

dyspnoea. A seminar was followed by small group workshops for case discussion.

Results 42 doctors registered for the course and 75% attended all 6 sessions. There was evaluation of individual sessions and the course as whole. Results for relevance and appropriateness were excellent. Each session influenced practice for the majority of delegates and fully met the expectations of the participants. The course allowed extensive networking and has resulted in closer working relationships.

Conclusion There is a demand for education in symptom control among generalists working in the community. Traditional ways of delivering education can be extremely successful in terms of acceptability and impact. Consultation with local practitioners is key in providing a successful education initiative.

P203

MEETING THE NEED OF GENERAL PRACTITIONERS FOR PALLIATIVE CARE EDUCATION

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Introduction The care of patients with advanced illness is now shifting into the community setting. As a result general practitioners will provide the majority of care for these patients but often lack the confidence and experience to deal with increasingly complex problems. Local GPs identified the need for education in palliative care. However workload can make the provision of education in an acceptable format with good attendance can be a challenge.

The aim of this educational initiative was to offer an up to date, relevant and enjoyable course for doctors which improved knowledge, developed skills and influenced practice. The format was also designed to develop closer working relationships between specialists and generalists.

Method of delivery A survey was conducted among local doctors asking for opinions on the need for palliative care education and optimum methods of delivery. The resulting education course was delivered by specialist palliative care professionals one evening a month for 6 months. Each session focused on a different aspect of symptom control and included pain, vomiting, emergencies, agitation, depression/ anxiety/