

has provided the basis for the RCPsych Inceptorship Programme supported by HEE.

**Results.** The SHSC programme has been well received by the 11PAs that have been through the programme, with all PAs recommending other mental health organisations take a similar approach. There have been many additional benefits of the sessions. They allow PAs to gain peer support and it has been a forum to raise issues which often arise when integrating new roles into pre-existing MDTs.

**Conclusion.** The RCPsych Inceptorship Programme is a PA specific educational programme. It is an important tool in addressing the gap between variable mental health experience as a student (which is limited to a 3-week placement and is variable in content) and working in a psychiatric setting. RCPsych and HEE recommend that all mental health organisations employing PAs implement an inceptorship programme based on the work carried out at SHSC. These should comprise of regular, protected sessions that provide PAs with bespoke mental health training to support their integration into psychiatric multidisciplinary teams. HEE have agreed to provide funding to help organisations facilitate it.

### Physician Associates in the Frame: Developing a National Competence Framework for Physician Associates Working in Mental Health

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**Aims.** Physician associates (PAs) are becoming more commonplace in psychiatric services in the UK to help address long term workforce difficulties. The 2019 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. Competence frameworks make the link between evidence and practice and can be a valuable basis for training, an agenda for supervision and a guide for self-monitoring and personal development for people working in the role.

**Methods.** The competence framework was developed by the National Collaborating Centre for Mental Health (NCCMH). The work was overseen by an expert reference group, comprising experts in training PAs in mental health, PAs, researchers and experts by experience, all selected for their expertise in research, training and service delivery. The completed framework was then sent to relevant stakeholders including the Faculty of Physician Associates and patient groups for comment and adapted accordingly.

**Results.** The completed framework has been arranged into seven domains: Knowledge of Mental Health, Professional/Legal Issues,

Engagement and Communication, Diagnostic Assessment and Treatment Planning, Interventions, Team Working and Metacompetences. This reflects the expected roles and responsibilities of PAs working in mental health.

**Conclusion.** The Competence Framework for PAs will help those involved in mental health care services who wish to deepen their understanding of the PA role, and will be useful to team members working with PAs, to their managers and to commissioners. It will support the work of PA supervisors and peer coordinators, and those delivering education and training to them. It also brings a level of standardisation of the role. More work will be needed to adapt the Competence Framework for PAs for specialist contexts, such as in dementia care or children and young people's services.

### Curriculum Development: A National Curriculum for Physician Associates in Mental Health

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**Aims.** Physician associates (PAs) are becoming more commonplace in psychiatric services in the UK to help address long term workforce difficulties. The 2019 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. A curriculum for PAs working in mental health would set out the competencies required to work in mental health services.

**Methods.** The curriculum was developed by the National Collaborating Centre for Mental Health (NCCMH). The work was overseen by an expert reference group, comprising experts in training PAs in mental health, PAs, researchers and experts by experience, all selected for their expertise in research, training and service delivery.

**Results.** The overarching aims and objectives of the curriculum was to convey a practical understanding of the attitudes, knowledge and skills that underpin the role, thus enabling PAs to offer effective and value-driven support to patients.

The completed curriculum has been arranged into seven modules: Knowledge, Professional/Legal Issues, Engagement and Communication, Diagnostic Assessment and Treatment Planning, Interventions, Managing the Interface of Mental and Physical Health and Team Working. This reflects the expected roles and responsibilities of PAs working in mental health.

**Conclusion.** HEE and the Royal College of Psychiatrist have recommended all mental health organisations implement an educational programme for new PAs. The curriculum will inform the training requirements for PAs and standardise the training they

receive from mental health organisations. It should support the work of PA supervisors and peer coordinators, and those delivering education and training to them. The curriculum will be a dynamic document and work will be needed to adapt it as the role changes, for example with incoming regulation and potential prescribing rights that follow.

### Modifiable Factors Influencing Emotional Intelligence Among Medical Interns

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**Aims.** Emotional intelligence is crucial for medical professionals. Medical interns are expected to have a high degree of emotional intelligence to face their professional career challenges. Emotional intelligence, often measured as an emotional quotient (EQ), is the capacity to recognize and regulate emotion in oneself. It enables one to monitor own feelings and emotions and others; and guide decisions and actions, and is crucial to ensure a successful work-related outcome or good performance. A higher EQ enhances physician and patient well-being, increases patient safety and augments healthcare teamwork. However, studies about EQ among medical interns are lacking. Therefore, this study intended to determine the level of EQ among medical interns in Malaysia and its associated factors.

