

of palliative care education and training for all health-care professionals (HCPs), yet there are large variances in the implementation and provision of this training across the UK. Consequently, many junior doctors report feeling unprepared and unsupported with very little 'real life' experience of providing end of life care.

**Aim(s) and method(s)** This study investigated the experiences of gynaecology HCPs when caring for patients with advanced disease, and aimed to identify educational variances and other barriers to the provision of palliative care in nonspecialist settings. Individual semistructured interviews were completed with 12 HCPs from the Gynaecology department of a large tertiary hospital. Interviews were audiorecorded, transcribed verbatim and analysed using Interpretative Phenomenological Analysis (IPA).

**Results** Four superordinate themes were identified: (1) Discrepant Discourses (2) Relationships and Roles (3) Duties and Expectations (4) Healthcare Professionals as Emotional Beings. Key gaps in training were evident, with little focus on the psychosocial and human aspects of palliative care provision.

**Conclusions** When providing palliative care, staff may experience significant emotional trauma and long term psychological effects associated with feelings of failure, yet these issues are not commonly discussed or addressed in current practice. Increasing demands for palliative care mean that general physicians and surgeons will be increasingly involved in the care of patients at the end of life, and therefore compulsory, specifically tailored palliative care training needs to be introduced for all HCPs to prevent ongoing inequalities in care for patients managed in non-specialist settings.

P 005 IDENTIFYING HUMAN VARIANCES AND FUTURE PALLIATIVE CARE TRAINING NEEDS FOR NON-SPECIALIST HEALTHCARE PROFESSIONALS

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**Introduction** The General Medical Council and UK Department of Health both emphasise the importance