The next phase in the development of the programme will be to understand in more detail what participants are learning and the impact on their practice.

A Survey of Long Case Psychotherapy Experiences of Psychiatric Trainees Working in South London and Maudsley NHS Trust

Dr Famia Askari* and Dr Gillian Brown

South London and Maudsley NHS Foundation Trust, London, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.105

Aims. Psychotherapy is a mandatory component of the Royal College of Psychiatrists training curriculum. The long-term benefits of psychotherapeutically-informed practice to both patients and doctors are well recognised. In the face of regular service configurations, there was a wish to gather evidence to ensure continued provision of this training experience to a high quality. The purpose of this survey was to obtain feedback from trainees regarding their experience of the psychodynamic psychotherapy long case to evidence the relevance and value of this component of the training programme.
Methods. The anonymous survey, including questions, numerical rating scales and free text boxes, was sent to 294 trainees on a combined mailing list. This number may be slightly inaccurate due to incorrect email addresses and duplicates. A reminder email was sent one week later to encourage a higher fill rate.
Results. There were 35 responses: a fill rate of approximately 12%. The largest group of respondents were Core Trainees (3rd year) of whom just over half had completed the long case.

92% of respondents found the long case to be at least 'slightly useful', of whom almost a third found it 'extremely useful'. 94% of trainees found the experience to be at least 'slightly helpful' in understanding psychodynamic concepts and 75% found supervision 'very' or 'extremely useful'.

Qualitative responses described it as a unique experience not offered elsewhere in the curriculum that provided important transferable skills.

Difficulties mentioned were similar to those found by previous studies, including practical concerns relating to patient and service factors. There were suggestions for more in-depth training and suggested reading to increase trainees' confidence. An email was sent signposting trainees to further support in response to some specific concerns.
Conclusion. Overall, the responses suggest that the majority of trainees find the long case a valuable training opportunity. These data are useful to evaluate and improve trainees' experience within the trust, and could be helpful for other training programmes nationally.

Due to the nature of psychotherapy, there is inevitable variation in trainee experiences but attempts to clarify and/or standardise some elements may result in greater trainee satisfaction. Trainees suggested improvements including addressing practical issues, patient factors, supervision content, and educational resources. A future survey following implementation of some suggested improvements would be helpful; the impact of the COVID-19 pandemic and the switch to remote working is another area that may be useful to explore.

Are Single Doctors More Focussed in Career Progression?

Dr Ramy Metwali[1], Dr Divya Vikraman Chandrika[2] and Dr Siddhartha Baiju[3]*

[1]NHS Wales, Cardiff, United Kingdom; [2]NHS Wales, PONT-Y-CLUN, United Kingdom and [3]NHS Wales, Bridgend, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.106

Aims. It is commonly assumed that single doctors are more focused on career progression than doctors in a relationship/ or having dependents. In this study, we tried to find out if it's true. We measured this among doctors in Psychiatry (from training – to consultants' level) across Wales.
Methods. We designed an anonymized online survey and distributed it among Psychiatry doctors.

We categorized the relationship status as

a. Single
b. In a relationship – committed, engaged, married, living together
c. Separated, Divorced, Widowed
d. Others

We measured the career progression on the basis of the following criteria:

1. Why they were interested in Psychiatry
2. Number of years taken to complete or intending to complete training.
3. Having met the portfolio criteria for their level.
4. Undertaking RCPsych Exams
5. Having missed any opportunities related to career.

We analysed the data from the survey using an online tool.

The survey included questions that measured the link between career progression/choices and relationship Status/ responsibilities. We used the Likert Scale, yes or no questions, and free text boxes.
Results. We received 66 responses and we divided them into three groups according to their relationship status which are the single group, relationship group, Divorced/ Separated/ Widowed group, and compared the results between them. We got some interesting results as follows.

- Single participants seem to be less limited in choosing the specialty, Exam Preparation, and overall career progression.
- A significant proportion of people in relationships felt limited in choosing the Specialty and workplace. Had less time for Exam preparation and have missed career opportunities.
- Females in Relationships were more restricted.
- The divorced / Separated / Widowed group did not feel limited, however, affected their exams, and have missed opportunities.

Conclusion. Single doctors seems to have overall better opportunities in career progression compared to people in relationship. However, our sample size was small especially in single group. A bigger study is needed to conclude the impact of relationship in career progression.

Educational Supervision – Backbone of Training: How Do We Make It Effective?

Dr Mrunal Bandawar[1*2], Dr Zahra Ali[1], Dr Laura Jayne Carone[1] and Dr Kallol Sain[1]

[1]Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham, United Kingdom. and [2]Institute of Mental Health, University of Birmingham, Birmingham, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.107

Aims. Assess and improve the educational supervision for the core psychiatry trainees (CT) in the west midlands.

https://doi.org/10.1192/bjo.2022.107 Published online by Cambridge University Press

