

used modality for short cases is Cognitive Behavioural Therapy (CBT). Here we evaluate a local CBT teaching program implemented to prepare CTs, delivered by the trust Psychotherapy Tutor in conjunction with a CT, Dr Bloomfield, who has experience delivering CBT in a talking therapies service.

Methods. We implemented a teaching programme which consisted of 30-minute teaching sessions occurring immediately after Balint groups, which are usually well attended. Dr Bloomfield designed a teaching plan, with separate CBT teaching topics divided into 12 sessions. Each session focused on a CBT concept with practical examples. The effectiveness of psychotherapy teaching was evaluated with pre- and post-teaching online surveys assessing preparedness, confidence in formulation, and knowledge of specific techniques. The survey consisted of Likert scales ranging from 1–10 with lower numbers indicating a negative response. Trainees were also surveyed about Psychodynamic Psychotherapy in the absence of specific teaching, as a comparator.

Results. 13 CTs responded to the pre-teaching survey and 16 CTs to the post teaching survey, with near-equal weighting across the training grades. Responses indicated a median increase across all areas for CBT, with trainees reporting higher confidence in formulation (7 to 8.5), improved knowledge of CBT techniques (5 to 8) and increased preparedness to start seeing patients (5 to 7). By comparison, there was a modest increase in preparedness (5 to 6) and confidence in psychodynamic formulation (3 to 3.5), with knowledge of specific aspects of Psychodynamic Psychotherapy unchanged (6 and 6).

Conclusion. Regional teaching alone may not be sufficient in preparing trainees to start seeing psychotherapy patients. The CBT learning needs of CTs in Coventry and Warwickshire were effectively met by providing a series of short, tailored sessions covering the different aspects of CBT, resulting in improved confidence, preparedness, and knowledge of CBT techniques. The same increases were not seen in trainees' responses regarding Psychodynamic Psychotherapy, though small increases were seen in preparedness and confidence in formulation. Our next phase of the teaching will focus on Psychodynamic Psychotherapy teaching, with further repetition of the survey.

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.

Scotland's Core Trainees & Specialty Doctors: A Collective Report on Opinions and Attitudes Towards the Current Limits on Higher Training in Psychiatry

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Aims.

1. To provide Scotland-wide data on Core Trainees' motivations, their future plans and the barriers to applying for Higher Training.
2. To raise awareness of any collective issues.
3. To provide recommendations to the Royal College of Psychiatrists, NHS Education for Scotland (NES) and the Scottish Government based on the results.

Methods. A Microsoft Forms survey was emailed to all 176 Core Trainees in Scotland through regional PTC representatives in East, West, South East and through the Core Training Programme Director in the North. Speciality doctors who were post Core Training, and waiting to apply for Higher Training, were identified by snowball sampling and were also emailed a link to the survey. Data was collected between 26/10/23 and 21/11/23.

Results.

- All regions in Scotland and all levels of training were well represented by trainee response rates. Trainee participation was high with 90 doctors responding from across all areas in Scotland and all levels of training.
- 83.3% of trainees feel that the current availability of Higher Training posts is affecting morale and motivation in psychiatry.
- 96% of trainees plan to enter Higher Psychiatry Training and the majority of trainees (63%) want to enter Higher Training directly from Core Training. The availability of their chosen Higher Training post was the number one reason for not wanting to enter Higher Training directly.
- Less than full time working is increasing and likely to increase further (nearly 29% of participants are currently LTFT. 30% definitely plan to do some of their Higher Training LTFT and a further 34% are considering it).
- The majority of trainees (70%) wish to continue training in their current region. Trainees may be lost from Scotland if they are unable to secure a training post in their chosen region (27% of those considering another region would consider leaving Scotland). Those who would consider leaving Scotland came from all regions – of the 27%: 22% were East, 26% North, 26% South East and 26% West. Second choice regions for consideration remain those that have the most filled posts in Scotland (27% would consider South East Scotland, 22% West, 15% East and 9% North).
- Participants included lengthy and detailed responses to a free text box at the end of the survey titled "Do you have any additional comments" with several recurring themes. These included less than full time not being accounted for in the overall Higher Training numbers, difficulties in moving region, feeling stressed and demoralised by the application process, feeling undervalued and considerations around leaving Scotland.

Conclusion.

1. The primary obstacle preventing core trainees from progressing to Higher Training, as identified by them consistently across regions, is the scarcity of available Higher Training posts across regions, relative to the number of Core Trainees finishing their Core Training.
2. The ongoing increase in less than full time working, with two-thirds of trainees considering pursuing some of their Higher Training on a less than full time basis, will further delay the release of training numbers and therefore growth of consultant numbers without full time equivalent numbers.
3. Trainees may be lost from Scotland. The majority of trainees settle in their Core Training region and there are several reasons that moving may be difficult. Of those who would contemplate relocation, 27% would consider leaving Scotland and the main regions in Scotland that would be considered as alternatives already have the highest fill rates.

