taking can contribute to suboptimal patient care including suboptimal risk management and such missing information and detail in history taking is seldom fully rectified later in the admission. We argue that the solution is not merely the introduction of another "tick-box" proforma, but the implementation of a standard with clear expectations to follow traditional detailed psychiatric history taking and mental state examination with clinical reasoning and synthesis, regardless of tool used for completing the clerking. Training sessions are being planned to be delivered to the trainee doctors with the aim of achieving 100% compliance in the re-audit ensuring that the "full story" is captured for every patient, every time.

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Challenges in Delivering Academic Programmes: How Can We Achieve High Quality, Sustainable and Equitable Teaching Programmes Across Training Schemes?

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Aims: The Thames Valley Child & Adolescent Psychiatry training scheme is one of the smallest UK schemes for the specialty. The previous academic programme consisted of small local group teaching. However, over time, it became increasingly difficult to fill the programme from a limited pool. Alongside this, with more virtual teaching affecting the teaching (positively and negatively), the feedback from residents indicated a clear need for action. Hence a decision was taken to join with three London programmes that were successfully running a combined academic programme. Considering the potential impact of merging with a large group conducted virtually, we identified a need to start with a one-year pilot, and monitor the quality, accessibility and learning impact of this.
Methods: We consulted with the residents on joining the virtual programme, and started collating feedback after every session with an online form. The feedback was reviewed at the end of every term and discussed with resident representatives present. We also obtained feedback from our resident group on the quality of the academic teaching at the end of the pilot to support our decision on whether to continue.
Results: Sessional feedback has helped gauge quality of speakers and shape future sessions. The overall feedback at the end of the pilot showed an overwhelmingly positive response.75% of the cohort responded, with everyone rating the main speaker sessions as good or excellent. Resident-led sessions were also rated positively, although comments reflected the difficulty of engaging in discussions virtually when presenting cases or journal clubs. The advantages of joining programmes included the content quality, breadth of topics, and convenience. Disadvantages included less face-face contact and reduced interactivity. Suggestions to mitigate included more in-person sessions, and access to recordings. Most people value small group teaching as a learning approach and also highly rated an in-person day in Oxford.
Conclusion: We conclude overall that joining of academic programmes has been a success for our scheme. We have also been able to positively contribute to the larger scheme by bringing in a structured feedback process to the programme. However, we also highlight some ongoing challenges in delivering academic programmes moving forwards. Important questions remain about future development of academic programmes: will more schemes need to merge to sustain their viability if they face similar challenges – should there be a national programme for each specialty? What are the risks of this, and how can we maintain the important identity of smaller schemes?

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The Influence of Educational Experiences and Role Models on Junior Doctors' Decision to Specialise in Psychiatry

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Aims: There have been long-standing challenges associated with recruitment into psychiatry internationally. In the UK, this issue has inevitably led to a shortage of practising mental health consultants which impacts upon training opportunities, patient care and staff morale. This study aims to explore existing psychiatric trainees' perspectives on their career choice and the educational experiences that impacted upon their decision.
Methods: This is a qualitative research study using semi-structured interviews to explore the perceptions of trainees within psychiatry on their educational journey and the interactions with role models that ultimately influenced their career aspirations. Thematic analysis was used to organise the findings into three overarching themes and various subthemes that aimed to interpret and explain meaning across the dataset.
Results: Thirteen participants were interviewed demonstrating a range of ideas that were broadly grouped into three main themes. Theme one, entitled attitudes and behaviours towards and within psychiatry encompassed the importance of role models within psychiatry, a humanistic approach to patient care and to trainees themselves, and the trainees' experiences of professional stigma. Theme two, influential educational experiences within psychiatry explored the impact of specific teaching and learning experiences, potential barriers and unique and influential opportunities available. Theme three, perspectives and perceptions of psychiatry as a specialty concerned the trainees' perceptions of how others viewed them as psychiatrists and involved discussion of common misconceptions, access to the specialty prior to application and visibility of the specialty in other contexts.
Conclusion: Exploring trainees' experiences in the lead up to choosing psychiatry as a career provided valuable insight into existing positive experiences and highlighted aspects of learning and training that could be further developed. The results can be used to