

Methods We studied young women aged 12–18 years, ‘looked after’ by three Local Authorities co-terminus with our Health Board’s geographical area, who by virtue of their age should have received a 3 dose HPV vaccination course. We compared vaccination coverage in this group, using their recorded vaccination status on the All Wales Child Health Database, with a cohort of young women who were not ‘looked after’, and who had completed academic year 9 and were resident in the same Health Board area, using NPHS Wales ‘COVER’ data. We statistically analysed differences observed. We established that ethical approval was not required to undertake this study.

Results Of 2555 young women who had completed year 9 and who were not ‘looked after’, 2308 had completed a 3 dose HPV vaccination course (90.3%). Of the 157 eligible young women ‘looked after’, 131 had received a comparable 3 dose vaccination course (83.4%). The difference was statistically significant (X^2 7.763, p 0.005).

Conclusion Our study of young women who should have completed a 3 dose HPV vaccination course highlights that those ‘looked after’ were significantly less likely to be vaccinated. We have identified yet another area of health disadvantage for this group which could have important consequences for their future health. Action is required to address this and our own recommendations will be discussed, in addition to what we see as the possible reasons for this difference. We suggest that HPV vaccination coverage rates in young women ‘looked after’ should be reviewed across the United Kingdom by those health professionals who work with this vulnerable group.

G498(P) ARE WE FAILING OUR CHILDREN AND OUR FUTURE? INTRODUCING MEDICAL STUDENTS TO CHILD HEALTH INEQUALITIES

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Background and aims Huge inequalities exist in child health globally. Current under five mortality rates vary significantly between countries from 2.3 per 1000 live births in Singapore to 152.5 per 1000 live births in Guinea-Bissau. In the UK, children from poorer socio-economic backgrounds are more likely to be born small, die during their first year of life and die from an accident in childhood. We aimed to develop and evaluate a student-selected component (SSC) introducing medical students to inequalities in child health.

Methods The student-selected component (SSC) ran one afternoon a week for eight weeks. Students participated in four interactive workshops on topics around child inequality and attended a relevant paediatric clinic or service. Students completed a self-directed project exploring an area of possible inequality for children, produced a poster and gave a short presentation at the end of the SSC, which was assessed. We evaluated the SSC by e-mailing a structured questionnaire to all participants and analysed responses thematically.

Results Twelve second year students undertook the SSC. All 12 completed the post-programme questionnaire. Medical students gained the following from participating in the SSC:

1. An increased understanding of the inequalities that exist in child health. “*I was quite shocked at how large the differences were especially within the UK.*”
2. Research and presentation skills.
3. An awareness of the need for effective interventions to reduce inequality and improve children’s health. “*It’s not just a matter of throwing money towards services for children but preventing the inequalities from happening in the first place.*”
4. An increased motivation to see the situation improve. “*This has fired me up to want to do something about this in the future.*”

Seven out of 12 students (58%) reported that doing the SSC had either confirmed or increased their desire to pursue paediatrics as a career. Three further students reported they had wanted to do paediatrics before doing the SSC.

Conclusions Introducing medical students to child health inequalities early on in their undergraduate training can have significant benefits, particularly in helping students to understand the broader social determinants of health, and encouraging more medical students to take up careers in child health.

G499(P) CHILD SAFETY AWARENESS IN MEDICAL STUDENTS: A NEED FOR THE LOLLIPOP LADY

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Aims Advocating to improve child safety, as part of child health promotion, is integral to the role of all doctors working with children. Many general practitioners and doctors in training shy away from providing such advice to families because they lack the knowledge, missing important opportunities to prevent accidents in children. Variation in postgraduate rotations make medical school an ideal time to learn about child safety, a practice followed in the United States of America.

Our study explored medical students knowledge, skills and attitudes towards providing guidance about child safety.

Methods We sent a survey to all medical students undertaking their paediatric placement at one teaching hospital between 2012–13. We asked them if they felt comfortable giving advice about preventing sudden unexpected infant death, drowning and choking as well as cardiopulmonary resuscitation (CPR) and first aid. We also enquired from them about the commonest causes of death in children under five and the risk factors for accidental deaths in children.

We collected the data using SurveyMonkey™ software and analysed it using Microsoft Excel™.

Results 82 students were approached, 49(60%) responded. Most [32(65%)] felt uncomfortable giving parents advice about preventing sudden unexpected death in an infant, many [22 (47%)] about drowning advice and some [19(39%)] about preventing choking. 15(30%) felt uncomfortable giving parents advice about CPR and first aid. 27(55%) thought that accidents were a leading cause of death in children under five. 49(100%) learnt about child safety from personal experience while 26 (53%) learn about it from general practice or child health placements.