and Centor scores in 16 cases (32%) due to lack of clinical detail. Most missed criteria included examination of throat and assessment for cervical lymphadenopathy. Using FeverPain criteria, antibiotic prescription was indicated in 31 cases. 29 cases received antibiotics. Using Centor criteria, antibiotic prescription was indicated in 32 cases, with 29 cases receiving antibiotics. Appropriate antibiotic selection occurred in 89.7% of cases.

Conclusions We do not reference clinical scoring systems in notes, yet appropriate antibiotic choices are made in 89.7% of cases. Throat and neck examination was most frequently missed, however this study was carried out after RCPCH advised against examination of sore throats unless necessary. To improve practice, we have created a sticker with FeverPain scoring criteria, as well as a clinical education tool. We will re-audit results in 2021. Further research is needed to validate a which scoring system is best in children presenting acutely to secondary care with an acute sore throat.

RCPCH Trainees Committee

1573 PATTERNS AND OUTCOMES OF DELIBERATE SELF-HARM AMONG YOUNG PEOPLE PRESENTED TO A TERTIARY CARE SERVICE IN THE UNITED KINGDOM

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10.1136/archdischild-2021-rcpch.727

Background An estimated 220,000 cases of deliberate self-harm, present annually in England placing considerable pressure on child mental health services. Further, self-harm is one of the strongest predictors of future suicide indicating the importance of provision of support to those who present with self-harm.

Objectives To assess patterns and outcomes of deliberate self-harm, and co-morbidities of young people presented at John Radcliffe hospital, Oxford.

Methods All children and young people (age: 8–17 years) who presented with either deliberate self-harm or abuse at John Radcliffe hospital, Oxford over one year duration were retrospectively recruited to the study. Demographic factors, patterns and outcomes of deliberate self-harm, co-morbidities and outcomes were studied using a structured check list.

Results Sixty three young people presented with history either deliberate overdose or self-harm. Mean age was 14.47 years (range: 8–17 years). The majority was female (48, 76.2%). Nine (14.2%) were 'looked after' young people whilst three (4.8%) were adopted. The majority of young people had harmed themselves by superficial cutting (40, 63.4%) followed by deliberate overdose/poisoning (2, 3.2%), hanging (1, 1.6%), stabbing (1, 1.6%) and setting fire and having burns (1, 1.6%). Ingested medications included paracetamol (7), ibuprofen (5), and Fluoxetine (1) while none of the overdoses were lethal. Suicidal ideation was reported by nine young people (14.3%). 25 young people (39.6%) had a previous history of deliberate self-harm while 35 young people were being followed up with CAMHS. Co-morbidities were present in eleven young people and they included depression (10), autism (6), and eating disorders (5). Eight children had a history of substance abuse while four children

were worried that they would experience bullying. Management included ward admission (19), blood tests (13), and ECG (10). Four young people declined assessment while five needed one to one supervision.

Conclusions Most young people who harmed themselves were female and a notable proportion was 'looked after'. Most young people used superficial cutting for self-harming. Though the majority were followed up with CAMHS, recurrent self-harm was common. Common commodities were depression, eating disorders and autism.

1575 UNDISPLACED SPIRAL HUMERAL FRACTURE IN A NON-AMBULANT INFANT – IS IT ALWAYS NON-ACCIDENTAL INJURY? : A CASE REPORT

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10.1136/archdischild-2021-rcpch.728

Background Fractures in non-ambulant children are highly suspicious of non-accidental injuries. The credibility of the mechanism presented is essential as part of the process of differentiating between accidental and non-accidental injury. There have been radiology case reports of spiral fractures of the humerus fractures arising from rolling over, but to date, there remains limited evidence in support of this mechanism for fracture.

Objectives -

Methods -

Results Case presentation

A five-month-old infant presented with his parents because he was not moving his left arm after rolling from a supine to prone position. He presented to medical attention without delay. Radiographs of the left arm showed a small undisplaced spiral humeral fracture but otherwise healthy bones. Further imaging including a skeletal survey did not show evidence of additional injuries. There was no biochemical evidence of rickets. This fracture was managed conservatively with a sling. A safeguarding strategy meeting was completed and social care follow-up arranged, neither of which revealed any concerns. He recovered well with no sequelae. Long term clinical follow-up confirmed a very caring and engaged family.

Conclusions Rolling over as a cause of spiral humeral fracture has not been widely reported, especially in paediatric literature. This case highlights the importance of in-depth evaluation of non-mobile infants with fractures to rule out safeguarding concerns while maintaining an open mind in challenging areas.

