



Association for Palliative Medicine

Annual General Meeting

Tuesday 12 March 2024

13:00 – 14:00

Virtual AGM via Microsoft Teams

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| 1. Welcome from Chair | Dr Sarah Cox |
| 2. 2023 Annual General Meeting | Dr Sarah Cox |
| 3. President's report | Dr Sarah Cox |
| 4. Vice President's report | Dr Suzanne Kite |
| 5. Treasurer's report | Dr Natasha Wiggins |
| 6. Demitting Board/Committee members | Dr Sarah Cox |
| 7. Welcoming new Board/Committee members | Dr Sarah Cox |
| 8. Opportunities to get more involved in the APM | Dr Sarah Cox |
| 9. Questions/AOB | Dr Sarah Cox |
| 10. Close / date of next AGM | Dr Sarah Cox |

APM 2023 AGM Votes

During the 2023 AGM members were asked to vote by raising their hands.

Do you ratify the Association for Palliative Medicine accounts for 2022?

Proposer Dr Benoit Ritzenthaler

Seconder: Dr Suzanne Kite

The 2022 accounts were ratified during the meeting.

During 2022, Dr Bernadette Brady joined the APM Board as Ireland Rep, Dr Suzanne Kite as Vice President, Dr Matthew Doré as Honorary Secretary, Dr Natasha Wiggins as Treasurer, Dr Feargal Twomey as President Support. Do you ratify the new Board members?

Proposer: Dr David Brooks

Seconder: Dr Samantha Lund

The new Board members were ratified during the meeting.

During 2022, the APM set up three new committees. The EDI committee, Workforce committee and Race Equity committee. Do you ratify these new committees?

Proposer: Dr Bernadette Brady

Seconder: Dr Sarah Hanrott

The new committees were ratified during the meeting.

President's Report

APM AGM 2024

Welcome to the reports for the 2024 APM AGM! I hope you enjoy reading the updates from myself and the committees, including from our new EDI and Communications committees. Here are some of the highlights of the last year.

Governance review

In discussion with the RCP about our structure and governance we took up the offer to second Jane Ratford as interim Chief Operating Officer to undertake a governance review. She has completed her review with input from the Officers and Board, and her 15 recommendations, which are shown at the end of my report, have been accepted by the APM Board.

The most fundamental recommendation is a new structure for the APM (old and new structures are represented diagrammatically at the end of my report). In this structure, the officers and lay trustees form a new Board of Trustees. This enables the operation of the APM as a charity and business to be separated from our work supporting members with clinical governance, development, education and guidance and engaging in discussion and debate at regional and national level. It also allows lay Trustees and a lay Chair to be appointed to increase the knowledge and skill base within the Board (such as having a Trustee with knowledge of finance), provide a level of accountability for the Officers, has the potential to increase diversity and to provide additional organizational memory. The current Board becomes the APM Council and the Officers, who have been meeting monthly, become the Executive. The changes in structure and process may require changes to our Articles of Association and we are taking legal advice about this. The structural changes need to be matched with clarity around levels of decision making within the organization and this will be formally laid out this year.

We have completed a revision of our code of conduct and misconduct policy and have been working on a risk register. The recommendations include clearer job descriptions and responsibilities for Officers and committee members, with induction packs for new members to APM Council. You will see we will also be looking for a data storage solution.

In order to complete the work necessary for these recommendations, we have extended Jane's tenure to a year in total. We are immensely grateful to Jane for the fantastic work she is doing which we know will put the APM in a good place for the future.

Engagement and Influence

We have been working hard over the past year to ensure the APM has a voice in national consultations and to strengthen relationships with major partners in Palliative Care.

We have engaged with Hospice UK, Marie Curie and Sue Ryder, to coordinate our responses to consultations such as the Major Conditions Strategy. In collaboration with Marie Curie we have been thinking more about environmental sustainability both as an organization but also for members and their work.

We responded to the Hospice All Party Parliamentary Group inquiry on Hospice Funding with written and oral evidence. The report which acknowledges our contribution was released earlier in the year and we hope will be a stimulus to conversations about improved NHS funding for hospices.

We have engaged with the Ambitions partnership which is reforming with the new National Clinical Director for Palliative and End of Life Care, Sarah Mitchell. We were delighted that NHSE have confirmed funding for her post. We are discussing ways of better representing what good palliative care should look like to support comprehensive and equitable provision of Palliative Care services. We have also engaged with the regional PEOLC network across England. We would be delighted to join regional meetings in any part of our constituency to understand your issues and priorities for the APM.

We were able to shape reports from HSIB in response to confidential inquiries on variation in care and syringe pump use, and also the Palliative and End of life Care Good Practice Guide for Medical Examiners which will be released soon.

We were delighted to be asked to contribute to the annual report of the Chief Medical Officer of England and also to support the Belgian Government with their review of palliative services.

We have been actively involved with the RCP in the last year, through our chair on RCP Council and also through the Joint Specialty Committee, chaired by David Brooks. We have held meetings with the RCP Registrar about challenges in Palliative Care, and relevant RCP strategy. We have joined the RCP Medical Specialties CEO group which is really helpful to for governance and organizational issues. We are also engaged with the RCP in their Invited Reviews, where they wish for a Palliative Medicine representative on the review team. With the RCP Medical Care – Driving Change team we are putting together a Palliative Care edition for May to focus on hospital avoidance, reduced length of stay and early discharge. This allows us to tie together all the work going on in EDs, virtual wards, Enhanced Supportive Care, health economics, Advance Care Planning and the conversations around ACP. Rachel Davies is leading on this for us and is looking for people to coordinate, write scenarios and act in some simulated ACP discussions to be filmed at RCP Liverpool.

We are forging closer links with the Association for Paediatric Palliative Care and have sponsored Mark Taubert as an EAPC member and Board Member.

Workforce

We recognize that we have a large SAS workforce without whom many teams would not be able to function. Supporting and valuing SAS doctors is a particular priority and I was delighted to promote the framework for assessing SAS doctors to acts as responsible clinicians which had been updated by the North West Coast Cheshire & Merseyside Palliative & End of Life Care Clinical Network.

We supported the CESR webinar which aimed to guide SAS doctors through the revised process. The CESR window for the Palliative Medicine register will close in October 2024, despite our representations to the GMC to further extend it. After this deadline it will require evidence of equivalent experience in Palliative Medicine and GIM.

We continue to offer free access to Palliative Medicine SCE study aids to all doctors taking the exam, including SAS doctors.

The juniors have been doing a great job in promoting Palliative Medicine as a career and I was delighted to be invited to open their conference last year.

I also attended an RCP roundtable where issues and potential solutions were presented. A strong message from that meeting was that we need to improve how we value staff at all levels in their career in order to recruit and retain them.

We need to nurture leaders in Palliative Medicine and as a small start down this road we have had APM committee members attending our monthly Officer meetings with opportunities for pre and post meeting debriefs with an APM Officer.

Environmental sustainability

Having identified an organizational model of sustainability, we have been applying it to policy and practice. Our committees are encouraged to meet virtually for most of their meetings, the PCC is virtual this year and we encourage rail travel over air where practical. We have engaged with the Palliative Care Sustainability Network to provide APM members an opportunity to find out what more they can do.

EDI

I am really excited we now have an EDI committee working with our Race Equity committee to review processes and policy. As a start we have revised our new recruitment documents to include a diversity statement. We know we have so much more to do, and that includes increasing the diversity of our Officers and Board.

Quality Improvement and Research

We were delighted to support Simon Tavabie, Ollie Minton and others with the SeeCare project in 2022, and to see the paper published in 2023. We congratulate Simon for all that hard work and look forward with interest to where SeeCare will go next.

The use of FAMCARE by the APM was 10 years in 2023 and the Quality committee and FAMCARE leads are writing up their analysis of 10 years of data and learning from running a national service evaluation.

We have engaged with PCRS and the Palliative Medicine registrar network in the last year. We have been able to add resources for Specialist Trainees and others to our website such as a Meeting Your Research Competencies Resource List and a Palliative Care Research Directory. A new Special Interest Forum for Academic trainees (and others) was born this year.

APM website

You will be delighted to hear that the new Website will be going live in April. This has been an enormous undertaking from the APM committees, Communications group and secretariat to check and update all content prior to the website designers One2Create copying it over. We hope you will enjoy the improved experience with the new website and we look forward to seeing contributions from you there. We have started a "day in the life of..." series for the bulletins which we will replicate on the Website. Please contact the secretariat with "Day in the life of..." stories, blog content or other contributions.

Thank you

I would like to take this opportunity to thank all those who contributed in any way to the work of the APM this year. From those who contributed to consultations, educational events, and committees, including the hard-working Officers and secretariat, a sincere thank you from me.



