

Trusts need to consider more actively supporting SAS psychotherapy training and including in job planning for those receiving, delivering and supporting these valued experiences.

Survive and thrive wellbeing programme: an innovative experiential wellbeing programme for trainees in Health Education England- Thames Valley (HEE-TV)

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doi: 10.1192/bjo.2021.447

Aims. The aim of this project was to develop an experiential programme which encouraged trainees to develop their own processes for mental resilience acting to mitigate difficult work and life environments.

Background. Doctors are at considerable risk of work-related stress, burnout and mental health problems, particularly trainees, many of whom are experiencing symptoms earlier in their career. The Thriving at Work Review, the British Medical Association and HEE all call for cultural and organisational change that works to prioritise, promote and enhance wellbeing by providing good working conditions and an atmosphere that encourages open discussion about mental health with access to appropriate support that destigmatises mental health.

Method. Across HEE-TV we identified that there were no regular wellbeing initiatives for trainees, and specifically no psychologist-facilitated Cognitive Behavioural Therapy-style sessions to enhance resilience. Six schools identified a specific need for HEE-TV-targeted resources focused on enhancing trainee mental wellbeing.

The current course has morning sessions that cover self-awareness, and afternoons are psychologist-facilitated sessions. The initial pilot was run for the School of Anaesthetics, and later offered to specialties with a General Medical Council-survey identified need. Multiple improved iterations of the course have been driven by detailed trainee feedback, including adding the psychology sessions to give trainees tools for self-help.

Result. We triangulated feedback from attendees at the sessions, nominated trainee representatives from all specialties across Thames Valley via the Trainee Advisory Committee (TAC), and HEE-TV quality assessors. Feedback from trainees who attended was almost universally positive. The Quality Committee noted improvement of trainee morale in Anaesthetics and direct improvement in aspects of the learner environment that would not have happened without this intervention. The TAC endorsed this as one of the measures to support trainees in difficult learner environments. They also recommended it be rolled out for all as a preventative measure as there can be a time lag before items appear on the Risk Registers and are officially recognized as requiring support. The biggest measure of success is that HEE-TV have agreed to fund these sessions ongoing.

Conclusion. We learned that an iterative response to trainee feedback and careful co-ordination is key to successful engagement via the training programme directors who arrange regional training programmes. This, and making the SAT course free at the point of use, makes it easier for trainees to access this programme. In addition we will be including

the trainee voice is shaping bespoke aspects of the day for each specialty.

Research into psychiatry trainees views around the impact COVID-19 has had on the provision of electroconvulsive therapy training

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doi: 10.1192/bjo.2021.448

Aims. The current COVID-19 outbreak has changed the way electroconvulsive therapy (ECT) is provided. In many areas it has been moved from the more traditional ECT suites to general surgical theatres for a number of reasons, most notably being the need to ensure adequate ventilation. The introduction of the need for PPE to be worn throughout ECT and for general hospital operating procedures to be adhered to has also been a big change. The change in the required infection control procedures has had an impact on treatment capacity and has led many areas to reduce, relocate or centralise their ECT provisions which has had a knock on effect on training.

This study assesses the perceived impact COVID-19 has had on the provision of training and learning in ECT for core and higher psychiatry trainees in the North West as well as their perceived competence levels.

Method. Views were sought through surveys and focus groups from September to December 2020, participants were core and higher psychiatry trainees in the North West. Participants were recruited via email, the total population size was 87, 21 Core trainees responded and 14 higher trainees. From the survey respondents, 5 participants agreed to attend a focus group.

Result. Results show that the provision of ECT training has been poor during the COVID-19 outbreak. Almost 81% of core trainees surveyed and 92.86% of higher trainees had participated in no ECT sessions from the start of the COVID-19 outbreak to the time of data collection eight to ten months later.

81% of core trainees and 85.71% of higher trainees had received no teaching in any form about ECT over the period studied.

When considering the competencies required in ECT for a core trainee, one (4.76%) felt they were fully competent, 3 (14.29%) nearly competent, 7(33.33%) needs some improvement, 10 (47.62%) not yet competent. Only one higher trainee felt they met the RCPsych competencies, 5 (35.71%) were nearly competent, 6 (42.86%) need some improvement and 2 (14.29%) were not yet competent.

Conclusion. This study indicates a clear lack of provision of training which is very concerning, and possibly pre dates the COVID outbreak, particularly in the case of specialty trainees who may well be consultants in a number of months and will not have the time to make up for the lost training. In order for ECT provision to continue it is crucial that we are able to adequately train the future workforce.

