Education

CREATING A PROBLEM BASED CURRICULUM FOR PAEDIATRICS

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Background: In 2000 SGHMS began teaching graduates in a new 4 year course, alongside its conventional integrated undergraduate 5 year programme. Over the first 2 years students used problem based learning (PBL) to cover aspects of basic science, clinical skills, communication, and fundamentals of clinical medicine. In 2003 the 35 students began a 5 week PBL based clinical paediatrics course. This report describes the programme and some outcome measures.

Methods: Rather than paper based problems, the course exposed students to real clinical situations that needed understanding and solving. Such exposure occurred in clinics, A&E, at homes, and on wards. Cases encountered were explored in two semi-formalised sessions a week with a tutor (a process we termed clinical PBL). Furthermore, one intranet based PBL case a week was used, to ensure the whole curriculum was covered. There were no lectures. Outcome was measured by an end of firm questionnaire and a summative assessment comparing results with the 5 year course. A questionnaire looked at career choices in the graduate group.

Results: Students enjoyed the course, awarding it 4.7 (0.1) out of 5 (arbitrary scale) compared with 4.2 (0.8) for the 5 year course (p = 0.05). Students felt similarly competent in history and examination skills in both courses. In the end of firm (summative) assessment, students scored 64.1 (1.7) % compared with the traditional course mean of 56.1 (1.4) % (p = 0.005). A large number intended to choose paediatrics as a career, with 20% expressing paediatrics as their first choice of career and 51% suggesting it as a possible choice.

Conclusions: Paediatrics can be taught as a problem based curriculum and appears good at teaching practical paediatrics, skills, and interesting students in the specialty. The tutorial based nature of the teaching has staffing implications.

ASSESSING INTER-PROFESSIONAL EDUCATION: "IF YOU WANT US TO TAKE IT SERIOUSLY YOU HAVE TO MAKE IT COUNT"

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Learning from Bristol recommends that medical education and training should pay more attention to non-clinical aspects of care including the development of skills in communicating with patients and colleagues, and teamwork, and these should be formally assessed.

Aim: To design, deliver, and assess ward based inter-professional learning, teamwork, and communication skills for undergraduate students in paediatrics and children’s nursing. By involving SHOs as well as specialist medical and nursing educators in delivery, assessment, and feedback, the programme aimed to satisfy not only undergraduate GMC and NHMC learning outcomes but also the relevant training requirements of SHOs.

Method: The programme was designed and delivered during the 2002/3 academic year and involved 31 students, six SHOs, and four educators. Assessment included objective measures of skills and knowledge, quantitative evaluation of communication and team working skills, and structured feedback on the educational value of the exercise. The programme was evaluated using a combination of quantitative methods deemed most appropriate for healthcare education research.

Results: Most students scored highly (OSCE) in their ability to perform the required clinical skill with no difference between medical and nursing students. Students identified as not participating in teaching provided by nurse specialists scored less well. Clinical knowledge was included in the end of course assessment. Communication and team working skills were marked separately by a minimum of three assessors, using a standardised marking scheme, and the marks amalgamated into a single combined percentage. Scores ranged from 23–82%. Again, medical and nursing student scores were similar.

Conclusions: Student evaluation of the project was positive for all learning outcomes and for the assessment process but they also felt that marks should count towards their formal assessment. SHOs indicated that their involvement had helped them to learn to teach, learn more about teaching methods, work with other healthcare professionals, and communication skills particularly regarding “explaining” to parents.
should be encouraged to carry soft and other small toys and dress “casual smart”.

**G68**        
**PEDIATRIC PRE-REGISTRATION HOUSE OFFICER POSTS: TIME WELL SPENT?**

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**Introduction:** Research has been published with pre-registration house officers (PRHO) involving traditional posts of medicine, surgery, and emerging posts in general practice. No study of paediatric posts has been published.

**Aim:** To perform a qualitative evaluation by questionnaire survey of paediatric PRHO posts in the UK.

**Methods:** Doctors employed in paediatric PRHO posts across all UK deaneries enrolled between August 2002 and April 2003. Consent to approach doctors was obtained from postgraduate deans. Multicentre research ethics approval was granted.