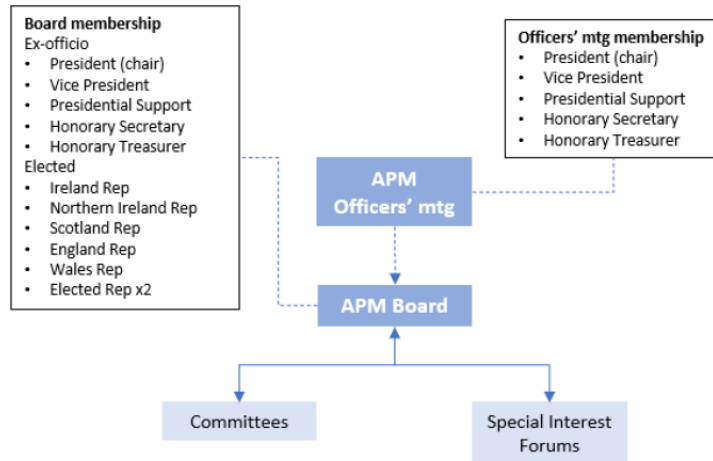
Dr Sarah Cox
APM President

Recommendations for APM from governance review

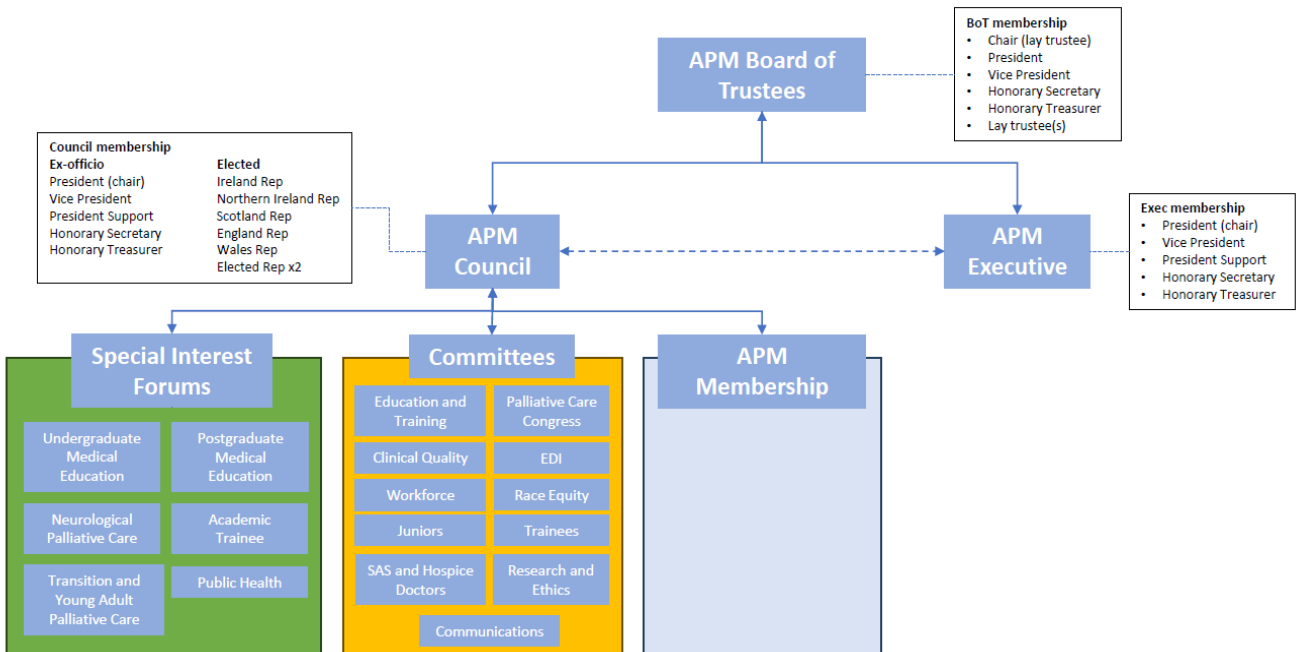
Recommendation 1:	The APM to review its governing document to ensure it supports the structure of the APM and the mechanisms for the appointment and removal of Board officers, including consideration of limiting the number of terms of office.
Recommendation 2:	The APM to introduce an induction process for new Board officers.
Recommendation 3:	The APM to recruit specific expertise in financial management for small charities as part of lay trustee recruitment.
Recommendation 4:	The APM to consider options for increased transparency and accountability in its governance structure, to include:
	a. the introduction of lay member(s)
	b. lay member(s) appointed following a skills review based on APM future growth
	c. consideration of appointing a lay Chair
Recommendation 5:	Creation of a document confirming appointment and role responsibilities for Board members to sign and return on election.
Recommendation 6:	The APM to create an induction pack for new Board members.
Recommendation 7:	The APM Board to agree a standard job description template and recruitment process for committee members.
Recommendation 8:	The APM to agree a risk management system, suitable for the size and complexity of the charity. This should include the identification of major risks the APM is exposed to, the potential likelihood and impact of those risks, effective plans to mitigate those risks, where appropriate and a system of regular review.
Recommendation 9:	The APM to train Board officers in risk management.
Recommendation 10:	The APM to create a scheme of delegation for the APM which sets out at which level of the organisation decisions can be made.
Recommendation 11:	The APM to create a set of Rules which clarify and expand on the powers set out in the APM governing document.
Recommendation 12:	The APM to finalise a code of conduct for members and those acting on behalf of the APM, supported by a misconduct and complaints processes and appropriate escalation routes.
Recommendation 13:	The APM to ensure it has sufficient administrative resource to support the implementation of the recommendations resulting from this review and sustain the changes for the long term.
Recommendation 14:	The APM to source and implement a secure shared document storage solution, with consideration given to acquiring APM email addresses for Board officers.
Recommendation 15:	The APM to ensure that all Board officers, members and committee members are aware of their responsibilities in terms of secure document storage and data sharing.

Old and new organograms

APM current governance structure



APM new governance structure



Treasurer's Report - The 2023 Period

APM AGM 2024

Introduction

This year has been about building on the stability we laid the foundations for last year. There have been some investments into establishing a more robust approach to governance as well as changing bank accounts to ensure a more secure position in an ever-changing financial world.

Specific updates

FAMCARE: this is the survey of bereaved relatives. 58 organisations used the survey with the cost to do so remaining the same at £125 per organisation.

Website: There have been significant investments into a new more functional and strategic website for the APM. £7,776 has come out of this year's budget.

Interim Chief Operating Officer: The Association of Palliative Medicine (APM) board agreed to employ an interim COO – seconded from the Royal College of Physicians. Her role is to review the APM's structures and processes and makes recommendations and implement change as agreed with the APM Board. The interim COO started October 2023 for 6 months. They have since had their contract extended another 6 months.

Endorsement: BedRace is a new educational board game, focussing on palliative and end of life care. As part of the APM endorsement, the APM receives 5% (£2.50) of profit for each game sold.

Junior Committee Finances: Although the undergraduate special interest forum (SIF) leads have been doing a brilliant job supporting and managing the JC finances, it made sense for all funds to be managed the same way and the APM Junior committee money has transferred over to the restricted funds account.

Funds:

There are two sets of funds:

- Unrestricted – we can choose what this money is spent on
- Restricted – we can't choose what this is spent on

The Accounts for Dec 2022 – November 2023

1. Unrestricted Funds

Expenditure came in under the £222,000 predicted due to increased efficiencies and no increase in subscription costs.

At the end of the APM financial year there is an unrestricted funds balance of 364,500. An increase of £7,560 on the start of the year. For a charity to be considered financially stable, at the very least it needs to have 6 months running costs available in the reserves. Based on the 2023 expenditure plus the cost for the COO and the website, 6 months reserves = £172, 000 and therefore the APM has a reserves surplus of £192,500.

The take home: the amount of money available to spend how we choose has slightly increased and we have more than enough in reserves to be financially stable.

Looking a little closer at the unrestricted funds:

The Operating Account

What is this? This is the 'current account' that membership is paid into and the day to day running costs are paid from, including the Palliative Care Formulary (PCF) fee.

£ In	2023	2022
Membership subscriptions	209,236	198,396
FAMCARE subscriptions	7,125	8,493
Website advertisements	3,690	2,600
Ethical Investment	2,406	418
Total	222,457	209,489

£ Out	2023	2022
Journal subscriptions	32,700	33,800
PCF access	53,715	53,715
Supporting costs	128,665	108,655
Total	215,080	200,829

Education

What is this? All things education are accounted for here, including the Annual Palliative Care Congress (PCC).

