



A WORD FROM DR KATE GEOGHEGAN

APMJ Conference Coordinator

Hello and Welcome to Septembers Newsletter,

We hope you have been settling into your new rotations well!

Following on from Dr Sarah Bowers fantastic webinar on palliative care in multimorbidity we are really looking forward to our next event the APMJ Conference 2025: Imagining Tomorrow. On the 28th September this conference is a great opportunity to hear about what palliative care might look like in the future with highlights including our keynote talk on AI. We are really excited this year to have a research symposium in the afternoon, giving a platform to new and interesting research including another feature from Dr Bowers. This conference will be virtual and watchback access will be available. This conference is eligible for 6 CPD credits.

We have been so impressed with the excellent abstracts and essays submitted for this year's conference. If you missed the opportunity to submit then please do consider submitting abstracts for this year's Palliative Care Congress with the deadline falling on the 17th October.

For medical students we'd love to highlight the Undergraduate Palliative Medicine Essay prize around the incredibly interesting focus of 'is there still a role for 'allowing natural death?'. The deadline for this essay competition is the 29th November with a £250 cash prize for the winner!

We really look forward to hopefully seeing many of you virtually on the 28th September!



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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.

Recommended Reading

If you're looking to learn more about palliative medicine this [list](#) has been compiled based on recommendations from APM members. There's a mixture of textbooks and novels. We hope you find some of these books valuable and would be interested to hear your thoughts.

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!



Association for
Palliative Medicine
Of Great Britain and Ireland

September
2025

APM Juniors Newsletter

AMPJ Conference - Sunday 28th September



Imagining Tomorrow

Confirmed Sessions and Speakers

- Talking with children about death and dying – supporting parents to have impossible conversations - **Dr Sadie Thomas-Unsworth**
- The future of the hospice sector – **Catherine Hodge**
- Future care planning - **Dr Aoife Gleeson**
- An introduction to chaplaincy in a changing and diverse modern society - **Gary Windon**
- Advance Care Planning for people with communication difficulties - **Sophie Whitehead**
- Improving care for people living with progressive neurological conditions - **Julia Russell**
- Palliative Care – a prison perspective - **Deanna Mezen**
- Imagining a sustainable tomorrow: greener palliative care - **Dr Kate Crossland**
- Practice in prolonged disorder of consciousness - **Dr Mary Miller**
- What is policy research anyway? - **Professor Fliss Murtagh**
- Understanding how people with multiple long-term health conditions use and experience healthcare in the last year of their life' - **Dr Sarah Bowers**
- **Keynote: Artificial Intelligence and design insights in palliative care: opportunities and challenges - Dr Amara Nwosu**
- Alternative Pathway to Palliative Medicine - **Dr Seb Van der Linden**
- Applying to Palliative Care - **Dr Sophia Ellis**



Working LTFT

Dr Marianne Cobham, APMJ Careers and Mentorship Coordinator

LTFT working is an option at any stage of training and for a variety of reasons. The requirement to apply for LTFT training is “a well-founded individual reason”. Some doctors choose LTFT for caring responsibilities, personal health issues, to achieve a better work-life balance or to pursue other interests, including academia, medical education or a portfolio career.

In 2013 9.1% Doctors were LTFT in the GMC training survey and this rose to 17.1% in 2022.

Within palliative medicine, a survey from 2017 showed that the majority of palliative medicine consultants work LTFT and 32% registrars were working LTFT highlighting that LTFT is common in this specialty.

Becoming LTFT

Many deaneries require 3 months’ notice before a doctor can work LTFT and the application may not be approved.

It is possible to work 50, 60, 70 or 80%, and this affects your training time accordingly. A doctor will work approximately their LTFT percentage of each shift on the rota, for example, if working 60% LTFT this would mean 60% weekend shifts, nights and long days.

Deaneries assume the doctor will carry on working at the same LTFT percentage through the subsequent rotations but the doctor can reduce further or go up to full time between different rotations, but notice needs to be given for any changes.

You are entitled to a fixed day off, but you can’t always choose which day. For example, if several people are LTFT in a department and all want Friday off this wouldn’t be safe or possible. You may be asked to take a day that fits best with the team, e.g. the least busy day in terms of clinics/ procedures, which may not be your preferred day. Some mandatory training days or study days may fall on your LTFT day. It is possible to attend these days and then claim a day off in lieu, but it can be challenging to attend these days if you have caring commitments on fixed days, for example.

Advantages of LTFT

Better work life balance - enabling more time with dependents/ family or friends and more time to pursue other interests, including academic, religious, sporting etc. This is beneficial for preventing burnout and also building up a portfolio career if desired.



Disadvantages of LTFT

Possibly longer training and not fitting in with the traditional August - August schedule. Lots of training programmes are competency based not time based but there is variation between deaneries in allowing this to happen and is generally at the discretion of the ARCP panel, so is not guaranteed.

