



# Association for Palliative Medicine

## Annual General Meeting Agenda Thursday 26 March 2026 15:10 – 16:20

Concert Hall, Brighton Dome

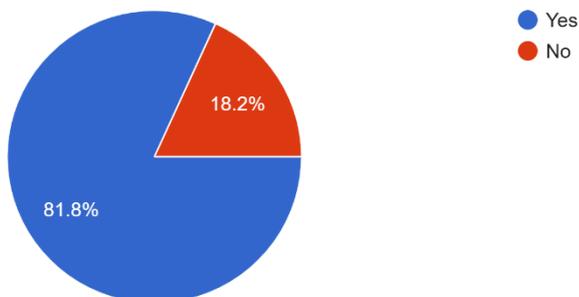
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|---|--------------------|
| 1. Welcome  | Dr Suzanne Kite    |
| 2. Minutes of the 2025 AGM<br>- Ratify the 2025 AGM minutes   | Dr Suzanne Kite    |
| 3. President's report   | Dr Suzanne Kite    |
| 4. Vice President's report  | Prof Paul Paes     |
| 5. Treasurer's report<br>- Ratify the 2024 Accounts   | Dr Natasha Wiggins |
| 6. Demitting Council/Committee members  | Dr Suzanne Kite    |
| 7. Welcoming new Council/Committee members<br>- Ratify Wendy Prentice as Elected Member<br>- Ratify Natasha Lovell as Honorary Secretary<br>- Ratify Natasha Wiggins as e-ELCA lead | Dr Suzanne Kite    |
| 8. APM Values, Mission and Vision   | Prof Paul Paes     |
| 9. Questions/AOB  | Dr Suzanne Kite    |
| 10. Close/Date of next AGM  | Dr Suzanne Kite    |

Following the 2025 AGM , APM members were asked to vote. This included ratification of the 2024 accounts and changes within the Association.

The results below illustrate that 81.8% of voters ratified the accounts for 2024.

Do you ratify the Association for Palliative Medicine accounts for 2024?

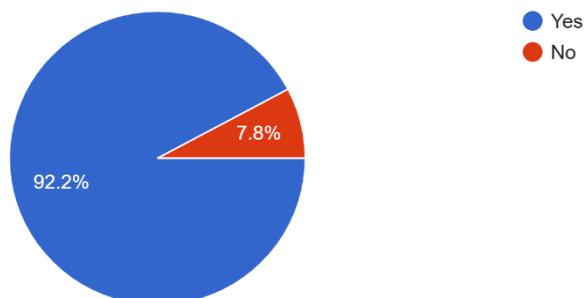
77 responses



The results below illustrate that 92.2% of voters ratified the Board of Trustees.

During 2024, the APM Board of Trustees was established. Do you ratify the new Trustees?

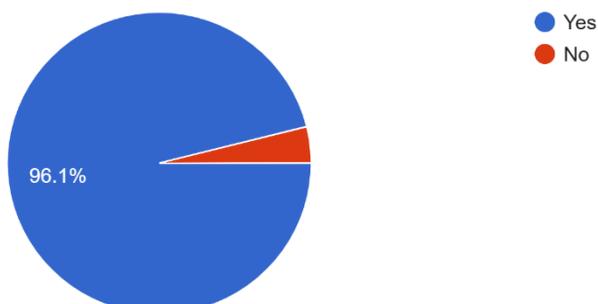
77 responses



The results below illustrate that 96.1% of voters ratified the new Council member Dr Fiona MacCormick

During 2024, Dr Fiona MacCormick joined the APM Council as the Scotland Representative. Do you ratify this new APM Council member?

77 responses



# President's Report

## APM AGM 2026

Welcome to the reports for the 2026 APM AGM. The updates from the APM Executive, Committees and Special Interest Forums speak for themselves in demonstrating the richness, breadth, and progress, of the work of the APM. All the reports are inspiring, with plenty of new interesting information and you may well find that you'd like to get more involved!

Upfront I'd like to say a massive thank you to all of you, APM members, for your contribution to the vital work we do, from participating in events, reading and responding to updates, progressing committee and SIF programmes of work, to balancing the books, investing our resources wisely, responding to external events and committees, and advocating for the APM. Finding time to get involved on top of super-busy lives, and sharing your energy and enthusiasm, is hugely appreciated. By supporting each other and our professional network to thrive, we can better support our teams and our patients, and continue to develop our speciality.

These are times of rapid change, with the predicted increasing demand for health and social care impacting at a time of major financial and workforce challenge. The assisted dying debate has progressed to the discussion of what safeguards are essential for legislation, and fundamental to this is access to equitable, quality palliative care for everyone, whoever you are, wherever you are, and whenever you need it. This conversation will continue over the coming years. There are many complex issues to address and we will continue to focus on highlighting and clarifying the most pressing agenda for palliative care at any given time. There are many opportunities to be seized too. Our first generation of dually accredited consultants are taking up innovative posts, and Clinical fellowships in supportive oncology, and GPs with extended roles, are now well established – all will help shape the future of our speciality.

Working towards sustainable funding and workforce for palliative care will continue to be major themes in our work in coming years.

Below is an overview of the major workstreams of the Board of Trustees, Executive, and Council.

### **Strategy & Governance**

Our Chair of the Board and Trustees are now fully established in role, and drawing on the expertise and broader perspectives of Paul, Trudie and Sol are invaluable. In particular, their insights and experience have shaped the development of our Strategic Framework 2026-2028, *put a link in here* and inform the progress of our business plan, and the refresh of our vision, mission and values (of which more at the AGM). Trudie Roiz de Sa has coordinated the development of our evolving EDI strategy in collaboration with the EDI and Race Equity Committees. The EDI Strategy is embedded in our overarching strategic framework, as we continue to develop an inclusive culture which celebrates diversity, and promotes equality in all that we do.

We continue to explore our options for a central data storage system – one that works across NHS firewalls!

### **APM member engagement**

We presented the results of our 24/25 APM membership engagement survey at the AGM in Belfast 2025, and your priorities and feedback formed the basis of our Strategic Framework 2026-28. We have enjoyed meeting and hearing from you at a number of webinars throughout the year and at the Senior Clinicians Day. This really helps to build a picture of what matters most to you. Meeting face-face is always very welcome – please do drop by the APM stand at the PCC for a chat with one of us, and with each other.

### **External engagement**

Palliative care funding and provision has been high profile throughout the year, and it has never been more essential that the clinical voice is heard loud and clear. Sarah Cox was a Commissioner on the APM supported Commission for P&EoLC (England), the recommendations of which form a clear roadmap of what needs to be done to provide equitable, high quality palliative care. The recommendations resonate with the published strategies of other nations across the UK and Ireland. The APM submitted evidence to both the Commission, and the House of Commons Health and Social Care Committee Expert panel: evaluation of palliative care in England. We have submitted responses to consultations by the Scottish Partnership for Palliative Care, and the APM sits on

the Steering Group for the Ambitions Partnership (England). Via these routes, and other opportunities, the APM collaborates with many other palliative care professionals and policymakers, including the national palliative care charities, to advance our mutual agenda for our patients.

We have continued to engage constructively with the process of assisted dying legislation in our different countries. We have distributed supporting resources for parliamentarians in England, Scotland and Wales to clarify the background to the APM position, highlight key questions that are raised by the proposed Bills, and share evidence that disputes the myths. We have taken up media opportunities that promise to be impactful, and we gave evidence to the Select Committee in the House of Lords last October on improving the safety of the Leadbeater Bill.

We seek opportunities to engage with the Royal Colleges, and were pleased with the RCP (London) position statement on Palliative and end-of-life care in August 2025 – more work on this is in progress across a number of specialties. We also endorsed the RCP/Royal College of Radiologists report on supportive oncology. In Scotland we engaged with the Royal College of Psychiatrists (Scotland) on a joint letter with other professional bodies on the McArthur Bill.

All of these themes, and the fabulous work that so many of you are doing, can be picked up at the AGM on Thursday 26 March at 15:10hrs in the Concert Hall at the Brighton Dome. Hope to see you there!



**Dr Suzanne Kite**  
APM President

## Treasurer's Report - The 2025 Period

### APM AGM 2026

#### **Introduction**

This year has seen the successful establishment of the APM Board, alongside strengthened governance and finance processes, which have enhanced consistency and efficiency. Our conference and education events were financially successful, supporting innovative ideas for events and sessions. The development of a business plan and financial forecasts has highlighted the need to carefully review future income and expenditures in light of rising costs.

