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Background: The Welsh Barbers Research Group (WBRG) is a research collaborative that has been set up to provide surgical trainees and trainers in Wales with a platform through which research collaborations can be 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: CT/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?

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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 - 0.45:1. It should be noted that not all themed posts provided at least 1 year of specialty-specific experience; conversely some non-themed CST posts provide $\geq$ 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?

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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-mortems (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 66.67% 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 year[1]. All surgical patients without contraindications[2] to thromboembolic deterrent (TED) stockings should receive mechanical VTE prophylaxis (stockings) on admission[3]. Treatment of non-fatal symptomatic VTE and related long-term morbidities are associated with significant cost to NHS[1]. Are patients wearing size-appropriate TED stockings and does understanding of VTE risks and complications influence 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 of DVT/VTE are much more likely to wear stockings correctly.

0554: WM 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.