Association for Paediatric Palliative Medicine

NEWSLETTER

Spring/Summer 2025

Contents	Page

FROM THE CHAIR

Hello to all,
First up, congratulations to Dr Laura Nohavicka and Dr Christine Mott who are our incumbent co-chairs. The plan is for them to officially take the reins after the November APPM conference. We have started meeting monthly to ensure a successful and safe transition period. Laura and Christine both bring their own skills and talents – the future of the APPM is very bright in their safe and capable hands.

There has been a lot going on over the past 6 months for our speciality. The Health and Social Care Committee for UK Parliament led a commission on Palliative and End of life care (https://palliativecarecommission.uk). The paediatric aspect, as always, was very limited despite our recommendations and input. I have placed my oral presentation in the newsletter for your perusal (see page 4). I raised concerns early on to the committee regarding the limited representation of paediatric clinicians on their committee and was saddened to see that my concerns were confirmed when the report landed. My only hope is that the report is meant for all rather than just adults and that we should interpret the recommendations as such.

Since this will be my last newsletter as Chair, I guess I get to offer some non-wisdom reflections…bear with me:

- Persistence and determination are keys that can unlock anything
- 'Mishaps are like knives, they either serve us or cut us, as we grasp them by the blade or by the handle' (Melville)
- It is not 'work-life balance' but 'alternative balance'- bring joy and happiness into your working day. Pepper things you love to do throughout your working week.

Thank you to all the wonderful Executive Committee members I have worked with over the years. A special thanks to Anton our Vice-Chair who has always offered support and encouragement and to Emily H for always stepping in to help and offer a friendly hand. Most importantly to all the APPM members, it is your commitment and dedication to the field that drives the APPM forward. My very best thoughts and wishes to you all for the future.
I am now off to do an apprenticeship… always time to learn a new trade.

INTRODUCING YOUR INCOMING CO-CHAIRS

After the 2025 AGM, the APPM Chair will change as Dr AK Anderson comes to the end of her tenure. We will be summing up the changes and many achievements that have taken place in the APPM since AK took office in the next Newsletter after the AGM, but in the meantime, following a vote by the APPM Executive, we are delighted to announce that Dr Christine Mott, Consultant in Paediatric Palliative Medicine at Birmingham Children's Hospital and Acorns Children's Hospice, and Dr Laura Nohavicka, Consultant in Paediatric Palliative Medicine at Helen & Douglas House Hospice, Oxford, will be taking over as Co-Chairs with effect from 15 November 2025. Here is a little bit of information about them both:

I'm Christine and I'm a dual trained general paediatrician and paediatric palliative medicine consultant, although it definitely has been a long time since I've done any real General Paediatrics! I'm based in Birmingham, working at Birmingham Children's Hospital and Acorns Children's Hospice.

I'm excited/apprehensive coming in as the next chair for APPM, after watching AK do the job with such calm and grace over the years. Luckily, I'll have my friend and colleague, Laura, sharing the job with me, and hope to move APPM forwards with more recognition as a peak society and more membership engagement. I'm passionate about equality of access to best practice paediatric palliative care and about working as a multi-disciplinary team towards this. I'd like to encourage every member of APPM to think about how the organisation can help them, and also how they can help APPM - provide feedback, join a special interest group, or even pitch a new one! I'll be aiming to be approachable and responsive, and to maintain some balance by continuing as surely the most frequent user of English Heritage and National Trust memberships. When people ask why I moved to the UK from Australia these memberships feature highly, in addition to having seasons and easy access to Europe!

I'm Laura and I am a paediatric palliative medicine consultant working in Oxford. I completed my training in Oxford and Great Ormond Street. I have had previous roles on the APPM Executive Team as Trainee Rep and later as Education Lead and was involved in the establishment of the trainee teaching programme for GRID and SPIN trainees and the Opioid Education Programme.

I am working on improving the transition service in our region, developing an education programme in conjunction with colleagues and trialling acuity tools support referral on to other services.

I am very much looking forward to continuing the great work AK has been doing, building on the success of the guidelines, national and international education work, and working with the Executive Team and members to develop the strategy.

Outside of medicine I enjoy climbing fells and am attempting to develop my yoga skills, although flexibility and balance remain a challenge!

