APM STRATEGY 2026 – 2028

Overarching aim: DRIVE EXCELLENT, PERSON-CENTRED PALLIATIVE CARE SERVICES

Strategic Aim	Objectives	Assigned to
Develop the resilience, capability and capacity of the APM to deliver on its objectives, through inclusive and transparent ways of working	(We will) nurture a culture of inclusion and continuous learning, celebrating and building on diversity	BoT/Exec/Council
	(We will) build our networks to support and empower members and to share good practice	BoT/Exec/Council
	(We will) foster collaboration and trust across the APM and with our strategic partners keeping equality and diversity at the heart of these partnerships	BoT/Exec/Council
	(We will) support each Committee to apply EDI principles in proportionate, practical ways	Council
	(We will) introduce a simple EDI reflection tool to inform inclusive decision making	EDI & REC Committees
	(We will) use member survey data to understand and respond to inclusion-related feedback	BoT – look at membership make up annually, ideally in September.
Promote and support continuous Education and Training across our membership	(We will) Support and resource the Education and Training Committee to implement its strategy for the benefit of all members.	Council

	(We will) Support members to achieve research competency, including developing and sustaining networks to share research and best practice.	Council / Education & Training / Research and Ethics
	(We will) continue to develop the online educational hub to share educational materials and examples of best practice for members.	Council / Education & Training
	(We will) Continue to review and develop e-ELCA to support Education and Training.	eELCA lead; Council/Education & Training
	(We will) Seek innovative ways to support Members to share best practice.	Council / Education & Training
Create a structured, supportive, and inspiring career development pathway for doctors within palliative care	(We will) Increase membership of doctors within the APM including SAS and IMG.	Council & SAS and Hospice Docs committee
	(We will) Build communities of practice for doctors in palliative care, fostering peer support, networking, and shared learning. Including SAS and IMG.	Council & SAS and Hospice Doctors/Juniors SIFs as things progress
	(We will) Identify and create opportunities for trainees to be included in all aspects of the APMs work.	BoT/Exec to lead/Trainees committee
	(We will) develop proposals to support opportunities to develop sub specialist areas of practice enabling members to tap into the expertise of other members and services.	Guidelines and Resources/ Coordinate?

Promote capacity, capability and resilience of the medical workforce within palliative care.	(We will) Support the Workforce Committee to clearly define and promote the required workforce for palliative care.	Council / Workforce Committee
	(We will) Campaign nationally with partners for an appropriate palliative care workforce.	Exec / Workforce Committee
Strategic Aim	**Objectives**	**Assigned to**
Develop future leadership within palliative care	(We will) Identify and create pathways for developing leadership progression within the APM	Exec
	(We will) provide support for continued professional development of senior leaders in palliative care. This may include, forums, one-one opportunities and non-Financial resources.	Exec / Education & Training Committee
Improve communication across the APM	(We will) support the Communication Committee to identify effective methods of communication across the membership.	Exec / Comms Committee
	(We will) Support the Communications Committee to implement a communications strategy in line with the overarching APM strategy.	Exec / Comms Committee
	(We will) Continue to develop and increase usage of the APMs website and webinars to improve communication with and increase membership engagement.	Exec / Comms Committee
Act to influence national policy and legislative changes	(We will) continue to influence assisted dying legislation on the behalf of our members.	Exec
	(We will) continue to advocate for funding for universal, equitable access to SPC for all patients in all settings, addressing current inequalities in provision including as a result of socio-economic group; ethnicity and diagnosis.	Exec

	(We will) nurture strategic partnerships including with, but not limited to: Ambitions Group, Hospice UK, PCRS, RCP, Medical speciality societies, IAPC, AIIHPC, RCPI, IHF, APPM, UKASCC.	Exec
Maintain Financial Stability	(We will) Develop a comprehensive business plan to manage and deploy the APMs assets effectively and prudently over the next three years.	BoT
	(We will) Manage the APMs investments with a risk-aware, ethical approach to generate steady returns.	BoT
	(We will) Strengthen member engagement and deliver value to maintain consistent membership fee income.	BoT
	(We will) Review the APM's reserve policy to support long-term sustainability and manage unforeseen challenges.	BoT
	(We will) Continually review financial decisions support the association's mission and long-term vision.	BoT
Drive and champion continuous quality improvement across palliative care	(We will) encourage the use of validated QI tools to promote and evidence quality improvement across palliative care	Council & CQC Committee
	(We will) Promote quality improvement within palliative care.	Council & CQC Committee
Drive and champion evidence into practice	(We will) support members to achieve research competency.	Council & Research and Ethics/SIFs
	(We will) promote the importance of research in all palliative care providers.	Council & Research and Ethics/SIFs

	(We will) develop & sustain internal & external networks to share research and best practice.	Council & Research and Ethics/SIFs

Association for Palliative Medicine
Of Great Britain and Ireland