

**Aim** To develop a comprehensive training programme for new and existing clinical support staff that ensures parity and quality of care, allowing staff to develop necessary clinical skills and competencies, promoting shared experiences and best practice across all teams.

**Method** A questionnaire to assess the developmental needs of non-registered staff was developed. This included the in-patient unit Healthcare Assistants (HCAs), Hospice at Home Carers and Community Support Assistants. Nurses from the education unit undertook shadow shifts to understand the roles and responsibilities first-hand. The combination of findings informed the creation of 'The 'Tulip Standard Essentials of Care' training programme.

**Results** The 'Tulip Standard', incorporates the Care Certificate and essential clinical skills, such as non-pharmacological symptom management. Delivered initially over three days with three monthly follow up days to include reflection, culminating in the student receiving both the Care Certificate and The Tulip Standard Certificate. Students learn the complexities of caring for those receiving palliative and end of life care, and their families and carers, within a supportive peer group. Attendees have said: '*So enjoyable, engaging and informative, I am extending my knowledge and understanding*'. '*Gaining more knowledge in all areas needed for my role*'.

**Conclusion** The new Tulip Standard programme has shown improvements in staff confidence and feelings of support. It promotes quality and parity of training for our non-registered workforce. Flexibility in the follow-up days allows for continual development, based on learners' needs and feedback.

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#### DEVELOPMENT OF A MULTI-PROFESSIONAL HOSPICE EDUCATION PROGRAMME

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**Background** Internal education programmes are recognised to enhance staff morale, competency, and patient care (Gesme, Towle & Wiseman, 2010. *J Oncol Pract.* 6:104). An existing weekly education programme at Wirral Hospice St John's was poorly attended by staff. We recognised a need for redevelopment of the existing programme, to meet the evolving situation of the COVID-19 pandemic and to ensure the ongoing delivery of safe patient care. A suggested approach to education delivery includes enhancing learning by drawing on multi-professional resources (Royal College of Physicians, 2020).

**Aims** Our aim was to develop a multi-professional internal education programme, which recognised the challenges faced by professionals working within a busy healthcare setting.

**Methods** A review of the existing teaching programme was undertaken. A staff survey requested feedback on the existing programme and obtained suggestions for improvement. There was recognition from the survey that there was a need for a better quality but less frequent education programme, which was more accessible for staff.

**Results** Since September 2021, a monthly education event has been delivered to staff at an accessible time. The session is well-advertised and is delivered virtually to extend its reach. The newly developed programme has been successful in

improving attendance across all professions and is accessed by hospice, community, and hospital teams. This collaborative approach across settings has enhanced the quality of multi-professional debate, which has improved learning and has strengthened relationships across the wider team. Feedback has highlighted an improvement in meeting the learning needs of attendees.

**Conclusions** The redevelopment of a local education programme has been successful in improving staff attendance, meeting the learning needs of attendees, and enhancing the reach of education across settings. Moving forwards, the programme will link into a newly developed 'Wirral Palliative Care Education Hub', which launches in June 2022.

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#### DEVELOPING A CONTINUING PROFESSIONAL DEVELOPMENT MODEL TO SUPPORT NON-MEDICAL PRESCRIBING IN PALLIATIVE CARE

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Non-medical prescribing was introduced in 1992 and has developed over the last 30 years (Cope, Abuzour & Tully, 2016. *Ther Adv Drug Saf.* 7:165). It was originally introduced to improve patient care, choice and access to medicines whilst developing the workforce (Graham-Clarke, Rushton, Noblet et al., 2019. *PLoS One.* 14: e0214630). Osborne and Kerr (2021. *Int J Palliat Nurs.* 27: 205) identify how the role of non-medical prescribers has evolved within the specialism of palliative care, having a positive impact on the patient journey and end of life experience. The hospice identified a need to support the non-medical prescribers across the organisation in developing their prescribing practice once they had successfully registered as an independent prescriber.

A competency framework for all prescribers was developed by the Royal Pharmaceutical Society (2021) to support professionals to prescribe safely and effectively through expanding their knowledge and skills. The hospice used this framework as the basis for a model, which would support the non-medical prescribers in developing their role, skills and knowledge. The model facilitates good prescribing practice across services and ensures patients receive the same high quality care irrespective of the prescriber's background. The model includes the following aspects:

- Self-assessment competencies as part of appraisal process.
- Completion of an opioid workbook.
- Annual completion of Observed Structured Clinical Examinations (OSCE).
- Observation in practice.
- Case presentation at the prescribing forum.

Alongside the model, a prescribing forum was set up for all prescribers across the organisation to come together and learn as a team creating a community of practice. Initial feedback from non-medical prescribers is that the model and the forum support them in their role and ensures their practice remains current through peer reflection and education. Further evaluation is to be undertaken to identify the benefits and areas for improvement of the model.