#### **Specific updates**

**FAMCARE:** this is the survey of bereaved relatives. 46 (an increase of 3) organisations used the survey with the cost to do so remaining the same at £125 per organisation. The 10 year review of this service was published in the BMJ Supportive and Palliative Care Journal in December 2025. This year the service was well received and made a profit of £200.

**The Abe Guz Fund:** The Abe Guz funding has come to an end with the last of the money being spent on expenses around publication and presentation of the paper: Breathlessness Support Services in the UK and Republic of Ireland: a survey in the BMJ Supportive and Palliative Care Journal. The Abe Guz Fellow will present this work at the Palliative Care Congress (PCC) in Brighton in March.

**Assisted Dying:** Whilst providing documents and time to the government, the media, the Lords, the public, the select committees and anyone else who requests statements, reports and evidence might not appear to cost money, the required input from the secretariat, travel costs and other expenses have all required funding.

The Commission into Palliative Care: The APM financially supported this commission which enabled it to happen and crucially, to happen independently. Its aim was to produce recommendations for solutions to the current difficulties and gaps in access to high-quality palliative care that can meet the extensive range of needs of our diverse population in all areas of the UK. It has since delivered 2 reports which have been described as a “much needed National Roadmap for palliative care”.

### Financial Review

The Board of Trustees are pleased to report that total incoming resources for 2025 were £481,972 (2024 £348,496). The main influencers on change are the increase in membership alongside the successful study events including the Palliative Care Congress.

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 2024 – November 2025

#### 1. Unrestricted Funds

At the end of the APM financial year there is an unrestricted funds balance of £345,518. This is less than last year (£375,988) chiefly due to the rising costs without an associated rise in fees / event prices as well as the above detailed investment in Palliative Care at a national level.

For a charity to be considered financially stable, it needs to have 6 months running costs available in the reserves. The expected expenditure requires a 6-month reserve of £240,600 and therefore the APM has a reserves surplus of £104,918.

**The take home:** the amount of money available to spend how we choose has decreased in the context of rising costs. The investments of the last 2 years have resulted in a more robust, more productive and more visible Association. Whilst we remain financially stable this year with reserves for more than 8 months' worth of running costs this is not a long term sustainable position.

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	2025	2024
Journal Subscriptions	31,640	33,081
PCF access	56,403	55,507
Supporting Costs	108,416	109,554
Total	196,459	198,142

### Education

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

Event	£ In	£ Out	+/-
Juniors Conference 2025	1710	1432	278
PCC	213,447	201,287	12,160
Monthly Webinar series	220	3258	-3038
Post graduate medical education SIF conference	48	1	47
Clinical update series	13,450	4,497	8,953
Juniors Community Palliative Care Webinar	-	2	-2
Undergraduate SIF annual conference	5800	4977	823

Trainees Management Study Day	2400	1625	775
Senior Clinicians Development Series Study Day	2410	2254	156
SAS & Hospice Dr study afternoon	369	1508	-1139
Juniors Conference (leftover from 2024)	125	1004	-879
Trainees starter kit webinar	20	1	19
Education costs – non specific	44	4711	-4667
Total	240, 043 (2024 115, 530)	226, 557 (2024 111, 177)	13,486 (2024 4, 353)

The standout successes of 2025 are the PCC and the clinical update series. It was decided to run two face to face PCC events over consecutive years in the hope that this trend continues. 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. The education committee have trialled new ways of delivering education focussing on different cohorts. These will all be reviewed for the next year including consideration of impact and experience alongside financial outcomes.

## 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	2,828	14,500	105, 612
Abe Guz Fund	Education & Research around dyspnoea	-	590	1,681
Junior Committee	APM juniors conference and other events	-	871	1,961
Total		2,828	15, 961	109, 254

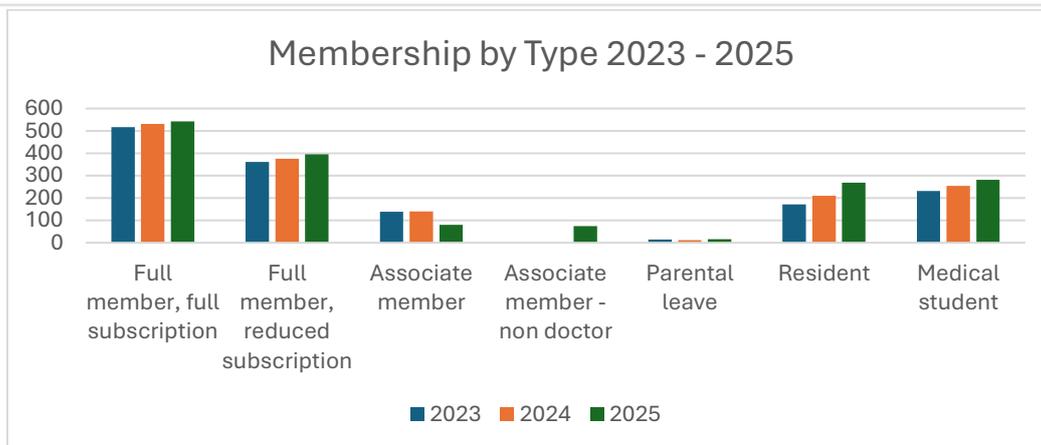
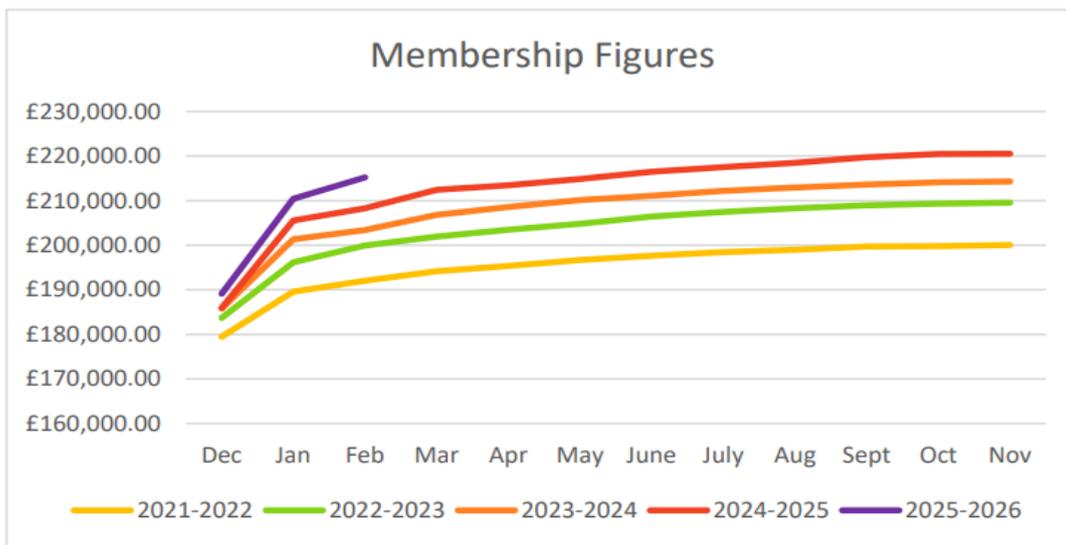
The e-ELCA grants are from Health Education England. This is being used to pay for the writing and review of e-learning resources and promotion of e-ELCA at key sector events. There is additional income from the education team sharing the resources with external providers. The APM gets a 35% commission 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 as well as a publication with the BMJ Supportive and Palliative Care. The remaining balance will be used to cover expenses for publication of this work and the PCC 2026 Abe Guz Lecture.

