

improving knowledge of mental health, including its interactions with people's physical and social backgrounds. Targeting foundation doctors rotating into psychiatry posts is a good opportunity to achieve these objectives, as they will be the cross-speciality doctors of the future, and have specific learning needs given their unique rotations and new medical careers.

Method. On one Wednesday morning per month Foundation Doctors had a specific teaching session for them. The sessions consisted of four 30-minute teaching blocks which, crucially, were given by foundation doctors. They were facilitated by a core psychiatry trainee, and the topics were decided by the doctor teaching each 30-minute block. The foundation doctors were able to teach on any topic related to psychiatry that interested them. Feedback forms were developed and provided at the end of each session for the foundation doctors, as well as at the end of each recent foundation rotation, to get feedback on the overall quality of the course delivered.

Result. The programme has now had 6 complete cohorts of foundation doctors. We have built a varied topic bank from past sessions, including the Mental Health Act, dementia, the Mind-Body Problem, psychiatry in video games and sociology of psychiatric illness, amongst other topics. All foundation doctors questioned have agreed or strongly agreed that the sessions were helpful for their psychiatric rotation and general medical training. Particularly praised aspects were the ability to discuss psychiatric topics that weren't normally discussed in an academic environment, being able to take ownership over learning and practicing giving teaching. Vitally, core trainee facilitators also found the sessions inspiring for their training.

Conclusion. The Foundation Teaching Programme has increased doctors' knowledge of a range of psychiatric topics, the breadth of which and agency in choosing topics has increased engagement with psychiatry, regardless of planned medical training speciality. Areas to explore in the future include potentially opening attendance to medical students and physician associate students, and to other regions of the deanery. Evaluating the long-term impact of this training is also warranted.

A survey of the level of knowledge and understanding of members of the inpatient team on the role of the physician associate on the general adult psychiatric wards

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Aims. Physician Associates (PAs) are healthcare professionals with a general medical education background, having completed a two-year postgraduate degree. Whilst the number of PAs employed in healthcare trusts continues to increase, the number working in mental health settings remains small.

Mersey Care NHS Foundation Trust employed two PAs two years ago. In August 2019, a third PA was recruited to work at Clock View Hospital, a general adult inpatient unit.

This survey aims to establish what level of understanding different members of the inpatient teams across the inpatient wards have of the tasks PAs are permitted to undertake and those they are not.

Method. A survey was designed, listing 37 tasks, e.g. completing an admission clerking. For each task, the participant was asked

whether a PA is allowed to complete it or not, with three options provided – “can carry out the task”, “cannot carry out the task” and “do not know.” A score of +1 was awarded if the correct answer was provided, -1 for an incorrect answer and 0 if the respondent didn't know. The highest possible score for a completed survey was +37 points; the lowest possible score was -37 points.

A sample of survey respondents was identified from the three general adult inpatient wards at Clock View Hospital and the Psychiatric Intensive Care Unit (PICU), comprising: senior doctors, junior trainees, Ward Manager, Deputy Ward Manager, Band 5 nurse and Assistant Practitioner.

Result. Twenty-four members of staff completed the survey – 3 senior doctors, 4 junior trainees, 4 Ward Managers, 4 Deputy Ward Managers, 5 Band 5 nurses and 4 Assistant Practitioners. The respondents were distributed equally across the three general adult wards and the PICU. The highest survey score was 36 out of 37 (a Consultant); the lowest was 18 (a junior trainee). The lowest mean score was variable across the different grades of staff, with Consultants scoring highest at 29 and Assistant Practitioners and Ward Managers both scoring lowest at 25. There was little variability in mean score (only 2 points) across the three wards and PICU.

Conclusion. The results from this survey demonstrate that different members of the inpatient team have a good understanding of what tasks PAs are and are not permitted to. There is still a need to provide further education to inpatient staff to ensure they utilise the PA at Clock View Hospital appropriately and that the PA is able to develop his skill set.

An analysis of the views of different members of the inpatient team on the role of the physician associate on the general adult psychiatric wards

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Mersey Care NHS Foundation Trust employed two PAs two years ago. In August 2019, a third PA was recruited to work at Clock View Hospital, a general adult inpatient unit.

This analysis aimed to establish the views of different members of the team across the three general adult wards and the Psychiatric Care Unit (PICU) at Clock View Hospital on the role of the PA.

Method. A sample of members of staff was identified from across the three general adult inpatient wards at and the PICU, comprising: senior doctors (Consultants and Specialty Doctor), junior trainees (Core Trainee and Foundation Trainees), Ward Manager, Deputy Ward Manager, Band 5 nurse and Assistant Practitioner. Each member of staff was asked to answer the question “On a scale of 1 to 10 (with “1” being completely unhappy, “10” being completely happy), how happy are you to have a PA working on your ward?” Each staff member was then asked to provide comments on their views on the role of the PA.

Result. Twenty-three members of staff participated – 3 x senior doctors, 4 x junior trainees, 4 Ward Managers, 4 Deputy Ward