their decision to specialise in psychiatry were statistically more likely to feel this way in their first year of residency (p-value <0.001). This study had its limitations, including the generalisability of findings and the sociodemographic factors of participants. The self-reported methodology could have subjected findings to bias, including social desirability bias.
Conclusion. Multiple sociodemographic factors influence the decision to specialise in psychiatry in the UAE. These findings would be helpful to identify hurdles faced by the young UAE clinicians in choosing psychiatry, partly explaining the dearth of UAE-trained psychiatrists in the country. Further research is required to study these reasons in detail, helping to improve the recruitment and retention of UAE psychiatrists in the future.

Establishing an Old Age Liaison Psychiatry Network

Dr Josie Jenkinson[1]*, Dr Mani Krishnan[2], Dr Annabel Price[3] and Professor Liz Sampson[4]

[1]Surrey and Borders Partnership NHS Foundation Trust, Chertsey, United Kingdom; [2]Tees Esk and Wear Valleys NHS Foundation Trust, Stockton on Tees, United Kingdom; [3]Cambridgeshire and Peterborough NHS Foundation Trust, Cambridge, United Kingdom and [4]East London NHS Foundation Trust, London, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.132

Aims. Our aim is to establish a network for clinicians working in or with an interest in the growing specialty of old age liaison psychiatry to provide peer support (inclusive of disciplines and geography) and access to CPD opportunities, to raise the profile of this subspecialty and enable it to continue to develop, to facilitate collaboration and integration with related disciplines and pathways and to strengthen the voice of clinicians in lobbying for improvements in mental health services for older people in the general hospital.
Methods. Old Age Liaison Psychiatry is a growing subspecialty in the UK and nationally, following widespread investment in development of liaison services in line with Department of Health strategy. With this expansion comes an increasing need for continuous professional development, networking and collaboration opportunities in order to nurture the specialty and those working in it.
Results. Over 100 people registered for the initial webinar, and many more have watched the recording. Since the webinar the network has grown to 350 members. The webinars were received very positively, with many suggestions made for topics to be covered at future events.
Conclusion. The network has been established successfully and founders are now planning future events with the support of the Royal College of Psychiatrists, including a half day learning event in late 2022.

The Evaluation of North Wales SPiCE: Special Preparation in CASC Examination

Dr Jiann Lin Loo[1]*, Dr Catrin Thomas[2], Dr Manjula Simiyon[1], Dr Rahul Malhotra[3], Dr Nikhil Gauri Shankar[1] and Dr Sarmishtha Bhattacharyya[1]

[1]Betsi Cadwaladr University Health Board, Wrexham, United Kingdom.; [2]Betsi Cadwaladr University Health Board, Ruthin, United Kingdom and [3]Betsi Cadwaladr University Health Board, Llanfairfechan, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.133

Aims. As part of the effort to support core psychiatry trainees in North Wales to prepare for their CASC (Clinical Assessment and Skill Competency) exam, the North Wales SPiCE (Special Preparation in CASC Examination) Project has been initiated. This article aims to evaluate the SPiCE based on medical educational principles.
Methods. A total of five candidates preparing for the CASC exam expressed interest and an organising committee was set up. Examiners consisted of a consultant and four specialist registrars while role players were recruited from non-exam sitting junior trainees. Five mock CASC stations were written and role-players were calibrated accordingly. The stations included: History taking for a patient with FTD (frontotemporal lobe dementia), MSE (Mental state examination) of a patient with mania and psychosis, explanation of CBT (cognitive-behavioural therapy), breaking bad news of NMS (neuroleptic malignant syndrome), and explanation of ECT (electroconvulsive therapy). The mock exam was conducted virtually using Microsoft Teams™. The specialist registrars' performances in feedback provision were assessed for their teaching using the AOT (Assessment of Teaching) form by the consultants. For core trainees who had played the part of organising committee members and role players, their volunteerism and educational management experience were assessed using the DONCS (Direct Observation of Non-clinical Skill) form by specialist trainees.
Results. All five candidates passed all the stations (consists of both borderline pass, pass) in the mock exam with 25% improvements in confidence level were seen among candidates in four stations, i.e. ECT explanation, breaking bad news of NMS, CBT explanation, and MSE of a patient with mania and psychosis. All candidates feel the SPiCE programme was useful in helping their final preparation and they would recommend it to other candidates. Four of the candidates sat for the immediate CASC diet after the SPiCE received a pass result. All specialist registrars received positive AOT feedback for their teaching and all non-exam sitting junior trainees received positive DONCS feedback for their spirit of volunteerism and collaborative teamwork.
Conclusion. The main strength of the SPiCE project is it utilises existing resources and volunteerism of the organising committee while its main limitation is it has only five stations rather than 16 stations in the real exam. Although the mock exam has improved the confidence of candidates and the majority of candidates pass the exam immediately after that, the causal link between the SPiCE and candidates' results cannot be conclusively established given all candidates have a good baseline.