Early bird discount ends 31 July

Come and join us at the APPM Conference on 13 and 14 November 2025 at the Birmingham Hilton Metropole. We are delighted to say that our ticket prices remain the same as last year.

From clinical innovations to ethical dilemmas, from systems of care to the emotional weight of our work, we have curated a programme that is not only thought-provoking but also grounded in real-world experience and compassion.

Day 1 focusses on perinatal palliative care and Day 2 focusses on oncology and paediatric palliative care. The most up to date version of the programme is available here. Please note that this is not the final version and changes may be made between now and the Conference.

INVITATION TO SUBMIT ABSTRACTS - CLOSING DATE 31 JULY 2025

We invite you to submit abstracts in line with these topics to enable you to share your ideas, innovations, research results or service developments. To obtain an "Invitation to Submit" click here and an application form is available here. The closing date for applications will be **31 July 2025** and applicants will be notified at the beginning of September.

Oral presentation for the Palliative and End of Life Commission April 2025

I am Dr Anna-Karenia Anderson, a Consultant in Paediatric Palliative Medicine working at the Royal Marsden Hospital and the Medical Director of Shooting Star Children's Hospices. I am the current chair of the Association for Paediatric Palliative Medicine - the national association for health care professionals working with children with palliative care needs.

Initially paediatric palliative care, as a specialty, mushroomed out of a locally recognized need for Palliative and End of Life Care for children and young people with life limiting conditions, often cobbled together by invested hospital trusts and charities. This has led to pockets of exceptional care with examples of effective pathways and collaborative partnerships between the NHS, Social Care and the charity sectors. However, it also highlights the inequitable and varied services available without well-described service models, networks, comparable service data or benchmarking across England.

This inequity is more concerning, knowing the number of children in England with life-limiting conditions is increasing - 33,000 in 2001 to over 86,000 in 2018. The prevalence of children with life limiting conditions in England has increased for the same period from 26.7 per 10,000 to 66.4 per 10,000. With estimated prevalence to rise to 84 children per 10,000 by 2030. Not only are the numbers rising, but our patients are also living longer with increasingly complex care being delivered in the community at home by parents and health and social care professionals. This continual growth in numbers and complexity of children outpaces the current resources required to deliver this care. This is both in terms of a skilled and trained workforce and funded services.

Funding and service provision guidance to ICB, networks and systems is vague at best. Comparable data and bench marking for services are required to better understand patient and service needs. Any NHS funded service should be categorized based on the services they can provide (including specialist paediatric palliative care and hospice services), providing reassurance to ICBs, healthcare professional and families. There are examples in other paediatric specialties of this, include neonatal and oncology shared care units. Additionally, there is a need for clarity related to what is within the NHS service offer compared to a charitable offer.

When reviewing place of death data, most children are still dying in hospital, often receiving complex care in the community and bouncing into hospital during acute episodes of ill-health. This requires a flexible workforce moving between care settings. There is a huge shortage of 24/7 community nursing services and patchy limited access to specialist teams where only a few provide 24/7 support.

When we are considering an approach to care, clinical leaders should be allowed dedicated time to ensure that a network of care across systems is delivered. Recognising key transition pinch points in care: perinatal, postnatal and young person transition and navigation of the complex juxtapose, of increased care needed in the community with most deaths occurring in hospital. This requires innovative channelling of resources.

There is now recognized formal training for doctors and competency pathways for nurses, but further training posts need to be made available and recognition of Allied Health Professional roles eg pharmacist in paediatric palliative care. Research should be embedded in all services.

Paediatric palliative care is different to adult palliative care, the medical conditions are different, the complexity is different - our patients are often living many years with complex symptomology and recurrent life-threatening episodes. Currently there are 30 WTE specialist PPC Consultants across the UK meaning that there is only 1 consultant for every 2500 children with LLC: compare this to a GP catchment 1 in 1800 for an entire population.

Despite all these issues paediatric palliative care in England is considered a leading international light. Providing clinical leadership in advance care plans, the creation of an internationally recognized PPC medicine formulary and evidence-based topic specific guidelines. All produced by healthcare professionals coming together, working above and beyond to promote and ensure high quality care for all children. How we deliver care, how we respond to managing a child with pain and suffering is observed and mirrored internationally. We set the standard and expectations of care for babies, children and young people with palliative care needs.

