Aims: Trainees in core psychiatry training are expected to complete at least 20 sessions of long case psychotherapy within 6 months. However, many take significantly longer. This study explores the typical duration of long case psychotherapy and the challenges that contribute to delays.
Methods: Data was collected from the psychotherapy tutor who supervised 16 trainees who had completed their long case. Additionally, a survey was conducted among 12 trainees to identify factors contributing to delays.
Results: Among the 16 trainees, only 4 (25%) completed their long case within 6 months. 3 completed in 7–8 months, 3 in 9–10 months, 3 in 11–12 months and 3 took 13–15 months.

Survey results showed that among 12 respondents, only 2 (16.6%) completed their long case within 6 months, 3 took 8 months, 2 took 9 months, 2 took 10 months, and then 3 required more than 14 months.

Session cancellations emerged as a significant factor in delays. Regarding patient non-attendance, 6 trainees reported 1–3 missed sessions, 2 reported 4–6 missed sessions, 1 reported 7–9 missed sessions, and 2 reported over 10 missed sessions. Trainees themselves cancelled 1–3 sessions (7 trainees), 4–6 sessions (2 trainees), and 7–9 sessions (1 trainee). The reasons for trainee cancellations included out-of-hours commitments (60%), annual leave (80%), sick leave (30%), and study leave (60%).

The longest gap between sessions was reported as 3 weeks by 41.7% of trainees, 4 weeks by 8.3%, and more than 4 weeks by 16.7%. 66.7% of trainees believed breaks affected therapeutic relationships. Furthermore, 63.6% reported that cancellations often led to consecutive missed sessions. To maintain continuity, 75% of trainees had to conduct sessions on their scheduled days off.

However, 72.7% of trainees were satisfied with the therapy they provided, although only 54.5% believed their patients were satisfied with the treatment received.
Conclusion: The expected 6-month completion for long case psychotherapy is rarely achieved, with most trainees requiring longer due to cancellations, scheduling conflicts, and patient non-attendance. Long breaks between sessions negatively impact rapport, and many trainees resort to working on days off to meet requirements. Learning from colleagues that the long case takes considerably longer than initially anticipated, we aim to change the psychotherapy planning to ensure that all psychiatry residents start their long case as early as possible, ideally during CT2, with communication regarding the importance of consistent attendance.

Introduction of a Dedicated Induction Programme for International Medical Graduates in Psychiatry Training at South London and Maudsley National Health Service (NHS) Foundation Trust and Oxleas NHS Foundation Trust

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Aims: International Medical Graduates (IMG) constitute a significant portion of the NHS workforce and play a vital role in psychiatric care. However, many face challenges in navigating the United Kingdom (UK) healthcare system, medico-legal responsibilities, and cultural differences, particularly when psychiatry training is their first NHS role. Despite these challenges, no dedicated IMG induction programme previously existed at South London and Maudsley (SLaM) and Oxleas NHS Foundation Trusts. Existing induction sessions were not tailored to IMG-specific needs, leaving trainees without structured guidance. Feedback from IMGs highlighted the need for a formal induction to provide essential training and signpost available support.
Methods: A structured International Medical Graduate Induction Programme was introduced as a mandatory, protected-time event for new core and higher psychiatry trainees. The first session, held in August 2024, was delivered by consultants, IMG core and speciality trainees, British Medical Association representatives, and medical indemnity advisors. The programme covered supervision and support in psychiatry training, medico-legal responsibilities, the Mental Health Act assessment, documentation standards, differential attainment, and practical aspects of living in London.
Results: Ten IMGs attended the August 2024 session, with six providing feedback. All respondents (100%) reported that the programme met their expectations. The most valued sessions were Mental Health Act assessment training and documentation in psychiatry. Feedback suggested a need for greater clarity on support services and professional indemnity.
Conclusion: The introduction of a structured IMG induction programme at SLaM and Oxleas NHS Foundation Trust was well received with positive feedback reinforcing its value in supporting IMG trainees' transition into UK psychiatry training, enhancing their confidence and competency. The plan is to integrate this with routine inductions for each new cohort of trainees. The next IMG induction is in February 2025 for which more than 15 new IMG trainees have signed up. Attendance remains mandatory for new core and higher psychiatry trainees. Future sessions will incorporate feedback to further refine the programme, ensuring it remains relevant and responsive to the needs of IMG trainees.

Training the Trainer of an International Medical Graduate

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Aims: More than half of new recruits in the NHS are International Medical Graduates (IMGs). It is recognised that IMG need additional support, however to offer this their supervisors need to be aware of the landscape and resources to effectively support them. We developed a training for supervisors of IMGs using a mix of didactic, group work and simulation training.
Methods: The Faculty Development and IMG tutors surveyed and worked with several IMGs to identify topics for the training learning from their recent lived experiences. They also looked at guidance for IMG induction as published by General Medical Council (GMC) and British Medical Association (BMA). We identified that challenges of IMGs evolve through their journey and developed 3 simulation scenarios targeted at early, mid and later stages of the IMG pathway.

