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Aims. There are over 72 000 licensed IMGs in the UK who fill up crucial shortages in the NHS and provide diversity. In 2020 there were more IMGs than local graduates joining the General Medical Council register with over half (54%) identifying as Black and Minority Ethnic doctors. There are ongoing and extensive conversations about the best approach to tackle differential attainment between IMGs and local graduates. The aims were to identify what the perceived differences were between local graduates and IMGs in various domains and recognise what measures could be taken to improve the issues identified.

Methods. This survey utilised the Typeform survey software to ask 23 questions and was left open for 3 months. Participation in the survey was voluntary and anonymized and included feedback from both Core Trainees and Higher Trainees. Initial emails, texts and chats with the survey link and reminders were sent to the Medical Education departments and trainee groups. The qualitative and quantitative data from all 33 respondents were analysed.

Results. 90.9% (30) of participants felt there were issues of differential attainment between IMGs and local graduates and felt that the gaps in differential attainment could be addressed by mentoring, networking, IMG lead roles, education of trainers and better support systems. 57.6% (19) of IMGs stated that they had felt bullied, undermined, treated unfairly, or intimidated; with only 29% (9) attempting to challenge this due to the fear of retribution, concerns about accountable, cultural and communication barriers. All respondents felt induction programmes, focusing on IMGs and cultural diversity would be helpful for all trainees, with 93.9% (31) of respondents recommending that more education was needed for trainers. 57.6% (19) stated that they had considered relocating outside the UK after training because they felt they would be better valued elsewhere. 90.9% (30) suggested that a book for IMGs would be a welcomed development. 87.9% (29) recommended that having IMG leads was important for offering well-being support, play a safeguarding role, offer pastoral care, and contribute to induction and education; with 68.8% (22) recommending the person was a College trainer.

Conclusion. These findings highlight several challenges IMGs training in the UK face and must navigate to be successful. A greater awareness of their hurdles is critical to maximising what potentials lie within. As the numbers of IMGs within the system continue to rise, there is an even greater need to support and address the concerns this survey underscores.

A Quality Improvement Project to Evaluate Satisfaction With Alternatives to Face to Face Consultation in a Learning Disability Service

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Aims. COVID-19 pandemic has had a great impact on all groups in society. People with intellectual disability (ID)/learning

disability (LD) are especially vulnerable. As a result, restrictions were put in place to protect this group, including limiting face to face visits/consultations. Restrictions on usual activities of people with learning disability are likely to induce stress leading to an escalation in challenging behaviors. Regular assessments and follow-ups are essential to evaluate the patients and provide the best care, so virtual consultations (via telephone or video call) were identified as a potential alternative to face-to-face consultations

Aim: Evaluation of the service provided during the COVID-19 pandemic including virtual clinics.

Methods. A questionnaire was designed to evaluate the patients and their carers' satisfaction with the virtual clinics, seeking their feedback about positives and limitations of the service and exploring their preferences for future clinical contact. Data were collected during May 2021. Different professions including (psychiatrists, psychologists, nurses, occupational therapists and speech and language therapists) in community services for adults with learning disabilities in Aneurin Bevan University Health Board have participated in the survey. The questionnaires were filled by service users, their carers or by the service provider.

Numbers of DNA (Did not attend) across the whole service during May 2021 were compared to DNAs in May 2018, 2019 and 2020.

Results. 140 surveys were completed. Patients and their carers were happy with many aspects of the service provided through the pandemic. It was reported that virtual clinics are an efficient way to meet with professional carers and families where there are difficulties bringing patients to clinics, however home visits were preferred for assessing patients.

No noticeable change in DNA rates has been identified.

Conclusion. Virtual clinics have been well tolerated by patients and their carers during the pandemic and have provided an extremely efficient tool to overcome the restrictions which were imposed.

Carers and patients expressed satisfaction with clinic appointments provided remotely.

Introduction of the Buddy Scheme to First Year Core Trainees (CT1s) in the West Midlands Deanery

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Aims. Following a reflective session in the Birmingham MRCPSYCH course organized by West Midlands Deanery, CT1s identified the need for an informal peer support mechanism that bridged the gap between what is expected of them and the challenges of adjusting to the training scheme. This need became even more apparent during the COVID-19 era. This led to the creation of the buddy scheme. The main aims of the scheme are to design and develop a sustainable mechanism by which core trainees in higher years can support their year 1 counterparts informally, ease the transition of CT1 trainees into training and eliminate obstacles to success and reduce the differential

attainment that hinders international medical graduates' (IMGs) outcomes.

