



were reviewed, gaps identified and then solutions to improve standards were proposed. Out of 41 patients admitted to the local inpatient unit with psychosis in perinatal period between January 2022 and October 2024, 11 patients were selected as they met the criteria of diagnosis of perinatal psychosis. Data was collected and reviewed from electronic records and patients' notes.

Data was assessed, whether the key elements for patients presenting with psychosis were documented in admission history, the management plans and the extent of involvement of perinatal team throughout different stages of their care.

Results: It was found that 90% of patients (10/11) were clerked on admission. In 63% patients (7/11) reasons of admission were documented, and 54.5% (6/11) having documentation about parity.

81.8% (9 of 11) had perinatal team involvement during admission, 45.45% (5 of 11) had discharge follow up with perinatal team, while 27.27 % (3 of 11) were discharged to other teams. Only 9% (1/11) were asked about perinatal family history, 81% (9/11) were not asked about perinatal family history while 1 patient had missing clerking documentation.

Conclusion: There were notable gaps picked up in clerking history especially perinatal family history, gestational age and parity, which are critical points in history taking in patients presenting with psychosis in perinatal period. While there is consistent involvement of perinatal team during admission, there seems to be lack of consistency in post-discharge engagement.

The data suggested more standardised clerking, and discharge planning process to ensure all element of care are covered. By implementing the proposed, we anticipate a positive impact on patient outcome, more cohesive multidisciplinary care and improved patient follow up leading to better quality care.

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 Trainee Engagement in Trainee Council Meetings at Birmingham and Solihull Mental Health Foundation Trust

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doi: [10.1192/bjo.2025.10342](https://doi.org/10.1192/bjo.2025.10342)

Aims: Trainee Council Meetings (TCMs) offer a dedicated time and place for trainees working in the Trust to highlight issues and raise concerns relating to their rotations.

Trainee engagement in these meetings has historically been variable. This project was developed with the aim of improving trainee engagement with TCMs. It is part of a larger 'Raising Concerns' Quality Improvement Project within the Trust.

Increase attendance at Trainee Council Meetings (TCMs) by Foundation, GP and Core Psychiatry Trainees.

Improve structure and organisation of Trainee Council Meetings.

Improve trainee access to records of meeting minutes.

Methods: Retrospective TCM attendance data was collected in Summer 2023. The only data available were numbers of attendees, not trainee grade. The following issues were identified:

TCMs sometimes took place in person and sometimes took place online (via Microsoft Teams). Attendance tended to be poorer for in-person meetings than those online.

There was no clear leadership structure within the Trainee Council.

There was lack of clarity over which representatives were responsible for planning and facilitating TCMs. This led to an unfair and unequal distribution of TCM workload.

The following change ideas were implemented from the respective dates:

July 2023 – It was agreed that TCMs would always take place online.

August 2023 – Development of two leadership roles within the Trainee Council: 'Trainee Representative and Induction Co-ordinators' and 'SHO Inclusion Co-ordinators'. Planning and facilitation of TCMs was agreed as a responsibility to be shared amongst these representatives.

Development of a Meeting Proforma (see Appendix), clarifying actions to be taken by council leads before, during and after TCMs.

Attendance data were collected prospectively between September 2023 and March 2024. Data included numbers of trainees attending and trainee grade.

Results: Trainee attendances before change ideas:

December 2022 – 20

March 2023 – 9

June 2023 – 22

Trainee attendances after change ideas:

September 2023 – 38

November 2024 – 34

March 2024 – 36

Conclusion: Attendance data show that there has been an improvement in numbers of trainees attending Trainee Council Meetings following implementation of change ideas.

Attendance of trainees by grade was unknown prior to June 2023. The majority of attendees between September 2023 and March 2024 were Core Psychiatry trainees. Attendance by Foundation and GP trainees is low.

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Promoting Wellbeing and Resilience Amongst Resident Doctors

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doi: [10.1192/bjo.2025.10343](https://doi.org/10.1192/bjo.2025.10343)

Aims: To develop and promote wellbeing amongst Resident doctors and embed this into the Core Trainee Committee (CTC).

Methods: This Quality improvement project was part of a response to Trainees' wellbeing developed after noting the dissatisfaction of trainees with wellbeing in the 2024 GMC National training survey. It reported that over a fifth (21%) of trainees measured to be at high risk of burnout and over half (52%) described their work as emotionally exhausting to a very high or high degree.

Dr Sungum (wellbeing lead), devised the pathway using an internally generated traffic light system of the wellbeing department in the Trust and Deanery. Following this, some Core trainees trained as wellbeing activists to support their peers and created and distributed a wellbeing pathway and poster to that effect. We organised activities to improve wellbeing including monthly trainee socials and wellbeing lunch drop-ins. We created a Survey about wellbeing distributed amongst all Psychiatry trainees in the health board.