Event	£ In	£ Out	+/-
Trainee Committee Study Day	903	1060	-157
Ethics Course Sept 22	756	2784	-2028
Ethics Course Sept 23	3886	2420	1466
PCC March 23	188,650	192,727	-4,077
APM/PCRS Research Course 23	4879	3651	1227
CESR Workshop Webinar May 23	233	500	-267
ARCP Preparation Webinar May 23	976	500	476
HDMU Study series Sept 23	3886	2420	1466
SAS & Hospice Drs Study series Nov/Dec 22	286	1500	-1214
Juniors Conference Nov 23	756	-	756
Total	212,060	207,226	4834

Although there was an overall small gain, more individual study days made an overall loss compared to last year. The 2023 face to face PCC made a financial loss however it was proportionally a small loss compared to the previous year and the conference is not just about money. All APM committees are required to meet face to face, and this creates an opportunity for this to happen whilst supporting education and reducing the time away from other commitments. Face to face learning opportunities reflects the different learning styles across our speciality and, importantly, the face-to-face PCC reminds people we are a community.

2. The Restricted Funds

What is this? Money that can only be spent on specific things. In this case:

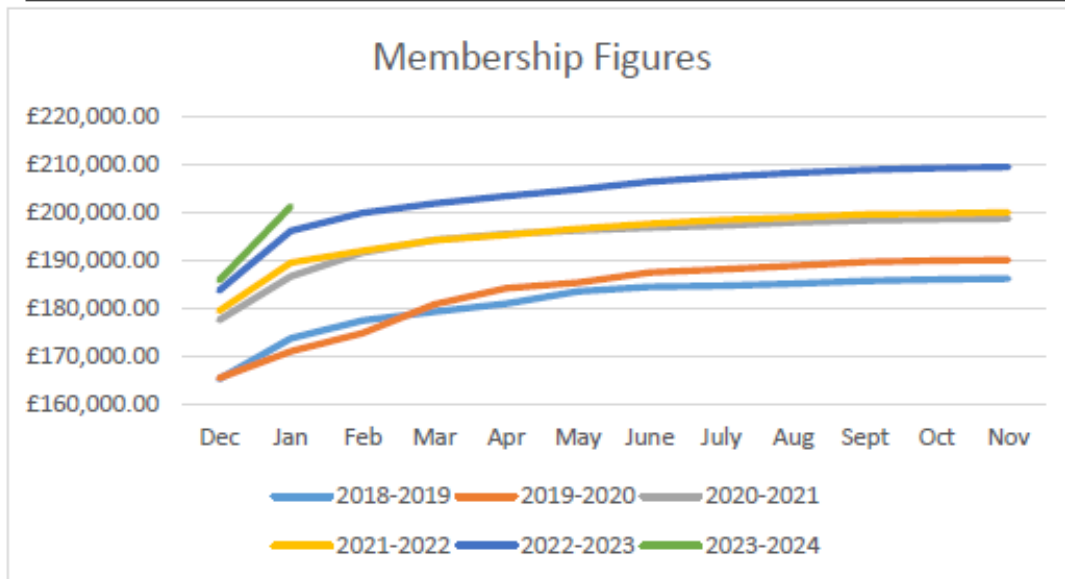
Fund name	What can it be spent on?	£ In	£ Out	Balance
e-ELCA	Design & delivery of e-learning via e-ELCA platform	4,500	10,616	127,322
Abe Guz fund	Education & Research around dyspnoea	0	0	13,926
Junior Committee	APM juniors conference and other events	3,012	0	3,012
Total				144,260

An Abe Guz Fellow has been appointed, supported by a supervisor, both of whom will be remunerated for their time to create a dyspnoea resource for all APM members over the next 12 months. It is expected this will use the total of the funds.

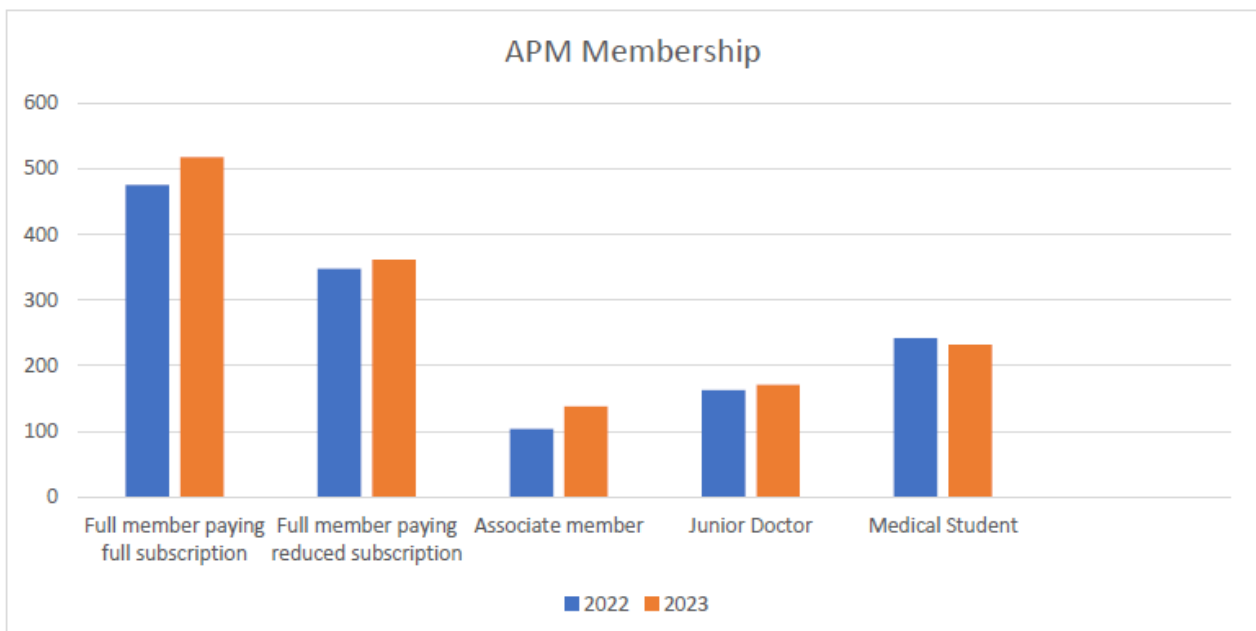
**Financial Areas to review and Actions:
Membership**

Membership Income	Dec 2019 – Nov 2020	Dec 2020 – Nov 2021	Dec 2021 – Nov 2022	Dec 2022 – Nov 2023
£	190,100	198,747	200,054	209,542

APM Membership Year on Year Comparison 2015-2024

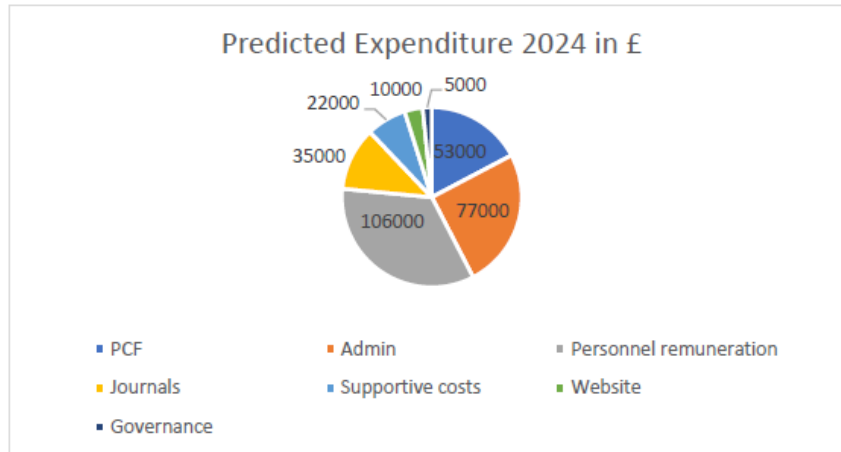


This graph shows the ongoing growth in membership, reflective of the work put in by the team to ensure we are appealing to a broader spectrum of people and listening to what they want from their membership.



Looking ahead to 2024

Considering the daily operating account, the predicted expenditure is higher than previous years at £308,000. The breakdown of this is detailed in the below chart. This includes the recent wage increases, increase in basic costs, website and the very worthwhile investment of an interim COO and the subsequent spend required to improve governance, security and efficiency.



Plans for 2024 and beyond

1. Membership income

Considering the challenges around the cost-of-living and our current surplus reserves, membership fees should remain the same for another year. It is likely they will increase the following year.

2. Palliative Care Formulary

The annual cost of access to the PCF is tied to how many fully paid members increase per year. As part of this agreement, the PCF marketing team are supporting us to ensure there is good communication with members to understand how the PCF can help them and encourage new members.

3. Abe Guz Fund – restricted to education / research relevant to dyspnoea

This is expected to be used up over the next 12 months.

4. Prizes

The PCC 2024 see a new prize - The West Midlands Palliative Care Team rewarding excellence in Quality Improvement. £250 for the best Quality Improvement abstract.

5. Website and advertisements

The development of a new website is nearly complete. Alongside ensuring better experience for people, we expect this to drive new membership and streamline the administrative processes. This has partially been paid for and the completing payments will come out of the budget spread over the next 2 years. We will continue to support advertisements and this year plan to review our stance on the more commercial aspects.

6. Strategic spend

As outlined last year, acting on the APM 5 year strategy is underway and there will continue to be a short term rise in spending to achieve the Association's strategic aims focussing initially on governance and structure.