Methods. The pilot phase started on August 2020. During this phase 3 trusts in the West Midlands were approached to share in the scheme. A fourth trust already had their own local buddy scheme. Only 1 trust shared in the process at the beginning and a second one joined later. The scheme was coordinated by the local Post Graduate Medical Education Departments in the respective trusts. All CT1s newly joining the training program were paired with a more experienced core trainee (CT2) who had their respective job the previous year. Next phase started in August 2021. During this phase all 3 trusts shared in the scheme from the beginning. A training session on the expectation from CT2s was conducted for them. A higher trainee was allocated to coordinate the process for each trust. CT2s were advised to meet their buddies at least once a month in the first 3 months.

Results. A total of 24 CT1s shared in the pilot phase. All of them found the training either good or very good. 57% of CT1s found the scheme helpful in easing the transition into training and made them more confident in fulfilling their role. Most of them communicated with their buddies 1–2 times in the pilot phase. In the second phase around 40 CT1s shared in the scheme. Around 80% of CT1s found the scheme helpful and recommended that it continues. There was more contact between buddies at this stage.

Conclusion. All trainees found it easy to approach their buddy and would consider becoming a buddy next year. The most discussed topics were portfolio, work-place based assessments, expectations of the day job and on-call duties, followed by exams and end of year assessments (ARCP).

Quality Improvement Project: Monitoring of Intellectual Disability Patients on Anti-Psychotic Medications in Outpatients Clinic, Northern Health & Social Care Trust, Northern Ireland

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Aims. Working as part of a newly-established Community Intellectual Disability Team since April 2020, we set a goal of achieving a target of monitoring 90% of patients who attend out-patient's clinic and who are on antipsychotic medications. This includes both physical observations and blood results, inline with NICE Guidelines. On initial analysis, we were essentially starting from a baseline of zero as patients were often deemed too difficult in primary care for monitoring and this simply wasn't happening as a result.

Methods. Retrospective Analysis of patients who attended Outpatients Clinic between February and August 2021. $n = 242$. Duplicates and Nursing Home Patients were deemed as exclusion criteria.

Analysis via Paris and Electronic Care Record as to which patients were on Antipsychotic medication. $n = 73$

Analysis of data regarding physical checks and blood records from September 2020–2021 to capture data in line with NICE guidelines.

Liaising with clinical staff to establish any reasons for exclusions, such as a lack of consent. Follow-up of same.

2x PDSA cycles established. One to capture results, and a second involving acquiring new ECG machine and establishing baseline testing, training and analysis of patients.

Results. 91% of patients met target criteria of having antipsychotic bloods monitored. Aim 90%.

97% of patients met target of having physical observations monitored. Aim 90%.

Starting from a baseline of zero, we began to capture ECG monitoring of patients from October 2021 and are currently achieving 42% of patients monitored between October 2021 and January 2022 and aim to achieve over 90% by September 2022.

Conclusion. Working as part of a highly-motivated new community team, we have shown that it is clearly possible to achieve a high level of monitoring of patients with mild to profound intellectual disability who are on antipsychotic medications, in line with NICE guidelines.

This has established a new baseline that is a clear and valid evidenced improvement compared to previous standards.

Future monitoring and PDSA cycles will continue to crystalize this data and establish a high standard of care in the community for this patient cohort improving living standards and avoiding and delaying onset of physical health concerns secondary to the cardio-metabolic effects of antipsychotic medications.

Missing Person Protocol: Rapid Risk Assessment Re-Audit 2021

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Aims. The Rapid Risk Assessment (RRA) has been a part of the Missing Person's Protocol since 2017 following a ward level intervention to try and provide as much information in as succinct a way as possible to the Police when a patient goes missing from the ward. This tool allows for rapid evaluation of a person's risk level on admission to hospital allowing consistent decisions to be made around risk to self and others, including physical risk and states why the risk level has been so set. In line with the National Framework for Missing Persons, a Return to Ward Interview is undertaken when a patient returns to the ward. The document is reviewed on a weekly basis at MDTs. The aim is to re-audit the extent to which the RRA within all wards at Royal Cornhill Hospital has been completed within the patients' notes.

Methods.

- All General Adult (GAP), Older Adult (OAP) and Learning Disability Wards were audited for the level of completion of the RRA proforma.
- 10 sets of notes were audited in each ward (where possible).
- Data were gathered on a proforma for consistency looking at each area of the RRA: Patient Details, Brief Admission Details, Risk Level, Police Contact.

Results. 58 sets of patient notes were checked. 100% of notes contained the RRA proforma.

The average completion of all sections was 87.5%.

There has been a 21% improvement in completion of the RRA since the first audit in 2017. There was variability across the wards, but there has been a 14.5% improvement in completion of sections compared to the previous audit.

The Patient Details section of the RRA was the most fully completed area, The Brief Admission Details section was poorly completed and it is important to be able to give this information to the Police when they are contacted about a missing person.

Conclusion. Across the wards, the data were less well completed by General Adult Psychiatry and best within Learning Disabilities. This