on paediatric specialties. Seizure management, asthma care and recognising the deteriorating child was rated as useful and relevant by 70%. Among the Partnership interventions, specialty topic teaching was seen by 23% of interviewees as most valuable for their personal development and by 21% as the most important intervention for QECH.

Inter-professional sessions attended by both nurses and doctors was highly evaluated as enabling collaborative working and communication.

Feedback from BWC team showed high trainer satisfaction across all multi-professional trainers. 100% of doctor trainers were able to finalise a teaching schedule prior to arrival, whereas specialist nurse and AHP trainers were unable to timetable sessions adequately due to variable non-medical staffing levels at QECH. All BWC and QECH professionals felt that prior identification of learning needs, with a schedule advertised in advance would be most effective to ensure engagement.

Conclusions Paediatric specialty training is a highly valued aspect of BWC- Malawi Partnership, particularly for the development of specialist nurses. Multi-professional training sessions delivered by nurses and AHPs have been identified as crucial for developing holistic, specialised paediatric care. Co-development of sessions would enable delivery of training relevant to available resources and treatment options. Advance planning is required to enable attendance in resource-limited settings with considerable staffing shortages. The inter-professional sessions enables development of collaborative team behaviours and cohesive clinical practice and should be further developed.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

1491

ROLE OF CHAMPIONS OF FLEXIBLE TRAINEE (COFT) UNDERPINNING IMPROVED EFFICIENCY IN ROTA PRODUCTION FOR SPECIALTY TRAINEES

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Background The strategic role of 'Champion for flexible trainees' (COFT) has been developed to promote and improve support for less than full time (LTFT) and other models of flexible training.

Listening to the trainee voice, comments were noted regarding the challenges of availability of timely rotas prior to commencing placements especially for LTFT trainees. Paediatrics has a higher number of Less Than Full Time (LTFT) trainees in comparison to other hospital specialties¹

The champions of less than full time working, in collaboration with the trust human resources, completed a process mapping with the aim of identifying the steps and decision making within the sequence to improve knowledge and efficiency in this area.

By definition, a process is a series of actions taken to achieve a particular end. Process mapping is an exercise to identify all the steps and decisions of an existing process in diagrammatic form, to identify improvement opportunities for increased efficiency.

Objectives The main objective was to identify all the processes from trainee job allocation to final rota production within the trust. To successfully achieve this, secondary objectives were to clearly show the decision processes along the chain, to demonstrate the essential networks and interdependence between the personnel within each process steps, and to highlight areas of possible delay within the chain.

Methods In collaboration with personnel directly implicated in each stage of the process, we identified all the processes from trainee allocation of placement to the development of the departmental rota.

Six essential personnel/components were identified; the Local Education and Training board, the trainee program director, the trust (including human resources), the college tutor/rota co-ordinator, the trainee and the rota.

A timeline was then mapped to the relevant stakeholders based on the code of practice¹. Relevant actions were earmarked and rate limiting steps identified. A solution was proposed to each hurdle to allow a smoother flow in the process.

For the LTFT trainees, human resources agreed to send a welcome email with a template of questions that identified the working pattern/days of work. This aided them to marry the information up to the master template. Hence it was easier to identify issues prior to completing their work schedules (trainee contract).

Results The process mapping was well received by the human resources, departments and education teams in the trust and the region. It has sketched every aspect of rota production for a trainees, especially LTFT trainee.

A pilot conducted in early part of this year showed that due to the process mapping – timely rotas were populated and sent to trainees 6 weeks in advance. This led to a positive experience for the trainees and a positive feedback during their induction especially from their rota perspective.

Conclusions COFT roles are crucial in addressing LTFT trainee challenges and working collaboratively with trusts, organisations, health education boards and trainees. We need to continue to show strong commitment in supporting trainees working LTFT and support improved working lives.³

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Association of Paediatric Emergency Medicine

1493

INFANTS ATTENDING THE PAEDIATRIC EMERGENCY DEPARTMENT WITH FEEDING DIFFICULTIES & REFERRALS TO NURSE LED INFANT FEEDING CLINIC

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Background Infants with feeding difficulties are a common presentation to the Paediatric Emergency Department (PED). Families have often seen their General Practitioner/Health