Aims. This training aimed to familiarise the trainee of the mental health tribunal process and its delivery in the virtual form, improve the trainee's ability to provide targeted and succinct evidence both in written and verbal form.

Methods. This project followed a PDSA cycle. We targeted core trainees in their 3rd year (CT3s) for this pilot for practical reasons, we've also asked one third year nursing student to participate. We have started with a pre-intervention survey to obtain knowledge and confidence levels with regard to tribunals and identify further training needs. We used one of the slots available on Thursday MRCPsych course schedule to conduct the pilot. We have identified several people who are willing to participate in the teaching process, including an inpatient unit consultant, a judge, an experienced panel psychiatrist.

We have obtained teaching material from the MHA office at the trust. On the day of the pilot, we prepared introductory material in the form of power point presentation about tribunals and how to write reports. We then introduced our virtual patient "Mike" whom we based the report writing workshop and MOCK tribunal on using theoretical nursing and doctor entries. The teaching was followed by post intervention qualitative feedback. Data of pre and post intervention were moved to an excel spreadsheet for further analysis. We will take the results from this pilot to inform the next cycle of the project.

Results. Quantitative data: The training module was conducted over Zoom. Pre and post intervention surveys indicated an improvement in the trainees' knowledge and confidence scores of 28–44% as described in figure 1.

Qualitative data: The trainees and facilitators provided very positive qualitative feedback. Themes mentioned were related to comprehensiveness of training material, confidence gained in providing evidence, range of information covered, on hand experience, experts presence, relevance for multidisciplinary training cohort. Areas of improvement included minor technical difficulties, suggestion of more time spent on nature and degree, and involving service user and lay person representatives.

Conclusion. The above analysis and feedback suggests a successful run of the first pilot. We will aim to increase representation and allow more time for the some of the key learning points like understanding the difference between nature and degree in relation to MHA. We will continue to liaise with the department of Medical Education at Severn Deanery and We will also run the project at a wider scale including more nursing students and trainees of different levels.

Raising Concerns and Trainee Well-being: What Are the Issues?

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Aims. Raising concerns is an important part of being a doctor and part of the GMC 'Good Medical Practice' guidelines, however as a trainee it often comes with specific challenges. Historically trainees are often left feeling that their concerns are not taken seriously and there is no resolution to problems raised. Here we present the findings of a scoping exercise undertaken as part of a Quality Improvement project exploring these issues within a large mental health Trust.

Methods. Trainees across all training grades from Foundation doctors to higher trainees were invited to engage in virtual focus groups specific to their training programme. Contributions were analysed anonymously using a thematic analysis approach by two independent coders. Quantitative data were also gathered using an online survey to capture trainees who had been unable to attend a focus group.

Results. Key results included:

- A total of 6 focus groups were attended by more than 35 trainees, with high turnout particularly within Foundation trainees and CT1 doctors.
- Three key themes were identified from the qualitative data: difficulties with the process of raising concerns, fear of the consequences and challenging the culture of the organisation.
- It was noted that senior trainees felt more comfortable with the process of raising concerns compared with junior colleagues but were more apathetic about the impact of doing so.
- 12 trainees completed the online survey. Of these, 6 (50%) reported having had patient safety concerns and 7 (58%) had had concerns about their training.
- The most common reported barriers to raising concerns were the impact on working relationships (67%), lack of support (50%) and fear of repercussions on their training (50%). 42% of respondents were unsure of how to raise concerns.
- Trainee suggestions for change included improved information for trainees and trainers about the process for raising concerns, sharing of feedback about concerns raised more widely and regular opportunity to meet with key stakeholders.

Conclusion. The majority of trainees had experienced concerns about either patient safety or training issues. It will be necessary to address the multiple barriers highlighted to enable trainees to feel more confident and able to raise concerns. Increasing awareness of escalation processes, improving the processes themselves and fostering a supportive environment which encourages and supports trainees to raise concerns will be important given the implications for patient safety and trainee well-being.

The MSc Psychiatry at Cardiff University: Introduction of New Modules Further Supporting Continuing Professional Development in Psychiatry

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Aims. The *MSc Psychiatry at Cardiff University* is an established postgraduate programme offering students a sound theoretical basis in psychiatry as a medical science and specialty. The programme currently offers six taught modules (focusing on mood and anxiety disorders, psychosis, old age psychiatry, forensic psychiatry, substance misuse, and child and adolescent psychiatry), as well as a dissertation module that students complete towards the end of the programme. In catering for the professional needs of clinical students and students pursuing careers in academia, two additional taught modules have been proposed exploring *Leadership and Management in Psychiatry* and *Advances in Psychiatric Research*. Feedback on the proposed introduction of the new modules was collated from the current full-time and part-time student cohorts.