**Results:** There were 61 paediatric PRHO posts in 16 of the 18 deaneries; the majority were 4 month posts. 124 questionnaires were distributed and 64 (51.6%) were returned complete. Over 50% of respondents were planning or considering a career in paediatrics. Over 90% of respondents were exposed to core clinical skills (history taking, examining, and prescribing medications for children). A small number reported regularly performing specialist procedures; for example abdominal paracentesis, treating pneumothorax, and tapping pleural effusion. Common paediatric conditions were seen regularly by most respondents. Some doctors are performing inappropriate clinical duties as defined by the GMC. Doctors suggested good points and things they would like to change about the post. Over 90% rated the paediatric post as having a strong or very strong influence on their desire to continue in paediatrics.

**Conclusions:** Paediatric PRHO posts offer good experience of paediatrics to newly qualified doctors, and the opportunity to develop core skills. The GMC might wish to update advice in the new doctor to improve career planning. Building on this work, and similarly, the Royal College of Paediatrics and Child Health should describe objectives for PRHOs. This research is particularly pertinent in view of plans for the new “foundation” house officer years.

**G69**        
**LEARNING EXPERIENCES OF NEONATAL SENIOR HOUSE OFFICERS (SHOs) IN NORTH EAST THAMES**

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**Aims:** Current changes in working practices will affect learning opportunities for junior doctors. We explored SHOs’ opinions about teaching, supervision and feedback, facilitating independence, goals and standards, learning facilities, and workload on their units to enable us to make suggestions to optimise learning.

**Methods:** A questionnaire was sent to 90 SHOs on 15 neonatal units in north east and north central London, Essex, and Hertfordshire between November 2002 and February 2003. 46 replies were received, a response rate of 51%.

**Results:** Educational facilities such as internet linked computers and textbooks are generally available. 51% of SHOs say that their units provide <2 h per week of protected teaching. Due to shift work and service commitments 42% of SHOs attend less than half of formal teaching sessions provided, failing to satisfy Royal College of Paediatrics and Child Health guidelines. 44% of SHOs stated that excessive workload affects their learning and 27% had difficulty obtaining study leave. SHOs found teaching ward rounds and small group sessions helpful in promoting a deeper understanding of neonatal medicine. There were complaints that lectures, which accounted for the majority of teaching, were uninteresting and not clinically relevant enough. Many wrote about being valued as members of the team, supported, and encouraged to learn by senior doctors; however, a significant number felt isolated when they received what they felt to be unjustified or excessive criticism. Only 16% received feedback after on calls or night shifts. Half of respondents felt that feedback was given in a positive way with value given to their own opinions, helping them to improve their performance. 47% of SHOs said that did not have control over how they learnt.

**Conclusions:** Replacing lecture style teaching with more patient orientated sessions will make better use of available working hours and improve SHOs satisfaction with their training. Investment in medical education training is needed to equip doctors with the confidence and ability to support the learning of junior colleagues, develop skills which enable lifelong learning, and meet the needs of patients.

**G70**        
**SENIOR HOUSE OFFICER (SHO) ATTENDANCE AT TEACHING SESSIONS IS LIMITED BY SHIFT ROTAS**

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**Background:** Implementation of the European Working Time Directive is leading to increased numbers of hours worked by junior medical staff, by the increased use of full or partial shift rotas. There are concerns that this will have a detrimental impact on training particularly, at the SHO grade. The Royal College of Paediatrics and Child Health has recently reviewed the educational attendance standard from 75% to 70%, aiming for 2 h per week, but emphasising the priority of quality of teaching. The aim of this study was to quantify attendance at the twice weekly formal teaching sessions by SHOs working on an eight person full shift rota.

**Method:** The setting was a tertiary neonatal unit. An attendance register was completed at each hour long teaching session after SHOs changed from an on call to a full shift rota.