On a professional level, I want to commend the hard work and dedication of all healthcare professionals for their commitment to PPC. It is not easy but highly rewarding work.

I want to end with four key recommendations:

1. Equitable access to paediatric palliative care services across all care settings in England.
2. Formal recognition of the need for clinical leadership across managed clinical networks, empowering a multi-disciplinary, highly skilled workforce, working in a flexible dynamic service mode, delivered across care boundaries and settings, working in collaborative partnerships including health, social, charity and voluntary sectors.
3. Ensuring consistent comparable data is used to informed and support high quality care and services.
4. Services are well described and categorized to inform families, professionals and commissioners of the types of care being offered and delivered.

In England	2001-2002	2017-2018	Predicted 2030
Number of children with life-limiting or life-threatening conditions	33,000	86,000	
The prevalence of children with life-limiting conditions aged 0 -19 years	26.7 per 10,000	66.4 per 10,000	84 per 10,000
Number of children with life-limiting conditions with prolonged hospital stays (>28days)	2482	3538	

Reflected in the rising prolonged hospital stay numbers (>28days) from 2500 in 2001 to 3500 in 2018. 11.7m children <16 in 67m. Adult pal care 0.3 Paed 0.06

Dr A K Anderson
Consultant in Paediatric Palliative Medicine, Royal Marsden Hospital
Medical Director, Shooting Star Children's Hospices
Chair of Association for Paediatric Palliative Medicine

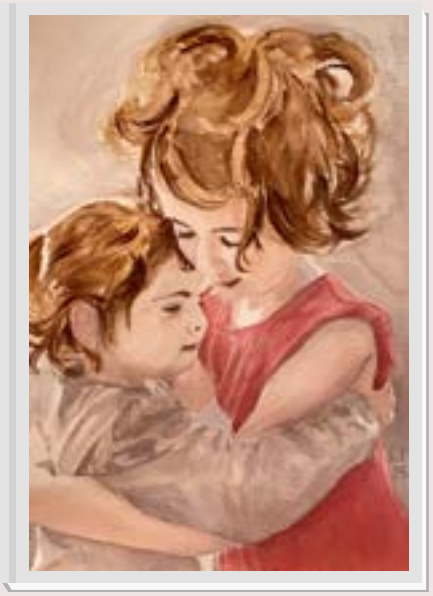
APPM PPI Network

Please share the following with anyone who you think may be interested in being involved with the new APPM Patient and Public Involvement Network.

We are looking for:

- Children and young people with palliative care needs
- Parents and carers of those with palliative care needs (including those who have been bereaved)

to join the new APPM Patient and Public Involvement (PPI) Network.



We are hoping to gather a wide range of contributors from a wide range of backgrounds, who will have the opportunity to contribute to the work of the APPM. By expressing your interest and sharing your email address with us, you are consenting to be added to our mailing list. We will contact you to share opportunities to contribute your experiences and views. You will be under no obligation to reply unless you want to!

If you or someone you know would like to be involved, please email admin@appm.org.uk.

If you have any questions, please email csprinz@helenanddouglas.org.uk.
We look forward to hearing from you, and working with you!
Emily Tammam and Caroline Sprinz (PPI co-leads)

Join the meeting now

18th June 2025
1300-1430

The Southeast PPI group present

Perinatal Palliative Care: no longer in its infancy

Via Teams. Session to include parent stories, projects from healthcare professionals and facilitated Q&A

Scan QR code to add to your calendar or email england.peolc-se@nhs.net

Child and Young Person's Advance Care Plan

The Child and Young Person Advance Care Plan (CYPACP) Collaborative continue to strive toward a central resource for all things Advance Care Planning (in Children and Young People).
As you may be aware a new version of the CYPACP came out in July 2023, alongside a guidance document. Since then, our focus has been on trying to improve the educational resources available.

