improvement, including the timing of course and coverage of the curriculum. To date, six medical officers are pursuing this pathway with three of them passing one paper and another two pursuing the final part.

Conclusion. The Northern STARS project is an ecosystem of training solutions while generating income and producing more local talents to expand this project further. More long-term evaluation from the perspective of human resource and health economics can be considered to understand the efficiency of the current initiative.

Peer mentoring in psychiatry: a trainee-led initiative

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Aims. Our aim was to establish a Peer Mentoring Network within Psychiatry Training in Northern Ireland.

Recognising that starting a new job can be a stressful time in any junior doctor's career, we wanted to ensure that new Core Trainees (CT1s) joining our Specialty Programme were well supported through this transition.

Although Clinical and Educational Supervision is well established in providing a support structure for trainees, we believed that a peer mentoring relationship, (with allocation of a Higher Psychiatry Trainee as mentor), would be of additional benefit.

It was hoped that the scheme would prove mutually beneficial to both mentee and mentor.

Method. We delivered a presentation at CT1 induction and sent out follow-up emails to encourage participation. Higher trainees were also sent information via email and asked to complete a basic application form if interested in becoming a mentor. Prospective mentors then attended a one-day training session.

Two lead mentors, (also higher trainees), were allocated to oversee the scheme, with additional supervision from two lead Consultants. Mentor-Mentee matches were made based on information such as location, sub-specialty affiliations and outside interests.

Matched pairs were advised about the intended frequency and nature of contacts. Check-in emails were sent halfway through the year and feedback evaluations completed at the end.

Result. 95% of trainees who completed the evaluations said they would recommend the scheme to colleagues.

Mentees reported benefits in terms of personal and professional development, whilst mentors reported improved listening, coaching, and supervisory skills.

A small number of trainees highlighted that 6 monthly rotations impacted on ability to maintain face to face contacts.

Recruitment and engagement have improved annually. We are currently running the third year of the scheme and have achieved 100% uptake amongst CT1s and are over-subscribed with mentors, (19 mentors to 13 mentees).

Conclusion. The majority of feedback received has been positive and interest in the scheme continues to grow.

Potential issues relating to location of postings has been overcome, at least in part, by recent changes to ways of working and the use of alternative forms of contact, such as video calling.

Having exceeded demand in terms of mentor recruitment, we hope to extend the scheme to include trainees of other grades, and particularly those who are new to Northern Ireland.

We are excited to see where the next stage of our journey takes us and hope that others will be inspired to embark on similar schemes within their areas of work.

Quantitative and qualitative analysis of feedback from The Psychiatry Teaching Programme for Foundation Year doctors rotating through Pennine acute trust from 2010 to 2020

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Aims. To monitor the year on year trend of feedback scores regarding content, presentation and relevance of sessions delivered as part of the programme by analysing the average Likert scales. To review the confidence post topic from FY feedback. To review qualitative data on the written feedback annually using a word cloud.

Method. Collated data from teaching programme from the various teaching sessions from the past decade and analysed previous teaching reports completed by previous ST leads.

Result. Finding: Relevance: Improvement in the average score year on year, highest in 2018/19 at 4.8/5

Content: Improvement in the average score year on year, highest in 2018/19 at 4.6/5.

Delivery: Improvement in the average score year on year, highest in 2018/19 at 4.6/5.

Qualitative analysis showed that the common themes that were commented on as positives for the session were: interactive, relevant and interesting, for areas for improvements the common themes were: more interaction, split into shorter sessions, faster pace and the need practical advice

Conclusion. Recommendations: teaching for FYs should aim to be interactive, relevant and interesting and include practical advice, be shorter and faster paced. Teaching programme organisers to contine to use the foundation year feedback to improve the teaching programme including advising future trainees and organising different topics.

Demystifying the pathway of assessment and treatment for bipolar disorder – utilising co-production and algorithms to personalise the approach

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Aims. To develop an evidence based, patient centred treatment pathway for people experiencing symptoms of bipolar disorder (BD), modifiable to include local resources.

