committee in our role in representing those in HST in palliative medicine.

Other activity of Note.

Through leadership from Dr Claire MacDermott (PSC rep) we had a major involvement in the marking of the Undergraduate Audit prize. Committee members also had responsibility in the review of Abstracts for the ASP conference and are engaged in the development of position statements representing the wider membership of the APM.

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.

I would like to recognise the work of past committee members: Mary-Ann McCann, Kirsten Baron, Guy Schofield, Richard Kitchen, and Heidi Mounsey.

With some sadness I stand down as Chair of the Trainees Committee. I would like to thank the committee for their hard work and enthusiasm in representing the Trainee Body over my two year term as Chair. It has been a pleasure to work with the committee and I wish Dr Rebecca Lennon every success in the role going forward.

Dr Amy Proffitt
Trainees' Committee Chair, 2017

Workforce Committee Report

Membership

Dr Stephanie Gomm	Chair
Representatives	
England	Benoit Ritzenthaler & Polly Edmonds
Scotland	*Vacant*
Wales	Caroline Usborne
Northern Ireland	Joan Regan
Republic of Ireland	Feargal Twomey
Trainees	Felicity Dewhurst
SSAS	Nicola Goss
SAC	Polly Edmonds /Alison Coackley
Junior Member	Laura Gordge

New additions to the membership are Laura Gordge representing the APM Junior Members Committee, Felicity Dewhurst representing the Trainees Committee and Joan Regan for Northern Ireland.

Thanks for the contributions of demitted members: - Alison Talbot for SSAS Drs, Heidi Mounsey for Trainees and Feargal Twomey for the Republic of Ireland.

As Chair I will demit from 31st March and I am pleased to announce that Benoit Ritzenthaler will become the new Chair, hence there will be a vacancy for an England representative.

Workforce Committee Activity:

- Analysis of APM workforce survey for 2015 with a written commentary
- The APM 2016 survey was circulated between July 1st and 30th September with a specific focus on on-call activity and access to 7-day services. Analysis in progress.
- Joint working with the SAC palliative medicine on the APM response to implementation of 'Shape of Medical Training'.
- Membership of the APM Workforce and Service Development Group preparing the interim report on 24/7 specialist palliative care services.
- Presentation of the palliative medicine specialty report of the RCP 2015-16 workforce census, at the RCP medical specialties workforce meeting 16th November 2016.

Key messages:

- There has been no expansion of UK Consultants in palliative medicine with headcounts of 609 and 603 in 2015 and 2016 respectively that only represent 471 and 459 FTEs, (Table 1. SAC data 2015 & 2016), as % of less than full-time working LTFT increased from 61% to 66%. Overall the participation ratios (FTE/Headcount) are reduced to 77% and 76%, partly explained by 74% of consultant workforce is female (RCP Census 2015-16).

- The average annual number of 40 CCTs is inadequate to meet the existing and anticipated demand for Consultant posts, as the UK Consultant vacancy rate has increased to 10 % (61 posts) in 2016 compared to 7.5 % in 2015, along side the expected development of 30 new posts over the next 5 years, and an anticipated increase in the average retirement rate of 11/year between 2016-20. (SAC data September 2016).

- No recruitment problems in 2016 as all ST3 posts filled and a 5% vacancy rate. Impact of loss of LATs in 2016 for hospices refunding LAS posts for maternity leave and OOP experience and the effect of reductions in tariff make the potential withdrawal of training posts if hospices are disadvantaged. Major risk of not meeting the current curriculum if hospices financially become less willing to train.

- Major geographical variation in Consultant posts as demonstrated by RCP data for 2015/16 for East Midlands and East of England followed closely by Wessex LETBs in having the lowest number of FTE consultants i.e. 1 FTE for > 165,000 population. Consideration needs to be given to recruiting additional funded NTNs in these geographical areas, and specifically in LETB areas where Consultant recruitment is difficult requiring a greater increase in both training numbers and capacity.

- It remains challenging to interface with deaneries and LETBs re palliative medicine workforce needs but vitally important we do so for 2017/18 e.g. submission of information to HEE on workforce numbers and planning.

- Impact of implementation of 'Shape of Medical Training' on workforce requirements for the specialty: the SAC and APM have fed back the implications for the specialty for delivering service requirements and training in all settings alongside internal medicine training requirements. There must be a clear recognition of maintaining and expanding both training and service delivery in non-hospital settings to fit with the national agenda of more care delivered in the community. The full implications on training and service, including on call provision, are currently being worked through. 'Shape of Medical Training' has the potential to change the distribution of both the junior doctor and consultant palliative medicine workforce, particularly if consultants are appointed in future that are dual accredited in palliative and internal medicine.

- The junior doctors' contract in England significantly changes the pay for non-resident on call structure. This combined with the changes to pay progression may affect the choices junior doctors make about entering the specialty, and the choices made about taking time out of programme for research etc.

- In all countries, the consequences of financial restraints and envisaged changes to education, training and workforce planning are a major concern. This will require the recognition that a review of the skill-mix of the specialist palliative care workforce both medical and nursing is undertaken to meet demand and access to 7 day, 24 hours palliative care.

Role of APM Workforce Committee

The APM workforce committee links closely with the training programme directors on the SAC Palliative Medicine who obtain annual workforce data on the numbers of trainees, SSAS doctors and consultants in their Deaneries/LETBs. We jointly attend the RCP Workforce annual medical specialty meeting see below:

RCP Medical workforce meeting 16th November 2016

For the APM, Benoit Ritzenthaler, Stephanie Gomm attended jointly with Polly Edmonds for the SAC Palliative Medicine, to present the palliative medicine report of the RCP 2015-16 workforce census, Discussions for each specialty focused on current consultant numbers, expansion, recruitment and unfilled posts; current trainee numbers and recruitment.

An opportunity to raise issues for our specialty on 7-day services and the proposed changes for general internal medicine and implications for specialty training and to make predictions for workforce planning over the next 5 years. Strong representation was made to HEE on the inadequate training numbers to meet the increase in consultant vacancies, the need to use FTEs instead of headcount for workforce requirements and unmet need for the population.

Academy of Royal Colleges publications the 'Commission of the Future Hospital' and the 'Shape of Medical Training' continue to be debated see www.jrcptb.org.uk and their indicative impact on the format of 7-day access to palliative medicine, continuity of care, our relationships with the wider hospital and community healthcare provision, and the promotion of internal medicine skills across the medical workforce.

APM Workforce Commentary by Country

For England: As a specialty there has been no reduction in training numbers in 2015 and 2016. Despite detailed data from the APM and SAC, HEE and LETBs use Information from NHS Trusts that underestimates both the headcount and FTEs for palliative medicine trainee/Consultant and their required expansion e.g. 272 FTE Consultants for England but SAC 2016 data report 376 FTE.

Across England engagement with LETBs has been difficult, in many places there is lack of understanding about NHS and voluntary sector workforce. It remains challenging to interface with LETBs re palliative medicine workforce needs but vitally important we do so for 2017/18, and submit information to HEE on workforce numbers and planning. The Association for palliative medicine approached Health Education England, explaining that we will not be able to meet the demand and the existing Consultant vacancy rate unless a significant increase of national training numbers is provided for the specialty and specifically in the LETBs where there is a higher need for consultant posts per population because most trainees will not move given the availability of consultant posts across the country. The low participation rate of 77% means we require more doctors trained in the specialty to meet the need.

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 was given one additional trainee in 2016, The number of trainees on the Programme is 14.

For Wales: It is not anticipated that there will be a significant further expansion in medical workforce in Wales. These calculations are based on the existing models of service delivery and workforce. There remains uncertainty, depending on the outcome on the current consultation on the 'Shape of Medical Training' in making future projections difficult for the medical workforce.

For Northern Ireland: The Palliative Care Programme Board has developed a Clinical Engagement Group, whose first task is undertaking a workforce planning review of the specialist palliative care workforce and will include specialist medical, nursing and AHP staff. This unique multidisciplinary review is being led by Dr Gillian Rankin of the Public Health Agency, and is using the 2012 UK Commissioning Guidance to benchmark current staffing and activity levels. This review is well underway, with the final report due in Autumn 2017. There are no plans to expand trainee numbers prior to the outcome of the report.

For Ireland: Expansion in consultant posts remains slow and continues to impact on the availability of consultant posts for trainees who have completed higher specialist training in Palliative Medicine.
The HSE's National Clinical Programme for Palliative Care has prioritised the development of a palliative care model of care for 2017. Workforce planning across disciplines is a core component of this work stream.

