



A WORD FROM DR MARIANNE COBHAM

APMJ Careers and Mentorship Coordinator

Welcome to February's newsletter, I hope everyone who has rotated in February is settling into their new jobs.

We have several exciting opportunities to highlight this month including recruitment for AMPJ Conference Sub-Committee roles. This is a great chance to get involved in our one day virtual conference held in September 2025.

We are also looking forward to the Palliative Care Congress in Belfast which is now only one month away! The theme is 'Looking Back, Moving Forward' and you can still register to attend. This will be a valuable opportunity to connect with different people with shared interests and goals.

Dr Mary Parkes writes about her experiences as a trainee in intensive care medicine and her interesting path to becoming a specialty doctor in palliative medicine. A role that offers challenge and variety while providing the opportunity to build connections within a team and to a geographical area longer term.

We're highlighting our previous education resources in case anybody feels they need to recap palliative care in common conditions encountered on the wards and the acute take.



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APM Juniors Conference Sub-Committee Members

We are very excited to announce that we are currently recruiting for APMJ Conference Sub-Committee members. This fantastic one day virtual conference will be in September of this year with planning meetings monthly from April through to September. If you are keen to get involved please see below role descriptions:

Logistics Officer

Main point of contact for logistics on the day, responsible for organising the schedule for the day. Working alongside our events team to set up microsoft teams platform and facilitate interaction. Coordination of abstract competition.

Publicity Officer

Taking a lead on advertising the conference through deanery liaison and social media. Active role in liaising with attendees prior to the conference and production of the events pack. Member of the logistics team on the day of the conference.

Medical Student Representative

Working within the team to represent the interests of medical students within the conference. Liaising with medical student reps to publicise the conference and organising the medical student essay competition. Member of the logistics team on the day of the conference.

Speaker Liaison Officer (2 roles available):

Take a leading role in recruiting and liaising with speakers for the conference as well as organising the running order of the day. Member of the logistics team on the day of the conference.

If you wish to apply or have further questions about any of the roles, please submit a 200 word application to office@compleat-online.co.uk by the 1st April.



APM Juniors Survey

Please fill in our survey to help us better understand what our members want from an APM junior membership. The survey will take no more than five minutes to complete and can be found [here](#). Thank you!

APM Medical Students Survey

Please fill in this survey to help guide our future events and resources for medical students. The survey will take no more than five minutes to complete and can be found [here](#). Thank you!

Free Six Part Series

We have some excellent resources available on the APM online, as highlighted on page 7 of this newsletter. There is a six part series available covering palliative care in several common conditions encountered on the wards or the acute medical take.

- Palliative Care in Neurological Disorders
- Palliative Care in Chronic Liver Disease
- Palliative Care in Heart Failure
- Palliative Care in Chronic Kidney Disease
- Palliative Care on the Respiratory Ward
- Palliative Care in Dementia and Frailty

Please email bookings@apmeducationhub.org to request access to these recordings



Careers - Specialty Doctor

Dr Mary Parkes is a specialty doctor in Rowans Hospice.

I can still remember the first time I saw a patient die. I was a healthcare support worker in a community hospital. The lady had a fungating head and neck tumour, you could see her brain through the hole in her skull. And yet she was peaceful. The nurses and the doctor helped make this devastating situation bearable.

Since then I have seen hundreds of people die. And I am still astounded by the difference that we can make, when it matters most.

My route to becoming a Specialty Doctor in Palliative Medicine was not linear. And that is what I value most about my SAS colleagues - every one of us brings something unique, something that can't always be found if we take the most direct path.

Ever since I started in healthcare I was interested in Palliative Medicine and I chose my foundation jobs based on the fact there was a 4 month hospice placement. But during my core medical training I found myself working in ITU. It had teamwork, it had individualised care, we had time to give to patients and families, and we had to support those people who were not going to survive. I started to think about doing ITU training, in the hope that I could be an intensivist with a special interest in palliative medicine.

Having completed a Clinical Fellow year in ITU and Respiratory, I started my ITU Registrar training. My first year was based entirely in Anaesthetics. This was completely alien to me. It felt like being a medical student all over again.

After a year I had lost my confidence. I missed talking to patients, seeing them day after day, supporting their families. I asked if I could take a year out of training. The deanery said I could - provided I speak to a careers coach first.

As it happened, the careers coach was an ex-McMillan nurse. We spoke a lot about palliative care, and the memorable experiences I had had in the past. I talked about my time at the hospice as a FY2 doctor, and the work I had done with them since as a doctor on the bank. I had started the MSc in Palliative Medicine for Healthcare Professionals as a way of working towards that goal of being an ITU consultant with a special interest. Towards the end of the session she said "just tell me again, why are you not doing palliative care?".

