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.

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.

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