Some of our documents produced to date (all available on the website www.cypacp.uk) include:

- 'Top Ten Tips' documents
- 'At a Glance' documents
- 'Modified Resuscitation' - in particular support for young adults (document produced in collaboration with Resus UK (ReSPECT))
- Various 'example' Advance Care Plans

Additionally, we wanted to update people on some of the current projects ongoing (at various stages), including fact sheets / help on:

- Spiritual wishes
- MCA/DOLs (also part of a APPM subgroup – not just CYPACP)
- Organ donation / Post-mortem
- Information on Advance Care Planning for Schools
- 'Train the trainers' package – standardised training
- Additional Example ACP's (some already available on the website)
- How to discuss SUDIC / Medical Examiner – wording can put in ACP's

It is also hoped there will be a national E-Learning for Health package on advance care planning in the not too distant future. We are also pleased to mention that as well as having a chapter on Advance Care Planning in the latest APLS (Advance Paediatric Life Support) handbook, we hope that a scenario will shortly include an Advance Care Plan to help recognise their importance in resuscitation attempts and that it may not always be appropriate to complete 'Full' resuscitation. We continue to work closely with the Resuscitation Council UK feeding into the ReSPECT process.

We always welcome any views on areas where you feel further educational priorities should be made. Likewise, if there are existing documents /guidance which we could include on our website please do get in touch (admin@appm.org.uk).
Please also note that we welcome anyone who would like to be a part of our collaborative and contribute to future projects.
Finally, if the area within which you work are considering using the CYPACP we would always be happy to discuss this as we really see value in standardisation across the UK.

Ross Smith & Helen Bennett - Co-Leads of the CYPACP Collaborative

Research

The NIHR have recently funded an incubator for developing research palliative care, led by Professor Christina Faull and Professor Candy McCabe. There will be a children's palliative care sub-group which will also focus on capacity building across all clinical specialties.

If you would like to be part of this group please email lorna.fraser@kcl.ac.uk and Emily.harrop1@nhs.net identifying as one of two groups below:

1. Early and mid-career researchers from all health (medicine, nursing, allied health, psychology, pharmacy, paramedic), social care, and applied health researchers interested in paediatric palliative care
2. More senior members of the group may volunteer to contribute to a session or mentorship for PhD and postdoctoral fellowship applications.

Read more about the incubator here: https://arc-sl.nihr.ac.uk/events-training/events-training/webinar-building-capacity-palliative-and-end-life-research

Professor Lorna Fraser and Dr Emily Harrop

If you are interested in joining the National Joint Research Group, please contact admin@appm.org.uk


BEACON
UNIVERSITY OF Southampton
HELP US UNDERSTAND PAEDIATRIC BREAKTHROUGH PAIN
Your experience matters
Who can participate?
Parents and carers of children and young people aged 3-months to 25-years with a serious condition or illness, using paediatric oncology or palliative care services.
What do I need to do?
We would like to talk to you for 30-60 minutes in person or online and we will give you a £20 voucher as a token of our thanks.
Your insights can help improve breakthrough pain management for others!
Contact us at beacon@soton.ac.uk

PPCEducate

It has been nearly a year since we launched PPCEducate. I'd like to thank all members of the South of England PPC Education Network for your continued enthusiasm, generosity of time, putting up with 'the tech' (only a few mishaps so far) and getting our message out there... we now have over 200 people on our dedicated space! Why not consider joining, to get the quarterly education newsletter, a chance to advertise your own events and connect with others who are educating across the region. We may even need to consider a network name change, as we accept those interested from the North, East and West too...

Specific gold stars for effort go to those who came to our inaugural F2F development and networking event, and module leads, for those launched and in development – Tamara, Helen, Laura (for not one, but 3 modules!), Sarah, Ruth, Jane, Paula-Ann & Emily, and John & Carol – and Sue, for managing the many admin queries.

Recent launches include the APPM Ireland Educational Series and the Syringe drivers in Children module. But we are always open to more suggestions... through PPCEducate we can create new independent or blended learning modules to fill the gaps, be the new roof for existing learning/programs, and highlight resources/learning opportunities that are already out there.

And now with the updated RCN Paediatric Palliative Care competencies launched, the next task is to map all existing and future modules, enabling learners to track and evidence competency... just a small task to keep me out of mischief...

Thanks all for the support,
Charlotte

What is available?

