

team. The survey was then repeated after 4 months of this system being implemented to see how it had changed the opinions of the doctors using it.

Results. Of 21 participants, 95.2% had used individualised jobs lists (IJLs) with 52.4% having negative experiences of these. Only 76.2% of participants had used centralised jobs lists (CJLs) and 42.9% had negative experiences with these. Overall, 61.9% of participants preferred CJLs.

Negative experiences with IJLs focused on lack of accountability, duplication of tasks and unsafe handover. The negative experiences of CJLs revolved around colleagues not correctly using the platform and the process being time-consuming compared with IJLs due to preference of layout and user interface.

The MS Teams CJL was then implemented into multiple wards within an inpatient psychiatry setting. After 4 months of use, the majority of participants (80.9%) were in favour of CJLs; this could be categorised into three main reasons: 1) reduced risk of overlooking or duplicating tasks, 2) safer handover within the team especially due to shift patterns and sickness, 3) accountability within the wider team for clinical tasks. Those who preferred IJLs stated that the newer system was “difficult to adapt to” and that they lacked senior input on how to incorporate it.

Conclusion. Amongst inpatient psychiatry doctors, the use of a CJL has shown to be preferable due to improvements in efficiency, safety and accountability. Although there are barriers to overcome, namely regarding the initial implementation of the system and lack of customisation to individual preferences, this can be explored in the future with the aim to further increase the appeal to doctors working within a ward team.

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Prescribing in First Episode Psychosis

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Aims. This audit aimed to review prescribing in First Episode Psychosis (FEP) in Gloucestershire Health and Care NHS Trust, against NICE guidelines (CG 178) we hoped to develop prescribing guidelines for the Trust and to compare our results with Avon and Wiltshire Partnership (AWP) Trust's results of similar audit (AWP-235 Audit of Prescribing in FEP).

Methods. The sample was the Trust Early intervention (EI) case-load of patients with diagnosis FEP. We developed the audit tool based on AWP's audit methodology.

We gathered information about

- The role of initial prescribers.
- The prescribing of up to three antipsychotics.
- Choices of antipsychotic medication, whether the patient was given choice and information about the antipsychotic.
- Recorded reviews of side effects.
- Duration of treatment.
- Reasons for switching antipsychotic.
- Whether clozapine was offered to patients where indicated.
- Whether a recommended antipsychotic free period allowing for investigations and assessments was adhered to.
- Other medications prescribed alongside the antipsychotics.

Results. 77 patients were identified.

- Adherence to the NICE guideline criterion of initial prescriber being in secondary care was good.
- Olanzapine was the preferred first antipsychotic choice for 50% of patients, aripiprazole was the most common choice as 2nd and 3rd antipsychotic (around 30% patients).
- Recording of Information about antipsychotic treatment was lower than expected, about 30% of the sample at first choice, this increased to 50% for second choice and 40% at the third choice of antipsychotic.
- Around 90% of the sample had recorded review of medication and its side effects.
- 17% of the sample had duration of treatment less than 6 weeks at first antipsychotic, this dropped to 9% and 6% at second and third respectively.
- Reasons for switching were mostly due to side effects and lack of efficacy. Refusal to take the antipsychotic was a common reason for switching to the third antipsychotic.
- Only about 20% of patients who were eligible were offered clozapine.
- An antipsychotic free period up to 7 days was adhered to in almost 70%.

Conclusion. As a result of the audit findings we have developed Trust prescribing guidelines for adults presenting with FEP, which include recommendation for 7-day antipsychotic free assessment period, need to involve patients and family/carers when making decisions about choice of medication and recorded discussion about clozapine for eligible patients.

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Narrowing the Gap in Differential Attainment for Psychiatry Core Trainees in East Midlands Through Mentorship Scheme

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Aims. The use of mentorship schemes may be a pragmatic approach to bridging the differential attainment gap for psychiatry trainees. There is robust evidence that mentorship improves outcomes for core trainees across several domains including exam pass rates, ARCP outcomes and clinical practice. A survey was developed to elicit core psychiatry trainees' perspective about the need for mentoring as well as their expectations. This was an initial survey done as part of a Quality Improvement project focused on mentoring scheme for psychiatry core trainees in the East Midlands region.

Methods. A 16-item self-rated questionnaire was designed to elicit information relating to respondents' demographics, professional qualifications, UK experience prior to commencement of training, perception of mentorship as an unmet need as well as expected focus of potential mentoring relationship. These were administered to psychiatry core trainees in the East Midlands region. The data was collected in February 2023.