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An Audit of Core Trainees' Preferences of Teaching Format for Weekly MRCPsych Teaching at HPFT

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Aims. The primary aim was to establish the preferences of the majority of core trainees regarding online, in-person, or hybrid teaching in order to assess if the online format created during the COVID 19 Pandemic should be maintained.

Secondary aims were:

- To collect feedback regarding the barriers to in-person teaching.
- To collect feedback regarding the course content.
- To alter the way the course is presented (if required) and to incorporate the feedback regarding the course content into the course.
- To re-audit to see if the intervention was successful.

Methods.

- SurveyMonkey was used to generate an online survey with 5 questions.
- There were a mix of quantitative and qualitative questions.
- Responses were collected between 26th September 2022 and 10th October 2022 and results were presented at the Tutors Committee Meeting and Junior Doctors Forum.
- Changes were implemented in the curriculum:
 1. Introduced specific neuroscience teaching.
 2. Small exam specific study groups were encouraged.
 3. It was decided that teaching would remain hybrid as per the majority preference and to allow equal access to teaching for all trainees (as per the GMC guidance).

A second survey with the same questions was sent out and responses collected between 19th November 2023 to 29th November 2023 to establish whether opinions had changed and to see if the intervention was successful.

Results. Sept – Oct 2022

- There were 20 responses overall.
 - 50% (n = 10) preferred online teaching; 45% (n = 9) preferred hybrid; 5% (n = 1) preferred in-person.
 - The most common barriers to in-person teaching were the difficulty in finding parking (70%, n = 14), and being unable to leave work on time due to clinical responsibilities (50%, n = 10).
 - The most common preferred frequency of in-person attendance for the hybrid model was monthly (45%, n = 9).
 - Topics requested to be covered (free-form question) included psychopharmacology, CAMHS, perinatal, geriatric, neuroanatomy and neuroscience.
- Nov 2023
- There were 22 responses overall, including new trainees that had not done the survey last year.
 - 50% (n = 11) preferred online teaching, 41% (n = 9) preferred in-person; 9% (n = 2) preferred in-person.
 - The most common barriers were the same: difficulty finding parking (64%, n = 14) and clinical responsibilities (55%, n = 12).
 - It was commented that neuroscience related teaching had improved.

Conclusion. There was a clear preference in both surveys amongst trainees for either online or hybrid teaching formats. Hence a decision was made to continue the current format of flexible teaching.

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MIND the GAP: Psychiatry's Scottish Trainee Enhanced Programme (STEP) to Reduce Differential Attainment

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Aims. Build relationship and understanding between International Medical Graduates (IMGs) and supervisors in core psychiatry through the Scottish Trainee Enhanced Programme (STEP) to help facilitate belonging and support a vulnerable group. Thus improving training outcomes.

Methods. There are various different areas to the PsychStep Programme.

A handbook is distributed to all IMGs which has been created in accordance with the Royal College of Psychiatrists (RCPsych) IMG Guide.

A trainee created video guide for the RCPsych portfolio is provided with the aim of this reducing anxiety around its use.

A Scotland wide WhatsApp group was created for peer support.

The final part of the programme was attendance of trainees and crucially supervisors at two half day sessions. Joint attendance is crucial in fostering supportive relationships. Content was delivered via workshops by IMG consultants with lived experience. Topics covered included communication skills, success factors, reflection, cultural transition and cultural competence. These sessions were evaluated using both scale questions and free text.

Results. There were 6 participants in this programme. All participants reported on evaluation that they felt this course made them:

- Feel welcome to psychiatry.
- Realise that other trainees faced the same challenges as them.
- Felt supported in their Journey.

All participants stated that their trainer attended the virtual sessions with them and that them being in attendance helped them understand specific challenges they would face as an IMG.

Themes identified on free text feedback from trainees were advice on how to reflect and the support that is available in general. The opportunity for shared personal experiences was also highlighted as a positive.

Themes identified on trainer feedback were guidance around both provision of a supportive environment and the importance of having open discussions with trainees.

Conclusion. This programme has an important role in helping IMG trainees in psychiatry succeed. Success stories of IMG consultants provided knowledge and hope for them. The IMG trainees felt better able to effectively engage with supervision following participation in this programme.

Outcomes from this programme to date highlight opportunities to build on this in the future. The organisers of this course hope to increase future attendance and share good practice across other specialities.

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