I felt a compulsion to challenge myself and do something I found really hard - maybe even something that sounded impressive, and nudged at some stereotypes. Whereas palliative care was my "comfort zone". She asked what is wrong with something being your comfort zone? - "It means it's what you are good at". That changed my whole perspective. I took the year out, but I knew right from the start that I would not go back to ITU, and I would stay in Palliative Medicine.

I want a career in palliative care. But training means too many compromises for me. I don't want to sacrifice my family life. I want to work in the area where I live. I don't want to spend large sums of money on long commutes or living away from home.



Being a specialty doctor means I can put my roots down, and get involved in running the service. Quality improvement does not have to be squished into a 6 month block. And I can pursue things because I am interested in them, not just because I need to tick a box on the curriculum. I am employed by the hospice, so we both have a vested interest in me progressing and becoming a senior doctor.

In my first year of being a specialty doctor I focused on my clinical development, working mainly in the hospice. But now, 3 years on, I have been able to work with the community palliative care teams, the hospital palliative care team, and as part of the 2nd on call rota.

My employer, the hospice, recognise that me gaining experience of community and hospital palliative care, is beneficial both for me and for them. Therefore, after a 6 month block in the hospice, they seconded me to the NHS community specialist palliative care team for 15 months. I then returned to the hospice, acting in a more senior role, and have recently had another 3 month stint in the community, rotating in a similar way to my registrar and consultant colleagues. The hospice also allows me to spend one day a week working with the hospital palliative care team, alongside my hospice or community work. Whilst there I have local supervision from the team and trust lead, a nurse consultant, and I have remote supervision from my line manager, a Specialist Doctor who is also the medical director of the hospice.

Gaining this experience has enabled me to provide on-call cover for the community and the hospital, as well as the hospice - in the same way that my Specialist and Consultant colleagues do.

I am Education and Clinical Development Lead for the hospice, and I still get to do lots of clinical work each week. As Education and Clinical Development Lead I organise junior doctors weekly teaching, monthly locality teaching, palliative training days for the GP training programme, as well as facilitating taster days for doctors interested in palliative medicine, or specialist trainees from other programmes who need palliative experience as part of their curriculum requirements. I also work with the hospice Clinical Practice Educator to provide training for the whole hospice MDT. In addition, I am able to support my nursing and junior doctor colleagues in a whole range of quality improvement projects.

My clinical work currently involves seeing the more complex patients on the ward, supervising my junior colleagues, overseeing admissions, leading the MDT meetings, and providing specialist advice as the clinician on duty in the Palliative Care Support Hub. My working week has lots of variety. I cover the Hub on a Monday morning, then head to the ward to see patients. I tend to work from home on Tuesdays, working on education and quality improvement projects, and focusing on CPD. On Wednesdays I work with the hospital team, seeing patients and supporting the nurses. Thursdays and Fridays I will be in the hospice, reviewing patients, supervising the trainees, running education sessions. And amongst all that I will have a non-resident night on call, and will work 1 in 5 weekends.

I'm very happy in my job. Being a specialty doctor has allowed me to mould my own career, seek out my own training opportunities, develop my managerial as well as my clinical skills, and balance all of this with a stable and happy home life. I left a training programme to become a specialty doctor, and I don't regret it one bit.



Association for
Palliative Medicine
Of Great Britain and Ireland

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APM Juniors Newsletter

UPCOMING EVENTS

20th-21st March 2025

Palliative Care Congress

<https://pccongress.org.uk/registration/>

2nd April 2025

Postgraduate Medical Education. Free for APM Members

<https://apmonline.org/events/postgraduate-medical-education/>

May - June 2025

**Clinical Updates Series - Oncology, Acute Medicine and Hot Topics in
Specialist Palliative Care**

<https://apmonline.org/events/clinical-update-series/>



USEFUL RESOURCES

APM/ PCRS Research directory

<https://apmeducationhub.org/wp-content/uploads/2023/06/Palliative-Care-Network-April-2023.pdf>

Palliative Medicine Curriculum

<https://www.jrcptb.org.uk/sites/default/files/Palliative%20Medicine%202022%20curriculum%20FINAL.pdf>

e-ELCA

https://portal.e-lfh.org.uk/myElearning/Index?HierarchyId=0_29&programmId=29

Junior Doctor and Medical Student Resources

<https://apmonline.org/junior-doctor-medical-student-resources/>

PREVIOUS WEBINARS TO WATCH

Palliative Care for FY1 Doctors

Vimeo Link <https://vimeo.com/apmeducationhub/pallcarefy1?share=copy>

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