

experiences of the session (Maguire, Delahunt. *All Ireland J Higher Educ.* 2017;9(3)).

Results 360 healthcare assistants attended the induction sessions between 1/2/2022 and 31/12/2022. 254 feedback forms were available for analysis. Feedback was missing from three sessions. The median score for 'How useful' was 10 (Range 5–10). Median scores for 'explained in sufficient detail' were 10 across all domains (Range 2–10). 214 respondents (84.3%) provided free text comments. Themes in the take home messages included physical care, holistic care, the importance of family, communication and local resources. Themes from the learners' experiences included the learners' feelings, personal development, quality of teaching, qualities of the tutors and opportunities for further learning.

Discussion Our feedback highlights that peer-led palliative care teaching for HCAs is well received and helps meet their learning needs. Our results demonstrate some of the benefits of peer-led teaching (Ten Cate, Durning. *Med Teach.* 2007;29(6):591–9; Allikmets, Vink. *Adv Med Educ Pract.* 2016 May;329). We encourage readers to consider the potential role of healthcare assistants within the palliative care workforce, particularly in educational roles.

P-253 THE DEVELOPMENT OF NURSING ASSOCIATES AS PART OF THE WORKFORCE TO SUPPORT PALLIATIVE CARE PATIENTS

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The Nursing Associate (NA) role was introduced in response to the Shape of Caring Review (2015), and aims to support the career progression of healthcare assistants, enable nurses to focus on more complex clinical work and increase the supply of nurses (Health Education England. Nursing associates. [Internet]). The NA role aims to bridge the gap between health and care assistants and registered nurse whilst providing a progression route into graduate level nursing (Nursing & Midwifery Council. We regulate nursing associates. [Internet]).

The hospice has recently supported two individuals to complete their trainee nursing associate apprenticeship. The staff members have recently registered with the NMC and have begun working in their new roles. The organisation and the staff have learnt a great deal throughout the apprenticeship that has informed future workforce development. The NAs themselves, whilst enjoying the trainee nurse associate programme, did find it challenging at times, especially when balancing work, life and study. Their placements allowed them to gain a greater awareness and understanding of healthcare outside of the hospice environment which they enjoyed. The organisation has found the roles to be invaluable in diversifying the workforce within the hospice and support the 'grow your own' model. One of the challenges was organising placements outside of the organisation and developing these links. Trainee exchanges proved to be an effective route for mitigating this challenge.

In conclusion, the NA posts have been a positive introduction for patients, the services and the staff members themselves. The last two years has provided us with the

opportunity to develop links with other providers and exchange trainee nursing associates on placement, which has further increased our reach as a hospice. There is also now the opportunity for NAs to complete an apprenticeship route to registered nurse, which will help with the retention of experienced and valued members of the hospice team.

P-254 HOSPICE PRECEPTORSHIP PROGRAMME FOR NURSING ASSOCIATES

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Background The hospice ran a Preceptorship programme for its five Nursing Associates on completion of their Nursing Associate Apprenticeship. Preceptorship is a structured programme to integrate newly qualified registrants into a workforce.

Aims Review the first preceptorship programme.

Method Programme lecturer devised a survey using Microsoft Forms, this was completed by the Nursing Associates. Common themes identified by the preceptors and programme lead and compared against standards.

Results

1. A common idea of what preceptorship had achieved. Preceptors gave a similar description of their achievements on completing the programme, this reflected the Nursing & Midwifery Council aims for preceptorship. *"The course provided guidance, support and development, transitioning us from students to professionals."*
2. Preceptorship helped them gain the knowledge and skills to work as an effective Nursing Associate in a specialist palliative care environment. Course design followed consultation with nurse leaders, to meet the knowledge and skills required to practise effectively within a specialist palliative care setting and to achieve their competencies (NMC. Principles of preceptorship. [Internet] 2022); holistic assessment, palliative emergencies (NICE. Metastatic spinal cord compression in adults: risk assessment, diagnosis and management. [CG75], 2008), clinical supervision, medication, revalidation, quality and governance. *"I have to recognise emergencies like Spinal Cord Compression, to enable appropriate care... to prevent irreversible neurological damage."* *"Understanding of the medications used in palliative care and how to calculate the different drugs."* *"Each training day I came away with something new, e.g. getting ready for revalidation"*.
3. The programme provided safe space to learn and share together. The design allowed preceptors to learn with and from others. The variety of activities both face-to-face and virtually and regular clinical supervision, gave NAs important tools for their career in nursing (NMC, 2022). *"I enjoyed the Blended learning approach, discussing issues in practice and supporting each other."*

Conclusion When the results of the survey were compared with the NMC framework for preceptorship, student feedback indicated that the course had met the key requirements set out by the NMC.