In Summary

The organisation is financially secure with sufficient reserves as per the Charity Commission guidance. We plan to continue to spend a proportion of the reserves over the next year. It is important we do not sit on the money we have but to use it in a thoughtful way to support the APM to be the best it can be for the members and ultimately the patients and their families.

Dr Natasha Wiggins

APM Treasurer

February 2024

Education and Training Committee Report APM AGM 2024

Membership

Dr Suzie Gillon	Chair
Dr Amy Hawkins	Elected Member
Dr Mary Miller	Elected Member
Professor Paul Paes	Elected Member
Dr Wendy Prentice	Elected Member
Dr Jean Potter	Elected Member
Dr Alice Pullinger	Elected Member
<i>Vacant Position</i>	<i>SAS & Hospice Doctors Committee Representative</i>
Dr Felicity Dewhurst	Palliative Care Congress Representative
Dr Polly Edmonds	SAC Representative
Dr Yasmin Parkin	Juniors' Committee Representative
Dr Elizabeth Woods	Trainees' Committee Representative
Dr Matthew Doré	APM Board - Honorary Secretary
Dr Sarah Hanrott	e-ELCA Lead
Becki Cole/Kate Smith	MunroSmith Associates – APM Event Organisers

The Education and Training Committee remit is to co-ordinate the Association's educational strategy and activities. The committee aims to ensure the educational needs of members and other professionals are met through:

1. A comprehensive education programme (face-to-face and e-learning)
2. The production of educational resources
3. Signposting to external events

Summary of Committee Activity

1. APM members' educational benefits

Members receive the following educational package:

- 25% discount to attend APM study days or access resources where charges apply
- Discounted member rates to attend the annual Palliative Care Congress
- Electronic access to the journal Palliative Medicine and Palliative Care Formulary (PCF)
- Quarterly paper copy of BMJ Supportive and Palliative Care
- Free access to APM publications about policy, curricula, guidelines etc
- e-ELCA

- Regular communication about education events via the Event Bulletin, which is issued on the second Friday of each month.

2. e-ELCA

e-ELCA is covered in a separate update. Dr Sarah Hanrott attends meetings and provides the Committee with an update every 6 months.

3. Education activities 2023-2024

The Committee has continued to work to put a regular education programme in place, maintaining the agility of hosting virtual events, which can be organised with less lead time and cost. This is being balanced by the re-introduction of some face-to-face events, with the continued aim to balance accessibility while providing opportunities for colleagues to connect in person.

There have been several key activities including:

APM Education Hub Website. This has continued to develop as a central location for members to access APM educational activities- signposting of events, booking and viewing study days, and educational resources. The ability to hold important resources has been developed further with the APM Postgraduate Medical Education Special Interest Forum (PME SIF), APM Juniors' Committee and SAS and Hospice Doctors Committee.

Postgraduate Medical Education Special Interest Forum (PME SIF). This is in its third year, co-ordinated by Dr Mary Miller and Dr Suzie Gillon. The purpose of the PME SIF remains the provision of a network for those with an interest in providing postgraduate palliative medicine education at a time of significant change.

4. APM Study Days and Conferences 2023 -2024

Event	Date/s	Type	CPD Approval
2023			
Ethics Course	2-27 January	Virtual	8 credits
Trainees' Study Day	17 January	Virtual	6 credits
Palliative Care Congress	16-17 March	In-person	13 credits
CESR Application Workshop	3 May	Virtual	n/a
New Curriculum ahead of ARCP Round Webinar	23 May	Virtual	n/a
Juniors' Palliative Care for FY1s	8 July	Virtual	n/a
Ethics Course	4-29 September	Virtual	8 credits
Hospice Doctors Medical Updates Study Series	7 & 21 September	Virtual	6 credits
Research Course (joint host with PCRS)	September/October	Hybrid	7 credits
Juniors' Conference	18 November	Virtual	n/a
SAS Study Afternoon	5 December	Virtual	3 credits
2024			
Ethics Course	January	Virtual	8 credits
Juniors' Palliative Care Research Webinar	27 February	Virtual	n/a
Palliative Care Congress	21-22 March	Virtual	12 credits
Juniors' Communication Webinar Series	17 April, 1 & 15 May	Virtual	n/a
PME SIF Study Day	23 April	Virtual	Pending

5. Developments 2023-24

The Committee has welcomed Dr Yasmin Parkin, Dr Jean Potter and Dr Alice Pullinger.

Dr Suzie Gillon

Education & Training Committee Chair

January 2024

APM Race Equity Committee Report APM AGM 2024

Membership

Jamilla Hussain (Chair)

Gurpreet Gupta (Deputy Chair) – left as of Jan 2024

Qamar Abbas

Sarika Hanchanale- left as of Jan 2024

Jasmine Lee (on leave)

Karon Ornadell

Bhajneek Grewal (new member)

Supported by: Aoife Gleeson (on leave)

The APM 'Race' Equity Committee was formed to support the APM to work towards becoming an anti-racism association which supports and empowers individuals working within palliative care from diverse ethnic backgrounds.

2023/2024 Objectives

1. Disseminate and analyse a survey exploring the experience of racial discrimination and prejudice of people working within palliative care across the UK. Use the findings to inform future APM EDI strategy.
2. Expand committee membership as allowed within existing guidance.
3. Develop an Echo to support minoritised ethnic staff working in palliative and end of life care (for both members and non-members of the APM)
4. Develop ideas on how to support allies to lead on change needed.
5. Collaborate with other APM committees to support anti-racism within their work.

The committee members have focussed this year on sharing the findings from the survey and are currently undertaking the analysis of the data. Gurpreet, Karon and Jamilla have led on establishing the Echo with the support of Hospice UK. This is now up and running. Gurpreet and Jamilla also engaged with Compassionate Communities UK to help shape a training programme for palliative and end of life care providers on racism at the end of life and Gurpreet helped to deliver the training.

Gurpreet and Sarika stepped down from the committee in Jan 2024. Both have helped establish and shape the committee from its inception and the committee are grateful for all their hard work. Bhajneek, a final year trainee from Yorkshire, has joined the committee and brings many new strengths to the committee. An advert for new members is currently open until May 2024 and the committee are available to discuss membership with anyone interested in supporting work around addressing racism at the end of life.

A new EDI committee has also been established by the APM which is distinct from the REC. The REC have and will continue to work closely with this committee on broader EDI issues but will remain focussed on issues related specifically to racism to maintain momentum in this challenging area.

The priorities for the next year are to analyse and publish the survey data and discuss with the Board what this means for the APM. Establish and support the running of the Echo—a new venture. And if possible, within the capacity of the small committee, work with the Board and other committees on developing their anti-racism strategy.

The committee would also like to take this opportunity to thank the current and recent members of the Board, and wider membership, in supporting their work.

Dr Jamilla Hussain

Race Equity Committee Chair

February 2024

APM Research and Ethics Committee Report APM AGM 2024

Membership

Dr Rosie Bronnert (Chair)

Dr Guy Schofield APM Representative

Dr Matt Dore APM Representative

Dr Katie Frew APM Representative

Dr Donna Wakefield APM Representative

Dr Christopher Doyle APM Representative

Dr David Oxenham APM Representative

Dr Rachel Davies APM Trainee Representative

1. Research

The committee has continued to review requests relating to the dissemination of research questionnaires to the APM Membership. Mindful of the importance of participating in research, supporting trainees and palliative medicine professionals undertaking career development research and the impact of multiple surveys on time of members, a decision aid has been developed to help ensure that questionnaires are screened prior to these being shared.

Over the coming year, the committee intends to strengthen links with the APM Academic Special Interest Forum.

2. Ethics Course

Members of the committee have contributed, with other faculty, to the APM Ethics course, which is held biannually. Links with this course and the committee are maintained, with work in place to widen the faculty on the course with other committee members.

3. Contributions to media requests

Members of the committee have participated in media requests on behalf of the APM. These have focused on ethical issues and the APM position relating to Assisted Dying. Strengthening the committee's membership and skills in media are planned over the next year.

4. Contribution to Assisted Dying enquires

Assisted Dying has continued to be a 'hot topic' within Great Britain and Ireland. Members of the committee have continued to contribute to calls for evidence, for example in giving representation on behalf of the APM to the House of Commons Select Committee Enquiry

5. Developments

We have welcomed Dr Rachel Davies as the Trainee Representative. Our thanks are shared with Dr Ting Ta, who was a thoughtful and productive committee member, who has left her position as trainee representative on completion of her Palliative Medicine Training.

The committee will seek to expand the membership over the next few months, in particular with the aim to strengthen the breadth of the committee and its ability to consider and respond to ethical issues relating to palliative care, including public and interprofessional discussion on ethical issues. Please look out for the adverts if you are interested in this role.

