

to any specific teaching regarding ECT while participating in the study.

Result. The students were aged between 21 and 28 years with almost equal gender distribution. Among them, 89.1% had heard about ECT before whereas 15.6% knew someone who has received ECT. Although 90.6 % of students believed ECT can be lifesaving many times, a substantial number of students had misconception about ECT such as assuming it as a painful procedure (71.9%). Almost half of them believed ECT can have severe consequences like death or permanent brain damage. Around one fourth to one third believed ECT is inhumane, without scientific proof or a form of punishment for violent angry patients. Surprisingly, a significant higher percentage of male students believed that 'ECT leads to permanent loss of memory' (11/34 vs. 3/30, $p=0.04$) and 'ECT is given as a punishment to violent/angry patients' (15/34 vs. 4/30, $p=0.01$).

Conclusion. Several misconceptions about ECT are prevalent in medical students that need to be adequately addressed during their training to develop a positive attitude and basic knowledge about the treatment.

Developing a differential attainment e-learning course for consultants who supervise trainees within Oxleas NHS Foundation Trust

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doi: 10.1192/bjo.2021.445

Aims. To create an e-learning course to promote awareness of differential attainment and encourage supervisors to reflect on their own experiences and practice.

Method. Funding was gained from Health Education England to create the e-learning course. A questionnaire was constructed to gauge baseline knowledge and attitudes towards differential attainment amongst the consultant body. All consultants attending a local Faculty Day were asked to respond, and following this an explorative discussion on the topic was chaired by the authors. The results of the survey were collated and free-text answers were coded thematically. In parallel, information from academic publications and professional resources was gathered and summarised. A script was created with support from web developers Kineo and was refined over several drafts. The e-learning module was published on the Oxleas learning environment on the 10th February 2021.

Result. 34 supervisors responded to our questionnaire. 75% had heard of DA, with 45% identifying personal experience of it. However only 35% identified it as a problem in their work place and 39% did not consider it in their clinical practice. Thematic analysis of free text comments revealed three main themes – emotions and experiences associated with differential attainment, a desire for increased training and a desire for more open discussions with struggling trainees. Some answers also revealed poor or incomplete understanding of the topic.

From the questionnaire and the literature, four key areas were identified – defining differential attainment, describing the scope of the problem, challenging misconceptions about differential attainment and the role of the social network in attainment. These four areas became section titles for the e-learning course.

Conclusion. There is an appetite for information pertaining to differential attainment amongst our consultant body. A trainer

facing e-learning course was created to promote awareness and reflection on current practice. Evaluation of the impact of the module is ongoing. The course is being shared with the confederation of South London local education providers.

A UK-wide survey of speciality doctors and associate specialist (SAS) psychiatrists' psychotherapy case experience, barriers and benefits to professional development and clinical capabilities

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doi: 10.1192/bjo.2021.446

Aims. Research suggests that seeing psychotherapy cases benefits psychiatric trainees' professional development and clinical capabilities, however there is lack of such evidence for SAS psychiatrists, who require this experience for Certificate of Eligibility for Specialist Registration (CESR) applications.

Having provided frequently requested psychotherapy training support to our Trust's CESR training programme in Birmingham we aimed to study nationwide SAS psychiatrists' psychotherapy case experience, professional benefits and barriers to access.

Method. An online questionnaire was sent to UK-wide SAS Psychiatry doctors, with the support of the RCPsych Speciality Doctors and Associate Specialist Psychiatrists Committee (SASC), whilst being promoted on social media. It asked about psychotherapy-related experience, barriers and plans.

Result. 122 doctors completed the questionnaire, estimated to constitute approximately 8% (or more if considering all vacancies) of SAS psychiatry posts based on the RCPsych Census (2015), from across all UK nations and regions. 23% had gained experience in delivering psychotherapy (57% of whom confirmed CESR or training application plans), seeing cases mainly in CBT (52%) and psychodynamic psychotherapy (41%). Those who had delivered psychotherapy agreed or strongly agreed that it helped them become a better listener (82%), become more empathetic (75%), enjoy work more (71%), understand the unconscious communication better (82%), be more confident about referring for psychotherapy (82%) and overall be a better psychiatrist (86%).

44% planned to start a psychotherapy case but had not started, of whom only 22% had identified a supervisor and 15% identified a case. Only 11% felt confident they could get the psychotherapy training experiences they needed. Barriers reported included it not being part of their job plan (70%), time constraints (57%), difficulties in accessing psychotherapy supervision (61%), difficulties in identifying suitable cases (32%) and limited knowledge about psychotherapy (30%).

Conclusion. Doctors who delivered psychotherapy reported benefits on many levels, making a strong case it develops their clinical capabilities, which may facilitate psychologically-informed care.

The results indicate interest in psychotherapy training outstripped available opportunity and support. Whilst some barriers mirrored those previously reported for trainees (difficulties accessing supervision and cases) others identified particularly related to SAS workload (not being part of their job plan and time constraints) and lack of support (with trainees prioritised). This may highlight a potential concern given the SAS Charter covers CESR-related support and advocates appropriate Supporting Professional Activities (SPA) time.