Postgraduate Specialist Training in Palliative Medicine

This Palliative Medicine Training Programme aims to produce fully trained, independently practicing specialists in Palliative Medicine.

Palliative Medicine is a relatively new speciality with treats and supports patients and their families facing problems associated with life-threatening illnesses. It requires different skills and knowledge with is usually found across different specialities. Team work and communication skills are essential in this speciality.

1. **Entry requirements**

Before acceptance on the programme candidates must show evidence of having completed the following training:

   a) Certification of completion of core medical training (CCBST) or
   b) Certification of completion of core training in Anaesthesia (CCBST) or
   c) Certification of completion of training in Family Medicine (CCST)

2. **Programme Duration**

The duration of the programme will be not less than 4 years. The obligatory rotations can be carried out in any order although the last 3 months should be spent in Malta in the inpatients palliative unit.

3. **Programme outline**

This will be divided into a minimum of 4 obligatory placements and up to 2 optional ones. Each placement must be supervised by a suitably experienced doctor who will be the Clinical Supervisor. This supervisor will be responsible for assigning optional placements.

The programme will be split as below. Up to an extra 12 months of more optional rotations is possible over and above the obligatory 48 months.

Trainees will be expected to gain experience in each of the 4 main areas where Palliative Medicine is practiced:

- in the community,
- in general hospitals,
- in hospices and
- in specialised hospitals- oncology, haematology, geriatrics and paediatric oncology.

Experience must be gained in both the care of cancer patients at the end of life as well as non-cancer patients.
Obligatory placements (42 months)

18 months  Local, in-patients palliative unit, outpatients and hospital consultations and Medical component of community palliative team with domiciliary visits

24 months  A combination of overseas:
   a) Hospital palliative care team in a large general hospital
   b) Large inpatient Hospice unit
   c) Small inpatient Hospice Unit
   Community work should be included in the above.

Optional placements (6 months)

6 further months  Overseas as above

3 months  General Medicine including “on-calls”
3 months  Paediatric Oncology and Paediatric Palliative Care
3 months  Intensive Care Unit
3 months  Geriatric/Rehabilitation hospital
3 months  Psychiatry
3 months  Haematology or Oncology
3 months  Pain clinic

4. Individuals with previous experience, transfers from other specialities and pro-rata training.
   4.1. Palliative medicine has always attracted specialists and doctors who have worked in other related medical fields. This has enriched the speciality and aided its development. Patients often have complex multifaceted problems and doctors from different backgrounds enhance the problem solving process.

   It is recognised that some clinicians, especially those coming from other specialities, will have many years experience as a trainer and/or in the field of Palliative Medicine. Some may have previously undertaken training and work experience which may go some way towards meeting the requirements of the curriculum. These individuals, will have the opportunity to submit evidence to the training committee who will ascertain that they meet the standards required and what training, if any, can be waived. No more than 24 months may be waived from the minimum requirement of 4 years of training provided that 6.2 is applicable.

   4.2. Not more than 9 months of specialist training may be recognised for doctors who have worked as specialists in related specialities: General Medicine, Oncology, Family Medicine, Haematology, Geriatric Medicine, Pain Management, and Anaesthesia with the training programme for these individuals adjusted accordingly.
4.3. More than 9 months waiver can only be considered in trainees with direct Palliative experience.

4.4. Pro-rata less than full time training is accepted as long as it can be accommodated by the training entities and the minimum requirements are fulfilled.

5. **Supervision and co-ordination**

The implementation, administration and smooth running of the training programme will be the responsibility of the speciality training co-ordinator.

Trainees will be supervised by a clinical supervisor who shall be an identified, senior and trained doctor. The clinical supervisor will be responsible for sign off in each rotation.

6. **External qualifications**

6.1. It is expected that trainees obtain the *Specialty Certificate Examination in Palliative Medicine* organised by the Royal College of Physicians or an EU or other equivalent qualification before the end of their training programme.

6.2. *Advanced Life Support Certification* is required before the end of the programme.

7. **Training Centres**

Training will take place in an institution or group of institutions which together offer the trainee practice in the full range of the speciality.

7.1. Currently it is envisaged that each trainee will spend 24-30 months of their training in a training centres overseas. The rest of the time will be spent in Malta, both in secondary care and in the community (where the focus will be on domiciliary visits, community work and working in a multi-disciplinary community team)

7.2. Training centres should fulfil other criteria that the Association of Physicians may, from time to time, determine.

8. **Skills and competencies**

By the end of the training period trainees must have obtained knowledge and understanding of the following areas in palliative care:

8.1. **Emergencies**

By the end of the training period trainees must have experience of the following emergencies:

- **i) GENERAL**
  - Severe Pain management
  - Management of pathological fractures
  - Fluid management
  - Refeeding syndrome
  - Management of predictable complications of therapeutic inventions or procedures
  - Recognition and appreciation of the best setting to carry out emergency management.

