

Background Pass rates for the Paediatric Clinical Membership exam (MRCPC) vary across the UK1. This is equally true for London, where the availability of high quality exam-focused teaching differs significantly among hospitals 2. Contributing factors include lack of familiarity with examination format, lack of time and/or faculty teaching expertise.

This disadvantages many trainees as repeated failures delay training progression. Some may be asked to leave the training programme.

Method The London School of Paediatrics has developed a bespoke faculty development programme, RIPPLE, which aims to equip local trainers with skills to deliver high quality education, including exam-focused teaching.

The programme consists of an initial 3-day training course: day 1 focuses on enhancing teaching and facilitation skills. Day 2 aims to improve exam-focused teaching for the clinical MRCPC. Day 3 provides trainers with coaching and mentoring skills to support trainees for the exam and in their workplace.

This was followed by an experiential component, including peer-observed learning, local Action Learning Sets and Regional sector-based projects. The programme was accredited for CPD and mapped against the London Deanery Educational Supervisor Framework.

RIPPLE was delivered locally to address the needs of local trainers and to encourage networking in neighbouring Trusts.

Results The programme was well received in all 5 sectors across London, with 83 local trainers attending as delegates.

Pre- and post-course evaluation showed a dramatic increase in delegate confidence in delivering effective clinical MRCPC teaching and supporting trainees with exam preparation. Delegates felt more confident in their ability to apply new teaching skills in various contexts and provide trainees with high quality feedback.

Following the course, delegates within every sector have successfully developed MRCPC teaching programmes locally or as part of a regional programme. New teaching initiatives have also been instituted as result of the sector-based projects, which will further enhance postgraduate training in Paediatrics.

Conclusion This unique programme has equipped local faculty across London with skills to teach and support trainees through their MRCPC exam. It also promotes integration of high quality teaching within daily clinical practise. Developing strong local faculties enhance local teaching quality and support trainees to achieve excellence in paediatric training.

G19(P) A REGIONAL SURVEY OF PAEDIATRIC TRAINEES ABOUT AIRWAY MANAGEMENT SKILLS

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Background Postgraduate training in paediatrics has moved from time based to competency based learning. Due to the current full shift pattern of working, opportunities available to the individual trainee will vary greatly. One of the critical core competencies expected of all paediatric trainees is the management of the neonatal airway including a difficult airway. Despite this, there is no specific airway management syllabus in the neonatal curriculum published by the RCPC and no formal focussed training programme for trainees to achieve this competency.

Aim To ascertain the competence of paediatric trainees at neonatal airway management.

Methods A regional questionnaire survey of paediatric registrars on the middle grade rota between May-Oct 2012

Results A total of 111 paediatric registrars at various stages of training answered the survey. 80% of trainees were NLS providers while 73% were APLS providers. Nearly half had received formal

in-service training including theoretical and practical sessions on airway management while 23% trainees had received some formal training in anaesthetics. 41% trainees at ST4-5 level and 5% trainees at ST6-ST8 level had performed less than 20 intubations. 32% trainees had used advanced airway adjuncts ie. laryngeal mask airway (LMA) during training. While majority had used a manikin model to practise neonatal airway management techniques, some had experienced high fidelity simulation and only a handful had the experience of other methods such as e-learning, multimedia, closed circuit television or video laryngoscope. 80% trainees strongly felt a structured training programme would be valuable to them, particularly at an early stage of training.

Conclusion Training on neonatal airway management skills is not uniform amongst paediatric trainees. A reduction in training time may result in some trainees failing to achieve basic neonatal airway competencies. Successful completion of life support courses ie, NLS and APLS does not confer mastery in airway management skills. Major changes have to take place in the way training is delivered if quality is to be maintained. A structured programme using a variety of technology enhanced teaching methods including high fidelity simulation is required at commencement of registrar training. This will ensure that future trainees achieve competence in this vital skill.

G20(P) PAEDIATRICIANS' AND GPs' UNDERSTANDING OF THE "MEDICINE NOT-LICENCED FOR USE IN CHILDREN"

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Background Marketing authorization (MA), previously known as product licence, is what is referred to when talking about "medicines not-licenced for use in children". Medicines Act and the RCPC/NPPG policy statement support and give guidance on use of such drugs, which is about 75% of prescribing in Paediatrics. Their use is even more in sub-specialties, creating much anxiety in GPs who are asked to prescribe. Increasingly, the hospital pharmacy is dispensing these "specialist drugs" that have been refused dispensation in the community, often due to misunderstanding about MA.

