candidates through the exam circuit. At the end of the mock exam, we gave every candidate verbal feedback in each station. Following feedback collected using an e-survey, we improved our delivery of the February 2021 Mock Exam by providing both written and verbal feedback, which was subsequently used to help inform individual coaching sessions one week prior to the exam.

Results All candidates (n=11) sitting the clinical exams in November 2020 and February 2021 agreed that the mock exams were 'extremely' or 'very' helpful in their preparation for the clinical exam. After the November 2020 Mock exam, candidates requested written and verbal feedback, which 2/3 of candidates sitting the February 2021 Mock stated was 'extremely' or 'very' helpful. Candidates sitting both exams said the video and communication stations were realistic and clear. Candidates said the development station was 'similar to the real exam' although some felt they were unclear about what the task involved. Short and extended clinical stations did receive positive feedback, with suggestions for improvement including using audio clips or images. The use of 'Zoom' received good feedback in spite of 'minor technical difficulties.' 2 candidates expressed a wish to have more time for feedback, and 2 candidates would have liked an additional clinical and history taking session. This feedback was acted upon prior to the February exam which led to a candidate mock exam satisfaction rating of 4.8/5.

Conclusions Participation in regular online teaching and the ability to sit an online mock examination prior to the COVID-Adapted Clinical exam helped our colleagues to feel more prepared, more confident and able to gain a better understanding of what was expected of a candidate sitting the new online exam format. We will continue to use feedback to develop the teaching programme and Mock Exam to ensure all our trainees feel adequately prepared.

Children's Cancer and Leukaemia Group

1285

MALIGNANCY IN ATAXIA-TELANGEIETASIA: A SCOPING REVIEW

¹Emily Petley, ¹Shaun Alexander, ²Shalini Ojha, ³William Whitehouse. ¹School of Medicine, University of Nottingham, Nottingham, UK; ²Children's Hospital, University Hospitals of Derby and Burton, Derby, UK and School of Medicine, University of Nottingham, Nottingham, UK; ³Paediatric Neurology, Nottingham Children's Hospital, Nottingham University Hospitals NHS Trust, Nottingham, UK and School of Medicine, University of Nottingham, Nottingham, UK

10.1136/archdischild-2021-rcpch.530

Background Ataxia-telangiectasia (A-T) is a rare autosomal recessive, multi-system, neurodegenerative disease due to mutations in the ataxia-telangiectasia mutated (ATM) gene. It causes neurological impairments, immunodeficiency leading to serious recurrent infections, and malignancy.

There are two types of A-T; the more severe classical A-T that presents in early childhood, and the less severe variant A-T that presents later in childhood, or adulthood.

People with classical A-T generally present at approximately 18 months of age with a cerebellar gait ataxia, are wheelchair-bound by 10 years and rarely live beyond their twenties, with death mainly due to malignancy or lung disease.

People with variant A-T present later in childhood, or as an adult, and have a milder phenotype with a longer survival.

Objectives To document malignancy diagnoses in A-T.

Methods 17 searches were carried out in each of 5 databases (Ovid SP (Medline), EMBASE, Web of Science, PubMed, Scopus). The Cochrane Library was also searched. The search protocol is available.

The inclusion criteria were: all dates, all languages, all ages, human subjects, and clinical relevance. The exclusion criteria were: no reference to A-T within the article, not an original article, animal studies, article not clinically relevant.

Results Search returned 194,890 articles; 14,622 titles and abstracts were reviewed after removing 180,268 duplicates.

Full text review of 1,163 articles was performed and 1,039 studies were included (13,459 exclusions, 124 excluded after full text review).

1826 malignancies were reported in 1643 cases. The most common malignancy in the classical group was non-Hodgkin's lymphoma (421 cases) and presented at a median age (n=72) of 9 years 8 months (range 6 months to 35 years 6 months, IQR 6 years 0 months to 14 years 0 months). The second most common malignancy reported was leukaemia (n= 284) presenting at a median age (n=89) of 11 years 0 months (range 1 month to 51 years 0 months, IQR 5 years 6 months to 19 years 0 months), followed by Hodgkin's disease (n=171).

The most common malignancy in the variant group was breast cancer (n=13) presenting at a median age (n=8) of 34 years 0 months (range 28 years 0 months to 44 years 0 months, IQR 12 years 0 months to 39 years 0 months), followed by leukaemia (n=10) at a median age (n=6) of 9 years 6 months (range 6 years 0 months to 46 years 0 months, IQR 8 years 3 months to 16 years 0 months).

Other results will be presented including the presenting signs and symptoms of leukaemia, non-Hodgkin's lymphoma and Hodgkin's lymphoma.

Conclusions A large variety of malignancies are diagnosed in people with A-T at a wide range of ages. Solid tumours are more common in variant A-T and haematological malignancies in classical A-T.

We are grateful to Action for A-T, the A-T Society, and BrAshA-T, for financial support.

Quality Improvement and Patient Safety

1286

AN EVALUATION OF WORKING FROM HOME PRACTICES AND EXPERIENCES ON A TERTIARY NICU DURING THE COVID-19 PANDEMIC

Elizabeth Jones, Rose Crowley, Cally Tann. University College London Hospitals NHS Foundation Trust

10.1136/archdischild-2021-rcpch.531

Background During the Covid-19 pandemic, remote 'working from home' (WFH) practices were developed on a tertiary neonatal unit to ensure compliance with Covid-19 recommendations around shielding, self-isolating and social distancing, and mitigate anticipated junior doctor staff shortages.

Objectives

- Establish a remote working service for junior doctors unable to attend in person due to Covid-19 restrictions then develop a remote working rota and guideline.
- Enable remote staff to contribute to clinical and non-clinical tasks securely.