

Medical Coaching for Psychiatrists

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Aims. Promoting recruitment and retention in psychiatry is one of the core objectives for the Royal College of Psychiatrists and coaching initiatives are recognised as a means of improving retention. We developed a programme of medical coaching, available to all career-grade doctors in an NHS Trust in Northern England to support professional development. This overview describes the results of the first 4 years of the programme.

Methods. The setting was a large NHS Trust covering County Durham, Teesside and North Yorkshire employing around 150 consultants and 60 SAS psychiatrists (mean age = 49 years, 51% female). Coaching was promoted to all these doctors through the feedback form sent following their annual appraisal meeting. This coaching was later also made available to locally employed doctors and core and higher specialist trainees working temporarily in the Trust. The intervention was initially provided as a single session coaching event delivered by a consultant psychiatrist trained in medical coaching, and the programme evolved following requests from doctors. It was stated explicitly that the purpose was professional development, not an attempt to retain doctors considering their future. The outcome was measured using a post-coaching questionnaire.

Results. Data was collected from coaching delivered from May 2019 to January 2024. 145 doctors (84 consultants, 23 SAS doctors, 6 Trust doctors, 26 training-grade doctors, 6 grade not-stated) took up the coaching offer. 524 sessions were provided in all. The mean (SD) number of sessions was 3.8 (3.7), for consultants 3.5 (3.9) and for SAS doctors 4.8 (4.4). 48 doctors accessed a single coaching session. 56% of the career-grade doctors receiving coaching were female. Data was collected from 127 post-coaching questionnaires with 116 strongly agreeing and 11 agreeing with the statement that the coaching provided was useful and many reporting a positive impact on well-being.

Conclusion. Findings show that the programme was popular with the medical workforce, with about half of career grade psychiatrists taking up the offer. It evolved following requests to both provide follow-up sessions and to extend the offer to trust doctors and trainees. The sessions were highly valued by the doctors with reported benefits to their well-being, but we cannot measure the impact on retention. The programme is valued by the Trust with an intention to make the programme sustainable into the long term and it now forms part of the Trust's medical workforce charter.

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.

Understanding Issues Faced by West Midlands' International Medical Graduates (IMG) Psychiatry Trainees and How to Support them

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Aims. The GMC 2023 workforce report indicates that doctors with primary medical qualification (PMQ) outside United Kingdom (UK) made up 62% of new additions to the register in 2022, with international medical graduates (IMGs) from outside the European Economic Area accounting for a further 10%. In 2023, 49.8% of psychiatry trainees in West Midlands were IMGs.

We have enough evidence to show that IMGs experience significant differential attainment in both training and exams. They also have an added burden of adjusting to a new country, language, culture, and society, not to mention adapting to a novel medical system and work culture. Attempts have been made to address this through induction, clinical supervision, etc.

This survey aims to understand the challenges faced by West Midlands psychiatry IMG trainees and to identify how best to support their needs.

Methods. A questionnaire survey was designed using the Microsoft forms platform and disseminated via the West Midlands School of Psychiatry in October 2023 to all trainees whose PMQ was outside UK. The survey gathered feedback on quality of inductions received, clinical supervision, difficulties experienced in training/examinations and awareness of available IMG-specific resources.

Results. 36 trainees with PMQ from 14 countries outside the UK completed the survey. 31% of the respondents were CT1 trainees. 17% had less than a year of NHS experience. All respondents had attended their current job induction. 64% rated their workplace induction as 'Good' or above, 50% rated trust and deanery induction as 'Good' or above. Only 17% of respondents had received IMG-specific induction. Many felt that induction was an information overload in a short space of time. 83% received weekly, hourly supervision. 69.4% rated support from their supervisor as 'Very good' or above. Respondents reported difficulties in immigration, finances, systemic racism, cultural and language adaptation. Other difficulties include portfolio, research experience and audits. MRCPsych exam difficulties were reported in 46% respondents especially around study materials and preparation. Trainees wanted IMG specific induction and supervision, pastoral care, portfolio support, MRCPsych exam support, mentoring, guidance around career progression and research.

Conclusion. The survey results show that IMG trainees do not receive appropriate and necessary IMG-specific induction and supervision even though they make up nearly half of the trainee cohort. The Deanery, NHS trusts and clinical supervisors can utilize the results of this survey to inform strategies to support IMGs better. Focus groups are due to be held shortly to get further qualitative feedback.

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Understanding Psychiatrists' Knowledge of Eating Disorders

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