## Financial Areas to review and Actions

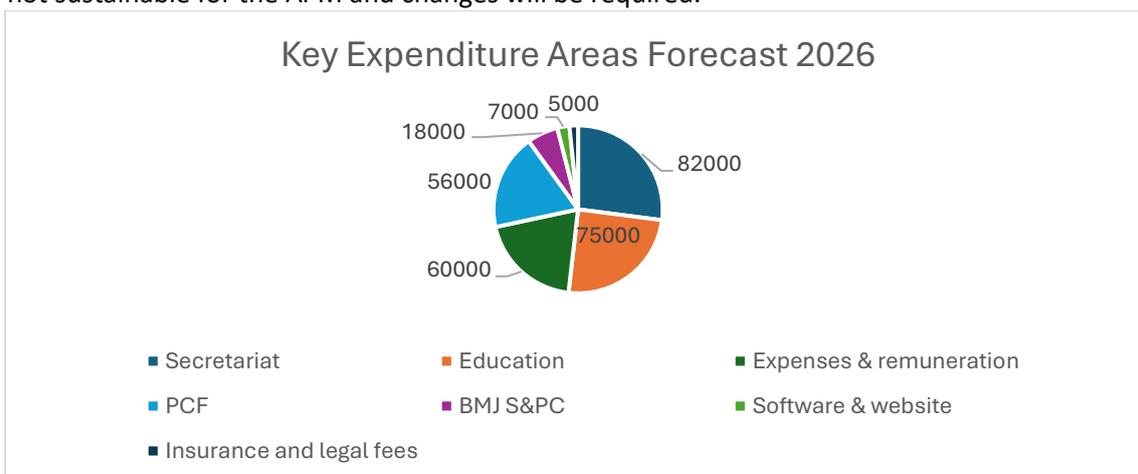
### Membership

Membership Income	2020 - 2021	2021-2022	2022-2023	2023 -2024	2024-2025
£	198, 747	200, 054	209, 236	211, 455	221, 144



#### Looking ahead

2024 was the year the APM used funds thoughtfully to invest in making significant sustainable changes to the governance, structure and accountability within the APM. In 2025 we have enabled the national commission in Palliative Care to take place and invested in education for our members. In the context of ongoing rising prices and forecasting for inflation, the treasurer and financial trustee are in the process of producing a business plan for the next 5 years. Despite our increased number of members, it is likely that the current income and expenditure rates are not sustainable for the APM and changes will be required.



#### Specific Financial Considerations for 2026

##### 1. Membership Income

As shared in last year's Treasurer's report, it is expected the membership fees shall slightly rise. This will be the first time in over 5 years despite inflation and rising costs.

## 2. BMJ Supportive and Palliative Care

In 2025 the journal stopped its paper versions and switched to online only flipbook. Whilst this reduced the cost to the APM, the annual cost of £18 000 is one that will be reviewed as part of the business plan. Your thoughts on the benefits of access to this journal as members are very welcome.

## 3. Regular financial outgoings

As part of a focus on finance in the upcoming year, we will be reviewing all regular outgoings.

### **Dr Natasha Wiggins**

APM Treasurer

February 2026

## **Trainees' Committee Report APM AGM 2026**

The Trainees' Committee is run by trainees for their peers. We aim to represent Palliative Medicine trainees both within and outside of the APM, communicate relevant information, and provide opportunities for networking, education and participation in research. This report summarises our work in 2025 and planned committee activities in 2026.

### **Current Committee Members**

Dr Becky Ogundele – Committee chair  
Dr Emily Holdsworth – Vice chair, SAC Representative - England  
Dr Sarah Bowers – Scotland rep (new)  
Dr Louise Hagerty - SAC Representative - Scotland (new)  
Dr Rhianon Boyle - SAC Representative - Wales/N.Ireland (new)  
Dr Anna Hayes – Republic of Ireland Representative  
Dr Sarah Longwell - Communications Coordinator (new)  
Dr Sophia Ellis - Education and Training Representative (new)  
Dr Ellen Bodger - Juniors' Committee Representative (new)  
Dr Rachel Davies - Research and Ethics Representative  
Dr Anna Grundy - Clinical Quality Representative  
Dr Usman Waris - Regional Representative Coordinator (new)

### **Committee Changes**

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

We said thank you and good bye to:

Dr Sarah Foot – Committee chair  
Dr Erin Kadodwala – Committee chair  
Dr Rose O'Duffy - Regional Representative Co-ordinator  
Dr Emma Mc Donald - Communications Representative  
Dr Kirsten Cummings - Scotland SAC Representative  
Dr Jessica Gutjahr - Wales/NI SAC Representative  
Dr Marianne Cobham - Juniors' Committee Representative

### **Committee Work**

We have focused on four main areas:

#### 1. Trainee engagement

- a. Welcome letter: sent to all new trainees when they begin their training to highlight the support the APM can offer.

- b. WhatsApp community: this provides us an opportunity to send announcements to all trainees across the nations allowing us to highlight courses, trainee opportunities (like being involved in recruitment) and setting up additional groups to link trainees across the country (e.g. for SCE support, response to calls for evidence). Aim for 1-2 announcements a week.
- c. Prizes: recognised there are limited opportunities for prizes within the specialty and looking to expand this beyond those at the PCC. Considering prizes that colleagues can nominate trainees for and certificates to provide recognition for involvement within the APM. Any ideas gratefully received.
- d. Courses: we have been involved in a number of courses this year:
  - i. Webinars – dual training, “starter kit” for new trainees, latter organised in collaboration with the junior doctors committee
  - ii. Service development workshop – for both trainees, SAS doctors and early year consultants, organised alongside colleagues from the Education & Training committee
  - iii. Clinical update series: organised acute medicine half day
  - iv. Symposium accepted for the PCC 2026 – less than full time working
  - v. Supported a session in the Junior doctor’s conference
  - vi. In 2026: Consultant preparation course (April), clinical update series – acute medicine half day (May), involved in the palliative care sessions for the Medicine 2026 conference, in discussions about an adjuvant therapeutics course, “starter kit” webinar (November).
- e. Streamlined communication: restarted bi-monthly trainee section in the APM bulletin, keeping the trainee section of the APM website up to date. Closed the twitter and facebook accounts as both had been inactive.
- f. Future: planning to start a series of podcasts aimed at both the palliative and GIM aspects of the curriculum. Volunteers welcome to be involved.

## 2. Dual training

- a. As 2025 was the first-year dual trainees completed their 4 year run through training we organised a session at the PCC last year and followed up with a webinar
- b. Establishing a Job Description database to guide both trainees and consultants about the opportunities for dual trained consultants
- c. Exploring how posts work in other specialities for dual trained consultants.

## 3. National input

- a. Submitted evidence to the Financial Sustainability of Hospices call for evidence
- b. Letter with trainees concerns about the Terminally Ill Adult Bill to the House of Lords
- c. Submission to the Medical Training Review in collaboration with the junior doctors committee.

## 4. Committee structure and forward planning

- a. Rewritten Job Descriptions for each role and included a generic section on being involved on the trainee committee

- b. Established a work plan for institutional memory and succession planning
- c. Added position of Vice-Chair to share some of the work of the Chair
- d. Regular six-monthly meeting established with APM president and vice-president.

5. Other

- a. The SAC trainee representatives 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 and APM board.
- b. The clinical quality representative has contributed to the clinical quality committee which has predominantly focused on compiling the 10-year FAMCARE audit report. Also written a SOP for supporting the request for APM endorsement on documents.
- c. Coordinating trainees to provide contribution to 'Top ten tips for palliative care' article in Future Healthcare Journal
- d. Representing trainees on APM workforce committee contributing to large scale piece of work estimating national Palliative Medicine consultant workforce requirements

We have been grateful for the active support of the APM executive, particularly Suzanne and Paul in their support for the work of our committee.

Dr Becky Ogundele  
APM Trainees Committee Chair  
February 2026

## APM Juniors Report APM AGM 2026

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

**Current committee members**

Dr Angus Grant – Chair  
Dr Yasmin Parkin – Education coordinator  
Dr Amy Boswell – Secretary  
Dr Lauren Bennett – Communications coordinator  
Dr Elisha De-Alker – Research coordinator  
Dr Ellen Bodger – Careers and mentorship coordinator  
Dr Evie Hall – Conference coordinator  
Dr Rebecca Lucier – Medical student representative

Over the past year, the juniors committee has run educational events with a specific focus on themes that are likely to have increasing significance in the future of palliative care. In line with this focus, in September, we organised a webinar centred on multimorbidity. We were extremely grateful to Dr Sarah Bowers for sharing her expertise and experience in this area.

We continue to deliver our annual APM juniors conference. The theme of this year's conference was 'imagining tomorrow', covering topics such as AI in palliative care and the future of the hospice sector. These were complemented by sessions highly relevant to the attendees' day-to-day work, such as talks on future care planning and careers. Thank you to Dr Kate Geoghegan, our outgoing careers coordinator, for all the work she has put into organising the conferences over the past two years.

We keep our members regularly updated through our monthly newsletter, which we have expanded over the past year. This includes new approaches to support our members' development in palliative medicine, such as the addition of a section covering recent research, along with book and film recommendations. In addition, our growing social media presence allows us to keep members informed about upcoming educational opportunities. We have continued to maintain our 'Palliative Care for FY1s' resource page on the APM website. This provides newly qualified doctors with access to webinar recordings and resources to help prepare them for supporting patients with palliative care needs.

