



# Association for Palliative Medicine

Annual General Meeting

**Thursday 20 March 2025**

**14:35 – 15:45**

Hall 1a, the ICC Belfast

- |   |                    |
|---|--------------------|
| 1. Welcome & Introduction of Lay Trustees and Lay Chair | Dr Sarah Cox       |
| 2. Paul Perkin, Lay Chair introduction                  | Paul Perkin        |
| 3. Minutes of the 2024 AGM                              | Dr Sarah Cox       |
| 4. President's report                                   | Dr Sarah Cox       |
| 5. Vice President's report                              | Dr Suzanne Kite    |
| 6. Treasurer's report                                   | Dr Natasha Wiggins |
| 7. Demitting Council/Committee members                  | Dr Sarah Cox       |
| 8. Welcoming new Council/Committee members              | Dr Sarah Cox       |
| 9. Questions/AOB  | Dr Sarah Cox       |
| 10. Close / date of next AGM                            | Dr Sarah Cox       |

## **APM 2024 AGM Votes**

All members with voting rights were sent a link to vote after the 2024 AGM.

### **Do you ratify the Association for Palliative Medicine accounts for 2023?**

Proposer Dr Benoit Ritzenthaler

Secunder: Dr Suzanne Kite

The 2023 accounts were ratified during the meeting.

### **During 2023, Dr Natasha Lovell joined the APM Council (formerly Board) as an elected member. Do you ratify the new Council member?**

Proposer: Dr Feargal Twomey

Secunder: Dr Natasha Wiggins

The new Council members were ratified during the meeting.

# President's Report

## APM AGM 2025

Welcome to the reports for the 2025 APM AGM! I hope you enjoy reading the updates from the APM exec, committees and Special Interest Groups, demonstrating the breadth of work the APM is involved in.

This is my last report to you as President as I hand over to Suzanne Kite at the AGM. I know she will be a fantastic President and am excited about seeing the APM continue to grow and develop.

Here are some key highlights from the past year:

### Governance review

During the last 18 months, with the support of Jane Ratford seconded from the RCP, we have completed a thorough review of our structures and process, which resulted in a new Board of Trustees with the appointment of a lay chair, Paul Perkin, and lay Trustees Trudie Roiz de Sa (focusing on EDI) and Sol Otchere (focusing on Finance). We are delighted that they will all be attending the AGM so you can meet them.

The governance review also resulted in the development of new rules and delegation documents to produce clarity and transparency about decision-making within the organisation. We have produced clearer job descriptions and induction packs for Trustees and Committee chairs and members of committees. We updated our Articles of Association, which were ratified by members at the Special Resolution meeting in September. We also have a new code of conduct and policies for complaints, misconduct and whistleblowing. These are all available on our website. We still need to develop our risk register and to update our data storage system.

### Engagement

#### APM member engagement

Thank you if you contributed your thoughts to the member engagement survey. We are a member organisation and need to know the work we do is important to you. We will have results available to share with you at the AGM on 20<sup>th</sup> March and will also share these with you by email and on the website.

#### External engagement

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.

#### Palliative Care funding

We have responded to national consultations on Palliative Care in England (NHSE 10-year plan), Scotland and Northern Ireland. I am a member of the independent Commission on Palliative and End-of-life care and, with APM VP Suzanne Kite, have attended a roundtable discussion with the Minister for Care Stephen Kinnock. The Westminster government announced a £100 million capital fund for hospices over the next year which is welcome but non-recurrent, so it is insufficient to address ongoing funding gaps.

#### Assisted Dying

We have engaged with the Assisted Dying debate by responding to many media requests and providing template letters for members to write to their MP/SMP. In England we met with Kim Leadbeater and provided written and oral evidence to the Terminally Ill (Adults) Bill Committee in Westminster. In

Scotland we also responded to the AD consultation and Fiona MacCormick, our Scotland APM representative, has given evidence to the Scottish Parliament.

We held an APM member webinar in January as a listening event. We know that Assisted Dying is a topic where members hold a variety of views, and hold them strongly. APM members were able to speak up in the webinar and in the media with your varied views which we respect. There will be further opportunity during the PCC to update delegates on the AD Bill.

## RCP

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. With the RCP Medical Care – Driving Change team, we put together a Palliative Care edition, which contains some fantastic content and remains on the RCP website. Rachel Davies led on this for us, and I know you will agree that she did a fantastic job. There were two webinars and supplementary videos on communication, digitising patient outcomes, advance care planning, enhanced supportive care, and a book club discussion with Kathryn Mannix. The content remains available at [All Content | RCP Medical Care](#) .

## Other engagement

In addition, we have developed our relationship with the Ambitions partnership and leadership at Marie Curie, Hospice UK and Sue Ryder. We were also asked to support the Belgian government in its review of their national palliative care service.

## Equity, Diversity and Inclusion

We want to consider EDI in everything we do, and recognise we are at the start of that journey. We have an EDI Committee and Race Equity Committee supporting this work. We also recently appointed a lay Trustee with responsibility for EDI who is supporting us develop and strengthen our approach. You will have noticed that there is an EDI monitoring questionnaire when you join or renew your APM membership. Please do consider filling this in. It is really important for us to understand the diversity of our membership in order to best support and represent you.

## Workforce

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

We shared with you concerning results of a survey of palliative medicine doctors showing more than 50% were unable to take leave due to gaps in staffing at their work. 83% of services had experienced gaps in service over the year over and above those from industrial action. 59% of respondents had acted down to cover service as a result. The full results are available [here](#).

We also shared with you the result of the survey about PAs and ACPs in Palliative Care, requested by members at the last AGM. There was much more experience of working with ACPs, and more enthusiasm for ACPs in Palliative Care in the future. The survey results are available [here](#).

We need to nurture leaders in Palliative Medicine, and as a small start down this road, we continue to invite you to attend our Executive and Council meetings with opportunities for pre and post-meeting debriefs with an APM Officer.

## Quality Improvement

The Quality Committee and Exec team have submitted a paper for publication on the last 10 years of FAMCARE. FAMCARE supports services as the only validated and nationally run specialist palliative care service evaluation tool. Do look out for the paper in BMJ SPC.

### **Environmental sustainability**

We have engaged with the Palliative Care Sustainability Network to offer members an opportunity to get more involved and win awards for their organisations. The APM continues to consider environmental sustainability in everything we do, from our conference planning to our expenses policy.

### **Thank you**

I would like to take this opportunity to thank all those who supported the work of the APM this year. From those who contributed to consultations, educational events, and committees, or the dedicated efforts of our Officers, lay-Trustees and secretariat, a sincere thank you from me. My time as APM President has been a privilege and a pleasure. I am delighted to hand the baton over to Suzanne Kite and I am confident that, with the executive team and Lay Trustees, will continue to strive to serve you.



**Dr Sarah Cox**  
APM President

# Treasurer's Report - The 2024 Period

## APM AGM 2025

### Introduction

This year has seen the restructuring of the APM Board and the strengthening of our approach to finance and governance. The move last year to invest some of the APM Funds has seen additional income generated and this money has been invested for a further period.

### Specific updates

FAMCARE: this is the survey of bereaved relatives. 43 organisations used the survey with the cost to do so remaining the same at £125 per organisation.

Website: The completion and launch of the APM website meant a final payment of £2,592 has been paid from this year's budget.

Interim Chief Operating Officer: The extended contract for the post of interim COO has now been completed with many recommendations carried out and others in the pipeline for future implementation. Whilst this was a considerable cost, the long-lasting benefits to the organisation and the members render it a good use of our money.

