networking environment for IMGs across the West Midlands. It also sought to understand attendees' expectations and gather structured feedback on their experience.

IMG trainees constitute approximately 50% of the psychiatry training cohort in the West Midlands. GMC progression reports indicate that IMGs experience differential attainment in examinations and training. In the West Midlands, we are committed to reducing this attainment gap by offering support and guidance from the outset. TPDs and Tutors aim to meet trainees at induction and subsequently every 3–4 months via Microsoft Teams along with 1:1 meeting.

This year, we have developed an initiative to launch the first West Midlands IMG Conference, designed to strengthen community and foster a shared identity among IMGs. A regional in-person event was identified as an effective way to bring trainees together, provide access to experienced speakers, and create a relaxed environment for meaningful interaction to enhance belonging and support.

Methods: Email invitations were sent to all IMGs across the region with support from the Future Workforce Team at the School. Registration was managed using an online Microsoft Form link. We secured a room within the trust at no additional cost, allowing the conference to remain free for IMG attendees. All 30 available places were filled within days, with further expressions of interest received. Registrants were sent personalised reminders 14, 7, and 2 days before the event.

The TPD and the IMG tutors coordinated logistics, speaker engagement, refreshments, and the overall attendee experience. The programme included sessions on purposeful leadership, psychotherapy, Less-Than-Full-Time Training, and an account of being an IMG trainee in the West Midlands. Icebreaker activities, including brief introductions and a charades game, were used to encourage early engagement.

Results: Twenty core and higher psychiatry trainees attended. The atmosphere was energetic with networking developing naturally after the icebreakers.

Eleven attendees completed feedback forms, giving a mean satisfaction score of 4.73/5. Comments emphasised the positive atmosphere, supportive intent, enjoyable activities, and valuable opportunities for networking.

Conclusion: IMGs value dedicated spaces that promote connection, learning, and wellbeing. This event enabled participants to feel recognised and empowered, reinforcing the need for similar future initiatives.

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Quality Improvement Project on the Use of Zopiclone on Elm Ward, West Park Hospital

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Aims: Zopiclone is licensed for the short-term management of insomnia, with recommended treatment durations of 2–5 days for transient insomnia, 2–3 weeks for short-term insomnia, and not exceeding four weeks including tapering, in line with NICE TA77 guidance. Elm Ward's initial audit (Oct–Dec 2023) identified widespread prescribing beyond these limits. This re-audit provides updated patient-level data to assess progress following practice changes introduced after the initial audit.

The re-audit aimed to:

1. Evaluate current zopiclone prescribing patterns.
2. Compare durations of use with the 2023 audit.
3. Assess compliance with recommended maximum treatment duration.
4. Identify remaining gaps in documentation and review processes.

Methods: The first audit included 48 patients, of whom 22 received zopiclone. The re-audit sampled 43 patients from Elm Ward (Dec 2025–Feb 2026), identifying 12 prescribed zopiclone. Data sources included Kardex, EPMA, and CITO. Variables collected included demographics, indication, dose, start/stop dates, duration, review documentation, and use of alternative or non-pharmacological interventions. Where stop dates were missing, an end date of 05/02/2026 (the re-audit completion date) was applied to allow duration calculation.

Results: In 2023, the mean duration of zopiclone use was 7.7 weeks (median 8.3; range 0.2–16), with only 27% (6/22) within the recommended ≤4-week limit. In the re-audit, 12 of 43 patients (27.9%) were prescribed zopiclone, with a mean age of 40 years. Using the audit end-date assumption, the mean duration was 3.42 weeks (~24 days), the median 1.29 weeks (~9 days), and the range 0.14–20.29 weeks. Overall, 83.3% (10/12) were within the ≤4-week maximum, and 16.7% (2/12) exceeded it. Indications were predominantly short-term insomnia, though documentation was incomplete in some cases. When judged against indication-specific NICE time windows, 30% of evaluable cases met the appropriate duration. Three patients received alternative sleep medications, and no non-pharmacological sleep interventions were documented. Dose was recorded in 83.3% (10/12), all at 7.5 mg.

Conclusion: The re-audit shows a substantial improvement in prescribing duration compared with 2023, with most patients now receiving treatment within the recommended four-week limit. However, missing stop-date documentation continues to affect duration calculations and contributes to misclassification of treatment length. Persistent gaps remain in documenting non-pharmacological interventions, indications, and review plans. Continued reinforcement of documentation standards, pharmacist-led review prompts, and a repeat audit in 12 months are recommended to ensure sustained improvement.

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Improving Documentation of Side-Effects Discussions by Doctors for Psychotropic Medications in Community Settings: A Single Centre Quality Improvement Project Under the Early Intervention Service, EIS Limbrick Centre

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Aims: This quality improvement project was aimed at enhancing the clinical discussion and documentation of side effects of psychotropic medications in psychiatry community settings to 100% over a span of 12 months.