The Palliative Medicine Workforce report has been submitted to the HSE's National Doctors Training and Planning Directorate. It is hoped that the HSE will endorse and publish this as a specialty benchmark report to guide workforce development and expansion.

Commentary by medical grade:

Higher Specialty Trainees (HST)

- In the UK, RCP 2015-16 HST Census reported 218 trainees (161 FTE), 177 female (81.2%) and 41 male (18.8%); England 189 (140 FTE), Wales 9 (7 FTE), Scotland 14 (10 FTE) and Northern Ireland 6 (4 FTE). See Table 1.

- In September 2016, the SAC reported 240 (202 FTE) palliative medicine registrars in the UK. Overall, 35% of registrars were working < FT. The breakdown for these posts was: 209 (175.2 FTE) in England, 13 (11 FTE) in Scotland, 11 (9.7 FTE) in Wales and 7 (6.0 FTE) in Northern Ireland. See Table 1.The number of Out of Programme (OOP) UK trainees was 19 (18.4 WTE) (8% of trainees). 43 (37.6 WTE) are on maternity leave (ML). A total of 26% trainees OOP or on ML that required backfill, noting the national variation as to funding of LAS posts and ability to mortgage NTNS. In England there were 5 academic fellows and 5 academic clinical lecturer posts occupied.

  For the Republic of Ireland there are 15 (14.5 FTE) registrars

- Over the last 5 years as a specialty we have the highest average % of female trainees at 87% (JRCPTB data) and taking into account maternity leave, LTFT in both male and female trainees, and out of programme experience the average length of training increases from 4 to 5 years. 40 higher specialty trainees annually achieve their certificate of completion of specialist Training (CCT). 43 and 30 CCTs were achieved in 2015 and 2016 with 37 anticipated for 2017. The projected average number of CCTs per year over next 3 years is 40-45.

- The annual average output of 40 CCTs is not sufficient to cover the demand of filling >60 vacant consultant posts each year. The estimated need is for 60 StRs to undertake HST annually to increase the number of CCTs required each year to fill the current 50 FTE consultant vacancies, the 30 anticipated new posts over the next 5 years and to support the increasing workload of existing post-holders. However, no increase in training numbers is expected in the current financial climate.

- 89% of trainees who responded undertake on-call telephone advice with 94% providing face-to-face emergency reviews in hospices, 30% in hospital and 19% in the community. (APM Workforce survey 2016).

- Shape of Training may result in a shorter length of time in specialty training that may influence voluntary sector hospices funding speciality doctors rather than HSTs that could potentially reduce the annual output of the numbers of consultants.

Table 1 Comparisons of UK Higher Specialty Trainee Numbers (RCP and SAC data).

Registrars	RCP 2015-16	SAC 2015	SAC 2016
UK	218 (161 FTE)	236 (204 FTE)	240 (201.9FTE)
England	189 (140 FTE)	202 (175 FTE)	209 (175.2 FTE)
Northern Ireland	6 (4 FTE)	7 (6.4 FTE)	7 (6 FTE)
Scotland	14 (10 FTE)	14 (12.5 FTE)	13 (11 FTE)
Wales	9 (7 FTE)	13 (10.4 FTE)	11 (9.7 FTE)

SSAS Doctors

- SSAS and non-training doctors make a significant contribution to the medical workforce yet their contribution tends to be are under-reported.
- The APM Survey 2016 included SSAS grades and other non-training grades.
    - For the UK 96 SSAS doctors responded, 88% of who are female.
    - 79% of 81 respondents provide on call for telephone advice mostly covering hospices and community services,
    - 71% undertake emergency face-to-face reviews with the majority at a hospice unit(s)

- SAC 2016 data however indicated there are 482 (293 FTE) SSAS and non-training doctors of whom 78% work LTFT.
- Medical grades below Consultant will need expansion to support service models, which require these doctors to be available on Saturdays, Sundays and Bank Holidays.

Consultants

- There has been no expansion of UK Consultants in palliative medicine with headcounts of 609 and 603 in 2015 and 2016 respectively, and only represent 471 and 459 FTEs, (Table 2. SAC data 2015 and 2016} as 61% and 66% are working less than full-time (LTFT). Overall the participation ratios are reduced to 77% and 76% and is partly explained by 74% of the consultant workforce is female (RCP Census 2015-16).