The requirements of your training programme in terms of number of assessments, clinics and procedures will remain the same if you're LTFT or full time, meaning it may be more challenging to fulfill these.

Salary is reduced compared to working full time, however some professional fees have a reduced cost for LTFT doctors, e.g. BMA membership.

It can be more challenging to build up relationships with team members as you're present less.

There may be issues with a lack of continuity of care with patients, especially if having a mid-week day off.

Study Leave and Annual Leave

FY1 doctors are entitled to 15 days study leave per year and all other doctors in training are entitled to 30 days. This is adjusted based on the LTFT percentage, for example, an IMT1 at 80% would get $(30 \times 0.8) = 24$ days per year.

Annual leave entitlement in the NHS varies upon your length of service.

If you've worked in the NHS for less than 5 years - 27 days of AL + 8 bank holidays

More than 5 years - 32 days AL + 8 bank holidays.

If you've worked LTFT for the full 5 years, your AL entitlement will still increase after this time.

Examples:

If working 80% with less than 5 years service - $(27 + 8) \times 0.8 = 28$

If working 60% with more than 5 years service - $(32 + 8) \times 0.6 = 24$

Training Time

As mentioned above, working LTFT can impact the length of your training. This is a guide and

If working at 50% LTFT for 1 year, a full time year becomes 24 months.

If working at 60% LTFT for 1 year, a full time year becomes 20 months.

If working at 70% LTFT for 1 year, a full time year becomes 17 months and 1 week.

If working at 80% LTFT for 1 year, a full time year becomes 15 months.

For example, working as an IMT at 80% for the duration of the programme would take 45 months or 3 years and 9 months.



Yasmin - 80% IMT2

Working Less Than Full Time (LTFT) is becoming increasingly popular amongst resident doctors, in and out of training. Anyone is allowed to apply for LTFT training although only those with specific reasons such as for health or care commitments have their status protected throughout their training period.

I have been 80% throughout my IMT training and have found this vital to both sustaining my energy levels at work and enjoy my job. The main advantages have been having a consistent day off where I cannot be scheduled for any work resulting in reduced on call commitments (pro-rata). I have more time outside the hospital to do what I want to do. Leading to more time; spent with friends and family, pursuing

hobbies, and taking on extra-curricular work-related activities that suit my interests. Trying to balance sitting exams whilst training is also difficult and has been made significantly easier by my 80% status.

There are however disadvantages to being LTFT. Time in training is extended pro-rata, although acceleration may be possible. You can become out of sync with your colleagues in terms of progression and working less hours means you are paid less or may receive less study leave on a pro-rata basis. Some of my part time colleagues have expressed occasional guilt that we are not working as much as others or leaving gaps in the rota. I see it that I'd rather be there 80% of the time than not at all!

Overall working part time has revolutionised the way I see my work, and I highly recommend it to fellow doctors who are feeling tired or burnt out. Many of us need to take the opportunity of being LTFT to bring the balance back to our lives especially where life outside the hospital consists of managing multiple draws on your time and energy.



Marianne 80% IMT2

I am working 80% LTFT in Wales since having a child. I need a fixed day off as nursery isn't flexible and I need several weeks notice to change my non-working day which has been difficult when rotating. I've had Tuesday, Wednesday and Friday off at different times. Mid week days mean that you're often working a night shift on that day which can be challenging if you've spent the daytime running around after a toddler!

In one job I was told Tuesday would be the best day to have off to fit in with the rest of the team but this was the day of our IMT teaching. The education department were supportive and managed to record most of these sessions for me, but then I needed to catch up on these in my own time and was not able to ask any questions that arose.

I briefly worked 70% with Thursdays off on alternate weeks when I was in a supernumerary job, but found the team didn't always know when to expect me in.

I've also found with mid-week days that you get into the swing of ward work and knowing the patients and then being off on a Wednesday and coming back on a Thursday it takes some time to catch up again. I'm currently enjoying having Friday off as it feels like a good chance to reset after the week but a lot of people would prefer to have this day off, meaning it's not guaranteed. I'm enjoying LTFT working but being out of sync for applications for higher training adds some challenges with needing to find work between training programmes.

Resources

<https://apmonline.org/wp-content/uploads/Palliative-Medicine-Workforce-Report-2019-v5.pdf>

<https://www.bma.org.uk/advice-and-support/career-progression/training/flexible-training>

<https://www.bma.org.uk/pay-and-contracts/leave/study-professional-and-special-leave/study-professional-and-special-leave>



UPCOMING EVENTS

1st October 2025

Postgraduate Medical Education SIF Webinar

<https://apmonline.org/events/postgraduate-medical-education-sif-webinar-235/>

8th - 9th October 2025

Palliative Outcome Scale (POS + IPOS) Workshop 2025

<https://estore.kcl.ac.uk/conferences-and-events/academic-faculties/florence-nightingale-faculty-of-nursing-midwifery-and-palliative-care/cicely-saunders-institute/palliative-outcome-scale-pos-ipos-workshop-2025>

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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