PTU-125

EWTD: INCOMPATIBLE WITH SUBSPECIALTY TRAINING?

doi:10.1136/gut.2011.239301.253

E Giles,^{1,*} R Hansen,² A R Barclay,³ A Burt,⁴ P B Sullivan,⁵ R M Beattie⁶ ¹*Centre for Immunity and Infectious Disease, Barts and the London School of Medicine, London, UK;* ²*Child Health, University of Aberdeen, Aberdeen, UK;* ³*Paediatric Gastroenterology, Royal Hospital for Sick Children, Glasgow, UK;* ⁴*Paediatric Gastroenterology, Chelsea and Westminster Hospital, London, UK;* ⁵*Paediatric Gastroenterology, John Radcliffe Hospital, Oxford, UK;* ⁶*Paediatric Gastroenterology, Southampton University Hospitals, Southampton, UK*

Introduction Historically, the RCPCCH College Specialty Advisory Committee (CSAC) recommends that trainees in Paediatric Gastroenterology, Hepatology and Nutrition (PGHAN) spend at least 70% of working hours in that subspecialty. Since changes due to the European Working Time Directive (EWTD), there has been an increasing perception from both trainees and trainers that there is insufficient time spent within the subspecialty. Our aim was to quantify the proportion of PGHAN trainees fulfilling RCPCCH recommendations of time spent in subspecialty and to assess the impact of the EWTD on this and other aspects of training.

Methods A survey of current trainees at the British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN) annual meeting in January 2010, followed up by email to increase response rate. The 13 trainees working on the national grid between January and June 2010 were surveyed. As a comparator, 14 consultants who completed training in PGHAN 2006–2009 were also emailed with an adjusted survey regarding their final year of training.

Results 12/13 trainees and 7/14 new consultants responded. 3 trainees were still working on rotas >48 h per week. All consultants stated having worked between 54 and 60 h per week. Only 4 trainees replied they were spending >70% of their contracted hours on subspecialty training, and 1 replied '40–49%'. 6/7 consultants stated that they had spent >70% of time in

their subspecialty ($p < 0.05$ compared with current trainees, Rank Sum, Sigma Stat 3.5). 9/13 trainee respondents stated that they were spending $>70\%$ of hours at work between 9 am and 5 pm. Asked about attendance at endoscopy lists, 1 trainee replied ' $>70\%$ ', whereas 3 replied ' $<40\%$ '. When asked whether they felt it necessary to work out of contracted hours for training, there were 9 responses from trainees. Of these, 1 was 'never', 4 'occasionally' and 4 'often'.

Conclusion The majority of trainees are no longer receiving the subspecialty training hours recommended by RCPCH, significantly different to a few years ago. Given that most PGHAN trainees seem to be working $>70\%$ during 9 am–5 pm, it seems that many trainees are working outside of their subspecialty within normal working hours. The majority are training outside of contracted hours, presumably on restricted access training opportunities such as endoscopy.

These results are subject to substantial bias but demonstrate a challenge in training paediatric gastroenterologists. Inadequacy of subspecialty training may jeopardise a centre's status as an accredited training unit and a trainee's ability to obtain CCT. While this is a survey of PGHAN, these challenges face all medical and surgical specialties.

Competing interests None.

Keywords EWTD, paediatric, training.