Endorsement: BedRace is a new educational board game, focussing on palliative and end of life care. As part of the APM endorsement, the APM has received nearly £400. This is 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.

### Financial Review

The Board of Trustees are pleased to report that total incoming resources for 2024 were £348, 496 (2023: £442, 029). The key reason for the reduction is the Palliative Care Congress (PCC) being held online with reduced fees and attendance.

The principal funding sources for the Association remain membership subscriptions and educational events including the PCC. These funding sources are in line with the main educational activities and charitable aims of the Association.

Funding sources fall into:

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

### Accounts for Dec 2023 – November 2024

#### 1. Unrestricted Funds

At the end of the APM financial year there is an unrestricted funds balance of £346,541. This is less than last year (£557, 367) chiefly due to the increased amount of activity of the APM alongside considerable standalone investment in governance and structure.

For a charity to be considered financially stable, it needs to have 6 months running costs available in the reserves. The 2024 expenditure was significantly higher than usual due to the large one-off costs highlighted above. Considering the expenditure expected to continue, there is a 6 month reserve of £235, 575 and therefore the APM has a reserves surplus of £142, 913.

The take home: the amount of money available to spend how we choose has decreased and we have a stronger infrastructure. The investment in the website provides easier access to information and resources for members and highlights the work of the APM to others. We remain financially stable with reserves for 9 months' worth of running costs.

Looking a little closer at the unrestricted funds:

### The Operating Account

This is the 'current account' that membership is paid into and the day-to-day costs are paid from.

£ Out	2024	2023
Journal Subscriptions	33, 081	32, 700
PCF access	55, 507	53, 715
Supporting Costs	176, 349	128, 665
Interim Chief Operating Officer, trustees & associated costs	146, 052	-
<b>Total</b>	<b>410, 989</b>	<b>215, 080</b>

### Education

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

Event	£ In	£ Out	+/-
PCC March 2024	96,460	96, 549	-89
Hospice Doctors Medical Updates study series - Sept 2023	55	-	55
SAS & Hospice Dr Study Series	950	1562	-576
Post Grad Medical Education conference	2, 204	1, 624	580
Ethics Courses	6, 445	4, 891	1, 554
Juniors Conference	1, 808	1, 172	636
Professional Development Study Day	4, 600	3, 816	784
Juniors Communication Series	-	48	-48
SAS & Hospice Dr study afternoon	2, 950	141	2, 809
Education Costs (non event specific)	-	-3,290	-3,290
<b>Total</b>	<b>115, 530</b>	<b>-113,057</b>	<b>2,470</b>

The 2024 virtual PCC made a small financial loss. Subsequently, the PCC will return to a face-to-face event for the next two years. 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 enables people to network, build relationships and reminds us we are a community.

## 2. 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	1,952	11, 990	117, 284
Abe Guz Fund	Education & Research around dyspnoea	-	11, 655	2, 271
Junior Committee	APM juniors conference and other events	-	180	2, 832
<b>Total</b>		<b>1,952</b>	<b>23, 825</b>	<b>122, 387</b>

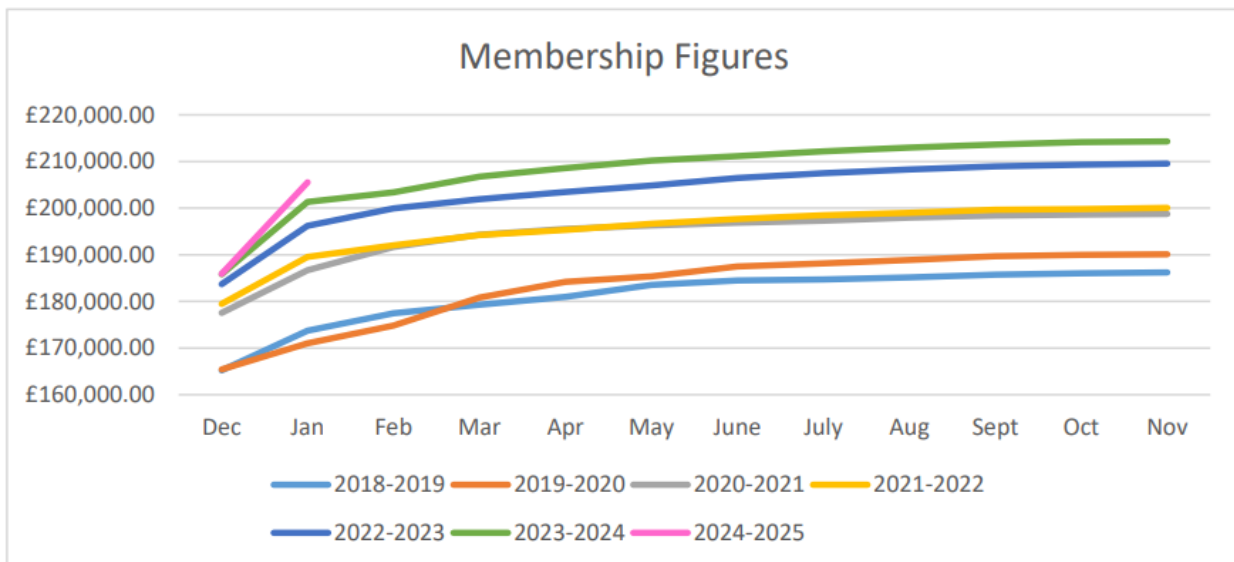
The e-ELCA grants are from Health Education England. This is being used to pay for the writing and review of e-learning resources and promotion of e-ELCA at key sector events. There is additional income from the education team sharing the resources with external providers. The APM gets a 35% commission from this which is invested back into e-ELCA.

The Abe Guz Fellow who was appointed last year and supported by a supervisor, both of whom have been remunerated for their time have completed an excellent project and created a dyspnoea resource for all APM members. The remaining balance will likely be used to cover expenses for publication of this work and the PCC 2026 Abe Guz Lecture.

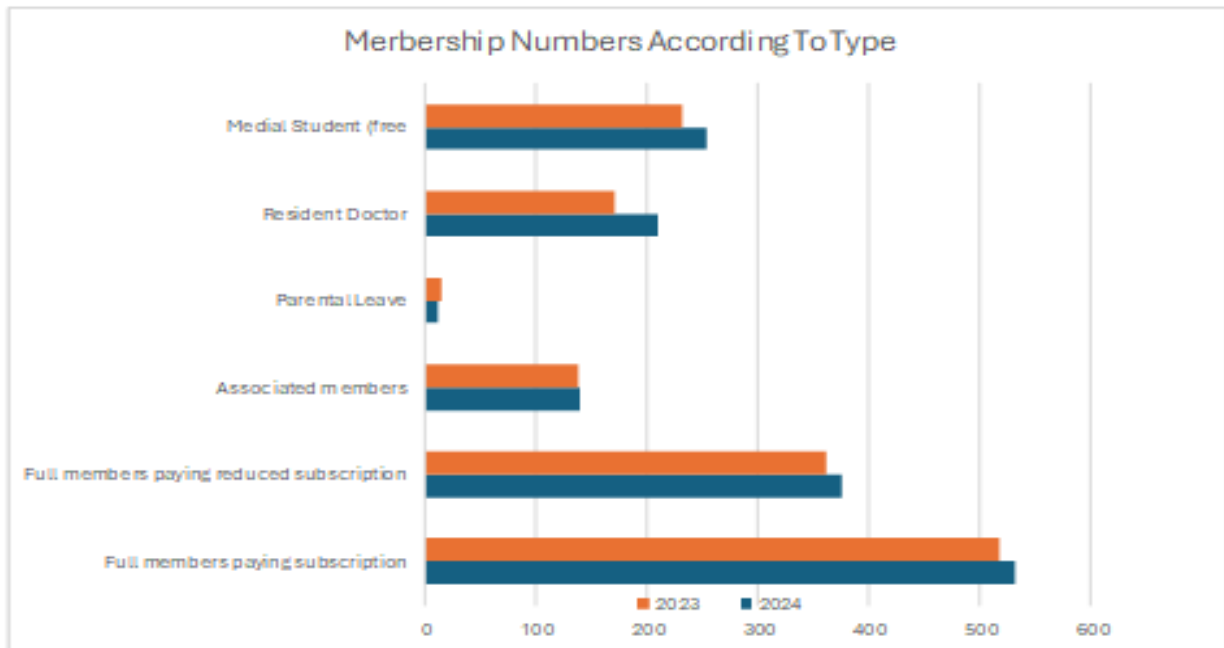
### Financial Areas to review and Actions

