trafficking, 87% did not know how to identify these victims and 78% thought they had not received sufficient training to deal with such situations. Within medical education, 72% of UK medical schools did not provide any teaching on the subject and 70% had no plans to implement this teaching. These results overwhelmingly highlight the gap in medical education and suggest that healthcare workers would like more training on human trafficking, including the management of suspected cases.

Conclusion Overall, my research has highlighted the limited knowledge of healthcare professionals and the need for increased teaching on modern slavery to improve confidence among the healthcare community in identifying victims and reporting concerns. I would like to continue to raise awareness during my medical career and I believe that training on modern slavery should be mandatory for all healthcare professionals. Further to this, I have had a meeting with tutors from my medical school to ensure that teaching on this subject is added to the undergraduate curriculum.

G492(P) ABSTRACT WITHDRAWN

G493(P) ABSTRACT WITHDRAWN

G494(P) EVALUATION OF EFFICACY AND QUALITY OF CHILD PROTECTION PEER REVIEW

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Aim Peer review should be an established part of child protection practice in Trusts. There is guidance from the RCPCH and CPSIG. We undertook a service evaluation at a district general hospital using different data collection methods to evaluate quality and efficacy of the child protection medical (CPM) peer review process to ensure consistency and quality within the service.

Method 6 months of data from 01/07/2018 to 31/12/2018 were reviewed including cases via social care referral and ward admission, and data collected regarding:

- Timeliness of peer review discussion
- Outcomes e.g. communication with social care, change to report
- Perception of peer review and quality was also reviewed via a questionnaire to attendees

Results

Total Cases	59
Average number discussed at meeting	6
Average number held for next meeting	4
Average time between CPM and peer review	6 weeks
Average number of cases that required specific outcome	1 per meeting

The questionnaire identified a positive perception of peer review; it was helpful and supported learning. Attendance was an issue due to clinical work pressures. Whilst most felt supported, there was still some anxiety about being critiqued in front of colleagues.

Conclusion Timeliness was an issue for discussion of CPM's. A case is not discussed if the consultant is not present and we suggested a nominated colleague feedback on their behalf. Acute cases were not always added for discussion. Dedicated admin, clear processes and support from the Named Doctor to appropriately run peer review is required.

Peer review runs monthly, requiring 10 case discussions per meeting; current time of 60 minutes may need to increase but an efficiently run meeting is also vital.

Dedicated time should be discussed as a team job planning priority.

A small number of cases required further liaison but no significant concerns, which is a positive reflection of the quality and consistency of the CPM's.

Child protection is recognised as a difficult area needing additional support and continued learning opportunities. Peer review of CPM's should provide this in a safe learning environment, acknowledging it does not replace supervision or evidence based courses and resources.

G495(P) CHILD SEXUAL ABUSE ASSESSMENTS: HOW WELL DO WE ASSESS MENTAL HEALTH RISK AND CAPTURE ADVERSE CHILDHOOD EXPERIENCES?

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Aims

- To demonstrate identification and response to mental health issues in CYP (children and young people) who attend for sexual abuse assessments.
- To assess if information on ACEs (Adverse childhood experience) in this vulnerable population is collated.

The outcome of the study will inform discussion regarding the clinician's role in addressing mental health and resilience factors for CYP.

Methods A retrospective review of 44 patient notes of cases seen January and June 2019 at the paediatric SARC (Sexual assault referral centre) based in an NHS setting. Data was collected on patient demographics, mental health issues, actions made and documentation of ACEs/resilience factors.

Results The majority, 93% n 41/44 of cases were female. Only 4 (9%) children had a documented mental health risk assessment. 22 (50%) were currently or previously known to social care prior to the assault and of these 22, 9 (40%) had mental health issues prior to the assault.

Conclusion A significant proportion of children and young people who access our SARC experience mental health issues and have a background of additional vulnerability and trauma.

There is referral for specialist psychological assessment through the in house paediatric SARC clinical psychology service. Paediatricians identify mental health issues and risk, but this could be improved with training and standardised guidance.