between attitudes towards sexual minorities and gender minorities.

**Results**  
\( n = 16 \) after responses were collected, a \(-50\%\) response rate from the department’s staff of physicians.

Respondents universally were aware of common terminology around sexuality (‘gay’, ‘lesbian’ etc.) and used it in conversation. Their attitudes to LGB (lesbian, gay or bisexual) people were universally positive.

Attitudes towards gender minorities were also overwhelmingly positive. Further, 94\% agreed they knew about using the correct names/pronouns for patients as well as misgendering. 69\% said that they were aware of what ‘intersex’ means.

Respondents almost universally agreed that they would be comfortable to take a history or perform a physical examination of an LGB or transgender patient.

13\% felt that taking a history would be harder for LGB patients when none thought that a physical examination would be more challenging. Contrast this to 19\% and 31\% respectively for transgender patients.

Respondents were less confident with health issues that could specifically affect LGB patients, only 63\% agreeing, and transgender/intersex patients, with only 44\% agreeing. Only 19\% agreed they were aware of the potential interactions of transition therapy.

30\% agreed that they had undertaken training for treating the needs of LGBTQ patients specifically. No respondents disagreed with the statement that they would like to learn about more resources for LGBTQ patients.

**Conclusion**  
This demonstrates that clinician attitudes were exemplary.

Problems identified were perceived ability and knowledge to properly care for LGBTQ patients, particularly gender minorities, with the potential for training to reinforce physicians' ability.

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**CREATION OF THE NORTHERN IRELAND PAEDIATRIC EDUCATION, AUDIT AND RESEARCH NETWORK: ENHANCING TRAINEE EXPERIENCE AND IMPROVING PATIENT CARE**

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**Aims**  
Across paediatrics in Northern Ireland (NI), there are wide variations in clinical practice and no established pathway for the creation of regionally agreed guidelines. Local guidelines are often shared informally, with no central accessible space to ensure trainees are using evidence based, up to date guidelines. Additionally, trainees were engaging in audit and quality improvement projects locally that lacked the power to drive change on a regional level.

NI paediatric education, audit and research (NIPEAR) network was created by paediatric trainees, supported by consultant ambassadors. Our aim was to create a platform to collate the exceptional work that NI paediatric trainees are engaged in. We want to utilise the talent of paediatric trainees to ensure all children and young people in NI benefit from regionalised guidelines, quality improvement, educational programmes and innovative paediatric research.

**Methods**  
After receiving feedback that variation in practice between and within trusts was an area of frequent frustration for trainees, we prioritised the rollout of regional guidelines, with a focus on involving trainees in each trust in the quality improvement process.

We collaborated with the Child Health Partnership to identify barriers that have prevented the creation of regional guidelines historically, and designed and implemented a pathway for the creation and roll-out of guidelines that circumnavigated these barriers.

**Results**  
In our first year, we led an audit of management of prolonged neonatal jaundice. This led to the creation of a regional guideline to standardise practice. In doing so, we created a pathway for the creation of regional guidelines, which has been accepted by the Child Health Partnership and all trusts in Northern Ireland.

As a result, we have provided opportunities for trainees to design and participate in regional audits and guideline creation, and facilitated the regional implementation of these high quality guidelines. To date we have two published guidelines, with a further two out for consultation and additional five in process. This equates to 14 trainees from all levels of training currently working on high quality projects via NIPEAR.

We have created a website, which serves as a hub for paediatrics in Northern Ireland, hosting regional and national guidelines, educational videos, links to useful resources and announcements for upcoming opportunities. Creation of a database of trainees with an interest in research now facilitates easy recruitment of trainees by lead researchers, giving much greater opportunities to trainees at all levels.

**Conclusion**  
The NIPEAR network has demonstrated that a regional approach to quality improvement and guideline creation benefits not only our patient population, but also paediatric trainees, making their practice more straightforward and bringing high quality research opportunities.

Building on the success of our first year, we have expanded our trainee committee to include leaders in the fields of research, guideline creation, education, social media and information technology. This has allowed us to expand our reach, and give ever more opportunities to trainees in Northern Ireland, while seeking to standardise care for our patients and ensure guidelines are easily accessible to all.

