all of which occurred with inpatients on the emergency list. The average cost of overnight stay on a surgical ward was £238. A total of 20 overnight stays in a 10 week period cost £4742. This number gives a projection of approximately £25000 that could be saved annually by implementation of the abscess pathway.

Conclusions: The presence of an abscess fast track pathway is an efficient and cost-effective method of minimizing unnecessary bed occupancy and hence minimizing costs.

0425: PROVIDING HUMANITARIAN HERNIA SURGERY AS A REGISTRAR IN MONGOLIA WITH OPERATION HERNIA
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Operation Hernia, Plymouth, UK

Introduction: Operation Hernia (OH) is a charity formed in 2005 to provide hernia surgery & training to surgeons in the developing world. The organisation started working in Ghana and now operates in Ivory Coast, Nigeria, Ecuador and Mongolia (total: > 4000 hernia operations).

Mongolian Mission: Mongolia is a country 6 times the size of the UK with 1/20th of the population. The country gained its independence 20 years ago following the dissolution of the Soviet Union leaving a gap in surgical training. The 2-week mission in September 2011 comprised 3 Consultants and 2 surgical trainees. OH uses sterilized mosquito nets for mesh hernia repairs.

Results: 122 operations Mean age: 27 (range 0.2 – 88); 32 mesh inguinal hernia repairs; 19 incisional hernias; 52 paediatric herniotomies; 19 others; 1 peri-operative complication: scrotal haematoma

Conclusion: Charities like OH provide modern hernia surgery and, more importantly, surgical training to underserved countries like Mongolia. The use of mosquito nets as a replacement for expensive alternatives provides a cheap and relatively simple technique to repair common hernias. It also allows surgical trainees to be involved in humanitarian work that benefits both the developing world and our own training and development.

0431: MAINTAINING STANDARDS OF TRAINING WITHIN THE CONSTRAINTS OF EWTD
Thomas Hanna. Derriford Hospital, Plymouth, UK

Aims: The European Working Time Directive (EWTD) is widely perceived by surgeons as a threat to training. Maintaining standards of training requires new ways of working to overcome organisational constraints of EWTD. We aimed to develop and validate a questionnaire to identify specific barriers which exist locally.

Method: An existing questionnaire in the literature was identified and adapted with permission to apply to Consultants, Trainees and NHS managers. The electronic questionnaire was e-mailed to all groups at 3 trusts in the South West. Responses were analysed using Student’s t-test and one-way ANOVA. Ethical approval was granted by NRES.

Results: 216 questionnaires were completed, 108 (50%) trainees, 93 (43%) consultants and 15 (7%) managers. The three questionnaires were validated and reliable with high Cronbach's alpha values between 0.84 and 0.9. The use of locums to fill rotas gaps, service delivery pressures, and management perception of Consultants not willing to change working practice were identified as barriers.

Conclusion: The validated questionnaire was simple to administer across a deanery. Triangulation of findings from the three questionnaires identified important barriers to training specific to the deanery. This tool can be used by other Trusts to improve training.

0451: CONSENT – IS IT INFORMED?
Mingzheng Aaron Goh, Timothy Batten, Sirwan Hadad. Inverclyde Royal Hospital, Greenock, Glasgow, UK

Aim: GMC guidelines state that “effective communication is the key to enabling patients to make informed decisions”. We wanted to investigate if patient consent was truly “informed”.

Method: Patients undergoing surgery were given a questionnaire post-operatively during a one week period. We asked if they received adequate information about their condition, the operation, and the risks and complications involved. The interim results were presented during the surgical departmental meeting. 3 months after this intervention, the audit was repeated.

Results: 23 patients were recruited in the first cycle and 25 in the second cycle. Issues identified after the first cycle included patients being unclear of their illness (2/23, 8.7%), unsatisfactory explanation of risks and potential complications (5/23, 26%) and that patients were not reading the information sheet provided (5/23, 22%). The second cycle showed a significant improvement: all patients understood their illness, risks and complications were not clearly explained in only 1/25 (4%) patients, and only 1/25 (4%) patients did not read the information sheet.

Conclusions: Most patients were clear about their disease. This audit shows a trend toward significant improvement in the retention of information by patients due to better communication after the intervention, allowing informed consent to be given.

0465: SURGICAL SIMULATION IN ANATOMY EDUCATION: AN UNTAPPED RESOURCE?
Ussamah El-khali, Asit Arora, Jean Nehme, Arvind Singh, Shamim Toma, Ceri Davies. Imperial College, London, UK

Aim: Postgraduate surgical simulators are rarely used to teach anatomy, despite possessing many features that would favour their use in such a discipline. We present the first prospective cohort-controlled trial to evaluate the use of an ENT surgical simulator in teaching temporal bone anatomy by designing an interactive simulator-based module and a non-interactive self-directed module.