#### Membership

Membership Income	2020 - 2021	2021-2022	2022-2023	2023 -2024
£	198, 747	200, 054	209, 236	211, 455

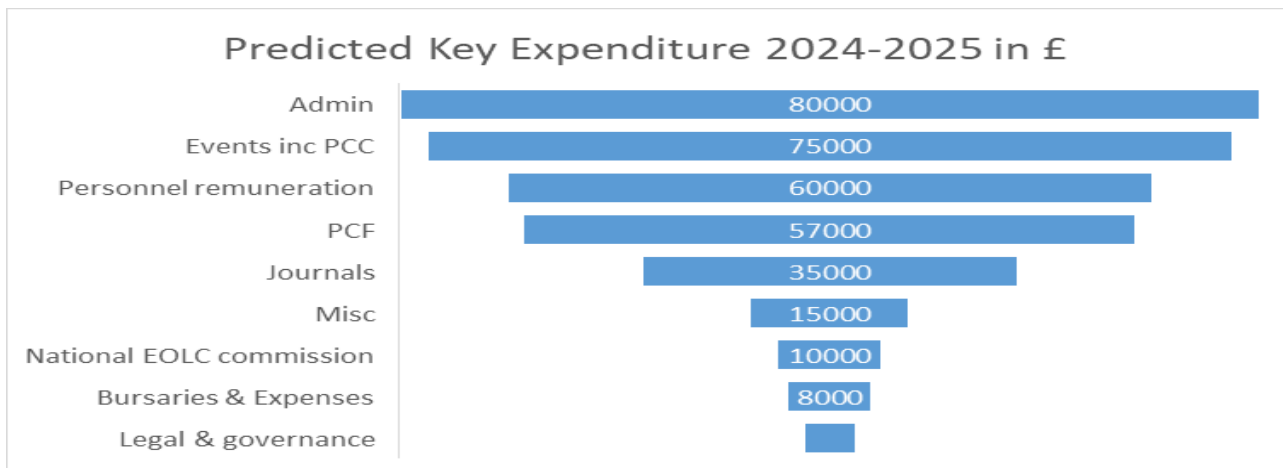






### Looking ahead

In 2023, the aim was to build membership and remain financially stable. This happened successfully, meaning 2024 was the year the APM used funds carefully to invest in making significant sustainable changes to the governance, structure and accountability within the APM. Now we take stock and listen to what the members want through formal survey and informal engagement. It is an uncertain time for what the future of Palliative Care holds. The APM is supporting the funding around a detailed review into the national offer of services and intends to have an ongoing seat at the table. The key planned financial expenditure is detailed in the chart below considering expected inflation.



### Financial Considerations for 2025

#### 1. Membership Income

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

## 2. Palliative Care formulary

The annual cost of PCF access is tied annual member growth. Recent growth plus inflation has led to an increase in PCF costs which will remain fixed for 5 years. The PCF team are supporting us with quality communication with members to understand how the PCF can help them. We can track PCF use through the new website – 942 uses in the last 4 months. Through ongoing education, we aim to increase awareness and use of this excellent resource for members.

## 3. The Abe Guz fund

The Abe Guz Fund will be used up with a celebratory final Abe Guz lecture at the PCC 2026.

## 4. Prizes

The West Midlands Palliative Care Prize for Quality Improvement is planned for 3 years - £250 for the best Quality Improvement Abstract at the PCC with the first being awarded March 2025. The ongoing support for this prize will be reviewed during 2028.

## 5. Event management and administrative support

We have long term relationships with two companies: MunroSmith who organise all our events including the PCC, and Compleat Secretariat Services who do all of the administrative and secretarial work for the APM. We aim to undertake a review of services to ensure we are making the best of the money we have whilst retaining organisational memory and structure.

### **Dr Natasha Wiggins**

APM Treasurer

February 2025

## **Education and Training Committee Report APM AGM 2025**

### **Membership:**

<b>Position</b>	<b>Current Holder</b>	<b>Term Expires</b>	<b>Comments</b>
Chair Elected Member 1	Suzie Gillon	March 2026	
Deputy Chair Elected Member 2	Wendy Prentice	June 2027	
Elected Member 3	Mary Miller	June 2027	
Elected Member 4	Felicity Dewhurst	June 2027	
Elected Member 5	Paul Paes	June 2027	Demitting for new role Replacement TBC
Elected Member 6	Amy Hawkins	December 2028	Term extended (maternity leave)

Elected Member 7	Jean Potter	June 2027	
Elected Member 8	Alice Pullinger	October 2028	Term to be extended (maternity leave)
<i>e-ELCA</i>	<i>Sarah Hanrott</i>		<i>Reports every six months</i>
<i>Honorary Secretary</i>	<i>Matthew Doré</i>		
<i>Juniors Representative</i>	<i>Yasmin Parkin</i>		
<i>PalliSim</i>	<i>Anna Bradley and Teresa (Tammy) Tran</i>		
<i>PCC Representative</i>	<i>Felicity Dewhurst</i>		<i>Elected Member</i>
<i>Postgraduate SIF</i>	<i>Mary Miller</i>		<i>Elected Member</i>
<i>SAC Representative</i>	<i>Polly Edmonds</i>		<i>Demitting from role Replacement TBC</i>
<i>SAS Representative</i>	<i>Mary Ann Mahadevan</i>		
<i>Trainees Representative</i>	<i>Becky Ogundele</i>		<i>Demitting for new role Replacement TBC</i>
<i>Undergraduate SIF</i>	<i>Geoffrey Wells</i>		

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:

- At least 25% discount to attend APM study days or access resources where charges apply
- Discounted member rates to attend the annual Palliative Care Congress
- Access to the Palliative Care Formulary (PCF) \*
- Online access to the British Medical Journals, including quarterly copy of BMJ Supportive and Palliative Care \*
- Online access to the Palliative Medicine Journal \*
- Free access to APM publications about policy, curricula, guidelines etc

- e-ELCA
- Regular Event Bulletins issued every month.

\* [Dependent on membership level](#)

## 2. e-ELCA

e-ELCA is covered in a separate update.

## 3. Education activities 2024-2025

In 2024 the Committee conducted a thorough review of past events to inform planning for 2025. A programme to appeal to the educational needs of all members has been designed, building on the most successful events of previous years. Going forward the programme will continue to balance the accessibility and reach of virtual events with the opportunity to connect with colleagues through face to face events.

