Given the extent of medical and mental health needs, often unmet, in children attending for CPMEs, Children's Services might consider seeking medical reviews at an earlier stage for children known to them.

If educational and mental health professionals, and where relevant, Looked After Children's teams, had closer links to these medical assessments, then the CPME could prove a powerful tool in addressing the multiple needs of these vulnerable children.

G500(P) PRE-CERVICAL MYOSITIS OSSIFICANS SECONDARY TO NON-ACCIDENTAL TRAUMA

C Parfitt, N Sargant. *General Paediatrics, Bristol Children's Hospital, Bristol, UK*

10.1136/archdischild-2020-rcpch.425

We present a case report of a 7 week old baby, presenting with pre-cervical myositis ossificans secondary to non-accidental trauma.

Myositis Ossificans is characterised by bone formation within muscle or soft tissue. Majority of cases are caused by trauma. These usually occur in the extremities in older men and rarely in the head and neck area.

The baby presented to the Ear, Nose and Throat (ENT) team with a sub-lingual mass and stridor. Chest X-ray revealed multiple rib fractures of varying ages. An MRI scan of the neck detected a C6 vertebral body fracture and a pre-cervical calcified mass. A biopsy confirmed the diagnosis of myositis ossificans.

Skeletal survey also detected fractures involving the clavicle, humerus, bilateral tibiae and 5th metatarsal. Review by a Specialist in paediatric endocrinology and metabolic bone disease found no clinical, radiological or biochemical evidence of metabolic bone disease.

On clinical review, the baby was noted to have a linear submental laceration, mucosal tear of the soft palate and bruising of the tongue. No explanation was provided to account for these findings. History of an apparent life threatening event where mouth to mouth resuscitation was required with a delay in presentation to healthcare raised further concern about possible non-accidental injury.

Lower cervical spine injuries in infants are incredibly rare and accidental injuries tend to cause fractures in the upper cervical vertebrae. We have found one case report describing a C5 fracture with pre-cervical myositis ossificans in an infant secondarily to non accidental injury. The case histories and images are strikingly similar.

This case report highlights an atypical presentation of myositis ossificans in both age and location. It is important to raise awareness of this rare finding so that it can be considered in other cases and lead to earlier identification. These cases may trigger a case series to raise awareness of pre-cervical myositis ossificans as a marker for non-accidental injury.

G501(P) CULTURALLY BASED PRACTICES IN CHILD PROTECTION: A FRAMEWORK

¹E Botcher, ²J Gifford. ¹General Paediatrics, University Hospitals of Coventry and Warwickshire NHS Trust, Coventry, UK; ²Community Paediatrics, Coventry and Warwickshire Partnership NHS Trust, Coventry, UK

10.1136/archdischild-2020-rcpch.426

We live in a multicultural society and as paediatricians it is important for us to consider our patients within the context of their own culture. Culture is defined as societal norms and behaviours that change with geography, time, or even within generations of a family. What may be acceptable to one society may be utterly unacceptable in another.

Child Protection centres on the law of the land in which a potential crime has been committed in. Safeguarding however is not only about whether something is legal or illegal, it focuses on whether there is significant harm or risk of harm.

Cultural practices which may be harmful can be grouped into four overlapping areas: Gender Based Practices, Medicinal Practices, Body Modification for Cultural Identity, and Punishment. An event may fall into two or more categories, and they also fall along a spectrum of acceptability. For example, the piercing of a baby girl's ears would be a gender-based practice that has elements of bodily modification for cultural identity, but rarely would this be a safeguarding issue. If the baby girl in question had been subject to Female Genital Mutilation however, this would be a clear safeguarding (and legal) issue.

Following a local case which provoked discussion with the safeguarding team, the following framework was developed to consider whether something is a safeguarding issue:

- Is it legal in the UK?
- Is it harmful? (Including the degree of risk of harm)
- Is it morally/culturally acceptable?

