and 22% from secondary care. In 61% (25 out of 41) of these children there was symptom resolution with no further interventions, and they were discharged back to their GP. 34% of children (14 out of 41) had an alternative diagnosis like constipation, infectious diarrhoea, or toddler’s diarrhoea. 1 patient in the group studied (3%) had a confirmed diagnosis of inflammatory bowel disease and they were already under specialist gastroenterology clinic. Of the group studied, the highest calprotectin level was 1660 (attributed to a campylobacter infection).

Conclusions The majority of faecal calprotectin requests comes from primary care setting. The value of this test as a diagnostic marker for inflammatory bowel disease is poor. If it is elevated, alternative diagnosis like constipation and infection should be considered. We propose that faecal calprotectin in children less than 4 years of age should only be requested in secondary care. If elevated, the test should be repeated after 4 weeks and if persistently elevated, children should be referred to Paediatrician with expertise in Gastroenterology. We also propose that the laboratory reports for elevated faecal calprotectin level should state the above plan and not mention the possibility of inflammatory bowel disease, as is currently done. We believe that this will help streamline specialist referrals, reduce unnecessary investigations and more importantly reduce parental anxiety.

RCPCH Trainees Committee

1726 WELLBEING OF INTERNATIONAL FELLOWS DURING THE COVID PANDEMIC

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Background The COVID 19 pandemic has affected our society adversely. The International Clinical Fellows have also faced the brunt personally and professionally. In the conundrum of mounting pressures of the pandemic and increasing patient workload the morale of the larger team needed some attention and boosting.

Objectives To address the concerns and challenges faced by the International Clinical fellows and provide a forum to make them feel heard. We wanted to include Pastoral support. We wanted to introduce a forum to share possible solutions and support.

Methods We would have quick corridor conversations but in their brevity a sense of low morale was palpable. We formed a group as a social network and collected email ids from the International Fellows across the Trust.

We requested each member to briefly write points that they were concerned about and also compile positive opinions. We compiled these under various headings. A forum of the International Fellows was conceived and we all met virtually. Concerns ranged from workload disparity to lack of learning opportunities. Some of them were missing their home as the Pandemic restrictions prevented them visiting families.

The positive opinions were that their teams were supportive and most believed that their colleagues were their new families. They were advised and mentored during these sessions.

The minutes of this forum would be then taken to higher authorities in the Trust to address and acknowledge.

Results

Results An overwhelming feedback revealed how the Fellows appreciated this initiative. Their performance was enhanced and we had a happier lot of high performing International Fellows. They mentioned that they had a feeling of inclusion.