



Postgraduate Medical Education and Training Board

Appendix X

Annual College Summary Form

This form must be referenced against the PMETB's *Standards for curricula*, March 2005 and the *Principles for an assessment system for postgraduate medical education*, September 2004.

ALL SECTIONS OF THE FORM MUST BE COMPLETED

Section 1 Details of the medical Royal College/Faculty/ Specialist Association

Details of the medical Royal College/Faculty/Specialist Association

Name	JOINT ROYAL COLLEGE OF PHYSICIANS TRAINING BOARD		
Specialty	PALLIATIVE MEDICINE		
Sub-specialty			

Contact details for the person responsible for submitting this form to PMETB

Name	DR CHRIS CLOUGH
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Mobile number	
Email	

Period during which changes are proposed	Effective from date of the original approval of the curricula (c.Autumn 2006)
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Section 2 Declaration

I confirm that the information given on this annual reporting form is correct and that failure to disclose relevant information could result in the curriculum and/or assessment system no longer being approved.

Signature:



Position held:
MEDICAL DIRECTOR, JRCPTB

Date:
8 May 2008

This form must be submitted electronically to:
curriculum.eval@pmetb.org.uk

And in hard copy to:

Curriculum & Evaluation
Postgraduate Medical Education & Training Board
Hercules House
Hercules Road
London
SE1 4DU

Rationale for proposed curriculum changes, Palliative Medicine, 2008

The Palliative medicine SAC has requested that minor amendments are made to the curriculum dated May 2007 as follows.

1. The addition of a diagram to illustrate the curriculum for those entering through General Practice training.

This was requested by PMETB following the presentation of the curriculum to the panel in 2006 and was omitted from this publication in error.

2. The addition of transition from paediatric to adult services.

Medical paediatric palliative care services are in an early stage of organisation and have not yet developed formal specialty status. Our curriculum (pre 2006) included aspects of paediatric palliative care which were removed with the 2006 revision, as paediatric palliative care is developing a curriculum of its own. However, there is a group of teenagers and young adults who are now living with progressive degenerative or malignant conditions, beyond the age normally served by paediatricians. In order to manage their transition to adult services, doctors must know about the common conditions in this group and the organisation of paediatric palliative care services that are providing care for them. This has been highlighted in a recent publication by ACT (Association for Children's Palliative care, 2007)

3. A greater emphasis on working in community settings.

The NHS as a whole is moving towards more community-based care, and palliative care is no exception. With increasing numbers of patients being cared for in community settings, we need to strengthen this part of the curriculum, being more specific about what is expected.

4. Change in wording about compliance with treatment.

The term "compliance" has now been changed to "concordance" with treatment. We have changed the wording in the curriculum to reflect that.

5. Addition of a sentence on opioid switching.

This was implicit in the previous curriculum in the section on pharmacology. However, following reported clinical incidents on changing opioids for patients, we need to emphasise the importance of this and have added it in specifically.

6. Amendment to the section on ethics.

Feedback from ethicists has suggested that we should not expect specialist trainees to be able to "critically appraise" ethical theories. However, a knowledge of different approaches is an important pre-requisite to ethics applied to clinical practice.

7. Update to the section on the law.

This has been updated to take account of new published professional guidance and newly enacted legislation (eg Mental Capacity Act).

8. Change in audit requirement.

This has changed to one every 2 years to coincide with the approved assessment strategy.

Proposed change	Page reference in original document	Proposed new wording
Insert additional diagram For those entering through general practice.	Page 7, above heading of 'Linkages to previous'	
Insertion of new text	Page 12, 1.3. Penultimate bullet point	Insert 'Principles of transition of care for teenagers and young adults between paediatric and adult palliative care services, including knowledge of the differences between adult and children's hospices and the conditions they usually care for.'
Insertion of new text	Page 12, heading 'Recommended learning experiences.'	Insert text 'Exposure to paediatric palliative care services.'
Add 3 and 4 bullet points	Page 14, 2.1.4 3 rd & 4 th bullet points	Add: <ul style="list-style-type: none"> • Knowledge of models of care co-ordination and key workers in community and hospital practice • Delivery of care out of hours – knowledge of services available in each setting, how to access services, equipment and medication, and systems for efficient handover of patient information.
Delete word compliance and non – compliance.	Page 18, 2.3.1 last bullet	Insert word concordance and non-concordance
Additional bullet point	Page 19, 2.3.2 (p.16)	Add: <ul style="list-style-type: none"> • Opioid switching – rationale and dose conversion.

Delete bullet points and insert revised text to two bullet points.	Page 23, Ethics, 5.1	<p>Bullet points now to read:</p> <ul style="list-style-type: none"> • Knowledge of professional guidance with particular regard for sources such as the GMC and BMA and an awareness that guidance has evolved to reach its current position. • Knowledge of theoretical approaches to medical ethics, including virtue, ethics the four principles, deontology, consequentialism, utilitarianism, casuistry, and the place of narrative based approaches.
Amend 5 th bullet point	Page 23, 5.2	Delete 'Competence' and add 'Capacity'
Amend 6 th bullet point	Page 23, 5.2	Delete word incompetent
Insert new bullet point	Page 23, 5.2	Insert new bullet point 'Advance care planning'
Additional text to 1 st bullet	Page 23, heading Legal Frameworks, No.2	<p>Additional text now reads –</p> <ul style="list-style-type: none"> • Common law, Parliamentary law Scottish where applicable and European law in relation to end of life medical care including euthanasia and physician assisted suicide, <i>capacity and consent</i>.

Continued/...

Section 3 Details of proposed changes

Proposed change	Page reference in original document	Proposed new wording
Additional text to 2 nd bullet continuing from ' ... defence bodies....	Page 23, heading Legal frameworks, No2	Additional text reads: ...including GMC guidance on withholding and withdrawing life prolonging treatment, and guidance on decision-making about cardiopulmonary resuscitation issued by the BMA, Resuscitation Council (UK) and Royal College of Nursing.
Additional bullet point	Page 24 6.2	Additional bullet point reads: Advance decisions to refuse treatment
Delete word competence and add text	Page 24 6.3, 3 rd bullet	Delete word competence. Add following text: including knowledge of the guidance in the Code of Practice for the Mental Capacity Act.