timelines as their UKMG counterparts. Trainers are well placed to address this within supervision early in the training, but competing priorities to cover within supervision, along with the sensitivity of the topic and fears of being perceived negatively pose as barriers. Misinformation and lack of awareness of extent of DA within trainers also contribute to this. Unfamiliarity with exam technique amongst trainers combined with residents perceiving exams as being personal rather than a shared objective of training, affects this being actively addressed within supervision.
Conclusion: Implementing practical, person-centred and consistent measures to support equity rather than equal opportunities is key. Communication skill courses are well embedded within training programmes, but trainers need to be supported in enhancing sociolinguistic competence of individuals rather than just improving language. Involving all core trainers in local CASC revision sessions and encouraging them to be CASC examiners will improve their confidence in supporting residents. Raising awareness of DA with both groups of trainers and residents whilst making simultaneous efforts to understand and tackle unconscious bias, improving cultural intelligence and reinforcing trainer-trainee relationship will create a safe space to address this sensitive yet important issue.

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A Project to Create a Novel Teaching Session on Gambling Harm, in Collaboration With Gamcare, for 4th Year Medical Students From Kings College London University (KCL) in Response to Changes in the Medical Licencing Assessment

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Aims: Medical professionals are highly likely to come into contact with individuals who experience gambling harm during their careers. Around 5.5% of women and 11.9% of men globally experience some degree of gambling harm, and they are 15 times more likely to die by suicide than the general population. For every person that gambles around six others are affected. Our aim was to create a memorable teaching session involving people with lived experience of gambling harm.
Methods: The two-hour online teaching session was created in collaboration with Gamcare, a charity which supports individuals who are affected by gambling harm. Two individuals shared their experience of gambling harm; the first experienced significant gambling harm and attempted to end their life. The second was an affected other and highlighted their experience as a partner. The session was then followed by gambling training by one of Gamcare's training leads.
Results: We had exceptionally positive feedback from the students with a highlight being the individuals who shared their lived experiences. Many students commented that the topic was one that they hadn't had exposure to before this session. Students said they were able to learn the best ways to approach the conversation around gambling addiction and gained a better understanding of the signs of gambling harm.
Conclusion: Gambling harm is experienced by our patients regardless of our chosen speciality. This session delivered by providing students with a foundation of understanding which will enable them to open conversations and support individuals affected by gambling harm within their future practice.

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Development and Pilot Implementation of the Buddy Scheme for New Psychiatry Trainees

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Aims: New psychiatry trainees face several challenges during their initiation to training including adaptation to a new trust, familiarising organisation-specific systems, and understanding training requirements. These challenges affect trainee's overall confidence and wellbeing. The Buddy Scheme was intended to tackle these by creating a "psychiatry family" for the new trainees. "Psychiatry Family" includes a core trainee and a higher trainee, aiming to foster peer support and mentorship. The goal was to improve new trainee experience, build confidence, and enhance training experience.
Methods: In order to identify the need for the Buddy Scheme and determine common challenges faced in the beginning of the training we conducted a semi-structured focus group including 6 trainees from the previous cohort. The discussion was focused on personal experiences, challenges, perspectives and expectations. A thematic analysis was performed to identify common challenges and priorities. According to the findings we designed a guidebook and a checklist to support new trainees, created a semi-structured mentorship schedule and selected mentors. The scheme is currently being piloted, with a preliminary evaluation questionnaire assessing baseline concerns and a post-pilot evaluation planned to measure its impact on trainee confidence, adaptation, and satisfaction.
Results: The focus group highlighted several main areas of need, including the need for structured guidance, access to peer/mentor support, and access to relevant resources. Participants expressed enthusiasm for a mentorship programme which can help improve their training experience both professionally and personally. Insights and comments from trainees shaped the structure of tailored resources. The resources include a practical checklist for early requirements, a guidebook containing key trust-specific resources, guidance on Royal College portfolio and compliance expectations in training.
Conclusion: Buddy Scheme offers practical and compassionate support to new trainees who are facing many challenges during their transition to their new role. Focus group findings highlight the need for a structured mentorship programme. While Buddy Scheme pilot is yet to be finalized, the initial stages have prepared a strong ground for implementation. Future evaluations will assess the scheme's impact on trainee adaptation, confidence, wellbeing, and training experience, providing great insights into its potential scalability.

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