

to any specific teaching regarding ECT while participating in the study.

Result. The students were aged between 21 and 28 years with almost equal gender distribution. Among them, 89.1% had heard about ECT before whereas 15.6% knew someone who has received ECT. Although 90.6 % of students believed ECT can be lifesaving many times, a substantial number of students had misconception about ECT such as assuming it as a painful procedure (71.9%). Almost half of them believed ECT can have severe consequences like death or permanent brain damage. Around one fourth to one third believed ECT is inhumane, without scientific proof or a form of punishment for violent angry patients. Surprisingly, a significant higher percentage of male students believed that 'ECT leads to permanent loss of memory' (11/34 vs. 3/30, $p=0.04$) and 'ECT is given as a punishment to violent/angry patients' (15/34 vs. 4/30, $p=0.01$).

Conclusion. Several misconceptions about ECT are prevalent in medical students that need to be adequately addressed during their training to develop a positive attitude and basic knowledge about the treatment.

Developing a differential attainment e-learning course for consultants who supervise trainees within Oxleas NHS Foundation Trust

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Aims. To create an e-learning course to promote awareness of differential attainment and encourage supervisors to reflect on their own experiences and practice.

Method. Funding was gained from Health Education England to create the e-learning course. A questionnaire was constructed to gauge baseline knowledge and attitudes towards differential attainment amongst the consultant body. All consultants attending a local Faculty Day were asked to respond, and following this an explorative discussion on the topic was chaired by the authors. The results of the survey were collated and free-text answers were coded thematically. In parallel, information from academic publications and professional resources was gathered and summarised. A script was created with support from web developers Kineo and was refined over several drafts. The e-learning module was published on the Oxleas learning environment on the 10th February 2021.

Result. 34 supervisors responded to our questionnaire. 75% had heard of DA, with 45% identifying personal experience of it. However only 35% identified it as a problem in their work place and 39% did not consider it in their clinical practice. Thematic analysis of free text comments revealed three main themes – emotions and experiences associated with differential attainment, a desire for increased training and a desire for more open discussions with struggling trainees. Some answers also revealed poor or incomplete understanding of the topic.

From the questionnaire and the literature, four key areas were identified – defining differential attainment, describing the scope of the problem, challenging misconceptions about differential attainment and the role of the social network in attainment. These four areas became section titles for the e-learning course.

Conclusion. There is an appetite for information pertaining to differential attainment amongst our consultant body. A trainer

facing e-learning course was created to promote awareness and reflection on current practice. Evaluation of the impact of the module is ongoing. The course is being shared with the confederation of South London local education providers.

A UK-wide survey of speciality doctors and associate specialist (SAS) psychiatrists' psychotherapy case experience, barriers and benefits to professional development and clinical capabilities

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Aims. Research suggests that seeing psychotherapy cases benefits psychiatric trainees' professional development and clinical capabilities, however there is lack of such evidence for SAS psychiatrists, who require this experience for Certificate of Eligibility for Specialist Registration (CESR) applications.

Having provided frequently requested psychotherapy training support to our Trust's CESR training programme in Birmingham we aimed to study nationwide SAS psychiatrists' psychotherapy case experience, professional benefits and barriers to access.

Method. An online questionnaire was sent to UK-wide SAS Psychiatry doctors, with the support of the RCPsych Speciality Doctors and Associate Specialist Psychiatrists Committee (SASC), whilst being promoted on social media. It asked about psychotherapy-related experience, barriers and plans.

Result. 122 doctors completed the questionnaire, estimated to constitute approximately 8% (or more if considering all vacancies) of SAS psychiatry posts based on the RCPsych Census (2015), from across all UK nations and regions. 23% had gained experience in delivering psychotherapy (57% of whom confirmed CESR or training application plans), seeing cases mainly in CBT (52%) and psychodynamic psychotherapy (41%). Those who had delivered psychotherapy agreed or strongly agreed that it helped them become a better listener (82%), become more empathetic (75%), enjoy work more (71%), understand the unconscious communication better (82%), be more confident about referring for psychotherapy (82%) and overall be a better psychiatrist (86%).

44% planned to start a psychotherapy case but had not started, of whom only 22% had identified a supervisor and 15% identified a case. Only 11% felt confident they could get the psychotherapy training experiences they needed. Barriers reported included it not being part of their job plan (70%), time constraints (57%), difficulties in accessing psychotherapy supervision (61%), difficulties in identifying suitable cases (32%) and limited knowledge about psychotherapy (30%).

Conclusion. Doctors who delivered psychotherapy reported benefits on many levels, making a strong case it develops their clinical capabilities, which may facilitate psychologically-informed care.

The results indicate interest in psychotherapy training outstripped available opportunity and support. Whilst some barriers mirrored those previously reported for trainees (difficulties accessing supervision and cases) others identified particularly related to SAS workload (not being part of their job plan and time constraints) and lack of support (with trainees prioritised). This may highlight a potential concern given the SAS Charter covers CESR-related support and advocates appropriate Supporting Professional Activities (SPA) time.

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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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 organizational 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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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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