Aims The RCPCH Trainee Charter sets expectations for trainees of their training centres and provides a standard for high quality local training. Adherence to the principles is requested from the CQC when Trusts are inspected, and responses are provided by the College Tutor. However, no work has been done to assess the perceptions of trainees, and how these might differ from trainers.

My aim was a pilot to address whether there is a difference in perception amongst the different domains of the trainee charter, and if there are differences what is the magnitude and possible reasons for this.

Methods Paediatric trainees (ST1-7) at the Derbyshire Children’s Hospital and consultant trainers were approached to complete a perception survey over a 2-week period. Each statement within the Trainee Charter was stated, and participants asked to rate their perception of the training unit’s performance with respect to that statement on a 4-point Likert scale. A free text box was included for any further information participants wanted to confer. The form was hosted on Google Forms and the survey reviewed by the author of this work (paediatric registrar, and did not contribute to the survey).

Results Responses were gathered from 8 trainees and 13 trainers. Mean scores reported in figure 1 and a visual representation of the difference is represented in figure 2.

Conclusion The trainee charter exists to provide a quality standard for training centres. Whilst it is not possible for training centres to be perfect, audit of a training centre’s perceived adherence to the standard is important to ensure quality is maintained. In this study we have found discrepancy, and because of this an intended quality improvement project to improve the quality in our local training centre has been proposed. This will continually review the charter within our centre and highlight issues to promote change ideas to accountably improve training quality.
Hospital between January and April 2021 via the hospital email network. The questionnaire assessed demographics, research experience and culture. Results 57 respondents completed the survey out of 111 contacted yielding a response rate of 51%. Our cohort of respondents included 74% females and 26% males. 5% of respondents were academic trainees. Average length of clinical experience was 6.7 years. 67% trainees had obtained a research qualification, whilst only 33% had undertaken a formal postgraduate research project. 47% of respondents had at least one 1st or 2nd author publication. 84% had given at least one oral presentation but only 54% were at a regional level or above. Only 16% felt there was good advertisement of research opportunities.

Table 1 displays research attitudes and motivations of paediatric trainees whilst table 2 highlights the perceived barriers to research.

Conclusion This survey demonstrates that trainee interest in research is strong but opportunities and time to undertake research remain limited. There are encouraging signs of potential opportunities to reverse this trend as 70% of respondents state they have a genuine interest in research and 42% hope to combine clinical and academic work as a consultant.

A strong regional and national drive is required to ensure support and opportunities are openly available to all paediatricians. We have introduced a research platform, Children’s RESeArch Training Initiative (CREATIVE), with the support of local consultants for trainees in West Yorkshire. This has delivered monthly educational sessions across the region and offered networking opportunities to identify suitable projects for trainees into their consultant posts and allowed a smoother transition; development of team leadership skills especially delegation and overview skills; improved independent decision making ability; practice in communication skills in challenging scenarios and knowledge gained in the understanding of the non-clinical roles of an attending consultant. Trainees highly appreciated the opportunity to receive direct feedback. Figure 2 is a graphical representation.

We welcome the launch of the RCPCH Trainee’s Participation in Child Health Research Survey to assess these issues further and to determine how the RCPCH can better support trainees with research aspirations.

REFERENCES

Abstracts

427 CONSULTANT ACTING UP EXPERIENCE
Sharon Roberts, Ajanta Kamal. Evelina London Children’s Hospital
10.1136/archdischild-2022-rcpch.802

Aims In preparation for the consultant role, the Evelina London Children’s Hospital regularly offers senior general Paediatric trainees the opportunity to undertake a consultant acting-up period. This is a structured training exercise designed for the trainees to fully experience working as a consultant and to develop their leadership and clinical skills. We aim to describe the model used and also to assess its value both from the trainee’s and the local faculty group’s perspective.

Methods Trainees and trust fellows who are within 12 months of CCT/CESR are offered the opportunity to act-up. The ‘acting-up’ period is designed to simulate the normal conditions of a consultant duty week over a period of 3-5 days. Consultant supervision is provided to ensure patient safety and to optimise the educational benefit. The normal duty consultant is the supervisor for the entire period.

The trainee is closely observed and has daily planned feedback discussions. The consultant attends handovers in an observer role and the acting-up registrar leads activities, including clinical decision making, coordination of the junior team, handovers, liaison with other teams, bed management, dealing with conflict situations etc. The supervising consultant is always contactable and will attend the ward if requested. The on call consultant’s phone is diverted to the trainee. The level of close support is gradually eased so that by the end of the period, the trainee is operating more independently. To ensure compliance with the RCPCH facing the future guidelines, for all new emergency admissions, the consultant is present whilst the ward review is led by the acting-up registrar. Figure 1 illustrates the acting-up pathway.

Results Over the last 5 years, 23 trainees have undertaken an acting-up period. We received 10 feedback responses. 100% trainees had a positive experience and highly valued the experience. Key themes identified were: enhanced confidence relating to ability to practice as a consultant. This was sustained for trainees into their consultant posts and allowed a smoother transition; development of team leadership skills especially delegation and overview skills; improved independent decision making ability; practice in communication skills in challenging scenarios and knowledge gained in the understanding of the non-clinical roles of an attending consultant. Trainees valued undertaking a MSF at the end of the period to aid reflection. Trainees highly appreciated the opportunity to receive direct feedback.

Conclusion The Evelina London Children’s Hospital offers trainees the opportunity to undertake consultant acting-up. The ‘acting-up’ period is designed to simulate the normal conditions of a consultant duty week over a period of 3-5 days. Consultant supervision is provided to ensure patient safety and to optimise the educational benefit. The normal duty consultant is the supervisor for the entire period.

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