

Mycobacterium abscessus is a non-tuberculous mycobacterium which is found widely in soil and water. It is mostly known to cause infection in immunocompromised patients or those with an underlying lung disease, but infection is increasingly seen in otherwise healthy patients. It is commonly multi-drug resistant and presents a challenge for eradication.

This case highlights the presentation of a previously well 2 month old with pulmonary *Mycobacterium Abscessus* infection. Initial treatment involved a prolonged course of antibiotics. At 9 months of age, whilst still on treatment, the patient presented with a swelling in the right axilla, which was shown to be osteomyelitis of the 6th rib, with cold abscess formation. He was managed with surgical debridement and antibiotics. The patient was also given interferon following the immunological testing. This identified a heterozygous IL-12 gene variant and reduced production of interferon-gamma to all stimuli.

G382(P) ABSTRACT WITHDRAWN

G383(P) 8 HIGH IMPACT INTERVENTIONS: A REGIONAL SURVEY OF TRAINEE EXPERIENCE

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Aims To explore local trainees' experience, identify emerging themes, good practice examples and make key regional recommendations.

Method A voluntary questionnaire was designed based on the '8 High Impact Actions to Improve the Working Environment for Junior Doctors' document by NHS Improvement. This

was circulated on paper at trainees' regional teaching days and online via Survey Monkey from December 2018-March 2019.

Results 143/306 (47%) trainees responded.

Conclusions Our survey demonstrated local good practice examples. Implementation of our recommendations with School Board Support will improve junior doctors' working conditions as outlined by NHS improvement.

G384(P) NO NEWS ISN'T NECESSARILY GOOD NEWS: REGIONAL EXPERIENCE OF EXCEPTION REPORTING BY TRAINEES

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Aims As part of a wider piece of work looking into the '8 High Impact Interventions to Improve the Working Lives of Junior Doctors' document, we gathered data on trainees' experience of how often they worked beyond their scheduled hours, then their experience of the exception reporting systems. The system is designed to allow doctors to report concerns that compromise their safety or training, to allow trusts to remedy the issues in a timely fashion.

Methods A voluntary questionnaire was designed based on the '8 High Impact Actions to Improve the Working Environment for Junior Doctors' document by NHS Improvement. This was circulated on paper at trainees' regional teaching days and online via Survey Monkey from December 2018-March 2019.

Results Responses were received from 47% (143/306) of trainees. 18% (124/136) reported working over their scheduled hours daily, 37% (50/136) reported working over hours weekly. 88% (116/132) of trainees stated they had never exception reported.

Of the remainder:

- 4% (5/132) reported once

Abstract G383(P) Table 1

Emerging themes	Recommendations	
1. Tackling work pressures	Heavy workload, regular tasks that could be done by non-medical practitioners and documentation duplication.	QI projects to streamline processes e.g. finding procedure consumables. Encouraging upskilling of non-medical professionals.
2. Rest Breaks and safe travel home	Excessive workload, rota gaps and poor/no rest facilities.	Sleep advice as part of all trusts' induction programmes. Changes to travel home arrangements due with 2019 Junior Doctor Contract changes.
3. Access to food and drink	Difficult access to catering facilities (time/location) and drink restrictions in some clinical areas.	Encouraging water fountains/drink stations and promoting a take-your-breaks culture.
4 & 5. Engagement between trust board, managers and trainees	Few opportunities to network or attend meetings due to short rotations and busy rotas.	Encouraging trainees to participate in paired learning, shadowing schemes and on-the-job leadership training
6. Rotas promoting work life balance	Rota gaps, lack of flexibility and trainees working beyond rostered hours; reluctance to exception report as concern about negative senior responses.	Promote culture of trainee involvement in rota design and exception reporting.
7. Promoting excellence	Trainees greatly value acknowledgement and gratitude for their hard work.	Continue promoting a positive culture, including more work-based assessment opportunities, excellence reporting and trust awards.
8. Wellbeing, support and mentoring	Varied amount and knowledge of local and regional support	Designated wellbeing reps, signposting and wellbeing sessions