Background End of Life Care for All (e-ELCA), part of Health Education England’s award winning e-Learning for Healthcare programme (e-LfH), was launched in 2010 and has over 150 e-learning sessions grouped in eight modules: assessment, advance care planning, symptom management, communication skills, social care, spirituality, bereavement and integrated learning.

There are almost 60,000 registered users and nearly half of these have actively used e-ELCA. In 2015, 86,400 sessions were launched and over 85 million seconds of time was spent learning.

With the aim of further increasing the use of e-ELCA, an online survey and a number of focus groups were undertaken consisting of both users and non-users to identify what organisations would ideally have in place to support learners, their mentors and those providing education and training programmes.

Findings There were four main areas of feedback:
1. Benefits of using e-ELCA within blended learning
2. Factors within organisations that can provide support to those using e-ELCA
3. More help with access and navigation
4. Better communications telling people about e-ELCA.

Actions Access: Users are able to register via OpenAthens to access e-ELCA. Also hospice and care home staff are able to register easily by using a registration code for their place of work.

Navigation: Several learning pathways have been developed to support specific learner groups, curricula and qualifications (e.g. NVQ). Learning pathways are also in place to support key policies such as the Priorities for Care of the Dying Person and the NICE guideline [NG31] Care of Dying Adults in the Last Days of Life.

Resources: ‘case’ examples of using sessions in a blended learning approach are growing. ‘Top Tips’ are available to support trainers and mentors in integrating the vast resources of e-ELCA into their teaching.
Abstracts

During phase one: the current collective syllabus will be mapped out using a standard reporting tool to collate all hospice education activity, highlight any gaps against national best practice and identify areas of current strength.

At the same time conversations will continue with all education providers across the education sector as to the feasibility of joining up all education in a collaborative setting.

Following this, information will be collated and a business case of options for hospice education will be put forward underpinned by support from Deloitte.

Conclusion: The evaluation of this work will be ongoing and can be measured in simple terms by the degree of collaboration and output against the project aims.

**P-236**

THE NATIONAL HOSPICE EDUCATION COLLABORATIVE: DEVELOPING UK HOSPICE POTENTIAL AS VOCATIONAL EDUCATION PARTNERS

Sally Garbett. St Christopher’s Hospice, London, UK

10.1136/bmjspcare-2016-001245.257

In 2013 the need for high quality vocational education for the healthcare workforce gained increased relevance. Vocational qualifications became central to Health Education England Strategies and the Government announced revisions to Apprenticeships which combined with NHS workforce reforms to become a catalyst for change:

The project

An appetite from hospices for collaboration and support for vocational education was proven in an 18-month pilot hospice consortium. Consequently, and with funding from CHKcharities.co.uk, the National Hospice Education Collaborative formed. The initial focus is building quality and capacity of vocational education, including nurse associate and degree level nurse apprenticeships. Economies of scale and sharing of expertise will benefit all involved. Work on other educational initiatives will emerge.

Sustainability

Significant interest and two years’ funding enables the establishment of a subscription model for sustainability.

**P-237**

TICL – TEACHING, INFORMATION, CURIOSITY, LEARNING

Kirra Moser. Peace Hospice Care, Watford, UK

10.1136/bmjspcare-2016-001245.258

Context

The concept of protected learning time is not new. However, when organisational commitments become overwhelming, education is usually first to be side-lined. Historically, our protected learning time was clinically focussed and excluded many staff in our organisation.

TICL sessions were born in January 2016 and co-ordinated by the education team. For one hour every Tuesday afternoon, all staff and volunteers are welcome, and encouraged, to attend information sessions on varied topics.

Abs P-236 Table 1