unnecessary treatment and investigation for 9000 children per year across England and Wales.

G97(P) ADOLESCENT OBESITY: EXPLORING THE HEALTH RELATED QUALITY OF LIFE IN HELP SEEKING OBESE ADOLESCENTS IN THE UNITED KINGDOM

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Background According to previous studies, overweight and obesity in children and adolescents were associated with impaired health-related quality of life (HRQOL) and depression. The objective of this study is to describe the HRQOL and risk for depression in help seeking obese adolescents within the United Kingdom.

Methods This is a cross-sectional study conducted among 293 obese adolescents (13–18 years) attending the weight management clinic at the University College of London Hospital, England. The stratified cluster sampling framework was used; all participants were referred to this clinic by a general practitioner or paediatrician. Body Mass Index (BMI) was calculated using BMI z-score. The Paediatric Quality of Life Questionnaire (PedsQL) was used to measure HRQOL and The Short Mood and Feeling Questionnaire (SMFQ) was used to assess the likelihood of depression.

Results Study included 123 males and 170 females, mean BMI 43. Findings revealed that a higher quality of life (QOL) was found among younger adolescents, with lower QOL found among obese individuals. Female adolescents were found to score lower on emotional functioning and depression when compared with males, and adolescents who met the threshold for depression scored lower on all measures relating to QOL. The study population had a lower QOL of life when compared to healthy adolescents, and paediatric population with chronic diseases such as asthma, diabetes, and cancer.

Conclusion Compared with healthy adolescent population, the QOL in the study population was lower, and adolescents who met the threshold for depression had an overall lower QOL.

Trainees session

G98 EXCEPTION REPORTING AT GREAT ORMOND STREET HOSPITAL – BUILDING ON JUNIOR DOCTORS EXPERIENCES

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Aims The new English/Welsh Junior Doctor (JD) contract introduces a powerful tool for positive change – the Exception Report (ER). Following a staged introduction, ER has been available to all JDs (including those not in training), throughout Great Ormond Street Hospital (GOSH) since June 2017. Initial rates of ER have been low, with concerns of JD disillusionment. This project aims to improve the number of submitted ERs with secondary analysis of ER outcome.

Methods A process map identified primary drivers of reporting; Educational Supervisor (ES) engagement; and systemic

change. Access to ER systems was improved by incorporating with the postgraduate medical education (PGME) smartphone app. ER was decoupled from ES by allocating departmental ER consultant leads. Ideas on local exception causes; barriers to reporting; and potential solutions were obtained from a JD focus group, which aided production of a guideline for ER leads to address ER root causes. After promoting ER at hospital induction, further interventions were targeted by surveying all JDs on personal experience of exceptions; ER processes; and opinions on reporting.

Progress was measured by graphing ER numbers, broken down by reporting department. Future change ideas included a PGME-led awareness campaign, including website, e-newsletter, (P), video and podcast facets; publicity of previous work on JD perspectives; creation of a framework, targeted at JDs, encouraging junior-lead solutions when reporting; supplementation of PGME ES resources; and targeted signposting towards currently-available courses and learning resources.

Results 56 ERs were submitted during Mar-Sep 2017, leading to plans to redesign one department's rota, with financial compensation for three JDs in multiple departments. An additional fellow is being recruited into another department following a JD-initiated business case including, amongst other arguments, ER submissions. No fines have been levied. Multiple interventions are ongoing, with monthly plan-do-study-act (PDSA) cycles planned to aid continued improvement, and to ensure all JDs at GOSH feel empowered to submit ERs.

Conclusions ER should be used positively to identify system issues, and early usage at GOSH has demonstrated ER to both support and initiate constructive departmental change. Impact from current interventions is awaited, as departments harness the potential of the ER process.

G99 SUPPORTING PAEDIATRIC TRAINEES INVOLVED IN MEDICO-LEGAL INVESTIGATIONS

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Aim Feedback from trainees highlighted different levels of support offered to trainees across the training programme. Many trainees have limited experience of Coroner's inquests, Court cases, GMC fitness to practice hearings, CQC visits, statement writing, serious incident investigations, Deanery and School of Paediatrics visits. More junior trainees have described these as stressful events. The aim of this study was to review the support offered to trainees and develop more consistent approaches.

Methods An online regional trainee survey was conducted between October 2016 and January 2017. This included 8 multiple choice questions with free text comments. Questions related to whether (1) trainees had been involved in such events during their training, (2) which trusts they worked in, (3) whether they received adequate support, and (4) what training if any, they had in these areas. The web link was sent to all trainees by the Paediatric Specialty Administrator and posted on the School Facebook Group.

Results A total of 40 paediatric trainees replied. 34 (85%) reported previous involvement in such events: 20 (59%) felt well supported by their hospital, 8 (24%) felt that they needed support but that this was not offered or available locally and 6 (17%) felt