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Aims: Demand for child and adolescent mental health services (CAMHS) in Northern Ireland (NI) has steadily increased in recent years. Currently, over 50% of families are waiting beyond the recommended nine-week target for assessment. A regional 10-year workforce review outlined the need to expand the CAMHS workforce by 102%, with specific focus on succession planning for psychiatrists. This highlights the need to fill vacant Child and Adolescent Psychiatry (CAP) higher training posts.

By hosting a recruitment event, we aimed to provide information regarding the application process to higher training in CAP and increase exposure to the breadth of career opportunities available. Longer term aims are to sustain recruitment into higher specialty training and bolster the consultant workforce.

Methods: The event was delivered as a two hour in-person meeting. Demographic information and anonymous feedback were collected via Microsoft forms. The programme included presentations from current higher trainees, consultants and the Training Programme Director. Topics covered included the following:

Application and interview process.

Structure of training including on-call rota arrangements.

Day-to-day experience of a consultant covering a step three community CAMHS post.

Overview of specialist service provision in CAMHS including eating disorder, autism and CAMHS intellectual disability services.

The event also provided opportunity for networking and an open-ended question and answer session.

Results: The event was attended by six local core psychiatry trainees. Four attendees had previously worked in a CAP post, whereas two had no CAP experience or only out of hours exposure to the specialty. All attendees 'strongly agreed' that the event had increased their knowledge about the opportunities in CAP in NI. Five attendees 'agreed' that the event had strengthened their aspirations to train in CAP with one attendee responding 'strongly agree' to this statement.

Conclusion: This was the first CAP higher training recruitment event hosted in NI. Although the number of attendees was small, feedback was overwhelmingly positive. Following a year without any regional recruitment into CAP, there have been six applicants for one post advertised for August 2025. Whilst a direct causal relationship cannot be established, we hope that this event reinforced aspirations to pursue this career path. Given the current vacancies across the CAMHS workforce, there is an opportunity to expand this event to include other members of the multi-disciplinary team, to equip the future workforce for the rising demand in services.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Psychotherapy Training: Educationally Beneficial or Simply Anxiety Inducing?

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Aims: Developing core psychotherapy knowledge and skills is considered a key part of the Royal College of Psychiatrists curriculum. This cross-sectional study aimed to evaluate the current provision of psychotherapy teaching and supervision for core trainees within South-West London and St George's Trust, identifying key concerns and proposing improvements to enhance the training experience.

Methods: 27 trainees participated in a trust-wide questionnaire, achieving a 58% response rate amongst core trainees in years two and three. The questionnaire was conducted online using Microsoft Forms, with a link distributed via email, including multiple-choice and open-ended questions, and focusing on the feelings trainees have towards psychotherapy teaching as well as the benefits and challenges they have observed. Data were analysed using Microsoft Excel and a thematic approach.

Results: A general feeling of anxiety was described by many, with some trainees describing the current system as "frustrating and disheartening". Other key themes were the perceived lack of preparedness before starting psychotherapy cases, variation in expectations of supervisors and case allocation delays. 87.5% of trainees felt they lacked sufficient knowledge in psychotherapy before starting short-cases, 72% for long-cases. 56% stated they were providing or planning to provide sessions out of their working hours. Reasons given included fears of upsetting the patient, not providing continuity of care during their annual leave or zero days and not being able to complete their case in time for training requirements. 11% were dissatisfied with their short-case experience, 50% with their long-case experience. 61% of participants felt they would benefit from private therapy themselves, to support them during the process.

Conclusion: Results highlight concerns that trainees can have in psychotherapy training, which are being addressed locally but can also have relevance for other training programmes and practices. The perceived lack of adequate teaching prior to starting cases is striking, and could pose potential risks to patient safety. The high numbers of trainees who report offering therapy outside working hours poses risks to trainee well-being, as well as insurance coverage and patient safety. This study also revealed how a large proportion of trainees believe they would benefit from being offered personal psychotherapy, something that is not routinely offered in training. Enhancing psychotherapy training with timely, comprehensive and structured support, whilst also considering trainee wellbeing, could lead to improved educational impact, benefiting both trainee professional development and ultimately patient care.

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Attitudes, Education and Euthanasia

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Aims: Following the recent passage of the Terminally Ill Adults (End of Life) Bill (2024) through UK Parliament, we set out to understand the views of psychiatrists towards assisted dying and the nature of their education in this area.

Methods: We selected 2 previous surveys. Using a pragmatic group, we developed a survey based on previously used questionnaires in this area. We gathered demographic data including religious affiliation, and country of primary medical qualification. We surveyed 44 psychiatrists in total.

Results: 27% had experience of undergraduate education on assisted dying euthanasia while 11% postgraduate education.

