1. Working Group: we meet as a working group every few months, chaired by the Head of School, to discuss strategy.

2. Research project document: we compiled a list of ethically approved research projects available in the region with contacts for each. This is accessible to resident doctors in the region via the learning platform PGVLE. We are currently on the second version and plan to update this document annually.

3. Linking residents with projects: we educate resident doctors on their research requirements at their teaching sessions. We meet with residents 1:1 at their request and link them to research projects in their area of interest.

4. Co-ordinating research engagement: we ensure members of the working group are involved in relevant projects run throughout the region. These include the annual Research Day in the Black Country NHS Trust, the MRCPsych course, the annual Medical Student Psychiatry Summer School in Birmingham, the monthly Regional Training Days for the higher resident doctors, and the funded Research and Academic Network Meetings in Coventry and Warwickshire NHS Trust.

Results: A preliminary survey of satisfaction with the non-clinical elements of training was completed in October 2024 for the West Midlands General Adult Higher Residents (n=36) and repeated in October 2025 (n=11).

In 2024, 42% said they were somewhat or extremely unconfident in their knowledge about the portfolio requirements for research; in 2025 this was reduced to 18%. In 2024, 69% said they had not been given adequate opportunities to meet research training requirements; in 2025 this was 45%.

Conclusion: We have been working to support resident doctors in the West Midlands to achieve their research competencies during higher training. Satisfaction with the awareness of research requirements and the opportunities to achieve them have increased. We believe these approaches can be used in other regions.

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Mind the Gap

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Aims: Evaluate current practice in diagnosis and management of neuro developmental disorders (NDD) including Autism (ASD) and Attention-Deficit-Hyperactivity Disorder (ADHD) in Early Intervention Psychosis (EIP) services across the UK given frequent comorbidity of ADHD/ASD and Psychosis.

Gather data on care provision, use of third sector services and ascertain training and confidence in NDD within EIP services.

Highlight the need for robust NDD training to facilitate diagnosis and management within mental health teams, reducing pressure on services.

Methods: An online survey was disseminated to members in EIP services through RCPsych General Adult faculty and the EIP network. Data collected included prefilled and free text responses regarding EIP team demographics, current NDD assessment practice, care provided (including medication), use of third sector services, level of NDD training and, confidence assessed on a Likert scale. Quantitative and Qualitative data was analysed to capture key themes.

Results: 55 responses from 36 trusts across England and Wales were received; 85% (n=46) were EIP teams, 60% serving mixed urban/rural populations.

ADHD: Assessment: 75% (n=41) referred externally for assessment, with only 9% (n=5) completing assessments within EIP teams. A further 13%(n=7) shared assessments with another trust team.

Pharmacology: 47% (n=26) relied on third sector prescribers to prescribe ADHD medication, 15% (n=8) prescribed within teams, whilst 30% (n=17) used shared care agreements or prescribed together with another trust team.

ASD: Assessment: 70% (n=39) of assessments were completed by external services; only 7% (n=4) were conducted within EIP teams.

Post-diagnostic support: 45% (n=25) only provided signposting advice and 19% (n=10) offered no support.

NDD Training: 49% (n=27) reported no formal NDD training, of the 40% (n=22) that did, qualifications included ADOS, ADI-R and DIVA. Key barriers were lack of NDD skills and training opportunities, alongside funding and commissioning constraints.

Confidence: Confidence in NDD assessment and management was moderate, average confidence was 3/5 (42%) with remaining 29% spread both ≤ 2 or ≥ 4.

Qualitative Responses: Frequent themes included limited training and diagnostic inability. Overwhelming number of EIP teams rely on external services for NDD assessment. Teams with NDD training found it beneficial to services overall; others highlighted necessity for enhanced NDD diagnostic skills.

Conclusion: The elevated risk of multiple adverse outcomes in this population highlights the critical importance of allocating resources for clinician training and upskilling in the diagnosis and management of NDD, equitable access to services, and effective screening, diagnosis, and treatment within existing EIP services.

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Improving Time Efficiency in Discharge Documentation Using an AI Copilot Agent: A Prospective Audit in General Adult Psychiatry

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Aims: To assess the time difference in creating CDDs and EDDs manually versus using Copilot in general adult psychiatry.

To assess the quality of AI generated CDDs and EDDs.

Methods: Resident doctors will be asked to time themselves while writing a CDD and EDDmanually for a selected patient. They will

then use the Copilot agent to generate a CDD and EDD for the same patient and record the time taken. The time difference will be analysed to determine the efficiency gains. Qualitative feedback will also be collected regarding the usability and accuracy of the Copilot-generated documents.