Modules currently available	
Opioids in Children with Palliative Care Needs	Blended learning course
Verification of Expected Child Death	Independent learning course
Advance Care Planning in Children	Independent learning course
Transition	Monthly live teaching
Recommended resources	Resource bank
SE PPC Education Network	Network space, newsletter
GRID/SPIN APPM teaching	Resources and live teaching
Just launched Syringe Drivers in Children	Independent learning course
Just launched APPM Ireland Educational series	Bi-monthly live teaching
Modules expected/latter stages of development	
Makaton sign of the week	Resource
Grab & Go worksheets (in testing phase)	Resource for small group work
Education needs for those living with uncertainty	Resource for schools Independent learning for HCP

Modules in scoping/early development	
“Normal dying”	Independent learning
Care of the Child after Death	Independent learning
Bereavement Care	Independent learning
GI Symptoms in PPC	Independent learning
Developing an interest in PPC in the South	Resource
Spiritual needs in PPC	Blended learning
Tone in PPC	Blended learning
Cancer and PPC	Resource

How can I get involved?

- Are you interested in helping to develop one of the modules above?
- Have you identified a learning gap and want to head up a new group?
- Why not highlight some existing resources in the resource bank?
- Receive and share the newsletter locally by joining the network
- Perhaps even brush up your own learning by completing a module...

Visit us at ppceducate.co.uk

To register interest:

Follow us and share @PPCEducate

APPM Ireland

Last year, we conducted a survey of those involved in providing services to children with life-limiting conditions. The aim was to discover the needs of these providers in relation to paediatric palliative care and to formulate a plan as to how best the APPM could help to meet some of those needs. The biggest request was for further education, both online and in-person, followed by networking opportunities.

As a first step, we decided to develop an educational series with the aim of supplementing existing formal educational structures, raising the profile of children's palliative care and increasing the reach of the APPM in Ireland. The educational series is initially planned to take place across the next year and was launched in May 2025.

Webinars will take place every two months and will cover a variety of topics that are intended to appeal to a multidisciplinary audience. The first webinar took place on 28 May with Dr AK Anderson, Chair of the APPM, giving an introduction to the organisation and outlining the benefits of membership. This was followed by a session on Adolescent and Young Adult (AYA) Palliative Care delivered by Dr Hannah Linane, Consultant in Palliative Medicine who has a special interest in AYA Palliative Care and is currently conducting a large research project in the area.

We were delighted with the turnout to the first session with 85 attendees and over 230 signed up for the rest of the series. Feedback was overwhelmingly positive with 100% of respondents saying they would recommend the event to others.

Future webinars will include sessions on managing symptoms in children with severe neurological Impairment, neonatal palliative care, bereavement and congenital heart disease. Those conducting the sessions come from a wide variety of professional backgrounds including physicians, nurse specialists, medical social workers and pharmacists, reflecting the holistic and multidisciplinary nature of paediatric palliative care. We would like to say a special thank you to Dr Charlotte Holland for all her assistance in providing the module through the PPCEducate platform, which we hope will become a space where participants can find relevant resources and learn together in a supportive environment.

Dr John Allen, Consultant in Paediatric Palliative Medicine, CHI Crumlin & The National Maternity Hospital, Dublin
Dr Carol Stephens, Paediatric Palliative Medicine SpR, CHI Crumlin

Save The Date!

23 & 24 April 2026
7th All Island Children's Palliative Care Conference

We are delighted to confirm that the dates for Ireland's 7th All Island Children's Palliative Care Conference are

23 & 24 April 2026.

The venue for CPCC2026 is the Limerick Strand Hotel, Co. Limerick.

Call for Abstracts to be announced in September 2025

The conference website www.cpcc.ie will be updated regularly as the conference plans progress. Please share this email with your colleagues and professional network, all are welcome.

Children's Palliative Care Conference Team

info@cpcc.ie

APPM NURSES' GROUP

APPM Nursing Group Annual Study Day – Tuesday 13 May, Birmingham Children's Hospital

The APPM Nursing Group held its annual Study Day on Tuesday, 13th May, at Birmingham Children's Hospital. The event featured a rich and engaging agenda, including a dedicated session on organ donation and its implications for clinical practice.

