made to have one education program and provide a regional day of teaching on alternate months. Attendance is mandatory for trainees, but open to all doctors working in the specialty.

We designed a 4 year program of topics based on the specialty curriculum. Each half day covers one topic and is organised by a trainee from either NW or Mersey with consultant support. The program is overseen by SpR leads who manage the email account, registration for each day and support for session organisers. Trainees organising each half day are encouraged to lead a session, enabling them to get formal feedback and a teaching observation completed.

Methods We ran this program for 12 months before completing a review. 2 surveys were sent out using survey monkey. One was sent to all attendees and another to those who had organised sessions. The demographics of attendees were also analysed.

Results Sessions have been attended by a mix of trainees, consultants and SAS doctors, with 30–35 attendees per day. 84% of attendees said the sessions met their learning needs either well or very well. 92% rated the sessions as good or excellent. 92% of session organisers felt they had enough support and information. The main challenge was finding speakers, which 58% reported to be difficult or very difficult.

Conclusions Feedback has led to the creation of a checklist to support those organising sessions. Senior SAS doctors will be more involved, making the most of expertise in the region. The new program has been well received. It provides education that meets the needs of the training program whilst supporting other doctors working in the specialty.

28 THE USE OF SUBCUTANEOUS FUROSEMIDE FOR THE SYMPTOMATIC MANAGEMENT OF PATIENTS WITH END STAGE HEART FAILURE IN THE COMMUNITY: A GP SURVEY

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Heart failure (HF) is appropriately described as an epidemic with recent estimates suggesting there are more than half a million people living with this syndrome in the UK alone.

For patients with end-stage HF (ESHF), diuretic therapy is the cornerstone of treatment. These patients frequently require escalation to parenteral diuretics for symptom management; this can be a challenging option for patients who wish to be cared for at home. Continuous subcutaneous infusion (CSCI) of medication via a syringe driver (SD) has been used for over 30 years, revolutionising the care of dying people. Administering furosemide via this route can be an effective alternative to intravenous (IV) therapy.

An electronic survey was sent to General Practitioners (GPs) across the five Health and Social Care Trusts in Northern Ireland (NI) to determine if subcutaneous furosemide was being prescribed for patients in the community with ESHF. The survey was disseminated via email and private social media sites.

63 GPs completed the survey. 86% of GPs did not know that furosemide could be given subcutaneously with only 5% of GPs having ever prescribed it. 90% of GPs felt that there was a role for subcutaneous furosemide and under specialist guidance 86% of GPs would be willing to prescribe it. 44% of GPs felt that they would need additional training to feel confident in prescribing subcutaneous furosemide and expressed concerns, such as, availability of medication, training for district nurses, additional GP workload, anxiety relating to blood monitoring and choosing the appropriate dose.

Subcutaneous furosemide can be beneficial in the symptomatic management of patients with ESHF. With specialist guidance, training and support GPs in NI would be willing to consider this as a treatment option, which could prevent unnecessary hospital admissions and allow patients with ESHF to die comfortably in their own home.