Medicine. We require of the collaborative efforts to achieve best goals with controlled studies, clinical and basic assays, increasing the Meeting's quality.

REFERENCES:

- [1] Serrano KJ, Yu M, Riley WT, Patel V, Hughes P, Marchesini K, Atienza AA. Willingness to Exchange Health Information via Mobile Devices: Findings From a Population-Based Survey. *Ann Fam Med*. 2016 Jan-Feb;14(1):34–40. doi: 10.1370/afm.1888.
- [2] Studdert DM, Mello MM, Gawande AA, Ghandi TK, Kachalia A, Yoon C, et al. Claims, Errors, and Compensation Payments in Medical Malpractice Litigation. *N Engl J Med* 2006;354:2024–33.
- [3] Bothwell LE, Greene JA, Podolsky SH, and Jones DS. Assessing the Gold Standard—Lessons from the History of RCTs. *N Engl J Med* 2016; 374:2175–81.
- [4] Fiore LD and Lavori PW. Integrating Randomized Comparative Effectiveness Research with Patient Care. *N Engl J Med* 2016; 374:2152–8.

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AB1382

HOW EFFECTIVE IS POSTGRADUATE TRAINING IN THE RHEUMATOLOGY DEPARTMENT OF A TEACHING HOSPITAL?

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Background: Rheumatological disorders are very common in primary¹ and secondary care.² Each year, 20% of the general population consult their General Practitioner (GP) due to a musculoskeletal problem.³ With demands on musculoskeletal service likely to rise further, there is a growing concern that new doctors of tomorrow may not be equipped with necessary competencies to deal with this burden.^{4, 5}

Objectives: To explore the effectiveness of rheumatology departmental induction training. To explore the confidence of post-graduate trainees in assessing and managing patients with rheumatological conditions. To evaluate the confidence of post-graduate trainees to do knee aspiration and injection. To explore the satisfaction of post-graduate trainees and trainers with various teaching activities in the department. To make recommendation for further improvement of the quality of on-the-job teaching of junior doctors posted in the department of rheumatology.

Methods: An online questionnaire survey was administered to all current and previous four years' rheumatology trainees. Subsequently trainees were interviewed divided in to two focus groups for Specialty Trainees and non-specialist (General Practice and Foundation Year 2) trainees. Consultants, Allied Health Professionals and nurses were also interviewed divided in to two focus groups. The data from questionnaire survey and qualitative data from focus group interviews was then analysed and collated.

Results: Induction was suboptimal with only two-thirds of trainees rating its quality as excellent or good. Most trainees were confident in the assessment and management of rheumatological conditions but felt less confident in prescribing rheumatological drugs. Most trainees were confident in performing knee injection and aspiration. The trainees were satisfied with educational and clinical supervision, learning environment and availability of training opportunities. However both trainees and trainers were dissatisfied with inadequate formal teaching and under-utilisation of specialty and multidisciplinary clinics. Rota gaps and excessive workload were thought to be the main barriers.

Conclusions: In a climate of increasing service demands, limited time and manpower shortage, training junior doctors effectively has become more challenging. An effective induction, supportive learning environment, structured training with incorporated formal teaching would help optimise the learning opportunities.

REFERENCES:

- 1.Arthritis Research UK National Primary Care Centre, Keele University. Musculoskeletal Matters: what do general practitioners see? Bulletin 1, October 2009. www.keele.ac.uk/media/keeleuniversity/ri/primarycare/bulletins/MusculoskeletalMatters1.pdf
- [2] General Medical Council (2016). Promoting excellence: standards for medical education and training. www.gmc-uk.org/education/standards.asp (accessed 31 Oct 2017).
- [3] Creswell JW, Plano Clark, VL. Designing and Conducting Mixed Methods Research. Thousand Oaks, CA: Sage, 2007.
- [4] Braun, V. & Clarke, V. Using thematic analysis in psychology. *Qualitative Research in Psychology* 2006;3(2): 77–101.
- [5] Dubey SG, Roberts C, Adebajo AO, Snaith ML (2004). Rheumatology training in the United Kingdom: the trainees' perspective. *Rheumatology*;43:896–900

- [6] General Medical Council. National Training Surveys. 2017 National training survey results live reporting tool. October 2017. <https://webcache.gmc-uk.org/analyticsrep/saw.dll?Dashboard>. (accessed 31 Oct 2017).
- [7] General Medical Council National Training Survey. 2017 <http://www.gmc-uk.org/education/surveys.asp> <https://webcache.gmc-uk.org/analyticsrep/saw.dll?Dashboard> (accessed 31 Oct 2017).

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AB1383

RHEUMATOLOGY NURSES KNOWLEDGE AND CONFIDENCE IN THE EVER-CHANGING RHEUMATOLOGY -A REGIONAL SURVEY AMONG EAST MIDLANDS RHEUMATOLOGY SPECIALIST NURSES

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Background: Rheumatology as a specialty moving rapidly due to the advent of novel therapeutic agents. Rheumatic Disease management concepts are also changing with a treat to target approach and early escalation of therapies. Role of Rheumatology specialist nurses should not be underestimated in the tight control and achieve treat to target goals. The expectation of Specialist Nurse role has been changed over the years. NHS pressure in service delivery compromised teaching and training opportunities for Specialists Nurses which may result in the knowledge gap. Education and training for Rheumatology nurses are key in delivering high-quality service to rheumatology patients. We attempted to explore the current knowledge and skills among Rheumatology specialist nurses regionally.

Objectives: 1To explore the knowledge perception of different disease management

2. To identify the difference in two disease management RA and Spondyloarthritis (SpA).

3. To evaluate the confidence level in assessing different Rheumatic diseases

Methods: This is a Questionnaire based prospective study among east midlands Rheumatology Specialist Nurses. The initial questionnaire was piloted and improved 17 questionnaires were distributed among the specialist nurses working in our region via email and in person. The questions were designed to gauge the nurses level of confidence in assessing different rheumatology conditions and also their confidence in making treatment decisions for different conditions.

Results: 26 out of 40 nurses in East Midlands responded with response rate of 65%. 77% Responses are from nurses working in University hospitals and 23% working from DGH. The level of experience in current role is variable from 2 to 20 Year and clinical session performed by nurses varies from 2–8 per week. The nurses are mostly supervised by consultant and some do independent clinic. The awareness of delay in diagnosis of SpA is about 80% with average reported delay as 6 years. Confidence in assessing RA is very good however not confident in assessing SLE. Confidence level in counselling biologic therapy varies with different diseases with SLE been very low. SpA assessment with extra articular management is low and less confidence in advising therapy in Pregnancy. Interesting note the awareness concept of Non-Radiographic SpA and MRI protocols in SpA Confidence exists. Variable level of confidence in the in assessment of various diseases. Confidence in assessing Fibromyalgia in a patient with Rheumatic disease is at a low level.

Conclusions: we noted the very good level of confidence in RA and PSA assessment and management however low levels of confidence in the assessment of SLE and SpA. More education and training is needed particularly focused on assessment. This is the first study among Rheumatology Specialist Nurses with limitations. Education and training through continuous Medical education for Rheumatology nurses are key to achieve tight control of Rheumatic diseases, reduce the morbidity and Mortality.

REFERENCE:

- [1] Solomon DH, Bitton A, Fraenkel L, Brown E, Tsao P, Katz JN. Roles of nurse practitioners and physician assistants in rheumatology practices in the US. *Arthritis Care Res* 2014 Jul;66(7):1108–13.

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