Looking ahead, we are planning two symptom control webinars in the coming months to further support the educational needs of our members. We have welcomed several new committee members over recent months, and we will benefit greatly from the ideas and experience that they bring to the team. Thank you so much to those committee members who have stepped down over the past year for their time and effort in furthering the work of our committee.

Dr Angus Grant  
APM Juniors Committee Chair  
February 2026

## SAS and Hospice Doctors Committee Report APM AGM 2026

Committee members:

Dr Katie Jerram Joint Chair and Workforce Committee Representative  
Dr Paul Selway Joint Chair  
Dr Beth Williams, JSC Representative  
Dr Jessica Walding, PCC Representative  
Dr Mary Ann Mahadevan, Education Representative  
Dr Beth Goundry, SAS Progression Link  
Dr Rebecca Maiti, Committee Member  
Dr Jim Burtonwood, Committee Member (sabbatical)  
Dr Helen Bonwick, Ex-Officio  
Dr Esraa Sulaivany, Ex-Officio

Committee work:

- *Supporting SAS and Hospice Doctors*
  - A webinar introducing the Framework for Specialist Progression included a section on the work of the committee and interaction with attendees about their needs, complemented by a questionnaire distributed through various local networks in advance.
  - We have agreed that it would be helpful to understand more about the numbers, grades and needs of both APM and potential APM members within the SAS workforce, with the first step requesting changes to data collection at membership commencement and renewal, and via the Specialty Advisory Committee
  - We are keen to engage with any developing APM communication strategies around engagement and networking with members
  - A steady stream of enquiries about SAS progression and the Portfolio pathway continue to be managed by the Committee, with a session planned for PCC.

- *Education*
  - Webinar as above
  - Involvement in PCC (including marking of student essays)
  - 2025 'hot topics' was well received (facilitated entirely by SAS speakers)
  - 2026's 'oncology' theme is in progress
- *Career Development*
  - Framework for Progression to Specialist has been completed as planned, and shared on the website, webinar, PCC poster and BMJ Blog; next step is seeking RCP approval
  - Similar document on the Specialty Doctor role is planned for 2026
  - Information about Portfolio pathway numbers is awaited, with numbers anticipated to fall with implementation of new Curriculum for this pathway from October 2025
  - We have SAS representation on the Workforce Committee developing staffing recommendations

**Dr Katie Jerram and Dr Paul Selway**

Joint Chairs of the SAS and Hospice Doctors Committee.

February 2026

## Workforce Committee Report APM AGM 2026

### Membership

Paul Paes	Interim Chair
Laura Kelly	Elected member
Sandra McConnell	Elected member
Benoit Ritzenhaler	Elected member
Emily Holdsworth	Trainee rep transitioning to Elected member role
Milind Arolker	SAC
Katie Jerram	SAS
Yasmin Parkin	Juniors
Usman Waris	Trainees
Aoife Gleeson	Temporary secondment for current project

The Workforce Committee re-formed in October 2025. The remit is to look at all issues in relation to the Palliative Care workforce, but the current focus of the Committee is a single piece of work, to update the APM 2012 commissioning guidance with new workforce planning recommendations.

### Project: Palliative Care workforce planning recommendations 2026

**Aim:** To set out the minimum number of staff required to deliver specialist palliative care services in community and hospital settings

**Objectives:** To deliver the following recommendations:

1. **Number of WTE Specialists (Consultant and Specialist doctors) required per 100,000 population to deliver specialist community and inpatient services**
2. **Number of WTE Specialists required to deliver specialist hospital palliative care services by unit of activity**
3. **WTE for 5 day working, 7 day working and 24 hour advice**
4. **Any adjustments that may be required:** types of hospital, service, geography, deprivation etc.

**Phase 1:** Medical Staff including the training posts needed from Specialty Trainee and Specialty doctors to deliver the appropriate number of Specialists

**Phase 2:** Specialist nursing/ ACP/ middle grade doctors, Occupational Therapy, Pharmacists, Physiotherapists, Social Workers

#### Sources of information

1. **Existing workforce numbers and trends:**
  - a. SAC biannual workforce report on existing numbers
  - b. RCP workforce report
  - c. NACEL data re hospital teams
2. **Comparison with recommendations elsewhere for Palliative Care and other specialties**
3. **Modelling of high performing services and scaling to a population or hospital level**
4. **Identifying patient palliative care needs including predicted growth in needs**

The Committee is looking to produce draft guidelines for Phase 1 by summer 2026 before finalising them and delivering phase 2. That will enable focus on other activities to do with workforce, for example surveys, workforce reports, out of hours work.

This is a newly formed Committee covering an exciting piece of work in an important area for our specialty if we are going to achieve universal palliative care for all patients across the country. We do have vacancies on our committee for elected members. If any members are interested in this area of work, please contact one of the committee or chat at the APM stand. We are also looking to have a new Chair of the Committee in place by the beginning of 2027.

I would like to thank all the committee members for their ideas and energy- it is a great group to be part of.

Paul Paes

Workforce Committee Interim Chair

## Race Equity Committee Report APM AGM 2026

#### Membership:

- Dr Qamar Abbas – Committee Chair
- Dr Bhajneek Grewal – Committee Vice-Chair
- Dr Jamilla Hussain – Committee Member
- CNS Olajumoke Isaiah – Committee Member
- 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.

#### Status of previous 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.  
**Status:** The survey analysis is now complete and paper is being prepared to submit for publication.

2. Establish and support the running of a Race Equity ECHO, supported by Hospice UK.  
**Status:** Now fully established.
3. Within the capacity of our small committee, work with the Board and other committees on developing their anti-racism strategy.  
**Status:** Ongoing warm partnership with the Trustee developing the EDI strategy.
4. Enhance and consolidate membership of Race Equity Committee.  
**Status:** Committee now fully operational.

The Race Equity Committee is chaired by Prof Qamar Abbas, with Dr Bhajneek Grewal as Vice Chair. We welcomed CNS Olajumoke Isaiah, lead nurse for palliative care in Barts Health Trust. We are grateful for Olajumoke's ongoing input, which goes some way towards broadening the representation of our committee. Her insights will be valuable as we go forwards.

In the last year, significant progress has been made to collate and analyse data from the previous survey performed by the REC looking at racism within palliative care. As we prepare to submit the data, our intention is for this to be published within 2026 and to produce a report for the APM on the survey results.

We continue to work with the APM's new trustee Trudie Roiz de Sa who has been developing the EDI strategy and look forward to continuing to invite her to our committee meetings and working in partnership.

The Race Equity ECHOs are now established and running several times a year. The ECHO network has held a mixture of events; some with external speakers including healthcare professionals, authors, and those in positions of leadership, as well as targeted events relating to current affairs which impact staff within palliative care. This included providing a sphere of support regarding the TIA Bill which, if passed, will have a significant impact upon minoritised staff and service users.

Our committee has been engaging with both the GMC and NMC to obtain data pertaining to the ethnic makeup of palliative care staff. This revealed a diversity gap between palliative care and other similar specialties in the UK. We will continue to engage with the APM Executive and Council on this.

We will continue to review our membership in the event of future vacancies and would like to encourage members from all disciplines within palliative care to engage with our work.

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 2026

# APM Research and Ethics Committee

## APM AGM 2026

Report: Dr Andrew Thorns

### Committee changes

It has been a great honour and pleasure to take over the chair role of this committee. Great thanks go to Rosie Bronnert who has led the committee so well over her term. We will miss both Rosie and Matt Dore who both remit their places later this year.

We are advertising for replacements please do get in touch. It is a fascinating combination with research and ethical responsibilities. You do not have to be an expert in both.

It is great to have representation from the trainee and junior committees. We were joined over the past year by Elisha de-Alker to represent the juniors.

### Current membership

<b>Chair</b>	<b>Andrew Thorns</b>	<b>Core</b>
<b>Member</b>	Rosie Bronnert	Core
<b>Member</b>	Matthew Dore	Core
<b>Member</b>	Rachel McDonald	Core
<b>Member</b>	Gilli Erez	Core
<b>Member</b>	Katie Frew	Core
<b>Member</b>	Donna Wakefield	Core
<b>Member</b>		
<b>Ex-officio members</b>	Rachel Davies	Trainee Representative
<b>Ex-officio members</b>	Elisha De-Alker	Junior Research Coordinator

### Ethics

#### - Assisted Dying

Assisted dying legislation could change our practice significantly and have an influence on us as a society. It is justified therefore that it has occupied much time for the committee and even more so for the APM executive.

