them for life as a consultant psychiatrist. The new multi-faceted regional leadership programme will offer resources in a variety of formats including webinars, podcasts, optional interactive workshops and action learning sets. It is hoped that this flexible programme, linked to the Medical Leadership Competency Framework, will better meet the needs of higher trainees as they pursue their own personal leadership journeys.

Setting Up a Cultural Psychiatry Group (CPG) at Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) – the Achievements, the Pitfalls and What We Have Learnt

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Aims. Whilst psychiatry training is both demanding and enjoyable, we feel that the theory does not fully capture what we see in our everyday work. For many of our patients, it fails to contextualise their experience within their socio-politico-economic environment. Working with patients with different ways of seeing, knowing and being necessitates an awareness of one's own and the other's sociocultural world in order to build an empathetic and empowering doctor-patient partnership.

We started a CPG with the hope of exploring resources from those whose perspectives are often left out of our training experience, with a view towards integrating these voices together with our clinical experiences and training program. We aimed to create a space where we could regularly explore the experiences of ourselves, our patients, and the societies in which we work, reflecting on the conscious and unconscious roles we inhabit.

Our aims for the space were to: recognise that everyone will have something valuable to contribute. Cultivate a space where people feel able to share openly. Maintain the safety of the space through compassion and accountability. - Show willingness to be uncomfortable but continue engaging in order to learn together.

Methods. In Spring 2021, four Core Psychiatry Trainees from BSMHFT met together to plan a trust-wide CPG. There were three clear cycles of CPG meetings, the first consisting of member led sessions, the second outside speaker led sessions and the third an amalgamation of the two. Meetings were continually reviewed throughout each cycle with more formal evaluation and alteration at the end.

Results. The first part of the discussion focuses on what went well with the themes being:

- Developing habits of lifelong learning
- Developing relationships with peers and the community
- Creating space for self and group reflection
- Developing transferable skills (leadership, management, teamwork).

The second part of the discussion focusses on the problems that the group encountered and how they were overcome. The main themes being:

- Technology
- Communication
- Engagement
- Management.

Conclusion. At an individual level, this experience has been challenging but rewarding and we have received overwhelmingly positive feedback. Locally, the BSMHFT CPG has been invited to work with our trust on their "inequality strategy", as well as universities and organisations represented by outside speakers. Nationally, the blueprint laid out in our conclusion aims to help those wanting to set up a similar group in their area benefit from our experience.

Balint Group Sessions for Medical Students, a Pilot Study

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Aims. Core trainees in psychiatry all complete a year of Balint group sessions. These sessions are invaluable, as improved awareness of our own thoughts and feelings is a crucial part of our development as clinicians. We considered that it may have been helpful to have started these sessions at an earlier stage of medical training, for example, in medical school.

Methods. We approached the University of Liverpool School of Medicine and proposed a pilot Balint programme with 4th year medical students rotating through psychiatry in Cheshire Wirral Partnership Trust.

Sessions were conducted in 4-week blocks, corresponding with the students' psychiatry rotations. To allow sufficient time for all students to contribute in each hour-long session, groups were limited to a maximum of 7 students. Each group was allocated 2 facilitators and was conducted on Microsoft Teams because of COVID-19-related restrictions. Facilitators had fortnightly supervision with a consultant psychotherapist.

At the end of each 4-week block, anonymous feedback was collected. Small alterations were made to the programme during the course of the pilot in response to attendance rates, punctuality and feedback.

Results. 18 (approximately 50%) of the students from the first 3 cohorts submitted feedback:

- All said the experience helped them reflect more on their interactions with patients and colleagues and improved their insight into how others think/feel in caring for patients.
- 94% said they enjoyed it; they thought they would use the skills they had developed; and they would participate again in future if given the option.
- 83% said 4 sessions was 'just right', 11% said 'not enough' and 6% said 'maybe too much';
- 72% rated their overall experience of the programme as 'excellent,' 17% as 'good,' 11% as 'fair'.

Free-text feedback was positive. Students valued the opportunity to reflect on the emotions and interpersonal dynamics experienced in clinical scenarios. Critical feedback was mostly around a preference to have sessions face-to-face and a desire to have more sessions.

As facilitators, the experience has helped us increase our reflective capacity and gain confidence in leading, managing group dynamics and setting boundaries.

Conclusion. Student experience of the Balint programme was positive for the majority. From a facilitator perspective, we found the experience rewarding and beneficial for professional development. Currently only approximately 1/3 students rotate through this trust and can therefore benefit from the sessions. This pilot study provides supporting evidence for extending the scheme to all 4th year Liverpool University medical students.

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