Method. This project was developed in line with current approaches to service development such as coproduction, with patient and public involvement (PPI) and enhancing personalisation of treatment in medicine. As part of a local initiative, a multidisciplinary team was brought together to understand and analyse the current local pathway for those affected by BD. It was found

that the approach to assessment and management was not consistent between locality teams. Two experts by experience who have a diagnosis of BD were invited to become involved with the development of the pathway. Meetings were set up to enable coproduction and elicit information from those with the diagnosis. The responses provided insight into the effectiveness of different approaches used nationally to inform the methods and resources that are most helpful and appropriate to comprehensively support those with the illness.

NICE guideline evidence was used to create two algorithms to streamline the care of those with BD in both primary and secondary care. These algorithms include pharmacological, psychological and social approaches. It also considers the junctions at which referrals should be made and the criteria on which decisions are based.

Result. One algorithm was designed for use in primary care and will be distributed to local GPs to clarify the initial steps for assessment and management of BD and the criteria for referral. A second decision tree will be made available to all doctors working in mental health services with detailed medication options, when they are appropriate and whether additional psychological intervention should be considered e.g. post-discharge groups. Other specialist options such as Early Intervention for Psychosis and Perinatal Mental Health Services were also included. An information pack was created to be offered to all those with a diagnosis or possible diagnosis of BD. This contains useful resources such as skills and exercises that patients may find of benefit, external resources and websites regarding additional support and further information on BD, its nature and management.

Conclusion. The approach and resources collated here will help to streamline the management of those with bipolar disorder whilst also ensuring a more consistent approach. The involvement of experts by experience and the incorporation of NICE guidelines ensures a well-rounded and comprehensive set of documents that will be helpful to both clinicians and patients.

Demystifying the pathway of assessment and treatment for bipolar disorder – utilising co-production and algorithms to personalise the approach

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doi: 10.1192/bjo.2021.421

Aims. To develop an evidence based, patient centred treatment pathway for people experiencing symptoms of bipolar disorder (BD), modifiable to include local resources.

Method. This project was developed in line with current approaches to service development such as coproduction, with patient and public involvement (PPI) and enhancing personalisation of treatment in medicine. As part of a local initiative, a multidisciplinary team was brought together to understand and analyse the current local pathway for those affected by BD. It was found that the approach to assessment and management was not consistent between locality teams. Two experts by experience who have a diagnosis of BD were invited to become involved with the development of the pathway. Meetings were set up to enable coproduction and elicit information from those with the diagnosis. The responses provided insight into the effectiveness of different approaches used nationally to inform the methods and resources that are most helpful and appropriate to comprehensively support those with the illness.

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Where's the emergency? Improving emergency psychiatry experience for core trainees in Bath and North East Somerset (BaNES) and Gloucestershire Health and Care (GHC) localities

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Aims. The Royal College of Psychiatry advises that core trainees should be involved in 50 first-line emergency assessments during their core training. This includes assessment of suicidal risk following self-harm at least monthly. Trainees in Bath and Gloucester are not meeting these requirements. We set up an emergency experience rota, with the aim of increasing trainees' experience and confidence in assessment and management of emergency psychiatry.

Method. An emergency experience rota was implemented in Bath in September 2017. Trainees were surveyed before and after their 6 month rotations. In cycle 1, trainees spent two weeks with the Crisis team and an additional three days with the Liaison team per rotation. In cycle 2, we made some modifications to the rota so that it was more flexible. This system was then adopted in Gloucester where trainees were encountering similar difficulties. We hope to complete cycle 3 across the two localities by July 2021.

Result. From the initial two cycles conducted in Bath, post-change surveys showed an increase in trainees' confidence in assessments in acute settings and completing risk assessments in cases of self-harm and suicidal ideation. All of the trainees who took part would recommend the experience to other trainees (100% (7/7)). In Gloucestershire, only pre-change data have