

were gathered using the Microsoft office forms (online) and analysed descriptively (i.e., frequency and percentage) using Microsoft Excel.

**Results.** Twenty-three medical doctors working in Psychiatry completed the online questionnaire, of which the majority were junior doctors ( $n = 15$ ; 65%). Almost three-quarters of the respondents ( $n = 17$ ; 74%) reported regular consumption of alcohol. The majority of respondents ( $n = 20$ ; 86%) reported that they had knowledge of alcohol units.

Nearly half of the respondents were able to calculate correct daily allowance of alcohol in units for males ( $n = 13$ ; 56%) and for female ( $n = 12$ ; 52%). Twelve respondents were able to calculate the correct allowance in units for both genders. About one quarter of the respondents ( $n = 5$ ; 22%) mentioned weekly limits instead of daily limits of alcohol in units.

In response to test scenarios, seven respondents (30%) were able to correctly calculate 9 units of alcohol in a 750 ml bottle of 12% wine. Ten respondents (43%) were able to correctly calculate 30 units in the bottle of whiskey. For the lager scenario, the volume was given in pints, and only one respondent was able to calculate 47.6 units correctly. For a wine (36.4 units) and sherry (12 units), only 6 (26%) and 4 (17%) respondents answered correctly, respectively.

**Conclusion.** We found that medical doctors working in psychiatry do not have adequate knowledge of alcohol unit conversions. To tackle the increasing burden of alcohol-related problems, learning about alcohol unit conversions should be incorporated into teaching programmes for psychiatry practitioners.

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Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

### Oral Health in Mentally Ill Patients Attending the Outpatient Clinic of Taha Baasher Psychiatric Hospital, Khartoum

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**Aims.** Mental illness has been very common lately and the mentally ill are a special population with their own particular set of needs and challenges. In general physical health of the mentally ill is poorer than that of the general population and oral health is especially neglected hence the desire to quantify this.

**Methods.** This study was a cross-sectional hospital based study conducted in the outpatient clinic of Taha Basher Psychiatric teaching hospital. The sample (90) was selected randomly from among the adult patient attendants who agreed to participate in the study.

**Results.** The mean DMF was 4.91 +/-4.46 . It was positively correlated to age and duration of illness. It was higher in females and the greatest proportion was due to missing teeth and the smallest proportion was the filled teeth. There were no dentures used by any of the patients.

**Conclusion.** Those involved in the study reflect the poor level of oral health among the mentally ill population and this deficiency is unfortunately not receiving enough attention of care givers or mental health professionals. The dental community ought to establish a professional referral system with such facilities to facilitate patient care.

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### Experience of Differential Attainment in Psychiatry Trainees at Surrey and Borders Partnership NHS Foundation Trust (SABP)

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**Aims.** Differential attainment is a term used to describe variation in the achievement of groups of doctors based on certain characteristics. Evidence suggests that international medical graduates (IMGs) in the UK struggle at different stages of training in many specialties including psychiatry. This project aims to explore the experience of psychiatry trainee doctors and their trainers at SABP to understand this issue and identify areas for quality improvement.

**Methods.** This was an exploratory study using a mixed methods approach. Qualitative data were collected via semi-structured interviews and focus groups conducted with trainees and trainers. Interviews and focus groups were recorded and transcribed, then analysed for themes. Quantitative data were collected via an online survey sent to trainees and trainers and were analysed using descriptive statistics. Informed consent was obtained from all participants. This project received approval from the Health Education England research governance committee and was conducted in accordance with British Educational Research Association (BERA) guidelines.

**Results.** The online survey had a good response rate of 60.4% for trainees (26 out of total 43 trainees) and 64.7% for trainers (22 out of total 34 trainers). Challenges identified by the participants both in qualitative and quantitative data mirrored the national picture. Five main themes that were identified from semi-structured interviews and focus groups were: 1) the impact of professional and informal support, 2) challenges faced by IMGs in adjusting to the new system, 3) communication barriers, 4) Stress and burnout impacting trainees' performance and 5) unconscious bias during recruitment, exams, and ARCP on the training experience of IMGs.

**Conclusion.** This project was used to generate ideas for quality improvement with regard to the experience of trainees and the reduction of differential attainment within the trust. Findings from this research have guided SABP in the development of interventions to support IMGs and trainers, particularly regarding professional and non-professional support. These interventions include an induction booklet for doctors joining the trust, an IMG support network, and a mentorship scheme for all the trainees. We aim to explore the experience of IMGs trainees and trainers using a similar method in the future to evaluate the success of these interventions. Our findings will have an impact on other organisations providing postgraduate training in psychiatry and other specialties.

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