Methods. A total of 57 students currently enrolled on the programme were surveyed in relation to the proposed additional taught modules. The survey was created using Microsoft Forms and deployed via the programme's virtual learning environment

(i.e., Blackboard). A mixed methods design was employed, with both Likert scale and open-ended items included in the survey. Students were informed that future cohorts would be offered a choice between the existing *Forensic Psychiatry & Substance Misuse* module and the proposed *Leadership and Management in Psychiatry* module, as well as a choice between the existing *Child and Adolescent Disorders* module and the proposed *Advances in Psychiatric Research* module.

Results. Responses from the current student body were collated and analysed. A total of 29 (51%) students surveyed were medical professionals, with the remaining 28 (49%) students being science graduates or other clinical professionals. Descriptive analysis of the quantitative data revealed that an overwhelming majority of students viewed the introduction of the new modules as a positive development that would further enhance the student learning experience and continuing professional development. Content analysis of the qualitative data revealed further insights on the nature of the proposed modules and preferences on how these should be included within the existing programme schedule.

Conclusion. Students currently enrolled on the *MSc Psychiatry* favour the introduction of the proposed modules tailored to support professional development. Specifically, students view the proposed module on *Leadership and Management in Psychiatry* as catering to the needs of clinicians working in a variety of healthcare settings, whilst the proposed module exploring *Advances in Psychiatric Research* was considered to supplement existing course content on evidence-based medicine and caters for students with an interest in pursuing a career in academia.

'Bridging the Gap': Do Psychiatry Core Trainees Feel Prepared to Deal With Acute or Emergency Physical Health Conditions?

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Aims. In many cases there are several years between a trainee finishing foundation training and covering inpatient psychiatric wards on call. However, being resident on-call and covering psychiatric wards involves dealing with acute medical as well as psychiatric emergencies. Anecdotally trainees say that they often feel unprepared for this, and that the types of medical emergencies seen in psychiatric wards have rarely been come across in foundation training. The views of the psychiatric core trainees in the Maudsley Training Programme were audited with the aim of finding out how confident they feel in this area.

Methods. 30 Maudsley core trainees were sent a questionnaire which included questions such as "how confident do you feel when dealing with physical health issues, particularly when on call?" and "how rusty do you feel on your physical health medicine from med school?" using a Likert scale.

Following the results of this initial audit an intervention was introduced which was the delivery of a monthly 10 minute slot at local teaching called "Bite-Sized Medicine". This was a 10 minute power-point presentation on acute physical health issues.

Post-intervention there was a re-audit. Trainees were sent another questionnaire (Likert scale) asking follow-up questions to determine if the intervention had improved their confidence.

This project was approved by the South London and the Maudsley Information Governance team and did not require ethical approval.

Results. 10 core trainees responded during the pre-intervention audit and 13 during the post-intervention audit.

Mann Whitney U tests were used to compare the means Q1vs Q3 (confidence), and Q2 vs. Q4 (rustiness) pre and post intervention.

Both were significant on this output (P < 0.0005).

This shows that there is a significant difference in the mean scores pre and post intervention, with the post-intervention scores being higher. This indicates that the intervention helped trainees to feel more confident and less rusty in terms of dealing with acute physical health issues.

Conclusion. In this small survey, core psychiatry trainees expressed that the introduction of "Bite-Sized Medicine" was useful in helping them feel more confident and prepared when dealing with acute and emergency physical health issues. This is reflected in the statistical analysis, albeit with small sample sizes. Comments were made such as "there are a range of physical health issues that are common in psychiatric care that trainees won't have seen much of in their foundation training. This is a very useful intervention for bridging that gap".

Exploring Reasons for Choosing Psychiatry Among Psychiatrists in the United Arab Emirates

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Aims. The global burden of mental disorders continues to grow with significant health, social and economic consequences. Unfortunately, the gap between the need for mental health care and its provision remains wide all over the world. The recruitment and retention of psychiatrists is a long-standing concern in the United Arab Emirates (UAE), with social stigma playing a potential role. This study aimed to investigate the factors that affect the choice of psychiatry as an area of practice by psychiatrists in the UAE. A secondary aim was to assess differences in the factors which affected career decisions among those participants with different backgrounds to establish any cultural and generational differences in choosing psychiatry as a career.

Methods. We conducted correlational research using an anonymised 30-item online questionnaire. We recruited qualified psychiatrists currently working in the UAE. The structured questionnaire assessed the participants' sociodemographic factors and reasons for choosing psychiatry. Ethical approval was received from the Social Sciences Research Ethics Committee (SS-REC) at United Arab Emirates University. Statistical analysis, including Pearson correlations and chi-square tests, was performed using the statistical package for the social sciences (SPSS) version 26.

Results. Out of 70 participants approached, 54 completed the questionnaire with a response rate of 77%. 69% of the participants were female, with a mean age of 38 years. 46% were UAE citizens. We found that the doctors trained in the UAE were statistically more likely to face opposition to specialising in psychiatry (p-value <0.001). Participants with a family member or friend as a psychiatrist were more likely to choose psychiatry as a first choice (p-value 0.01). Psychiatrists below the age of 35 were more statistically likely to face opposition to their decision to specialise in psychiatry (p-value 0.006). Psychiatrists who regretted