This allowed for a discussion among the supervisors to reflect on their role.

This was followed by the 3 SIM scenarios:

An IMG doctor who had just moved to the UK and introduced to the supervisor the various practical hurdles that this entails around immigration and joining the NHS.

An IMG had been living in the UK for a few months and was starting a training job, with the focus on fleshing out the differences in healthcare systems.

Managing feedback about communication skills in an IMG who had significant clinical experience in their home country before moving to the UK a few years ago.

We gathered quantitative and qualitative feedback from the participants.

Results: 6 of the 7 candidates offered feedback which was unanimously positive. All found the content useful, most found the course extremely helpful to manage IMGs and an overall rating of excellent by 83% (5 out of 6). We received qualitative feedback as well, 'It was amazing' & 'so grateful especially simulation rather than only theory'.

Conclusion: As IMGs enter the workforce through different pathways and at different times, organising focused IMG induction can be challenging. Moreover the needs of IMGs evolve over time. In psychiatry we have a structure of regular supervision which offers an opportunity of ongoing support to IMGs through the supervisors. However we believe supervisors are not always up to date with the IMG landscape or resources and would benefit from upskilling and updating in this field.

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Monthly E-Portfolio Drop-in Sessions for Core Psychiatry Trainees: A Peer-Led Initiative

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Aims: We have observed that many trainees lack confidence in maintaining their e-Portfolio and meeting training requirements. This initiative aimed to provide structured, peer-led support to improve understanding and engagement with portfolio tasks.

Methods: We implemented a one-hour, non-mandatory monthly drop-in session, led by core trainees. Topics were selected based on a pre-session survey and further refined through feedback during and after each session. Trainees with experience in specific portfolio components led discussions, with additional guidance from senior (CT3) trainees. Sessions focused on navigating the portfolio, understanding training requirements, and organizing evidence for the Annual Review of Competence Progression (ARCP).

Results: Sessions covered topics such as logging clinical assessments, reflective practice, personal development plans, emergency case documentation, and ARCP preparation. Common challenges identified included mapping evidence to competencies, structuring reflections, and creating personal development plans. The peer-led approach facilitated practical, experience-based learning.

Conclusion: While online portfolio resources are available, face-to-face peer-led learning provides a valuable supplement in medical education. The monthly drop-in sessions have been well received and have enhanced trainees' confidence in portfolio management. This model could be beneficial if replicated across other NHS trusts to support core psychiatry trainees nationally.

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Improving the National Intellectual Disability Higher Trainee Experience

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Aims: At several regional representative meetings held by the National Trainee representatives for the Intellectual Disability (ID) faculty within the Royal College of Psychiatrists a number of themes emerged. There were concerns around the ability to disseminate information to new starters as often groups like the Trainee ID whatsapp group are dependent upon word of mouth. Some trainees talked about difficulties meeting particular competencies such as inpatient experience whilst others felt isolated due to small training numbers. There were also changes to the portfolio system that had raised concerns for some.

Due to the small number of trainees who attend the meetings, we were unclear as to how widespread the themes were. We agreed a national survey of ID trainees would be beneficial.

Methods: We constructed a survey for ID and dual trainees via Google forms to assess their knowledge of the ID faculty, whether they had access to the communication channels used by trainees, trainee competencies and trainee loneliness. We advertised this survey via the trainee ID whatsapp group, through regional representatives, discussions with local training programme director (TPD) to encourage ID trainees to participate. We added a section around thoughts as to how we could improve the ID trainee experience like a virtual event and/or an induction page on the Royal College website.

Results: 46 people responded ranging from ST1 to ST8 across the nationals. 60.9% of ID trainees didn't have a good understanding of the ID Faculty's role. 80.4% didn't feel well inducted into the portfolio. 69.5% of trainees felt sometimes or often lonely within their jobs. 50% were signed up to the Faculty Newsletter and 43.5% weren't confidently aware of the other channels to disseminate information. There were about 33% of trainees felt they were struggling to gain experience within inpatient or CAMHS ID or forensic ID. 67.4% ID trainees supported a virtual event and 69.6% supported an induction page.

Conclusion: Based on the results, we proposed a virtual 'Welcome Event' aimed at new ID higher trainees. This was supported by the wider ID faculty. The event was held virtually on 15 October and 39 participants joined which included ID trainees and TPDs. A feedback survey was circulated to evaluate the event, unfortunately only 5 people responded. All responded positively and agreed that they would recommend this event to others. We hope this event will become a bi-annual event to help strengthen the trainee experience along with developing an induction page.

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