**Results:** The median (range) attendance was 53.0 (35.6–71.4) %. Only one SHO achieved >70% attendance. By comparison, attendance by registrars, working on a “1 in 5 on call” rota, was 66.7 (46.4–71.4) %. Only one registrar achieved >70% attendance. The most frequent reason for non-attendance was off duty, followed by annual leave and study leave. 13.6% of the sessions were disrupted by clinical work despite a bleep free policy.

**Conclusion:** These results suggest that 70% attendance is unattainable for SHOs on a full shift rota. It may be possible to improve attendance by better planning of clinical duties. Adoption of a more holistic approach to education may be necessary to improve quality of SHO training since attendance at formal teaching sessions is limited by shift working patterns. Royal College of Paediatrics and Child Health. Paediatric. Royal College of Paediatrics & Child Health paediatric training handbook. London: RCPCH Publications, 2003.


**G71**        
**AN AUDIT OF PAEDIATRIC AUDITS: IS THE AUDIT CYCLE BEING COMPLETED?**

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**Introduction:** Clinical audit has a pivotal role in health education, as we seek to continuously improve the quality of patient care. Completion of the audit cycle establishes the effectiveness of the audit in improving patient healthcare.

**Objective:** To ascertain how many audits fulfilled the full audit criteria and how many closed the loop by re-auditing. The standard set was 100% of audits should fulfill the full audit criteria and have been re-audited.

**Methods:** 134 registered audits undertaken between 1994 and 2000 at a children’s teaching hospital were examined retrospectively. The audit cycle was categorised into 6 stages and the different levels of audit defined as full, partial, potential, and planning. The Royal College of Paediatrics and Child Health criteria for audit was fulfilled. 44% of audits were partial, 30 (24%) were potential, and 7 (6%) were planning.

**Results:** Of the remaining 126 audits, 35 (28%) were full, 53 (42%) were partial, 30 (24%) were potential, and 7 (6%) were planning. Of the various specialties, paediatric (34, 27%) and community (20, 16%) medicine undertook the most, and the allied disciplines of audiology, nutrition, physiotherapy, and nursing undertook the least 8 (6%) audits. Re-audits were undertaken in 25 (20%) audits. Recommendations were made in 77 (61%) audits.

**Conclusions:** Most audits undertaken do not fulfill the full audit criteria and had not been re-audited. There is marked variation in audit practice within the various paediatric specialties.

**Recommendations:** Newcomers to audit are given training on audit methodology. A definite time frame for re-auditing should be decided when an audit is first undertaken. All audit departments should undertake an audit of their audits on an annual basis. These measures should promote awareness and lead to better quality audits.

G72  HOME PARENTAL NUTRITION: IMPROVING OUR TEACHING—WHAT CAN WE LEARN FROM PARENTS’ EXPERIENCES?

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Aim: To administer parental nutrition at home, parents need expert skills. We wanted to find out retrospectively what were the issues that mattered to parents when learning to administer HPN?

Method: All parents who had experienced learning HPN (1987–1999) were approached. Quantitative data collected included, total time in hospital on PN before teaching commenced (BT-PN), learning time in hospital (L-PN), and total time on HPN (T-HPN). Records were examined for evidence of teaching, learning, and consent. Semi-structured interviews with parents were qualitatively analysed.

Results: Nine out of nine parents of children, all with short bowel syndrome, agreed to be interviewed. At the time of the study four had completed treatment, three were currently on HPN, and two children had died. Data fell into two groups; six early pioneer cases with no teaching protocol or record in the notes of teaching, mean BT-PN 99 days and L-PN 58 days and 3 later protocol led cases, mean BT-PN 7 days and L-PN 18 days where records did not confirm competence. T-HPN ranged from 3 months to an ongoing 7 years. The teaching documentation referred only to inpatient education. None had written consent. Parents reported learning difficulties; their changing emotional state, different teachers, varied techniques, different equipment, and no teaching at home. Ultimately they felt unacknowledged experts but vulnerable and wanted refreshing and revalidation of skills. When hypothetically offered the ideal of a 24 h HPN nurse all stated that the benefit of parent administration was providing control over the illness and maintaining family privacy.

