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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10.1136/archdischild-2021-rcpch.547

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

that a simulation session would be useful. Following the introduction of the Safeguarding Passport, 100% of ST1 trainees (n=18) uploaded the passport to their ePortfolio and all had demonstrated achieving level 3 children's safeguarding competence, with most logging more than the minimum required evidence.

Conclusions A new safeguarding training package, developed by way of a TNA, was successful in improving trainees' confidence in key areas of children's safeguarding. The results also show that the introduction of a Safeguarding Passport has been successful in ensuring ST1 trainees evidence meeting mandatory children's safeguarding requirements. Further evaluation over a longer period of time is needed to fully optimise the delivery of safeguarding training to all levels of paediatric specialty trainees in the North East and to assess the benefits of using a Safeguarding Passport in the ARCP process.

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Association of Paediatric Palliative Medicine

1313

IDENTIFICATION OF CHILDREN WITH LIFE LIMITING CONDITIONS WITHIN THE BELFAST TRUST AND THEIR USE OF SHORT BREAKS

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Background Children with life limiting conditions are an important group of patients within Paediatrics. Life limiting conditions or life threatened conditions encompass a wide range of presentations. They include conditions for which treatment may be feasible but could fail, chronic conditions which increased susceptibility to poor health and progressive conditions which will result in an early death. Current data on the numbers of children with life limited conditions in Northern Ireland is lacking. Short breaks are often utilised by patients within this group. Short breaks are services which allow the carers to have a break from caring responsibilities. They can be in a variety of formats including residential stays or carers coming into the home to help the primary carers. Short breaks have many benefits which have been identified through previous research.

Objectives We aimed to identify the numbers of children living with life limited conditions within the Belfast health and social care trust (BHSCT). Cedar in Reach, the Northern Ireland children's hospice and Forest lodge provide short breaks within the trust. Cedar in Reach provides a short break within the home through carers coming in. Both Forest Lodge and the NI Childrens Hospice provide residential short breaks. We aimed to identify the use of these services within this group of patients.

Methods We started with a list of children on the community children's nursing (CCN) caseload. Additional children were identified through children who had been referred to the Northern Ireland Childrens Hospice. We also contacted specialist medical teams for details of appropriate patients. These

patients' details were reviewed and duplications deleted. We used their electronic care record to record use of the services identified in the objectives. We looked at service use within 2019.

Results The number of children identified as having a life limiting condition within the Belfast trust was 126. 35% of these children accessed short breaks in the form listed above within the year 2019.

Conclusions Only 35% of children within the identified cohort of life limited children currently utilise short breaks. The Public Health Agency (PHA) plan to do further work on access to short breaks within Northern Ireland, to look at barriers to access for parents and how some carers utilise them. Identifying the number of children with life limited children who could potentially benefit from short breaks is important for shaping future services within the trust. There are limitations with this work due to some services struggling to identify patients retrospectively and this has opened discussions about potential for prospective collection of data about this group of children to gain better data in future.

British Association of General Paediatrics

1314

VIRTUAL CONSULTATIONS IN PAEDIATRICS – WHAT HAVE WE LEARNT?

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10.1136/archdischild-2021-rcpch.550

Background With the current pandemic there have been many changes in the way we work. The most obvious one is use of remote clinics with the likelihood that this would remain with us in the long term. There has been widespread acceptance of this way of working in a very short time with benefits in cost efficiency and patient attendance described. Remote consultations in paediatrics has its own challenges and this would be a good time to analyse how it works, the practical challenges and to see if any changes are needed with the how it is provided in the future

Objectives To get feedback from paediatricians regarding their use of remote consultations so that we could plan our services for future

Methods A questionnaire Survey was sent to paediatricians regarding their experience of use of virtual consultations and their responses were analysed

Results 66 doctors responded to request for feedback and provided answers to the questions. 78% of the respondents were paediatric consultants, 6% were neonatal consultants, 6% community consultants and 10% were specialist registrars. 94% of the respondents hadn't done remote clinics before the pandemic. Over 60% of the respondents had done more than 50% of their outpatient clinics over the last one year remotely. 75% of the respondents also provide specialist clinics apart from general clinics. 15% of the respondents used only video clinics, 28% only telephone clinics and 50% did both video and telephone clinics. 27% of the general paediatric patients and 39% of the speciality paediatric patients seen remotely were called in for a face to face consultation subsequently. Main problems with telephone clinics were calls not being answered, safeguarding concerns not being evident, difficulty in diagnosis and patient rapport. Amongst video clinic