clinical and non-clinical skills after completing specialty training and the support available during the transition from trainee to consultant.

**Method** An online survey, using previous literature, pilot tested on multi-specialty consultants to test functionality. A five-point Likert scale to record various aspects of preparedness was used. The survey was distributed via the Association for Palliative Medicine email and social media. Ethics approval was obtained.

**Results** Forty-eight consultants completed the survey; 80% were female, 40% were in a consultant post for 1 year, 50% worked across multiple settings, 46% worked as a specialty doctor before training. The majority felt very or extremely prepared in clinical skills (71%), audit (84%), interaction with other colleagues (70%), time management (64%) and self-management (64%). 50% felt moderately prepared in Human Resources, 68% in organisation structure and 52% in leadership. The majority (70%) were not at all or slightly prepared in financial management. 50% reported being moderately and 43% slightly or not at all prepared in complaint management. Attendance at management and leadership course (68%) and management meetings (55%) were most useful to gain management experience. The majority (75%) found departmental colleagues gave the most support in stressful situations but only 7% had a formal mentor.

**Conclusion** Palliative Medicine consultants may require support with the non-clinical aspects of their role, such as management of complaints, finances and mentorship. This is consistent with findings from other specialties. Future research should identify how trainees should be supported in these areas, especially with changes to specialty training; ‘Shape of training’.

**DID YOU KNOW YOU COULD GIVE THE GIFT OF EYESIGHT? AN AUDIT OF CORNEAL DONATION DISCUSSION AT A PALLIATIVE CARE HOSPICE**

Summer Chan, Simon Glover. Sue Ryder St John’s Hospice

10.1136/spcare-2023-PCC.59

**Background** Currently in the United Kingdom there is a shortage of 500 corneal donors per year with a waiting list of 2 years. To address this, Sue Ryder St John’s Hospice actively encourages all of its doctors to discuss with their patients views on corneal donation.

**Aim** The aim of the audit was to assess if all new inpatient admissions to the hospice were considered eligible for a discussion about corneal donation. A standard was also set for these discussions to occur within 72 hours of admission.

**Method** A review of electronic patient records for all admissions between January 1st 2022 to March 31st 2022.

**Results** There were 34 admissions to the hospice in this time. All admissions were considered for corneal donation discussion. Discussions were had with 79.4% (27/34) patients, all within the target time frame of 72 hours. Those not had were due to reasons such as confusion or rapid deterioration. Out of the discussions that occurred, 96.3% (26/27) of them were held by GP trainees. As a result of this developing trend, a concurrent survey was sent to all the GP trainees. As a result of this developing trend, a concurrent survey was sent to all the GP trainees. As a result of this developing trend, a concurrent survey was sent to all the GP trainees. As a result of this developing trend, a concurrent survey was sent to all the GP trainees.

**Conclusion** Palliative care during the transition to death is now a core competency for all UK graduating medical students. In 1983, a UK-wide survey investigated how PEOLC was being taught in medical schools. A similar survey has been conducted in 2022 with the following results:

- 70% of medical schools teach POI
- 80% of medical schools teach PEOLC
- 90% of medical schools teach POI to POI
- 100% of medical schools teach PEOLC to POI

**Acknowledgements** This research was supported by the Vincent House Research Fund. Thanks to all who completed the survey.