Mental Health Partnership Trust, developed to support and retain advanced trainees and new consultants in the trust. This aimed to support consultants in their first 3–4 years of appointment and to develop consultant roles within the trust that would appeal to trainees.

Methods: The strategy was developed in response to recruitment and retention challenges. The strategy consisted of five elements, including 1) Roll-out of new consultant-specific induction, including a bespoke leadership development programme and leadership coaching for new consultants. 2) Funding and support of a research fellow to conduct qualitative research around experiences of the transition period between higher training and becoming a consultant. 3) Work around support and wellbeing of medical staff. 4) Development of a mentoring programme. 5) Development of compassionate leadership in the trust. Further details of each of the above interventions are described, including challenges faced and how these were overcome. Feedback and outcome measures are then described.

Results: Arising from our work locally, we have generated several recommendations to support and retain advanced trainees and consultants within mental health trusts. We share experiences from developing and implementing these interventions locally. Sharing this information may help other mental health trusts nationally in addressing similar challenges.

Conclusion: We describe an innovative local strategy, developed to support and retain advanced trainees and new consultants in the trust. Future areas for development could include a) sharing successful approaches more widely with other trustsand b) further consolidation of local activities. Further consolidation locally would include promoting more widespread uptake of mentoring, including this being offered to advanced trainees in the two years prior to their completion of training, and continuing to develop cross-trust mentoring with neighbouring trusts.

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Following the Money: The Use of Funds for Undergraduate Medical Education in Psychiatry

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Aims: The Medical Education Tariffs paid to healthcare providers to cover the costs of hosting and training medical students on clinical placements are not a direct payment for teaching quality, but a contribution to provider costs. In England, the 2024/25 allocations were set at £34,355 per medical student. Trusts are required to submit annual accountabilityreports to regulatory bodies on the use of this funding. However, accessing these reports or obtaining clarity on their content is very challenging and the quality assurance provided remains poor.

Methods: We sent a Freedom of Information request to all the mental health trusts and health boards in the UK and Northern Ireland in December 2025 to explore their management of the undergraduate medical education funding and their adherence to reporting tools in place.

Results: The overall response rate was 89% from 70 trusts and health boards across the four nations that offer psychiatric placements to medical students.

England 87% response.

Wales 100% response.

Scotland 85% response.

Northern Ireland 80% response.

Ringfencing of funding specifically for psychiatric undergraduate education happens in 27% of responders across Scotland, Wales and Northern Ireland and 82% of responders in England.

Specific records on the use of funding are kept in 59% of responders across Scotland, Wales and Northern Ireland and 77% responders in England, but less than 5% were able to provide a full breakdown of costs.

Employment of Clinical teaching fellows was the most consistent use of the funds across the four nations.

Reporting tools are used by 90% of responders in Scotland, Wales and Northern Ireland and 69% of responders in England.

Reports are available for public viewing in just 23% responders in Scotland, Wales and Northern Ireland and 10% of responders in England.

Conclusion: There was significant variation in the use and monitoring of funds between the four nations. All providers need to fulfil their statutory obligation to provide detailed reports to the designated regulatory bodies on their management of the undergraduate education tariff. Effective, transparent management of the education budget is crucial to support the development of the future health workforce as discussed in the NHS 10-year plan. The College Undergraduate Education Forum is setting up a working group to develop guidance on the use of tariffs and will continue to encourage transparency and clarity on the process.

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MRCPsych Course – a National Perspective

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Aims: To gather the views of UK-based resident doctors on their local MRCPsych courses.

Methods: MRCPsych courses aim to broaden resident doctors' knowledge of psychiatry andprepare them for the Royal College of Psychiatrists membership examinations. The courses vary widely between deaneries. Understanding resident doctors' experiences is needed to help ensure equitable and high-quality delivery.

A cross-sectional survey was created and disseminated to UK-based resident doctors via the Psychiatric Resident Doctors Committee. Information was gathered on satisfaction, barriers and suggestions for improvement.

Results: A total of 25 responses were received.

69% of respondents felt that their MRCPsych course is useful for their development as psychiatrists, but only 36% felt it was helpful in preparing them for the examinations.

Respondents valued interactive sessions, online flexible learning and recorded sessions, practical sessions, and found it helpful when sessions followed the syllabus. They preferred when sessions were delivered by a clinician and highlighted teaching on subspecialties as particularly helpful due to lack of exposure in certain regions.

Respondents found their courses less helpful when the sessions did not follow the syllabus, out of date material was used, and when there was no introduction to the MRCPsych examinations. Respondents preferred if lecturers had a knowledge of their syllabus

and format of examinations. They also highlighted issues with travel when courses were held far away from their base.

