been a key strand of Prospect Hospice's work for more than a decade and, more recently, the hospice's Board of Trustees have sought recognition for the excellence of the standard of education and training offered there.

Aims Specifically, the Board of Trustees felt strongly that the education team should offer accredited courses, and achieve external recognition for the standard of our education offering.

Methods A new role of Education Manager was created to supplement the Education Facilitator and Administrator in the team. This role was recruited to swiftly, and the new manager approached a range of accreditation bodies, from which the NCFE was chosen. NCFE had recognised that Prospect Hospice had limited resources as a charity whose funding was predominantly raised through the local community. The Education Manager then compiled a 'centre folder' of policies and procedures to demonstrate high standards of teaching and quality assurance at Prospect Hospice.

Concurrently the Education Manager looked into the Skills for Health (SfH) Quality Mark scheme, creating a portfolio of evidence to demonstrate outstanding delivery of learning and training from the education team to support a highly motivated and effective workforce. Following the submission of this, two SfH assessors reviewed paperwork, interviewed trainers and learners and observed teaching to benchmark Prospect Hospice's standards with their own.

Results In August 2016 Prospect Hospice became an approved NCFE education and training centre for its courses. In March 2017 Prospect Hospice became the first fully independent hospice to achieve the Skills for Health Quality Mark. These results were achieved within nine months of the Board of Trustees' request.

P-253 EDUCATOR AMNESTY! DEVELOPMENT OF A NETWORK SPECIALIST PALLIATIVE CARE EDUCATOR DEVELOPMENT PROGRAMME

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Background In 2014, 322 specialist palliative care (SPC) professionals responded to a network education strategy group (ESG) workforce scoping exercise. The majority spent at least 10%–20% of their time educating, 70% in clinical front-facing areas or at point of care, rather than from, or in, education centres, providing academic courses or online learning. Preparation for educating experienced by the majority was observation/experience (12%) or ENB 998 course, single module or Train the Trainer courses (30%–40%). Less than 10% had educational qualifications.

Approach Six main challenges for educators were identified – educating peers and those perceived to be higher in professional hierarchy; managing personalities; lack of knowledge of best practice in supporting adult learning; cultural differences; developing by teaching with others; lack of peer review. A successful bid for Multiprofessional Training and Education Monies (MPET) funded the three education centres to design,

develop and deliver the programme, for three cohorts each, over a two year period, and an independent research evaluation.

Results Educators from across the network worked together to develop a bespoke Educator Development Programme (EDP) to address the expressed needs and challenges of all (273) SPC professionals who did not already have educational qualifications or a development pathway in place and yet may have been teaching as part of their role, for a number of years. Doctors were excluded as separate funded mechanisms are already in place for formally training and recognising medical teachers.

Conclusions EDP was designed as three modules, addressing each of 'one to one', 'small group' and 'formal' teaching; delivered over a period of one year to allow time for practice, reflection, peer review and mentorship; to increase knowledge, skills and confidence. This poster describes the development process and design.

P-254 EMBEDDING THE CARE CERTIFICATE INTO CLINICAL APPRENTICESHIPS

Mandy Motley, Donna Walker. *LOROS Hospice, Leicester, UK*

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Background Following the Francis Review, Camilla Cavendish carried out a review of support workers and health care assistants across health and social care. Her recommendations formed the basis of the Care Certificate which was formally launched on 1 April 2015, and required all new health care assistant and social care staff to achieve the Care Certificate in 12 weeks of commencing employment. At LOROS we introduced a new post into the organisation, Assistant Practitioner (AP), to support the development of the non-registered staff and to lead the implementation of the care certificate across the hospice.

Aims Our aim was to develop a robust programme which not only ensured new healthcare assistants achieved the Care Certificate, but also provided valid evidence to support those staff who were also undertaking a healthcare apprenticeship.

Methods A programme of training and education has been developed which ensures all knowledge and skills required for their role are covered. This entails a presentation for all of the 15 standards with resources drawn from both the Skills for Health website and organisational specific information. The AP has completed the CAVA award which enabled her to ensure the assessment of the student work covered the learning outcomes for both the care certificate and the apprenticeship diploma. There is regular partnership working between the AP and the assessor from college, including joint standardisation meetings.

Results All new healthcare assistants achieve their care certificate in a timely fashion, and those on an apprenticeship are able to map the evidence for up to 30% of their diploma. Apprentices who have achieved their apprenticeships have secured permanent employment at the hospice.

Conclusion The dedicated role within the organisation to support this initiative with an appropriately qualified member of staff, working closely with the college has ensured the success of this approach.