Method: Two temporal bone anatomy modules were created: one designed for use on a surgical simulator, and one as a self-directed PowerPoint tutorial. The learning content of both modules were near identical and both contained images captured from the simulator. 25 undergraduates were assigned to the simulator group (n=14) and PowerPoint group (n=11). Pre-and-Post module knowledge, confidence and satisfaction scores were measured with MCQs, VAS and Likert scales respectively.

Results: The knowledge improvement in the simulator and PowerPoint groups were 34% (p<.001) and 33% (p<.001), respectively. Confidence score improvement was 32% (p<.001) and 28% (p<.001), respectively. There was no difference in satisfaction (p=.758).

Conclusions: Standardising the learning content of anatomy modules across contrasting learning platforms is feasible, and represents an underutilised but useful method of assessing educational efficacy. Our interactive module is an effective anatomy educational tool. A well-developed non-interactive module can produce similar improvements in knowledge gain.

0473: DOES COMPLETING A CORE SURGICAL TRAINING PROGRAMME LEAD TO AN ST3 JOB IN ENGLAND?
Carl Reynolds, Aniket Tavare, Alison Carr. Medical Education and Training Programme, Department of Health, London, UK

Aim: To investigate the relationship between the likelihood of being appointed to an ST3 surgical specialty post and the applicants' deanery of core surgical training (CST) in England.

Method: English Deanery databases were accessed to establish the number of themed surgical (CST) and ST3 posts across all surgical specialties for 2011.

Results: There was significant inter-deanery variation in the likelihood of obtaining an offer for a surgical ST3 post (17-65%). Core trainees from the North-western deanery were the most likely to be successful and those from Northern Ireland least likely.

Conclusions: Core surgical trainees from different deaneries have markedly different rates of success in obtaining ST3 post offers within England. Many factors may be responsible, including the ratio of CST:ST3 opportunities, that varies between deaneries; difference in applicants and training programmes.

This information is important to inform career planning and should be considered by trainees before application to CST.

0475: JUNIOR SURGEONS INTEREST IN THE WELSH BARBERS RESEARCH GROUP – WHERE THE TRAINEES OF TODAY ARE WITH RESEARCH

David Bosanquet 1, Andrew Beamish 2, Leigh Davies 5, Llion Davies 3, Rhannon Foulkes 1, Guy Shingler 4, Dave Chan 2, Julie Connolly 3, Department of Wound Healing, UHW, Cardiff, Wales, UK; 2 Department of Upper GI Surgery, UHW, Cardiff, Wales, UK; 3 Department of Colorectal Surgery, Royal Glamorgan Hospital, Llantrisant, Wales, UK;
Results: an interest in collaborative research. undertaken. We present the basic demographic data of trainees showing an interest in collaborative research.

Methods: Surgical trainees and medical students registered their interest in the WBRG at either surgical teaching or via a dedicated website. Basic demographic data regarding research experience was collected and analysed.

Results: 36 trainees registered their interest (17: medical student-CT2, 19: CT3-ST3-ST8). Junior trainees had significantly fewer publications (mean+/− s.d. = 0.9+/−1.2) compared to senior trainees (4.2+/−3.2, p < 0.001), and fewer national (0.6+/−1.2 vs. 5.9+/−5.1, p < 0.001) and international presentations (0.4+/−0.8 vs. 3.6+/−3.9, p = 0.002). 1 junior trainee and 12 senior trainees had, or were completing, higher post-graduate degrees. Most trainees were confident in data collection and literature reviewing, whereas the majority wanted more experience in applying for ethics, article writing and statistical analysis.

Conclusion: In our convenience sample of trainees interested in research, it is clear that presentation, publications and higher degrees are still associated with more advanced trainees. The WBRG provides a means through which both junior and senior trainees can collaborate together within Wales.

0497: WHAT IS THE RELATIONSHIP BETWEEN THE NUMBER OF THEMED CORE SURGICAL TRAINING POSTS AND THE LIKELIHOOD OF PROGRESSION INTO SURGICAL ST3 POSTS IN ENGLAND?
Aniket Tavare, Carl Reynolds, Alison Carr. Medical Education and Training Programme, Department of Health, London, UK

Aim: To describe the relationship between number of themed core surgical training (CST) posts available in England and number of surgical ST3 opportunities.
Method: English Deanery databases were accessed to establish the number of themed CST and surgical ST3 posts in 2010.
Results: The ratio of themed CST and ST3 posts varies across specialties and between deaneries. The 2010 ratios are as follows: Plastic Surgery - 7:1; Paediatric Surgery - 3.7:1; General Surgery - 2.9:1; Trauma and Orthopaedics - 2.9:1; Ear, Nose, and Throat - 2.7:1; Urology - 1.4:1; Cardiothoracic Surgery - 0.4:1. It should be noted that not all themed posts provide at least 1 year of specialty-specific experience; conversely some non-themed CST posts provide ≥ 1 year.
Conclusions: Since doctors completing CST generally only apply to one surgical specialty at ST3, applicants to core surgical training should be aware of the variation in the opportunities to progress for each theme in England. This information is important to inform career planning and should be considered before applying to CST. Deanery structuring of CST may vary now.