Key activities in 2024:

- Initiation of work to merge educational content on the APM Education Hub with the new APM website, including the review of content and placement, to ensure ease of accessibility for members.
- Face-to-Face Committee Meeting, attached to an in-person event being held in London – the first such meeting in 5 years, allowing a review of the committee, including a refresh of aims and objectives and a chance to meet in person.
- Successful programme of events including a relaunch of the Senior Clinicians study day, which was well received
- Utilising maternity leave cover to introduce new members to committee work
- Undergraduate SIF formally joining the Committee umbrella, with the hope of undertaking collaborative work in due course.

### Plans for 2025:

- Further Senior Clinicians Day to follow the success of the 2024 event. Supplemented by a series of complementary webinars.
- Launch of regular Monthly Webinar Series, designed with range of topics to appeal to all members
- Full programme of events, listed below:

## 4. APM Study Days and Conferences 2024 -2025

Event	Date/s	Type	CPD Approval
<b>2024</b>			
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	5 credits
Palliative Medicine Careers Webinar	21 May	Virtual	n/a
Senior Clinicians Development Series – No 1	12 June	In-person	5 credits
Ethics Course	September	Virtual	8 credits

Research Course – Joint Event with the PCRS	September/October	Hybrid	7 credits
Juniors Annual Conference	17 November	Virtual	n/a
SAS Study Afternoon	21 November	Virtual	4 credits
<b>2025</b>			
Assisted Dying Webinar	21 January	Virtual	n/a
Juniors Community Palliative Care Webinar	5 March	Virtual	n/a
Palliative Care Congress	20-21 March	In-person	TBC
Monthly Webinar Series	Apr onwards	Virtual	n/a
Clinical Updates Series – 3 Study Afternoons	May / June	Virtual	TBC
Management Workshop – Service Development	8 July	Virtual	TBC
Senior Clinicians Development Series – No 2	Autumn	In-person	TBC

## 5. Developments 2024-25

There is a core Committee vacancy as Paul Paes takes on the new role of Vice President. Representatives from the Undergraduate SIF and PalliSim have been welcomed to the Committee.

### Acknowledgements

I would like to thank Committee members for their commitment, energy and ideas - it is a great group to be a part of.

### Dr Suzie Gillon

Education & Training Committee Chair  
February 2025

## APM Race Equity Committee Report APM AGM 2025

### Membership

Dr Qamar Abbas – Committee Chair  
Dr Bhajneek Grewal – Committee Vice-Chair  
Dr Jasmine Lee – Committee Member  
Dr Sunitha Daniel – Committee Member  
Dr Karon Orndel – Committee Member  
Dr Amaal Weli – Committee Member

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

### 2024/2025 Objectives

1. Analyse and publish data relating to the survey we performed on racism in palliative care in 2021 with a view to working with the Board on an action plan for the APM in relation to the findings.
2. Establish and support the running of a Race Equity ECHO, supported by Hospice UK.

3. Within the capacity of our small committee, work with the Board and other committees on developing their anti-racism strategy.
4. Enhance and consolidate membership of Race Equity Committee.

The Race Equity Committee has been growing and changing. Dr Jamilla Hussain has stepped down from her role as Chair but continues as a valued member. Her role in establishing the committee and work as the previous chair is extremely appreciated and all our members are very grateful to her. Dr Qamar Abbas has stepped in to the role of chair with Dr Bhajneek Grewal as Vice Chair. Dr Jasmine Lee has returned from maternity leave and we welcome her back. Two new members, Dr Sunitha Daniel and Dr Amaal Weli have joined.

Due to fluctuating committee members' numbers and work capacity, the work to publish data from our landmark survey on racism in palliative care is still ongoing. The findings of this survey have been shared in a poster form (EAPC World congress 2023) and conference presentation (Marie Curie conference 2024). We have two teams working on the survey publication (quantitative and qualitative) and we are hopeful of continuing progress as we head into Spring 2025.

In the last year, engagement with other committees has continued including attendance at the most recent EDI committee meeting. We have been delighted to welcome and work with the APM's new trustee Trudie Roiz de Sa who has responsibility for EDI. The committee has engaged with her in matters of strategic development as well as the APM's membership and engagement surveys.

The Race Equity ECHOs are now established and running several times a year. The ECHO network has successfully demonstrated reactive capacity, holding a targeted event in summer 2024, which addressed events of violence towards ethnic minorities. It was powerful to hear from staff in Southport, who suffered verbal abuse and harassment after the high-profile and brutal killings of 3 young girls there.

An advert for new members is currently open on our website and the committee are available to discuss membership with anyone interested in supporting work around addressing racism at the end of life.

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 Qamar Abbas and Dr Bhajneek Grewal**  
Race Equity Committee Chair and Vice-Chair  
February 2025

## **Trainees' Committee Report** **APM AGM 2025**

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 Sarah Foot, Dr Becky Ogundele – Co-Chairs  
Dr Marianne Cobham - Juniors' Committee Representative  
Dr Kirsten Cumming- SAC Representative (Scotland)  
Dr Rachel Davies - Research and Ethics Representative

Dr Jessica Gutjahr - SAC Representative (Wales/N.Ireland)  
Dr Anna Grundy - Clinical Quality Representative  
Dr Anna Hayes – Republic of Ireland Representative  
Dr Emily Holdsworth - SAC Representative (England)  
Dr Emma McDonald - Communications Coordinator  
Dr Rose O’Duffy - Regional Representative Coordinator  
Vacant - Education Representative

### **Committee Changes**

The committee has seen a number of changes in the past year.

We decided to fold the BMA representative role into the co-chair role as it went unfilled and is well suited to being performed by a chair.

We also merged our new curriculum representative role with the regional reps role, which Rose took on when Heledd stepped down. As the regional reps coordinator Rose also sits on the new workforce committee.

We welcomed Anna as our first Republic of Ireland Representative.

We said thanks and good bye to:

Erin Kadodwala (co-chair)  
Heledd Lewis – Regional Representative Co-ordinator  
Chooi Shawn Loh – Juniors Representative  
Elizabeth Woods – Education Representative  
Ruth Yates – SAC Scotland Representative

We welcomed to the committee:

Becky Ogundele – Education Representative  
Dr Marianne Cobham - Juniors’ Committee Representative  
Dr Kirsten Cumming- SAC Representative (Scotland)

Becky Ogundele has been education representative for a year and in February 2025 joined Sarah Foot in the co-chair role. Her education representative role is currently being advertised.

### **Committee Work**

- The SAC trainee reps have attended the SAC meetings offering a trainee perspective. They have run the annual survey on the impact of shape of training on trainees, presenting the results to SAC. This is a rolling survey which will continue, and over the last year we have been trying to combine with other trainee surveys that have been running to reduce repetition and survey fatigue. They have collated trainee concerns in relation to the curriculum to feedback back to SAC.
- The clinical quality rep has contributed to the clinical quality committee which has predominantly focused on compiling the 10-year FAMCARE audit report.
- Until June 2024 we continued the bimonthly trainees’ newsletter and then we reviewed the newsletter format and platform. We have now moved to a WhatsApp community as the place we will continue to disseminate information. As we moved to the new website we have identified that the trainee pages needed updating and this is currently being worked on by our communications representative.
- From an education perspective a clinical update morning in acute medicine, management study day and lunchtime webinar are all being organised for the Spring / Summer of 2025. Our education rep

also sits on the PCC organising committee and the trainees committee are organising a symposium on dual training at the PCC.

