



population accessing this service, develop links with other community health services and adapt training offered to care home staff to improve the care received by their residents.

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What Is the Current State of Training to Recognise and Treat Eating Disorders in Medical Schools in South Wales?

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doi: [10.1192/bjo.2025.10520](https://doi.org/10.1192/bjo.2025.10520)

Aims: Eating disorders represent a major challenge for psychiatric and broader medical care. The rate of hospitalisation has almost doubled in recent years and anorexia has a higher mortality rate than any other mental illness. Beat Eating Disorders has made recommendations for educating medical students. When making the recommendations, they did not receive responses from Cardiff or Swansea Medical Schools. This review assesses the provision of eating disorder teaching and whether it is sufficient for effective medical training.

Methods: Clinical lecturers in Cardiff and Swansea Medical School reviewed each other's medical curricula and compared the prevalence and extent of eating disorders in each. From 1 December 2024 to 5 February 2025 we reviewed the types of learning provided, opportunities for self-directed learning, and other areas where eating disorders could arise. We compared this against the guidelines recommended by Beat for an effective curriculum. We also reviewed the schools' official exam guidelines to assess whether eating disorders are listed as a topic in psychiatry or the broader curriculum.

Results: In Cardiff there is a dedicated lecture on eating disorders in the Year 4 psychiatry rotation, which covers all major eating disorders. There is also an optional online module written by an Eating Disorders Consultant which goes into further detail. There is no practical training in examining or communicating with a person with eating disorders.

In Swansea there was no mention of eating disorders in the curriculum yearbook. There is a lecture in Year 2 and Year 3, each an hour long. Eating disorders exist on the GMC MLA content map, so can come up in the final year OSCE (CPSA) but it is not clear whether this happens in practice in Swansea or Cardiff.

Across South Wales, clinical attachments with eating disorder services were haphazard and locality-dependent. Beat would classify both medical schools as providing "insufficient" education.

Conclusion: Medical students in Wales are not receiving education on eating disorders that satisfies the Beat recommendations. Despite achieving proficiency in academic teaching, neither medical school provides the practical experience necessary to examine, support, and treat someone with eating disorders.

Greater emphasis on eating disorders is required, not just within psychiatry, but within broader medical teaching such as cardiology

and gastroenterology. Eating disorders should be better incorporated into communication stations, practical examinations, and psychiatric teaching. Better access to Eating Disorder Services for medical students would also allow them to meet patients and build vital clinical experience

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An Evaluation of the Mental Health Referrals to the Dales Living Well Team in Derbyshire

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doi: [10.1192/bjo.2025.10521](https://doi.org/10.1192/bjo.2025.10521)

Aims: To examine the referrals in a newly established Living Well service at Dales community mental health team, Derbyshire.

Methods: A retrospective review of notes on SystemOne (electronic patients records) referred for a period of 6 months from April–October 2024.

The source and rationale of the referral to the living well team, acceptance by the team, written communication to the referrer and the processes leading to the outcomes of the referral were examined.

Results: 75% of the referrals were from GP, 9% were from community IAPT teams.

67% of the referrals were accepted for input by living well teams.

70% of the referrals had a written letter sent to the referrer.

96% of the referrals led to a triage-based MDT meeting.

96% of accepted referrals had allocated member of staff making contact with the patient. 71% received a welcome call.

18% of the referrals had an outcome of being referred to the outpatients clinic (as a long-term offer), 10% had psychology input as an outcome.

10% of the referrals were deemed after MDT discussion not to be appropriate for the service.

8% didn't engage leading to discharge from the living well team.

15% of the referrals were due to symptoms of low mood, 14% with symptoms of anxiety, 12.2% of the referrals related to emotional dysregulation.

Conclusion: Two thirds (67%) of the referrals were accepted for a short-term offer by the team in providing support indicating a role of the living well team to provide prompt interventions regarding the mental health of patients.

A multidisciplinary approach in the team consisting of varied professionals has helped manage a lot of referrals with community-based support. 96% of the referrals were discussed with MDT approach.

A high proportion (70%) of the referrals had a letter written to the referrer independent of the outcome. Written communication to the referrer is to be improved upon regardless of outcome of the referral.

A further qualitative review of the process to take place in 12 months time.

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