**Methods.** This nationwide cross-sectional study recruited new medical interns reporting to 17 randomly selected Malaysian hospitals accredited for medical intern training from January to April 2020. They were invited to answer an online questionnaire incorporating USMEQ-i to measure EQ, Connor-Davidson Resilience Scale-10 items (CD-RISC-10) for resilience, Brief-Cope to assess coping styles, PHPQ to assess internship preparedness, DUREL for religiosity, and questions related to sociodemographic and undergraduate training.

**Results.** A total of 524 from 619 medical interns responded. Mean (SD) EQ score was 3.08(0.58). Significant factors positively associated with EQ include resilience score (adjusted  $b = 0.65$ , 95% CI 0.58, 0.72,  $p < 0.001$ ), preparedness for internship (adjusted  $b = 0.11$ , 95% CI 0.09, 0.13,  $p < 0.001$ ), approach-style coping (adjusted  $b = 0.17$ , 95% CI 0.11, 0.24,  $p < 0.001$ ), and religiosity (adjusted  $b = 0.09$ , 95% CI 0.01, 0.17,  $p < 0.001$ ). In contrast, avoidant-style coping (adjusted  $b = -0.19$ , 95% CI  $-0.28$ , 0.11,  $p < 0.001$ ) is negatively associated with EQ. Adjusted  $R^2$  of 67.6% substantiated the goodness of fit of the regression model.

**Conclusion.** This study showed that there are a few modifiable factors that significantly influence EQ among medical interns; namely resilience, coping style, preparedness for internship, and religiosity. There is a positive association between EQ and approach coping style, and a negative relationship with avoidant coping. Approach coping encapsulates constructive responses to stress such as positive reframing, acceptance, seeking helpful information, and reaching for emotional support, while avoidant coping includes self-distraction, denial, venting, substance abuse, behavioural disengagement, and self-blame. These significant factors in this study such as coping and resilience can be learned and taught as a skill. These findings will aid medical schools to design programmes and improve the medical education to increase EQ among medical students who will become better medical interns and doctors in the future.

### A Peer Supervision Pilot Scheme

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**Aims.** Following mixed feedback from Foundation (FY) trainees during their Psychiatry placements, Cheshire and Wirral Partnership NHS Trust introduced a pilot scheme whereby FY and General Practice (GP) trainees were paired with a current Psychiatry Core Trainee (CT). This was in addition to regular Clinical Supervisor meetings with weekly self-directed sessions encouraged. Suggestions included covering portfolio requirements or facilitating joint learning. The study aimed to improve FY/GP experience through increased learning and relationship-building opportunities. It equally offered leadership experience for CTs and development of supervision skills. Feedback gathered from the initial pilot would highlight difficulties and guide future peer supervision schemes.

**Methods.** All FY/GP trainees allocated to the Trust from April–August 2021 were included. CTs were included by default but given the option to opt-out (opt-out policy). Pairings were made based on locality where possible (group sizes ranging from 2 to 3) and an initial supervisor training session was provided by the Director of Medical Education. Online feedback surveys were sent to all participants at baseline and after the pilot.

**Results.** 44 doctors were included in the pilot scheme, of which 26 completed the pre-pilot survey and 16 completed the post-pilot survey. Expected personal benefit prior to the scheme averaged 7.1/10, where 10 was deemed “extremely helpful” and 1 “not at all”. Following the scheme, experienced personal benefit was valued at 4.7/10. Reported benefits of the scheme were friendship, support and learning, although around a third described no benefit whatsoever. The most common problem encountered was that of being unable to meet and was seen in almost half of cases, with detailed feedback citing rota clashes or working on separate sites. Other problems included poor engagement and feeling the pairing was a poor match. Written feedback stated that the scheme was a good idea and well-supported, however there were challenges with its execution.

**Conclusion.** Response rates were low throughout but particularly in the post-pilot survey, limiting interpretation. Overall, final scores did not appear to reflect initial optimism. The next cycle will include only CTs who have requested to be involved (opt-in policy), to establish whether this improves engagement. It will additionally incorporate a mid-point review to highlight and address issues at an earlier stage. The scheme is due to be repeated in 2022 and re-evaluated.

### An Evaluation of the Impact of Psychiatry-Based High-Fidelity Simulation Training for Undergraduate Medical Students in the West Midlands

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**Aims.** Simulation (sim) is an excellent but underused tool suited to key skills in psychiatry such as communication, managing