HONG KONG COLLEGE OF RADIOLOGISTS

SUBSPECIALTY TRAINING : PALLIATIVE MEDICINE

OBJECTIVES OF TRAINING

Upon completion of the Palliative Medicine subspecialty training, the clinical oncologist should be competent in the following attributes at palliative medicine specialist level:

1. *Attitude*

   1.1 To affirm life and regard dying as a natural process.
   1.2 To recognize that people with advanced progressive cancer have a right to a quality service that commits to provide professional care and support to patients and their families.
   1.3 To adopt a holistic approach and respect each person's dignity, uniqueness and autonomy.
   1.4 To appreciate the different choices associated with variable levels of benefit and detriment in decision making in palliative care.
   1.5 To recognize the need of multi-disciplinary team approach in palliative care in dealing with the multi-dimensional problems faced by the patients, their families and other people close to them. The team consists of health care professionals, volunteers and community agency staff and individuals experienced in providing spiritual support according to the patient's beliefs.

2. *Knowledge*

   2.1 To thoroughly appreciate the different roles of radiotherapy, chemotherapy, hormonal treatment, biological therapy, surgery, anaesthetic intervention and complementary therapies in palliative care.
   2.2 To understand the basic pharmacological actions of drugs commonly used in palliative care.
   2.3 To thoroughly understand the methods used in assessment, classification and treatment of various symptom complexes in patients with terminal illness.
   2.4 To acquire up to date knowledge in managing oncological emergencies.
   2.5 To understand the influence of cultural, ethnic, and spiritual beliefs on the patient and others close to them.
   2.6 To understand the psychological and patho-psychological responses of the patients, and persons close to them, during the terminal and dying stages.
   2.7 To be aware of the ethical issues involved in end of life care.

3. *Skills*

3.1 To use radiotherapy, chemotherapy and hormonal treatment effectively in palliative care context.
3.2 To integrate clinical and psycho-social-spiritual information in patient management and be able to diagnose, assess, treat and monitor common symptoms in patients with advanced cancer.
3.3 To develop the skill of good communication with the patient, family and staff.
3.4 To recognize and address the needs and expectations of patients and their families.
3.5 To provide appropriate emotional and spiritual support to patients and their families, including during the bereavement period.

TRAINING REQUIREMENTS

(A) *Entry Requirements*

- Passing the Intermediate Examination in Clinical Oncology for the Fellowship of the Hong Kong College of Radiologists.

(B) *Duration of Training*

The Palliative Medicine Subspecialty Training Programme consists of a 4-year accreditation programme in conjunction with Clinical Oncology, and includes:

(a) A minimum of 2 years of Higher Specialist Training in Clinical Oncology,
AND
(b) A minimum of 2 years of Palliative Medicine Subspecialty Training of which at least one year must be taken after obtaining the Fellowship of the Hong Kong College of Radiologists in Clinical Oncology.

(C) *Training Programme*

1.1. Portfolio Case Learning:

- The Portfolio should be composed of 4 case log-books.
- The topic for each case log book should be on the care of a patient with special focus on the following aspects in palliative care: one with special focus on the physical aspect; one with special focus on the psychosocial aspect; one with special focus on the ethical aspect and one with special focus on special oncological aspect.
- Each case log-book should include the clinical summary and discussion of management of the patient.
- The Portfolio should be submitted to the Palliative Medicine Subspecialty Board at least two months before the Board Examination.

1.2 One audit project on palliative care (*note 1)*

1.3 Structured regular academic meeting (*note 2*):

- Frequency: monthly in a two-year cycle
- Format: Each training session consists of presentation (of topics, cases or journal articles) by one or more trainees and one or more trainers by rotation. These topics should be of prime importance in palliative medicine.
- Trainees are required to attend at least 18 academic meetings organized either by the Palliative Medicine Subspecialty Board of the Hong Kong College of Radiologists or by individual training centers, provided that the latter meetings have previously been endorsed by the Board. Each trainee should have at least 4 presentations in the 2-year cycle.

1.4 Two years of clinical training at one or more oncology centres accredited for palliative medicine training with at least 5 sessions per week on average engaged in services related to palliative medicine (*note 3*).

1.5 Dissertation (between 5,000 to 20,000 words) (*note 4*).

Notes

1. If the trainee has been granted internationally recognized specialist qualification in Palliative Medicine before the Board Examination, he/she can apply to the Palliative Medicine Subspecialty Board for exemption from item 1.1 and item 1.2. For application for exemption, the trainee should submit a copy of the certificate and the details of the course contents and training to the Palliative Medicine Subspecialty Board at least 2 months before the Board Examination.