We adapted a survey form to measure attitudes towards euthanasia, giving a score out of 16. 31% scored 0 (with very positive attitudes to euthanasia), 11% scored 16 (very negative), and the median was 2. Participants with negative attitudes to euthanasia had a higher degree of religiosity, were more likely to train outside of the UK, but had similar age distribution to the general population.

The second part of the survey looked at euthanasia in psychiatric patients. Only 14% agreed that it should be allowed for psychiatric illnesses, with 27% unsure and 59% opposed.

The most acceptable statement (86% agreement) was that psychiatric patients can find themselves in a medically hopeless situation. 75% agreed that psychiatric patients could suffer unbearably. 70% agreed that psychiatric patients may run out of treatment options.

Participants opposed to euthanasia also opposed it in psychiatric patients. They were more likely to doubt the above statements, but only one participant disagreed with all statements. Most disagreed with the statement that "a death request can be well-regarded and considered not only as a symptom of illness" (66%).

Of participants in favour of euthanasia in general, 42% said they were unsure of legalising euthanasia for psychiatric patients, while 21% were opposed. This group was more uncertain of the statement that "euthanasia assessment can be compatible with psychotherapeutic relationship" (50% disagreed or unsure).

Most participants had little education in this area. International Medical Graduates and those self-described as religious were more likely to have negative perceptions of assisted dying in general. While there was agreement that suffering from mental illness could be unbearable, very few supported euthanasia for mental illness alone.

Conclusion: There is a notable lack of education on euthanasia at both undergraduate and postgraduate levels which is known to have a strong influence on attitudes to assisted dying. There are aspects in medical ethics and medical law which need to be incorporated into curricula for medical training.

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ASD and Perceptual Disturbances - Do People With ASD Have an Increased Risk of Visual and Auditory Hallucinations?

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Aims: To establish if there is data to support the clinical impression that people with ASD are more likely to experience perceptual disturbances (visual and auditory).

Methods: Literature search using Athens/Pub Med. Clinical observations had been that young people with ASD seemed to experience increased perceptual disturbances but that these did not respond to antipsychotics. Detailed history taking also suggested that, especially visual hallucinations, were often long-standing and had started in mid childhood (typically while at primary school). These tended not to cause distress initially but often increased during adolescence.

Results: There is little specific data on this subject: there are numerous studies and case reports considering the increased risk of psychosis and schizophrenia in people with ASD but not specifically on non-psychotic young people with ASD who have perceptual disturbances (in the absence of other symptoms suggesting psychosis). Limited data that was available noted that people with ASD were 3 times more likely to experience auditory and/or visual hallucinations than their counterparts. Suggested pathways for this included shared pathological pathways (between schizophrenia and ASD), overlapping DNA (not established), that ASD is a risk factor for later development of schizophrenia and living with ASD may incur increased social stressors (bullying, exclusion, marginalisation, isolation etc.).

Conclusion: Having ASD does appear to increase the likelihood of experiencing (psychotic and non-psychotic) perceptual disturbances. The reasons for this are largely inconclusive but may explain our clinical impression; that young people with ASD who are hearing voices or seeing things but who are not psychotic, do not appear to respond positively to antipsychotics. We would advise medications are used with caution in this (non-psychotic) patient group and that other avenues are considered for treatment, including self-help, psychoeducation and psychological support. We must be cautious about causing iatrogenic harm and over medicating. More research is needed in this field.

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Formative Assessment Review Project

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Aims: Following the approval of the Assessment Strategy Review (ASR) in February 2023, the Formative Assessment Working Group (FAWG) was created to discuss areas for consideration, in relation to formative assessment.

The aim was to consider the broad range of the College's assessments, including written examinations, the Clinical Assessment of Skills and Competencies (CASC) and formative assessments undertaken throughout psychiatric training in the workplace. Whilst the ASR had a broad scope, one of the recommendations was to review formative assessment in detail, due to the varied nature of specialty and sub-specialty specific assessments and the differing experiences of resident doctors in the workplace.

Methods: The Formative Assessment Working Group (FAWG) met throughout 2023 and identified four specific areas for further consideration, development and implementation:

The introduction of enstrustability scales; a behaviourally anchored ordinal scale based on progression to competence, as part of workplace-based assessments (WPBAs).

Embedding formulation skills throughout training.

The introduction of feedback from patient and carers for resident doctors.

Consideration of guided supervision sessions relating to caseload-based discussion.

Results: Entrustability scales as part of WBPAs: An entrustability scale (ES) would not be suitable to all assessment types. Therefore, an adaptation of ES will be introduced to CS and ES reports. WPBA will see an improved version of the current Likert scale. Embedding formulation skills throughout training: Formulation training will be incorporated into case presentations. Resident doctors will be advised to undertake this yearly to demonstrate progression. For ST4 + trainees, one case-based discussion (CBD) will be replaced with a case presentation (CP), with the provision of presenting to MDTs.

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