- The committee ran the APM Undergraduate essay competition on the theme of: “Palliative medicine can be called the ‘heaven for the few’: how can we improve access to good palliative care?” It was both enlightening and enjoyable, with strong competition from over 20 entries.
- Two members of the committee contributed to the “Palliative Medicine” session at the RCP Med-Plus Conference.
- 40 trainees contributed to a written submission to the Terminally Ill Adults Bill, and a webinar was organised back in the autumn on the bill, both coordinated by members of the trainees committee.

### **Future Direction**

We think that now is a time to reinvigorate the committee with Becky joining as co-chair and an opportunity at the PCC to meet together in person and meet trainees from around the country. Trainee membership needs to be encouraged so we want to ascertain what trainees want and how the committee can meet those needs.

### **Dr Sarah Foot & Dr Becky Ogundele**

Trainees’ Committee Co-Chairs

February 2025

## **SAS & Hospice Doctors Committee Report APM AGM 2025**

### **Membership**

Dr Katie Jerram Joint Chair

Dr Paul Selway Joint Chair (sabbatical for 3 months from March 2025)

Dr Beth Williams

Dr Mary Ann Mahadevan

Dr Rebecca Maiti

Dr Beth Goundry

Ex-officio: Dr Esraa Sulaivany, Dr Helen Bonwick

### **COMMITTEE WORK**

- *Support for SAS and Hospice Doctors* – answering email and telephone enquiries, relating to Portfolio pathway applications, Specialist progression and contract issues. Since the last Board report, we have received six contacts (two not yet APM members), in comparison to four in the whole of the previous year. We suspect the increase in contact is related to both the raised profile of SAS within the APM, for which we are grateful to the Board, Committees and Compleat (web page update), and to the curriculum change. Now that the deadline for the use of the old curriculum has passed, it is unlikely that the Portfolio pathway will be feasible, and more SAS doctors are likely to consider the route to Specialist as a result. In the next year we anticipate fewer Portfolio pathway and more Specialist Grade progression queries as a result.
- *Education* - We had good feedback (and income) from our November study day and have organised the next in collaboration with the Education Committee. The theme is ‘Specialist



Palliative Care', and we have chosen to focus on hot topics using entirely SAS presenters. We are looking forward to hosting our first lunchtime webinar on SAS issues.

- *Career Development* - Considerable debate was generated as a result of a GMC presentation around the Portfolio pathway at our November study day, and an ad hoc Specialist progression presentation which followed. There was a considerable spike in Portfolio pathway applications in 2024 which is likely due to the curriculum change deadline and is causing delays in processing applications (deadline 24<sup>th</sup> October 2024, first contact with GMC advisor taking around 12 weeks). There remain local blocks and variability to Specialist progression which we hope to address with our work to produce a Development Framework for progression to Specialist. The target of completion of this is year end.
- *Committee Membership* – two of our most established members have moved to an ex-officio role, and we are advertising for two new committee members. Since three of the remaining committee are going through to Portfolio pathway, and previous practice has been for those completing CESR to leave the committee, there is a risk of a sudden and significant reduction in committee numbers. We have therefore decided to allow committee members to remain in post for a period of up to one year post acceptance on to the Specialist Register. We hope that this will maintain a balance between having a committee composed of SAS doctors and the benefits of having those experienced in the Portfolio process on the committee to share learning. Given the curriculum change, it is unlikely that a similar situation will arise in the future.

Aims and objectives:

1. *Supporting SAS and Hospice doctors*
2. *Organising an annual study day*
3. *Promoting career development and progression of SAS and Hospice doctors including to Specialist grade.*

**Dr Katie Jerram and Dr Paul Selway**

Joint Chairs of the SAS and Hospice Doctors Committee

February 2025

## **APM Juniors Committee Report** **APM AGM 2025**

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

### **Current committee members**

Dr Angus Grant – Chair

Dr Amy Boswell – Secretary

Dr Elizabeth Dennis – Communications coordinator

Dr Ishbel Luke – Research coordinator

Dr Marianne Cobham – Careers and mentorship coordinator

Dr Yasmin Parkin – Education coordinator

Dr Katherine Geoghegan – Conference coordinator

Dr Rebecca Lucier – Medical Student Representative

## **Education**

As a committee, we have worked to produce new and exciting learning opportunities for our members. Back in April we ran our three-part webinar series focused on communication in palliative care, organised by Dr Yasmin Parkin. These webinars covered discussions around dying, advance care planning, and communication case studies. The series generated a huge amount of interest and lots of positive feedback on the quality of the talks.

Last summer we launched our 'Palliative Care for FY1s' resource page. This page provides a resource for newly graduated doctors to refresh their palliative care knowledge ahead of starting FY1. We populated the page with recordings from previous webinars we have run on the topic, along with clinical guidelines, and top tips from palliative care doctors.

In November was our annual APM Juniors conference. This year's conference focused on the important theme of 'Universal Palliative Care: Compassion for everyone, everywhere'. Thank you to our conference coordinator Dr Katherine Geoghegan and the conference subcommittee for putting in so much work to produce an excellent conference. And thank you to all the wonderful speakers who have supported our work throughout this year, giving up their evenings and weekends to share their knowledge with us

## **Careers**

Last year we ran a palliative medicine careers webinar, organised by our outgoing careers and mentorship coordinator Dr Chooi Shawn Loh. This session focused on the updated palliative medicine curriculum, life as a palliative care consultant/trainee, and tips for palliative medicine applications. We had some really great feedback from this webinar, with attendees benefitting from such passionate and knowledgeable speakers.

## **Communications**

We've continued our monthly newsletter to keep members up to date on upcoming learning opportunities and to distribute our monthly blog. Our blog continues to offer a great source of learning for members, and this year has covered topics such as palliative care simulation, learning from the palliative care MDT, and experiences of the new palliative medicine curriculum.

We have added a medical student representative to our committee and have a growing number of medical schools with an assigned medical school liaison. With these changes we are able to reach out to more medical students than ever and continue to grow our medical student membership.

## **Future direction**

In the coming year, we hope to continue to grow our educational offerings, and really focus in on identifying and providing the opportunities that matter most to our members.

## **Dr Angus Grant**

Juniors Committee Chair

February 2025

## APM Communications Committee Report APM AGM 2025

### Membership

Dr Ollie Minton chair

Dr Amy Proffit

Prof Mark Taubert – also EAPC VP and communications link

Dr Lizzie Dennis – co- opted from the juniors 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

Our main focus of 2024 was the development of the new website & subsequent adjustments and promotion of events and links to the PCF and BMJ supportive care.

We can also consider coordinating any further responses around assisted dying but this is mainly sitting with the council.

We are active on social media and have growing numbers of followers and promoting events

We have also been helping to promote e-ELCA learning and APM Junior events

We will continue to explore how best to disseminate information and monitor the use of the new website and associated statistics.

### Dr Ollie Minton

Communications Committee Chair

January 2025

## APM EDI Committee Report APM AGM 2025

### 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 have been working this past year, in conjunction with our colleagues on the REC (Race Equity Committee) to ensure no overlap of working, to develop the EDI strategy for the APM. We have been greatly helped and encouraged by the appointment of Trudie Roiz de Sa as a lay member of the Board. Trudie has a background the development and implementation of EDI strategy and policies in a number of settings. Her expertise has been, and will continue to prove, invaluable.

We are currently at the stage of data collection and all members, new and existing will have seen the recent survey of members. We are grateful for your input into that to give us the baseline from which we are working.