Dr Rosie Bronnert

Research and Ethics Committee Chair

February 2024

Trainees' Committee Report APM AGM 2024

The Trainees' Committee is run by trainees for their peers. We aim to represent Palliative Medicine trainees within the APM, communicate relevant information, and provide opportunities for networking, education and participation in research. This report summarises recent and planned committee activity.

Current Committee Members

Dr Erin Kadodwala, Dr Sarah Foot – Co-Chairs
Dr Heledd Lewis - Regional Representative Coordinator
Dr Emma McDonald - Communications Coordinator
Dr Chooi Shawn Loh - Juniors' Committee Representative
Dr Rachel Davies - Research and Ethics Representative
Dr Elizabeth Woods - Education Representative
Dr Anna Grundy - Clinical Quality Representative
Dr Sarah Foot - BMA Representative
Dr Emily Holdsworth - SAC Representative (England)
Dr Jessica Gutjahr - SAC Representative (Wales/N.Ireland)
Dr Ruth Yates - SAC Representative (Scotland)
Dr Rose O'Duffy - New Curriculum Representative

New Committee members

We welcome to the committee Dr Loh as Juniors' Committee Representative, Dr Davies as Research and Ethics Representative and Dr Holdsworth as SAC Representative (England). We have new Co-Chairs, Dr Kadodwala and Dr Foot. We have, as yet, been unable to find a replacement for Dr Foot as the BMA Representative.

Integration, Communication and Representation

We continue to communicate with all trainees nationally through our network of regional representatives and bimonthly newsletter. We conduct regular regional representatives meetings to ensure two way communication with trainees and, through this forum, have identified a number of training issues to act upon, including issues with disparities in the implementation of the new curriculum across the country. We have another meeting being planned for the next few weeks to specifically address any concerns surrounding the new curriculum. Dr McDonald has continued to build our social media presence via Twitter and Facebook. As a committee we have reviewed the content on the website in the trainees section to ensure it is up to date and relevant. Dr Ison, and now Drs Kadodwala and Dr Foot, in their role as Chair, have attended the APM Board meeting biannually and also attend the RCP Joint Specialty Committee (JSC), providing an upward link to raise trainees' concerns at the highest levels within Palliative Medicine.

Education

Dr Woods has led on developing an increased portfolio of educational events in conjunction with the education committee. We are keen to help co-ordinate further national training days but have faced difficulties with low uptake of participants. We have supported trainees to take the SCE by updating the content on the website for

SCE resources. We continue to support trainees who are APM members with reimbursement of their purchase of SCE flashcards made by Pallmed Pro.

Specialty Advisory Committee (SAC) and the New Curriculum Implementation

Dr Kadodwala, Dr Gutjahr and Dr Yates have worked hard as SAC representatives on supporting trainees during the implementation of the shape of training curriculum. A survey was launched with the aim to pick up any issues or difficulties experienced across the country as the new system is implemented. The results of this have been presented to the SAC and the JSC and annual repetition is planned.

Dr O'Duffy has been in post as the New Curriculum Implementation Representative but has found her role to be limited now that more members of the committee have transitioned to the 2022 committee. Talks are ongoing about plans to merge this role with that of the Regional Representative.

Research

The Committee, led by Dr Davies, continues to provide a channel for dissemination of information about national research projects. She continues to support the juniors committee to build a database of research networks.

Supporting the APM Juniors' Committee

We continue to link closely, via the Juniors' rep Dr Loh, with the APM Juniors Committee and offer support for their study days and conference.

Working with the BMA

The Trainees' Committee have continued to engage and contribute to the work of the BMA. Dr Foot has advocated for the interests of our specialty at Multi-Specialty Working Group meetings. Dr Foot has plans to demit in order to take up the role of Co-Chair but we have, unfortunately, been able to recruit a replacement and so Dr Foot currently holds both roles.

Future directions

Over the next 12 months we intend to develop more ways to support trainees through this period of transition with the 2022 curriculum, including more frequent Regional Representatives meetings.

Thanks to all who have demitted from the committee in the last year, Dr Morton, Dr Ta and Dr Ison. We wish them all very well in their futures. Thank you to Dr Cox and Dr Kite for their support. Thank you to Georgina Bula at Compleat for her tireless hard work, for always being on hand to answer queries and in her particular support with recruiting new members.

Dr Erin Kadodwala

Trainees' Committee Co-Chair
February 2024

Dr Sarah Foot

Trainees' Committee Co-Chair
February 2024

SAS & Hospice Doctors Committee Report APM AGM 2024

Elected Members

Dr Esraa Sulaivany Joint Chair
Dr Paul Selway Joint Chair

SSAS Representatives

Dr Beth Williams
Dr Nicola Goss
Dr Katie Jerram

Dr Mary Ann Mahadevan
Dr Helen Bonwick

- The committee would like to thank Dr Owain Prys Thomas who stepped down after successfully completing CESR and accepting a consultant post for the work he has carried out whilst being in the committee.
- We would also like to thank Dr Helen Bonwick for her tireless work as co-chair of the committee and championing of the profile of SAS doctors. She stepped down from the committee chair earlier this year. Dr Bonwick has continued as a member of the SAS committee.
- Finally, we would like to congratulate Dr Rebecca Watson; she is chairing this years' conference and started a new role in medical education and therefore no longer works as a SAS doctor.
- The Committee had 3 virtual meetings during the year.
- Dr Paul Selway, has stepped up to take the co-chair role.
- The committee will be seeking appointment into the vacancy .

Committee Work

- Continued support of SAS Doctors and Hospice Doctors – answering email and telephone enquiries, mainly relating to CESR applications and contract issues
- Dr E Sulaivany contributed to the APM PCC 2023 and was a member of the afternoon panel discussion on What will the workforce look like in 5-10 years?
- The committee have organised a virtual study afternoon on technology and innovation in palliative care. The attendance was not as good as per previous years; however, feedback was positive.
- Dr Becky Watson has continued to support the APM work, she took up the Chair of the PCC organising committee for 2024.
- Dr Helen Bonwick is an elected member of the APM executive board, and she is also a member of the education and training committee.
- Continued to contribute to the strategic work of the executive committee and provided representation at all appropriate work streams including the other committees and task and finish groups.
- We have submitted our SAS committee strategy 22-24 to the board and this will be reviewed again in the next 12 months.
- The committee continued to share good practice and supported fellow SAS doctors through sharing the SAS doctor's development guidance and the hospice medical directors and responsible clinician quality assurance process and resources.
- The committee is currently working with the APM secretariat to review and develop the SAS page on the APM website to ensure up to date information and resources are shared.

Dr Esraa Sulaivany
SAS Committee Co-Chair
February 2024

Dr Paul Selway
SAS Committee Co-Chair
February 2024

APM Junior Committee Report

APM AGM 2024

The Juniors committee represents medical students and pre-specialty doctors with an interest in palliative medicine.

Current committee members

Dr Angus Grant – Chair

Dr Eleanor Hendicott – Secretary

Dr Thomas Lee – Communications coordinator

Dr Alice Rogers – Research coordinator

Dr Chooi Shawn Loh – Careers and mentorship coordinator

Dr Yasmin Parkin – Education coordinator

Dr Alexander Fox – Conference coordinator

Education

Over the past year, our committee has continued to develop new opportunities for our members. In July, we ran 'Palliative Care for FY1s' – a now annual half day of webinars aiming to provide newly graduated doctors with a refresher in key areas of palliative care prior to starting FY1. This continues to be a very popular event amongst both medical students and current foundation doctors, with around 300 people signing up for this year's event.

In November we ran our annual APM Juniors conference. The theme of this year's conference was 'New Frontiers in Palliative Care', and with this theme came a huge variety of topics, and attendees from many different levels of training. Thank you to our outgoing conference coordinator Dr Francis Jasiewicz who has put a huge amount of work into organising our conferences for the past three years.

Looking forward, we have new educational opportunities on the horizon. We have an upcoming three-part webinar series focusing on communication in palliative care, thanks to the hard work of our new education coordinator, Dr Yasmin Parkin. In addition to this, we have an upcoming careers webinar to help our members gain an insight into careers in palliative medicine and the recent changes to the training pathway.

Research

In the past year we have continued to promote research within palliative care and develop resources to ensure that those who are interested in research are able to get involved. Our research coordinator, Dr Alice Rogers, has helped create a palliative care research directory to help signpost people towards their local palliative care research institution. This is in addition to our upcoming webinar which will be focusing on how junior doctors and medical students can get started with research in palliative care.

Communications

We have taken a number of steps over the past year to improve the way we communicate the work of the committee. This includes both keeping APM Juniors members well informed of upcoming opportunities, and also reaching out to those medical students and junior doctors who have an interest in palliative medicine but are not yet aware of the work of the APM.

In the past year, we have begun distributing a monthly APM Juniors newsletter, organised by Dr Chooi Shawn Loh. This has proved an effective way to highlight upcoming events and to distribute our monthly blog. We are continuing to develop new content for our newsletter to benefit our members, such as the new addition of a 'research paper of the month', aiming to further promote research within palliative medicine. We have a growing social media presence, with over 1,200 followers on X, and with a new APM Juniors Instagram account to widen our reach.

