

to plan and deliver their projects, including support to generate insights based on data, staff and community engagement, carry out assets mapping, develop the project's aim and key drivers organisations need to work towards, identify measures, generate change ideas to be tested, and sustain successful changes.

Members of organisations taking part also attend quarterly learning sets where they come together to network, share challenges and ideas, and learn from each other.

Results. Populations identified by organisations include children and young people; Black, Asian and Ethnic minority men aged 18+ years; carer population; neurodivergent individuals with comorbid mental health diagnoses; Muslim women/Black women; refugees and forced migrants; women military veterans in Greater Manchester and Lancashire; Bangladeshi and Pakistani men and women in Oldham; Traveller community in Somerset. A number of initiatives are being tested by teams to improve access, experience and outcomes of mental health care, support, and treatment for these populations, such as offering mental health awareness sessions for refugees in a range of languages.

Conclusion. Addressing inequality in mental health care is a long and complex process. The AMHE collaborative is supporting teams to take an innovative approach to tackle this issue, by ensuring their projects are fully co-produced with those affected by inequality. This includes engaging representatives from the communities they are trying to improve access, experience and outcomes for in all aspects of their quality improvement projects; from design to generating ideas to test, and ensuring they measure what is important to these communities to determine whether improvements have been made.

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Trainee Led Quality Improvement Addressing Lack of Transparency in Referral Processes for Psychiatric Reviews in the Maudsley Adolescent Mental Health Service

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Aims. The Specialist Adolescent Mental Health Service at the Maudsley Hospital provides multi-disciplinary mental health care to adolescents in London. There is currently no policy by which non-medical members of the multi-disciplinary team can request a psychiatric review for their patients. Staff feedback revealed problems with the medical review referral process to be a lack of clarity on how to make referrals, and a lack of transparency (e.g. referral outcome, approximate waiting time). This project aimed to improve the clarity of the process for requesting psychiatric reviews and to develop skills in leadership as a future child psychiatrist.

Methods. We designed and introduced a referral form and integrated waiting list. Next we developed a policy document for making referrals. Finally we modified the referral form so that when submitted, it automatically updated the integrated waiting list. At the outset and after each intervention we resurveyed the staff.

Results. At the outset 71% of staff reported finding the process somewhat unclear, while 29% reported finding the referral process

neither clear nor unclear. Following the final change 100% staff each reported finding the process very clear or somewhat clear.

Conclusion. The changes we implemented resulted in a clearer and more transparent referral process for medical reviews. We anticipate that this improved staff satisfaction will equally translate into some benefits for patient care, such as more clarity around when a medical review can be expected and what it might entail.

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Postgraduate Teaching Programme in Psychiatry in North Wales- a Regional Quality Improvement Project 2022-2023

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Aims. We aimed to arrange the local Postgraduate teaching in psychiatry as per the Deanery requirement/ HEIW requirement. We aim to achieve a better target with regard to local teaching as noted from the previous year's GMC trainee survey

Methods. The project started in 2019. 3 sets of audits and PDSA's were done- one each year, before the final PDSA. During these 3 audits, only non-consultants were participants.

During the 4th PDSA, in 2022-2023, a purposive sample was selected to provide the best information possible for the audit. It included Consultant Psychiatrists from all three sites in North Wales, Trainees(Junior/ Senior), SHO, speciality doctors, FY2, GP trainees and Clinical fellows. The criteria for participation were that the doctors should be working in Psychiatry and should have attended the local postgraduate programme. Access to the internet and appropriate device was mandatory as an add-on availability.

An online questionnaire was emailed to the participants. There were only 3 questions for the Consultants and 5 for the non-Consultants' group. 2 weeks window was offered to fill out the forms.

Results. The 3 audits done initially revealed that consistent formal teaching was not provided. The candidates also found the current programme not fulfilling the criteria laid by the deanery and that their educational needs were neglected. The summary of the old audits suggested that the teaching had worsened eventually.

The final PDSA was done in 2022-2023. The overall time to fill out the form was 1.43 minutes. An equal number of Consultants and Non-consultants filled out the form. 31 Consultants rated the new programme as 4.23 for 5. The 31 non-consultants rated the programme 3.68 out of 4 and 95% identified that the new postgraduate programme covered the core trainees' requirements as per the MRCPsych Handbook from the Deanery.

Conclusion. Prioritisation of the most important facilitators and identification of 'easy wins' are important steps in this process.

The purpose of this study was to develop a national expert group consensus amongst a range of relevant stakeholders; senior doctors, residents, patients, allied healthcare professionals and healthcare managers allowing us to;

1. identify important barriers and facilitators of learning in clinical environments and