Conclusion: Parents have less time to observe and learn PN in hospital and for nurses to identify specific difficulties to their learning. Continuing learning at home has not been acknowledged. Further, documentation did not capture the parents’ progression in learning and competence; this in conjunction with the lack of formal consent may compromise legal accountability.

G73  UNMET EDUCATION AND TRAINING NEEDS IN ADOLESCENT HEALTH AND TRANSITIONAL CARE OF RHEUMATOLOGY HEALTH PROFESSIONALS

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Background: Transitional care has been highlighted as a main subject area in future curricula in adolescent health by the RCPCH (2003) and is an important aspect of management of adolescents with chronic illnesses like juvenile idiopathic arthritis (JIA). The aim of this study was to determine the perceived education and training needs of health professionals currently involved in the care of adolescents with JIA prior to the implementation of a national transitional care programme in the UK.

Methods: A questionnaire to identify current education needs was distributed to RCPCH membership. Of 116 completed, 108 were valid.

Results: 263 professionals completed the first survey (29%). Education and training needs were reported by 114 (43%) health professionals. Transition issues (23% completion) and informational resources (21%) were the most frequently reported areas of need. 22 clinical research personnel completed the second survey (100% completion), who rated lack of training, lack of teaching materials geared towards adolescents, and limited clinical time as the main barriers to providing developmentally appropriate care to adolescents. Specific adolescent conditions/concerns were all perceived as of moderate to high importance to address in the rheumatology clinic by the majority of respondents. Over half of clinical research personnel reported low/very low perceived skills/comfort levels in addressing sexual health issues (54%). Over a third of research personnel reported a lack of confidence in addressing fertility issues (59%), facilitating peer support (36%), dealing with benefits (36%), and available community agencies and services for adolescents (32%).

Conclusion: Unmet education and training needs of healthcare professionals exist in key areas of transitional care and provide a useful guide for the development of future multidisciplinary training programmes.

G74  THE STATE OF PAEDIATRIC CLINICAL ACADEMIC STAFFING IN THE UK

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There is evidence of high esteem in UK university departments of paediatrics, but recent changes in funding council support to universities influenced by the Research Assessment Exercise (RAE) may be causing an erosion of staffing levels with the prospect of reducing career advancement in academic paediatrics.

Aims: To assess changes in staffing and confidence in academic departments teaching undergraduate paediatrics in the UK.

Methods: A questionnaire was sent in April 2003 to all 23 academic departments in UK medical schools asking about changes in staffing levels in the previous 5 years, the effects of the RAE on research, and recent changes within their department.

Results: Complete responses were received from all 23 departments (100%). There were (FTE) 80 professors, 115.8 readers and senior lecturers, and 53 lecturers. In the previous 5 years there had been an overall reduction of 26.85 FTE posts (10%). This reduction was most marked at lecturer grade (25% loss). In the previous 2 years 10 (43%) departments had been required to change their title and in only two could paediatrics still be identified. In 12 of 23 (52%) centres the respondent stated that the most recent RAE had been detrimental or severely detrimental to their department.

Conclusions: There has been a recent significant loss of training posts in academic paediatrics as well as evidence of reduced morale. This may have major effects on all those who practice paediatrics in the UK in years to come.

G75  DOES COPYING LETTERS TO PATIENTS MAKE FOR BETTER EDUCATION?

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Aim: All doctors will be sending copies of GPs’ letters to patients by April 2004. 1, 2 We found no studies on families’ experience of reading letters and rated doctors’ concern over increased workload and possible adverse outcomes. Therefore, we investigated families’ experience of receiving letters from a clinic where this has been the practice for the past 10 years.

Methods: FA interviewed, with a semi-structured questionnaire, 50 consecutive follow up attendees and 5 randomly selected from the non-attendees.

Results: All families agreed to be interviewed on the last letter from clinic. 92% stated they received the letter and 91% of these filed it, for receipt of the letter.

Conclusions: Parents and children studied benefit from receiving a copy of the clinic letter and in one fifth medication was altered only on receipt of the letter.


