

Royal College of Psychiatrists (RCPsych) Dean's Grand Rounds – an Innovative Medical Education Tool to Bridge the Education-Practice Gap

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Aims. RCPsych Dean's Grand Rounds focuses on understanding a problem or an opportunity for change in clinical practice using a patient story, academic evidence, and contextual data in this area to bridge the evidence-practice gap using a quality improvement approach. The Dean's Grand Rounds aims to embed the lived experience in clinical practice and use data to drive change.

Methods. We held five virtual Dean's Grand Rounds with this format from June 2022 to January 2024. The sessions included a variety of medical professionals, carers and expert patients presenting on the chosen theme, followed by a panel discussion. The sessions were then made available for on-demand viewing via the RCPsych website for those unable to attend the live session. Qualitative and quantitative feedback helped us improve the sessions iteratively.

Results. The sessions have enabled discussion of broader issues facing staff and patients, facilitating the exchange of ideas between professionals from divisions of the RCPsych from around the world. Participants globally attended these sessions, with over 1,000 registrations for the Grand Rounds on memory clinics and catatonia. The feedback for the sessions was overwhelmingly positive, with many participants praising the involvement of patients and carers and the opportunity to come together at the RCPsych level for learning. Many were attracted to the sessions because of the themes discussed, with 68.5% having excellent overall experience. Over 92% of the feedback participants thought the Grand Rounds had improved their professional practice. The majority of the feedback participants strongly agreed that lived experience is an important element in understanding the evidence-practice gap (4.4 on a Likert scale of 1, strongly disagree; 5, strongly agree) and that the Grand Rounds had enhanced their understanding of academic evidence and contextual data in the area (4.4, 4.39 respectively on a Likert scale of 1, strongly disagree; 5, strongly agree). The themes that stood out in the feedback were that participants liked the Grand Rounds format and were grateful to hear from patients, with suggestions to allocate more time for questions and answers. Learning from the feedback, we set up a resources page for each Grand Rounds to enable further learning.

Conclusion. In their revitalised format, these sessions are proving highly effective in bringing the worldwide RCPsych community together to improve patient care and deliver educational and informative interactive content available on demand.

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.

Better Together – Organizing a PAN-London IMG and Educators Conference

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Aims. International medical graduates (IMG) are an important and integral part of the NHS workforce. The 2022 General medical council (GMC) Workforce Report showed that of the doctors who joined the workforce in 2021, half (50%) were IMGs and 39% UK graduates. This report also emphasized the need for better inclusion and support for IMGs in order to enhance future retention.

With this conference we aimed to empower IMGs and their educators with tools and knowledge to better recognize and help mitigate the challenges that IMGs endure whilst working in NHS. We discussed about the factors affecting IMG career progression, wellbeing, and ways to overcome them.

Methods. It was a one-day conference targeted to the PAN-London cohort of IMGs and their educators of medical and surgical specialties. The programme included distinguished speakers from all branches of medical fraternity, the GMC and medical indemnity organisations. Five poster submissions were also selected to be presented on the day. The programme started with IMG consultants describing personal challenges and success stories with a focus on long-term NHS equality diversity inclusion plan. This was followed by an invigorating 'Schwartz round' wherein attendees were able to engage in open and reflective discussions of shared experiences in transition to the United Kingdom. The latter half of the day included workshops on mitigating differential attainment and medico-legal aspects of clinical practice. The conference was concluded by an informative discussion led by the head of GMC London.

Results. The conference was well-attended with 94 attendees present on the day. The audience encompassed a varied set of professionals including medical education managers, directors of medical education, educational supervisors and IMG doctors of all grades and specialties across different London trusts. The feedback was overwhelmingly positive with all the respondents in agreement that the learnings from the conference were relevant to their professional needs. The qualitative response from the attendees in summary was that conferences of a similar agenda and focus should be organized in the future as well.

Conclusion. Historically, there is clear evidence in literature that IMGs have lower success rates in both job and training progression, in comparison to British medical graduates. By organizing such conferences, the endeavor is to kick start a productive dialogue between IMGs and their educators, to target more favorable and successful overall outcomes, on a long-term basis. We hope that this initiative sets the building blocks for the way of the future.

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Implementation and Evaluation of a Local CBT Teaching Programme for Core Psychiatry Trainees

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Aims. Core Psychiatry Trainees (CTs) are required to complete two psychotherapy cases, utilising different therapeutic modalities as part of their training. During supervision sessions, CTs in Coventry and Warwickshire reported feeling underprepared to start their psychotherapy cases. Locally, the most frequently

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.

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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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