- For Ireland Consultant headcount is 38 (36.6 FTE) with 3 (5.3 %) LTFT. RCPI expansion rate of 8.5% from 35 Consultant posts (33.6 FTE). There is one new full-time consultant post expected in 2017. SpR numbers are 14 (13.5 FTE) at present with no immediate plans to expand the number of higher specialist training posts.

- The UK palliative medicine consultant vacancies are 61 posts (53.8 FTE) using SAC data September 2016, with approximately 30 new posts in development. Hence the current average annual number of 40 CCTs is inadequate to fill the existing and anticipated annual consultant vacancy rates.

- The RCP census 2015-16 (2014) of Consultant physicians identified 586 (519) palliative medicine consultants working in the UK, with 484 (427) in England, 33 (26) in Wales, 51 (51) in Scotland and 18 (15) in Northern Ireland.
- The self-reported planned average retirement rate is 4-5 consultants per year in 2016-2020 increasing to 13-14 annually for 2021-2026 (RCP census 2015-2016) and 58 anticipated retirements over the next 5 years, an average of 11/yr (SAC data 2016).
- A significant decline in the number of AACs for Consultants held in 2015 (RCP data 2016) decreased by 30% from 70 to 49 with 34 appointed (69%).
- With the extension of palliative care activity to non-malignant disease, end of life and supporting patients during active treatment and in survivorship, this is likely to increase the overall workforce need.
- There is regional variation in the number of Consultant FTEs per population; to address this consideration needs to be given to the recruitment of additional funded NTNs in those geographical areas with the lowest FTE per population.
- The majority of UK Consultants (>90%) provide telephone advice on call to hospices community palliative care teams (75%) and for hospital palliative care teams. (70%). 76% undertake emergency face-to-face assessments with 70% for hospices but only 32% for hospitals and 23% for community palliative care team reviews. (APM Workforce survey 2016). See Appendix Table 1.

Table 2 .UK Consultants by Country. (SAC and RCP data 2015-16).

UK Consultants	England	N Ireland	Scotland	Wales
SAC 2015				
N = 609	505	20	49	35
FTE = 471	385.6	17.3	39.2	29.2
SAC 2016				
N = 603	500	18	51	34
FTE = 457.6	376.1	13.2	39.25	29.05
RCP 2015-16				
	484	18	51	33
N = 586	411	15	43	28
FTE = 497				

Overall significant cumulative consultant expansion occurred in the last decade but has declined over the last 5 years. Noting that there has been an increase in the proportion of Consultants working less than FT i.e. from 30% to >60%, and hence using 2.5 FTE/250,000 populations would represent 651 FTE needed for UK (Appendix Table 2). A significant shortfall exists in England with 385 FTE Consultants in 2015 compared with an estimated need of 548 FTE.

The most important variables in the current financial climate remain the creation and funding of new consultant posts and the continued funding of existing consultant vacancies. Currently there is no risk of a mismatch of CCT holders in regard to available consultant posts with the consistent Consultant vacancy rate over the last 5 years. Facilitation of recruitment of trainees and consultants to regions that are currently under supplied.

Challenges

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 hour's cross-site working in community, hospice and hospital settings and securing the recognition that additional consultant numbers will be needed.

In all countries, the consequences of financial restraints and envisaged changes to education, training and workforce planning are still a major concern. I

The current proposed changes to UK medical training would shorten the length of specialty training in that more medical specialties will have greater involvement in acute medical intake. These changes are being considered by the specialties and Colleges but will ultimately be determined by the GMC and the respective Departments of Health. The effect of 'Shape of training' review and the anticipated changes in service provision will influence the traditional roles of hospices, the future models of community and hospital palliative care teams and their medical workforce requirements. These proposals will impact on the format of the delivery of 7-day access to palliative medicine, continuity of care, our relationship to the wider hospital and community services, in meeting the needs of the frail elderly and the rising tide of acute medical admissions. There remains uncertainty in making future projections for the medical workforce at this juncture.

In all countries, the consequences of financial restraints and the envisaged changes to education, training and workforce planning are a major concern. This will require the recognition that a review of the skill-mix of the specialist palliative care workforce both medical and nursing is undertaken to meet demand and improve access to 7-day, 24 hour palliative care.