We look forward to meeting as many of you as possible at the PCC in March. Please do attend the lunchtime session to meet the committee. We will be pleased to welcome questions and suggestions. If you have expertise, or even just an interest, in EDI and ensuring that all EDI issues are understood and implemented in our association, we would welcome your involvement.

**Dr Esraa Sulaivany**  
EDI Committee Co-Chair  
February 2025

**Dr Richard Scheffer**  
EDI Committee Co-Chair  
February 2025

## **APM Clinical Quality Committee Report APM AGM 2025**

### **Guidelines:**

We have supported review and updates of guidelines and protocols (Assisted withdrawal of NIV in MND patients, CPOC Review of Frailty guidance, RCR Supportive Oncology statement, the RAMONA protocol to mention a few). Some guidelines are APM-endorsed. There is scope for trainee engagement in the review of Cochrane guidelines.

### **FAMCARE:**

We successfully completed 2 manuscripts: a Features paper and an Editorial. Both examined the use of the FAMCARE 2 tool by the APM over the last decade. The former has been submitted to BJSPC.

Meanwhile, we continue to support the annual FAMCARE 2 national survey, and have streamlined subsequent scoring patterns. We plan to develop guidelines for local /national / regional patient surveys and would like to host a 'FAMCARE symposium' at PCC 2026. We look with interest to where FAMCARE 2 will go next.

### **Support for new consultants:**

We have considered creating affordable alternatives (alongside the APM Education committee), in order to meet Leadership + Management needs of trainees and new consultants. Hopefully, this would help to complement the APM's Handbook which is currently used by new consultants in their first 5 years.

**Dr Eburn Abarshi**  
Clinical Quality Committee Chair  
February 2025

# APM Research and Ethics Committee Report

## APM AGM 2025

Report to be added

### APM e-ELCA Report

#### APM AGM 2025

#### Introduction:

e-ELCA work is steady – we have been focusing on how to make the site as simple and easily navigable as possible.

We have re-organised the modules into 8 rather than 9. In particular Module 5 has been edited to make it simpler to find relevant content.

We are also starting at looking at certain sessions which may have duplicated content which could be merged to make the programme more slimline without losing excellent learning – this may be affected by limited resource availability in the IT support in NHS TEL.

Usage data:

	End of Nov 2023	End of Nov 2024	Increase over year		Totals to date
Enrolments	209,187	243,128	+33,941		244,125
Active users	84,558	98,855	+14,297		99,286
Session launches	1,563,782	1,931,723	+367,941		1,942,061

#### **1. New session development in 2025**

- Opioid conversion: traditional ratios and Opioid conversion: progressive ratios: these are 2 excellent workbooks from Dr Robert Brodrick's work for palliative care specialists.
- Case study: Parkinsons Disease
- End Stage Liver Disease
- Deprescribing
- Palliative Care for Young People Transitioning to Adult Services

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 8 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 2025, we have updated 30 sessions (which is our target for the year)

As always, a huge thank you to those volunteers who give up very scarce spare time to be part of our session update programme. If you would like to get involved with session updates, please get in touch!

### **3. Communications strategy**

Communication is ongoing – awareness of e-ELCA is high in the palliative care community but still more limited outside of that but we continue to work with this issue. We have been examining usage data in greater detail to see where our communication needs to be focussed.

We have been engaging through the following strategies:

- X (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 will attend the PCC in March in Belfast – I'm looking forward to another face to face conference.
- Three monthly input to the APM Bulletin. This copy is also forwarded to e-LFH and NHS TEL to use in their publications.
- 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.

### **4. Move to the NHS Learning Hub**

Work is ongoing in NHS TEL on the move of all programmes from eLFH to the NHS Learning Hub – we do not have a time frame for this but there have been discussions around ensuring all our content is up to date in readiness for the move so this should happen over the next year.

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.

The APM and TEL are committed to ensuring that when e-ELCA is moved to the NHS Learning Hub that this will continue (as with other programmes).

### **5. Improving the utility of e-ELCA**

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.

Two 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 are live and available.

### **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, attend regular meetings and give 6 monthly updates.

We have e-ELCA executive meetings every 3 months, last held December 2024.

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

February 2025

## APM Transition & Young Adult Special Interest Forum Report APM AGM 2025

This group was originally set up to improve services for young adults with palliative care needs; increase awareness amongst palliative care professionals of the needs of young adults; and to improve the process by which young adults move between children's palliative care and adult palliative care services where this is appropriate.

### Membership

As a cross-organisation group between the APM and the Association of Paediatric Palliative Medicine (APPM), we are delighted to have good representation from paediatric and adult palliative care in our membership. We now have over 40 active members from all regions of UK and Ireland.

We continue to value the group's core role in providing peer support for those working with young adults with complex conditions through online meetings. Our meetings include time for learning through case discussions as well as wider discussions around education and service development at local and national levels. New members are always welcome.

### e-ELCA

The e-ELCA session "Transition in Palliative care" was launched in February 2025. This is a helpful introduction to key themes in considering care for young adults during and beyond transition. We would be keen to develop more education and training resources in the future and would welcome feedback on topics that you want us to prioritise.

### Engaging with national and regional developments

Many of our members are in positions to influence wider strategic developments to improve transition processes for young people with life-limiting conditions both within palliative care and collaborating with other specialties. We continue to support these individuals, providing a platform to learn from each other's successes and find opportunities to disseminate service developments more widely.

### Dr Jo Elverson

Transition and Young Adult SIF lead

February 2025

## APM Postgraduate Medical Education Special Interest Forum Report (PME SIF). APM AGM 2025

This is in its fourth year, co-ordinated by Dr Mary Miller and Dr Suzie Gillon. The purpose of the PME SIF is the provision of a network for those with an interest in providing postgraduate palliative medicine education.

On 23<sup>rd</sup> April 2024, the SIF ran a day long programme focused on postgraduate medical education. Over 30 people attended. Delegates were offered an interactive virtual discussion about supporting different educational needs and using a range of ways to increase engagement.

### Dr Mary Miller

Postgraduate Medical Education SIF Lead

February 2025

# APM Undergraduate Medical Education SIF Report

## APM AGM 2025

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

### **1. Annual SIF Meeting**

The 2024 SIF annual meeting was held in Cambridge on October 31, 2024 “Undergraduate medical education in Palliative Care: looking to the future”. The programme and presentations can be found [here](#). Dr Sarah Cox, APM President, gave an opening presentation “Palliative Medicine: current challenges and future opportunities”, after which there were 8 delegate presentations sharing research, innovation and best practice in medical student education.

Two afternoon presentations were from Dr Mark Lillicrap, Associate Professor of Medical Education Practice, Cambridge “Medical Education: current trends and future changes in the UK” and Dr Litsa Biggs, Cambridge Medical School “NHS Tariff and other funding for clinical placements: the UK landscape”; recordings of both are available on the website. Round-table discussions took forward the work of the SIF project groups (see below).

Feedback from the event was extremely positive, and we look forward to the next meeting of the SIF in London at the Royal Society of Medicine on **Thursday November 6 2025**: details will be circulated to SIF members and shared in the APM newsletter in due course.

### **2. Moving administration and website to MunroSmith**

The SIF membership list, website and future conference organisation are all currently in the process of moving over to MunroSmith (thank you colleagues!), in keeping with other APM SIFs.

### **3. SIF leadership**

Four colleagues now meet regularly to plan for our events and support project groups: Stephen Barclay (Cambridge), John Ellershaw (Liverpool), Paul Paes (Newcastle) and Geoff Wells (Brighton and Sussex).

