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

grade (p-value = 0.232). There was no significant linear trend by increasing medical grade to 'No' response (p-value = 0.346) using the *nptrend* command.

Conclusions The study highlighted that the majority of the practitioners do not appear to be following NLS/TOBY guidance. These persisted through all the medical grades surveyed and in both survey years (2015 and 2019). Though not statistically significant, a higher proportion of practitioners opted to cool prematurely in 2019. It underscores a need for studies to facilitate better evidence and clear guidance in this vital area of our clinical practice.

British Academy of Childhood Disability

1311 DISABILITY MATTERS TO MEDICAL STUDENTS: IMPROVING TRAINING IN DISABILITY DESPITE COVID-19

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Background Direct patient contact has always been at the heart of medical training, yet medicine amid Covid-19 has necessitated its universal reduction. In comparison to the continuing face-to-face assessment of severe acute illness, chronic disabilities are being managed remotely. Hence, learning opportunities through direct patient contact have been limited for medical students during the pandemic, which may ultimately hinder the provision of high quality patient care for this population in the future.

Disability Matters (DM) is a RCPCH free online resource, co-authored by medical specialists alongside disabled children and their families. It consists of packages individually constructed for doctors and other professionals working with disabled children and aims to provide support in recognising the barriers that exist for disabled people, and facilitating their eradication. Notably, through pre-recorded videos and interviews with patients and their families, DM enables learners to achieve the benefits of direct patient contact, despite never facilitating face-to-face interaction.

Moreover, this efficient method of acquiring the benefits of direct patient contact is also beneficial for the participants and authors. Disabled young people and their families already frequently spend much of their time at hospital or attending medical meetings and may or may not want to spend more by sharing their often personal and sometimes upsetting accounts to help medical students learn. Through Disability Matters an interview can be recorded at a convenient time and uploaded for viewing by an unlimited number of students.

Objectives This project aimed to explore whether DM could be used for remote undergraduate education. This entailed establishing whether medical students can gain useful insight into disability medicine through this resource, whilst simultaneously keeping these potentially vulnerable patients safe from the risks introduced by increased contact in the pandemic.

Methods A final year medical student created a package of 8 sessions specific for medical students. The inclusion criteria were relevance to undergraduate curriculum, interest and post-graduate utility. The package was then peer-reviewed.

Results In an initial study, 45/46 medical students agreed that undergraduate education in paediatric disability will be limited

due to Covid-19 and 45/46 stated that they would use DM to support their learning.

Conclusions DM is valuable during Covid-19. It equips students with an enriched awareness of disability and the confidence to implement this in practice, whilst concurrently being more convenient, and safe, for patients and their families. Recognising, utilising and distributing this high quality online resource to improve care for disabled children is particularly pertinent at a time when education and the quality of future patient care is threatened. Therefore, its utilisation for the remote education of students is supported. Whether this benefit continues beyond Covid-19 merits further study.

Child Protection Special Interest Group

1312 EVALUATING AND IMPROVING SAFEGUARDING TRAINING FOR ST1-3 PAEDIATRIC TRAINEES IN THE NORTH EAST

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Background Safeguarding is an important part of paediatric training and was given a greater profile in the revamped Progress Curriculum in 2018 with a domain specifically covering children's safeguarding.¹ Further guidance on mandatory competencies was then offered by the Royal College of Paediatrics and Child Health (RCPCH) in 2019.² This set out for the first time that paediatric trainees should be compliant with Level 3 children's safeguarding training by the end of their ST1 year.²⁻³

Objectives This project was carried out in order to ensure that training in safeguarding for ST 1-3 paediatric trainees within Health Education England North East (HEENE) was compliant with this guidance and facilitated achieving the required outcomes in the Progress Curriculum.

Methods A training needs analysis (TNA) was carried out by reviewing the above guidance and curriculum, with the aim of developing a new training package, mapped to these resources, including a face-to-face training session as part of the regional training programme. Qualitative feedback was sought from current ST4-5 trainees to evaluate their views on previous safeguarding training they had received, to incorporate this in developing the new package. The newly designed training package was evaluated with a pre and post training survey. In order for trainees to evidence their competencies a 'Safeguarding Passport' was also developed, which outlines training requirements and has space for trainees to record safeguarding experience and learning. Satisfactory completion of this passport was then made a mandatory part of trainees' Annual Review of Competency Progression (ARCP) within HEENE.

Results The TNA highlighted that report writing and understanding of the legal framework around children's safeguarding were key aspects to be incorporated into the planned regional training package. Pre and post training surveys showed a significant improvement in trainees' confidence levels in all areas covered, with areas of report writing and the legal framework showing the greatest improvement. Trainees still felt they needed more teaching on communicating with families and