

surgical trainees, with results showing high reliability scores. It will be interesting to see if this change in attitude continues in future with WBAs now deeply embedded in surgical training.

0284- eLearning as an adjunct to CCrISP – a qualitative study

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Aims: Despite the prevalence and ease of access to computer technology and high speed Internet, eLearning has yet to become a cornerstone of surgical education in the UK. Little data has been published to identify learner perceptions of how eLearning can be used to support existing teaching methods. This study aims to establish learner perceptions of the use of eLearning as an adjunct to the Care of the Critically Ill Surgical Patient (CCrISP) course accredited by the Royal College of Surgeons of England (RCSEng).

Methods: Qualitative data was generated using semi-structured interviews. The data was analysed to identify common themes.

Results: Five trainee surgeons were interviewed, all of whom valued the flexibility of eLearning. Despite some difficulty in defining the notion of eLearning, there was a desire to use it as an adjunct to CCrISP, particularly in the knowledge domain of the course. Its use in the skills domain was less confidently expressed, though for simple tasks it was perceived to have some value. Participants strongly valued interaction with course faculty, and did not want proposed eLearning packages to threaten opportunities for feedback, or for experience-based teaching from senior consultants. The participants trained overseas strongly believed that eLearning packages based on CCrISP would be in demand in resource-poor countries.

Conclusions: There is a demand amongst UK and overseas surgical trainees for eLearning packages that help to develop knowledge, and that complement existing RCSEng course such as CCrISP. Such packages should focus on developing interactivity between surgeons in line with the principles of social learning theory, and should seek to enhance trainees' engagement with the surgical community of practice. That community may be redefined by global engagement with packages that place a particular focus on developing interaction between groups of surgeons.

0296- Laparoscopic surgery isn't significantly reducing trainees' exposure to the 'Emergency laparotomy'

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Aims: General surgical trainees are required to undertake 100 'Emergency laparotomies' in order to meet the JCGT (Joint Committee on Surgical Training) criteria for CCT (Certificate of Completion of Training). Anecdotal evidence, in the region, suggested that operations traditionally undertaken as laparotomies were being done laparoscopically. There was concern that this would mean the trainee was less likely to perform the operation and therefore it would not count towards the requisite number for CCT.

Methods: Trainees, from a single UK deanery, were asked to prospectively record all emergency laparotomies and laparoscopic cases over a 3-month period. Trainees were asked to exclude paediatric cases and appendicectomy. Trainees recorded the operation name, whether the case was open or laparoscopic and the level of supervision.

Results: Data was received from 18 trainees and included 137 cases. 21% (29/137) of all operations were recorded as the trainee 'assisting'. The majority, 86% (118/137), were undertaken as open operations. The median number of cases recorded over the 3-month period was 6.5. Based on the JCGT list of operations included as a 'laparotomy' just 1 of the laparoscopic cases would not have been counted.

Conclusions: The volume of emergency cases does allow trainees to meet the JCGT criteria for CCT. Whilst laparoscopy is being used it is still predominantly being used for post-operative complications following elective laparoscopic surgery, and repair of perforated DU. Assisting in an operation was the main reason that cases were not counted towards the trainees' numbers.

0309- Medical students' knowledge of Doctors' working conditions in Malta

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Aims: To determine the level of knowledge of medical students at different stages of the medical degree course regarding working conditions of junior doctors in Malta and postgraduate training.

Methods: All students from the Malta Medical School were asked to fill in an online questionnaire containing questions about being a junior doctor in Malta.

Results: A sample of 173 students was collected from the 5 years of Maltese medical school.

80.35% noted passion for the science as the reason for their chosen career path. Other notable choices included diversity in work (48.55%), pay (20.23%), job security (35.26%), notoriety (17.34%) and altruism (16.18%), lifestyle (14.45%), colleagues/friends (10.4%).

When asked where they got their knowledge about the career, responders noted doctors (53.18%), friends (43.93%), family (42.77%) and media (34.68%). 36.99% believe a junior doctor works 50–60 hours/week and 30.06% believe they work 60–70 hours/week.

On being asked how much a junior doctor in Malta was paid; 33.53% responded 1500–2000 euros/month; 31.79% answered 1000–1500 euros/month and 26.59% answered 2000–2500 euros/month.

10.98% of students believe that postgraduate training lasts 1–2 years. 31.21% of individuals believed post-graduate training lasts between 6–8 years and 22.54% believe it lasts > 8 years.

83.82% of students said that there is not enough awareness about the lifestyle and specifics of a career in the medical field and most respondents noted younger senior trainees (40.46%) or junior doctors (33.53%) as the ideal sources of this information. 35.84% of the students believe that this information should be given before entering medical school with another 34.68% believing it should come within the first 2 years of medical school.

Conclusions: This study shows that a significant proportion of students don't know important specifics about the career and lifestyle awaiting them once they graduate highlighting the importance of some form of education on these topics.

0345- What shape do UK surgical trainees want their training to be?

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Aims: UK Government is acting upon recommendations to overhaul post-graduate medical training to meet the needs of the changing population, to produce generalist doctors undergoing shorter broad-based training (Greenaway Review). Of those 1523 consulted, only 45 were doctors in training. This study aims to obtain widespread, representative doctors in training opinion on the Review.

Methods: Following validation, a 31-item survey was distributed to UK trainee organisation members, and publicised through social media for 10 weeks during 2015.

Results: Of the 1348 demographically representative respondents, 73% knew about proposed changes (55% having read the Review). Almost 90% of respondents want to specialise (e.g. 'colorectal' of 'general' surgery), with 71% keen to provide general emergency cover. 79% of respondents would want to be treated by high volume specialists. 16% stated that current training pathway length is too long. It is impossible to achieve independent practitioner level proficiency in a shorter period of time than is currently required (72%). Opinions regarding credentialing were mixed, but tended towards disagreement. Respondents preferred longer placement lengths with increasing career progression. Doctors in training value early generalised training (77%), with suggestions for further improvement.

Conclusions: Supported by evidence that high volume surgeons offer better outcomes, trainees want to specialise while maintaining generalist emergency skills. UK training can be improved, however trainees do not believe that training length reduction with a generalist and specialist consultant model