**PAUSE, POWER UP, PUSH ON – POSITIVITY IN THE PANDEMIC**

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**Aims**  
Our initiative - ‘Pause, Power Up, Push On (PPP)’, closely mirrors the themes of this year’s RCPCH conference - ‘Connect, Energise, Inspire’. We focused on encouraging teams
to connect and celebrate together, both through the challenges of the pandemic, and far beyond.

During the first two months of the pandemic alone, a UK Parliament study showed that 50% of NHS staff felt their mental health had declined. This emphasised the importance of wellbeing in the workplace and supporting each other. The PPP initiative focused on positivity and wellbeing for all staff.

A hard-working, driven and conscientious workforce strives to provide the optimal care for all patients, however the aim of our initiative was to ensure that working conditions for staff were optimised too - encouraging all staff to actively 'take a break' during their working day. The initiative aimed to catalyse a ‘change in culture’ across the Trust:

- To empower teams to take a break together during the working day
- To boost morale through promoting balanced working environments
- To enhance team spirit across the multidisciplinary team

Methods A Quality Improvement Model was used to implement the PPP initiative. A ‘Rooftop Rota’ enabled every specialty to take at least one thirty minute break during the week, using the ‘Rooftop Garden’, (in line with the social-distancing guidance). Departments were able to ‘tick’ their attendance and encouraged to take photos, promoting inter-specialty competition.

The PPP logo and slogan were created - designed to be memorable and eye-catching (figure 1). This was shared through posters, screensavers and pin badges. Presentations were delivered at forums including Senior Management Leadership, Workforce Leads, Junior Doctor Forum, and individual departmental meetings - encompassing staff groups of different seniorities, specialties and disciplines. Emphasis was placed on involving senior management in encouraging their teams to partake in the initiative, as well as inclusion of all members of staff, including non-clinical.

Results An initial questionnaire demonstrated that 27% of staff never take a break during the working day. The PPP initiative was piloted for a period of two months to improve this, evidenced by attendance on the rooftop, photos and distribution of follow-up questionnaires.

There was overwhelmingly positive feedback for the initiative, with participants describing it to be ‘Refreshing’ and ‘Loved time engaging with others’. 76.9% of participants reported that they valued the initiative, with requests for it to be continued.

Conclusion PPP demonstrated that staff have great enthusiasm for incorporating team breaks into their regular working day, and the initiative has been handed over to new team members, to ensure its sustainability. The initiative has also highlighted departments which have not been able to participate, and can prompt further investigation into the hurdles they may be facing. PPP illustrates that despite the challenges we face, through supporting each other, we can continue to shine together.

Aims The Royal College of Paediatrics and Child Health’s Trainee Charter outlines what trainees expect from their training unit and is a hallmark of high-quality local training. The Charter recommends that trainees are given adequate time within their work schedule to complete Supporting Professional Activity (SPA), such as audit, quality improvement, research, leadership and ePortfolio. Recently, the charter has been updated to suggest a minimum of 8 hours per month for ST 1-3 trainees and 16 hours per month for ST4+ trainees. Trainees are encouraged to exception report if this is not happening in their unit. We set out to see if we were achieving this in our Training Unit so that we could work towards improving the Trainee experience.

Methods A survey was sent out to junior doctors in our Trust. The survey consisted of a series of questions regarding training conditions and their experience at the Trust. Included within the survey were questions regarding whether junior doctors received time for professional development including ‘portfolio/QI/Audit’. The survey also included a question about the number of hours that trainees were spending on portfolio outside of rostered hours, the results are shown below.

Results We received 24 responses from junior doctors (including FY1/FY2/CT2 and GPST’s i.e. non RCPCH trainees) within the Trust between November 2021 to December 2021. 50% of trainees, within the ST1-3 stage of training, reported they were receiving professional development time. This proportion increased to almost 60% if foundation doctors were included. Almost 60% of trainees within the ST4-8 stage of training received professional development time (figure 1). In addition to this, outside of working hours, over 40% of trainees were spending 1-2 hours per week on portfolio (figure 2) with a further almost 30% of trainees reporting that they spent 2-3 hours each week on portfolio requirements. This was apparent in the ST4-8 trainees where a quarter of trainee respondents spent more than 3 hours per week on portfolio compared to 8% in the Junior trainee group. Almost 80% of trainees subsequently reported that they felt stressed over portfolio requirements.

Abstract 1111 Figure 1

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Abstract 1120 Figure 1

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