In cases where a child presents to paediatricians for a child protection medical and there is doubt about whether an event or procedure is a safeguarding issue, this framework adds clarity and helps to structure conversations within the multi-disciplinary team.

G502(P) THE CHILD PROTECTION RECOGNITION AND RESPONSE (CPRR) COURSE, THE NEPALESE EXPERIENCE, 2016–2019

¹D Upadhyay, ²R Chapagain, ³N Sabde, ⁴C Hobbs, ⁵J Acharya, ⁶S Sharma, ⁷J Lott, ⁸B Giri, ⁹D Jellinek, ⁹J Price, ¹⁰S Shrestha, ⁸J Mae, ⁹R Smith, ¹¹R Kayastha, ¹¹B Banjhad. ¹Comm Paediatrics, CPFT, Cumbria, Barrow in Furness, UK; ²Hospital Paediatrics, Kanti Children Hospital, Kathmandu, Nepal; ³Comm Pediatrics(Retired), CPF, Cumbria, UK; ⁴Comm Paediatrics(Retired), Previously St James Hospital, Leeds, UK; ⁵Developmental Pediatrics, Alder Hey CH Hospital, Liverpool, UK; ⁶General Paediatrics, Sheer Memorial Hospital, Banepa, Nepal; ⁷Safeguarding Nurse, CMFT, Manchester Children Hospital, Manchester, UK; ⁸Hospital Paediatrician, Kanti Children Hospital, Kathmandu, Nepal; ⁹Retired Consultant Comm Pediatrician, UK; ¹⁰Hospital Paediatrician, Nepal Medical Hospital, Kathmandu, Nepal; ¹¹Sister, Kanti Children Hospital, Kathmandu, Nepal

10.1136/archdischild-2020-rcpch.427

Background The RCPCH CPRR course was developed following the Lord Laming Inquiry (2003) after the death of Victoria Climbié in 2000. These Courses are run by ALSG (Advanced life supportgroup) in several centres and adopted abroad in some countries including Nepal.

Aims

- To raise awareness of child abuse and neglect in Nepal.
- To encourage effective response including referrals to the appropriate agency.
- To support the development of a multi-agency response in the Nepalese context.

Methods and Results In 2016, the first Nepalese course was conducted at Kanti Children Hospital, Kathmandu by the

Visiting UK Paediatricians and Nurses led by Drs Neela Shabde & Chris Hobbs.

A total of 35 doctors and nurses attended. Eleven candidates were identified as trainers. The 3rd and 4th day was jointly conducted by UK and Nepalese faculty.

Similar courses were held in 2017, 2018 and 2019 with stake holder's involvement of Nepal Paediatric Society, Swantara Abhiyan Nepal, and some participation of Ministry of Health, Child Workers in Nepal (CWIN), UNICEF & Police.

Conclusions

- More than 100 doctors and nurses have been trained including a dedicated pool of trainers to take this forward.
 - Two Paediatricians from Nepal have received training at Alder Hey Children's Hospital.
 - So The Child May Live, UK and Health Exchange Nepal, UK have agreed to fund this project for further 3 years.
 - There is a need for a coordination and joining up of services to develop pathways for referral and management, involving Department of Social services and the health teams in hospitals.
- The multiagency response to the child protection training is a priority for developing child protection services in Nepal.
- Support from the UK team should be available during the training courses

G503(P) AN AUDIT OF LENGTH OF TIME TAKEN BEFORE MEDICAL ASSESSMENT OF REFERRALS TO OUR CHILD PROTECTION SERVICE

¹OG Forbes, ²MK Guilbert. ¹Child Protection Service, Royal Hospital for Children, Glasgow, UK; ²School of Medical, Dentistry and Nursing, University of Glasgow, Glasgow, UK

10.1136/archdischild-2020-rcpch.428

Aim To audit whether children were assessed within the time frame as recommended by the RCPCH (within 24 hours) when referred to our Child Protection Service based at a tertiary paediatric hospital. And to see how many of these children had an Initial Referral Discussion (early formal sharing of information between health, police and social work) prior to examination.