We have continued to develop a medical school liaison scheme. The aim of this scheme is to assign a medical school liaison at each of the UK's medical schools, to ensure that medical students are able to get involved with the APM and benefit from its learning opportunities. We have an increasing number of medical schools represented in this network, and with the upcoming additional of a new medical student representative to the APM Juniors committee, we hope this will continue to grow.

Future direction

In the coming year, our committee aims to continue to develop new and beneficial opportunities for juniors' doctors and medical students with an interest in palliative care. We hope that through this work we can help inspire the next generation of palliative medicine clinicians.

Dr Angus Grant

Junior Committee Chair

February 2024

APM Communications Committee Report APM AGM 2024

Communications committee – tasked with

- developing overarching communications priorities and strategy
- tactical planning and implementation of campaigns and related communications activities
- evaluation and reporting on outputs and outcomes of these activities

I am pleased to be able to help support the new website development which will form the core elements of our comms offer. The new site is getting a complete overhaul of content and will be much more user friendly and while not everyone uses social media it will allow us all to share things much more readily.

We will also be much more able to add new links and there will be specific areas for all the relevant areas – education / ethics / science / trainees etc.

We want to attract new members and new doctors to the speciality.

For me this is what the comms committee is there for to make sure we communicate with each other in whatever format works and to point other professionals and members of the public to a reliable source of information.

While we are developing this there are no specific thing to share but when we do have important updates we will add them to our own comms newsletter.

Dr Ollie Minton

Communications Committee Chair

January 2024

APM EDI Committee Report APM AGM 2024

Elected Members

Dr Esraa Sulaivany Joint Chair

Dr Richard Scheffer Joint Chair

Committee Representatives

Dr Jessica Lee
Dr Desi Karakitsiou
Dr Emer McKenna
Dr Fran Hakkak

- The EDI committee was set up by the Board late in 2022, approved at the AGM in March 2023
- Members met for the first time early in 2023. The committee had 3 virtual meetings in the last year.
- The brief was to look at what was needed in the APM to ensure that issues of equality, diversity and inclusion were adequately addressed in the Association.

Committee Work

- The committee is a newly established one and the members has been trying to establish the ongoing issues faced by the APM members.
- The committee agreed draft terms of reference. looking at identifying strategic objectives to focus on however awaiting further direction from the APM board.
- The committee have been in contact with the RCP and hospice UK to explore and share their strategies with us. Unfortunately, neither organisation have full strategy in place .
- Over the past few months, the committee has focused on discussing and establishing key initiative. We attempted to start putting the backbone for the APM strategy, the committee is awaiting the opportunity to discuss these at the next board meeting in March 2024
- The committee chairs have been in liaison and discussion with the REC committee chairs to establish how the 2-committee work relate to each other and how can we join forces and work closely.
- Dr F Hakkak has been representing the EDI committee on the forthcoming PCC conference in March 29024

Dr Esraa Sulaivany
EDI Committee Co-Chair
February 2024

Dr Richard Scheffer
EDI Committee Co-Chair
February 2024

APM e-ELCA Report APM AGM 2024

It's been a busy year all round, not just in e-ELCA!

User data

We are in the process of reviewing user data for all e-ELCA sessions. As the number of sessions grow each year we are aware that e-ELCA may now be at a maximum size for ease of navigation and ability to keep updated. We will review the user data on several detailed levels to determine which sessions and modules are used the most and least. There may be scope to combine or retire sessions.

User numbers continue to grow:

e-ELCA	July 2023
Enrolments	248,483
Active users	87,637
Session launches	1,575,225

e-ELCA	Nov 2023	Increase
Enrolments	257,458	+ 8,975
Active users	92,199	+ 4,562
Session launches	1,687,205	+ 111,980

RCP CPD approval

We are also investigating gaining approval for the use of e-ELCA sessions for CPD points with the Royal College of Physicians. Due to the use of e-ELCA by medical trainees we feel this would be very useful.

1. New session development – these are now live!

- Recognising Palliative Care Needs
- Palliative care for those with mental ill health.
- Advising on Financial support in the Welfare System
- Case study – a patient with Cancer

The following sessions are currently well into development and going live very soon:

- Transitioning from Paediatric to Adult Services
- Opioid conversion

Other new sessions in the pipeline:

Case Study: Parkinsons Disease

Deprescribing in Palliative Care

Advanced Liver Disease in Palliative Medicine

A big thank you to all who author these new sessions!

2. Rolling session update programme

The e-ELCA programme contains over 180 sessions over 9 modules. The aim is to try to review each session on a 3-4 yearly basis to ensure they remain up to date. By the nature of the variety of sessions, some session updates can be completed in a short period of time, whereas others require significantly more work.

As of January 2024, we have updated 34 sessions with another 6 to go to reach our target of 40 sessions updated per year.

I would like to express thanks to all of those who have been part of the session update programme. If you would like to get involved with session updates, please get in touch.

3. Communications strategy

Whilst the content of the e-ELCA programme has been well praised, the main criticism has been that not enough people know about it and communication is ongoing. We have been engaging through the following strategies:

- Utilising X (formally known as Twitter) to inform of new sessions/session updates/learning paths. The number of e-ELCA X followers continues to grow. Our handle is @cmf_elca
- e-ELCA presence at conferences; I attended the PCC in March 2023 with good engagement of participants at the APM stall.
- Three monthly input to the APM Bulletin. This copy is also forwarded to e-LFH and Health Education England to use in their publications. Furthermore, Hospice UK, Macmillan, Marie Curie, Skills for Care and other relevant organisations also receive this copy to distribute to their stakeholders.
- Engagement with partnership organisations including Hospice UK, the RCN, and Skills for Care. We continue to distribute updates to other agencies via the NHS England newsletter.

The current communications strategy will be continued.

4. Improving accessibility of e-ELCA

e-ELCA was made 'Green' or full Public Access in Autumn 2022. This now means that the whole content is fully available to anyone who registers using a work or personal email on the eLFH website without the need for a Hospice or Care Home code.

This has led to very positive feedback. The APM and TEL are committed to ensuring that when e-ELCA is moved to the NHS Learning Hub that this will continue.

5. Improving the utility of e-ELCA

A number of learning paths are already in place for e-ELCA, designed to help navigation of the programme and we continue to develop these for different professional groups, specific organisations and specific conditions. 68% of all session launches are via learning paths.

We are developing 2 new Learning Paths aimed at GPs, one for all those working in General Practice and those with a special interest in Palliative Care or are local End of Life Care leads.

We have redesigned the front page of the Learning Path area of e-ELCA dividing this into specific groups of professionals to make it even easier to navigate.

6. Engagement with others

As APM e-ELCA lead I am a guest member of the APM Education Committee with a specific focus on e-ELCA and attend regular meetings throughout the year.

We have a thrice yearly e-ELCA executive meeting, last held November 2023.

e-Integrity host a twice yearly content provider group (CPG) meeting which I attend.

Thank you for your attention – please get in touch with any questions, suggestions or volunteering for help with reviews or development of sessions.

Dr Sarah Hanrott - sarah.hanrott@nhs.net

e-ELCA Lead

February 2024

APM Transition & Young Adult Special Interest Forum Report APM AGM 2024

In the past year, we have consolidated as a cross-organisation group between the APM and the Association of Paediatric Palliative Medicine (APPM). This has provided opportunities for joined up learning, and discussion around the issues facing both adult and paediatric palliative care teams. We now have 40 members from all regions of UK and Ireland, and it was great to see the group well represented at the Transition focussed APPM study day in November.

The publication of the NCEPOD report *The Inbetweeners* earlier this year highlighted that across the board, there is work to be done to improve the experience and health of young people with complex conditions as they moving from children's into adult services. The report also emphasised the importance of cross-specialty coordination and holistic support and it is essential that as a specialty we explore our role in this and ensure we are equipped to provide developmentally appropriate care when needed.

Supporting this discussion, Together for Short Lives have published the revised *Stepping Up* pathway and supporting resources.

As always we continue to recognise the role of the group in providing peer support for those working with young adults with complex conditions through online meetings approximately quarterly. Our meetings include time for learning through case discussions as well as wider discussions around education and service development at local and national levels. We would welcome any new members who would like to attend these meetings.

e-ELCA

We are working with the e-ELCA team to build our "Transition in Palliative care" session. This should be completed later this year. This will be an introduction to key themes in considering care for young adults during and beyond transition.

Terms of Reference

The newly structured group has reviewed the terms of reference and remains in agreement that these continue to reflect our core aims:

- To improve services for young adults with palliative care needs
- To increase awareness amongst palliative care professionals of the needs of young adults
- To improve the process by which young adults move between children’s palliative care and adult palliative care services where this is appropriate.

