

evening. We also recorded an electrocardiogram (ECG) lead I using a VitalPatch for 7 consecutive days. Python scripts were developed to produce HRV timeseries and plot data. ECG frequency domain parameters – low- (LF) (0.05–0.15 Hz) and high-frequency (HF) power (0.15–0.4 Hz) – were calculated for each stimulation period. The LF/HF ratio was used as a marker of autonomic modulation. The Wilcoxon signed-rank test was used to compare LF/HF ratio distributions.

Results. Initial data from the wearable sensors were used to develop interpolation scripts to improve the processing of noise, missed R waves and ectopic beats, to reduce errors when estimating HRV from the heart rate signal. Initial results from 97 individual 1-hour long stimulation periods, from 18 participants, show that active stimulation in the morning, when compared with sham stimulation in the same period, significantly reduces the LF/HF ratio. The median and interquartile range (IQR) of the LF/HF ratio for the active and sham periods was, respectively, 1.72 (1.99) and 2.75 (2.82), a statistically significant difference ($p = 0.043$).

Conclusion. taVNS modulates HRV frequency domains, suggestive of vagal cardiac effects, and replicates findings from previous taVNS studies. Reductions in the LF/HF ratio are suggestive of increased parasympathetic tone. As the auricular branch of the vagus does not have any direct cardiac efferents, this suggests central ANS modulation using taVNS. Secondly, it suggests that cardiac ANS modulation could be used as a proxy measure of afferent vagal stimulation, which could be of clinical utility. These effects warrant exploration in a larger cohort study, including wider demographics (including age range) and improved processing pipelines.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

An Exploratory Evaluation of Barriers to Study Leave Application Amongst Psychiatric Trainees in the West Midlands

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doi: 10.1192/bjo.2023.92

Aims. Between 2018–2021 there was a downward trend in study leave applications and the total spending on trainee study leave activities. There was concern that trainees may not be maximising educational opportunities. The authors were aware of anecdotal evidence indicating barriers to applying for study leave and therefore sought to objectively explore this. We aimed to evaluate qualitative and quantitative responses amongst psychiatric trainees within the West Midlands deanery regarding study leave applications. We also endeavoured to identify positive aspects and barriers, to improve knowledge and confidence in the process and identify areas for improvement in making the system more accessible.

Methods. The authors met with Health Education West Midlands to clarify current processes and gather objective data regarding study leave applications between 2018 and 2021. A survey was distributed to all Psychiatric trainees in the West Midlands in December 2021. The survey was open for three weeks and contained closed and open questions. Data were analysed and a

thematic analysis was completed independently by the authors to allow for triangulation.

Results. There were 62 responses (response rate of 27%) from trainees ranging from CT1-ST7+. 55% were unclear about the study leave application process, and of these, 79% said this had prevented them from applying. Only 37% of trainees found the process ‘very’ or ‘moderately easy’, with 23% finding it ‘very difficult’. When exploring barriers, worryingly 69% of trainees did not know where to find the list of approved courses. Other themes included too many signatures being required, long delays in forms being returned and money being reimbursed.

Conclusion. The majority of respondents were unclear about the study leave process or found it difficult. This acts as a barrier to application in the majority of cases and may have a knock-on effect on the overall quality of training. By identifying these barriers, we are now able to address these more directly.

The results were presented at a deanery wide level leading to a better understanding of the reduction in spending of study leave funding. Phase two of the project will see the introduction of an electronic application system, aiming for an easier and shorter process, in addition to creating consistency across trusts. There may have been some confounding factors, such as COVID-19 that may have contributed to the decline in study budget being utilised.

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The New 2022 Curriculum for Postgraduate Training in Psychiatry in the UK – Experiences of Trainees Within a London Deanery

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doi: 10.1192/bjo.2023.93

Aims. The Royal College of Psychiatry introduced a new post-graduate training curriculum in August 2022. One of the main changes is the introduction of a new collaborative tool between supervisor and trainee, the placement-specific personal development plan (PSPDP). The aim of this project is to locally explore trainee’s views and experiences with the PSPDP.

Methods. We explored the views and experiences of seven psychiatry trainees within the South London and Maudsley NHS Foundation Trust in a single 60-minute focus group, co-facilitated by two authors over Microsoft Teams. The participants were purposively identified to have started core and higher training under the new curricula and a snowballing approach was used to recruit them. The data were recorded, transcribed, and analysed in line with ethical guidelines. The analysis was done by using Clarke and Braun’s approach to thematic analysis.

Results. Three overarching themes were identified:

1. Positives of using a collaborative tool with a psychiatric supervisor (PS),
2. Challenges in implementation and
3. Trainees’ perspectives on directions forward.

The most notable subtheme of theme one was the improved curricular alignment between learning opportunities, curriculum content, and assessment tools. As one participant mentioned: “When we were going through [the PSPDP], it definitely guided us, what we wanted to (...) get out of this placement in particular,