Method This was a retrospective case note review of the cases seen by the Child Protection Service in 2018 for suspected physical abuse. Data was collected from electronic and paper case notes. Children referred for Child Sexual Abuse examinations and comprehensive medical assessments (neglect models) were excluded. In total, we identified 138 cases of children who were referred for medical examination due to a concern of physical abuse.

Results Social Work were the source of referral for 77/138 (56%) with 38/138 (28%) from hospital clinicians, 13/138 from GPs (9%) and 8/138 from police (6%). 61/138 could be seen to have been examined within 24 hours. The mean time to assessment after referral was 15 hours. The longest time a child had to wait for assessment was 5 days. 54 cases had an IRD before the examination, 42 had an IRD after examination and 42 had no IRD recorded in the notes. Under 1s were seen in a much lower mean time of 9 hours.

Conclusion In our busy child protection service based at a tertiary paediatric hospital the mean time to medical assessment after referral was 15 hours. The majority of children were seen within 24 hours (the recommended time from the RCPCH). Within the Child protection service child protection consultants have recently moved to a working pattern which

includes attendance during evenings and weekends to assess children out of hours and this has had a positive effect on how quickly children are seen. It is noted that many children did not have an IRD as part of this process and further analysis of this is required as to why the other agencies involved in the examination process were not involved within the assessment outcomes.

Paediatric clinical leaders: service planning, provision and best practice

G504 STRATEGIES EMPLOYED TO ENHANCE RECRUITMENT AND RETENTION IN PAEDIATRICS: A SCOPING REVIEW

¹P Mallett, ¹A Thompson, ^{1,2}T Bourke. ¹Dept of Paediatric Simulation and Education, Royal Belfast Hospital for Sick Children, Belfast, UK; ²Centre of Medical Education, Queens University of Belfast, Belfast, UK

10.1136/archdischild-2020-rcpch.429

Background In the UK, the proportion of places available in medical school, the total number of foundation doctors, and the number of trainees applying to Paediatrics are falling. The NHS is at 'breaking point', exacerbated by workforce shortages, chronic underfunding, increasing service demand and poor job satisfaction within healthcare workers. Paediatrics is in the midst of this crisis. Issues in recruitment and retention of paediatricians 'threaten the safety of our children's health' according to the Royal College of Paediatrics and Child Health. In 2019, the RCPCH Executive Committee has prioritised a new recruitment and retention campaign as their key strategic priority for the next three years.

Aim The aim of this study is to explore what strategies have been described in the literature that have been used to enhance recruitment and retention in Paediatrics. This is the first-known scoping review of the literature exploring specific strategies used globally to enhance recruitment and retention in Paediatrics.

Methods A scoping review methodology was conducted, employing a qualitative approach to review the literature on strategies used to improve recruitment and retention in Paediatrics. The studies included were English-language studies. 38 full-text articles were reviewed and analysed by the research team.

Study Findings Despite the importance of this issue, there is a paucity of data in the literature that describes evidence-based approaches to improving retention and recruitment in Paediatrics. The most important strategies employed to help are identified and collated using validated PRISMA criteria for systematic reviews. The findings were grouped into six main themes of professional advocacy, workforce diversity, mentorship, improving working conditions, career flexibility and enhancing educational opportunities. The authors propose a strategic modified 'Paediatric Pipeline' paradigm of 'Identify, Engage, Recruit, Retain and Champion.'

Conclusions There appear to be three main elements that are key to recruitment and retention of Paediatricians: personal, professional and systemic factors. Whilst some of the issues encountered share similarities with other medical specialities in difficulty, much of the context and potential remedies within Paediatrics are distinct. A strategic, multi-agency international collaborative approach is required urgently to address the significant issues that face both Paediatrics and the healthcare system itself.