

British Association of General Paediatrics and the Paediatricians in Medical Management Group

G280

CLINICAL MANAGEMENT FOR SENIOR PAEDIATRIC TRAINEES – PUTTING THEORY INTO PRACTICE

S Jyothi, A Kanani, H Goodyear. *Paediatrics, West Midlands, Birmingham, UK*

10.1136/archdischild-2015-308599.257

Background Paediatric trainees have variable training experience in clinical management before they become consultants. While there has been increased awareness in recent years of the need to incorporate this into training, there is no agreed way across all deaneries.

Aims 1. To pilot a clinical management course for level 3 trainees (ST6–8) in our deanery with the help of Keele University for 2 years (2012–14).

2. To survey other deaneries on clinical management training for level 3 paediatric trainees.

Methods We drew up a 4 day paediatric bespoke clinical management course with Keele University in 2012. The main course topics were history and structure of the NHS, financing healthcare, personality types, leading and motivating teams, leadership style and handling conflict, writing a successful business case and the basics of service improvement projects (SIPs). All attendees were expected to complete a SIP and present it to their group on the last day. We reviewed feedback after 2 cohorts of trainees (total 42) completed the course.

An email questionnaire was sent to all paediatric Head of Schools (HOSs) in October 2014.

Results Feedback for our course was consistently positive and all trainees felt they gained insight into topics that are not usually covered during their training. They appreciated the main course topics.

We received 7 replies to our email questionnaire. 6/7 deaneries allocated an annual £400–£600 study leave budget per senior trainee including life support courses. 4 deaneries provided management courses combined with other specialties but the trainees were not expected to complete SIPs. 3 deaneries did not offer formal course on management.

SIPs developed and presented by trainees

- Developing a new patient information leaflet on anaphylaxis
- Improving hand-over in the evening by liaising with IT
- Decreasing discharge delays due to pharmacy waits
- Reducing 4 h wait in children referred by GP
- Developing a checklist for admissions in PICU
- Improving oncology day theatre patient pathway

Conclusions After review of feedback, we made a few modifications and have decided to run this course yearly for the next 5 years.

A structured clinical management programme by deaneries would improve knowledge and confidence amongst trainees to help lead changes in the future.

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MAKING A CASE FOR 'CONSULTANT DELIVERED CARE' IN PAEDIATRICS

J Rich, R Balu, S Cronin. *Paediatrics, University Hospital of North Durham, Durham, UK*

10.1136/archdischild-2015-308599.258

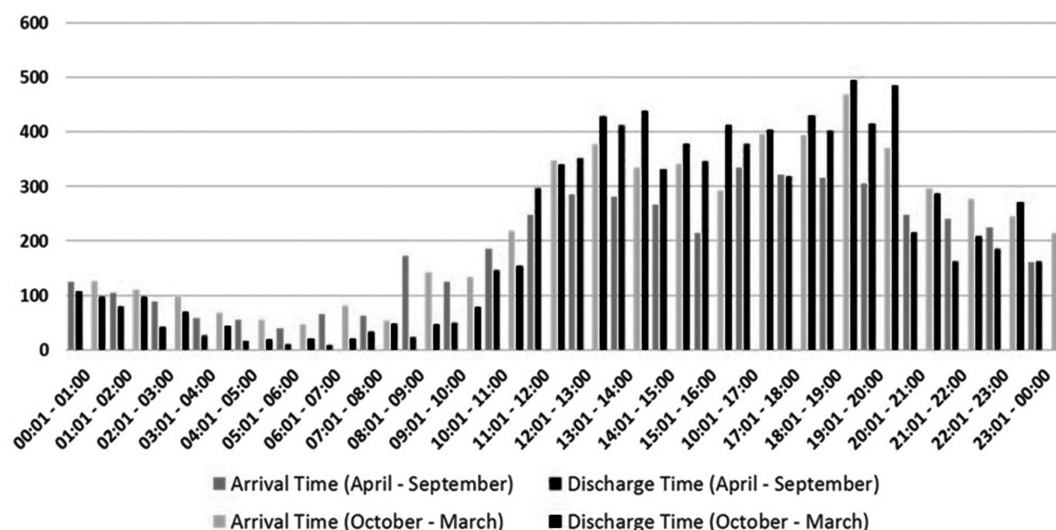
Aims The RCPCH standards, *Facing the Future standards* highlighted need for changing the paediatric services.

An important area of concern is that only 25% of units across the UK in 2013 had a consultant present at times of peak activity. There is evidence that a consultant led service is more efficient, ensures rapid decision making and improves outcomes.

We recognised the need to change, but had to reconsider the options for delivering care in more innovative and efficient ways.

Methods We used hospital informatics data to make a clear case for consultant presence for extended hours and studied its impact on outcomes. Data was obtained for all 10015 admissions over 24 months on time of admission, time of discharge and length of stay. Average admissions were 418 per month over 24 months.

We used this information (Figures 1 and 2) to define peak activity hours (1200 to 2300 h), demonstrate the need for consultant presence and to implement service changes creating a 'short stay unit'.



Abstract G281 Figure 1 Hourly activity on the paediatric ward over 2 years