

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.

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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 Crimlisk²
and Dr Chris Kenworthy¹

¹Health Education Yorkshire & Humber, Sheffield, United Kingdom
and ²Royal College of Psychiatrists, London, United Kingdom

*Presenting author.

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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. 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