Psychiatry Curricula 2022

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doi: 10.1192/bjo.2021.449

Aims. The aim of our review was to ensure that:

Curricula are aligned to the GMC's GPC and Excellence by Design Frameworks

Curricula are capability focused

Curricula promote a flexible and adaptable approach to training

Curricula are succinct, user friendly, patient-centred and reflective of current training in practice

Background. In response to recommendations outlined in the Shape of Training Review (2013), the GMC developed their new framework for postgraduate medical education Excellence by Design (2015), alongside their Generic Professional Capabilities (GPC) Framework (2015).

Method. Governance

To manage the review, a Curriculum Revision Working Group (CRWG) was set up to monitor and govern the review process. Members include Specialty Advisory Committee (SAC) chairs, trainee and patient/lay representatives.

Curriculum Development & Framework

The CRWG, alongside SACs and specialty working groups, have undertaken a "Why, What, How" approach in developing the curriculum framework. Each curriculum is structured as follows:

High Level Outcomes (HLOs) – These outline the "Why", and provide an overarching view on what should be achieved by trainees. Each HLO is mapped directly onto each of the nine GMC GPC domains.

Key Capabilities – These outline the "What", and provide key detail on what trainees need to undertake to fulfil specific aspects of the curriculum.

Training illustrations – These outline the "How", and supplement the Key Capabilities by providing real-world examples of how to achieve each capability.

Development of the curricula included:

Mapping current Intended Learning Outcomes (ILOs) to the new HLO framework

Re-writing competencies so that they were capability focused

Undertaking a thematic analysis of the curricula, to develop key themes/groupings for capabilities

Review and update Workplace Based Assessments (WBPA) to ensure they align to the new framework

Stakeholder Engagement

Part of the review has been to ensure Key Stakeholders are involved at each stage of curriculum development. To ensure that all key stakeholders are provided opportunity for consultation, a stakeholder map was developed.

Stakeholder engagement has included:

Direct trainee/trainer/patient/lay involvement at curriculum review meetings

Consultation surveys at each development stage, including feedback on the draft curriculum framework and feedback on full draft curricula

Attendance at meetings with key stakeholders, including NHS Employers and Royal College meetings

Result. The review is currently ongoing. In 2020 we were successful in submitting all 10 of our curricula to the GMC for approval. We are continuing to further develop our curriculum framework, which includes:

Psychiatry "Silver Guide"

Curricula documents

Training illustrations

ARCP Decision Aids

Supplementary Guidance

Conclusion. The review of RCPsych curricula has provided an excellent opportunity to broaden curriculum capabilities, and ensure that the curricula are achievable and deliverable. Our aim is to ensure that the new curricula promote flexibility and adaptability within training, and are user friendly for both trainees and trainers.

Redesigning the psychiatry induction

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doi: 10.1192/bjo.2021.450

Aims. To analyse the current psychiatry induction programme with regards to national guidance, local requirements, trainee and trainer feedback and implement recommendations to streamline where possible.

Background. Junior doctors in training rotate every 4 or 6 months depending on the grade/programme group. GP and FY trainees are often new to psychiatry therefore require a comprehensive induction.

Our Trust has had a three day induction for new junior doctors comprised of 1 day Corporate Induction, 1 day Electronic Records Training and 1 day Local induction.

During the 3 day induction programme there is often a service gap with covering out of hours and acute services. Trainees and trainers have expressed concern regarding the service gap.

We therefore embarked on a review of the induction programme to investigate whether it could be improved in content and length of time to deliver.

Method. Review the regulatory bodies requirements for junior doctor induction.

Gain an understanding of the trainees and trainers perspective of the induction programme.

Review the items in the induction programme according to the requirements of the regulatory bodies.

Tailor the induction programme for junior doctors' needs whilst complying with the regulatory bodies requirements.

Result. The General Medical Council (GMC), British Medical Association (BMA), Gold Guide, Health Education England (HEE) and National Health Service (NHS) employment have no specific statutory and mandatory training requirements for induction.

The regulatory bodies have generic standards for junior doctor induction.

Induction is the responsibility of the Trust.

Trainee perspective: Electronic record system, Mental Health Act (MHA) and pharmacy training were agreed as needing review in terms of its content and length.

Trainees also requested extra items to be included in the induction programme to support successful transition in to their work placements.

The education department met with the Digital Team, MHA Team and Pharmacy Team to develop new and more relevant course content and add in the requested items.

The new induction programme was launched in December 2019 and was reduced in length from 3 to 2 and a half days. Trainee satisfaction improved as evidence by trainee feedback.

Conclusion. The review was helpful in establishing the requirements for a good induction and highlighting areas for improvement.

The new induction was more focussed, shorter in duration and had improved trainee feedback.

The Medical Education Department will assess the changes following the December 2019 induction and continue to review its induction programme.