G76  UNMET EDUCATION AND TRAINING NEEDS IN ADOLESCENT HEALTH OF PAEDIATRIC SPECIALIST REGISTRARS

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Background: Formal clinical training opportunities in adolescent health in the UK outside mental health are limited and there is a need for further research in this area. The RCPCH has recognised this need in the recommendations Bridging the gaps: health care for adolescents.
Abstract G76

<table>
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<th>SpR year</th>
<th>SpR (N)</th>
<th>Adolescents seen per week.</th>
<th>Prior training N(%)</th>
<th>Teaching in RCPCH recommended subjects</th>
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<td>10 (3–20)</td>
<td>17 (100)</td>
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<tr>
<td>Final (3–5)</td>
<td>8</td>
<td>7 (1–20)</td>
<td>4 (50)</td>
<td>48 (8, 67)</td>
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**Objectives:** To determine the perceived education and training needs in adolescent health of paediatric specialist registrars.

**Methods:** A modified version of the Perceptions of adolescent issues and resources: care of adolescents questionnaire was distributed to paediatric specialist registrars prior to an adolescent health study day. The results were analysed according to registrar year and the areas that scored very low/low were looked at in more detail.

**Results:** The survey was completed by 26 SpRs, 80% female. 85% of adolescent issues, including sexual and psychological health, were perceived to be of high/very high importance by at least 50% of SpRs. 50% of SpRs rated their knowledge to be low/very low in 29% of the subject areas recommended for training by the RCPCH. Very low/low perceived skill level and knowledge of resources were reported in addressing many issues of adolescent health, including dating and vulnerability (>55%) and sexuality (>80%). Lack of training was the main barrier to providing developmentally appropriate care to adolescents.

**Conclusion:** The education and training needs in adolescent health of paediatric specialist registrars is not currently being met, as suspected.

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**EXPLAINING UNLICENSED MEDICATIONS TO CHILDREN: HOW EFFECTIVE IS THE RCPCH LEAFLET?**

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**Introduction:** Manufacturers are required to include a drug information insert with their medicines. The leaflet will include the indications for use and the patients’ age range, approved by the Medicines Control Agency which the company applied for a licence. A recent study showed that 36% of children during their inpatient admission received a medicine that was either unlicensed or off-label. The Royal College Committee on Medicines sent a letter to the chief executives, distributing information leaflets for parents and older children. This was to explain licensing and reassure parents and children that their unlicensed drugs are safe and appropriate despite the drug information insert.

**Method:** Two head teachers of Nottingham and Liverpool comprehensive schools agreed to present the leaflet as a class activity, to two classes of mixed ability. The children were given adequate time to read the leaflet at their own pace. The Royal College Committee on Medicines had distributed the leaflet to the chief executives, distributing information leaflets for parents and older children. This was to explain licensing and reassure parents and children that their unlicensed drugs are safe and appropriate despite the drug information insert.

**Results:** Six out of 50 children understood the leaflet. Sample comments included: “what is it trying to say?” “be careful with unlicensed medicines”, and “are they (unlicensed medicines) dangerous?” Fourteen commented it was interesting; 12 said it was difficult to understand.

**Conclusion:** The children failed to understand the key message, that unlicensed medicines are safe to take if prescribed by your doctor. This could lead to problems with compliance. The RCPCH needs to review policy on patient leaflets and ask children and young people to read them before production.

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**EXPERIENCE OF TRAINEE PAEDIATRICIANS AT ENTRY TO SPECIALIST REGISTRAR TRAINING—HAS CALMAN CHANGED ANYTHING?**