Dr Stephanie Gomm
Workforce Committee Chair, 2017

Appendix

Table 1. APM Workforce Survey 2016: UK consultant provision seven-day services

UK Consultant provision seven day services	Hospice	Hospital with Palliative Care Team	Hospital with No Palliative Care Team	Community with Palliative Care Team	Community with No Palliative Care Team	Not applicable	Total
Where do you provide Consultant 9am-5pm reviews?	228 (67%)	227 (67%)	12 (4%)	193 (57%)	9 (3%)	10 (3%)	**340**
Where do you provide Consultant face-to-face planned OOH review?	130 (43%)	35 (11%)	8 (3%)	26 (9%)	5 (2%)	165 (54%)	**305**
Where do you provide emergency consultant face-to-face on call?	228 (70%)	104 (32%)	28 (9%)	76 (23%)	13 (4%)	78 (24%)	**328**
Where do you provide 9am – 5pm telephone advice?	235 (71%)	242 (73%)	44 (13%)	236 (71%)	32 (10%)	15 (5%)	**332**
Where do you provide on call telephone advice?	287 (85%)	234 (70%)	107 (32%)	251 (75%)	60 (18%)	27 (8%)	**336**

Table 2 shows estimated Consultant workforce numbers and FTE for 2015 for each country on the basis of 2.5 FTE/250,000 in UK compared to current provision (SAC data 2015). With participation ratio of (0.76 - 0.95) for FTE and head count in each country.

Table 2. Estimates for each country in UK and Ireland – UK <40% full time

Country	Population Est.ONS Millions (2015)	RCP estimate[1]		SAC 2015 data		Participation Ratio
		Headcount	FTE	Headcount	FTE	
Wales	3.1	37.0	31.0	35.0	29.2	0.83
N Ireland	1.85	21.3	18.5	20.0	17.3	0.87
Scotland	5.4	67.5	54.0	49.0	39.2	0.80
England	54.8	721.0	548.0	505.0	385.0	0.76
UK	65.1	845.0	651.0	609.0	471.0	0.77
Ireland	4.05	42.5	40.5	35.0	33.6	0.95

Joint Speciality Committee for Palliative Medicine, APM and RCP

Membership

Dr Sarah Cox	Chair
Dr Helen Bonwick	Specialty Staff Grade and Associate Specialists (SSAS)
Dr Alison Coakley	Specialty Advisory Committee (SAC) Chair
Dr Amy Proffitt	APM Professional Standards Committee
Professor Jane Dacre	RCP President
Dr Andrew Goddard	RCP Registrar
Professor Rob George	APM President
Dr Bill Hulme	RCP representative
Dr Oliver Minton	RCP representative
Dr Fliss Murtagh	RCP Expert Advisory Group on Commissioning
Professor David Oliver	RCP Clinical vice president
Vacant post	APM Education & Training Committee representative
Dr Rina Patel	New Consultant representative
Dr Libby Ferguson	Representative of Scottish Colleges
Ann Nevinson	Patient and Carer representative
Ms Elaine Storey	Committee Manager

The committee is incredibly grateful to Wendy Makin who stood down as JSC chair since 2013. Wendy has been a member of the committee since 2007. Her contribution has been significant and well recognised by the members of the JSC and the RCP President. The committee would also like to express gratitude to Chris Farnham who demitted this year. He leaves the position of education and training representative vacant and a replacement is being sought. Amy Proffitt has demitted as trainees' representative but will be staying on the committee as APM Professional Standards Committee representative.
The committee meets three times a year and reports to the APM Exec and the RCP Medical Specialities Board. The JSC is established to advise the RCP and APM, or other organisations on their behalf, on matters of mutual interest. These will include;

- workforce and training, including the needs of Specialty Doctor and Associate Specialists (SAS)
- setting national standards and agreeing joint guidelines and policy statements
- drawing up specifications for clinical governance in relation to the practice of Palliative Medicine across all care settings, including the voluntary sector
- continuing professional development for the specialist, including general medicine if necessary
- advice to College, or other, Working Parties
- reviewing ethnic minority health issues on an annual basis
- identifying ethical issues on an annual basis
- liaison with other relevant Colleges and College bodies, e.g. the Royal College of General Practitioners, the Joint College Committee on Oncology
- any other specific matter of particular relevance to Palliative Medicine.

