Aims Following divisive contract negotiations, with significant pressure on the NHS, and an inflexible postgraduate training system, there is growing concern for junior doctor (JD) morale and engagement. The new JD contract introduces a powerful tool for positive change – the Exception Report (ER). Initial rates of ER have been low, with concerns of JD disillusionment and potential for dis-engagement if responses to ER are perceived as insensitive. We aimed to identify current JD thoughts, ideas and feelings on ER at a specialist paediatric hospital.

Methods A focus group was held to characterise current JD opinion on ER. The group was advertised primarily to Junior Doctor Forum (JDF) members, with JDF members asked to invite their JD colleagues. Eight JDs attended a structured focus group. Opinions and ideas were sought on ER triggers and root-causes, and on potential solutions, as well as current feelings on ER and supervisor approaches to ER that were anticipated to be conciliatory or inflammatory. Findings were presented as mind-maps to the JDF to review completeness and validity.

Results Pervasive themes of clinical workload, doctor-specific admin, staff mix and resultant pressure on educational opportunities arose, along with a recognition that these issues transcend staffing groups. ER was strongly felt to be part of constructive departmental system/structural review, rather than a reflection on the reporter. Themes from the focus group are supported by currently submitted ERs.

Conclusion ER should be considered a symptom of a just departmental culture. They should be used positively to identify system issues, with the baseline assumption that the trainee is not at fault. Financial compensation and time-off-in-lieu (TOIL) are recognised as important, fair, and necessary for safe and sustainable practice, however, recognition of effort, work and personal sacrifice are considered indispensable.

G125(P) 'PAEDIATRIC FAMILIES'- A BUDDYING SCHEME TO SUPPORT NEW TRAINEES

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Aims To improve morale amongst trainees and ensure that they feel supported. The Paediatric Families project was developed in order to provide peer support for new ST1 (the 'child') Paediatric trainees. It was modelled on university budding systems and designed to support new trainees during a recognised challenging period of training.

Methods ST2-ST8 trainees (the 'parents') were recruited through the local paediatric website. Each paediatric training family consisted of two 'children' who were matched with two 'parents'. Matching was geographical sector based and occurred in 2016, prior to commencement of ST1 training. A Typeform survey was sent to all family members nine months later to review experiences of the project.

Results The survey was sent to 179 family members with a response rate of 29% (39% of 'parents' and 19% of 'children').

Only 33% of respondents had met their family. Reasons for not meeting included lack of interest from other family

members (41%) and rota incompatibility (19%). Most family members communicated through email and WhatsApp.

'Parents' stated the advantage of the project was being able to assume a mentoring role (37%) and support junior trainees (33%). 'Children' felt that advantages included mentoring (30%), career guidance (25%) and support (25%).

59% of family members felt that having a paediatric family was useful and 57% agreed that having social events would be helpful.

Conclusion The paediatric family project is a novel practical approach to supporting junior trainees. Although initial interest was high, only a third of families met with the result that over a third of respondents questioned the usefulness of the scheme. Based on the feedback received the following changes have been implemented for the current cohort:

Improved support for parents – including e-mail advice and a 'top ten tips' guide before starting.

Regular organised social events.

Matching within trusts so that family members can have 'on the job' support. In the current cohort currently over 95% of trainees are matched within the same trust.

G126(P) DEVELOPING LEVEL 1 TEACHING IN PAEDIATRICS AS A QUALITY IMPROVEMENT PROGRAMME (QIP)

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STEP 1 teaching is a monthly programme for Level 1 (ST1–3) Paediatric trainees. There has been a great deal of change in education within the Deanery and STEP 1 was noted to be suffering.

Aims Our primary aim was to create a teaching programme for trainees which complied with RCPCH curriculum, was educational and well-received by trainees.

Methods We identified the issues with STEP 1 teaching in September 2016. At this time, we undertook an audit to identify how compliant with the RCPCH curriculum the teaching had been prior to our interception of the project (October 2014 – November 2016). Following this, we produced a STEP teaching programme to roll over 12 months, mapped to the RCPCH Level 1 curriculum.

We contacted Consultants within the Deanery and higher level trainees outlining the programme and asking for teaching support. Once we received interest, we then produced a teaching timetable for the next year which is now complete until July 2018. We outlined the aims for each teaching session ensuring the curriculum was met.

Throughout this QIP, we have undertaken trainee feedback surveys to help develop the programme.

Results The initial audit undertaken showed that of the 12 subspecialties outlined in the curriculum, only 67% were taught. Within these, there was <50% compliance with listed curriculum items.

We undertook trainee feedback surveys which highlighted issues with teaching and suggestions for improvement. Since creating the new teaching timetable, we have sent out a further survey to the same trainees. Results awaited.

Conclusion Having undertaken STEP 1 teaching, we understood the importance of having a well-structured and organised programme and wanted to develop this idea.