Similarly, our essential activities will continue to centre on

- Providing a forum for discussion, debate and ideas creation
- Creating opportunities for collaborative working, practice sharing and policy-making
- Encouraging development of services appropriate to the needs of young adults
- Supporting the APM/APPM by responding to requests for expert advice and opinion in this area.

Dr Jo Elverson

Transition and Young Adult SIF lead
February 2024

APM Undergraduate Medical Education SIF Report APM AGM 2024

Co-Chairs: Prof Stephen Barclay (Cambridge), Prof John Ellershaw (Liverpool).

1. Annual SIF Meeting

The 2023 SIF annual meeting was held at The Spine in Liverpool on 18th October, with the title “**Contemporary issues in undergraduate palliative care education**”. There were 44 delegates in attendance, and the programme and presentations can be found at <https://www.apmuesif.phpc.cam.ac.uk/annual-conferences/annual-conference-2023/>. Chaired by Professor John Ellershaw, the day began with a keynote address from Dr Dominic Johnson, Vice Dean (Clinical) at the University of Liverpool School of Medicine, whose talk on “Professionalism and role modelling in undergraduate medical education” was well-received. There followed a presentation on the development and implementation of the Medical Licensing Assessment (MLA) from Professor Suzanne Chamberlain, Head of Assessment and Liaison at the General Medical Council. Session 2 was chaired by Professor Paul Paes (Director of Medical Studies at Newcastle University) and saw a series of delegate presentations, which stimulated much interest and discussion. After lunch, Prof Paes delivered an inspiring talk on “Opportunities and challenges in undergraduate palliative medicine education for the next decade”, and this was followed by round-table discussion of the SIF workstreams.

Feedback from the event was extremely positive, and we look forward to the next meeting of the SIF in Cambridge on Thursday October 31st 2024. All are welcome to join us: please contact Stephen Barclay at sigb2@medschl.cam.ac.uk for further information if you are not already on our email list.

2. Revision of APM Curriculum for Undergraduate Medical Education

We are continuing to work on revising the 2014 APM curriculum for undergraduate education and mapping this against the GMC’s document “Outcomes for Graduates”. This was paused due to the COVID-19 pandemic but work has recently restarted with a view to the publication of a formal APM document “Key Palliative Care Learning Outcomes for UK Medical Schools”.

3. SIF Website

The SIF website <https://www.apmuesif.phpc.cam.ac.uk/> and email communication list is managed and updated by the team at Cambridge. The site contains details of undergraduate palliative medicine curricula from UK medical schools and details of previous and upcoming events.

4. Liaison

The SIF continues to liaise with the following groups to inform and direct its work:

- APM Education committee
- GMC EOLC lead
- Palliative Care Congress
- EAPC Education Steering Group

6. New members of the group are welcome

Please contact Stephen Barclay at sigb2@medschl.cam.ac.uk to join the group and the email list.

Professor Stephen Barclay

Undergraduate Medical Education SIF lead
February 2024

Professor John Ellershaw

Undergraduate Medical Education SIF lead
February 2024

APM NeuroSIF Report APM AGM 2024

We have introduced a new structure to the NeuroSIF in the form of a small group who have formed a steering committee to support the role of coordinator. We meet on an occasional basis to discuss the field of palliative care in neurology and to plan future events.

Membership

We have been actively increasing the NeuroSIF membership, focusing on inviting colleagues from neurology and general practice. This has been partially successful with several new members joining from neurology.

The work of the NeuroSIF over the last year includes:

Neuropalliative Care Curriculum

In the context of neurological conditions, there is an important interface between palliative care, elderly medicine and neurology. This has been explored through a recent one-year neuropalliative care fellowship, run by a consultant in elderly medicine (who is also on the NeuroSIF steering committee) in Bristol, which has raised questions about just how much, and what type, palliative medicine and neurology experience should underpin the neuropalliative care role.

A second neuropalliative care fellowship, based in Ireland, has just completed, this one being undertaken by a palliative care clinician (also a member of the NeuroSIF steering committee).

The two individuals who undertook these fellowships plan to share their experiences and identify gaps in order to begin to develop a curriculum and competencies framework for future

fellowships which we will share with the NeuroSIF membership for comment in due course.

A Charter for Hospices

In recognition that there is a wide range of services and approaches available to people with neurological conditions across hospices, we have begun work to develop a minimum needs-based charter to encourage a reduction in variation of care. A parallel session on neuropalliative care at the recent Hospice UK conference last year, at which two of us spoke, touched on the same topic.

Research

NeuroSIF members have been invited to participate in a number of pieces of research over the last year including joining a national MND research group and a chance to collaborate with an Italian group exploring advance care planning in patients with MS. We have also supported the development of an Oxford questionnaire examining current practice relating to withdrawal of clinically assisted nutrition and hydration from patients in prolonged disorders of consciousness.

NeuroSIF committee members are also directly involved in research: one is an ethnographic study exploring the experiences of patients, carers and staff at a Parkinson's Disease hub; the other is looking at the use of cingulotomy (neurosurgical ablation of the connection between the pain and emotion pathways in the brain) for the management of intractable pain (predominantly cancer pain).

Neuropalliative care study day/conference 2024

An invitation to NeuroSIF members to support the development of a neuropalliative care study day or conference will shortly be sent out. We are looking for ideas and speakers, dependent on the theme we set.

Dr Jon Martin

Neuro SIF lead
February 2024

APM Postgraduate SIF Report APM AGM 2024

Started in 2021, this SIF is now in its third year. It is co-ordinated by Mary Miller. The purpose of the PME SIF is to provide a network for individuals with an interest in providing postgraduate palliative medicine education at a time of significant change. The annual meeting was postponed to 23rd April 2024. On the webpage <https://apmeducationhub.org/postgraduate-medical-education-sif/> you can find links to the new curriculum and resources for delivering training.

APM Clinical Academic Trainee SIF Report APM AGM 2024

Thank you to the board for agreeing this new Special Interest Forum (SIF) for clinical academic trainees.

This SIF is a resource for academic trainees in Palliative Medicine for example Academic Clinical Fellows (ACF), Clinical Lecturers or equivalent and for those undertaking PhDs in the UK and Ireland. It would include doctors currently in internal medicine training in run-through palliative medicine ACF or equivalent posts.

Other palliative medicine doctors such as SAS and consultants would be eligible to be part of the forum if they are undertaking formal research training such as a research Masters / PhD or can support the aim of the group of supporting early career clinical academics.

Potentially membership would extend to other pre-specialty academic trainees or GP trainees undertaking research in palliative care. Allied healthcare professionals with associate membership would also be included if they are in a specific training pathway alongside their academic work, or research Masters / PhD or can support the aim of the group of supporting early career clinical academics.

It is a forum for peer support, networking, sharing of work and any other ideas members would find beneficial.

We have agreed the leads:

Dr Sarah Bowers sarah.bowers3@nhs.scot

Dr Rachel Davies ra.davies@bristol.ac.uk

Dr Amy Gadoud a.gadoud@lancaster.ac.uk

We have distributed a survey of potential members and have 18 responders. Given the nature of this SIF this represents an excellent response rate, but we will continue to identify potential members via our networks including the SAC.

We plan to meet with the members, identify members to be on the organising committee, and plan future activity. We will write and agree terms of references.

Dr Amy Gadoud

Clinical Academic SIF co-lead

February 2024

Appendices on following page

Appendices

Appendix 1 – 2024 AGM Links

- [All Party Parliamentary Group \(APPG\) inquiry into Hospice and EoLC funding](#)
- Assisted Dying
[Westminster March 2023](#)
[Oireachtas December 2023](#)
- Health Services Safety Investigation (HSIB) - [Investigation Report: variations in the delivery of palliative care services to adults](#)
- [HSIB Syringe Pumps](#)
- Frailty Assessment & management RCP/Royal College of Radiologists. [Implementing Frailty Assessment and management in oncology services](#) (November 2023)
- [Major Conditions Strategy: Case for change and our Strategic Framework](#)
- CMO Report – [Chief Medical Officer’s annual report 2023: Health in an ageing society](#)

Appendix 2 - 2023 AGM Minutes



Association for
Palliative Medicine

The Association for Palliative Medicine Of Great Britain and Ireland Annual General Meeting

Thursday 16 March 2023

Pentland

Palliative Care Congress, Edinburgh International Conference Centre

01/23 **Welcome from Vice President** (Dr Sarah Cox)

Dr Sarah Cox welcomed members to the 2023 Annual General Meeting and introduced herself to everyone in attendance. Dr Cox explained the AGM is for APM members only and the process for voting. There were enough members in attendance with voting rights and members cast their votes by raising their hands. APM members who were unable to attend in person will receive a link to vote online.

02/23 **Minutes of 2022 Annual General Meeting** (Dr Sarah Cox)

See slides. Dr Cox presented the results from the 2022 AGM which confirmed 96% of voters ratified the 2021 accounts, 99% of voters ratified new members joining the Board and 99% of voters ratified the new Communications committee.