Rationale: The audit was prompted by the auditor's personal experience with dyslexia and the challenges of managing discharge documentation in a high-pressure clinical environment. The Copilot agent offers a potential solution to reduce documentation time and improve patient flow.

Service areas/teams included: The audit was carried out in Royal Cornhill hospital and included data from general adult psychiatry.

Sample Size: 5 patient cases.

Metrics Recorded:

- Time taken with Copilot vs. without Copilot,
- Number of TrakCare pages referenced,
- Number and nature of mistakes,
- Qualitative comments on errors,
- Minutes saved and percentage time saved,

Results: For CDDs:

- Average time saved: 13 minutes 13 seconds per case.
- Average percentage time saved: 75.3%
- Largest amount of time saved: 17 minutes 34 seconds (≈74.5% reduction).
- Largest percentage of time saved: 76.6%.

For EDDs:

- Average time saved: 26 minutes 22 seconds per case.
- Average percentage time saved: 76.7%.
- Largest amount of time saved: 33 minutes 34 seconds (≈79.9% reduction).
- Largest percentage of time saved: 81.5%.

Error Analysis: Common issues included missing clinical data (e.g., blood results, imaging) due to incomplete inpatient records, medication discrepancies caused by changes not reflected in TrackCare, and errors linked to prior documentation (e.g., suspected perforation). Not all CDDs and EDDs contained all the information about medications due to inaccurate or incomplete record keeping on TrakCare. No errors were due to hallucination by the AI.

Observations: Significant time savings were achieved in most cases. Accuracy depends on completeness of source documentation and integration with TrackCare.

Conclusion: The Copilot agent demonstrates substantial potential to reduce documentation time while maintaining acceptable accuracy. However, integration with real-time clinical data and improved handling of medication updates are essential for reliability.

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Features of Female Offenders Remanded to a Tertiary Psychiatric Hospital for Assessment in Singapore

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Aims: Research and literature on female offenders are relatively scarce compared to their male counterparts. In Singapore, female offenders are remanded either at the only local psychiatric hospital (Institute of Mental Health) or at Changi Prison. The judge remands them for between two to three weeks at the first instance to determine if these offenders with suspected mental disorders have the ability to plead in court and to determine if their suspected mental health conditions have any contribution to their offending behaviour. Legal determinations of unsoundness of mind at the time of offence and fitness to plead at the time of trial carry significant implications for criminal responsibility and case disposition. The psychiatrist also has to instruct the court about the nature of the mental disorder, the risk of reoffending and recidivism and whether treatment is possible and also feasible in each remandee. This study reviews the psychiatric and legal characteristics of female remandees assessed at the Institute of Mental Health (IMH), Singapore, over a one-year period.

Methods: A retrospective review of the electronic records was conducted by psychiatric doctors posted to the IMH. The details and medical records of the female remandees referred to IMH for forensic psychiatric assessment over one year was assessed by computer and a template for data extraction filled in manually. Demographic data, psychiatric diagnoses, offence characteristics, substance use history, and legal opinions on unsoundness of mind and fitness to plead were record, examined and analysed. Diagnostic distributions were analysed within the groups assessed as of unsound mind and/or without fitness to plead, with attention to overlap and discordance between these legal constructs.

Results: Out of 280 female remandees assessed over 12 months, 12 (4%) were assessed as of unsound mind and 13 (≈5%) as unfit to plead. Schizophrenia was the most common diagnosis in both groups, followed by major neurocognitive disorder. Most individuals in both categories were charged with non-violent offences, and none had a documented substance use history. While there was substantial overlap between unsoundness of mind and unfitness to plead, several discordant cases were identified, illustrating the temporal and conceptual distinction between these determinations. Major neurocognitive disorder was particularly prominent among those unfit to plead, reflecting the central role of current cognitive capacity in trial competence. These findings challenge assumptions that forensic psychiatric morbidity is primarily associated with violence or substance misuse and highlight the relevance of endogenous psychiatric and neurocognitive conditions in female remandees.

Conclusion: Female remandees assessed as of unsound mind or unfit to plead constitute a small but highly vulnerable population. Their comparatively small numbers compared to male offenders has meant that most programmes and services on the whole tend to be geared towards the majority male population. However women remandees represent female offenders, who have unique issues and needs different from their male counterparts, characterised by severe psychotic and neurocognitive disorders, predominantly non-violent offending, and absence of substance use. Clear differentiation between mental state at the time of offence and present fitness to plead is essential. This would be crucial in the future development of gender-specific programmes for incarcerated women orgender-responsive programming for female offenders. To do so, we would need to assess choices and attitudes that lead to the commission of the crime but also address these factors in the context of central issues specially for women, specifically, history of trauma and violence, substance abuse and economic marginality.

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