The UK Rheumatologist in Training Network aims to share good practice and collaboration initiated by trainees. IAIs are ubiquitous in rheumatology. The GMC has set relevant standards for record keeping and consent. Moreover, the bolus test is what a reasonable patient (not doctor) would expect to be consented for, and documentation should reflect this. Hence, a national, trainee led audit and QIP was performed on documentation and consent for IAI.

Methods:
All junior doctors (including CMT and staff grades) were invited to join the network via mailing list and conference presentation. Data was collected retrospectively (20 April 2016 to 20 April 2017) from electronic and/or paper records. Standardised contribution forms were provided to entrants. The sample size was representative of the department, and the sampling method was defined locally to minimise bias.

Results:
Twenty-nine trainees and AHPs expressed interest. Ten trainees in eight departments contributed by September 2017; 232 patients were included. Overall documentation of patient identifiers, practitioner, site, location and dose and type of drugs injected was high (Table 1), although there were outliers. Documentation of whether verbal consent was taken and ANTT used was moderate. Low documentation was noted for risk explanation, aftercare advice and provision of written information. Documentation was better where pro formas were used, e.g. site B. Overall, consultants were least detailed in their documentation (data not shown). Local results have already led to changes within departments; primarily the introduction of clinician pro formas and/or written patient information. No re-audits have taken place yet.

Conclusion:
We demonstrate how a network can be developed with great potential for future projects given the collaborative nature of our speciality. Results show that documentation of IAI, particularly consent should be improved. Specific details and methods should be defined by the department in the absence of a published guideline or best practice consensus. A simple QIP to improve documentation has already been published, and updates from further departments are included in the poster. The opinions expressed are those of the authors and do not necessarily represent the BSR or BRiTS.

Disclosures:

E27 - CIMPACO: AN AUDIT OF THE ACCURACY OF PATIENT SELF-REPORTED DIAGNOSES AMONGST A COHORT OF RHEUMATOLOGY PATIENTS IN IRELAND

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Background: Musculoskeletal diseases account for the bulk of disability and are the commonest diagnoses globally today. Validated data on the Irish population are scarce, and there is a lack of validated national epidemiological and economical information. European studies show reported diseases in Ireland to be similar to some other countries but the rates of self-reported and validated data are limited and differ dramatically between studies. A pan-EU study shows Irish people report having rheumatoid arthritis more frequently than osteoporosis and/or osteoarthritis, in younger and older adults. As part of a larger research programme to understand the epidemiology, costs and impact of arthritis and osteoporosis in Ireland, we have completed questionnaires on >100 patients with several forms of arthritis, fibromyalgia and osteoporosis. Patients attending an outpatient specialty clinic need to understand and know their diagnosis and treatment to effectively manage their care. We performed an audit of data validity evaluating the accuracy of patient self-reported diagnoses with those recorded in the medical record.

Methods: This study has been approved by the I.R.B. for National University of Ireland, Galway and the Saolta University Hospitals I.R.B. boards. Patients attending rheumatology outpatients in Merlin Park or Sligo-Manorhamilton were offered the opportunity to fill out an 18-page questionnaire on the impact, cost and economic burden of arthritis and/or osteoporosis using established published international
metrics. Patients who agreed to participate filled out written informed consent and filled out paper questionnaires in clinic or at home. All results have been entered into a database. Patients with five forms of arthritis, fibromyalgia and osteoporosis were questioned. In order to validate the accuracy of self-reporting, patients self-reported diagnoses and medications were compared to those recorded in their medical record by members of the rheumatology team. In this audit, we present the results of the accuracy of self-reported diagnoses for the first 274 patients.

**Results:** 274 participant questionnaires were reviewed. Diagnostic agreement was generally good: 2/3 or higher except for the lowest ankylosing spondylitis at 24% and gout at 44%. The highest recorded was the fibromyalgia cohort at 88%.

**Conclusion:** The accuracy of patients’ self-reported diagnoses attending a rheumatology outpatient clinic was generally good with the exception of gout and ankylosing spondylitis. These data should help projections for self-reported diagnoses at a national level.

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