   Recommended list of endorsed qualifications:

   - Diploma/Master Degree in Palliative Medicine of the University of Wales College of Medicine (Diploma/Master Degree in Palliative Medicine, Cardiff University), United Kingdom
   - Australasian Chapter of Palliative Medicine
   - American Board of Hospice and Palliative Medicine

2. For item 1.3, individual training centre can organize academic meetings in palliative medicine for trainees and can apply in advance to the Palliative Medicine Subspecialty Board of the Hong Kong College of Radiologists for endorsement as equivalent to the academic meetings organized by the Board, provided that such meetings are open to all trainees.

3. For item 1.4, if the candidate elects to receive part time-clinical training at one or more oncology centres accredited for palliative medicine training, he/she can apply to the Palliative Medicine Subspecialty Board for enrollment with special consideration. The overall duration of clinical training required should be adjusted proportionally.

4. For item 1.5, if the trainee has completed a dissertation or completed a research project regarding palliative medicine during his/her previous training or study in other internationally recognized palliative medicine training programs, he/she can apply for using his/her previous dissertation or published research project to fulfil item 1.5 for the Board Examination, provided that the dissertation is of not less than 5,000 words and the publication date of the research project is not earlier than 5 years before the date of Board Examination. If the candidate has completed an unpublished research project regarding palliative medicine during his/her previous training or studying in other internationally recognized palliative medicine training programs, he/she can write it up for the dissertation examination provided that the starting date of the project is not earlier than 5 years before the date of Board Examination and the trainer had agreed to the arrangement and had supervised the writing up.

EXAMINATION FORMAT

1. *Application Requirement*
   - Two months before the Board Examination, the candidate should submit
     - The Portfolio, unless it is exempted.
     - The full report of the audit project, unless it is exempted.
     - Letter(s) from the supervisor(s) commenting on the performance during the two years clinical training and certifying the attendance of the candidate at the academic meetings.
   - The Palliative Medicine Subspecialty Board will review the above documents and discuss with the candidate's supervisor(s) to assess whether the candidate have completed adequate clinical training in Palliative Medicine and have completed a minimum of 2 years higher specialty training in clinical oncology, before endorsing the candidate to sit for the Board Examination.

2. *The Format*

   The Palliative Medicine Subspecialty Board Examination consists of the

following two parts:

(A) Dissertation Appraisal Examination (20% of full marks):
- Two examiners will mark the dissertation independently. The final mark would be obtained by averaging the marks.
- If one examiner gives pass mark* but the other examiner gives fail mark, a third examiner is required to mark the dissertation in addition. The final mark in this case is obtained by averaging the marks from the three examiners (pass mark is defined as a mark $\geq$ 10% full examination mark and fail mark is a mark < 10% full examination mark).

(B) Oral Examination (80% of full marks)
- Candidates will be examined by a pair of examiners who should not be the trainers supervising the candidates.
- Content:
  - Dissertation Oral Examination: 10 minutes (20% of full mark)
  - Viva Examination covering other aspects of palliative medicine: physical, psychosocial, ethical and palliative oncological aspect: 30 minutes (60% of full marks)

(C) The Supervisor(s) of any trainee shall not mark the dissertation and be the examiner of the oral examination for the trainee.

3. *Criteria for passing:*
- Dissertation Examination:
  Mark of Dissertation Appraisal Examination $\geq$ 10% of full mark
  Total mark of Dissertation Appraisal Examination + Dissertation Oral Examination: $\geq$ 20% of full mark.
- Viva Examination: $\geq$ 30% of full mark.

The Candidate is required to pass both parts of examination.

4. *Subsequent attempts:*
- If the candidate fails either one part of examination, he/she should only need to sit for that part of the examination in subsequent examination.
- There will not be a limit on the number of attempts of examination.

