

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)

Haido Vlachos^{1*}, Aisling Higham² and Sara McDouall³

¹Health Education England Thames Valley; ²Oxford University Hospitals NHS Foundation Trust, Heath Education England Thames Valley and ³Royal Berkshire NHS Foundation Trust

*Corresponding author.

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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

Cara Webb*

Pennine Care NHS Trust

*Corresponding author.

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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.

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Pauline Whitelaw* and John Russell

Royal College of Psychiatrists

*Corresponding author.

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