The one day face-to-face course included:

An introduction into current IMG landscape including the identified challenges. AS offered lived experience of IMG journey.

This allowed for a discussion among the supervisors to reflect on their role.

This was followed by the 3 SIM scenarios:

An IMG doctor who had just moved to the UK and introduced to the supervisor the various practical hurdles that this entails around immigration and joining the NHS.

An IMG had been living in the UK for a few months and was starting a training job, with the focus on fleshing out the differences in healthcare systems.

Managing feedback about communication skills in an IMG who had significant clinical experience in their home country before moving to the UK a few years ago.

We gathered quantitative and qualitative feedback from the participants.

Results: 6 of the 7 candidates offered feedback which was unanimously positive. All found the content useful, most found the course extremely helpful to manage IMGs and an overall rating of excellent by 83% (5 out of 6). We received qualitative feedback as well, 'It was amazing' & 'so grateful especially simulation rather than only theory'.

Conclusion: As IMGs enter the workforce through different pathways and at different times, organising focused IMG induction can be challenging. Moreover the needs of IMGs evolve over time. In psychiatry we have a structure of regular supervision which offers an opportunity of ongoing support to IMGs through the supervisors. However we believe supervisors are not always up to date with the IMG landscape or resources and would benefit from upskilling and updating in this field.

Monthly E-Portfolio Drop-in Sessions for Core Psychiatry Trainees: A Peer-Led Initiative

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Aims: We have observed that many trainees lack confidence in maintaining their e-Portfolio and meeting training requirements. This initiative aimed to provide structured, peer-led support to improve understanding and engagement with portfolio tasks.

Methods: We implemented a one-hour, non-mandatory monthly drop-in session, led by core trainees. Topics were selected based on a pre-session survey and further refined through feedback during and after each session. Trainees with experience in specific portfolio components led discussions, with additional guidance from senior (CT3) trainees. Sessions focused on navigating the portfolio, understanding training requirements, and organizing evidence for the Annual Review of Competence Progression (ARCP).

Results: Sessions covered topics such as logging clinical assessments, reflective practice, personal development plans, emergency case documentation, and ARCP preparation. Common challenges identified included mapping evidence to competencies, structuring reflections, and creating personal development plans. The peer-led approach facilitated practical, experience-based learning.

Conclusion: While online portfolio resources are available, face-to-face peer-led learning provides a valuable supplement in medical education. The monthly drop-in sessions have been well received and have enhanced trainees' confidence in portfolio management. This model could be beneficial if replicated across other NHS trusts to support core psychiatry trainees nationally.

Improving the National Intellectual Disability Higher Trainee Experience

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Aims: At several regional representative meetings held by the National Trainee representatives for the Intellectual Disability (ID) faculty within the Royal College of Psychiatrists a number of themes emerged. There were concerns around the ability to disseminate information to new starters as often groups like the Trainee ID whatsapp group are dependent upon word of mouth. Some trainees talked about difficulties meeting particular competencies such as inpatient experience whilst others felt isolated due to small training numbers. There were also changes to the portfolio system that had raised concerns for some.

Due to the small number of trainees who attend the meetings, we were unclear as to how widespread the themes were. We agreed a national survey of ID trainees would be beneficial.

Methods: We constructed a survey for ID and dual trainees via Google forms to assess their knowledge of the ID faculty, whether they had access to the communication channels used by trainees, trainee competencies and trainee loneliness. We advertised this survey via the trainee ID whatsapp group, through regional representatives, discussions with local training programme director (TPD) to encourage ID trainees to participate. We added a section around thoughts as to how we could improve the ID trainee experience like a virtual event and/or an induction page on the Royal College website.

Results: 46 people responded ranging from ST1 to ST8 across the nationals. 60.9% of ID trainees didn't have a good understanding of the ID Faculty's role. 80.4% didn't feel well inducted into the portfolio. 69.5% of trainees felt sometimes or often lonely within their jobs. 50% were signed up to the Faculty Newsletter and 43.5% weren't confidently aware of the other channels to disseminate information. There were about 33% of trainees felt they were struggling to gain experience within inpatient or CAMHS ID or forensic ID. 67.4% ID trainees supported a virtual event and 69.6% supported an induction page.

Conclusion: Based on the results, we proposed a virtual 'Welcome Event' aimed at new ID higher trainees. This was supported by the wider ID faculty. The event was held virtually on 15 October and 39 participants joined which included ID trainees and TPDs. A feedback survey was circulated to evaluate the event, unfortunately only 5 people responded. All responded positively and agreed that they would recommend this event to others. We hope this event will become a bi-annual event to help strengthen the trainee experience along with developing an induction page.