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.

Child Protection Special Interest Group

1724

BARRIERS TO REPORTING CHILD DENTAL NEGLECT CONCERNS AMONGST GENERAL MEDICAL PRACTITIONERS IN GREATER MANCHESTER

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Background Dental neglect presents a global concern which can lead to serious impairment of a child's health and development. Appropriate intervention is a shared public challenge reliant on all healthcare professionals, including general practitioners (GPs). Previous literature has highlighted a lack of training amongst GPs surrounding child dental neglect and suggests that there are barriers present to the reporting of concerns.

Objectives To investigate the current awareness of child dental neglect amongst GPs in Greater Manchester and to investigate barriers to the reporting of child dental neglect concerns.

Methods An anonymous, electronic pilot questionnaire was distributed via email to a sample of General Practitioners in Greater Manchester. Institutional ethics approval was sought and consent was gained from participants. Respondents reported their experience and training in child dental neglect and their management of suspected cases. Results were downloaded into an excel spreadsheet for analysis.

Results Seven GPs completed the pilot questionnaire, all of whom treated NHS patients. Thirty-eight percent of respondents had received formal child protection training at undergraduate level and 100% had completed postgraduate training. Only 25% felt adequately trained in the mechanisms of escalation and referral of a suspected child dental neglect case. There was universal acknowledgement that more training is required for GPs, with 75% believing that this should take place at undergraduate level. All participants were aware of

their practice safeguarding lead and were familiar with their practice policy for child protection, however, none knew of the existence of the handbook commissioned by Department of Health, 'Child protection and the dental team'. Fifty-seven percent of GPs had been suspicious of at least one case of child dental neglect, however, only 75% had recorded their observations in the clinical notes. Further to this, 43% had suspected child dental neglect and not completed an onwards referral. Common barriers to reporting concerns included: lack of knowledge of referral procedures; lack of certainty of the diagnosis; and lack of confidence in their suspicions. Almost 80% of respondents felt that GPs are well situated to identify behaviour and signs of child dental neglect and 86% were prepared to aid in its recognition.

Conclusions Although a lack of awareness surrounding child dental neglect was highlighted, GPs feel that they are well placed to recognise signs and are willing to get involved in its detection. Barriers to the referral of suspected cases are still commonly reported and there is a strong demand for further training and guidance amongst GPs.

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.