#### - Terminally Ill Adults (End of Life) Bill 2024-2025

The introduction of the Terminally Ill Adults (End of Life) bill by Kim Leadbeater as a private members Bill remains under scrutiny in the House of Lords. It has been the subject of much media attention and political speculation. Partly because of the bill itself but also because of the potential role of the House of Lords in preventing progress of the legislation

The bill needs to be back in the House of Commons before the end of this parliamentary session for it to progress

#### - Assisted Dying for Terminally Ill Adults (Scotland) Bill

Known as the MacArthur Bill, at the time of writing, is also under further scrutiny before going back to a parliamentary vote. There are concerns raised that some aspects of the bill are under the control of the Westminster parliament.

- **Assisted dying in the rest of the UK and Ireland**

Legislation remains in development in Jersey and the Isle of Man. There is no planned legislation in Northern Ireland but there are plans in the Republic.

- **Response from the APM**

There have been many evenings and weekends spent going through extensive documents and providing accurate information to those responsible for the bill. The responses and mythbuster document are available on the website. The R&E committee have contributed to the APM response through discussion, formulation of written evidence and supported and contributed to the webinars. I was influenced by the feedback from Tom Osborne of his experience in Australia.

As chair I have undertaken media training to help support the exec.

- **APM Ethics Course**

This continues to run with the latest course in January 2026

- **Position statements and Resources**

Whilst assisted dying has drawn most of our attention this we are conscious not to lose sight of other ethical issues which face us in our clinical work. All position statements are available on the website. Over the coming year, the Research and Ethics Committee plan to look at position statements and resources that will be helpful to the membership. If there are topics that members believe will be helpful do get in touch

- **Contribution to the Palliative Care Congress**

The committee look forward to welcoming Professor Sabena Jameel to the congress for her talk on Evidence Based Practical Wisdom in the context of Palliative care

We also have an ethics free paper session which we are looking forward to.

## **Research**

- **Survey requests**

All survey requests come through the committee to ensure proper scrutiny and that members time is not unduly taken up on irrelevant work. We are grateful to the membership for supporting these surveys which contribute to our evidence base.

- **Research resources**

We have reflected on our role in research and have concluded the answer to this is

- Holding an up to date research directory and signposting members to colleagues, resources, organisations, events and open calls for research participation to improve research involvement

We aim to produce these resources over the coming months and if members are after advice on how to get started in research do get in touch

- **Collaboration**

The increasing focus on research in palliative medicine is great to see. There are a number of opportunities in place and we are working closely with the Palliative Care Research Society and the Palliative and End of Life Care Incubator.

- **In summary**

This coming year is going to potentially be one with a number of challenges for us. Whatever the outcome of the assisted dying legislation we as a specialty need to keep working together for the benefit of our patients.

This article in the Christmas BMJ is worth reading on the risks of polarisation

## ESSAY

### Polarisation in medicine: how can we better engage with people who disagree with us?

Silos have formed in a range of debates in medicine. We need to work together to move beyond this polarisation, writes **Elsbeth Davies**

Elsbeth Davies *senior researcher*

#### Biography

Elsbeth Davies is a senior researcher at the University of Oxford in the Nuffield Department of Primary Care Health Sciences. She is an anthropologist by background, and her research focuses on how knowledge becomes fact in medicine. For the past five years she has been studying debates about early detection of cancer, conducting fieldwork at conferences and in seminars, patient support groups, and NHS clinics.

the idea that diseases develop through linear stages and that intervening earlier in this trajectory—perhaps when the patient has no or minimal symptoms—improves outcomes.

The argument for the benefits of early detection is not uncontroversial. Since the second half of the 20th century, academics and healthcare professionals have debated the virtues of prompt intervention. In the field of cancer detection, for example, scholars have used the notion of “guardianship” to describe

And it was worth being aware of the EAPC taskforce examining the role of palliative care professionals in assisted dying

**Role of palliative care professionals caring for patients and families seeking and accessing assisted dying**

[Members](#) [Contact the Task Force](#)

**Background**

Assisted dying is increasingly taking place within palliative care settings in jurisdictions where it is permitted. Even in countries where assisted dying is not legal, palliative care professionals may still care for patients who express interest in it—particularly as laws evolve and patients travel abroad to access such services.

Emerging evidence shows that palliative care professionals are already involved in various aspects of assisted dying. These roles include supporting patients and families during decision-making whether they as health care professionals are willing to be involved in other aspects of assisted dying, participating in clinical assessments where required by law, and ensuring continuity and quality of care throughout the process.

**Group Chairs**

**Claudia Gamondi**  
Switzerland

**Nancy Preston**  
United Kingdom

We will keep you informed as the year goes on.

Andrew Thorns  
andrew.thorns@pilgrimshospices.org

## Communications Committee Report APM AGM 2026

Prof Ollie Minton chair (now demitted)  
Prof Mark Taubert – also EAPC VP and communications link  
Dr Lizzie Dennis – co- opted from the juniors committee

– tasked with

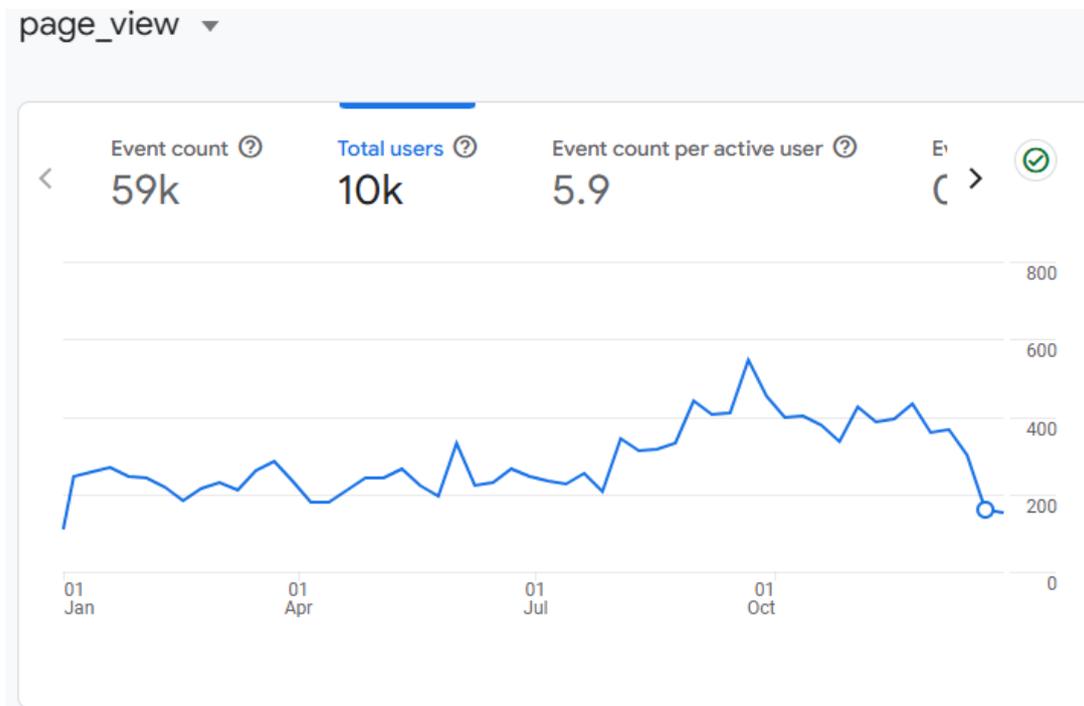
- developing overarching communications priorities and strategy
- tactical planning and implementation of campaigns and related communications activities
- evaluation and reporting on outputs and outcomes of these activities

Our main focus of 2025 was the continued development & usability of the new website & subsequent adjustments and promotion of events and links to the PCF and BMJ supportive care.

