with learning difficulties or physical disabilities in paediatric doctors working at a UK teaching hospital. As a pilot survey, questions will be assessed for their usefulness before potential further dissemination. It is hoped we can then use this information to address gaps in knowledge, ultimately improving the current quality of the care received by this group of patients.

Methods A pilot survey was created and distributed online to paediatricians working at a UK teaching hospital. Confidence and current knowledge were self-rated using 5-point Likert scales (1=No confidence/No knowledge). Results were analysed using descriptive statistics in Microsoft Excel.

Results Twenty-nine responses were received in total. Sixteen of the respondents (55.2%) were general paediatric doctors, the remainder consisted of doctors working in community child health (4/29), neurodisability (5/29) or paediatric subspecialties. Approximately two-thirds (65.5%, 19/29) of respondents were consultants. Almost three-quarters (21/29, 72.4%) of respondents rated their confidence in managing menstrual difficulties as low (3; only 3/29 (10%) felt very confident. Results were also similar for the question ‘How confident do you feel in discussing and commencing initial management?’ – this question was aimed more towards medical management (e.g. the oral contraceptive pill) and will be re-worded in the final survey to differentiate from general management. Thirteen respondents (38%) were confident (rated ≥4) in both signposting to services and knowing who to refer to for further help. Current training provision was limited with only 5/29 having received formal training in the past. Although training is lacking and confidence is low, 20/29 respondents recognised the significant impact (rated ≥4) it can have on quality of life for those affected.

Conclusions This pilot survey provides valuable initial insights into current confidence around the management of menstrual problems in those with learning difficulties or physical disabilities. Paediatricians locally recognise the burden that menstrual problems can place on patients and carers. However, exposure to previous formal training is rare and confidence in the initial management is low. Some questions which have been identified as being too similar will be reviewed prior to further dissemination. Moving forwards it is clear more educational opportunities will need to be created, and we will work with local experts to increase provision of this following completion of the finalised survey. After implementing quality improvement measures a repeat survey is planned. Additional qualitative work on patient/carer experiences is also being considered.