

may be unfamiliar with handling emergencies on psychiatric wards and the nuanced limitations in providing medical care.

Methods. Scenarios were written in consultation with speciality experts and allied health professionals including mental health nursing, dietetics, and pharmacy. The course is written to enable participants to explore the intersection between physical and mental health, and the practical and social implications of an individual's mental and physical condition on provision of care. Alongside debriefing technical and non-technical learning objectives, participants reflected upon the wider determinants of each patient's current physical and mental state and discussed ethico-legal considerations such as patients' legal status, capacity to consent, and practicalities of transferring patients between services and facilitating holistic care.

Results. The pilot course took place on July 4th following consultation with stakeholders including senior simulation and education leads within the Trust, and deanery Training Programme Directors, to ensure the course was formally endorsed to allow participants to apply for study leave to attend. Post-course feedback was collected through use of Likert-scales and white space questions; the response was highly positive and showed the programme met its aims and filled a training need. Feedback showed increased confidence managing integrated physical and mental health issues and balancing conflicting priorities with increased understanding of practical and social implications of mental and physical condition on provision of care.

Conclusion. Next steps involve collaboration with service users to allow accurate representation of the unique needs of a diverse population, and potential use of actors to sensitively and ethically portray simulated patients. Local psychiatry training schools could be approached to consider formal implementation of the course within academic programmes, in addition to potential reformulation of scenarios for use in established courses at the host site such as Undergraduate or Foundation training days.

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Evaluation of the Extended Induction Programme for International Medical Graduate Core Psychiatry Trainees in CNWL

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Aims. International Medical Graduate (IMG) doctors make up a significant proportion of the British medical workforce. In 2022, 26% of doctors in training graduated outside the UK. Psychiatry was one of the most frequently chosen specialties by IMGs. Doctors joining the NHS face several challenges such as differential attainment and discrimination. Increasing recognition of such issues led to the recent publication of a national guidance for IMG induction. In 2021, CNWL appointed an IMG lead to design and implement a comprehensive induction and ongoing support programme for all IMG doctors joining the trust. The first induction for new IMG core trainees consisted of six sessions and included a mixture of communication skills workshops and tutorials. It started in February 2021 and was delivered over four weeks. Since then, the programme has run twice a year with each intake of new core trainee doctors.

Methods. Nineteen CNWL IMG core trainees who participated in the induction programme between 2021 and 2023 were invited to complete an online survey. The data was collected between December 2023 and January 2024. It consisted of Likert scale ratings of the content of the programme, its relevance, and its impact on trainees' confidence. The usefulness of each session was also measured. Trainees were encouraged to provide free-text comments with suggestions for improvements.

Results. Sixteen out of nineteen trainees submitted responses. There was a consensus amongst all trainees that the induction covered essential topics. Fifteen out of sixteen participants felt more confident in their role after the sessions. The first communication skills workshop covering history taking and mental state examination was considered to be the most useful with twelve participants rating it as excellent. The workshop on managing conflict with simulation scenarios was ranked second most helpful. Tutorials on NHS structure and a training portfolio did not receive as high ratings. Areas for improvement highlighted in free-text answers were: adding more face-to-face sessions and discussions about on-call scenarios.

Conclusion. Transition into NHS can be a challenging experience for doctors at all stages of their careers. However, early intervention and a comprehensive induction programme appear to have had a positive impact on new trainee doctors' confidence and preparedness for work. The programme's structure and the sessions content were modified in response to feedback. Additionally, individual support sessions and a writing group were organised for trainees and SAS doctors.

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Enhancing Educational and Clinical Trainer's Support and Experience: A Quality Improvement Initiative

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Aims. The GMC Trainer's survey 2022 identified nearly two in ten (18%) trainers do not agree that their employer provides a supportive environment for everyone regardless of background, beliefs, or identity. A striking 52% of doctors working as trainers are identified as being at moderate to high risk of burnout. Surrey and Borders Partnership NHS Foundation Trust (SABP) has 63 active educational and clinical trainers.

We aim to enhance the overall experience of Educational and Clinical Trainers in SABP by gaining insights into their views and experiences and identifying key areas for improvement to support trainers in their roles, thereby contributing to a more resilient healthcare workforce.

Methods. We devised a 16 item questionnaire to gather anonymous data on trainers' experiences and views in their roles. Our study utilised an observational quantitative and qualitative cross-sectional design. Data capture was done on Microsoft Forms and analysed using Excel.

Results. We had 70% response rate, 90% agreed or strongly agreed they had adequate support and training, 95% feel able to fulfil educational CPD for appraisal however only 83% were able to complete reflections on trainee feedback. 93% agreed or strongly