Appropriateness of peri-operative plan and post-operative complications. No data was available on these outcomes prior to the advent of the foot MDT clinic.

**Results:** Data from 12 clinics was analysed (n=40). Patients had a median age of 66 years (IQR 27.5 years); 65% of patients were female and 35% of patients were male. The commonest rheumatological foot disease seen was rheumatoid arthritis (67%), followed by psoriatic arthritis (15%). All patients were treated with biologic or non-biologic DMARDs. Treatment outcomes were as follows: 275% were offered surgical treatment; 10% were offered intra-articular (IA) injections under ultrasound guidance; 10% were offered IA injections under general anaesthesia; 9.5% underwent specialist rheumatology podiatry, and the remaining 30% elected for a conservative approach after careful consideration of treatment options. Of those who were offered surgical treatment, 72% of patients were provided with a peri-operative plan which accorded with British Rheumatology Society (BRS) guidelines. Of those whom underwent surgery, one patient’s surgical treatment was complicated by a post-operative infection; however, the peri-operative DMARD/biologic plan was not felt to be a contributing factor.

**Conclusion:** The foot MDT clinic provides a comprehensive review of rheumatological foot conditions, with readily available access to a full range of treatment options. Co-location of all relevant professionals allows for real-time interdepartmental communication; shared decision-making between clinicians and patients; avoids multiple appointments; reduces uncertainty with peri-operative planning as well as providing a cost-effective and efficacious service. Discrepancies in the peri-operative plan for medicines arose when the treating orthopaedic surgeon was not present in clinic. In these cases, the plan for surgical treatment was made outside of this clinic, without input from the treating rheumatologist. To improve concordance with BSR peri-operative medicine guidelines, it is recommended that all treatment decisions are made during the clinic, allowing input from all relevant partners. Informal feedback from patients commended the foot MDT; this shall be formalised through further qualitative data.

**Disclosure of Interests:** None declared

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