adaptable proforma letter which should be implemented to ensure clearer information on discharge. The frequency of long-term sequelae in this series highlights the need for continued research into this area and appropriate support following discharge.

**Paediatric Clinical Leaders: Service Planning, Provision and Best Practice**

- Seminar on Quality Improvement,
- Simulation training based on a serious incident involving an adolescent in a mental health crisis,
- Teaching following a pharmacology rapid review,
- Interactive Clinical Governance teaching
- Reflections on ‘Journey of a Datix’

**Results**

Multiple changes were adopted into the fabric of the department, including the monthly CG newsletter, regular mental health-based simulation training, and clinical governance in the teaching timetable.

Although the measure across the three months showed the median score of knowledge, involvement and awareness of 

**Conclusions**

Clinical Governance remains the foundation of clinical activity, and quality improvement methodology has brought about change within our department. Further change ideas include a ‘Clinical Governance Week’ and greater involvement of nurses. The project (still in progress) has led to lasting impact and enrichment of the paediatric department.

There is new involvement, ideas and energy to be harnessed beyond the traditional senior management, enabling lasting improvement in clinical practice for our department and beyond, as more individuals are empowered with the knowledge and skills required to be tomorrow’s leaders.

**British Association of General Paediatrics**

- How to be brilliant at Outpatients’—A co-produced programme to improve trainees’ confidence and skills in the outpatient setting

**Background**

Less than half of paediatric trainees attend the recommended 20 clinics per year; there are anecdotal reports of trainees attending twelve or fewer before becoming consultants. In order to be adept outpatient practitioners, trainees need exposure and independent practice, guidance and support around the outpatient learning experience. Junior doctors in our department felt under-confident in the outpatient paediatric setting and were missing learning opportunities as a result.

**Objectives**

To co-produce and pilot an evidence-based programme of interactive sessions for foundation, GP and paediatric trainees, delivered within the departmental teaching rota, to address junior doctor lack of confidence in the outpatient setting.

**Methods**

A series of sessions co-produced and co-delivered between paediatricians, trainees and primary care, to trainees at a teaching hospital. Sessions covered the practicality and art of outpatient practice, with case-based examples. Contents included: who is referred and how, the triage process and clinic formats, key goals for a consultation and its structure,