We were pleased to welcome *Together for Short Lives*, who provided a national update, including developments related to the Assisted Dying Bill.

In the afternoon, attendees participated in three interactive workshops:

- Palliative Care Activities and Sibling Support – led by Claire House
- Music Therapy – hosted by Birmingham Children's Hospital
- Youth Work – presented by Helen & Douglas House

We are also pleased to announce the formation of a Nurse Consultant/Lead Nurse Group, which meets monthly to share best practices and provide peer support. Nurse Consultants or Lead Nurses interested in joining are warmly invited to contact Lucy Coombes at Lucy.Coombes@rmh.nhs.uk.

The APPM Nurses' teaching sessions continue with around 8 sessions a year. We are delighted to be able to offer these 45-60 minute sessions to nurses and AHPs working in paediatric palliative care free of charge. They are usually held on the 3rd Wednesday of the month at 8.30 am-9.30 am via Teams. APPM members can request a recording.
We are particularly grateful to those health professionals who offer to present a topic and are keen to hear from anyone who may have a topic that they feel would be a useful addition to the programme. Queries to admin@appm.org.uk

Reflections on Clinical Pharmacy Congress 2025 from Nirusha Govender, Chair of the Pharmacy SIG

Introduction

On Friday 9 May was the all-important clinical pharmacy event of the year, Clinical Pharmacy Congress (CPC) 2025. Paediatric palliative care was a significant focus, with several sessions highlighting advancements and challenges in the field. There were also impactful presentations and panel discussions on pharmacy workforce transformation and the current changing landscape in the NHS namely imminent changes for ICBs and future abolishment plans for NHSE.

1. Pitfalls of e-Prescribing in Children

Stephen Tomlin, Director of the Children's Medicines Research & Innovation Centre and Associate Chief Pharmacist at Great Ormond Street Hospital, delivered an insightful presentation on the improvements and ongoing challenges of e-Prescribing in paediatrics.

Key Highlights included:

- **50% of paediatric dosages are unlicensed**, and rounding dosages up can introduce a **20-30% margin of error** which is a significant patient safety concern.
- **Understanding the technology:** When rules-based outputs guide prescribing decisions, do we, as clinicians, fully understand the rules behind those systems? Steve illustrated this with a scenario where a child under 12 is dosed by mg/kg, but over 12 is dosed by defined dosages. What if these children were the same weight?
- **Beware of Flag Fatigue:** While **clinical decision support** in e-Prescribing systems is valuable, clinicians often click through warnings without reviewing them properly. Steve highlighted the importance of engaging our brains and critically assessing what we're prescribing. Perhaps electronic systems in future could incorporate a small "pause" feature like a Captcha puzzle to make clinicians review and think twice before finalising the dose.

2. Consultant Pharmacist Career Journeys

A panel discussion featured Chloe Benn, Consultant Pharmacist in Paediatrics at Barts Health NHS Trust, among others, sharing their professional journeys. The discussion provided insights into the evolving roles of consultant pharmacists and the impact of their work in specialised areas, including paediatric palliative care.

Panel members generously shared their personal journeys, the challenges they have overcome, and the skills, knowledge and sheer resilience required to thrive in these senior roles. It was a timely reminder of the vital contributions consultant pharmacists make not only to patient care, but to shaping services, supporting colleagues, and driving professional standards forward. The session also offered invaluable advice for those of pharmacists navigating the path towards consultancy, including the importance of professional networks, supportive environments, and continuous development.

3. Advancements in Pharmacy Technician Roles
These sessions highlighted the expanding roles of pharmacy technicians in acute care and virtual ward settings, underscoring their contributions to patient care in paediatric and palliative contexts.

The sessions collectively underscored the critical role of pharmacy professionals in paediatric palliative care, emphasising the need for continued education, system improvements, and collaborative practice to enhance patient outcomes.
Pharmacy technicians specialising in paediatrics play a vital role in ensuring the safe administration of medication to children and infants. From neonatal intensive care to adolescent medicine, technicians must understand weight-based dosing, liquid formulations, and unique paediatric pharmaceutical needs.
This role demands exceptional attention to detail and close collaboration with paediatric pharmacists and clinical teams. Pharmacy technicians may also counsel parents or carers on correct medication use, reinforcing the importance of communication and empathy. This is a key growth area for advanced pharmacy technician roles.

