sustainability in December 2023 showed a total reduction of 64% from the baseline of 28 FP10s per week at the beginning of the project (January 2023) to an average of 10 FP10s issued per week in December 2023.

Conclusion. In conclusion, patients benefit from having a clear understanding of where their medications will be issued from thus improving their experience with the mental health service. Having effective processes in the CMHT enables medical professionals to complete the ESCA in a timely manner. Altogether this reduces burden on all professionals and reduces costs of prescribing by transferring the prescribing responsibilities to GPs. This project has been effective in reducing the number of weekly emergency FP10s issued. The 4-week system of managing FP10s at reception has now been included in the Medication Management's new procedure and guidance and is being introduced across all CMHTs in BSMHFT.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Junior Doctor's Ideas, Concerns and Expectations About Electroconvulsive Therapy: An Educational Quality Improvement Project

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Aims. There remains stigma surrounding electroconvulsive therapy (ECT) amongst junior doctors, as well as gaps in knowledge, recent studies have shown. The aim of this study is to reduce stigma and negative biases towards ECT among junior doctors in Hertfordshire.

This research strives to improve clinical knowledge regarding ECT amongst the same population of junior doctors.

After highlighting stigma and gaps in clinical knowledge amongst junior doctors, we aimed to implement an educational intervention to reduce these and assess the impact it made.

Methods. Over 80 doctors ranging from foundation year 1 doctors to consultants attended a weekly academic teaching for doctors working in Psychiatry. A 50-minute slot was set aside for a teaching session on ECT.

This included a pre- and post-teaching anonymous questionnaire, with open and closed questions, asking junior doctors about their previous exposure to ECT, and asking them to list three words they associated with ECT.

The teaching session included: what ECT is, indications, side effects, a short video explaining the procedure, an open discussion about stigma and ECT, a brief overview about the future of neuromodulation, and a consultant psychiatrist who is part of the ECT team talking through the before, during, after, and answering questions from the participants.

Results. 31 participants answered the pre-intervention questionnaire. Of the 31 respondents, 70% reported learning about ECT during medical school. However, 40% reported little teaching and only 13% had observed ECT. From thematic analysis of free text responses, 54% of respondents expressed detailed understanding of ECT, with 71% agreeing that ECT is a humane treatment. 80% expressed that ECT should be part of NICE guidelines. 50% of respondents conveyed that stigmatised portrayals of ECT in popular culture have influenced their negative opinion of ECT.

Of the 10 responses to the post-teaching questionnaire, 100% agreed that ECT is a humane treatment and that ECT should be part of NICE guidelines for treatment of severe/treatment-resistant depression. From thematic analysis, when asked to name 3 words they associated with ECT, 60% of participants described ECT as effective or successful and 40% described ECT as safe. 72% of the words used were positive descriptors.

Conclusion. ECT is not covered thoroughly during medical school. Before this teaching, about half of the trainees expressed a negative opinion of ECT due to popular culture. Post-teaching, positive opinions had increased, and more trainees (100%) agreed that ECT is a humane treatment and should be part of NICE guidelines.

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Audit to Determine the Incidence of Did Not Attend (DNA) Rates at First Assessment in the NHS Northern Gambling Service (NGS) by Assessment Modality

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Aims. Non-attended appointments can lead to adverse outcomes for a service and its users, including reduced service efficiency; increased waiting times; and impaired patient care. The audit objective was to explore whether DNA rates vary between the current modalities of face-to-face; virtual; and telephone. It was hoped that this would enable the service to better understand the reasons for patients not attending initial assessments and determine whether the modality may present a barrier.

Methods. A sample was obtained including all first assessment appointments between March 2022 and March 2023 (n = 386). Data included the modality for each initial appointment. Matched to this data, was whether the patient attended each appointment, creating a frequency of DNAs for each appointment modality across the year. Data analysis was conducted using Microsoft® Excel®. Beyond frequency and percentages, a chi-square test was used to assess for a statistical difference in appointment attendance between modalities.

Results. For this one-year sample the overall attendance rate was 77%: with 299 appointments attended, and 87 'DNAs'. The DNA rates across the one-year sample were face-to-face (24%); virtual (22%); and telephone (23%).

The chi-square value produced when analysing the DNA rates between modalities was 0.92 (critical value 5.99). Hence, there was no statistically significant difference in DNA rates by modality.

Conclusion. Despite the absence of variation in DNA rates between modalities, the findings can be viewed as reassuring. The move to include multimedia alternatives to assessments does not appear to be impacting attendance when compared with assessments that continue to occur face-to-face. Balanced against this increased geographical inclusion afforded by remote appointments, is the competing equity issue of digital exclusion,

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