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

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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

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