workshops were well received and improved confidence levels amongst paediatric trainees. The sessions were easy to implement and could viably run on a routine basis, to enhance understanding and participation in research, which is essential for maintaining an environment fostering research and innovation.

Paediatric Educators' Special Interest Group

478 SCAFFOLDING SUPERVISION AT A TERTIARY CHILDREN'S HOSPITAL: CAN INTRODUCTION OF A TOOLKIT STREAMLINE CLINICAL SUPERVISION MEETINGS?

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Background Supervision, both clinical and educational, has been identified as an area for improvement locally, by Health Education England, and in the General Medical Council National Training Survey. This was explored in 2018 through a survey completed by paediatric trainees and supervisors at our regional tertiary paediatric hospital, identifying factors relating to poor supervision, including poor preparation for meetings and limited time. When further exploring preparedness for becoming a supervisor in senior trainees, we identified that most senior trainees feel additional training is required prior to taking on supervisor responsibilities. We have subsequently designed a toolkit to make elements of supervision more streamlined.

Objectives To identify if a toolkit can streamline clinical supervision meetings by suggesting discussion points aligned with standard outcomes.

Methods We designed a toolkit to streamline elements of supervision meetings derived from local and national documentation on supervision.

Paediatric trainees were divided to tier 1 (ST1-3) or tier 2 (ST4-8), and allocated to receiving the toolkit or not, along with their clinical supervisors.

Surveys were completed before and after the induction clinical supervision meeting and collected anonymously.

Results Initial survey:

- 43 paediatric trainees were identified; 13 at ST1-3 level and 30 at ST4-8 level
- 25 responses were received from trainees (toolkit, n=11; no toolkit, n=11; not disclosed, n=3) and 20 responses were received from supervisors (toolkit, n=12; no toolkit, n=7; not disclosed, n=1)
- Trainees expect to discuss post-specific details (learning opportunities, expectations of the trainee), review their existing experience and portfolio, and career progression
- Trainees report moderate confidence in their knowledge of the RCPCH curriculum (56%) but experience frustration with use of the ePortfolio and Kaizen
- Experience of supervisors was skewed, with median experience of 3 years
- 11/20 supervisors had attended training on supervision within the past year, and 9/20 supervisors had attended training on Kaizen and the new RCPCH portfolio

- However, 6/20 had never attended training
- Supervisors highlighted issues with resource, such as lack of appropriate meeting space, and the capability of local networks to access Kaizen

Follow-up survey:

- 4 trainees and 8 consultants in the toolkit group responded; all used it.
- 2 trainees identified that the toolkit allowed discussion of a topic that would otherwise not have been covered, such as career planning

'It was helpful - however my current supervisor is very organised anyway! Would have been even more useful if you had a supervisor not aware of portfolio requirements.'

- 3 consultants identified that the toolkit enabled discussion of topics that otherwise may not have been covered, such as rota issues and career planning:

'Gave useful baseline structure; enabled me to focus on aspects of trainee's development I hadn't previously considered'

Conclusions Our toolkit for streamlining supervision meetings was well-received, useful and encouraged discussion of topics that may otherwise not have been covered.

Barriers to effective supervision may be structural, such as navigation of ePortfolios and physical space for meetings. Further qualitative research is needed to explore improving the process of supervision locally, particularly with increasing acceptance of virtual meetings.

We aim to expand this pilot to be evaluated regionally.

RCPCH Trainees Committee

479 QI PROJECT: IMPROVING LESS THAN FULL TIME TRAINEE (LTFT) ROTA DEVELOPMENT AND APPROVAL IN HILLINGDON HOSPITAL'S PAEDIATRIC DEPARTMENT

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Background LTFT trainees often find starting new rotations stressful due to conflicts associated with their rotas.

In May 2019, 37% of Paediatric junior doctors at Hillingdon Hospital were working LTFT. Only 20% of these trainees felt supported with their rotas. Many of our LTFT trainees were unsure how to calculate their hours, which frequently resulted in proposed rotas being sent back and forth to medical staffing, delaying their approval. The survey found only 50% of LTFT trainees were confident or very confident when calculating their hours and only 60% were confident or very confident when calculating leave.

Objectives

1. To clarify and simplify the process of developing and confirming LTFT rotas.
2. To improve rota support for LTFT trainees.

Methods We surveyed all LTFT junior doctors in the Paediatric Department and presented the results at a departmental meeting. We identified areas of difficulty and met with the medical staffing and payroll teams, the Consultants responsible