



Association for
Palliative Medicine
Of Great Britain and Ireland

October
2025

APM Juniors Newsletter

A WORD FROM DR ELISHA DE-ALKER

APMJ Research Coordinator

Hello and Welcome to October's Newsletter,

I'm Elisha, the new Research Co-Ordinator for the APMJ Committee. I currently work as an IMT1 trainee in the East Riding of Yorkshire, and as an Academic Clinical Fellow in Palliative Medicine with the Wolfson Palliative Care Research Centre at the University of Hull. I'm excited to take on this role and continue to support our APMJ members to get involved in current opportunities in research on palliative medicine, and stay up to date on current literature relevant to your practice through our monthly newsletter.

This month we are highlighting some interesting research and some opportunities to get more involved in research.

We hear from Dr Umar Chaudhry, an ST5 in the Wales deanery talk about his experiences as a dual trainee in palliative medicine and GIM.

The APM trainees committee are holding an event aimed at IMT3 doctors and junior trainees called 'Palliative Medicine Starter Kit' more details can be found on page 8 of the newsletter.

If you have any ideas or questions about getting involved in research please reach out to me at elisha.de-alker3@nhs.net



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Research Highlights October 2025:

Palliative Care Congress:

The APM Palliative Care Congress 2026 will be held in Brighton Dome, 26-27 March

Applications for abstracts to the 2026 Palliative Care Congress close on October 24th.

The conference theme is 'The Art of Possibility: Creativity and Science in Modern Palliative Care' - and there is an additional call for artwork submissions this year!

Bursaries are available, please indicate you would like to be considered on your abstract submission. More information is available [here](#).

Research Resources:

Are you looking for opportunities to get involved in research, or to network with clinical and academic colleagues both in the UK and internationally? Below are a couple of resources that may be useful in getting started:

Global Palliative Doctors Network

The Global Palliative Doctors Network is an international platform aimed at supporting knowledge exchange and connecting palliative care physicians worldwide. Over 600 doctors from over 60 countries are currently registered and there is an associated Whatsapp group. If you are interested in joining the network you can find out more [here](#).

Similarly, there is a Global Palliative Nursing Network, who are holding their next spotlight event on 28th October 2025, more information can be found [here](#).

UK Palliative Trainee Research Collaborative (UKPRC)

The UKPRC aims to bring together like minded trainees with differing levels of research experience to develop, manage and deliver high quality multi-centre audit & research in collaboration with colleagues from across the country. For more information and to find out more about how you could get involved, you can email: chair.ukprc@gmail.com



Research Highlight:

Palliative and end-of-life care research funding: an analysis of current UK health research spending. Sheridan B, Murtagh F. BMJ Supportive & Palliative Care Published Online First: 05 October 2025. doi: 10.1136/spcare-2025-005584

This secondary analysis of the most recent publicly available UK research funding data from 2022 highlights the need for investment in palliative care research in order to advance the evidence base for palliative care and end-of-life care.

The authors found that palliative and end-of-life care research continues to be one of the lowest-funded areas of healthcare research in the UK, accounting for just £10.9 million (0.26%)

of £4.2 billion of research funding awards granted in 2022 - or 136 research funding awards out of a total of 18,023.

The authors note that palliative care has only been recognised as a national research specialty by the NIHR since 2024, rather than as a subspecialty of cancer. This demonstrates recognition of the evolution of palliative care from largely supporting cancer patients to extending services to a much wider range of conditions and patient groups.

In the face of rising demand for palliative care services, developing the evidence base for good models of practice is vital, as we seek to improve the care we deliver to our patients and those closest to them.



Palliative Care for FY1s

This [resource page](#) provides a helpful summary to new FY1s managing palliative patients on the wards. It covers management of pain, breathlessness, respiratory secretions, nausea and vomiting. It also addresses advanced care planning and caring for the dying patient. There is also some e-learning and some tips from experienced palliative care clinicians for new doctors.

We hope you find it helpful, please do get in touch if you have any thoughts on other topics you would like to be covered.

Undergraduate Palliative Medicine Essay Competition

This competition is open to all medical students in the UK and Ireland and is a great opportunity to share your thoughts on some of the possible challenges ahead in palliative medicine. The question to answer is 'With the UK contemplating Assisted Dying legislation, and an increasing tendency to treat what may once have been felt to be irreversible, is there still a role for 'allowing natural death?' The word limit is 2000 words and the deadline is 29th November 2025.

There is a cash prize available for the winner as well as the opportunity to present their essay at the palliative care congress in 2026, and a cash prize for the runner up. Further information can be found [here](#).

Applying for ST4 and interested in research?

If you're applying for ST4 entry into palliative medicine this year you may be interested in this exciting [opportunity](#) in conjunction with Lancaster University. Recruitment is via Oriel and the deadline is 30th October. This ACF post is ideal for those interested in research and the role includes the offer of a fully funded place on the Masters in Clinical Research (MRes) course. If you are considering applying, you can contact Dr Amy Gadoud (a.gadoud@lancaster.ac.uk).



Reflections on My Journey in Palliative Medicine

Dr Umar Chaudhry, ST5 in Palliative Medicine and GIM in Wales Deanery

In the pursuit of life's goals, it's easy to become so forward-focused that we forget to pause and reflect on the path we've taken—the challenges overcome, the lessons learned, and the pivotal moments that shaped our journey. I was reminded of the importance of reflection when a dear colleague invited me to share my experiences in palliative medicine.