SYLLABUS

1. ***PALLIATIVE CARE VALUE:***
   - Affirm life and regard dying as a normal process
   - Respect each person's dignity, uniqueness and autonomy
   - Recognize that for people with advanced cancer, the management should:
     - Adopt holistic approach
     - Involve multi-disciplinary team
     - Emphasis on the quality of life
     - Be family-centred
   - Appreciate the different choices associated with variable levels of benefit and detriment in decision making in palliative care

2. ***PHYSICAL ASPECTS:***

2.1 Disease Process
   - Know the meaning of "terminal illness" and of "palliative medicine"
   - Know the natural process of different types of cancer
   - Know the likely potential problems, caused by
     - Disease itself
     - Treatments
     - Concurrent conditions

2.2 Symptom Control
   - Have skills to identify the causes of the symptoms
   - Know that the causes of symptoms include
     - Disease itself
     - Treatment
     - Associated debility
     - Concurrent disorder
   - Be able to evaluate, manage and monitor each symptom appropriately
   - Be able to recognize the limits of attainable symptom control
   - Understand the role of other specialties in symptom management and when referrals should be made

2.3 Specific Symptoms
   - Have skills and knowledge in the management of common symptoms:

2.3.1 Pain

- Concept of total pain
- Proper assessment with appropriate use of assessment tools including pain assessment charts and pain measurement score
- Identification of cause of pain.
- Differentiation between nociceptive and neuropathic pain, and between
- acute and chronic pain
- Pharmacological approach in pain management including use of
- opioids, non-opioids and adjuvants
- The role of non-pharmacological approach in pain management
- Barrier to pain relief
- Monitoring and evaluation of response to treatment

2.3.2 Gastrointestinal symptoms and Abdominal problems

- Oral complication and Mouth care
- Anorexia and Cachexia
- Nausea and Vomiting
- Dysphagia
- Constipation and Fecal Impaction
- Diarrhea
- Intestinal obstruction
- Gastro-intestinal bleeding
- Ascites
- Jaundice
- Rectovaginal fistula/rectovesicle fistula
- Liver metastases

2.3.3 Respiratory symptoms and problems

- Dyspnoea
- Cough
- Hiccups
- Haemoptysis
- Pleural effusion
- Lymphangitis carcinomatosis
- Death Rattle

2.3.4 Genito-urinary symptoms

- Sexual problems

- Incontinence, frequency and retention
- Dysuria and bladder spasms
- Vesicovaginal fistula

2.3.5 Neurologic and Neuropsychiatric problems

- Anxiety and fear
- Depression
- Confusion
- Delirium
- Brain Metastases
- Sleep disturbance and Insomnia

2.3.6 Dermatological and Related Problems

- Fungating lesions, including choice of dressing materials
- Pressure sore
- Stoma and Fistulae
- Pruritus
- Lymphedema
- Deep vein thrombosis

2.3.7 Other symptoms and problems

- Weakness and lethargy
- Odour
- Electrolyte imbalance
- Bone metastases
- Advanced head and neck cancer
- Advanced pelvic tumor

2.3.8 Urgent problem in Palliative Medicine

- Weakness and lethargy
- Hypercalcaemia
- Spinal cord compression
- Increased intra-cranial pressure
- Seizures
- Pathological Fractures
- Massive haemorrhage
- Terminal Restlessness
- Suicide

2.4 Procedures

Have basic knowledge in the appropriate use of:

- Aids to daily living
- Procedures such as nerve block, local injections of corticosteroids and anaesthetics, peridural catheters
- Indwelling stents: biliary stent, ureteric stent, oesophageal stent, endobronchial stent
- Drainage and desis of cavities: Pleural, abdominal, pericardial

2.5 Pharmacology

Have the knowledge of

- The pharmacology of the commonly used drugs in palliative care:
  - The dosage and the route of administration
  - The adverse effects, and their monitoring and management
  - The pharmacokinetics
- The effect of age, renal and liver failure on the bioavailability and toxicity
- How to balance the benefit and the risks of different drugs used
- Analgesics:
  - Classification as defined by World Health Organization and their use
  - The conversion doses of different opioids
  - The adverse effects of opioids and their management
  - Opioids rotation
- Adjuvants
- The uses of syringe driver
  - Indications
  - Set up
  - The compatibility and miscibility of drugs used in a syringe driver
- The availability of drugs in own locality
- The use of oxygen in palliative care

3. *SPECIFIC ONCOLOGICAL PALLIATIVE TREATMENT*

3.1 Palliative Chemotherapy

3.1.1 Know the basic principle of using chemotherapy as palliative intent:

- Pharmacology of different chemotherapeutic agents:
  - Basic mechanism of initial chemotherapeutic agents
  - Dosage and route of administration
  - Toxicities
  - Pharmacokinetics

- Possible drug interaction with other commonly used drugs in palliative care
- Indication of palliative chemotherapy
- Balance between potential benefits and side effects with emphasis on the quality of life
- Monitoring and evaluating the response
- When to discontinue the chemotherapy

3.1.2 Have up to date knowledge of different chemotherapy regimens for different types of cancer and be able to chose between different regimens

