The use of a low-cost 20-second voice message in the telephone queue across UK GP practices could be an effective method to increase cervical smear test coverage towards the national target of 80%.

35 questionnaire responses were received, main themes reported for not attending screening include embarrassment (37%), busy schedule (32%) and cultural differences (24%). In the week following the intervention, cervical smear tests increased more than 2-fold, from an average of 12 to 26 smears per week. This could be partly due to the convenient timing of voice recording, reminding them to book both appointments simultaneously and the child’s emotive message.

Improving surgical consent – a quality improvement project to understand the reason for their surgery, but only 31% could explain the risks, and 56% could explain alternative options. Twenty (63%) consent forms were easily legible on randomised heuristic assessment. After education and change in department practice, understanding of the operation was much improved (80-100%). One outcome was to create pre-filled consent forms for common ENT operations.

Conclusions: Whilst RCS policy on completing consent prior to admission is being achieved, patient interviews suggest a lack of understanding of the operation. Standardised consent forms have the potential to enhance this understanding, as well as saving time.

Improving the experience of teaching for foundation doctors in a busy general surgery department

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Introduction: In the national training survey undertaken by the GMC in 2019 the general surgery teaching programme at North Bristol Trust scored 35.24 for local teaching; significantly lower than the national average. We aimed to introduce a teaching programme for foundation doctors on their general surgery rotations to help them meet the objectives set out by The UK Foundation Programme curriculum and gain further insight into general surgery and the roles of allied healthcare professionals.

Methods: A survey consisting of Likert scale and open ended questions was distributed to foundation doctors at the start and end of their foundation programme placements from August to December 2019. During this period a general surgery teaching programme was introduced consisting of once weekly sessions led by allied healthcare professionals and once weekly consultant led sessions.

Results: The number of foundation doctors agreeing with the statement ‘I think the General Surgical Unit is a good training and learning environment for foundation doctors rose by 33% (59% to 92%). There was an increase of 59% (24% to 83%) in the number of foundation doctors who felt they had good educational opportunities during their general surgical attachment.

Conclusion: The implementation of a general surgery teaching programme involving specific consultant-led sessions and sessions led by allied healthcare professionals (bariatric specialists, amputation counsellors, palliative care specialists) is invaluable to foundation doctors. It retains the interest of surgically and non-surgically inclined foundation doctors and is an essential element of a general surgical placement in a teaching hospital.