The Doctors Laboratory Group (TDL) has provided pathology testing for over thirty years, twenty of those as NHS partners. TDL runs a national network of UKAS accredited hub and spoke laboratories. Throughout the Covid-19 pandemic TDL Group, has supported:

- Pillar 1 NHS PCR Covid-19 tests
- Francis Crick Institute and UCL Pillar 2
- Pillar 3 antibody testing
- Pillar 4 research projects
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- London Nightingale Hospital
- Testing for professional sport, media and commerce

In late April Brent and Harrow CCGs required a Covid-19 PCR testing pathway for symptomatic key workers and suspected care home outbreaks. Brent and Harrow were named the top two London Boroughs worst affected by Covid-19 deaths, with Brent topping the UK data for Covid-19 deaths.

Covid-19 Hubs and Rapid Response Teams were formed with logistics, IT connectivity and training for electronic requesting and reporting all signed-off within 6 days. Pivotal to this success were Lead Contacts who overcame challenges from testing in non-standard locations, coordinating Multi-Disciplinary Teams (MDT) across organisations, new social distancing and lockdown rules, international shortages of consumables, identifying key worker and patient requests for rapid notification of results and NHSE reporting.

Fundamental to the project’s success were strong Leads for each organisation who understood their team skills so tasks were appropriately delegated. Leads worked together to maintain momentum, set actions and deadlines, provide rapid resolution to queries or potential stumbling blocks and praise teams on work achieved, promoting ongoing engagement.

Covid-19 testing is key to preventing virus spread and the protection of patients. The hub-spoke model underpinning The Doctors Laboratory Group has proven to be highly adaptable and resilient to exponential, rapid growth. This project’s success demonstrates that with the right leadership big changes can happen over a few days.

**Leading across systems and organisations**

**183 DEVELOPMENT OF A COVID-19 PCR TESTING PATHWAY FOR KEY WORKERS AND CARE HOMES**

1Mary C Self, 2Neda Mehrpooya, 3Mental Health Rehabilitation Services, Cwm Taf Morgannwg University Health Board, Wales; 4Forensic Mental Health Services, Swansea Bay University Health Board, Wales

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**Education**

**184 ASSESSMENT OF VIRTUAL TEACHING FOR OBSTETRIC AND GYNAECOLOGY POSTGRADUATE TRAINEES IN NORTHERN IRELAND**

1G Ferguson, 2J McManus, 3N Henry, 4The Royal Victoria Hospital, Belfast, UK; 2The Royal Victoria Hospital, Belfast, UK; 3Craigavon Area Hospital, Craigavon, UK; 4Antrim Area Hospital, Antrim, UK

**Background** Obstetrics and Gynaecology trainees in Northern Ireland attend bi-monthly postgraduate continued medical education (CME). COVID-19 restrictions meant these teaching sessions could not occur. Collaborating with senior trainees we developed a virtual postgraduate teaching series via ZOOM, delivered over two months focusing on key areas of the new Royal College of Obstetricians and Gynaecologists (RCOG) curriculum.

**Aims** To assess whether virtual teaching is an effective platform to deliver CME for obstetrics and gynaecology trainees in Northern Ireland.

**Methods** Survey monkey sent to participants, non-participants and consultants exploring experiences and attitudes towards this teaching series.

**Results** 33 trainees completed the participant survey, with the majority attending 1–2 sessions. Over 50% were first time users of video conference based teaching. 66% felt confident using video-conferencing for learning. 27 participants agreed the pre session reading enhanced learning. All participants agreed CME should be mapped to the RCOG curriculum. 87% of participants agreed that video-conferencing from a clinical location of choosing improves accessibility.

15 trainees completed the non-participant survey, with 93% stating work commitments as the non-attendance reason. Interestingly 2 trainees were unable to work ZOOM. 73% of non-