03/23 **President's Report** (Dr Feargal Twomey on behalf of Dr Amy Proffitt)

Dr Amy Proffitt was unable to attend the PCC and the AGM, therefore Dr Feargal Twomey read a report on behalf of Dr Proffitt. Dr Twomey also accepted a gift from the APM on behalf of Dr Amy Proffitt.

04 /23 **APM Officers** (Dr Sarah Cox)

See slides. SC acknowledged and thanked the Officers for their commitment and hard work. Dr Amy Proffitt and Dr Kirsten Baron will be stepping down from the Board.

05/23 **Vice President's Report** (Dr Sarah Cox)

Dr Cox spoke about the highlights from the last year. At present, workforce is the biggest challenge and this has been and continues to be a key areas of focus for the APM. Dr Cox acknowledged the need to value and retain staff and part of that is how SAS colleagues are valued. The SAS Professional Development document is on the APM website and Dr Cox encouraged APM members to download and read this document and think about how organisations can implement the guidance. The APM have also been speaking to the GMC about extending the CESR deadline for single accreditation. The APM covers the cost of SCE Flashcards for APM members, providing members can provide proof of exam application and proof of purchase. The Clinical Excellence Awards is now called the Clinical Impact Awards and there is new guidance on the APM website. The APM is no longer a nominating body. The APM endorsed the RCP support to the Junior Doctors strikes. In terms of Shape of Training, there has been a recent move in England to redistribute specialist trainees to correct historical inequity in geographical distribution. This has been paused and the APM was part of this result. There will be some movement in posts this year but the planned movement for next year won't happen. SC mentioned the importance of recruitment.

The new EDI committee will work together with the Race Equity committee who have carried out excellent work in the last year.

A new website is being developed and the new communications committee will lead this project. The communications committee will be looking at how the APM share information and resources and how the Association engage with all members.

Dr Cox mentioned current committee vacancies and also two vacant regional specialty advisor posts in Oxford and Peninsula. Dr Cox encouraged APM members to spread the message and sign up for these two very important roles. The APM have been involved in a number of consultations in the last year and the Association is very grateful for information and support from members. The Assisted Dying consultation is currently with the select committee so cannot be made public but once approved this will be available via the APM website.

SC handed over to NW

06/23 **Treasurers Report** (Dr Natasha Wiggins)

Dr Wiggins outlined the restricted and un-restricted funds. You cannot choose what the restricted funds (e-ELCA, Abe Guz) are spent on whereas you can choose the unrestricted. The APM financial year runs from 1 December – 30 November. At the beginning of the year, the APM started at just under £346,000 and at the end of the year there was £357,000.

The Charities Commission requires 6 months of running costs available, last year expenditure was £196,241 and looking at the unrestricted funds it is clear the APM is financially stable.

The work put in by the team, the broadening of membership categories and the addition of PCF access has resulted in continued membership growth over the years. Last year, the Junior Doctor fee increased by £10 and looking at uptake this has not had a negative impact on the Junior Doctor membership.

PCC 2022 made a financial loss but face to face opportunities reflect different learning styles, the conference is not just about money as it reminded people they are part of a community.

Dr Wiggins outlined plans for the future, membership fees will not increase, an evaluation of what members really think about the PCF member benefit, develop and launch the new website, collate all breathless resources using the Abe Guz funds, maximise cost effectiveness (support online meetings, reviewing processes and consider accounts). In summary, membership uptake is increasing and we hope this will continue, an ongoing review of processes to ensure cost effectiveness and consistent incomes and lastly, the organisation is financially secure with sufficient reserves.

Dr Wiggins encouraged members to share their thoughts and suggestions.

Proposer Dr Benoit Ritzenthaler

Seconder: Dr Suzanne Kite

The 2022 accounts were ratified during the meeting.

07/22 **Committees** (Dr Sarah Cox)

Dr Cox acknowledged and thanked all demitting committee members and Board members.

APM Board

Dr Amy Proffitt

Professor Derek Willis

Dr Kirsten Baron

Dr Ian Warwick

Dr Iain Lawrie

Trainees Committee

Dr Jasmine Lee

Dr Simon Etkind

Dr Daniel Soutar

Dr Maimoona Ali

Dr Hannah Rose

Clinical Quality Committee

Dr Jane Whitehurst

Dr Andrew Fletcher

SAS & Hospice Doctors

Dr Andrea Graham

Education and Training

Dr Paul Paes

Race Equity

Nadia Khan

APM members applauded in recognition of all demitting committee/Board members

APM Board (Dr Sarah Cox)

Dr Cox welcomed new Board members. Dr Suzanne Kite is joining the APM Board as Vice President and Dr Matthew Doré as Honorary Secretary as well as the Northern Ireland Rep.

Dr Bernadette Brady has joined the APM Board as Ireland Rep, Dr Natasha Wiggins as Treasurer and Dr Feargal Twomey as President Support.

Proposer: Dr David Brooks

Seconder: Dr Samantha Lund

The new Board members were ratified during the meeting.

Trainees Committee

Dr Lucy Ison (Chair)

Dr Emma McDonald

Dr Anna Grundy

Dr Sarah Foot

Dr Heledd Lewis

SAS & Hospice Doctors Committee

Dr Mary Ann Mahadevan

Race Equity

Dr Karon Orndel

Education and Training

Dr Suzie Gillon (Chair)

Clinical Quality Committee

Dr Despoina Elvira-Karakitsiou

APM members applauded all new committee/Board members

08/23 Welcoming New Committees (Dr Sarah Cox)

The Race Equity committee was formed last year and has already carried out some important work focusing on racism, particularly in palliative medicine amongst staff. The survey results will be published later this year. Alongside the Race Equity committee, the APM have set up an EDI committee (Equality Diversity Inclusion) and a Workforce committee which are essential in supporting some of the work that is going on nationally.

Proposer: Dr Bernadette Brady

Seconder: Dr Sarah Hanrott

The new committees were ratified during the meeting.

09/23 Questions

Dr David Brooks acknowledged it is almost 10 years since the APM introduced APM Juniors and asked how successful the pipeline is from Medical Student to Juniors to Trainees. An exact number couldn't be given during the AGM but Dr Cox mentioned the energy and activity she has seen over the last few years which is astonishing.

Dr Francis Jasiewicz (Juniors committee, Conference coordinator) volunteered to provide additional information. Through educational events, the juniors committee try to open up interest and there has been a lot of positive feedback.

After events, the Juniors committee ask delegates to complete a survey and this includes questions similar to 'would you now be considering a career in palliative medicine?' Unfortunately, the survey response rate isn't overly high but the committee has access to this data and it can be shared.

Dr Dominic Whitehouse wasn't aware of the Juniors committee within the APM and suggested additional publicity. Dr Cox acknowledged Dr Whitehouse's point and informed members in attendance that the new communications committee will be making sure the website is much easier to navigate and information is a lot clearer as well as communication with the membership in a much broader sense.

Dr Mary Miller mentioned the newly developed Postgraduate SIF, developed by the Education and Training committee with the support of the Undergraduate SIF. Mary thanked Angus Grant and the team for their work, for example running the recent webinars. The number of people entering the specialty can be measured but Dr Miller also mentioned data that is more difficult to capture for example the learning that is spilling out into other specialties for example how to care for patients better.

Dr Benoit Ritzenthaler – What should be the task of the Workforce committee to serve the APM? Dr Ritzenthaler also asked the audience to think about what direction they think the Workforce committee should take.

Dr Cox identified the focus of the APM used to be on surveys and numbers, however, the feeling now is that there are sources of data elsewhere. Dr Cox suggested other areas of work, for example, supporting Polly Edmonds and the SAC, thinking alongside the GMC, identifying how the APM can support SAS doctors and prevent burnout as well as looking at how the APM support doctors who have trained abroad and want to work in the UK.

Dr Ebum Abarshi mentioned the need to support Juniors with portfolio needs, for example abstracts and prizes.

Dr Fiona Rawlinson noted that all members are ambassadors for the specialty/discipline. Dr Rawlinson also mentioned flexibility of the workforce. Colleagues may not be able to return to the same job following a particular life event and therefore the need to adapt to support colleagues.

Dr Idris Baker mentioned the value of influencing and supporting individuals in their early career. Design the way careers evolve and reduce barriers.

Dr Karon Orndel mentioned the most recent workforce data that identifies the palliative medicine workforce as being mainly white British and the need to address this and ask why? What would attract people to a career in

palliative medicine? Dr Cox mentioned a recent discussion with Dr Jamilla Hussain (Chair of the Race Equity committee) and the initial steps the Association will be taking to address these important questions.

Professor Derek Willis thanked Dr Sarah Cox for her time as Vice President and wished Dr Cox all the best in her role as APM President.

10/23 **Date of next Annual General Meeting** (Dr Sarah Cox)

The next APM AGM will take place during the next PCC (virtual) 21 – 22 March 2024.