Paediatric Educators' Special Interest Group

1576 REGIONAL ONLINE LEARNING PROGRAMME: EXPERIENCE ON ITS OPPORTUNITIES AND BARRIERS

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10.1136/archdischild-2021-rcpch.729

Background Although children and young people develop mild disease with Covid-19, the pandemic's impact on child health and wellbeing is immeasurable. Maintaining a knowledgeable, adaptable and compassionate paediatric workforce will help healthcare systems adapt to an expected longer-term impact on child health, including widening of inequalities and increased mental health problems. With disruption to paediatric services and cancellation of face-to-face teaching, we needed to make radical changes to our regional training.

Objectives We share our experience in designing a multi-faceted online learning programme (OLP) and discuss the opportunities and challenges encountered.

Methods A structured, centralised and curriculum-mapped OLP with supplementary workplace-based learning packs (LP) was instigated for paediatric trainees of all levels in our region since March 2020. Data was collected from online surveys, YouTube channel hits, GoToMeet platform and virtual focus groups.

Results

Opportunities: This was a trainee-led and centred programme adapted in response to trainee feedback. The generated synchronous and asynchronous materials were popular: as of January 2021, 231 sessions were streamed lasting 19,418 minutes and attended by 14,470 users. Furthermore, when surveyed, 552 respondents rated the live sessions 4.7/5 for educational value. Our priority was to offer online learning to preserve trainees' continued ability to meet curriculum competencies. The LPs were specifically designed with matched Progress Domain competencies. We surveyed learners covering 80% of training sites; 62% accessing the LPs attested to their value in supplementing teaching and enhancing self-directed learning and 54% used them to facilitate local small group teaching and simulation. The centralisation of learning on the virtual platform enabled involvement of healthcare workers (HCW) from across the region, widening access to high-quality teaching and engagement in discussions on advancement in research and consensus of best practice. From March-September 2020, sessions were run by a multidisciplinary and inter-speciality group of educators from 13 different NHS trusts.

Barriers: Facilitating a psychologically safe learning environment is a major challenge as explicit strategies previously available are poorly translated to the online environment. Educator's technical capability and the availability of technical support, although may seem trivial, can positively impact on an educator's capacity to be virtually present, channelling their cognitive load towards high-quality facilitation of learning. Having open and honest discussions on sensitive and confidential matters such as safeguarding necessitates a non-judgemental, protected space. In these scenarios, limitation of the virtual environment is evident. Although some courses have thrived when converted to the digital platform, an online forum is not appropriate for all contents (eg Child Bereavement Course). Lastly, a notable barrier is the blurring of home and work environments. The added pressure to connect to online events and remain visible during a period trainees are overstretched physically, mentally and emotionally may increase HCW stress and risk burn out.

Conclusions A well-designed and inclusive virtual specialty training proved vital during the pandemic. Appropriate recognition and addressing of barriers to online learning would allow positive aspects to be continued into blended teaching programmes in the future.

Child Protection Special Interest Group

1578

AUDIT OF REGULAR ATTENDERS TO THE PAEDIATRIC EMERGENCY DEPARTMENT AS A METHOD OF HIGHLIGHTING SAFEGUARDING ISSUES

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10.1136/archdischild-2021-rcpch.730

Background Raising safeguarding issues can be both challenging and time consuming. When being told that your submission does not reach threshold despite you having ongoing fears for safety many struggle with the next step. Our work identifies whereby an audit into regular attenders identified a family in need who became dependent on the Paediatric Emergency Department.

Objectives

1. To highlight regular attenders.
2. To address the needs of regular attenders to the PED.

Methods Regular attenders to the department were identified using the MSS system with a target of >10 attendances a year. Each case was then reviewed by a consultant led team.

This triggered concerns about this particular case and an inquiry was launched.

Results This case was the top attender with 22 attendance, for comparison the next was 14 attendances for a child with complex medical needs.

Conclusions Our audit demonstrates a method of flagging up safeguarding issues through monitoring attendances to the department. It is easy with the nature of the emergency department for regular attenders to come when different members of staff are on shift and are potentially not raised as concerns. Despite setbacks, unparalleled efforts a business case was raised to support a mental health bed for one member of the family. Furthermore with true multidisciplinary teamwork a MARF submission finally reached threshold ultimately leading to another family member being put on a child protection plan.

This success story shows how well the system can work when used to good effect but also shows the challenges faced by those trying to use the system at times.

Quality Improvement and Patient Safety

1580

IMGS 'THE GLUE OF PAEDIATRIC ROTAS', BUT WHO ARE THEY?

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10.1136/archdischild-2021-rcpch.731

Background International Medical Graduates (IMG) form a significant part of the paediatric workforce in the UK. IMGs come from diverse cultural and ethnic backgrounds, and some have many years of postgraduate training in their country of origin (COO). The composition of this workforce includes: Speciality Trainees (ST1-ST8), Trust grade (Clinical Fellows), SAS (Speciality and Associate Specialty), and Locums. Due to