Improving end-of-life care professional development for physicians

The summary and recommendations presented here are for commissioners, trusts, managers and medical schools and are taken from Improving end-of-life care: professional development for physicians, a working party report from the Royal College of Physicians (RCP). A second leaflet is available, aimed at physicians. You can download both leaflets and the full report from the RCP’s website at www.rcplondon.ac.uk/resources/improving-end-of-life-care-professional-development-for-physicians.

The report aims to help all physicians improve their care of patients towards the end of life, within a framework of supportive measures from commissioners, trusts and training providers.

The report’s recommendations are endorsed by Professor Sir Mike Richards, national clinical director for cancer and end of life care, Dame Sally C Davies, chief medical officer and chief scientific advisor, and Sir Richard Thompson, president, Royal College of Physicians.

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*The report was prepared by a working party of the Royal College of Physicians, the National End of Life Care Programme and the Association for Palliative Medicine of Great Britain and Ireland. Improving end-of-life care: professional development for physicians. London: RCP, 2012. www.rcplondon.ac.uk/resources/improving-end-of-life-care-professional-development-for-physicians
End-of-life care may span many months or even years. Late recognition of deteriorating health and a prevailing culture where this is not openly discussed with patients until the last days of life, leads to most people dying in the acute hospital environment. When asked, most people would prefer both to spend more time, and to die, at home.

The first National End of Life Care Strategy for England published in 2008, and its counterparts in Scotland and Wales, encouraged early recognition of people entering the last phase of their lives with open, sensitive discussion of their preferences for type and place of care. It emphasised that this must be underpinned by training and professional development for a range of staff who deliver care at the end of life.

Many people will continue to die in the acute hospital environment, either by choice or because of the circumstances of their illness. Delivering high-quality care to the dying remains a key part of hospital practice.

The role for commissioners, trusts, managers and medical schools

Effective education should start at undergraduate level and continue through postgraduate training.

Hospital trusts and their commissioners have a responsibility to see the delivery of high-quality end-of-life care as part of their core work and to support a learning culture, encouraging professional development for staff at all levels. This should be underpinned by their clinical governance systems.

Over recent years there has been a wealth of resources developed to support the delivery of high-quality care within and across care settings. Although some, such as the Integrated Care Pathway for the Dying, have been widely adopted, most have not yet become part of routine practice at a personal or organisational level. Trusts and commissioners should seek to endorse this work where they can.

End-of-life care should be incorporated into established learning events as part of study days run by colleges, specialist societies and networks on long-term conditions, extending the reach to those who would not self-select for end-of-life professional development. Physicians would value more local events although they are unlikely to attend full-day events just about end-of-life care. Joint learning with GP colleagues can help to bridge the gap between primary and secondary care.

To support the earlier identification of patients nearing the end of their lives and to encourage sensitive discussions about their preferences, we have developed prompt sheets that can be incorporated into day-to-day hospital practice.
Commissioners, trusts, managers and medical schools supporting physicians

In developing this report, the working party conducted an online survey of nearly 2,000 physicians which was followed by focus groups and telephone interviews. Most physicians recognised the importance of delivering good end-of-life care in their practice. The majority reported that they were confident and competent in most aspects of such care, although less so when dealing with advance care planning and people with dementia. Surprisingly, only a third had attended any learning event on end-of-life care in the last five years and many of those were on communication skills.

Data from complaints and audits would suggest that either the self-reported confidence of physicians is sometimes misplaced, or that physicians are not putting their skills into practice. The earlier identification of patients entering their last phase of life and planning with them for their preferences for care is an area that is particularly lacking. Patients and their carers have an important role in helping staff to consider their practice more carefully. Patient stories provide a powerful resource, although in this context they may be told by bereaved carers. Physicians should seek ways to incorporate patients’ feedback into their day-to-day care.

Commissioners, trusts, managers and medical schools must support physicians in improving the end-of-life care they deliver.

Recommendations

These recommendations are for commissioners, trusts, managers and medical schools. To see the full set of recommendations, including those for physicians and palliative care teams, please refer to the full report.

Recommendations for trust boards

> Trust boards should make the delivery of high-quality care at the end of life a priority for their organisations. End-of-life care metrics should be developed, based on the End of Life Care Strategy quality markers for acute hospitals,¹ and should be included on their management dashboards and risk registers.

> Senior management support is critical to enable professional development in end-of-life care. This must include:
  – provision of time for learning
  – appropriate appraisal systems that encourage continuing professional development in end-of-life care
  – an organisational culture that values quality of care at the end of life.

> Hospital trusts should review the provision of learning opportunities for their consultant, trainee and non-training grade workforce and, where necessary, increase the availability of local end-of-life care training and education.

> Tools such as care pathways for end-of-life care must be properly implemented and should receive continuing support to sustain the learning that is required, otherwise such tools can be counterproductive by encouraging a ‘tick-box’ approach rather than promoting high-quality care.

> The introduction of systems of care that help to highlight patients who may be at risk of dying during a hospital admission, such as the AMBER care bundle³ or equivalent, should be considered as a tool to help professional development within teams and to guide day-to-day practice.
Recommendations for commissioners

> Commissioners and hospital trusts should consider how they can support the uptake of training in end-of-life care – for example, by using the Commissioning for Quality and Innovation (CQUIN) framework. Example standards should be based on the End of Life Care Strategy quality markers and might include specifying a proportion of physicians conducting a patient/carer survey of experience under their care, team-based learning events around death reviews, and a percentage for educational uptake in a target proportion of medical staff.

> The role of hospices and specialist palliative care units/teams in providing experiential placements for physicians should be recognised and resourced.

> Training in advanced communication skills for physicians who care for those with long-term conditions should have equal priority and resources as the training required for those involved in caring for patients with cancer.

> Hospital palliative care teams should be available in each hospital and should be resourced to lead the delivery of professional development in end-of-life care. As experiential learning is most valued, this should include time to work with colleagues in clinical practice and to provide clinical placements and mentorship.

Recommendations for medical schools and foundation programmes

> All medical schools in the UK should review their undergraduate curricula to ensure that they provide an adequate grounding in end-of-life care, as outlined in *Tomorrow’s doctors.*

> All foundation schools should review their delivery of the foundation curriculum in relation to end-of-life care.

Recommendations for the Royal Colleges of Physicians

> The chairs of each specialty advisory committee should review their training curricula in regard to end-of-life care in the light of this report.

> The Royal College of Physicians and specialist societies should promote the inclusion of end-of-life care within study days and conferences related to long-term conditions.

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