Conclusion A flexible approach enabled the Hospice Education Centre to respond promptly to changing needs. As an existing ECHO Hub, the team were well placed to deliver interactive education virtually. Educators and participants recognised that education sessions provided a much-needed opportunity for pastoral and wellbeing support. Following the initial peak of the pandemic, point-of care training continues and other end-of-life training (including communication skills, undergraduate & postgraduate medical education, MSc modules) has been adapted to be delivered interactively & virtually, ensuring vital end-of-life training continues throughout the pandemic.

40 **FRAILITY DESERVES A MENTION IN THE NEW UK PALLIATIVE MEDICINE SPECIALTY TRAINING CURRICULUM. A META-SYNTHESIS AND DELPHI STUDY TO ESTABLISH APPROPRIATE CONTENT**

Felicity Dewhurst, Paul Paes, Barbara Hanratty, Katie Frew, Lucie Byrne-Davis. *St Oswald's Hospice, Newcastle University, Northumbria Healthcare NHS Foundation Trust, University of Manchester*

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Background Frailty, a decline in reserve, strength and endurance through deficit accumulation, is very common and highly associated with morbidity and mortality. Understanding how to provide palliative care for frail individuals is an international priority. Despite this, frailty is not mentioned in the current UK Palliative Medicine Specialty training curriculum (UK-PMSTC).

Aim To synthesise the literature and establish expert consensus on what should be included in a frailty subsection of the UK-PMSTC. This could be referenced by the new curriculum which is due to come into practice in 2022.

Methods

Setting/Participants The Delphi panel were Subject Matter Experts(SME): Specialist Palliative Medicine Consultants (n=14) and Trainees (n=10) with representation from seven hospital trusts (n=19), seven community services (n=13), nine inpatient units/hospices (n=18) and care home services (n=one) (individuals work across multiple sites).

Design Literature Meta-synthesis produced a draft curriculum with Bologna based learning outcomes (LO). The Delphi Study used standard methods and asked SME to rate LO importance for specialist-training completion and provided opportunity to add LO. Process was repeated until 70% consensus was achieved in over 90% of LO. SME divided LO into specific (for inclusion in a frailty subsection) or generic (applicable to other palliative conditions).

Results The meta-synthesis produced 113 LO, two were added by SME. Three Delphi rounds concluded 86 LO were specific to frailty whilst 29 were generic. Of the 86 items; 47 were considered essential, 34 desirable and five unnecessary. LO were arranged using clinical practice domains and bloom's taxonomy.

Conclusions We have developed a frailty curriculum that could be used as a subsection for the UK-PMSTC, highlighting the complex and unique palliative needs of those with frailty. Future research is required to inform implementation, educational-delivery and service-provision.

41 **ADAPTING A 2 DAY COMMUNICATION SKILLS COURSE FOR THE COVID-19 CLINICAL AND LEARNING ENVIRONMENT. FEEDBACK AND EVALUATIONS FROM DAY 1**

Jo Griffiths, Sian Gallard, Fiona Rawlinson, Mark Stacey*, Jo Hayes, Dylan Harris, James Grose, Jo Richards. *Cardiff University, *Health Education and Improvement UK*

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Background/Introduction Social distancing and work load as a result of Covid-19 has resulted in the loss of face to face (F2F) education in health care settings. The need for greater use of telephone and video consultations, in addition to mastering optional communication whilst wearing personal protective equipment (PPE) during the pandemic has created additional challenges and learning needs at a time when palliative care skills are in great need. The Cardiff MSc includes practical communication skills as part of the annual F2F teaching. Content and delivery style needed to change in 2020 to reflect the current situation.

Methods Stakeholder analysis of curriculum content to inform the revised programme and delivery and evaluation of the sessions.

Results Discussion led to the development of a combination of webinars, interactive demonstration using specifically filmed scenarios prompting discussion in small groups, group discussions of challenges and strategies for current communication and role play in small groups of virtual consultations with formative feedback for participants. There was a 45% response rate for immediate evaluation and 32% response rate for the delayed evaluation 4 weeks following the day.

Immediate evaluation showed the majority of participants (96%) rated the sessions of the day 'good' or 'very good'. On delayed evaluation, 90% of respondents reported a solid or comprehensive understanding of the concepts, 66% reported already using what they had learnt in practice.

Conclusions The previously F2F communication skills teaching successfully translated to the online environment, including using 'breakout groups' to hold interactive demonstrations as prompts for discussion and to role play virtual and telephone consultations to help participants reflect on and develop optimal communication skills for these situations.

42 **ARE GP TRAINEES READY TO MANAGE PALLIATIVE CARE PATIENTS INDEPENDENTLY BY COMPLETION OF TRAINING?**

Grace Rowley, Jane Bell. *Keele University, The Foundation for Advancement of International Medical Education and Research (FAIMER), Health Education England North East (HEENE)*

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Background Palliative care in the community is predominantly carried out by General Practitioners (GPs). As palliative care is part of most GPs workloads then trainees need to be prepared to manage this group of patients by completion of training (CCT). The aim of the study was to find out about GP trainees' exposure to palliative care during training and to explore whether GP trainees felt that they were ready to manage palliative care patients independently by CCT.

Methods Semi-structured interviews were carried out by telephone with ten final year GP trainees. The trainees were