emergency. We hope this open and honest approach to collecting feedback will help to shape local and national planning for future major incidents.

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**AUDIT OF ANAESTHETIC PRACTICE FOR INCISION AND DRAINAGE OF LOWER BODY ABSCESSES BEFORE AND AFTER COVID-19**

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Background and aims Incision and drainage (i&d) of abscesses make up a large proportion of cases on emergency lists. The COVID-19 pandemic has highlighted the need for consideration of alternative anaesthetic techniques to a general anaesthetic (GA). This audit looks at the anaesthetic practice for i&d of abscess on the emergency list pre and post COVID-19, to help determine if there is an impact on post operative nausea and vomiting (PONV), pain, and duration of hospital stay.

Methods Patients undergoing an i&d of lower body abscess were identified between 1/1/20 – 29/2/20 (pre COVID-19) and 1/3/20 – 9/5/20 (post COVID-19). The patients’ electronic records were reviewed and the following data collected: age, ASA, gender, weight, BMI, co-morbidities, inflammatory markers, NEWS score, anaesthetic administered, post op antiemetics and analgesics, problems encountered and duration of stay.

Results There were 49 cases from 1/1/20 – 29/2/20 (pre COVID-19) and 36 from 1/3/20 – 9/5/20 (post COVID-19). Of the pre COVID-19 cases 42/49 (85.7%) cases were done under GA and 1/49 (2%) under spinal. Of the post COVID-19 cases 50% were done under spinal and 50% were done under GA. Of the patients receiving a GA, 1/60 (2%) required an antiemetic in recovery and 30/60 (50%) required analgesia in recovery. Of the patients receiving a spinal, 2/19 (11%) required an antiemetic in recovery and 3/19 (16%) required analgesia in recovery. Of the patients receiving a spinal 13/19 (68%) were discharged on the same day of surgery compared to 42/60 (70%) patients receiving GA.

Conclusion The results of this audit (although small) provide evidence that having a spinal does not lengthen a patient’s stay in hospital and may offer superior pain relief post-operatively. Although more patients were receiving spinal with COVID-19, there were still 50% of cases done under GA, which is possibly due to hesitancy of inserting spinal in the presence of systemic infection.

**CRISIS LEADERSHIP BY MEDICAL STUDENT REPRESENTATIVES DURING COVID**

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At the University of Birmingham, cohorts’ student representatives (‘Academic Representatives’) are viewed as the intermediaries between staff and students; they represent views of the cohort, express concerns and work closely with the staff to tackle issues across all aspects of the medicine programme, academic and wellbeing. The collective body of medicine student representatives make the Curriculum and Wellbeing Committee (CAWC). CAWC is made up of student reps from all year groups ensuring the views of all students are conveyed to the appropriate staff groups. The COVID-19 pandemic presented an unprecedented problem for medical education. At Birmingham, the pandemic was close to the main examination period and had consequences for delivery of teaching, placements and for final year students which needed to have met the GMC’s Outcome for Graduates. The pandemic caused great distress for students due to the uncertainty regarding their medical education.

CAWC collated all the thoughts of the student body and provided clear and constructive student feedback to the staff ensures that contingency plans can work in the favour of the students. A staff-student meeting was held to present all the