### **4. SIF project groups**

We currently have five project groups, which met during the annual conference and are continuing to progress work by email:

- Simulation (Geoff Wells + Robert Brodrick)
- e-ELCA (Sarah Hanrott)
- Medical Education Research (John Ellershaw and Stephen Mason)
- New medical schools (Paul Paes)
- APM Curriculum for undergraduate medical education (Stephen Barclay)

New members of the group are welcome; please contact Becki Cole [becki@munrosmith.co.uk](mailto:becki@munrosmith.co.uk) if you would like to be added to the email list.

**Professor Stephen Barclay**

Undergraduate Medical Education SIF lead  
February 2025

**Professor John Ellershaw**

Undergraduate Medical Education SIF lead  
February 2025



## APM Clinical Academic Trainee SIF Report

### APM AGM 2025

Starting in 2024, this year has seen a successful first year for the Clinical Academic Trainee SIF. The SIF primarily functions as a resource for academic trainees in Palliative Medicine (e.g. Academic Clinical Fellows (ACFs), Clinical Lecturers) or those undertaking PhDs in the UK and Ireland. However, those working in other capacities, e.g. SAS doctors, consultants, other specialty academic trainees, allied health professionals are eligible to be part of the forum if they are undertaking formal training such as a research Masters / PhD or can support the aim of the group to support early career clinical academics. To date, we have formed a committee comprising of: Dr Sarah Bowers, Dr Rachel Davies, Dr Amy Gadoud, Dr Liam Gabb, Dr James Robb, Dr Phoebe Sharratt. We currently have 25 members in the SIF and so far there have been 4 virtual meetings arranged for members. Virtual meetings are member-led with each person given the opportunity to share an update followed by time for peer support and questions. These are supplemented by an active WhatsApp group allowing for more ad-hoc updates and support. So far the SIF has enabled its members to share recent project successes, advertise funding opportunities, gain advice about navigating clinical academic contracts and to highlight upcoming conferences, allowing for networking opportunities.

Our plans for the upcoming year are to expand our membership and begin to focus our online meetings on particular themes, as set by our members.

We are grateful to the APM for hosting this SIF and encourage anyone interested in joining to please get in touch.

**Dr Sarah Bowers, Dr Rachel Davies, Dr Amy Gadoud**

Clinical Academic SIF co-leads

February 2025

## APM Public Health Palliative Care SIF Report

### APM AGM 2025

#### **Purpose and plan for the SIF**

Because public health palliative care practice takes a whole population approach across all settings, the range of interventions expands enormously into the wide experiences of death, dying, loss and care giving. Delivery of clinical palliative care services are given in the context of what communities can do, encouraging community support before thinking about how professional services can add to this. The 5 action points of the Ottawa Charter for Health Promotion provide a clear view on how to do this.

1. **Building healthy public policy**
2. **Creating supportive environments (in the community)**
3. **Strengthening community action (community capacity)**
4. **Developing personal skills (in the community)**
5. **Re-orienting health care services toward prevention of illness and promotion of health**

## **Plan**

- Develop a representative working group that will meet 4 times per year
- Representation will be work from clinicians including palliative care specialist nurses and doctors, allied health professionals, social care and spiritual care, hospice senior management and community members who have experienced caring for someone with a life limiting illness. If there are others not mentioned above who are keen to join, they will be welcomed onto the SIF.
- The aim is to enrol a group of 10 to 15 people.
- The main focus will be to develop ideas about bringing into the working lives of clinicians and services, helping to enable compassionate communities and support the implementation of the compassionate city charter.
- The group will develop an agenda of action points that will be reported on at each meeting, to measure progress against defined actions.
- The SIF will be run in accordance with the principles outlined in previous correspondence with the APM, as shown below.

Initial chairing of the SIF will be Dr Julian Abel, supported by Dr Lizzie Woods. The first meeting will be planned to be held in late September.

## **Progress**

- Two meetings of the SIF have been held so far, on 19/9/ 2025 and 12/2/2025. A third meeting will be held on 3/4/2025 with another to be held before the summer break. This will fulfil the plan to meet 4 times within a calendar year.
- 14 people accepted the invite to be notified about meetings.
- 10 people attended the first meeting and 6 attended the second.
- Representation at the meetings has been very broad, with specialist palliative care, compassionate community leads, leads for compassionate cities, spiritual leads, research leads, Scottish Director for Good Life, Good Death, Good Grief Festival, chief executive of a hospice and acute NHS hospital trust end of life lead.
- The meetings sought ideas from the participants on how the purpose of the group could be fulfilled.

## Outcomes

A number of key points were discussed at the 2 meetings, which included:

- Identifying leaders who are interested in taking forward PHPC approach
- Developing strategies for engagement with ICBs and commissioning bodies
- Using life experience as a basis for discussions with clinical teams and commissioners – what resources are needed for this?
- Recognition of exhaustion of trying to get system change when commissioners are focussed on achieving NHS Plan
- Discuss next NHS Plan in the context of shifting care from hospitals into communities as a lever for change.

At the second meeting, a number of people reported on the transformative impact of bringing specialist palliative care clinicians into discussions with established compassionate community/city groups. A consistent finding from the use of the Death Literacy Index in a number of different settings has been that communities do not have a good understanding of who should access specialist palliative care and how that access takes place. One of the big differences in the public health approach to palliative care is that the aim is to support anyone experiencing death, dying, loss and care giving. This means removing ring fenced access and having palliative care specialists working in different ways both with individuals and communities. The meeting point of communities and specialist palliative care clinicians was an effective way of educating each other and discovering ways of working together.

The group agreed that this would be a good route to explore more broadly, looking at a national programme of bringing together established compassionate community groups and specialist palliative care clinical teams to improve communication with each other and gain greater understanding of how they can work in mutually beneficial ways. The next steps will be to work out a transferable method for running these kinds of meetings and finding someone who can lead this initiative. A couple of names have been suggested and a request will go out, prior to the next meeting of the SIF. The group felt that if clinicians had a much greater understanding of the range of ways communities can support people experiencing death, dying, loss and care giving, further joint initiatives and education are much more feasible.

**Dr Julian Abel**

Public Health Palliative Care SIF Chair

February 2025

**APM Neuro SIF Report**  
**APM AGM 2025**

Report to be added.

## Appendices

### Appendix 1 - 2024 AGM Minutes



Association for  
Palliative Medicine

# The Association for Palliative Medicine Of Great Britain and Ireland

## Annual General Meeting

Tuesday 12 March 2024  
Virtual AGM | Microsoft Teams

#### 01/24 **Welcome from President** (Dr Sarah Cox)

Dr Sarah Cox welcomed members to the 2024 Annual General Meeting (AGM) and introduced herself to everyone in attendance. Dr Cox outlined the topics covered during the AGM and explained that all members with voting rights will receive a link to vote after the AGM has taken place.

#### 02/24 **Minutes of 2023 Annual General Meeting** (Dr Sarah Cox)

As part of the 2024 AGM papers, members had sight of the 2023 AGM minutes and during the meeting Dr Cox asked for a proposer and seconder to agree the minutes as an accurate record.

**Proposer:** Dr Benoit Ritzenthaler

**Secunder:** Dr Suzanne Kite

#### 03/24 **President's Report** (Dr Sarah Cox)

A large part of APM work in the last 12 months has been looking at the structure and governance of the Association and identifying whether the APM is fit for purpose for the future. As part of this work the APM seconded Jane Ratford from the RCP as interim COO and this employment will run until October 2024. Following a review of the APM, Jane Ratford produced 15 recommendations for the APM and these were approved by the APM Board in January 2024. During the AGM, Dr Sarah Cox outlined each recommendation and presented the new APM governance structure. Members are able to view these recommendations and the report via the APM website.