Methods. The data were collected from core psychiatry trainees in West Midland (CT1 – 3) through a Microsoft form sent via the Faculty support team and data are collected (June 2021) from CT's perspective. It involved demographics and questions evaluating quantitative and qualitative overview of educational supervision. We used HEE guidelines and RCPsych recommendations. Similarly, we used a modified questionnaire to anonymise educational supervisors' (ES) perspectives in the West Midlands School of psychiatry annual Education day conference (January 2022).
Results. Trainees Perspective: 40% out of 123 trainees responded, of which 35% were CT1, 40% were CT2, and 25% were CT3. 59% said that CT in psychiatry was their first training job in the UK. In the quantitative overview, 25% of the trainees responded their 1st contact with their ES was more than six weeks after beginning their 1st post, and 29% expressed their 1st meeting more than six weeks following the start of their 1st post in the academic year. 67% met adequate standards in the quantity of educational supervision in an academic year. In qualitative overview, 19% didn't understand the role of ES, and 54% didn't know how to raise concerns about ES. The thematic analysis of the feedback suggested points of improvement as supervisions not being 'tick-box' exercises and accessibility of ES.

The trainer's perspective: 60% of attendees responded, 71.4% were ES. All the responding ES answered that they would arrange their 1st meeting six weeks before the start of the academic year. Almost all suggested the most common difficulty in educational supervision as availability of time, considering clinical workload for both ES and CTs. All respondents knew that the number of meetings would be as many as trainees wanted in an ideal/needful situation. From the thematic analysis of free text, almost all responded lack of time was a barrier in providing the supervision reflecting on their ability to engage with the trainees.
Conclusion. Suggested recommendations were to raise awareness among the trainees through workshops at induction to explain the aim and objective of educational supervision and to have a guided list of suggested topics to discuss in supervision. For trainers, further training about HEE & RCPsych guidance about Educational supervision would be helpful. Educational leads need to engage in job planning. A comparison between Trainees and trainers feedback through the GMC survey may help to compare with the national picture.

Is the Grass Greener on the Other Side? A Qualitative Comparison Study of Psychiatry Trainee Views in England Compared to New Zealand

Dr Neha Bansal*

NHS Lothian, Edinburgh, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.108

Aims. The Royal College of Psychiatrists census (2019) highlighted that 10% of all consultant psychiatrist roles remain unfilled. This pattern is replicated elsewhere in the UK with 7.8% in Northern Ireland, 9.6% in Scotland and 12.7% in Wales. This increase in consultant vacant posts is indicative of the recruitment challenges to psychiatry. On the other hand, the 2017 New Zealand Medical Workforce survey report showed recruitment to psychiatry was up by 8.2% in 2018 compared to 2017. I conducted a qualitative comparison study to look at psychiatry trainee views regarding their training in a UK and New Zealand deanery at similar stages of their psychiatric training.
Methods. Questionnaires were distributed to current psychiatry trainees in the Capital and Coast District Health Board (CCDHB) based in Wellington, New Zealand and Birmingham and Solihull Mental Health Foundation Trust (BSMHFT), UK who were between years 1–3 of their psychiatry training. Qualitative information was collated from the questionnaires regarding various aspects of their training. Areas of focus were; pros and cons of psychiatry training, suggestions for improvements, supervision, access to annual leave and study leave, teaching, encouragement to attend courses and involvement in research.
Results. Of the 33 current trainees working in CCDHB, 48% were immigrants from the UK, previously having worked in the NHS.

17% of BSMHFT trainees felt valued in their organisation, compared to 64% in New Zealand.

27% in New Zealand considered switching to another training programme, whereas none considered switching in the UK. Burn out was quoted as a problem in both New Zealand and the UK. 100% were able to take annual leave with ease in New Zealand, compared to 0% in BSMHFT.
Conclusion. This small study gives a closer insight into the views of trainees in New Zealand, a place often thought as being more attractive for doctors to work in. What this study shows is 2 key factors; there are shocking differences in the quality of trainee experiences between New Zealand and the UK, however New Zealand is not free from issues around trainee retention, although the study does show overall trainee satisfaction being greater in New Zealand. Feeling valued, supported and leading a life with better work-life balance appear to be key driving factors for UK graduates leaving the UK and there is more that could be done to make trainees in the UK feel more valued and prevent burn out.

Improving Education and Confidence for Junior Doctors Regarding Physical Health Matters on Psychiatry Wards: The Physical Health Huddle

Dr Cornelia Beyers[1]*, Dr Onaiza Awais[1], Dr Sophie Stokes[1], Dr Rajesh Moholkar[1] and Dr Alice Packham[2]

[1]Birmingham and Solihull Mental Health Foundation Trust, Birmingham, United Kingdom and [2]Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.109

Aims. The COVID-19 pandemic highlighted a greater need for multidisciplinary input for psychiatric patients with complex physical comorbidities at Reaside Forensic Medium Secure clinic. It was also felt that junior doctors would benefit from support in managing complex physical health matters as well as issues arising whilst on-call in order to improve morale and support their educational needs. We aimed to add to existing services by offering junior doctors a regular discussion group (Physical Health Huddle) to support with complex cases, share different perspectives on patient treatment and open conversation regarding issues arising whilst on-call. We further hoped to improve communication, provide education for junior trainees with limited experience of forensic psychiatry and support their involvement in patient care and multi-disciplinary meetings.
Methods. Junior doctors were invited to a monthly informal Huddle (in person and online) and supported to propose patients

https://doi.org/10.1192/bjo.2022.107 Published online by Cambridge University Press