4. AI in Pharmacy
A pivotal panel discussion titled "AI in Pharmacy" took place in the Technology & Innovation Theatre. This session brought together leading figures from the NHS, academia, and regulatory bodies to explore the evolving role of artificial intelligence in UK pharmacy practice.

Key Themes and Insights:

- **Bridging the AI Knowledge Gap in Pharmacy**
  The panel acknowledged that while AI adoption is accelerating across healthcare, its integration into UK pharmacy remains limited. A significant barrier identified is the lack of training and understanding among pharmacists regarding AI technologies. This knowledge gap hinders the effective implementation of AI solutions in pharmacy settings.
- **Addressing Ethical and Regulatory Challenges**
  Ethical considerations, such as data privacy, algorithmic bias, and the need for transparent AI systems, were central to the discussion. The panel emphasised the importance of developing regulatory frameworks to ensure AI applications in pharmacy are safe, equitable, and effective.

Looking Ahead
The consensus among panellists was that while AI holds significant promise for transforming pharmacy practice, its successful integration requires concerted efforts in education, infrastructure development, and regulatory oversight. By addressing these challenges, the pharmacy sector can harness AI to improve patient outcomes and operational efficiency.

5. Future Proofing Pharmacy Workforce

I was also honoured to speak at CPC on "Future-proofing our Pharmacy Workforce" alongside a colleague, Ravijyot Saggu in the Leadership & Professional Development Theatre on Friday. In our presentation, we explored how visionary leadership, cross-sector collaboration, and sustainable development of innovative clinical pathways can empower both emerging pharmacists and experienced NHS leaders to thrive. Key discussions centred around evolving roles, education reforms, and strategies to ensure the profession's resilience and adaptability in a rapidly changing healthcare landscape.

Key Themes and Insights

- **Expansion of Independent Prescribing**
  A pivotal development highlighted was the transition towards all pharmacists becoming independent prescribers upon registration by September 2026. This shift aims to enhance pharmacists' clinical roles, allowing them to make autonomous prescribing decisions and contribute more directly to patient care. The integration of independent prescribing into pharmacy practice is seen as a transformative step, positioning pharmacists as integral members of multidisciplinary healthcare teams.
- **Reforming Education and Training**
  The implementation of the revised foundation pharmacist training year from 2025/26 was discussed, emphasising the need for updated curricula that align with the evolving scope of pharmacy practice. Universities have adapted their Master of Pharmacy (MPharm) programs to meet new learning outcomes, ensuring that graduates are equipped with the necessary skills for modern clinical roles. Additionally, NHS England has taken on responsibilities for quality management of all foundation training sites in England, aiming to standardise and enhance the training experience.
- **Prioritising Workforce Wellbeing and Inclusion**
  Recognising the challenges faced by pharmacy professionals, discussions underscored the importance of mental health support, adequate staffing, and fostering inclusive work environments. Strategies such as protected learning time, open conversations about wellbeing, and investment in digital solutions to reduce administrative burdens were proposed to mitigate burnout and promote a positive workplace culture.

Looking Ahead

As pharmacy continues to evolve, compassionate leadership has never been more vital. In the current challenging healthcare landscape, our teams are under immense pressure. Leading with empathy, understanding, and purpose isn't just the right thing to do, it's essential for building resilient, inclusive, and high-performing pharmacy teams.

Conclusion

My key reflection on the journey home was that Clinical Pharmacy Congress 2025 really showcased the significantly vital and evolving role of pharmacy professionals across multiple sectors and specialities including paediatric palliative care. From tackling the complexities of e-Prescribing to celebrating the leadership of consultant pharmacists and the growing expertise of pharmacy technicians, the event reinforced a clear message: pharmacy is not just part of the paediatric palliative care journey, it is essential to its future.

As the healthcare landscape shifts, particularly with structural changes in the NHS, pharmacy teams must continue to innovate, collaborate, and lead. The insights and reflections from CPC 2025 remind us that by strengthening our practice today, we can shape safer, more compassionate, and more effective care for the children, young people, and families who need us most. Let's keep the momentum going as the future of paediatric palliative pharmacy is ours to build.

