

P-174 HOSPICE GP TRAINEE INDUCTION – BETTER PRESCRIBING, FEWER INCIDENTSRos Marvin, Sarah Bell. *Garden House Hospice Care, Letchworth Garden City, UK*

10.1136/spcare-2021-Hospice.190

An increase in hospice clinical incidents was identified during the pandemic in 2020. Investigation of medical team incidents demonstrated the requirement for additional education of new GP trainees on four-monthly hospice placements, specifically targeting prescribing. GP trainees learn key palliative medicine and hospice processes in a single day of induction. Previously, induction focussed on medical care, with the processes, including prescribing, largely learnt 'on the job'. Analysis of the incidents identified key areas for increased education: lack of experience at prescribing anticipatory medications; errors due to using an unfamiliar prescription chart; and the complex process of ordering discharge medications from the local hospital pharmacy.

A new, interactive prescribing practice induction session was created: prescribing anticipatory medications; error identification on hospice prescription charts; and discharge prescribing on TTO forms. This was delivered to two consecutive groups of new GP trainees. Contemporaneous feedback on prescribing was given to trainees during the session.

Numerical comparison of medical team clinical incidents demonstrated 21 incidents in the 12 months prior to the new induction (average 1.75 incidents per month), versus six incidents in the six months post new induction (average 1 per month), a reduction of over 40%.

Feedback from trainees regarding the induction session has been universally positive (8/8 trainees), with one trainee commenting '*excellent... detailed training in using the system and ... medications [for patients] to take home*'. The resulting reduction in incidents demonstrates improved patient care and safety.

P-175 IS THE JRCPTB PALLIATIVE MEDICINE CURRICULUM FIT FOR PURPOSE?Michelle Hinchliffe. *Airedale NHS Foundation Trust, Keighley, UK*

10.1136/spcare-2021-Hospice.191

Why? The structure of medical training in the UK is currently undergoing a major review. The current plan is for trainees in palliative care to be dual accredited with internal medicine. However, this will mean extensive changes to the curriculum. It is of high importance to establish which aspects of the current palliative medicine curriculum are most valued and where there is scope for change.

How? A focus group discussion was carried out with five palliative medicine trainees, focusing on: Most important areas of the curriculum; Relevance; Anything missing?; Future development?; How this fits with Shape of Training.

Analysis of the transcript highlighted four major themes. These themes were then put to consultants for comment.

Results Four major themes emerged from the trainee focus group:

1. Expansion of non-clinical areas of the curriculum, in order to further develop management, leadership and supervisory skills.

2. Generalisation of the clinical components, to incorporate more general medicine and not make it so specific that trainees struggle to achieve assessments in each aspect.

3. A different approach to assessment was felt to be needed. In particular, not all DOPS were felt to be relevant and more scope for assessment in non-clinical areas was discussed.

4. Flexibility to focus on an area of interest within training, such as teaching, research or a particular clinical interest.

Key points from consultant responses

- Overall agreement with many points.
- The flexibility to focus on an area of interest within training may be difficult to achieve and actually may be more appropriate to focus on developing as a consultant.

Conclusion These findings provide a basis for ongoing exploration of trainers' and trainees' priorities for future development of the palliative medicine curriculum. It is important to consider the views of those interacting with the curriculum in their daily practice in order to develop a tool that can truly meet the needs of the specialty.

P-176 EVALUATION OF HOSPICE BASED EXPERIENTIAL PLACEMENTS FOR FOUNDATION TRAINEE PHARMACISTSAmy Mundell. *Newcastle upon Tyne NHS Foundation Trust, Newcastle upon Tyne, UK*

10.1136/spcare-2021-Hospice.192

Background To qualify as a pharmacist in the UK, a four-year Master of Pharmacy (MPharm) degree followed by a year of foundation training is completed. Experiential learning placements, where the trainees learn through reflection contribute to this training. Few universities offer experiential learning placements within hospices, and where they do, duration is very limited varying between 3 – 8 hours per week. Such placements have not previously been reported in foundation training. There is considerable breadth and depth of opportunities for pharmacists' involvement in hospice care, specifically the ability to positively affect patient outcomes and become valued members of the multidisciplinary team.

Aim(s) Provision and evaluation of an experiential learning placement at St Oswald's Hospice, Newcastle for Foundation Trainee Pharmacists from Newcastle upon Tyne NHS Foundation Trust.

Methods The evaluation was a questionnaire performed both before and after the placement, based upon trainees' confidence in 16 aspects of patient care and medicines management pertinent to hospice pharmacy practice and based upon their governing body's learning outcomes.

Results Eight trainee pharmacists completed the placement and five performed the evaluation. Prior to the placement 60% of the trainees did not feel confident having discussions with patients with life-limiting illnesses reducing to 20% following placement completion. Only 40% of trainees understood the financial responsibilities of a pharmacist's role before the placement compared to 80% after. When asked about how confident the trainees felt ensuring safe prescriptions for patients with compromised organ function, only 20% agreed prior to the placement increasing to 60% after.

Conclusions The results show a logical trajectory prior to and following the Experiential-Learning-Trajectory. The