Issues explored over the last year include;

- Junior doctors contract
- Shape of training
- BAME issues in palliative care – resulting in conference proposal for RCP
- STPs and how to engage them – we would welcome contributions from the membership to be forwarded as case studies to the RCP
- Future hospitals programme – consider submitting relevant case studies to the RCP
- Recent RCP reports – "Under-funded, under doctored and overstretched" and "Keeping medicine brilliant"
- Next iteration of the end of life care audit in hospitals which is in the process of being tendered
- Mental health and lung cancer

Dr Sarah Cox
JSC, Chair 2017

Neurological Palliative Care SIF Report

APM Neurological Palliative Care Special Interest Forum - Report for APM AGM March 2017

The Neurological Palliative Care Special Interest Forum has now been running for about 5 years, and aims to share ideas and good practice around palliative care in patients with advanced progressive neurological diseases. The membership is mainly Palliative Medicine doctors, but it is also open to other professionals with an interest in this area.

The main achievement over the past year has been a joint study day with the APM Transition Special Interest Forum in Birmingham in June 2016. The day covered a variety of topics of interest to practitioners working in transitional or neurological palliative care. These included sessions on transition to adult services, management of challenging behaviour, seizures, spasticity and dystonia, and Duchenne muscular dystrophy. All the presentations from the day are on the APM website and can be accessed at http://apmonline.org/special-interest-2/.

Hopefully most APM members are already aware of the APM guidance for Withdrawal of Assisted Ventilation at the Request of a Patient with MND which was published in November 2015. Christina Faull is leading the ongoing work to collect data about the process and outcomes for ventilator dependent patients who request that their assisted ventilation be stopped. It is hoped that this may inform further development of the guidance. Further details are available from the APM website http://apmonline.org/publications/.

The work led by Jamilla Hussain looking at triggers for end of life care in progressive neurological conditions has now been completed and submitted for publication.

Anyone with an interest in this field is welcome to join the SIF by contacting me via the email address below. Newsletters are circulated periodically to the group with information about forthcoming study days, recent research publications and other useful information, and we sometimes have email discussions about difficult cases or other topics of interest.

Aruna Hodgson
a.hodgson@wlh.org.uk

Dr Aruna Hodgson
Neurological Palliative Care SIF, 2017

Undergraduate Education Special Interest Forum Report

The Undergraduate Education SIF continues to develop under the joint leadership of Prof John Ellershaw (Liverpool) and Dr Stephen Barclay (Cambridge).

Annual conferences

We continue to hold annual conferences, alternating between Cambridge and Liverpool. The fourth conference was held in Liverpool in May 2016 and was attended by 40 colleagues including consultants, junior doctors and medical students. The theme was Technology Enhanced Learning (TEL) in Palliative Care, and Health Education England's e-Learning for Healthcare National Programme Director, Alan Ryan, gave an inspiring keynote address which touched on the importance of TEL in engaging with today's medical students and gave a glimpse of potential future developments. Victoria Winlow, Assistant Programme Manager at e-Learning for Healthcare spoke about e-ELCA – End of Life Care for All, followed by Jan Cooper, GMC Regional Liaison Advisor, who gave an update from on education and training in end of life care.

Single Best Answer exam questions

The group continue to contribute to the national question bank for single best answer (SBA) exam questions, some of which will appear in all UK medical school final exams in the near future. Please contact Dr Barclay at sigb2@medschl.cam.ac.uk if you would like to submit SBAs from your medical school or would like to be involved in this project.

Parallel Session at APM Supportive and Palliative Care Conference

A parallel session at the Conference chaired by Prof John Ellershaw overviewed the work of the SIF and oral abstracts related to education were presented.

Fifth annual conference: Wednesday Sept 13th 2017, Cambridge

The next annual day conference of the SIF will focus on communication skills in undergraduate teaching and educational research and development. The conference offers an opportunity to learn about novel teaching and research methods, for delegates to present local developments and to network and support each other in what can at times be a challenging task to develop and sustain teaching in our medical schools. Contact Dr Stephen Barclay at sigb2@medschl.cam.ac.uk for more information.