Association for Paediatric Palliative Medicine

Formulary news and updates

Are you an APPM Formulary user?

Scan this QR code…

APPM Formulary Updates Page

It is essential you check the APPM formulary updates page regularly to ensure the information you use to prescribe, or advice on prescribing, is up to date

The QR code links to the APPM Formulary page on the APPM website

This QR code is also available on the inside front cover and back cover of the print edition of the APPM formulary

ASSOCIATION FOR PAEDIATRIC PALLIATIVE MEDICINE

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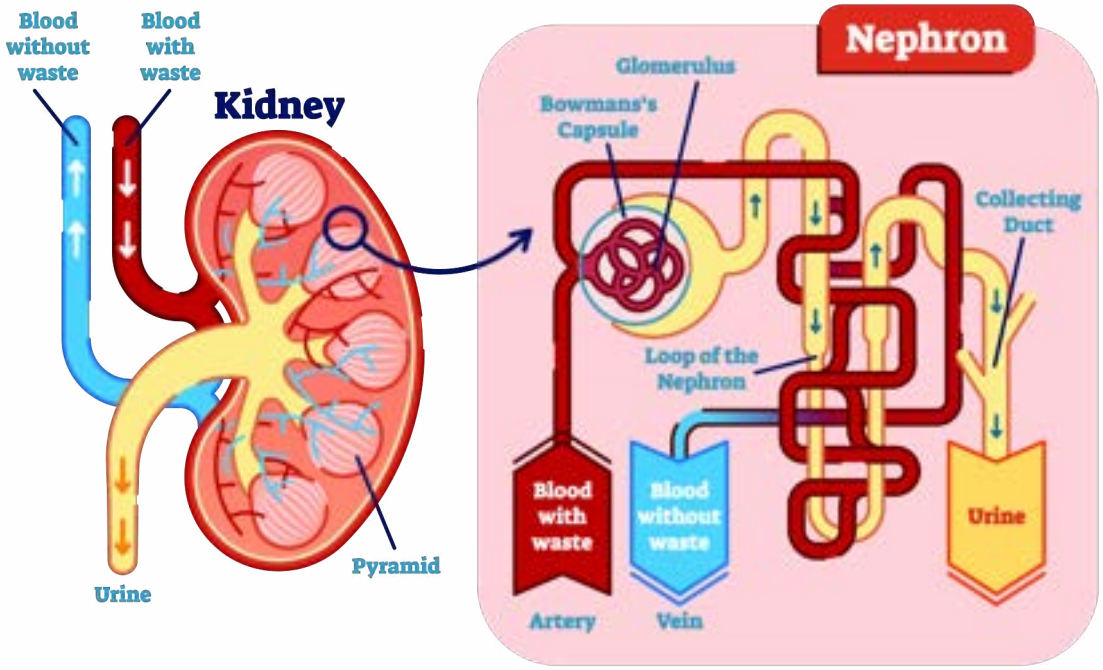
Association for Paediatric Palliative Medicine

Formulary news and updates

Patients with renal impairment?



The APPM Formulary Renal Supplement now available

All drug monographs in the APPM Formulary RAG rated for use in renal impairment

Drugs listed by name and also by symptom, making it easier to identify suitable alternatives

Access via the APPM Formulary Updates Page on the APPM Website

ASSOCIATION FOR PAEDIATRIC PALLIATIVE MEDICINE

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Association for Paediatric Palliative Medicine

Membership of the APPM

We are always keen to welcome new members to the APPM and the offer of a tiered membership scheme which includes group membership for nurses and other allied health professionals for up to five named colleagues at £100 per annum, has been very popular and has led to a more multi-disciplinary membership.

Membership includes:

- Peer support for all health professionals in paediatric palliative care
- Reduced rates for members at APPM events
- Education and networking sessions in paediatric palliative care
- Bi-annual newsletters
- Onlne access to the leading journal in our field: Palliative Medicine
- The APPM is affiliated with the European Association of Palliative Care and the ICPCN.

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Membership type	Cost per year
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