- Be able to discuss with patients and their carers about the choice among different chemotherapy regimens
- Be able to discuss with patients and their carers about the choice between chemotherapy and alternative treatment options

3.2 Palliative Radiotherapy

3.2.1 Know the basic principle of using radiotherapy as palliative intent:

- Indication
- Possible side effects
- Balance between potential benefits and side effects with emphasis on the quality of life
- Appropriate fractionation
- Appropriate radiotherapy technique
- Monitoring and evaluating the response

3.2.2 Be able to discuss with patients and their carers about the choice between palliative radiotherapy and alternative treatment options

3.2.3 Have skills in delivering palliative radiotherapy in the following specific situations:

- Re-irradiation of recurrent head and heck tumor
- Extended field radiotherapy to patients with extensive bony metastases
- Re-irradiation of the spine for recurrent spinal cord compression

3.2.4 Have knowledge and skills in managing debilitating chronic radiation complications including temporal lobe necrosis, cranial nerve palsy and etc.

4. *PSYCHOSOCIAL ASPECTS*

4.1 Family and social background

- Be able to draw up a family tree (genogram) and understand its uses
- Understand the role of family caregivers in palliative care
- Be aware of the difference in perceptions and expectations of disease and
- treatment among various family members
- Be aware of the family dynamics and the family communication, and know
- how these interact with the disease
- Appreciate the importance of meetings with family

4.2 Communication skills

- Demonstrate active listening
- Assess the patient's knowledge and perception of the disease
- Share information with patients and carers effectively including
  - " breaking bad news"
  - Understand, acknowledge and handle patient's emotions and responses
- Be able to deal with
  - Anger
  - Guilt
  - Denial
  - Collusion and conspiracy of silence
  - Difficult questions' raised
  - Unrestrained expression of grief
- Empower the patient to exercise autonomy
- Set realistic goals with patients and their carers and to maintain hope in the absence of cure
- Have basic counseling technique
- Recognize personal and specialist limitation

4.3 Sexuality

- Recognize sexuality is a critical issue to patients and their partners
- Facilitate communication with patients and/or their partners regarding issues of sexuality and intimacy, including
  - Perception of body image, and how it is affected by the disease
  - Alterations in libido and how it affects the relationship with his/her partner
- Appreciate the need for privacy to allow the patient and family to express affection

4.4 Bereavement

- Have the knowledge of
  - Anticipatory grief
  - The normal grief and bereavement patterns
  - The abnormal grief and bereavement patterns
  - The risk factors associated with complicated grief
  - Bereavement counseling methods and organizations providing those services
- Be able to
  - Support a bereaved person
  - Help to prepare the family for bereavement
  - Assess complicated grief and identify the high risk groups
  - Support the person with complicated grief
  - Refer to others for intervention appropriately
  - Support the staffs involved in bereavement counseling

4.5 Professional caregivers' stress and feelings

- Have the knowledge of
  - The stress of professional caregivers
  - Manifestation of the stress of professional caregivers, including "Burn out"
  - The coping mechanism of the stress
- Recognize that personal factors such as one's own belief and value system, expectation, yearnings and etc will affect the delivery of palliative care.
- Acknowledge and manage own stress and emotions in delivery of care, and know when to seek help from others and where support is available.
- Address one's own personal needs in the delivery of patient-centred care

4.6 Spiritual, religious and cultural issues

- Know the meaning of "spirituality" and "religion"
- Understand the concept of "meaning" and "hope"
- Recognize the importance of religious and cultural influences on palliative care, and the importance of spirituality in the care of the terminally ill
- Understand how the belief and value systems of the carers (including the doctor) may affect their response to the patient's spiritual needs
- Understand the spiritual needs of professional carers
- Be aware of the attitudes and practices of the major religions relating to illness and death

5. ETHICAL ASPECTS

5.1 Principles of Ethics

- Know and be able to apply the principles of ethics:
  - Autonomy
    - Respect the patient
    - Fulfill the need for information, and provide options for treatment
    - Discuss care plan with the patient and the carers
    - Set the priority and goals of treatment together with the patient and carers
    - Respect the patient's wish to seek second opinion
    - Respect the patients' wish to decline treatment
  - Beneficience
  - Non-maleficience
  - Justice
- Principle of double effect
- Confidentiality
- Informed Consent

5.2 Special Issues

- Artificial hydration and nutrition
- Transfusion
- Withholding and withdrawing life sustaining treatment
- Terminal sedation
- Advance Directives