0498: WHAT TYPES OF SURGICAL POSTS LEAD TO SUCCESS AT SELECTION INTO HIGHER SPECIALTY TRAINING IN ENGLAND?
Aniket Tavare, Carl Reynolds, Alison Carr. Medical Education and Training Programme, Department of Health, London, UK

Aim: To describe the relationship between the applicant’s current post and success in being recruited into ST3 surgical specialties.
Methods: English Deanery databases were accessed to establish the number of applicants for ST3 posts appointed in all surgical specialties in 2011 by current post. Current posts were characterised as either 2-year core surgical training (CST), standalone 1-year core training, fixed-term specialty training appointments/locum appointments for training (FTSTA/LAT), service posts and academic positions.
Results: The success of obtaining an ST3 post for core surgical trainees (CST) varies between surgical specialties. Core surgical trainees are most successful in urology (34%) and ENT (32%) and least successful in plastic surgery (11%). Success from FTSTA/LAT posts also varies across specialty. FTSTA/LAT applicants have greater success than CST applicants in cardiothoracic (31 vs 20%) and plastic surgery (20 vs 11%) but less success in ENT (18 vs 32%). Applicants from service posts are generally less successful that those from CST or FTSTA/LAT.
Conclusions: Surgery continues to be highly competitive with more appointable applicants than posts. Certain specialties appoint a higher proportion of candidates from CST, whereas others appear to preferentially appoint FTSTA/LAT applicants. Specialty specific information should be used to inform career planning.

0499: THE ACCURACY OF DEATH CERTIFICATES IN SURGICAL PATIENTS
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Death certificates provide the information required to generate official mortality statistics nationally and internationally, and to determine the burden of disease in a population. However, they are often left to the junior-most member of the team to complete and little information has been published regarding its validity.

Aim: To evaluate the accuracy of death reports in general surgery at a district general hospital with particular emphasis on post-operative deaths.
Methods: Death records at our hospital over a 15 month period between September 2010 and December 2011 were evaluated retrospectively. 47 patients had been under the care of a general surgeon at the time of death. The cause of death obtained from the death certificate was compared with the medical records and clinical coding.
Results: Excluding the cases requiring post-mortem (14 cases), the cause of death on the death certificate was inaccurate in 18.18% of cases. More alarmingly, in the patients who had surgery within 30 days prior to death (21 cases), there was no documentation of this in the death certificate in 86.67% of cases.
Conclusions: Consultant input and ongoing training for juniors is vital to improving the accuracy and legitimacy of death certification in surgery.

0531: ‘DO MY LEGS LOOK FAT IN THESE?’ A CLINICAL AUDIT OF THROMBOEMBOLIC DETERRENT STOCKING USE IN SURGICAL PATIENTS
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Aim: An estimated 25,000 people in UK die from preventable hospital-acquired venous thromboembolism (VTE) every year1. All surgical patients without contraindications to thromboembolic deterrent (TED) stockings should receive mechanical VTE prophylaxis (stockings) on admission2. Treatment of non-fatal symptomatic VTE and related long-term morbidity is associated with significant cost to NHS3. Are patients wearing size-appropriate TED stockings and does understanding correct wear of stockings?
Method: 60 surgical in-patients were identified (pre/post-operative, general surgery, elective/emergency cases) and leg sizes measured as per manufacturer guidelines. Consent obtained for clinical photographs and a survey to assess patient understanding of VTE distributed. We then produced a patient information leaflet to facilitate understanding of DVT/VTE.
Results: 35/60 surgical patients were wearing TED stockings: 14% (5/35) had leg size measured as per guidelines by nursing staff, 11% (4/35) wearing both correct size and wearing stocking correctly, 54% (19/35) knew about DVT/VTE prior to admission. 34% (12/35) of participants received a VTE tutorial. Total number post VTE-tutorial and wearing TEDs correctly was 92% (12/13).
Conclusions: Patients have poor understanding of terms DVT/VTE, and their implications. Those that understand risks and complications influence correct wear of stockings?

0554: VM SURVEY: OUT-OF-HOURS UROLOGY COVER BY GENERAL SURGEONS
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Introduction & objectives: In many hospitals, urological staffing is inadequate to provide 24-hour middle-grade cover. As such, out-of-hours urology cover often falls upon general surgical trainee’s (ST’s). In this study we wanted to assess (i) the proportion of ST’s providing emergency urology cover, (ii) their prior urological training, and (iii) how confident ST’s are in handling urological emergencies.