⁴ Centre for Psychosocial Medicine and Department of General Internal Medicine and Psychosomatics, University Hospital Heidelberg, Germany

⁵ MRC Centre for Neuropsychiatric Genetics and Genomics, Cardiff University, United Kingdom

⁶ Child & Adolescent Psychiatrist, Mental Health Unit, Evgenidion Therapeftirion, National Kapodistrian University of Athens, Greece ⁷ Hospital de Magalhaes Lemos, University of Porto, Porto, Portugal and Unit for Social and Community Psychiatry, Queen Mary University of London, United Kingdom

8 Manual Main and Longold, Onlieu Kinguoni

⁸ Marmara University, Department of Psychiatry, Istanbul, Turkey
* Corresponding author.

Introduction Recruitment in to psychiatry is a long-standing concern in many countries, with low proportions of medical graduates choosing it as a specialty and ongoing stigma from within the medical profession. In other countries, the reverse problem is the case, with too many doctors wishing to enter psychiatry and insufficient training places available.

Objectives To understand the current situation within Europe with regards to recruitment in to psychiatry and to identify existing initiatives designed to boost recruitment.

Methods The European Federation of Psychiatric Trainees conducts an annual survey of all member organizations. This is purposive sampling via an online, semi-structured survey, which is completed by country representatives. The survey asks respondents to identify if their country has a problem with recruitment and if so whether there were too many or too few applicants for training places. Those countries identifying recruitment initiatives were asked to provide further details.

Results Data will be presented from the past three years (2014–2016). Around half of all countries have stated that recruitment is a concern in the EFPT country survey. Many report that the number of new psychiatrists is too low and vacancies are not being filled. A small number reported that the number of new psychiatrists is too high and there are not enough vacancies. Of those countries reporting problems with recruitment around half describe initiatives to improve recruitment, which include financial incentives, careers fairs, mentoring schemes and a whole host of other projects.

Conclusions Recruitment in to psychiatry remains a serious problem in many European countries, but there are a wide range of initiatives, which aim to combat this shortfall.

Disclosure of interest The authors have not supplied their declaration of competing interest.

EECP014

Transcultural adaptation after migration

D. Bhugra

Institute of Psychiatry, Psychology & Ne, London, United Kingdom

International medical graduates (IMGs) by definition move from the country in which they received their training to another country in order to train and settle down in. The reasons for migration by IMGs can be political, educational or economic. Each reason brings with it a series of difficulties, both for the individual and for the society to which they move (as well as to the society they leave behind). Acculturation and settling down will raise specific issues in the functioning of the IMGs and to their response to the new country. Certain factors may cause stress and others may contribute to the successful adjustment by the IMGs. Suggestions on how to support international medical graduates and how to help reduce their stress will be highlighted.

Disclosure of interest The author has not supplied his declaration of competing interest.

EECP Training workshop: starting your private practice: Risks and benefits?

EECP015

Getting started: Toolbox for a successful private practice

A. Nawka

Institute of Neuropsychiatric Care, Department of Psychiatry, Praha 8, Czech Republic

Starting a private practice can be on one hand the most exciting step you will take in your career, on the other hand it can be at the same time the most intimidating one. First of all, take the time to really think through what you want your work schedule and surroundings to be like and then set up your office the way it will work best for you. You may not get every item on your wish list right away, but do not be afraid to try to set it up just the way you want. Build a healthy network of collaborative clinicians around your practice. Your colleagues can be a great source of referrals to your practice. And without refferals, it is difficult to maintain sufficient patient turnout. That is also why a big part of private practice is marketing. If you want to establish and develop a successful business, you must sell yourself and your practice. Beside your role as a clinician, you will also be running a business. If you seek out some private-practice coaching, you might save a lot of time. Private practice can be wonderful, it is not for everyone. Some therapists find being in a solo private practice very tiring and lonely. For some psychiatrists, the ideal is actually a group practice that has therapists, counsellors, social workers and psychologists so that supervision can be done from a multidisciplinary perspective.

Disclosure of interest The author has not supplied his declaration of competing interest.

EECP016

Going private: Selling your soul to the devil or freedom at last? R. Psaras

Rafail Psaras Private Practice, Private Practice, Athens, Greece

Going private, whether by choice or by circumstance, may offer a lot of opportunities or benefits, but at the same time create certain difficulties. In this presentation, we are taking a closer look to what it means to be an early career medical doctor, specifically a psychiatrist, and have your own private practice. Does it feel like "freedom at last"? Or does it mean "selling your soul to the devil"? Or both?

Disclosure of interest The author has not supplied his declaration of competing interest.