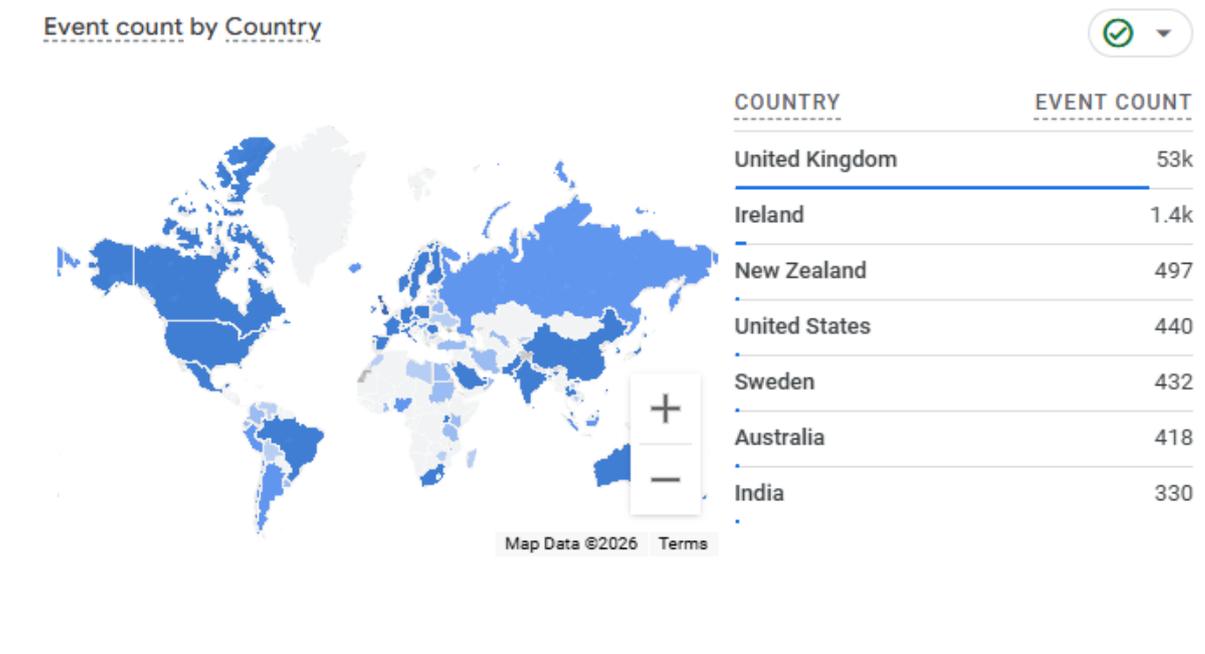
We are active on social media and growing numbers of followers (circa 6100 followers on X) and promoting events across all platforms cross linking with conferences – PCC and EAPC congress  
 We have also been helping to promote E ELCA learning and APM junior events  
 We will continue to explore how best to disseminate information and monitor the use of the new website and associated statistics.

**January 2025 – December 2025 website stats:**

- 59k page hits from a total of 10k individual visitors to the site



**Page views by location:**



We will also now be looking for new members / roles within the APM as the committee develops under a new leadership and president.

## EDI Committee Report APM AGM 2026

Committee member	Role	Max term
Dr Esraa Sulaivany	Chair	3 years (November 2022 - March 2026)
Dr Fran Hakkak	Elected Member	4 years (March 2023-March 2027)
Dr Jessica Lee	Elected Member	4 Years (March 2023 -March 2027)
Dr Desi Karakitsiou	Elected Member	4 Years (March 2023 -March 2027)
Dr Serena Chew	Elected Member	4 Years (November 2025 -November 2029)
Dr Sarah De Vos	Elected Member	4 Years (November 2025 -November 2029)
Trudie Roiz De Sa	APM EDI Trustee	3 years (Oct 24 – Oct-27)

The EDI committee, formed in 2023, is a standing committee of the Board of the Association of Palliative Medicine (APM). Its purpose is to ensure the APM fosters an inclusive, equitable, and diverse community that supports its members, enhances patient care, and addresses barriers to access in palliative care. The committee provides high-level strategic oversight and direction to the EDI work of the APM. There are currently five main objectives:

- 1.Highlight the importance of EDI in improving patient outcomes and member engagement.
- 2.Embed EDI into the APM’s governance structures to ensure inclusive decision-making and accountability.
3. Equip members with the knowledge and tools to provide inclusive, culturally competent care.
4. Enhance diversity in the palliative care workforce and member engagement by addressing systemic barriers.
5. Address inequities in palliative care access and quality, improving outcomes for all patient groups.

### **Membership and activities:**

- **Committee membership** is now at 7 members including the chair: we feel this is great and allowing the committee to develop and action the strategic objective
- The committee is well supported by the APM board EDI trustee who have been great in guiding further development of the EDI strategy
- **Chair/co-chair:** The committee chair term is coming to an end in March 2026 The committee discussed the opportunity to elect a chair/co -chair with expression of interest been opened to all current members, this will allow flexibility and continuity to lead on committee activities. The committee will approach the board for the appointment of the future chair.
- **APM strategy and EDI Integration:** The committee worked closely with the board and the EDI objective is now embedded within the overall APM strategy.
- **Committee website:** The committee worked with the APM office and updated the committee website page
- **PCC organising committee:** The committee had representation on the PCC organising committee and ensured that EDI badged session is embedded into the programme
- **Collaborative working with REC:** both committees is trying to support the development of joint working approach through initial representation of the chairs at each committee meeting and supporting national headline responses
- **BMJ supportive care BLOG:** The committee are planning to submit a blog to the BMJSPC to highlight the rapidly evolving healthcare system and strategies for embedding inclusion within this changing landscape.

Dr Esraa Sulaivany  
EDI committee chair  
Feb 2026

## Clinical Quality Committee Report APM AGM 2026

### Guidelines:

We supported the 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); and developed the APM SOP for badging and endorsing events, policy and guidelines. Some guidelines are now 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 accepted for publication by the 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.

### Assisted dying:

We have considered providing a rich and robust resource base comprising evidence-based literature.

Dr Eburn Abarshi  
Clin Quality Cttee Chair.  
February 2026

## Education and Training Committee Report APM AGM 2026

### Membership

Post	Current postholder	Term expires	Comments
Chair/ Elected member 1	Suzie Gillon	Dec 2026 as Chair 2027 committee member	
Deputy chair/ elected member 2	Wendy Prentice	June 2027	
Elected member 3	Anna Bradley	June 2029	
Elected member 4	Felicity Dewhurst	June 2027	
Elected member 5	Iain Murphy	November 2029	

Elected member 6	Lucy Ison	November 2029	
Elected member 7	Rosanna Hill	November 2028	
Elected member 8	Alice Pullinger	October 2028	Term extended to reflect ML
<i>SAC Rep</i>	<i>Fiona Wiseman</i>		
<i>SAS Rep</i>	<i>Mary Ann Mahadevan</i>		
<i>Juniors Rep</i>	<i>Yasmin Parkin</i>		
<i>Trainees Rep</i>	<i>Sophia Ellis</i>		
<i>PCC Rep</i>	<i>Elected member (currently FD)</i>		
<i>e-ELCA Rep</i>	<i>Natasha Wiggins</i>		
<i>APM Secretary</i>	<i>Matt Dore</i>		
<i>UG SIF Rep</i>	<i>Geoff Wells</i>		

The following have stepped down in 2025:  
Mary Miller, Paul Paes, Jean Potter, Amy Hawkins

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 2025

In 2025 the Committee continued a full programme of events, designed to appeal to the educational needs of all members and to build on the most successful events of previous years. Continuing forward the programme's aim remains to balance the accessibility and reach of virtual events with the opportunity to connect with colleagues through face to face events.

Key activities in 2025:

- Full transfer of educational content and resource to the APM website, including the review of content and placement, to ensure ease of accessibility for members. The APM Education Hub website was then subsequently shut down.
- Successful programme of events including:

- Programme of monthly webinars, free to APM members and designed to reach across all membership levels
- Launch of the Clinical Updates Series, a highly successful series of virtual study afternoons
- Trainees Management Workshop, successfully run virtually for the first time
- Continuation of the Senior Clinicians Development Series, again run in London and well received.
- Undergraduate SIF Conference successfully run for the first time after formally joining the Committee umbrella.