Methods: This quality improvement project was carried out at the early intervention service Limbrick Centre. Sample included looking at 20 patients' first medical review under the EIS. The selection process was randomly done. Patients with a primary diagnosis of first-episode psychosis were selected using their hospital number.

The audit included all patients who were referred to the EIS from 1 July to 31 December 2024. Anonymised patient data were used in line with the quality improvement initiative of this project and therefore informed consent was not applicable. Data was retrospectively obtained from outpatient electronic records over six months on patients who were newly prescribed psychotropic medications. The key standard for the baseline measurement was whether the communication of at least one side effect of a newly prescribed medication was documented by the doctor in the patient's electronic records. If electronic entries stated that side effects were 'discussed', these entries were not considered as objective evidence of discussions. The criterion for appropriate documentation was clear descriptions of specific side effects discussed and the minimum number of side effects that a doctor should discuss was set at one.

A random sampling method for data extraction was used, using the random number function in Microsoft Excel. Psychotropic medications included antidepressants, antipsychotics, benzodiazepines, mood stabilizers and hypnotics. Data was analysed using Microsoft Excel.

Results: Forty percent of service users' medical reviews had documentation of side effects of psychotropic medications. Sixty percent of service users' medical reviews did not have documentation of side effects of psychotropic medications. Although out of this 60%, some doctors had written side effects discussed but the actual side effect discussed was not documented which therefore excluded these data.

Conclusion: This project served as a reminder that robust documentation of patient communication is at the very core of good clinical practice. Shared decision making involving patient in treatment decisions and embedding robust documentation into practice, in addition to enhancing care, confers added benefits to both individual healthcare providers and their employers through the potential diminution of medico-legal risks.

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Improving Accuracy and Efficiency of NEWS Chart Monitoring in a Forensic Mental Health Unit

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Aims: To improve the accuracy and efficiency of NEWS monitoring by assessing flexibility for parameter recalibration and standardising documentation practices by March 2026.

To ensure NEWS parameters are safely and accurately adjusted for patients with atypical baselines (e.g. on psychotropics), in line with TEWV policy.

Methods: PDSA Cycle 1 – Completed November 2025

Plan: To understand current NEWS monitoring practice and identify gaps related to accuracy, recalibration flexibility, and efficiency. This was following discussion with colleagues currently working with the secure inpatient services.

Specific objectives:

- Assess how frequently NEWS scores are documented electronically and on paper.
- Determine whether ward systems allow recalibration of NEWS parameters.
- Identify whether NEWS charts are being used for non-NEWS purposes.
- Compare practice against TEWV NEWS Policy and NICE guidance.

The expected outcome was to highlight inconsistencies and identify initial improvement opportunities.

Do:

- Collected data from five forensic wards using a structured yes/no/na audit tool.

Obtained data on:

1. Electronic NEWS recording.
2. Paper NEWS recording.
3. Ability to adjust/recalibrate parameters.
4. Misuse of charts.

- Converted findings to percentage compliance to allow cross-ward comparison.

Study: Key findings from Cycle 1:

- 72% of wards recorded NEWS electronically.
- 80% recorded NEWS on paper, showing duplication.
- 0% electronic recalibration available.
- 100% of paper charts allowed manual parameter adjustment.
- 28% of wards used paper charts for non-NEWS tasks.
- 0% misused electronic charts.

Interpretation:

- There is a reliance on paper charts for flexibility.
- The electronic system is inflexible, which may affect clinical accuracy.
- Documentation duplication results in inefficiency and possible errors.
- Paper misuse indicates lack of standardisation.

Act: Based on Cycle 1, the project team decided to:

- Present and disseminate findings to the ward teams and managers.
- Develop guidance on when and how to adjust NEWS parameters for atypical baselines.
- Explore options with digital teams for electronic NEWS customisation.
- Plan staff education on appropriate chart use.
- Prepare tests of change for Cycle 2.

These findings shaped the next phase of improvement work.

Results:

- 72% of wards recorded NEWS electronically.
- 80% recorded NEWS on paper, showing duplication.
- 0% electronic recalibration available.
- 100% of paper charts allowed manual parameter adjustment.
- 28% of wards used paper charts for non-NEWS tasks.
- 0% misused electronic charts.

Summary of Wastes: Duplication of documentation, inability to recalibrate electronically, misuse of paper charts, risk of inaccurate scoring, and reliance on inefficient workarounds all contribute to waste in time, motion, accuracy, and staff expertise.

Conclusion: The data show good overall compliance with NEWS recording but significant limitations in electronic flexibility and non-standardisation of paper chart use.

To align with TEWV policy and NICE guidance, a structured recalibration approach and system improvements are required.

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