Postgraduate Psychiatry Training Programme in Morocco

Dr Imane Salihi[1] and Dr Jiann Lin Loo[2]*

[1]Casablanca University Hospital, Casablanca, Morocco and [2]Betsi Cadwaladr University Health Board, Wrexham, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.134

Aims. The field of psychiatry in Morocco has grown significantly since the 1970s, from less than 10 psychiatrists to the current number of around 400. The increased number of practising psychiatrists has enabled the expansion of local residency training programmes, which has been set up since 1974 to cater for the population needs of more than 36 million population of Morocco. This study is aimed to describe the current medical educational approach of the Moroccan postgraduate psychiatry training programme.

https://doi.org/10.1192/bjo.2022.134 Published online by Cambridge University Press

Methods. This descriptive medical educational study was based on official training documents and interviews with local faculty members involved in the training.
Results. The entry requirement of the four-year Moroccan postgraduate psychiatry residency programme includes the completion of 1 year of foundation training and passing the entrance examination consisting of psychiatric semiology and pharmacology. The postgraduate residency programme is run by the local universities in collaboration with the Ministry of Health and accredited by the Moroccan government. Trainees have the option of taking up a voluntary or contractual position with the government or University Hospitals. All trainees will go through 34 months of general adult outpatient and inpatient, while liaison psychiatry training starts from the second year until the end of the training. On top of the core rotation, a trainee can opt for two months in old age and neuropsychiatry postings. Child and adolescent rotation is currently not available. Addiction psychiatry training is optional and can be done through a university diploma. The 4th year is a 12-month elective posting in any discipline that is relevant to psychiatry, which can be done either locally or abroad. Teaching methodologies involve lectures, seminars, ward rounds, case conferences, journal clubs, and skill training workshops. Formative assessments included case-based discussions and mini-clinical evaluation exercise. There are multiple high stakes summative assessments at year 1, year 2, year 3, and year 4. The summative assessment strategies includes modified essay question, clinical short case and long case. Viva voce is used to assess competency in research. Different mandatory skill competencies include electroconvulsive therapy, psychotherapy, and research.
Conclusion. The advancement of local postgraduate psychiatry residency training in Morocco has improved the access of local trainees to quality training. Similar to other developing countries, Morocco requires more psychiatrists to improve the psychiatrists to population ratio so that the mental service can become more accessible to the local population.

A Systematic Approach for the Interview of the Application to Psychiatry Specialty Training: The "I AM" Approach

Dr Jiann Lin Loo*

Betsi Cadwaladr University Health Board, Wrexham, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.135

Aims. Job interviews are the platform for employers to identify suitable candidates for vacant posts, i.e. those who are able to demonstrate a certain set of competencies specified in the job description. In the recent psychiatry specialty training (ST) application process, candidates are required to propose a management plan for two complex scenarios. This interview can be stressful given the high-stakes nature of the outcome, i.e. the successful enrolment into a training programme of a preferred deanery. Candidates who are unable to have an organised approach to problem-solving will likely have an unfavourable result. To overcome this difficulty, a simplified "I AM" approach is being proposed to assist applicants to organise their thoughts during their ST application interview.
Methods. The "I AM" approach stands for "Issues, Assessments, and Management", which is adapted from the "Handbook of Psychiatry: Surviving Consultation Viva Examination of Malaysian Conjoint Board". The "Issues" are the problems identified in a scenario, "Assessments" are the investigation required to get a clearer picture of the problems, and "Management" is the action plan to solve the problems. This approach was piloted with five applicants of ST in psychiatry prior to their interview practices.
Results. For a complex clinical case scenario, the "I AM" approach can be put into the matrix of 3×3 tables together with a biopsychosocial model to ensure the issues in different domains are explored thoroughly. Further sub-classification into necessary subheadings, including ideas, concerns, and expectations from different parties, can be included in the assessment matrix. Lastly, a management plan using a multidisciplinary team and collaborative decision-making model with the patient and family can be proposed. For a complex managerial scenario, the seven pillars of the National Health Service's clinical governance model involving different stakeholders can be incorporated into the "I AM" approach to explore problem-solving strategies from different angles. Positive reactions had been received from all five trainees (Kirkpatrick's Evaluation Model Level One).
Conclusion. The "I AM" approach can be flexibly applied in different problem-solving scenarios and it works well with other models. The approach may be limited by inadequate information and a failure to prioritise. Further systematic evaluation of the effectiveness and generalisability of the "I AM" approach to other disciplines is required.

The Royal College of Psychiatrists Physician Associate Inceptorship Programme: Developing Educational Programmes to Support the Integration of This New Role in Psychiatric Services

Dr Pranav Mahajan[1]*, Dr Helen Crimlisk[2] and Dr Chris Kenworthy[1]

[1]Health Education Yorkshire & Humber, Sheffield, United Kingdom and [2]Royal College of Psychiatrists, London, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.136

Aims. Physician associates (PAs) are becoming more commonplace in psychiatric services in the UK to help address long term workforce difficulties. In 2019, the NHS Long Term Plan detailed a commitment to transforming mental health care in England recognising that services were not meeting current or future increase in demand. Health Education England's (HEE) report, Stepping Forward to 2020/21: The Mental Health Workforce Plan for England, described a longer-term strategy to expand the mental health workforce, including recruiting 5,000 people into 'new roles' including physician associates. The NHS Mental Health Implementation Plan 2019/20–2023/24 stated an aim of recruiting 140 PAs to the workforce over five years in addition to the requirements specified in the HEE report. HEE and the Royal College of Psychiatrists (RCPsych) have sought to support the integration of PAs into psychiatric teams through the development of the Inceptorship programme. The aim was to develop a bespoke training programme for PAs to bridge the gap between university and working in mental health to be rolled out nationally.
Methods. Since 2018, Sheffield Health and Social Care Trust (SHSC) have been providing an Inceptorship Programme for PAs at the trust. Unlike with trainee doctors, there was no curriculum that could be followed. The programme covers the aetiology, diagnosis and management of common psychiatric problems, communication skills and reflective practice. This programme

https://doi.org/10.1192/bjo.2022.134 Published online by Cambridge University Press