Methods. The data were collected from core psychiatry trainees in West Midland (CT1 – 3) through a Microsoft form sent via the Faculty support team and data are collected (June 2021) from CT's perspective. It involved demographics and questions evaluating quantitative and qualitative overview of educational supervision. We used HEE guidelines and RCPsych recommendations. Similarly, we used a modified questionnaire to anonymise educational supervisors' (ES) perspectives in the West Midlands School of psychiatry annual Education day conference (January 2022).
Results. Trainees Perspective: 40% out of 123 trainees responded, of which 35% were CT1, 40% were CT2, and 25% were CT3. 59% said that CT in psychiatry was their first training job in the UK. In the quantitative overview, 25% of the trainees responded their 1st contact with their ES was more than six weeks after beginning their 1st post, and 29% expressed their 1st meeting more than six weeks following the start of their 1st post in the academic year. 67% met adequate standards in the quantity of educational supervision in an academic year. In qualitative overview, 19% didn't understand the role of ES, and 54% didn't know how to raise concerns about ES. The thematic analysis of the feedback suggested points of improvement as supervisions not being 'tick-box' exercises and accessibility of ES.

The trainer's perspective: 60% of attendees responded, 71.4% were ES. All the responding ES answered that they would arrange their 1st meeting six weeks before the start of the academic year. Almost all suggested the most common difficulty in educational supervision as availability of time, considering clinical workload for both ES and CTs. All respondents knew that the number of meetings would be as many as trainees wanted in an ideal/needful situation. From the thematic analysis of free text, almost all responded lack of time was a barrier in providing the supervision reflecting on their ability to engage with the trainees.
Conclusion. Suggested recommendations were to raise awareness among the trainees through workshops at induction to explain the aim and objective of educational supervision and to have a guided list of suggested topics to discuss in supervision. For trainers, further training about HEE & RCPsych guidance about Educational supervision would be helpful. Educational leads need to engage in job planning. A comparison between Trainees and trainers feedback through the GMC survey may help to compare with the national picture.

Is the Grass Greener on the Other Side? A Qualitative Comparison Study of Psychiatry Trainee Views in England Compared to New Zealand

Dr Neha Bansal*

NHS Lothian, Edinburgh, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.108

Aims. The Royal College of Psychiatrists census (2019) highlighted that 10% of all consultant psychiatrist roles remain unfilled. This pattern is replicated elsewhere in the UK with 7.8% in Northern Ireland, 9.6% in Scotland and 12.7% in Wales. This increase in consultant vacant posts is indicative of the recruitment challenges to psychiatry. On the other hand, the 2017 New Zealand Medical Workforce survey report showed recruitment to psychiatry was up by 8.2% in 2018 compared to 2017. I conducted a qualitative comparison study to look at psychiatry trainee views regarding their training in a UK and New Zealand deanery at similar stages of their psychiatric training.
Methods. Questionnaires were distributed to current psychiatry trainees in the Capital and Coast District Health Board (CCDHB) based in Wellington, New Zealand and Birmingham and Solihull Mental Health Foundation Trust (BSMHFT), UK who were between years 1–3 of their psychiatry training. Qualitative information was collated from the questionnaires regarding various aspects of their training. Areas of focus were; pros and cons of psychiatry training, suggestions for improvements, supervision, access to annual leave and study leave, teaching, encouragement to attend courses and involvement in research.
Results. Of the 33 current trainees working in CCDHB, 48% were immigrants from the UK, previously having worked in the NHS.

17% of BSMHFT trainees felt valued in their organisation, compared to 64% in New Zealand.

27% in New Zealand considered switching to another training programme, whereas none considered switching in the UK. Burn out was quoted as a problem in both New Zealand and the UK. 100% were able to take annual leave with ease in New Zealand, compared to 0% in BSMHFT.
Conclusion. This small study gives a closer insight into the views of trainees in New Zealand, a place often thought as being more attractive for doctors to work in. What this study shows is 2 key factors; there are shocking differences in the quality of trainee experiences between New Zealand and the UK, however New Zealand is not free from issues around trainee retention, although the study does show overall trainee satisfaction being greater in New Zealand. Feeling valued, supported and leading a life with better work-life balance appear to be key driving factors for UK graduates leaving the UK and there is more that could be done to make trainees in the UK feel more valued and prevent burn out.

Improving Education and Confidence for Junior Doctors Regarding Physical Health Matters on Psychiatry Wards: The Physical Health Huddle

Dr Cornelia Beyers[1]*, Dr Onaiza Awais[1], Dr Sophie Stokes[1], Dr Rajesh Moholkar[1] and Dr Alice Packham[2]

[1]Birmingham and Solihull Mental Health Foundation Trust, Birmingham, United Kingdom and [2]Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom
*Presenting author.

doi: 10.1192/bjo.2022.109

Aims. The COVID-19 pandemic highlighted a greater need for multidisciplinary input for psychiatric patients with complex physical comorbidities at Reaside Forensic Medium Secure clinic. It was also felt that junior doctors would benefit from support in managing complex physical health matters as well as issues arising whilst on-call in order to improve morale and support their educational needs. We aimed to add to existing services by offering junior doctors a regular discussion group (Physical Health Huddle) to support with complex cases, share different perspectives on patient treatment and open conversation regarding issues arising whilst on-call. We further hoped to improve communication, provide education for junior trainees with limited experience of forensic psychiatry and support their involvement in patient care and multi-disciplinary meetings.
Methods. Junior doctors were invited to a monthly informal Huddle (in person and online) and supported to propose patients