SIF pages on the APM website

The SIF website continues to be developed – see http://www.apmuesif.phpc.cam.ac.uk/. Each medical school has a front page detailing their lead for Palliative Care teaching and a brief course summary, plus additional documents concerning course components from many schools. **We would welcome leads from the medical schools to contact us with any updates or amendments to their individual content**. Further pages include the new APM Curriculum for undergraduate teaching and details of past and future SIF meetings.

Stephen Barclay sigb2@medschl.cam.ac.uk
John Ellershaw J.E.Ellershaw@liverpool.ac.uk
Undergraduate Education SIF Coordinator(s), 2017

Transitions Special Interest Forum Report

Report from the Transition SIF for the APM AGM 2017

Coordinator Dr Amelia Stockley, Locum Consultant Palliative Medicine, Somerset

Annual meeting

Our second annual meeting took place on 24th June 2016 in Birmingham and saw us joining forces with the Neurological Palliative Care SIF. Presentation topics (delivered by clinicians from both adult and paediatric settings) included management of spasticity and dystonia, gut failure, managing challenging behaviour in a healthcare setting, the experience of a joint palliative-care and neurology clinic for patients with Duchenne Muscular Dystrophy and preventative physiotherapy for neuromuscular illnesses. The feedback was all very positive and I think we achieved what we'd intended to: to demonstrate that there is significant overlap in the areas of interest of the Transition and Neurological Palliative care SIFs!

For the annual meeting this year on 13th May 2017 we are joining with Ty Hafan children's hospice in Cardiff together with the Marie Curie team that Dr Victoria Lidstone (my predecessor in this role) worked closely with when she was in post as All of Wales Transition Lead. Again we are drawing speakers from both the children's and the adult sectors with a particular focus on prognostication and advance care planning for these young people with complex and multiple physical and cognitive illnesses and disabilities.

Updates

Email updates to the group from myself have included links to pertinent websites and developments:
"If you are not already involved in your local Together for Short Lives Transition Taskforce Regional Action Group may I suggest that either you or a member of your team become involved? This would allow you to stay abreast of any regional activity regarding development of services, including palliative care services, that intends to improve the experiences of young people with life-limiting illnesses graduating from children's services: *http://www.togetherforshortlives.org.uk/about/contact_form*
There are some very exciting projects up and running that are worth taking a look at if you would like some inspiration:

- Shakespeare Hospice, Warwickshire: *https://www.theshakespearehospice.org.uk/childrenyoungpeopleservicetransitionalcare*
- The Bridge at Murray Hall Community Trust hosts Inspire to independence: *https://www.facebook.com/pg/Inspire.to.Independence/about/?section=hours&tab=page_info)*
- St Elizabeth's Hospice, Ipswich: *http://www.stelizabethhospice.org.uk/services/young-adult-service.aspx*
- On line Transition Toolkit: Stepping Stones from York and Humber Strategic Clinical Network: *www.yhscn.nhs.uk/transition*
- On line guide My Adult Still My Child for parents/carers of adults (16+) who may not be able to make decisions from Rainbows Hospice in Leicestershire: *www.myadultstillmychild.co.uk*

- On line guide from Together for Short Lives Moving to adult services: what to expect: A guide for young people with life-threatening conditions making the transition to adult services: *http://www.togetherforshortlives.org.uk/assets/0001/5480/TfSL_Moving_to_Adult_Services_Guide__FINAL_.pdf*

Conferences

Providing transitional palliative care: New Perspectives
The Royal Society of Medicine 16th January 2017: *https://rsm.ac.uk>events>plh02*"

Development

I am aware that the following are the three of the aims of the Transition SIF

- To provide a forum for discussion, debate and ideas creation
- To create an opportunity for collaborative working, practice sharing and policy-making
- To encourage development of services appropriate to the needs of young adults

We really do need to be more active in these areas: I have organised a couple of conferences but between times there has been very little 'ideas creation'. I did pose the question to the group as to how we could become a more 'active' group, inviting people to share difficult cases as a starting point through email.
In the terms of reference of the APM SIFs there is an expectation that the coordinator of the SIFs is rotated every 3 years. After the annual meeting this year my 3 years will be up and it remains to be seen whether someone might take up the baton!

Dr Amelia Stockley
Transitions SIF Coordinator, 2017