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The study aim was to determine the qualifications and experience of trainee paediatricians at entry to specialist registrar (SpR) training. All 35 trainees appointed to the West of Scotland Deanery between 1996 and 2003 were contacted and requested to reply to a structured questionnaire. Information requested included university and year of graduation, undergraduate awards, sex, age at appointment, date of MRCPCH, and additional postgraduate qualifications. Previous employment data were obtained, including intra-deanery experience, junior (JHO) and senior house officer (SHO) experience in paediatrics and neonatology in both district general and teaching hospital posts in addition to non-paediatric experience and overseas work. Prior applications were noted in addition to publications and presentations. Of the 34 responses, 25 (75%) were female, with a median age of 29 years (min 27, max 39 years). Undergraduate education was in Scotland in 29/34 (85%). Eight (23%) had been awarded a BSc. Paediatric surgery experience was attained in 13/34 (34%). The median time between graduation and SpR appointment was 7 years (4, 16) and 2 years (0, 9) between MRCPCH and appointment. Median time as an SHO was 15.5 months (6, 30) in general paediatrics and 6 months (3, 13) in neonatology before progression to a supervisory SHO role. The median number of publications at appointment was 0 (0, 16), with few presentations, median 1 (0, 22). No difference was observed in any variable between those appointed in 1996 and 2002.

In summary this study fails to demonstrate a decline in duration of training prior to SpR appointment. It also demonstrates a paucity of interest in obtaining publications prior to interview. With national competition for subspecialty appointments now in place concerns exist that SpRs from this deanery may not be competitive on a national basis.

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**RESEARCH ACTIVITY AND ATTITUDES IN PAEDIATRIC REGISTRARS**

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**Introduction:** Paediatric specialist registrars (SpRs) are the consultants of the future and it will be their responsibility to take forward research in children, initiating their own research, and supervising that of juniors under their training.

**Aims:** To assess the current research activity of paediatric SpRs, their attitudes and motivations in this field, and training in research methods given.

**Method:** A questionnaire based study carried out in the training regions of Mid Trent, North Trent, South Trent, Northern, and the West Midlands.

**Results:** A total of 280 questionnaires were sent out and 100 returned (36% response rate). The results will be quoted as a percentage of the 100 respondents. The year of graduation was 1986–2000 (mean 1995) with 70% female. 38% of the whole group published papers (53% of years 5 or greater SpRs), the number of papers rising with SpR year ($r^2=13.5, df=1, p<0.001$). Only 43% of the group had carried out research in an SpR post with only 15% feeling that they had protected time for research. 15% had held a research post (duration 5–42 months) and 17% held or were studying for a higher degree (MD 10%, 3.5% PhD, and 3.5% MSc). Less than half the group felt they had the skills to secure funding, write a protocol, submit to ethics, or statistically analyse data or present it. 53% of trainees had not received any time designated to research skills within SpR training days. The format of the questionnaires were noted in addition to publications and presentations. Of the 34 responses, 25 (75%) were female, with a median age of 29 years (min 27, max 39 years). Undergraduate education was in Scotland in 29/34 (85%). Eight (23%) had been awarded a BSc. Paediatric surgery experience was attained in 13/34 (34%). The median time between graduation and SpR appointment was 7 years (4, 16) and 2 years (0, 9) between MRCPCH and appointment. Median time as an SHO was 15.5 months (6, 30) in general paediatrics and 6 months (3, 13) in neonatology before progression to a supervisory SHO role for a median of 22 months (6, 54) in general paediatrics and 12 months (0, 41) in neonatology. Overseas training was undertaken by 21/34 (62%). A research period was undertaken by 5/34 (15%) with non-paediatric experience seen in 14/34 (41%). Intradeanery experience was present in 29/34 (85%) and 7/34 (21%) had been interviewed for this deanery previously, with a further 10/34 (29%) having failed elsewhere. The median number of publications at appointment was 0 (0, 16), with few presentations, median 1 (0, 22). No difference was observed in any variable between those appointed in 1996 and 2003.

In summary this study fails to demonstrate a decline in duration of training prior to SpR appointment. It also demonstrates a paucity of interest in obtaining publications prior to interview. With national competition for subspecialty appointments now in place concerns exist that SpRs from this deanery may not be competitive on a national basis.
research, 18% describing it as a necessary evil. Their most important motivators were CV (37%), answering questions (35%), and interest in the subject (28%). 68% expressed an interest to undertake future research.  

**Conclusion:** Paediatric SpRs have a strong motivation to do research but many may not have the skills, training, or opportunity to do this within their Calman training post. We need to promote research and its training within the SpR grade.