Perinatal identification of genetic syndromes with facial dysmorphology is challenging due to subtle manifestations and population variability. Recent studies have shown that genetic syndromes manifest differently on populations of different ancestries. The purpose of this study is to quantify the distribution of facial biometrics of healthy newborns among the local population of the United Arab Emirates. In this first study of its kind, we collected frontal facial pictures from 504 healthy newborns without facial dysmorphology (252 males and 252 females, age range 0–4 days, gestational age at birth range 37–42 weeks) between October 2015 and March 2017 at hospitals in the network of the United Arab Emirates Ministry of Health and Prevention: Al Qassimi Hospital in Sharjah and Fujairah Hospital. We measured a set of distances and angles between facial landmarks on the eyes, nose and mouth in all pictures. Horizontal and vertical distances were normalized as a percentage with respect to the distance between lateral canthi and the eye-to-mouth distance, respectively. The average axes of the palpebral fissures were $27\pm3\%$ and $9\pm3\%$. The distance between the medial canthi was $47\pm4\%$. The average angle between each medial canthus with respect to the corresponding lateral canthus and the other medial canthus—a measure of slanting of the eyes—was $176\pm4$ degrees. The distance between the oral commissures was $48\pm6\%$. The nose length was $35\pm8\%$. This first normative reference of facial biometrics in newborns in the United Arab Emirates has great potential to support the perinatal identification of genetic conditions through quantitative facial analysis.

**OC66** SUCCESSFUL PILOT INTRODUCTION OF A ‘VIRTUAL CLINIC’ FOR A REGIONAL COHORT OF PATIENTS WITH TYPE 1 DIABETES

1Anne Quinn, 1Therese Dunne, 1,2Clodagh O’Gorman, 2Niall Collins, 1Orla Neylon*. 1University Hospital Limerick, Limerick, Ireland; 2GEMS Medical School, UL, Limerick, Ireland

**Background** Among Irish paediatric centres, 30% are not meeting the recommendation of three-monthly review of patients with Type 1 Diabetes (T1D). Long waiting times are encountered by our patient cohort at outpatient clinics, along with a sometimes passive approach to reflective dose adjustment. We wished to explore the feasibility of a targeted educational intervention using a ‘virtual clinic’ in a sample of our population, given the well-described challenges with rural broadband provision in the West of Ireland.

**Aim** Primary outcome was the proportion of successfully completed internet ‘virtual clinic’ appointments with participants, including successful pre-clinic download of insulin pump data. Secondary outcomes included setting adjustments, impact on glycaemic control, appointment duration and user satisfaction, the latter by qualitative survey.

**Methods** Participants using insulin pumps and continuous glucose monitoring systems were recruited from out-patients. Intervention consisted of 3 ‘virtual clinic’ sessions at 10–14 day intervals using ‘Skype for Business’© to connect the diabetes team with the family in their home. Data were collated in Excel, with postal HbA1c.