Methods Clinical cases were selected from paediatric admissions to University Hospital Limerick, with written informed consent obtained from parents for use of their child's clinical information. Of several E-learning course development applications reviewed, 'Articulate' was selected for its ease of use, capacity to design interactive components, ability to incorporate multimedia and aesthetics. The course framework was created by our I.T. officer and clinical data and supporting content were added by the clinical tutors.

Results Our pilot case followed the clinical course of an infant with pyloric stenosis from presentation to outcome and was completed by medical students at the end of their paediatric rotation. Twenty-three students completed an anonymous online questionnaire on their experience of the course.

The visual aspects of the course were rated as very high quality by 87% of students and high quality by 13%. Ease of navigation was rated as extremely easy by 69%, with 96% of students satisfied with the duration of the course. Of students surveyed, 78% were happy with the level of interactivity, while 21% of students would have liked additional interactive sections.

The course was described as 'extremely useful' by 56% of students and 'very useful' by 30%, with only 4% finding the course 'not very useful'. All students reported learning new information, with 17% learning 'a great deal', 39% 'a lot' and 39% a 'moderate amount' of information. Of those surveyed, 78% reported they 'definitely would' and 21% that they 'probably would' access more cases.

The 'Articulate' software allowed both I.T. and clinical tutors to contribute to the design process and cost was acceptable, with funding agreed by the university.

Conclusion We have successfully designed an authentic interactive case-based E-learning course with excellent feedback from medical students. We plan to demonstrate evidence of objective learning through formal assessment and to create more cases in keeping with the undergraduate paediatric teaching curriculum. We hope to design cases of increased complexity which could be extended to postgraduate paediatric trainees.

P253 HOW MUCH IS TOO MUCH? SKY ROCKETING COST OF CONTINUOUS PROFESSIONAL DEVELOPMENT

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Background Continuous Professional Development (CPD) is a mandatory requirement for revalidation. Financial constraints due to austerity have consistently upset study budgets. The high cost of CPD is a deterrent in the professional growth and may, in turn, impact the quality of patient care. The author efficaciously organised a multi-agency CPD event at an all-inclusive cost of £40.

Objective To explore an alternative way of coping with the ever-rising cost of CPD's!

Methods Participants in a well-attended multi-agency safeguarding CPD event in England were surveyed. Out of 130 participants, 119 contributed to the survey. The response rate was over 90%.

Results 70% of the responders were from Health, 16% from Education, 12% from Children's Social Care and 2% from the Police department.

From the health side, 60% were Consultants, 27% were Paediatric trainees, 10% were Nurses and 3% were GPs.

1 in 2 responders had no specific study budget. 1 in 3 had a study budget of between £500 and £1000. 1 in 10 of them was allowed to spend less than £500 and 1 in 20 had the luxury to spend £1000 per year.

2 out of 3 of the respondents reported that their study budget is inadequate. An overwhelming majority (80%) were of the opinion that the CPD events should either be free to attend or cost less than £50 per day.

Conclusion Many CPD events are currently priced at £500 or more. Attending one such CPD may consume entire year's study budget and seriously jeopardise clinicians ability to keep up with the on-going learning needs in a fast-changing world of medicine. Tax Payers' money must not be used for institutional profiteering.

Recommendations We strongly suggest rationalising and optimising the cost of the CPD events and putting up a cap on the maximum amount of money that could be charged.

P254 COMPARING THE OPINION OF TRAINEE DOCTORS AND CONSULTANTS WITH REGARDS A TRAINEE'S PREPAREDNESS FOR PAEDIATRIC WORK

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Aim To compare the opinion of paediatric consultants to paediatric Senior House Officer's (SHO's) with regards their perceived level of preparedness for starting clinical work in paediatrics.

Methods A 10 item five-point Likert scale questionnaire (1=strongly disagree, 5= strongly agree) was administered to paediatric consultants examining how well they felt their SHO was performing. A similar 10 item questionnaire was administered to current paediatric SHO's examining how well prepared they felt they were to perform in these areas when they commenced work in paediatrics.

There were 5 questions which appeared on both questionnaires and they relate to; procedures, clinical examination, teamwork, history taking and out-patient consultations.

Results 50 consultants completed the questionnaire and expressed satisfaction with all aspects of their SHO's performance. 75 SHO's completed the questionnaire and rated their undergraduate preparation for the job relatively poorly in the

Abstract P254 Table 1 Comparing responses by SHO to consultants for those question which appear on both the SHO and consultant satisfaction questionnaire using a Mann Whitney U test

Question	Consultant Median Likert score	SHO (n=75) Median likert score	pValue
Procedures	4 (n=46)	2	<0.05
Clinical exam	4 (n=50)	4	0.51
Teamwork	4 (n=47)	4	<0.05
History Taking	4 (n=36)	4	0.15
Out-patient work	4 (n=33)	4	<0.05