

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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doi: 10.1192/bjo.2021.433

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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doi: 10.1192/bjo.2021.434

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).