Plans and priorities for 2026:

- Run the popular Monthly Webinar Series again, throughout 2026, excepting January and August this year
- The Trainees Committee is to host a webinar aimed at preparing candidates for their first role as consultant – if successful, likely to be run every 18 months to 2 years
- Host a second Clinical Updates Series, again virtually, through May and June
- Hold a third Senior Clinicians Development Series Study Day. This is to be held in Leeds rather than London. Senior Clinicians complementary webinars will also be held, as part of the Monthly Webinar Series.
- Full programme of events, listed below.
- Set up a Padlet as a repository to share useful resources
- Induct and fully integrate all new committee members with a view to succession planning for Chair role

#### 4. APM Study Days and Conferences 2025-2026

Event	Date/s	Type	CPD Approval
<b>2025</b>			
Assisted Dying Webinar	January	Virtual	n/a
Palliative Care Congress	20-21 March	In-person	13 credits
Monthly Webinar: PME SIF	2 April	Virtual	n/a
Monthly Webinar: Senior Clinicians	1 May	Virtual	n/a
Clinical Updates Series	7,22 May & 4 June	Virtual	9 credits
Monthly Webinar: Trainees	3 June	Virtual	n/a
Monthly Webinar: Senior Clinicians	2 July	Virtual	n/a
Management Workshop	8 July	Virtual	6 credits
Monthly Webinar: Juniors	2 September	Virtual	n/a
Assisted Dying Webinar - Scotland	16 September	Virtual	n/a
Assisted Dying Webinar – England and Wales	25 September	Virtual	n/a
Juniors Conference: Imagining Tomorrow	28 September	Virtual	6 credits
Monthly Webinar: PME SIF	1 October	Virtual	n/a
Senior Clinicians Development Series No 2	10 October	In-person	5 credits
Monthly Webinar: Senior Clinicians	4 November	Virtual	n/a
Annual Conference: UME SIF	6 November	In-person	4 credits
Trainees Palliative Medicine Starter Kit Webinar	18 November	Virtual	n/a
Monthly Webinar: SAS & Hospice Doctors	4 December	Virtual	n/a
<b>2026</b>			
Ethics Course	January	Virtual	8 credits
Monthly Webinar: The Board	3 February	Virtual	n/a
Palliative Care Congress	20-21 March	In-person	11 credits
Preparing to be a Consultant Webinar	15 April	Virtual	TBC

Monthly Webinar Series	Apr, May, Jun, Jul, Sep, Oct, Nov & Dec	Virtual	n/a
Juniors Symptom Control Mini Series	April and May	Virtual	TBC
Clinical Updates Series No 2	May / June	Virtual	TBC
Senior Clinicians Development Series – No 3	2 October	In-person	TBC
UME SIF Annual Conference	22 October	In-person	TBC

### Acknowledgements

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

**Dr Suzie Gillon**

Education & Training Committee Chair

February 2026

## e-ELCA Report APM AGM 2026

### Introduction:

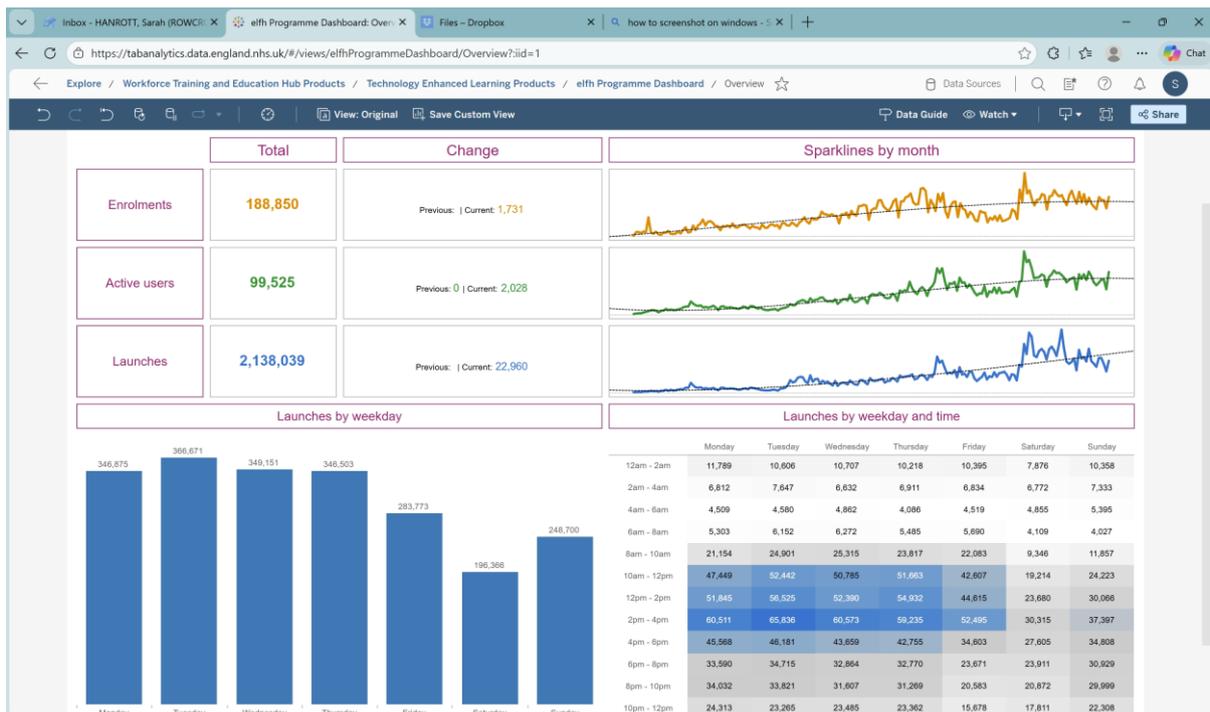
e-ELCA work has been steady throughout the year – we have continued to focus on how to make the site as simple and easily navigable as possible. There have been no new sessions this year.

We have focused on ensuring content is reviewed and up to date so that when the migration of e-ELCA to the NHS Learning Hub occurs the content will not need to be updated again for some time.

We also have merged several sessions in alignment of our plan last year to ensure minimal duplication without losing content and to make the programme more ‘slimline’ and easier to navigate. At time of writing we have merged 4 pairs of sessions and in the process of merging another two.

Usage data (incomplete):

Total launches – 2,138,039 (up 206,316 from last report)



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

Due to Learning designer time constraints and the need to focus on existing content, we have not launched any new content this year.

### **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.

We have updated the target of 30 sessions and we have five more pending for next 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 Palliative Care Congress in March 2025.
- 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.
  - I have been involved in the SUPPORTED study at the University of Hull – this is research and development of training resources of homecare workers and managers and I hope to develop a session linking to these resources as the research team are keen for the resources to be widely available for the carer workforce.

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

We have learnt that migration to the NHS Learning Hub is imminent – there is some technical adjustments being made to ensure that the Learning Paths facility in e-ELCA is preserved once migration occurred.

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) and I have been repeatedly assured that this is the case.

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

Learning paths are already in place for e-ELCA, designed to help navigation of the programme. 68% of all session launches are via learning paths.

### **6. RCP approval for use for CPD points.**

We have renewed the application for approval for e-ELCA sessions to be recognised as CPD points.

### **7. 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 – however this was last held in June 2025 (due to programme and project lead illness)

e-Integrity host a twice yearly content provider group (CPG) meeting which I try to attend. We have received £1646.87 in revenue from e-Integrity income from e-ELCA this year.

My four year tenure as Clinical Lead for e-ELCA is coming to an end this year – I have enjoyed the role immensely and will miss it! All the very best wishes to Natasha Wiggins who will be taking over the reins.

Thank you for your help and support throughout the year – 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 2026

## Transition and Young Adult Special Interest Forum Report APM AGM 2026

This group was originally set up to improve care 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 and connections

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 45 members from all regions of UK and Ireland. New members are always welcome.

The SIF lead attends the APPM exec meetings (6/yr) and presents to the APM council meeting (2/yr). The SIF have also been happy to provide a Transition/Young adult perspective to national palliative and end of life consultations.

### Activity

We continue to value the group's core role in providing peer support for clinicians working with young adults with complex conditions through quarterly online meetings. Recognising the risk of professional isolation, our meetings include time for learning through case discussions.

We continue to support SIF members as they work to influence wider strategic developments to improve transition in their regions and nationally. Examples include:

- creating multispecialty MDTs for young adults with complex conditions
- working with paediatric and adult critical care teams to include palliative care and advance care planning in their transition plans
- developing resources on the mental capacity act and decision-making for paediatricians
- supporting research to optimise transition from children's hospice care.

### Looking forward

We see a key future role for our SIF in supporting palliative care clinicians who are not used to working with young adults with complex and life-limiting conditions. Many such young adults face deteriorating health in the years following transition and need support and advice from adult palliative care teams, yet their conditions and symptoms are unfamiliar to adult-trained clinicians. We are looking at sustainable ways to provide education and resources to improve clinical knowledge and confidence for people working with these young adults.

The Hospice UK Transitions team are putting on a Transition conference in September 2026. The SIF have been invited to develop part of this programme for clinicians. Sessions will include management of symptoms in childhood neurodisability, realistic treatment escalation and advance care planning for adult settings, and prescribing challenges in young adults with complex conditions. We will share more information via APM nearer the time.

