Results The virtual induction runs live over two days, with homework, in the form of the filmed consultations that can be accessed at any time. The first day has been completed, delivering training to around 20 new trainees. The feedback we have received from both trainees and training programme directors has been overwhelmingly positive.

Discussion Given the ongoing impact of the coronavirus pandemic, creative ways of delivering training are flourishing. We have created a bank of videos and presentations, as well as a template for future induction sessions, ensuring a basic level of equity between trainees at different genetics centres.

Conclusion Virtual induction tools are a valuable and vital addition to new trainee induction to ensure equity of training, both during the current pandemic and beyond. This approach would work very well on a national level for other small specialties; or on a regional or local level for larger specialties.

78 AUDIT OF POST-HSCT ENDOCRINE MONITORING FOR METABOLIC PATIENTS

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Background We have completed an audit to review our current routine endocrine surveillance of a cohort of metabolic patients who have had a haematopoietic stem cell transplant (HSCT) and ensure relevant investigations are obtained, and appropriate referral to endocrine teams are made.

Aim Describe long term outcome of HSCT in children at risk of long term endocrine problems.

To review whether post-HSCT metabolic patients are having the required endocrine complication-surveillance investigations undertaken, and if not to correct the problem

Methods

1. All patients with confirmed diagnosis of MPS 1H from a single tertiary centre were included.
2. 3 MPS2 & 1 Alpha Mannosidosis included.
3. A retrospective case notes review was undertaken to assess the following outcome measures:
4. Post HSCT growth parameters
5. Thyroid function tests
6. Sex hormone levels
7. Specific endocrine issues.

Discussion

1. We have noted among 31 patients, 16 patients were referred to endocrine team.
2. 7 patients are referred at or after the 10 years of age whilst the rest of the 9 patients had endocrine assessment at the mean age of 2–9 years.
3. The endocrine referral done before 10 yrs of age was because of specific endocrine problems, not as a surveillance.
4. Most of the patients had the growth parameters checked however it was not particularly focussed or had set points for regular monitoring. We have learnt that only 10% of patients had sex hormone levels checked at the adolescent age when the expected endocrine issues are anticipated.

Conclusion Overall, we highlight that proper endocrine referral at the age of 10 years is required for the post HSCT MPS patients.

79 DOES A REDUCED FORCED VITAL CAPACITY COMPARE WITH ABNORMAL SLEEP STUDY RESULTS?

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Introduction Respiratory deterioration impacts morbidity and mortality in patients with Neuromuscular disorders (NMD). Respiratory involvement will vary by disorder; patients with Duchenne muscular dystrophy (DMD) and Spinal muscular atrophy (SMA) often displaying deterioration with disease progression. Such patients may present with sleep-related breathing disorders (SRBD) which can progress to hypoventilation. Spirometry, including forced vital capacity (FVC) measurements, monitor respiratory muscle strength and sleep studies identify SRBD to determine when non-invasive ventilation is required. Assessing when to refer for a sleep study is therefore clinically important. Previous research suggests the use of FVC <60% of predicted normal (FVCLT60%) may indicate an abnormal sleep study.

Aim To assess if patients with FVCLT60% had an abnormal baseline sleep study.

Method A retrospective study of patients who attended for spirometry between April 2018 - April 2020 with FVCLT60% and a baseline cardiorespiratory sleep study within 3 months of spirometry. Patients were excluded if using night time respiratory support. Apnoea-Hypopnoea Index (AHI) was used to classify SRBD. Fifty-four patients were identified and results reported as mean ($\pm$ SD).

Results Demographics: Age 14.05 ($\pm$ 2.8) years, 40 male (74%), 30 DMD (56%). Twenty-Two (40.7%) had moderate or severe SRBD (AHI $\geq$ 5 events/hour), with a mean FVC% predicted of 37.6% ($\pm$ 12.0%). Those with mild or no SRBD (AHI<5 events/hour) showed mean FVC of 44.5% ($\pm$ 9.7%).

Conclusion Our study showed 59% of patients who had FVCLT60% had mild or no SRBD. In our patient group, the use of FVCLT60% may not be appropriate for sleep study referral. A lower FVC threshold may be more appropriate in identifying patients who require treatment for SRBD, but further research is required.

80 VIDEO FLUOROSCOPY SWALLOW SERVICE; AN ALLIED HEALTH PROFESSIONAL COLLABORATION

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Allied Health Professionals (AHPs) form the third largest clinical workforce in health and social care in England (NHS England, 2017). Traditionally, the AHP workforce has provided high quality care to patients across a wide range of care pathways and in a variety of settings. In recent times, efforts to modernise the health service have included a drive towards a more flexible workforce and a reconsideration of the roles of different members of the clinical team. This transition has facilitated the formation of multidisciplinary teams involving a range of AHPs providing a key opportunity to improve access