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LEADING LEARNING IN A WORLD OF CHANGE: FUTURE DIRECTIONS FOR EDUCATION AND PROFESSIONAL DEVELOPMENTKatherine Birch, Sonja Crane. *Compton Hospice, Wolverhampton, UK*

10.1136/bmjspcare-2017-hospice.280

This discussion paper offers a framework for those engaged in leading and supporting learning and professional development across the hospice sector. Leading learning entails a constant endeavour to stimulate the desire to learn and sustain the engagement and co-operation of those who lead learning programmes. With an increasingly diverse staff and volunteer workforce and with many of those engaged in delivering palliative and end of life care working outwith the hospice sector, new and innovative approaches are required to look at how best to support lifelong learning across palliative and end of life care. Much has been written about new models of delivery/care within the NHS – including the emergence of Accountable Care Systems. Reflective of the challenges brought about by increasing complex care environments we would suggest that a similar approach is required for learning and professional development, whereby there is locality wide co-operation and innovation to identify and meet the learning and professional development needs of the local workforce and those within partner organisations. At the hospice, we have been leading on the development of a suite of professional development activities with other hospices, NHS providers, the Local Authority and CCG. Drawing on this experience, and reflecting on the wider literature on collaboration, partnership and innovation, this paper proposes that those involved in the strategic and operational leadership of learning need to focus on five key areas:

- a focus on learning
- creating the conditions favourable to learning
- dialogue, relationships and trust
- a shared approach to leadership through structures, procedures and programmes and
- a shared sense of accountability.

This paper explores the challenges and opportunities proposed by the framework, offering insight into potentially new approaches to learning.

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MARIE CURIE ECHO NETWORK – AN INNOVATIVE PRACTICE DEVELOPMENT INITIATIVE¹Lyndsay Cassidy, ²Paula Heneghan, ²Eamon O'Kane. ¹Marie Curie, Edinburgh, UK; ²Marie Curie, Belfast, UK

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Introduction Palliative care is increasingly delivered in the community by health care assistants caring for people in their own homes. To ensure these lone workers are well supported and have access to evidence based education is crucial. Due to the geographical challenges, Marie Curie considered novel ways in which we could reach these workers better. Marie Curie in Northern Ireland successfully submitted a bid to be part of Project Echo NI. Project Echo is a telementoring programme which uses video-conferencing and is led in Northern Ireland by Northern Ireland Hospice.

Aim This model aimed to enable community-based health care assistants to access education, and increase their knowledge and confidence in caring for people living with a terminal illness.

Methods Project Echo uses a hub and spoke model, with members of a multi-disciplinary team being at the hub and participants logging in from around Northern Ireland (spokes). Participants generate the topics that they wish to cover in the programme of education. An educator or clinician delivers a short presentation, and then participants bring case studies which align with the topic. This ensures effective learning from the team at the hub, but also importantly peer learning. Evaluation data was collected at six time points throughout the programme.

Results Complete evaluation data will be presented. Positive evaluation results around the technology and method of learning demonstrate how this could be replicated in other areas around the country. Peer learning, sharing of experiences and access to the multi-disciplinary team were all seen as key in making the programme effective.

Conclusions Project Echo is an internationally recognised programme which has been used effectively to develop and deliver a person-centred approach to practice development. Marie Curie is now considering other areas around the UK where projects like this could be replicated.

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EDUCATING THE NEXT GENERATION OF HOSPICE PROFESSIONALSWendy Green, Angie Pymm, Jackie Somerville, Kate Phillips. *The North London Hospice, London, UK*

10.1136/bmjspcare-2017-hospice.282

Introduction At one time, the hospice offered work experience placements to 16–17 year-olds who were interested in pursuing a career in nursing, medicine or one of the allied health professions. These placements had to be discontinued due to the high number of learners on the ward, but we continued to receive many requests for placements. To channel this interest in the hospice, we developed a summer school programme.

Aim To provide a fun, interactive introduction to hospice care for young learners with the primary aim of helping them decide if this is the right career path for them and to assist them to enhance their CV in preparation for a UCAS application. The secondary aim was to increase awareness of the hospice in the local community and to dispel commonly held myths.

Approach We designed a three-day course, to enable learners to experience palliative care from the perspective of both the professional and the patient. Sessions were planned to incorporate various teaching methods to engage and stimulate the learners.

Evaluation The feedback was extremely positive and participants stated that the experience had changed their views about the hospice 'in a positive way', that it had provided a 'valuable experience' and had confirmed their commitment to a career in healthcare. As practice educators, we found the experience of teaching young adults was not without its challenges nor was it without its rewards.