- **ii) NEUROLOGICAL**
  - Diagnosis and management of spinal cord compression
  - Recognition and management of epileptic fits
  - Diagnosis and management of acute dystonia, oculogyric and serotonergic crises
  - Management of acute confusional states
• Management of acute suicidal ideation
• Management of overdose
• Diagnosis and management of neuroleptic malignant syndrome
• Recognition and management of terminal delirium / agitation
• Recognition and management of alcohol and drug withdrawal
• iii) RESPIRATORY
• Recognition and management of stridor
• Management of bronchospasm
• Management of anaphylaxis
• Recognition, diagnosis and management of SVC obstruction
• Diagnosis and management of pulmonary embolism
• Diagnosis and management of pneumothorax
• iv) CARDIOVASCULAR
• Diagnosis and management of cardiac tamponade
• Management of cardiopulmonary arrest and resuscitation
• Management of massive haemorrhage
• V) METABOLIC / NEPHROLOGY
• Recognition and management of hypoglycaemia
• Recognition and management of hypercalcaemia
• Management of electrolyte problems
• Recognition and management of acute urinary retention
• Management of acute kidney injury

8.2. Introduction and generic skills and knowledge
• Knowledge of the history and philosophy of Palliative Care
• Knowledge of the personal qualities and behaviours of Palliative Medicine physicians
• Skills in communicating and cooperating with colleagues
• Knowledge of different hospital and community services and the ability to communicate and coordinate effectively with them.
• Ability to manage complex presentations both in patients’ homes using community resources (where appropriate) as well as in secondary care institutions.

8.3. Physical Care
• Skills in history taking and clinical examination
• Knowledge of disease process and management
• Ability to manage concurrent clinical problems

8.4. Principles of Pain and Symptom Control in cancer and non cancer palliative situations
• Advanced pain management
• Ability to manage Gastrointestinal Symptoms
• Ability to manage Respiratory Symptoms
• Ability to manage Genitourinary Symptoms
• Ability to manage Musculoskeletal and Skin Problems
• Ability to manage Neurological and Psychiatric Problems
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- Ability to manage Emergencies in Palliative Medicine
- Knowledge of Public Health related to Palliative Care in Malta
- Knowledge of infection control procedures
- Knowledge of therapeutics and safe prescribing
- Knowledge of and ability to use drugs related to palliative care on the formulary and the use of non-formulary items
- Long Term Conditions in Palliative Care
- Rehabilitation
- Care of the Dying Patient and his/her Family

8.5. Communication
- Recognising and treating the patient as the central focus of care
- Understanding relationships with patients and communication models within a Consultation
- Ability to communicate effectively with Patients and Carers
- Communicating effectively with other specialities
- Skills in breaking bad news

8.6. Complexity and non-cancer patients
- Ability to manage complex patients with multiple biological, psychological and social problems
- Ability to deal with problems related to transplants especially in non-cancer patients
- Knowledge of management of both cancer and non-cancer palliative patients who have dementia as a co morbidity
- Ability to manage patients with a wide range of non-cancer diagnosis including
  1. end stage respiratory disease,
  2. end stage cardiac disease,
  3. end stage liver disease,
  4. AIDS
  5. Motor Neurone Disease.

8.7. Psychosocial Care
- Understanding of social and family relationships
- Understanding of psychological responses of patients and carers to Life-Threatening Illness and Loss
- Understanding of the interface with Psychology and Psychiatry
- Management of Violent and/or Suicidal Individuals
- Knowledge of grief and bereavement
- Patient and Family Finance
- Discharge planning

8.8. Attitudes and Responses of Doctors and Other Professionals
- Self-Awareness
- Self-Management
• The Doctor-Patient Relationship
• Supporting Professional Colleagues
• Caring for friends and relatives of Professional Colleagues

8.9. **Culture, Language, Religion and Spirituality**
• Understanding the way in which culture and ethnicity effect patient choice
• The role of religion and spirituality in palliative care
• An understanding of catholic and other religions rituals at the end of life and after death

8.10. **Ethics**
• Principles of Medical Ethics and Confidentiality
• Theoretical Ethics and Applied Ethics in Clinical Practice of Palliative Medicine
• Valid Consent
• Aspects of the Law Particularly Relating to Palliative Medicine Practice

8.11. **Teamwork**
• Working a part of a multidisciplinary team
• Learning and Teaching
• Learning and Self-Development
• Teaching and Training

8.12. **Research**
• Knowledge of the use of Evidence and Guidelines
• Principles of Ethical Research

8.13. **Management**
• Leadership Skills
• Time Management and Decision Making
• Information Management
• Managing a Palliative Care Service
• Running a Palliative Care Unit
• Procedure for adding medicines to formulary
• Patient entitlements to free medicine in Malta
• Procedure for the assessment and treatment for EU and foreign patients in Malta
• Knowledge of trade union representation and collective bargaining

8.14. **Clinical Governance**
• Complaints and Medical Error
• Prioritisation of Patient Safety in Clinical Practice
• Principles of Quality and Safety Improvement
• Audit and the Audit cycle
9. Assessment

- Trainees must record all stages of training and activities related to training in a log-book preferably an electronic one.
- Each of the above curriculum competencies must be linked in the log book and signed off by the clinical/educational supervisor.
- The trainee should have regular meetings to assess progress with the clinical supervisor as well as at least 2 meetings a year with the education supervisor.
- Trainees should obtain the *Specialty Certificate Examination in Palliative Medicine* organised by the Royal College of Physicians or a European equivalent before the end of their training programme.
- A valid *Advanced Life Support Certification* must be achieved before the end of the training programme.
- Trainees must have sufficient linguistic capabilities to communicate with patients and colleagues as recommended by the Union Europeene des Medicins Specialistes (UEMS) (Charter on Medical Training of Medical Specialists: Chapter 5, Article 2, 1993)