5.3 Euthanasia

- Understand the arguments regarding euthanasia
- Understand and respond to the patient's request for euthanasia
- Respect life and not induce death by any means as part of medical treatment
- Accept death as natural process and recognize that one has no right or duty both legally and ethically to prescribe a lingering death

6. OTHER ISSUES

6.1 Team Work

- Understand the importance of teamwork in delivery of palliative care
- Appreciate the expertise and contributions of other team members
- Demonstrate an ability to work in multi-disciplinary team, understanding boundaries and professional rivalries
- Understand team dynamics in palliative care and be able to facilitate team functioning
- Be able to act as leader of the team when appropriate and to chair team meetings
- Be able to provide or facilitate support to other team members
- Be able to manage team conflicts constructively

6.2 Organizational aspects

- Know the access to other palliative care health services and organizations
- Have knowledge of management of a health care service organization:
    - Strategic planning, business planning and manpower planning
    - Staff recruitment and selection, including interviewing techniques
    - Staff appraisal and development
    - Finance management of the hospice unit
    - Procurement of equipment and appliances for hospice care

6.3 Audit

- Have the knowledge of the principles of audit
- Be able to apply the principles of audit in palliative care and be involved in audit activities

Appendix I: Pathways for subspecialty accreditation in Palliative Medicine under the Clinical Oncology Specialty of the Hong Kong College of Radiologists

Category 1

This category will apply to candidates who have obtained the Fellowship of the Hong Kong College of Radiologists less than 2 years before establishment of the subspecialty of Palliative Medicine, or thereafter

Criteria for accreditation: the fellows have completed the Palliative Medicine Subspecialty training programme of the Hong Kong College of the Radiologists and have passed Palliative Medicine Subspecialty Board Examination as mentioned under the section "**Training Requirement**" and "**Examination Format**". The commencement date of the Palliative Medicine Subspecialty training of the Hong Kong College of the Radiologists is in July 2002.

Category 2

This category will apply to candidates who have obtained the Fellowship of the Hong Kong College of Radiologists before July 2000, i.e. at least 2 years before establishment of the subspecialty of Palliative Medicine.

Accreditation may be attained via **Path A** or **Path B**

Path A Full requirements of Category I shall apply

Path B* Accreditation via **Path B** is a one-off exercise and the deadline of application via Path B is on 21 October 2002. All of following conditions (1), (2) and (3) must be fulfilled.

(1). A pass in the final part of the Intermediate Examination in Clinical Oncology for Fellowship of the Hong Kong College of Radiologists

(2). *Either*

Holding Diploma in Palliative Medicine (University of Wales College of Medicine), or equivalent as endorsed by the Palliative Medicine Subspecialty Board

Or

Having practiced clinical oncology in existing Clinical Oncology Centres for 8

years after obtaining the Fellowship of the Hong Kong College of Radiologists,

(3) Had been an active member for at least two years of the palliative care team / hospice unit in existing Clinical Oncology Centres with active involvement in specific palliative care practice** recognized by the Palliative Medicine Subspecialty Board.

*** PATH B** is for retrospective accreditation before the establishment of the subspecialty of Palliative Medicine under the Clinical Oncology Specialty of the Hong Kong College of Radiologists and therefore it will apply only for those whose training has been completed before the date of establishment of the subspecialty.

** Specific palliative care practice endorsed by the Palliative Medicine Subspecialty Board

1. Active membership of palliative care team / hospice unit of an Oncology centre
2. Care of patients in the extended beds designated for active palliative care
3. Collaborative care with other hospice unit in managing patients under hospice units
4. Collaborative care with department of anesthesiology in managing patients with cancer pain at pain clinics

Appendix II: List of First Fellows of the Palliative Medicine Subspecialty of the Hong Kong College of Radiologists:

14 First Fellows were accredited as the Palliative Medicine Subspecialty Fellows via the Pathway "**Path B**" for subspecialty accreditation in Palliative Medicine under the Clinical Oncology Specialty of the Hong Kong College of Radiologists.

Dr. Leung Wai Lim, Carmen
Dr. Tse Kin Chuen
Dr. Wong Kam Hung
Dr. Wong Ka Yan
Dr. Yau Stephen
Dr. Au Kwok Hung, Gordon
Prof. Sham Shun Tong, Jonathan
Dr. Yau Tsz Kok
Dr. Yeung Mei Wan, Rebecca
Dr. Sze Wing Kin
Dr. Yuen Kwok Keung
Dr. Leung Sing Fai
Dr. Choy Tak Kong, Damon
Dr. Hsue Chan Chee, Victor