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

Ross Evans, Emma Jenkinson, Rachel Norton. *The Royal Wolverhampton NHS Trust*

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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?

¹Soft Landing Team, ²Rashmi Mehta, ³Nadia Audhali, ⁴Nadia Basheer, ⁵Habab Easa, ⁶Jaspreet Sokhi, ⁷Neelakshi Ghosh, ⁸Stacey Da Atougia, ⁹Naomi Tobin, ¹⁰Moataz Amer, ³Bijan Shahradd. ¹Soft Landing; ²West Midlands Deanery; ³Whipps Cross Hospital; ⁴Homerton Hospital; ⁵Oxford University Hospital; ⁶St George's University Hospital; ⁷Princess Royal Hospital; ⁸University College Hospital; ⁹Epsom and St Helier NHS Foundation Trust; ¹⁰Southmead Hospital

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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

the heterogeneity of this group, it is hard to find data to characterise this vital part of the workforce. We hope to fill a gap by starting to understand this group and the particular challenges they face, related to adopting to the new environment in their personal, social and work life. During Covid many of these doctors have faced additional challenges of isolation, being separated for long periods from family overseas, and not having the usual opportunities to make connections outside work. Our project, 'Soft Landing' aims to understand and help address these challenges.

Objectives To explore the challenges faced by an IMGs in personal, social and working lives and how they progress through their careers in UK.

Methods The survey was distributed via email to Training Programme Directors, as well as via social media. It was open to all paediatric IMGs in UK.

Results 108 IMGs participated in the survey. 44% of them had worked in the UK for <12 months. Almost half planned to apply for training posts.

The doctor's roles: Trainees: 15%, Non-Trainees (Level 1 and 2): 65%, Locum SHO: 20%. For most (80%), induction at start of post was not IMG tailored.

75% of participants had more than 5 years postgraduate experience. Despite most having many years of clinical experience, only 14% of IMGs felt confident during their first on call. Communication was a challenge for 50% of the cohort, and safeguarding was another concern with only 9% reporting feeling confident.

Career-wise, 33% of participants mentioned their educational supervisor was aware of their career goals. 90% of the cohort reported opportunity to participate in audits and QIPs. However, only 30% of participants had an opportunity to present at national/international conference.

Of concern, and reflecting WRES (Workforce Race Equality Standard) data on the experience of the medical BAME workforce, 60% of the cohort, mentioned that they had to take time off from work due to stress. The stress was related to 'work load', 'racism', 'non-supportive supervisors', 'difficult colleagues' and 'challenging patients'. 56% of the cohort mentioned that they were bullied and harassed in the work place. 40% of the cohort had received negative feedback at work. A large number, 46%, of the cohort had considered leaving UK.

Conclusions Our survey highlights areas of challenge, data which reflects our own experiences as IMGs. This allows us to identify key areas for improvement. With a better understanding of the issues, and gaps identified we have established the Soft Landing project. We hope to work with key stakeholders to address these identified areas for improved support in order to continue to recruit and retain this valuable part of the workforce.

Association of Paediatric Emergency Medicine

1582 MANAGEMENT AND FOLLOW-UP OF TODDLER'S FRACTURES DURING COVID-19

Louise Ingram, Esther Netto. *University Hospitals of Leicester NHS Trust*

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Background A spiral fracture of the tibia with no injury to the fibula is known as a toddler's fracture. Previously, children

were placed in plaster and followed up in an ED review clinic. During the pandemic, this pathway changed to reduce attendances at hospital and children were referred to a virtual fracture clinic for follow-up. This project aimed to assess the pathway's safety and develop a guideline for the Paediatric Emergency Department (PED).

Objectives

1. To ensure that toddler's fractures are managed appropriately in the PED.
2. To ensure that toddler's fractures are referred for follow-up.
3. To ensure that children are not lost to follow-up.
4. To produce a written guideline/proforma for the current management of toddler's fractures in the PED.

Methods Trust databases were searched to identify children aged 4 years and under, who presented between February and October 2020, and were coded as having a fracture of the tibia and/or fibula, or where the phrase 'toddler fracture' was used on their radiology request or report. When other types of fracture were excluded, 74 patients were identified, and their notes were retrospectively analysed. Two children were eliminated as they had followed the pre-COVID pathway. Three children had two attendances and their second presentation was directly related to the first, so the second presentation was removed for each. This gave a total of 69 attendances.

Results 68% of children were male; there was no pattern of age or date of presentation. 68 children with a suspected toddler fracture had an x-ray and fractures were seen in 37% of them. 94% of children were placed in a soft wrap and 100% were referred to Fracture Clinic. 75% of children were seen in virtual fracture clinic; time until follow-up varied from 1 to 91 days, with 56% being reviewed between 8 and 35 days after presentation. 7% had appointments made but no letters from these were available so it is not known whether the appointment occurred. 12 children (17%) had no follow-up appointment; 8 were given advice about cast removal and where to seek help if the child did not recover, 2 had no further information, 1 had multiple unsuccessful attempts to contact the family documented and 1 had no appointment made. No children reattended ED for advice about cast removal or follow-up; 3 children reattended after a second injury or ongoing refusal to weight-bear after cast removal.

Conclusions Moving to a virtual follow-up system has been broadly successful, with most children being followed-up in a timely fashion. A proforma has been produced to support diagnosis and management in PED, consistent with those currently in use for injuries. Further work would be to assess the sustainability and acceptability of the pathway to stakeholders, and to standardise follow-up outside PED.

International Child Health Group

1584 'SAFETY OF CHILDREN'S CLOTHING: AN UNMET NEED IN A DEVELOPING COUNTRY' INQUIRY INTO SAFETY STANDARDS AND PARENTAL KNOWLEDGE ON PAEDIATRIC CLOTHING IN SRI LANKA

¹Ruwanthi Perera, ²Piyumaka Peiris, ³Kavee Perera, ⁴Ishani Jayanath, ⁵Kishani Jayasekera, ⁶Madushika Dewasurendra, ⁷Malithi Guruge, ⁸Duleni Gunaratne. ¹University of Sri Jayewardanapura; ²University of Sri Jayewardanapura; ³University of Monash; ⁴University of Sri Jayewardanapura; ⁵Colombo South Teaching Hospital; ⁶University of Birmingham

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