

Abstract G181(P) Table 3 Most common themes

Theme of learning	Number of respondents
Useful approaches when discussing safeguarding concerns with parents	20
Referral and legal processes in safeguarding	16
Consideration of family risk factors	11
Understanding of multi-disciplinary working	9
Improved knowledge of symptoms and signs of child abuse	7

parents about safeguarding concerns and understanding referral and legal processes.

G182(P) SURVEY TO INVESTIGATE NEONATAL KNOWLEDGE AND EXPERIENCE AMONGST NEWLY QUALIFIED GENERAL PRACTITIONERS

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Aim To investigate level of neonatal knowledge and experience amongst newly qualified General Practitioners (GPs) who completed the vocational training scheme (VTS).

Method An online survey distributed via email to GPs who qualified from two GP Deaneries since 2009. The survey consisted of 24 questions, mainly multiple choice and self-rating scales, and was completed between May and June 2014.

Results There were 38 respondents. Of these, 58% had completed a paediatric placement during their VTS. Placement length varied from 3 months (1 responder), 4 months (11 responders) to 6 months (10 responders). Forty-five percent (17/38) gained neonatal experience, comprising of neonatal life support courses, neonatal ward rounds, attending high risk deliveries and completing baby checks.

Eighty percent of responders were less than 2 years post VTS qualification, with a median age of 31–35 years. Despite completing their VTS and 60% receiving formal teaching on newborn examination, 25% of responders did not feel confident in completing a 6–8 week newborn examination. In 50% of practices where our study population are currently based a dedicated health professional undertakes the baby checks.

The GPs portrayed good knowledge of common neonatal problems such as gastro-oesophageal reflux disease, and on self-rating, the majority were confident of their ability to diagnose mongolian blue spots, port wine stain and a significant heart murmur. However, over 35% displayed definite uncertainty in diagnosing naevus flammeus and erythema toxicum. Only 12% felt confident in recognising cow's milk protein intolerance and 56% were unaware of when to diagnose prolonged jaundice.

The main information source used by the newly qualified GPs was GP notebook, with 72% identifying this source and less than 30% consulting formal guidelines.

Conclusion A significant number of GPs qualify from the VTS without completing a paediatric placement and even fewer are gaining neonatal experience. Post-qualification, there continues to be limited exposure to infants as dedicated health professionals complete their routine care. It is essential to recognise this lack of exposure and make appropriate changes to GP training to provide basic, structured neonatal experience, thereby ensuring confidence in neonatal assessment and management amongst front-line medical practitioners.

G183(P) LEARNING TOGETHER STUDY DAYS: CROSS SPECIALTY EDUCATION TO IMPROVE CHILDREN AND YOUNG PEOPLE'S HEALTH

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Aims The UK is lagging behind the majority of Europe in children and young people's health outcomes.¹ One possible hypothesis for this is the lack of integration between primary, secondary and tertiary care. The World Health Organisation supports effective inter-professional education as it enables effective and collaborative practice.² There is published evidence that inter-professional learning can lead to better patient care and safety, reduced mortality rates and better use of specialist health resources.^{3–5}

Methods Following focus group work and a pilot study day, the authors created three study days: Child and Adolescent Mental Health, Public Health and Adolescent Sexual Health. These are areas where good care crosses traditional medical specialties and health care professions. Royal College curricula were analysed to define learning outcomes. The study days were advertised to paediatric, GP and relevant specialty trainees as well as other children's and young people's health professionals. Each day featured a mix of lecture and small group case based learning.

Results The three days were attended by 163 trainees (85 paediatric, 52 GP, 26 other). We received pre and post course online feedback from 85 (53%) and 104 (64%) trainees respectively. Across the three days the proportion of delegates who strongly agreed with the statement 'My learning is enhanced when I learn with health care professionals from different specialties' increased from 40.7 to 60.2% (Tables 1 and 2).

Abstract G183(P) Table 1 Proportion self-assessing their confidence as very confident/confident

	Pre course	Post course
Sexual Health	44%	91%
Mental Health	18%	80%
Public Health	32%	77%

Abstract G183(P) Table 2 Proportion self-assessing their knowledge as very good/good

	Pre course	Post course
Sexual Health	44%	91%
Mental Health	35%	77%
Public Health	32%	80%

Conclusions This series demonstrates that it is both desirable and feasible to offer cross specialty inter-professional education in Children and Young People's health and that it not only increases confidence and knowledge in the individual subject areas but also improves the delegates' own perceptions of learning in the wider cross specialty team.

REFERENCES

- 1 Wolfe I, Thompson M, Gill P, et al. Health services for children in Western Europe. *Lancet* 2013;**381**(9873):1224–1234