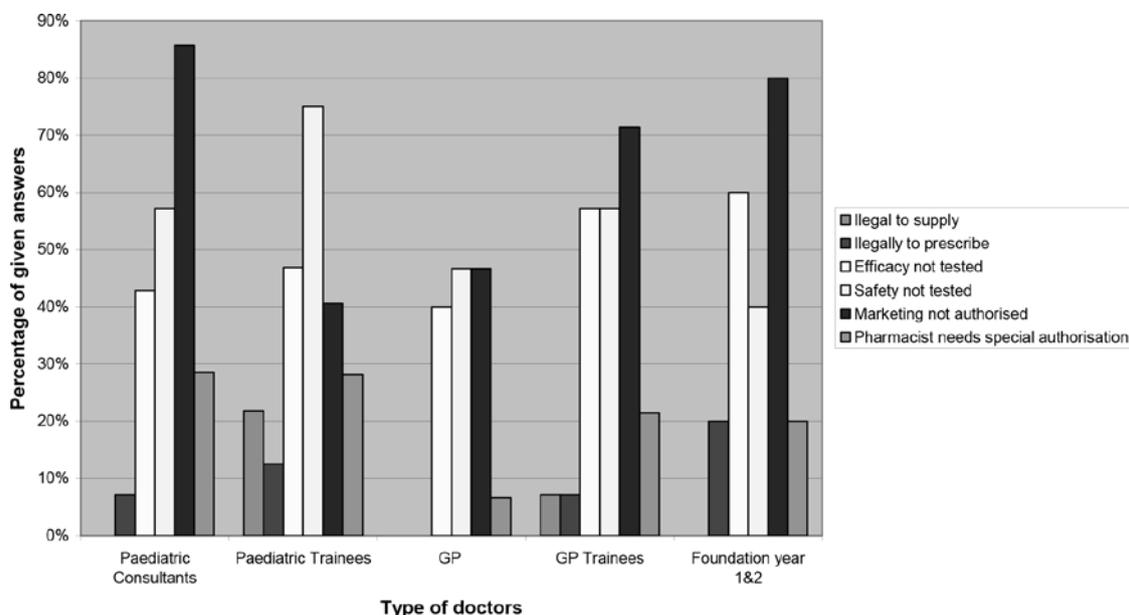
Aim To investigate the understanding of the term "not-licenced for use in children" by GPs and Paediatricians.

Methods A questionnaire with a multiple choice question asking what "not-licenced for use in children" means was administered at various meetings for GPs and Paediatricians over a two-week period. The choice of answers were; "Illegal to supply for children's use", "Illegal to prescribe for children", "Safety in children untested", "Efficacy in children untested", "Not to be marketed for children's use" and "Pharmacists require special authorisation by prescriber". Respondents chose as many answers as they thought applicable.

Results There were 80 respondents; 46 Paediatricians (14 consultants and 32 trainees), 29 GPs (15 prescribing leads and 14 trainees) and 5 Foundation Year doctors.

Overall, "Safety untested" was the most frequent answer (61%) followed by "Not to be marketed"(58%), and "Efficacy untested"(48%). 8(10%) trainees thought supplying unlicensed drugs was illegal and 7(6 trainees, 1 consultant (9%)) thought it was illegal to prescribe.

More consultants knew that "licence" means marketing authorisation(86%) while about a half(47%) of the GP prescribing leads did. (Graph1) However, more GPs chose purely correct answer i.e. "not for marketing" (33%), followed by consultants (29%). The absence of safety and efficacy testing in children may have been true for drugs developed before 2007 when the Paediatric Regulations came into force. Allowing for this 58% of consultants and 46% of qualified GPs gave the correct combination of answers.



Abstract G20(P) Figure 1

Conclusion The lack of understanding about MA is evident among Paediatricians and GPs, many linking the licencing directly with safety. There is a scope for education, promoting efficiency and safety of prescribing in hospitals and community.

G21(P) WARD ROUND BASED MINI CEX FOR PAEDIATRICS TRAINEES: RESULTS OF A WEB BASED QUESTIONNAIRE SURVEY

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Aims MiniCEX is a structured, formative, workplace based assessment tool and is an integral and mandatory part of the paediatric training portfolio in the UK. Traditionally ward rounds are consultant led, with the role of trainees being limited to history presentation and documentation. In our unit, instead of leading at the morning ward round, consultants stand back for one or more patients and observe trainees take the lead conducting the examination and communication independently, giving them immediate feedback, both verbal and in the form of an online miniCEX. We conducted this survey to get a wider trainee perspective on the applicability and feasibility of introducing this model to other units.

Methods A questionnaire survey was designed online and approval sought from the Head of School of Paediatrics of the Deanery. The survey was then sent out electronically via E-mail to all paediatric trainees (levels ST1 to ST3) in the Deanery. The results were collated and analysed online using a designated purpose built website on the internet.

Results The survey was sent to a total of 61 trainees of different grades, of whom 33 completed it, with a response rate of 54%. Among all trainees who responded to the survey, 81.8% felt a formative assessment more accurately reflected their skills and competencies, and 93.8% of them felt that this was a practical way of doing a miniCEX assessment. An overwhelming 94.4% of all paediatric trainees across the Deanery were in favour of formally introducing this model in their unit.

Conclusion The results clearly illustrate trainee enthusiasm for this model and identifies a need for change in which formative assessments are conducted. This model also provides a mechanism wherein the mandatory miniCEX examinations can be undertaken by junior trainees with their consultants on a regular basis without the need to identify a designated time for both trainees and consultants. The authors recommend a pilot project for ward round based miniCEX to be designed and introduced across all Units in this Deanery. It is envisaged that after its successful regional implementation, this programme can then be formally rolled out across the United Kingdom.

G22(P) SURVEY OF REGIONAL PAEDIATRIC HANDOVER PRACTISES – ARE WE FOLLOWING THE GUIDELINES?

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Background With changing work patterns effective handovers are essential for patient safety and continuity of care. Handovers should be structured and follow good practise guidelines. Handovers should provide opportunities for educational activities, to initiate or complete work place based assessments (WPBA) and improve communication. The aim of this study was to review the practise in hospitals across the deanery.

Methods A 15-point online questionnaire was sent by email to all the trainees and tutors. The survey ran from June – September 2012.

Results 215 responses were received from 17 trusts (17/17 hospitals, 100%), 38% were from Consultants and 55% from trainees (58 ST1–3 and 63 ST4–8). Feedback covered all areas of paediatrics: 55% were from general paediatrics, 31% from neonatal intensive care and 10% from sub specialities and paediatric intensive care. 96% of respondents were involved in two or more handovers during their working day. 85% of the handovers were lead by consultants or registrars. All the handovers had registrars present, 95% had junior trainees, 89% consultants and 35% had members from nursing