Dr Sarah Cox also spoke about Workforce including:

- SAS doctors – The APM has been promoting the Framework for SAS doctors to work as responsible clinicians. The deadline for CESR is October 2024.
- Specialist Trainees – The APM continue to fund the SCE Flashcards for APM members. SCE takes place every 9 months. In 2025 SCE will take place in March and December.
- GPwER (GPs with extended roles) – SAC led by Polly Edmonds have developed a curriculum for GPwER and this is almost ready for GPs to access.
- e-ELCA – Led by Dr Sarah Hanrott. e-ELCA is moving over to a new platform and this will be open access so does not require nhs.net email address. Dr Cox asked members to consider reviewing sessions.
- Credentialing in Palliative Medicine with GMC – This may also be available in the future
- RCP workforce roundtable

Dr Sarah Cox also spoke about Engagement including:

- Government policy, consultations and inquiries – The APM has responded to many consultations including the AD and COVID inquiries.
- RCP – MCDC is a way of producing multimedia content around a certain topic. The APM will feature in May and the focus is around admission avoidance.
- National PEOLC Clinical Director and regional leads.
- Closer links with Marie Curie, Sue Ryder, Hospice UK. Hospice UK have supported the APM with the development of the environmental sustainability strategy.
- Ambitions Partnership
- Closer links with the APPM
- EAPC – Mark Taubert sponsored Board member. The EAPC conference in Barcelona is sold out but the 2025 conference still has availability.

*SC handed over to SK*

#### 04/24 **Vice President's Report** (Dr Suzanne Kite)

Dr Kite acknowledged the excellent work carried out by committees over the last 12 months.

##### **What's happening at national level that we have influenced?**

The APM have been invited to give written and oral evidence at a number of inquiries. SK thanked the Research and Ethics committee as well as Dr Matthew Doré for their work with these inquiries. Specifically, Westminster March 2023 and Oireachtas December 2023.

Health Services Safety Investigation Body (HSSIB)

HSSIB Syringe Pumps – Technical safety issue around alerts and alarms

HSSIC PEOLC Good Practice guide for ME - The APM have inputted to this work and the report is due imminently

Frailty Assessment and Management RCP/Royal College of Radiologists – The APM commented on the guidance Major Conditions Strategy – The APM responded to this NHS England review around how we improve outcomes and better meet the needs of our population, which is becoming older and living with multimorbidity.

CMO report – The APM was asked to write a palliative care entry to the annual report of the Chief Medical Officer of England, Professor Chris Whitty.

##### **What's happening that we need to know about/engage with?**

Environmental Sustainability – The APM met with Hospice UK and members of the Palliative Care Sustainability Network. We identified areas in which we could collaborate and have some excellent resources for members to look at on the website if interested in environmental sustainability.

ICB requirements to fund palliative care – what is your ICB/commissioner doing?

SPC service specification – any feedback on use would be gratefully received.

##### **What else is the APM doing?**

Busy, productive committees and SIFs

Developing new website

Abe Guz fellowship

FAMCARE: Celebrating and evaluating 10 year

New Academic Trainee SIF and Public Health SIF

New EDI Committee

Education: A wide and plentiful offer

SEECare paper published

Hospice UK/APM: Echoes

*SK handed over to NW*

#### 05/24 **Treasurers Report** (Dr Natasha Wiggins)

Charity accounts don't just include money in the bank, they also consider investments (APM website), money coming in for something in the future (PCC bookings) and also money expected to go out that hasn't yet left the bank (contract with PCF).

Restricted funds – Cannot choose what this money is spent on. This includes e-ELCA, Abe Guz and APM Juniors money.

Unrestricted funds – Funds that do not have restrictions.

APM membership has increased year on year and this has been supported by PCF access. Membership fees haven't increased for a number of years, however, these may be reviewed next year.

Education – To deliver quality education and break even which was achieved in 2023.

APM Junior money – This money has been brought in house to ensure all funds are kept in one place. This money can be spent on Junior events only.

**Investment:**

- 12-month contract for COO, review processes and implementing change.
- Abe Guz fellow to collate breathlessness resources for professionals as well as patients and their families.

**Endorsement:**

- New education board game – BedRace. Focusing to Palliative and end of life care. The APM receives 5% profit (£2.50) for each game sold.

**Reduction of loss and risk:**

- Moved some money into different accounts.
- Ensured the companies demonstrate ethical banking.
- Aligns interest with inflation.
- Money is covered if unexpected crisis.

*NW handed over to SC*

Ratification of Accounts

**Proposer:** Dr Bernadette Brady

**Seconder:** Dr Natasha Lovell

Members with voting rights will be sent a survey to ratify the 2023 accounts.

**06/24 Committees (Dr Sarah Cox)**

All demitting Board/Committee members were thanked for their hard work and commitment by Dr Sarah Cox.

**07/24 Welcoming New Committees (Dr Sarah Cox)**

Dr Natasha Lovell has joined the APM Board.

**Proposer:** Dr Feargal Twomey

**Seconder:** Dr Natasha Wiggins

Dr Sarah Cox thanked and welcomed all new committee members. The APM are very grateful to all individuals for stepping forward.

**08/24 Opportunities to get more involved in the APM (Dr Sarah Cox)**

- There are frequently vacancies within APM Committees and SIFs
- Members are encouraged to respond to consultations when these are sent
- Invited Reviews – The APM are looking to gather a bank of individuals to take part in reviews run by the RCP for Trusts around the UK. These invited reviews are usually requested after an issue is noted at Trust level and are a way of getting expert external review of a service or situation. Please email Georgina on [office@compleat-online.co.uk](mailto:office@compleat-online.co.uk) if you are interested.
- Regional Specialty Advisors – Responsible for looking at new consultant job descriptions and looking at application for fellowships for RCP. There are current vacancies for Peninsula and East Midlands North. If you would like to apply, please email Georgina on [office@compleat-online.co.uk](mailto:office@compleat-online.co.uk).
- Medical Care Driving Change (MCDC) – If you have an initiative that you would like to include in the May edition. Please send details to Georgina on [office@compleat-online.co.uk](mailto:office@compleat-online.co.uk) and these will be passed onto Rachel Davies.

Dr Sarah Cox thanked APM Officers, Board and all committee and SIF members for their commitment and work.

**09/24 Questions**

Baroness Ilora Finlay – Asked for access to the APM 2019 Workforce data. Baroness Finlay also mentioned the Danish report which reads slightly different to the health and social care report.

Slides and QR codes will be available on the website after the AGM.

There has been discussions around increasing regulations for PAs. There are not that many PAs in Palliative Medicine. Dr Cox acknowledged it would be interesting to look at PAs and their experience. Feedback from members suggested a survey was a favorable route and this should include all ACPs including physios and podiatrists etc.

Dr Karon Ornel - Ethnicity data – An area the APM is developing and keen to gather thoughts from members in terms of EDI. New members are asked to complete the protected characteristics survey upon joining the Association. The APM also needs to understand how it can better look at EDI as an organisation.

Matthew Dore mentioned the Hospice UK and APM Echo.

10/24 **Date of next Annual General Meeting** (Dr Sarah Cox)

The next APM AGM will take place during PCC 2025.