positive level of trust (82.16%), acceptance (84.87%) and a low level of anxiety in use (7.84%). Also, the intention to use the HGL enhanced pH test strip was reported as 84.03%.

Conclusions The novel ester impregnated pH strips can detect gastric placements of feeding tubes in neonates with high level of accuracy and are acceptable by the healthcare professionals involved in neonatal care.

Paediatric Clinical Leaders: Service Planning, Provision and Best Practice

1307 NEW TO THE NHS

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Background International medical graduates (IMGs) are the second largest group of doctors employed by the National Health Service (NHS), constituting around 30% of the junior doctors' workforce. Nevertheless, their recruitment has been vital to the contribution of staff growth in the NHS.¹

IMGs are known to face additional challenges above and beyond those faced by UK medical graduates due to several factors. Whilst they are a heterogeneous group of professionals, their views on what they face, and how they are supported can facilitate effective transition into the culture of the NHS and UK medical practice.² During the delivery of human factors training, IMGs shared specific challenges they had faced. We felt it would be useful to look at these challenges in order to be able to provide targeted training.

Objectives To explore the challenges that face IMGs doctors.

Methods An electronic survey was distributed to doctors who have been in the UK for less than three years identified through groups of colleagues. Based on the results, we planned to design a starter course.

Results The survey got 40 responses received from doctors who have been in the UK for less than 3 years. Just over half started at a registrar level and 48% started at a district general hospital. Unsurprisingly for 90%, English was not their 1st language. For over half this was their first time abroad. 30.6% of the doctors reported that the most significant difference in the NHS system from their previous experience is the way of the communication and 25% felt that the social culture is more distinct. Although 22.2% felt that the language barrier was the main difficulty that they faced, 16.6% & 25% experienced more difficulties in adjusting to the culture and understanding how to interact with colleagues. Of good notice, 55.56% and 52.78% reported that the support from colleagues and the daily learning respectively were the most helpful ways to cope and conquer through their transition period.

Based on these results, one-to-one mentoring was provided for a couple of new colleagues who joined the trust. Later on, we designed a course and working on a booklet with the same purpose.

Conclusions Working in a new environment can be challenging. This study highlighted the commonest difficulties that face the IMGs. This has led to the provision of one-to-one peer mentoring in some areas. We are using this material in addition to specific examples to design role-play simulation to

address these specific learning needs, particularly in the often complex paediatric communication scenarios.

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British Association of Perinatal Medicine and Neonatal Society

1310 D BEFORE C? SURVEY OF THE APPROACH TO PASSIVE HYPOTHERMIA IN RESUSCITATION IN PAEDIATRIC AND NEONATAL PRACTITIONERS IN NORTH WEST ENGLAND

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Background Therapeutic hypothermia is now an established practice for the management of newborns with hypoxic-ischaemic encephalopathy by providing active cooling. Passive cooling is an interim measure performed once the decision has been made to actively cool the neonate while the newborn is awaiting transfer from special care baby units/local neonatal units to tertiary units or within the same institution, from the delivery unit to the intensive care unit to receive active therapeutic cooling.

Because of its potential harm on reducing cardiac output and lower arterial oxygen levels, experts recommend (NLS, TOBY register) commencing cooling only after resuscitation is complete. In spite of the clear guidance, practices have been observed amongst neonatal medical staff deciding to passively cool infants during active resuscitation.

Objectives We conducted a regional survey to estimate the extent of conflicting opinions which would help generate a discussion and help clinicians in making an informed decision.

Methods A questionnaire was constructed on the Survey Monkey website. It was initially disseminated in 2015 by paper and/or electronically to regional paediatric and neonatal consultants, doctors in training (ST1–8), Clinical Fellows, and Advanced Neonatal Nurse Practitioners based in North West England. To mimic real-life clinical situation, respondents were asked whether they would consider cooling during active resuscitation of a baby with severe HIE.

The survey was repeated in 2019 to review the impact of NLS and increasing understanding of therapeutic hypothermia.

Stata version 15.1 was used to summarise data and conduct significance tests. Differences in the binary outcome (yes or no) were tested using chi-square (χ^2), by year and medical grade. To test for the impact of experience and knowledge bases, a test for linear trend ordered group by medical-grade (excluding ANNP and CF) was analysed using the command *nptrend* (non-parametric test for trend across ordered groups).

Results 44 and 59 medical practitioners in 2015 and 2019 responded to the survey. The proportion answering 'No' was 50% in 2015 and 66.1% in 2019 (p-value = 0.100). There was no significant difference in response according to medical