conducted every decade since, in 1994, 2000, 2013, and now 2021. This paper presents 2021 survey data, providing an overview of current national practice and historical comparison over the last forty years.

**Method** An anonymised web-based 46-item questionnaire was sent to the PEOLC Teaching Lead(s) at 35 UK medical schools. Results were compared between all previous surveys.

**Results** Responses received from 32 schools. Time allocated to PEOLC teaching continues to increase, with mean hours (1983, 1994, 2000, 2013 and 2021) being 6-h, 13-h, 20-h, 36-h, and 39-h respectively. There is greater focus on clinical experience than before (in 1983 hospice visits were usually optional and rarely offered), with medical students spending more time in relevant clinical environments. However, in 38% of schools students are allocated less than one week (average 2 days) in total to attend clinical areas relating to PEOLC. The number of PEOLC teaching topics addressed in each survey has increased (respectively 8, 15, 19, 21, and 29 topics) and are reported to be covered in greater detail. Assessment of PEOLC has evolved from informal student feedback to the use of formal examination (respectively 0%, 22%, 58%, 83%, and 91%).

**Conclusion** PEOLC has grown to become a mandated subject with its own widening curriculum. The quantity and quality of medical school PEOLC teaching has increased over the last forty years, with students spending more time meeting patients with palliative care needs. There is however great variability in what is provided, and recent literature on the preparedness of new doctors suggests that there is still considerable room for improvement.

### 42 PALLIATIVE AND END OF LIFE CARE TEACHING DURING THE COVID-19 PANDEMIC – WHAT CAN WE LEARN?

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**Background** The COVID-19 pandemic caused far-reaching disruption and medical education had to rapidly adapt to overcome the many challenges. Palliative and end of life care (PEOLC) is a core competency for all UK graduating medical students, and may involve emotionally confronting topics requiring great care during teaching sessions, which is potentially difficult in a virtual environment. The ability of medical schools to foster experiential PEOLC learning may also have been impacted. However, the pandemic may have been a catalyst for some positive changes in PEOLC teaching too. Questions relating to the pandemic were included as part of a larger national survey of PEOLC teaching.

**Method** An anonymised web-based 46-item questionnaire was sent to the PEOLC Teaching Lead(s) at 35 UK medical schools. 12 items related to adaptations to teaching during the COVID-19 pandemic.

**Results** Responses received from 31 schools. Previously popular teaching methods, such as lectures and seminars/small group discussions, were newly introduced in an online format in 94% and 87% of medical schools respectively. Utilisation of e-learning increased from 59% to 84%. Other newly introduced teaching methods included: telemedicine, podcasts, augmented reality, virtual reality, and virtual ward rounds. Use of experience in clinical areas as a teaching method decreased from 100% to 68% of medical schools. In 30% of schools, assessments were no longer in-person. 40% of participants declared that they had developed novel teaching methods or resources during the pandemic, mostly relating to technology enhanced learning or simulation. Many participants shared the opinion that the increased use of online resources and pre-recorded sessions will persist after the pandemic.

**Conclusion** The COVID-19 pandemic necessitated PEOLC teaching to rapidly transition online and the use of novel approaches to facilitate clinical experience, however a number of medical schools intend to continue utilising skills and resources developed during this time.