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

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

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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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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