

has an honorary senior lectureship, and one has a clinical consultant post. In comparison, up to April 2014, 76% of CLs in all specialties continued in an academic post. PACTs members have also published over 100 research papers since 2009.

Discussion A national peer support network for IATs in palliative medicine is particularly important because the small number of posts limits local support. PACTs works well, and is considered helpful by members. Career progression for PACTs members compares favourably to national averages for IATs. This peer support model could be used elsewhere to support clinical academic training in palliative medicine.

P-59 FACILITATING COLLABORATIVE WORKING WITH A PATIENT CENTRED STUDY DAY

¹Kate Shorthose, ¹Anitia Brigham, ²Dawn Gillelt, ³Helen Davies. ¹St Margerets Hospice, Taunton, Somerset; ²Musgrove Park Hospital, Taunton, Somerset; ³Yeovil District General Hospital, Yeovil, Somerset

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Background A new heart failure service had recently been developed with input from the local palliative care team. Feedback from an initial joint study day was positive but felt to be too power point heavy.

A further study day was planned, with a more interactive approach. It was attended by GPs, specialist nurses and staff nurses from hospital and community settings.

Methods A programme was developed with sessions focussed around a patient's journey from diagnosis until last days of life. The sessions were led by heart failure and palliative care professionals and included a patient story. Participants were seated around tables with a facilitator on each, for group discussions about treatment decisions and specific challenges arising from the different stages of the disease.

Evaluation forms included before and after self-assessments of knowledge and confidence by the participants for each session and also asked candidates how it would change their practice.

Results 96% of participants providing feedback (25 of 26) reported an increase in confidence and better understanding of the topics covered, with improved scores before and after the teaching. The majority gave examples of changes to practice, especially around advanced care planning. Feedback was extremely positive in favour of the holistic, multidisciplinary approach and central role of the patient's story.

Conclusions The model promoted collaborative working between the palliative and heart failure teams with a better understanding of each other's role and appreciation that an integrated approach can potentially improve patient care.

Using the story of an individual patient gave more relevance and a personal aspect to the teaching sessions which was appreciated by the attendees.

There is potential for this model to be used for other non-cancer patient groups such as long term neurological conditions and chronic respiratory disease to strengthen local collaborative working between palliative care and these specialities also.

P-60 A PILOT SURVEY OF EDUCATIONAL AND DEVELOPMENT OPPORTUNITIES AND SUPPORT AVAILABLE TO SSAS DOCTORS WORKING IN PALLIATIVE MEDICINE IN EAST AND WEST SUSSEX

Sara McLintock, Jane Lewington. Martlets Hospice (Sussex Community NHS Foundation Trust), Hove, UK

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Introduction Specialty Doctors, Staff Grade and Associate Specialist (SSAS) Doctors comprise a higher workforce percentage in palliative medicine (PM) than in other secondary care specialties (19–20% vs 9%).^{1,2,3} These grades are usually considered "non-training" but employers are expected to provide educational development support.⁴ The APM annual census examines workforce and workload issues¹ but this survey aimed to discover what educational support is available. SSAS doctors working in East and West Sussex (EWS) were surveyed about educational development opportunities, support to access these opportunities, appraisal and future career plans.

Methods Eighteen SSAS doctors in PM in EWS were invited to complete a short online survey asking questions about educational and development opportunities.

Results Eleven people (61%) responded to the survey, although one did not complete several questions. The main results are shown in Table 1 with figures for the rest of England shown where available.

Abstract P-60 Table 1

	EWS n (%)	England (%)
Female	11/11 (100)	81
Less-than-full-time	11/11 (100)	77
Named supervisor	7/10 (70)	
Annual appraisal	10/10 (100)	90
Allocated SPA time	9/10 (90)	
Protected SPA time	2/9 (22)	
Study Leave in last 12 months	11/11 (100)	
Study Leave funding granted	9/10 (90)	
Course attendance encouraged	9/10 (90)	
Hospice Journal Club	5/10 (50)	
Access to regular teaching	3/10 (30)	
Would like more educational opportunities	8/10 (80)	
Audit/Quality Improvement project in last 2 years	9/10 (90)	
Plan to sit/sat exams in last 2 years	2/10 (20)	
Regularly teach others	7/9 (78)	
Attended teaching skills course	4/10 (40)	
Poor/no access to online journals	3/10 (30)	
Plan for CESR/Article 14	2/10 (20)	

Discussion This pilot survey (with 61% response rate) shows SSAS doctors in EWS are generally well supported with 90% allocated SPA time and study leave with expenses. They are educationally active doing Audit/Quality Improvement projects and teaching others. At least 2/10 plan to go the CESR/Article 14 route. Areas for improvement include more/better online resource access, and locally provided teaching. Of concern,