I began my medical education in Pakistan, where I also completed my residency in Internal Medicine. Throughout my training, I often encountered patients with chronic, life-limiting illnesses. Their suffering raised a persistent question in my mind: Could we offer comfort and meaningful support even when curative or aggressive interventions were no longer effective? This question became more personal when a close relative passed away from prostate cancer. At the time, palliative care was virtually non-existent in Pakistan, and the absence of such a service left a lasting impression on me.

My first real exposure to palliative care came during my time in Ireland, and it was a transformative experience. It sparked a deep interest and commitment to learning more about this field. I subsequently joined an oncology centre in Bahrain, working closely with a palliative care team to further develop my skills. Seeking to formalize my experience, I moved to Wales and began working as a Specialty Doctor in Palliative Medicine, primarily within the community setting.

To progress further, I explored two pathways: the CESR (Certificate of Eligibility for Specialist Registration) route or formal higher specialty training. My situation was somewhat unique—I had not completed Internal Medicine Training (IMT) in the UK but had substantial experience in Internal Medicine abroad, supported by extensive documentation and references. With palliative medicine now classified as a Group 1 specialty requiring dual accreditation in both Palliative Medicine and General Internal Medicine (GIM), I needed competencies signed off in both areas.



After consulting with several trusted colleagues, I opted for the formal CCT (Certificate of Completion of Training) pathway. The decision was influenced by the complexity and time required to validate general medicine competencies via CESR. Fortunately, following a detailed review with one of my consultants, I was able to have my IMT equivalence signed off, which enabled me to apply for an ST4 post in Palliative Medicine. I am now an ST5, actively engaged in dual training, and have completed a portion of the GIM requirements.

As the specialty is now a dual training curriculum, I divided my initial year between two hospices in South West Wales. This transition from community palliative care to the inpatient setting was smooth, with a clear focus on maintaining portfolio competencies. Anticipating the switch to my General Medicine rotation, I felt some anxiety—having been immersed in palliative care for a while, I worried about losing touch with acute medical practice. To maintain confidence and continuity, I arranged monthly “keeping in touch” days in the Same Day Emergency Care (SDEC) unit at Morriston Hospital, a tertiary centre in Swansea. While options like AMU, ED, and older persons assessment unit (OPAU) were available, SDEC offered a pace that suited my learning style and allowed me to gradually refine my medical skills.

When I joined the next rotation in medicine—specifically Care of the Elderly (COTE)—I carried some apprehension, fearing I might struggle to readjust. However, the transition felt surprisingly natural, and I quickly regained confidence. I chose geriatrics because of its close alignment with palliative medicine, particularly in areas like advanced and future care planning. While some trainees opted for respiratory medicine, the program directors were supportive of individual preferences. The geriatric consultants were welcoming and appreciative of the palliative care perspective I brought to the ward, which complemented ongoing medical management.

During my medicine rotation, I stepped off the palliative on-call rota and took on medical on-calls in the Emergency Department and Frailty Unit, along with ward cover. These shifts were predictably busy but offered valuable opportunities to enhance both leadership and clinical decision-making skills. I consistently received positive feedback from families and colleagues—ranging from FY doctors to consultants—particularly regarding timely and compassionate decision-making for patients nearing the end of life.



I also had the opportunity to attend various outpatient clinics, where consultants were open and encouraging about registrar involvement. Within six months, I had built strong professional relationships across multiple specialty teams, which I believe will serve me well in future collaborative care. Switching between palliative and GIM rotations required some initial mental adjustment—particularly in decision-making frameworks and timing—but the transition became easier with experience.

My time in Wales—particularly in Swansea—has been incredibly fulfilling, both professionally and personally. The experience has been humbling and deeply rewarding. In acute medicine, we often associate success with reversing deterioration and achieving clinical improvement. While I still value those moments, the sense of purpose and connection I feel in palliative care is profound and difficult to articulate.

The impact of working in palliative care extends beyond patient and family interactions. Being part of a compassionate, collaborative team of consultants, trainees, and nursing staff has been a source of immense support and growth. The culture within palliative care—marked by empathy, attentiveness, and mutual respect—is a stark contrast to the often hurried and task-driven environment of acute medical wards.

Palliative medicine not only transforms the lives of patients and their families, but it also offers clinicians a unique opportunity for introspection and personal development. Working in a nurturing environment like Ty Olwen in Swansea has encouraged me to pursue my career with confidence and build meaningful professional relationships.

Everyone's journey is different, but if you feel drawn to this field, I wholeheartedly encourage you to explore palliative care and consider formal training. It is a specialty that teaches you not only how to care for others—but also how to understand yourself.



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UPCOMING EVENTS

6th November 2025

Undergraduate Medical Education in Palliative Care: Addressing New Challenges

<https://apmonline.org/events/addressing-new-challenges/>

18th November 2025

'Palliative Medicine Starter Kit' - A Guide to Palliative Medicine training for IMT3 Doctors and Junior Trainees

<https://apmonline.org/events/pall-med-starter-kit/>

January 2026

An APM Ethics & Research Committee Virtual Course

https://apmonline.org/events/ethics-course-january-2026/?dm_i=2GTP,21XLN,AD6RBD,7H1OK,1

26 - 27th March 2026

PCC Congress 2026 - The Art of Possibility: Creativity and Science in Modern Palliative Care

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



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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