

For each prescription I gathered

- The name of the medication
- The Indication
- Child or young person's comorbidities

I then compared this with the licenced use on the Summary Product Characteristics (SPC), as well as the guidance available from (National Institute for Health and Care Excellence (NICE), British Association of Psychopharmacology (BAP) and British National Formulary for Children (BNFc)).

Results. In total there were 177 prescriptions for a variety of medication including antidepressants, antipsychotics, sedatives, and medication to treat ADHD.

It was found that 25% of all prescriptions were prescribed according to the medication's licensed use, with 42%, 62% and 67% compatible with NICE guidelines, BAP guidelines and BNFc respectively. However, 12% deviated entirely from these guidelines, including prescriptions for mirtazapine (1), melatonin (9), quetiapine (6), risperidone (1) and olanzapine (4). These prescriptions were also associated with increased comorbidity with each child having at least one comorbid mental health problem.

There was an 81% agreement between NICE and BAP guidelines, a 75% agreement between NICE and BNFc and 66% agreement between BAP guidelines and BNFc.

Conclusion. This audit demonstrated that only a quarter of prescriptions were prescribed according to a licenced use, with the vast majority falling outside the product licence. This is important because the Joint Standing Committee on Medicines preference "an appropriate licenced preparation" over unlicensed prescribing.

Furthermore, the defensibility of unlicensed prescriptions is increased when they are supported by published clinical guidelines which was the case in 88% of prescriptions that were reviewed. This leaves 12% of prescriptions that were not supported by either licencing or BAP, NICE or BNFc guidelines. There may be multiple causes for this, but it is likely that the high number is aggravated by the lack of NICE guidelines for common conditions such as anxiety as well as high levels of comorbidity in this population group which is not always reflected in clinical trials and guidelines.

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.

An Audit on Venous Thromboembolism Risk Assessment in Older Persons Mental Health Inpatient Unit in North Wales With the Aim of a Quality Improvement Project

Dr Sathyan Soundararajan^{1*}, Dr Asha Dhandapani¹, Dr Finlay Wallis² and Dr Manjiri Bhalerao³

¹Betsi Cadwaladr University Health Board, Wrexham, United Kingdom;

²Betsi Cadwaladr University Health Board, Bangor, United Kingdom and ³Betsi Cadwaladr University Health Board, Conwy, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.105

Aims. The aim is to undertake a baseline audit of VTE risk assessment in older persons mental health unit in all 3 sites in North Wales. Following the implementation of recommendations, we aim to repeat the audit with an aim to complete a Quality improvement project.

Methods. A retrospective audit was conducted in older persons mental health unit in all 3 sites of North Wales in Betsi Cadwaladr University Health Board.

A prospective opportunistic sample of all the inpatients in the old age psychiatric unit was audited. Standards were based on the NICE and Department of Health guidelines.

We collected the data by reviewing the patients notes. The data collection happened in December 2022 to January 2023. We made a simple protocol to collect the data from all 3 sites.

The target was for 100 % compliance in all standards.

Results. From the audit data collection, the results are as follows:

Overall, we gathered details of 29 patients in East, 21 patients in Central and 11 patients in the West (A total of 61 patients)

In the East, out of 29 patients, there was a form for VTE risk assessment in clerking proforma. However only 6/9 forms were filled by the junior doctors. In Central, out of 21 patients, only 2 patients had a form in their file but they were not filled. In Bryn Hesketh unit, there were no VTE risk assessment forms at all. In West, out of 11 patients, 3 of them had a VTE risk assessment form that were filled. Overall, we noticed that in some of the patient's medication chart, there was a mention about they receive prophylaxis for VTE or not. However, that was not consistent.

There is no standard proforma noted in any of the wards in Central and West. In East, there is a clerking proforma noted and in some patients hence as part of the proforma as the VTE risk assessment is already included the junior doctors do fill the VTE risk assessment form.

Conclusion. I hope this audit will help in improving the patient care by identifying the risks factors of VTE earlier and preventing it. This would be in accordance with the guidelines.

It was evident that VTE risk assessment and prophylaxis was not something that was being considered for patients admitted to the old age psychiatric inpatient unit. However due to the risk factors this group of patients possess it is something vitally important. As a consequence of presenting the audit across the trust, a service change was recommended with a VTE risk assessment proforma planned to be introduced across the trust will be adapted to support use in psychiatric inpatients which can be used by mental health trusts.

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.

Improving a Psychiatry Teaching Programme for Junior Doctors on Placement in a Mental Health Trust

Dr Verity Williams^{1*}, Dr Tonye Ajiteru², Ms Abigail Hussein³, Dr Rachel Daly¹, Ms Lydia Fry¹, Mr Luke Maczka¹, Mrs Angela Pendleton¹ and Dr Max Pickard⁴

¹Kent and Medway NHS and Social Care Partnership Trust, Dartford, United Kingdom; ²Kent and Medway NHS and Social Care Partnership Trust, Medway, United Kingdom; ³Kent and Medway

NHS and Social Care Partnership Trust, Aylesford, United Kingdom and ⁴Kent and Medway NHS and Social Care Partnership Trust, Thanet, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.106

Aims. Foundation Programme and GP trainees on psychiatry placement within Kent and Medway attend a teaching programme on core topics. The GP training and new Foundation Programme curricula require key mental health content to be covered. This quality improvement project (QIP) aimed to improve the delivery of mental health teaching to Foundation and GP trainees on psychiatry placement.

Methods. The existing teaching programme was fortnightly, full-day teaching, online via zoom. Drivers for change included: