was to design a project to create an evidence base for tailored support methods needed to reduce marginalised medical students' increased risk of poor mental health. This formed the basis of guidance on how medical schools and healthcare systems can improve wellbeing support for their students and staff. With support from a trained staff and student member, the recruited officers were encouraged to follow their preferred method for fulfilling the project aims, using their own and peers' experiences to inform what was most useful.

Result. Representatives were selected from BAME, LGBT+, international, disabled and widening participation backgrounds. The students decided to conduct a survey open to all medical student colleagues across the United Kingdom. The survey questions were split into four sections based on the challenges faced by their own lived experience: General Information; University and Community Experiences; Medical School Experiences and Teaching and Clinical Experiences. There were 58 questions in total including 26 multiple choice; 24 open answers; and 8 Likert scale.

Following data collection, the information taken from the survey and focus groups, supported by background reading, was thematically analysed to identify the key challenges. This will then be used to create a report to share with the medical school containing areas for improvement in mental health support, education and engagement. The officers themselves would also reflect on their experiences throughout the process, including their ability to engage in mental health policy, education and further career options such as psychiatry.

Conclusion. From creating an appropriate and supportive structure, it can be possible to encourage students with lived experience to share their challenges whilst becoming engaged in mental health policy and support. Furthermore, from creating a culture of reflection in the area of mental health, they are helping raise awareness of the subject early on in medical careers and promote engagement into specialties such as psychiatry.

Evaluating virtual role play based learning to improve the confidence and competence of Junior Doctors undertaking on call shifts in inpatient Psychiatry

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Aims. To enable junior doctors to practice their clinical skills in managing psychiatric emergencies via virtual role plays, and to gain confidence and competence in their skills in acute psychiatry. Lecture based learning about psychiatric emergencies is a part of the induction programme for all junior doctors starting their placements however practical learning and practice of skills in this area is not. The COVID-19 pandemic has further exacerbated this issue by providing an additional challenge to the delivery of face to face teaching for junior doctors both in clinical and educational settings.

Method. The author offered a virtual role play based teaching session to two cohorts of Junior Doctors (GP trainees and foundation trainees) who were starting their psychiatric hospital placements at Surrey and Borders Partnership. The virtual sessions were conducted over Microsoft teams. This session had been run once before as face to face teaching (F2F) in January 2019 (N = 9) prior to the COVID-19 pandemic. Data from this session were compared to data obtained from the virtual sessions in November 2020 and January 2021 (N = 16).

Pre and post study questionnaires were administered via Microsoft Forms. Each session lasted 1 hour and consisted of 3 different role play scenarios based around acute psychiatric emergencies. One junior doctor volunteer acted as the 'patient' in each scenario and another volunteer as the 'doctor'. The other participants all acted as observers. Each scenario lasted 10 minutes with ten minutes for feedback from the researcher afterwards using the ALOBA framework.

Categorical, ordinal data were collected using a Likert scale and general qualitative feedback was also gathered.

Result. The questionnaire return rate was 100% for F2F teaching and 57% for virtual teaching. 100% of participants felt that F2F role play was an acceptable way to practice skills in acute psychiatry vs 75% of participants who felt this about virtual role play. 100% of participants found that F2F role play was 'quite' or 'very' effective in improving their confidence and perceived competence in acute psychiatry vs 88% of participants who felt this about virtual role play.

Conclusion. Virtual role play based learning is an acceptable and effective method in improving the confidence and perceived competence of junior doctors undertaking on call shifts in inpatient psychiatry but it appears to be less effective than face to face role play based learning. The researcher will act upon the qualitative feedback obtained which suggested ways in which the virtual session could be improved.

Foundation doctor preparedness for treating mental health conditions: results from a national survey

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Aims. Previous research suggests the prevalence of mental health conditions among medical inpatients may be as high as 38%. Anecdotally, junior doctors report lacking the confidence, knowledge and skills to assess and treat patients with psychiatric conditions. Identifying this unmet need offers potential to improve standards of care and achieve parity of esteem between psychiatric and medical conditions within the general hospital. Aims:

To assess self-reported preparedness of newly-qualified Foundation Doctors to care for patients with acute or chronic psychiatric symptoms in comparison to physical health conditions.

Method. In September of each year (2017, 2018, 2019), a survey was cascaded to all incoming Foundation Year 1 Doctors. For each respective year there were 1673, 961 & 1301 respondents. Respondents were asked to rate their agreement with statements on a Likert scale. Statements pertaining to mental health included "a) I am competent in acute mental health care provision, b) I am competent in chronic mental health care provision" and "I feel confident in prescribing the following drugs; c) drugs for mental health problems". Comparison statements assessed confidence caring for medically unwell patients, performing practical procedures and prescribing drugs for physical health conditions.

Result. Preparedness for acute and chronic mental health were lower than both physical health comparison items; preparedness to care for patients with critical illness (acute: $r = 0.794$, $p <$