Aims. This training aimed to familiarise the trainee of the mental health tribunal process and its delivery in the virtual form, improve the trainee's ability to provide targeted and succinct evidence both in written and verbal form.
Methods. This project followed a PDSA cycle. We targeted core trainees in their 3rd year (CT3s) for this pilot for practical reasons, we've also asked one third year nursing student to participate. We have started with a pre-intervention survey to obtain knowledge and confidence levels with regard to tribunals and identify further training needs. We used one of the slots available on Thursday MRCPsych course schedule to conduct the pilot. We have identified several people who are willing to participate in the teaching process, including an inpatient unit consultant, a judge, an experienced panel psychiatrist.

We have obtained teaching material from the MHA office at the trust. On the day of the pilot, we prepared introductory material in the form of power point presentation about tribunals and how to write reports. We then introduced our virtual patient "Mike" whom we based the report writing workshop and MOCK tribunal on using theoretical nursing and doctor entries. The teaching was followed by post intervention qualitative feedback. Data of pre and post intervention were moved to an excel spreadsheet for further analysis. We will take the results from this pilot to inform the next cycle of the project.
Results. Quantitative data: The training module was conducted over Zoom. Pre and post intervention surveys indicated an improvement in the trainees' knowledge and confidence scores of 28–44% as described in figure 1.

Qualitative data: The trainees and facilitators provided very positive qualitative feedback. Themes mentioned were related to comprehensiveness of training material, confidence gained in providing evidence, range of information covered, on hand experience, experts presence, relevance for multidisciplinary training cohort. Areas of improvement included minor technical difficulties, suggestion of more time spent on nature and degree, and involving service user and lay person representatives.
Conclusion. The above analysis and feedback suggests a successful run of the first pilot. We will aim to increase representation and allow more time for the some of the key learning points like understanding the difference between nature and degree in relation to MHA. We will continue to liaise with the department of Medical Education at Severn Deanery and We will also run the project at a wider scale including more nursing students and trainees of different levels.

Raising Concerns and Trainee Well-being: What Are the Issues?

Dr Sabrina Hasnaoui*, Dr Vicki Ibbett,
Dr Sambavi Navaratnarajah, Dr Rajendra Harsh,
Dr Shay-Anne Pantall and Dr Ruth Scally

Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham, United Kingdom
*Presenting author.

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Aims. Raising concerns is an important part of being a doctor and part of the GMC 'Good Medical Practice' guidelines, however as a trainee it often comes with specific challenges. Historically trainees are often left feeling that their concerns are not taken seriously and there is no resolution to problems raised. Here we present the findings of a scoping exercise undertaken as part of a Quality Improvement project exploring these issues within a large mental health Trust.
Methods. Trainees across all training grades from Foundation doctors to higher trainees were invited to engage in virtual focus groups specific to their training programme. Contributions were analysed anonymously using a thematic analysis approach by two independent coders. Quantitative data were also gathered using an online survey to capture trainees who had been unable to attend a focus group.
Results. Key results included:

- A total of 6 focus groups were attended by more than 35 trainees, with high turnout particularly within Foundation trainees and CT1 doctors.
- Three key themes were identified from the qualitative data: difficulties with the process of raising concerns, fear of the consequences and challenging the culture of the organisation.
- It was noted that senior trainees felt more comfortable with the process of raising concerns compared with junior colleagues but were more apathetic about the impact of doing so.
- 12 trainees completed the online survey. Of these, 6 (50%) reported having had patient safety concerns and 7 (58%) had had concerns about their training.
- The most common reported barriers to raising concerns were the impact on working relationships (67%), lack of support (50%) and fear of repercussions on their training (50%). 42% of respondents were unsure of how to raise concerns.
- Trainee suggestions for change included improved information for trainees and trainers about the process for raising concerns, sharing of feedback about concerns raised more widely and regular opportunity to meet with key stakeholders.

Conclusion. The majority of trainees had experienced concerns about either patient safety or training issues. It will be necessary to address the multiple barriers highlighted to enable trainees to feel more confident and able to raise concerns. Increasing awareness of escalation processes, improving the processes themselves and fostering a supportive environment which encourages and supports trainees to raise concerns will be important given the implications for patient safety and trainee well-being.

The MSc Psychiatry at Cardiff University: Introduction of New Modules Further Supporting Continuing Professional Development in Psychiatry

Dr Athanasios Hassoulas*

Cardiff University School of Medicine, Cardiff, United Kingdom
*Presenting author.

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Aims. The *MSc Psychiatry at Cardiff University* is an established postgraduate programme offering students a sound theoretical basis in psychiatry as a medical science and specialty. The programme currently offers six taught modules (focusing on mood and anxiety disorders, psychosis, old age psychiatry, forensic psychiatry, substance misuse, and child and adolescent psychiatry), as well as a dissertation module that students complete towards the end of the programme. In catering for the professional needs of clinical students and students pursuing careers in academia, two additional taught modules have been proposed exploring *Leadership and Management in Psychiatry* and *Advances in Psychiatric Research*. Feedback on the proposed introduction of the new modules was collated from the current full-time and part-time student cohorts.
Methods. A total of 57 students currently enrolled on the programme were surveyed in relation to the proposed additional taught modules. The survey was created using Microsoft Forms and deployed via the programme's virtual learning environment

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