

ratings and free-text feedback emphasised virtual Balint attendance being easier.

Facilitators rated virtual and F2F formats similarly highly with regards to exploring difficult doctor-patient interactions, richness of discussions and their enjoyment. Facilitators felt virtual attendance was easier but more draining, with more difficult adherence to Balint group etiquette and boundaries.

82% of participants and 75% of facilitators agreed or strongly agreed that virtual format made them more likely to attend future Balint groups. The rich pool of free-text comments received were predominantly positive, whilst noting challenges during virtual Balint in remaining present, with more distractions (for participants) and additional difficulty accessing group dynamics (for facilitators).

Conclusion. Participant and facilitator responses indicate Balint-type groups being professionally and clinically beneficial across different psychiatrist grades, and promoting clinician wellbeing when both F2F and virtual during pandemic-related restrictions. Facilitator ratings (unlike participants) suggested specific virtual process challenges such as feeling more drained, perhaps in part due to technical application issues around this emerging format.

Both participants and facilitators reported attendance being easier when virtual. Although some suggested returning to F2F post-COVID, more preferred to continue virtually or utilise a blended format. This was particularly for non-CT groups where geographical challenges (e.g. region-wide ST Balint) or competing clinical demands (e.g. consultant/SAS Balint) made regular commitment and attendance more difficult.

GMC training survey and missing trainees in psychiatry

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Aims. To investigate the extent of misattributed responses in the General Medical Council (GMC) National Training Surveys (NTS).

Background. As part of its role in quality assurance of medical training, the GMC conducts an annual survey of trainers and trainees. Benchmarking of trusts' performance is indicated by red flags denoting outlying poor performance. The validity of this depends on the correct attribution of responses to trusts. We have previously found that responses for Foundation Year One (FY1) trainees undertaking psychiatry placements were misattributed to trainees' affiliated acute trusts (AT), even though the mental health trusts (MHT) were providing the training placements.

Method. Data from the online reporting tool were used to calculate the numbers of FY1, Foundation Year Two (FY2), and General Practice Speciality trainees (GPST) on psychiatry placements attributed to ATs and MHTs in 2019. A range is provided for the data, as results for trusts with one or two trainees are not reported. The data were analysed by training level and the 13 Health Education England (HEE) regions to give a proportion of trainees missing from the MHT data (% missing), an indication of response misattribution.

Result. 296-302 FY1s were attributed to MHTs and 114-148 to ATs, giving a % missing of 27.4-33.3%. 261-275 FY2s were attributed to MHTs and 89-125 to ATs, giving a % missing of

24.4-30.0%. 507-511 GPSTs were attributed to MHTs and 49-73 to ATs, giving a % missing of 8.8-12.6%.

Across the three training levels, all HEE regions were affected by data misattribution. The regions most affected were South London, Kent Surrey Sussex, and North West London, with missing % of 51.6-54.3%, 33.9-40.7% and 29.9-32.5% respectively. The HEE regions least affected were East Midlands, North Central and East London, and East of England, with missing % of 4.3-6.0%, 5.6-8.1% and 5.5-10.4% respectively.

Conclusion. Response misattribution for psychiatry placements in the NTS is rife, with the greatest impact on FY1s. While this issue affects all HEE regions, wide variation exists. Response misattribution means that the calculation of outliers is based on incomplete data, threatening the validity of the results. By liaising with our local HEE office to ensure correct attribution of our trainees, Surrey and Borders Partnership NHS Foundation Trust reduced our % missing from 50.0-56.8% in 2018 to 5.4-10.1% in 2019, thus proving that it is possible to remedy the situation on a local level.

A model for improving postgraduate medical education using the GMC survey

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Aims. To investigate whether the General Medical Council (GMC) National Training Surveys (NTS) can be analysed to develop a plan of action that improves postgraduate training.

Background. As part of its role in quality assurance of medical training, the GMC conducts an annual survey of trainers and trainees. The Doctors in training survey, part of the NTS, consists of 70 questions which are grouped into 18 indicators of quality. At Surrey and Borders Partnership NHS Foundation Trust, we were keen to use the comprehensive data in the NTS to improve training. We analysed each question to create a plan of action to improve the quality of training.

Method. We used data from the online reporting tool to calculate the scores for each question in the 2018 NTS. Taking into account the impact of year-on-year changes in the content of the survey, we examined the score, change from 2017 to 2018, and difference between the score and indicator mean to identify poorly-performing questions. Other questions with clear potential for further improvement were also highlighted. A plan of action was produced by the Leadership and Education Fellow and Director of Medical Education.

Result. 29 actions were identified. The most common were to ensure that information (e.g. job descriptions, professional opportunities) was accessible to trainees (8 actions); liaise with other teams (e.g. Human Resources, Safety team) (6); discuss issues with or provide information to trainers (5); discuss with trainees to contextualise survey results within their experiences (4); and ensure that information was delivered at induction (3).