Respondents suggested improvements could be made by having a set curriculum and structure, addition of simulation-based learning, more CASC teaching and incorporating lived experience into the sessions. They preferred to be informed of the topic in advance so they could engage in pre-learning activities. They suggested that co-production of the course with themselves and relevant stakeholders would result in a higher quality and more useful course.

79% of respondents reported that they get protected time for attending the course, with 17% maybe and 4% no. Common issues cited were on-call requirements and people working on inpatient wards finding it difficult to leave due to higher demands.

Respondents identified using online paid-for resources and question banks, reading textbooks and guidelines, small group practice and attending conferences as supplementary activities to support their learning.

Conclusion: The MRCPsych course is well-received and appreciated by resident doctors, however there were some suggestions about how it could be improved. A more standardised approach could be helpful to ensure equitable access to high quality courses across the UK.

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Improving Clinical Knowledge and Confidence Through a Structured Teaching Programme in Old Age Psychiatry

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Aims: To design, deliver, and evaluate a structured six-month teaching programme for resident doctors and multidisciplinary team (MDT) members within an Old Age Psychiatry service. The objective is to improve clinical knowledge and confidence in key areas of psychiatric care in older adults.

Methods: Teaching topics were selected following consultation with senior clinicians and MDT colleagues to ensure clinical relevance. A monthly teaching programme was then implemented in theOld Agepsychiatry department at Birch Hill Hospital between August 2025 and January 2026, aimed at resident doctors hospital-wide and departmental MDT colleagues. Sessions covered physical health investigations in psychiatry, psychosis in older adults, antipsychotics and metabolic side effects, depression in older adults, clinical cases of rarer dementias, and management of alcohol misuse and insomnia. Structured feedback was collected after each session including Likertscale ratings assessing relevance, usefulness and tutor knowledge, as well as self-rated confidence before and after sessions. Free-text responses were analysed qualitatively using thematic analysis. Numerical data were analysed quantitatively to calculate mean scores, mean differences, and paired t-test statistics in the case of self-rated confidence.

Results: From the 49 feedback survey responses, the programme was highly rated across all domains. Likert scale mean scores (where 1=lowest e.g. not very relevant, 5=highest e.g. very relevant) showed 4.90 for relevance, 4.83 for usefulness, and 4.86 for tutor understanding. Self-rated confidence increased from a mean of 3.39 pre-teaching session to a mean of 4.55 post-teaching session, where there was a statistically significant difference ($p<0.001$) with a large effect size ($d=1.07$). Qualitatively, thematic analysis identified overarching themes including high clinical relevance, improved understanding of clinical presentations, greater knowledge of pharmacology and medications, appreciation of clear and structured teaching, and the value of group engagement for team cohesiveness.

Conclusion: This six-month structured teaching programme improved knowledge and confidence on a variety of clinical topics among resident doctors and MDT colleagues inOldAgepsychiatry. Qualitative themes highlighted that the programme was very well received and also showed the value of group discussion in teaching for team building, demonstrating broader benefits of such educational interventions. This teaching programme model should be replicated across other services and extended within this department to encourage the development of highly knowledgeable and confident clinicians.

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From Observation to Action: Improving Staff Confidence in Identifying and Escalating Physical Health Deterioration in an Older Adult Mental Health service

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Aims: People with severe mental health problems are affected by disparities in physical health outcomes compared to the general population. The risk of physical deterioration increases as patients grow older and comorbidities accumulate. This risk is particularly relevant in the population affected by functional and cognitive psychiatric disorders, where patients' ability to detect and report symptoms can be impaired. This places a key responsibility on staff in older adult mental health services, who are well positioned to identify deterioration through routine physical health monitoring. However, confidence gaps exist amongst multidisciplinary team members in the recognition and escalation of physical health deterioration. To address this, the physical health teaching programme was implemented.

Hypothesis: The teaching programme will result in an improvement in the perceived confidence of staff in identifying physical health deterioration and escalating concerns.

Methods: Weekly teaching sessions were conducted in an older adult mental health service over a period of three months. All members of the multidisciplinary team across both inpatient and community settings were invited to participate. Teaching was delivered using posters and interactive worksheets, covering topics such as vital signs, fluid intake, bowel output monitoring and delirium. Pre- and post-teaching questionnaires were designed to evaluate confidence levels using a Likert scale and knowledge was assessed via multiple-choice questions.

Results: Results were analysed from 17 participants who completed both pre- and post-teaching questionnaires. The first two teaching sessions focused on vital signs and fluid intake. Preliminary findings demonstrated an overall improvement in staff confidence. However, pre-teaching knowledge scores were high for these topics and minimal improvement was seen on repeating the multiple-choice questions. These findings demonstrate the feasibility of a targeted physical health teaching programme.

Conclusion: A physical health teaching programme can improve staff confidence in identifying and escalating physical health deterioration in an older adult mental health service.

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