Dr Jo Elverson  
Transition and Young Adult SIF lead  
February 2026

# Undergraduate Medical Education Special Interest Forum Report.

## APM AGM 2026

**Co-Chairs: Prof Stephen Barclay (Cambridge), Prof John Ellershaw (Liverpool), Dr Geoffrey Wells (Brighton & Sussex), Dr Jean Potter (Brunel) & Prof Paul Paes (Newcastle)**

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

The 2025 SIF annual meeting was held at the Royal Society of Medicine, London, on 6<sup>th</sup> November 2025, chaired by Dr Geoffrey Wells.

#### **“Undergraduate Medical Education in Palliative Care: Addressing New Challenges”**

The programme can be found at <https://apmonline.org/undergraduate-medical-education-sif/>

Professor Juliet Wright, Founding Dean of Surrey Medical School delivered the first of two keynote addresses on “Developing palliative medicine within new medical school curricula”

Dr Annabel Price, Consultant Liaison Psychiatrist and Lead for the assisted dying working group at the Royal College of Psychiatrists delivered the second keynote address “Physician Assisted Suicide – Considerations and challenges for undergraduate education”.

These were followed by six oral delegate presentations and subsequent round table discussions sharing research, innovation and best practice in medical education.

The afternoon consisted of further round table discussions focussing on new medical school curricula, assisted suicide in undergraduate education, simulation, research and measurement in palliative care education, gamification in palliative medicine education, and MLA AKT question writing.

Posters were also displayed for viewing throughout the day.

The final part of the day was dedicated to updates for the SIF workstreams.

The day reached a maximum capacity of 60 delegates, and feedback has been overwhelmingly positive. The re-introduction of a London venue was warmly welcomed.

The 2026 SIF annual meeting will be held on Thursday 22<sup>nd</sup> October at The Spine, Liverpool. Details will be circulated to SIF members and shared in the APM newsletter in due course.

### **2. Administration and website management: Dovetail**

The SIF membership list, website and conference organisation were successfully transitioned across to Dovetail in 2025, in keeping with other APM SIFs.

### **3. SIF leadership**

We are delighted to have 5 colleagues who meet regularly to plan for our events and support project groups: Stephen Barclay (Cambridge), John Ellershaw (Liverpool), Paul Paes (Newcastle), Jean Potter (Brunel) 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)

Single Best Answer question writing for local medical schools and the national MLA AKT exams (Stephen Barclay)

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

Geoffrey Wells

January 2026

## **APM Neuro Special Interest Forum Report APM AGM 2026**

### **Membership**

Membership of the APM NeuroSIF stands at 68, which is stable, and includes representatives of neurology and care of the elderly, as well as palliative care.

### **Role of co-ordinator**

Part of my role as co-ordinator is to pass on items of interest that are sent to me, and over the last year these have included requests for: participation in a research study about the carers of those with MND, a volunteer to join the Services Committee of the MSA Trust, and anyone who has guidance about the discontinuation of Duodopa in dying patients.

In addition, I have been a co-author of two neurology-related guidelines for which I have sought APM endorsement, admittedly one with more direct relevance to palliative care than the other. This is on-going so I will not specify the topics here, but any that the APM do endorse will hopefully appear on the website.

I have also been working with Hospice UK to support their development of palliative care for patients with neurodegenerative conditions, information about which has been circulated to the NeuroSIF membership.

### **Education**

The NeuroSIF is very excited to have set up a webinar, to be held in March 2026, on some of the difficult legal aspects of mental capacity assessments and best interests decisions, in collaboration with the Neurology Academy and the International Neuropalliative Care Society. The speakers are two eminent professors of law, Alex Ruck Keene, KC (Hon), who is also a Court of Protection barrister, and Richard Huxtable, who is professor of ethics and law at the University of Bristol and PI for a large study on best interests (see the advert on the February APM Bulletin for details of the webinar).

We hope this will be the first of two such collaborations, the second is being planned as a face-to-face or hybrid study day in Sheffield, details pending.

Dr Jon Martin  
NeuroSIF Coordinator  
February 2026

## APM Clinical Academic Trainee SIF Report APM AGM 2026

Our special interest forum for palliative medicine academic trainees, and those in other clinical academic roles, started in 2024 and continues to expand and refine its work. The SIF primarily functions as a resource for academic trainees in palliative medicine (academic clinical fellows (ACFs), academic clinical lecturers (ACLs) or equivalent) or clinical trainees undertaking PhDs. We also welcome membership from those who aspire to any of the above roles or who are undertaking other academic work such as masters programmes.

We currently have 25 members in the SIF which is managed by a committee of seven, including three co-leads. The committee represent geographical and career diversity and we recently invited an additional committee member to join us to represent the academic clinical fellow (typically ST1-3) cohort, reflecting this is a significant number of SIF members.

Successes over the past year focus around mentoring and peer support. We were able to include the 2025 recruitment of academic clinical fellows and welcome them to our group prior to commencing their posts, enabling them to meet peers. This is particularly important in such a small field as academic palliative medicine where many individuals won't have anyone else on the same path in their region. We have also offered support to members applying for ACF posts in the 2026 recruitment round and are in the early stages of organising application troubleshooting and support for ACL recruitment. The latter really shows the benefit of our group as there are likely to be 0-3 ACL posts nationally for palliative medicine and our group enables applicants to learn from each other as well as senior academics.

We meet quarterly with committee members alternating to organise and set a topic for the meeting. We have had sessions on research methods, funding opportunities and shared learning from other academic events. Additionally, at the Palliative Care Congress and European Association for Palliative Medicine conference, informal meet ups were arranged with SIF members arranging social events together and supporting each other's presentations which were important both for peer engagement and building confidence in academic presentations

Our plans for the next year are to hold our first in-person meeting and to develop some resources for members, and the wider academic community on topics such as ACF applications and taking first steps into research. We have several committee members also involved in the NIHR palliative medicine research incubator through which we hope the amplify capacity building and expand the voices of academic palliative medics.

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

**Dr Sarah Bowers and Dr Rachel Davies**

Clinical Academic SIF co-leads

January 2026

# APM Public Health Palliative Care SIF Report

## APM AGM 2026

Report to APM board on the public health palliative care special interest forum February 2026

### **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**

- A representative working group that meeting 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 is developing 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.

### **Progress**

- Since February 2025 3 further SIF meetings have been held, in April, July and February 2026

- Representation at the meetings has been variable but each meeting has been very productive in developing a plan.
- In the February 2026 meeting, a format for a public health palliative care roadshow was agreed.
- This will be shown to the APM Executive team on Monday March 9<sup>th</sup> to seek support for further roll out
- The roadshow will be shown at the North East of England Palliative and End of Life Care regional strategy group for further feedback.

#### Outcomes

- Development of a roadshow, consisting of a 21 minute film with PHPC leaders from both within the UK and internationally on how taking a public health approach has both transformed their clinical practice and service delivery. These are critical steps to taking a whole population approach to death, dying, loss and care giving. <https://www.youtube.com/watch?v=jcPi56F6HKM&t=2s>
- The second part of the roadshow is a 15 to 20 minute presentation about why we need to take a PHPC approach, what this consists of and how this is relevant to commissioners and clinicians alike. The final part is an open discussion about what the local relevance and desires are to improve palliative and end of life care.
- The roadshow aims to be used for clinical teams, strategy groups, ICS end of life groups and for meetings between clinicians and communities, in community settings.

The aim of the roadshow is to initiative interests and develop partnerships between clinical teams, strategy groups and communities to take a whole population approach so that no one is unsupported in the experiences of death, dying, loss and care giving.

The SIF would like to garner the support of the APM executive team in rolling out the road show across the UK. We would like the APM to help sponsor events in localities by supporting and recommending groups spend an hour discussing the roadshow. Local people can do the delivery, with a final view of bringing communities and clinical teams together to work on a way forward that is informed by equity and care for all.

## APM Postgraduate Medical Education (PME) SIF Report APM AGM 2026

The PME SIF is now in its fifth year, providing a network for those with an interest in postgraduate palliative medicine education. Dr Alice Pullinger and Dr Rosanna Hill have recently taken over as co-leads from Dr Mary Miller and Dr Suzie Gillon.

Over the last year, the PME SIF has hosted two webinars as part of the APM's education webinar series. In April 2025, we hosted a webinar on postgraduate training matters which included an update on palliative medicine training and a session on the use of games in teaching. In October 2025, a further webinar focussed on mandatory training in palliative care and induction of international medical graduates into the specialty.

In 2026, we plan to continue to contribute to the webinar series with sessions planned in May and October. We are working with the undergraduate SIF to compile useful educational resources into a padlet which will allow easier sharing of postgraduate medical education resources between colleagues.

Dr Alice Pullinger  
Co Chair