To implement these actions, we conducted a workshop for trainers and held feedback meetings with trainees. 76.5% of trainers (13/17) and 88.5% of trainees (23/26) surveyed following these respective events agreed or strongly agreed that the NTS can be used to improve the training experience. A presentation on making the most of the placement was added to trainee induction and was rated excellent or good by all respondents (28/28).

Posters were also produced to disseminate information. In the subsequent NTS, there was an improvement in SABP's performance in 12/18 indicators in the Doctors in training survey, with one green flag denoting performance in the top quartile of trusts nationally.

Conclusion. The NTS can be analysed to create a plan of action with elements that trainers and trainees feel can improve their experience. Our model demonstrates the potential for using NTS data to plan quality improvement in training.

Enhanced faculty development: using the GMC survey to run a trainer development workshop

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Aims. To investigate whether the General Medical Council (GMC) National Training Surveys (NTS) can be analysed to create a trainer development workshop that improves postgraduate training.

Background. As part of its role in quality assurance of medical training, the GMC conducts an annual survey of trainers and trainees. The Trainer survey, part of the NTS, consists of 47 questions which are grouped into 11 indicators of quality. At Surrey and Borders Partnership NHS Foundation Trust, we were keen to use the comprehensive data in the NTS to improve training. We analysed each question to create a workshop to engage trainers in discussion about improving the experiences of trainers and trainees.

Method. Our analysis of the NTS used data from the online reporting tool to calculate the scores that were obtained for each question in the 2018 NTS. A question was discussed at the workshop if it performed poorly relative to other questions in the indicator; to provide useful information; or to clarify ambiguity. Indicators where interesting comparisons can be drawn between the views of trainers and trainees were also discussed. The 90-minute workshop was led by the Leadership and Education Fellow and Director of Medical Education. Attendees were subsequently sent an online survey.

Result. The workshop consisted of an introduction to the NTS; group discussion on which indicators were felt to be important, good- or poor-performing; discussion of specific questions; and a review of feedback from trainees.

12 questions and 3 indicators (Handover, Supportive environment, Rota design) were discussed. 11 questions were chosen for poor performance, which sought to contextualise the results within the experience of attendees. 8 questions were chosen to provide information, such as resources and current initiatives. 3 were chosen to clarify ambiguity. Many questions met several criteria.

17 attendees responded to the online survey. 64.7% agreed or strongly agreed that the NTS asks questions that are important for them. 76.5% agreed or strongly agreed that the NTS can be used to improve the trainer experience.

In the subsequent NTS, there was an improvement in 9/11 indicators in the Trainer Survey, with four green flags denoting performance in the top quartile of trusts nationally.

Conclusion. The NTS can be used to structure a workshop that trainers feel can improve their experience. Our strategy demonstrates the value of analysing the NTS dataset intelligently to engage trainers in improving training.

Is it possible to use research to learn psychiatry from scratch: a reflective self-study of a pre-clinical year medical student

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Aims. Despite the abundance of opportunities available for medical students to explore the field of psychiatry, active immersion through experiential learning has proven to be difficult for pre-clinical year students as a result of a busy time table and the need to wait for psychiatry postings during the clinical years. Hence, the question of "how to implement experiential learning of psychiatry in pre-clinical years" arises. This study is aimed to elucidate the attempts that have been made to use research as a proximate approach to learn psychiatry experientially, focusing specifically on the challenges faced and lessons learned by a pre-clinical medical student.

Method. This self-study outlined the informal three-months learning-by-doing journey of a year-one medical student, supervised by a psychiatrist registrar. Employing research as a proximate approach of experiential learning for psychiatry was explored based on reflection from discussion during supervision meetings and messages exchange. The agreed learning method was an active involvement in research projects on psychiatry topics, with the learning outcome of producing publications.

Result. The challenges faced included: 1) the difficulty associated with striking a balance between an ambitious project with high impact versus a feasible smaller project to keep both parties motivated through the means of short-term accomplishment; 2) the ongoing requirement for learning process adjustment to build the foundational knowledge essential for progress. Through active and deliberate effort, every step in the process was found to be an opportunity for active learning. Literature review, for example, was used to build the understanding of psychiatry topics and practise critical appraisal skills, while allowing for the recognition of knowledge gaps, which ultimately encouraged future research idea synthesis. The process of writing and submitting a manuscript was used to learn publication-relevant skills including: journal impact calculation, referencing, indexing and abstracting services, and publication ethics. Certain future proof skills were also developed, including literacy in information and communication technology which improved efficiency of research, problem solving and decision making. This was done using pros and cons whenever difficulties were faced.

Conclusion. Although research is not a comprehensive substitute for clinical posting in the process of learning psychiatry, the lessons learned from psychiatry research can potentially serve as an initial exploration tool for preclinical-year medical students interested in the field. The stimulating process has found to be effective in stimulating further interest in psychiatry but maintaining it will be the next challenge.

Improving the confidence and competence of junior doctors in conducting seclusion reviews

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