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Aims. There are over 72 000 licensed IMGs in the UK who fill up crucial shortages in the NHS and provide diversity. In 2020 there were more IMGs than local graduates joining the General Medical Council register with over half (54%) identifying as Black and Minority Ethnic doctors. There are ongoing and extensive conversations about the best approach to tackle differential attainment between IMGs and local graduates. The aims were to identify what the perceived differences were between local graduates and IMGs in various domains and recognise what measures could be taken to improve the issues identified.

Methods. This survey utilised the Typeform survey software to ask 23 questions and was left open for 3 months. Participation in the survey was voluntary and anonymized and included feedback from both Core Trainees and Higher Trainees. Initial emails, texts and chats with the survey link and reminders were sent to the Medical Education departments and trainee groups. The qualitative and quantitative data from all 33 respondents were analysed.

Results. 90.9% (30) of participants felt there were issues of differential attainment between IMGs and local graduates and felt that the gaps in differential attainment could be addressed by mentoring, networking, IMG lead roles, education of trainers and better support systems. 57.6% (19) of IMGs stated that they had felt bullied, undermined, treated unfairly, or intimidated; with only 29% (9) attempting to challenge this due to the fear of retribution, concerns about accountable, cultural and communication barriers. All respondents felt induction programmes, focusing on IMGs and cultural diversity would be helpful for all trainees, with 93.9% (31) of respondents recommending that more education was needed for trainers. 57.6% (19) stated that they had considered relocating outside the UK after training because they felt they would be better valued elsewhere. 90.9% (30) suggested that a book for IMGs would be a welcomed development. 87.9% (29) recommended that having IMG leads was important for offering well-being support, play a safeguarding role, offer pastoral care, and contribute to induction and education; with 68.8% (22) recommending the person was a College trainer.

Conclusion. These findings highlight several challenges IMGs training in the UK face and must navigate to be successful. A greater awareness of their hurdles is critical to maximising what potentials lie within. As the numbers of IMGs within the system continue to rise, there is an even greater need to support and address the concerns this survey underscores.

A Quality Improvement Project to Evaluate Satisfaction With Alternatives to Face to Face Consultation in a Learning Disability Service

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Aims. COVID-19 pandemic has had a great impact on all groups in society. People with intellectual disability (ID)/learning

disability (LD) are especially vulnerable. As a result, restrictions were put in place to protect this group, including limiting face to face visits/consultations. Restrictions on usual activities of people with learning disability are likely to induce stress leading to an escalation in challenging behaviors. Regular assessments and follow-ups are essential to evaluate the patients and provide the best care, so virtual consultations (via telephone or video call) were identified as a potential alternative to face-to-face consultations

Aim: Evaluation of the service provided during the COVID-19 pandemic including virtual clinics.

Methods. A questionnaire was designed to evaluate the patients and their carers' satisfaction with the virtual clinics, seeking their feedback about positives and limitations of the service and exploring their preferences for future clinical contact. Data were collected during May 2021. Different professions including (psychiatrists, psychologists, nurses, occupational therapists and speech and language therapists) in community services for adults with learning disabilities in Aneurin Bevan University Health Board have participated in the survey. The questionnaires were filled by service users, their carers or by the service provider.

Numbers of DNA (Did not attend) across the whole service during May 2021 were compared to DNAs in May 2018, 2019 and 2020.

Results. 140 surveys were completed. Patients and their carers were happy with many aspects of the service provided through the pandemic. It was reported that virtual clinics are an efficient way to meet with professional carers and families where there are difficulties bringing patients to clinics, however home visits were preferred for assessing patients.

No noticeable change in DNA rates has been identified.

Conclusion. Virtual clinics have been well tolerated by patients and their carers during the pandemic and have provided an extremely efficient tool to overcome the restrictions which were imposed.

Carers and patients expressed satisfaction with clinic appointments provided remotely.

Introduction of the Buddy Scheme to First Year Core Trainees (CT1s) in the West Midlands Deanery

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Aims. Following a reflective session in the Birmingham MRCPSYCH course organized by West Midlands Deanery, CT1s identified the need for an informal peer support mechanism that bridged the gap between what is expected of them and the challenges of adjusting to the training scheme. This need became even more apparent during the COVID-19 era. This led to the creation of the buddy scheme. The main aims of the scheme are to design and develop a sustainable mechanism by which core trainees in higher years can support their year 1 counterparts informally, ease the transition of CT1 trainees into training and eliminate obstacles to success and reduce the differential