

Representatives of the Faculty of Forensic Psychiatry now have an up-to-date mailing list that can be inherited each year by their successors. Subscribers can unsubscribe if they wish and new members can be added via sign-up links, meaning the mailing list will be able to evolve as trainees complete their clinical training and new trainees commence their training in forensic psychiatry. The COVID-19 pandemic has presented a very challenging time to be a doctor in training and initially significantly limited face to face contact with peers. However, it has also opened new avenues, such as the increased familiarity with video conferencing, dismantling barriers that have previously impeded the sharing of opportunities that should be available to all trainees, wherever they are training.

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### WhatsApp™ for CESR: Experience From a Peer Support Group

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**Aims.** Certificate of Eligibility for Specialist Registration (CESR) is an alternative pathway for doctors to join the General Medical Council (GMC) specialist register in the United Kingdom (UK). Despite significant official resources provided online by both the GMC and the Royal College of Psychiatrists (RCPsych), a lot of doctors working toward CESR in psychiatry specialties find the system complex and do not fully understand how to start, especially candidates from abroad. Therefore, a WhatsApp™ group has been set up to provide peer support to any doctors who want to achieve CESR in psychiatry specialties. This article is aimed to share the reflective experience of managing the WhatsApp™ peer support group.

**Methods.** The WhatsApp™ group entitled “CESR Aspirants” was created on 23 April 2020 by four UK speciality doctors. The number had grown to the size of 218 participants on 19 December 2022. Any doctors could join the group via the common link. All questions and inputs were welcomed as long as the professionalism and values of the group were respected. The discussion was analysed and grouped into different themes to understand the common questions.

**Results.** The participants in the group come from 12 countries. The main themes of discussion include the following: clarification of the official guidelines, exploration of types of primary evidence for different domains, troubleshooting individual challenges, sharing of experience and resources, questions about resources available, recognition of CESR in the international arena, motivation to each other, and validation of others’ frustration. There is a significant heterogeneous level of support from local employers to CESR candidates, ranging from the absence of support due to prioritisation of service delivery to a structured CESR fellowship. Psychotherapy and electroconvulsive therapy emerged to be commonly discussed issues as not all candidates had access to those services in their practice. More questions were asked by

doctors practising in the UK rather than candidates from abroad. There were three candidates who obtained their CESR in the group.

**Conclusion.** CESR requires significant effort from candidates. The repetitive theme in certain aspects of clinical domains reflects the common challenges faced by candidates as a result of limitations at the workplace. Therefore, support from the employer is essential for candidates to be successful in their CESR journey. Ultimately, a successful CESR candidate will mean extra consultant psychiatrist manpower to the employer. The creation of a local fellowship or mentorship programme will likely be helpful.

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### Gogledd Cymru-Peer Supervision in Psychotherapy (GC-PSP): What Are Lessons Learned After Two Years?

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**Aims.** Core trainees in psychiatry (CT) must attain competencies in at least two psychotherapy modalities before they are allowed to sit for the final Royal College of Psychiatrists’ membership exam. The common training approaches in the United Kingdom include regional training workshops, weekly Balint groups, and access to individual supervision. Some CTs express their wish to have extra opportunities to practice psychotherapeutic skills and discuss cases in order to enrich their experience in learning psychotherapy. Therefore, the peer-led GC-PSP, i.e. Gogledd-Cymru (North Wales) Peer Supervision in Psychotherapy is conceptualised as a quality improvement project (QIP) for North Wales CTs. This article aims to illustrate the lessons learned after two years of GC-PSP.

**Methods.** A baseline survey was done to identify trainees’ ideas, concerns, and expectations in psychotherapy training and weekly one-hour supervision sessions were set up in May 2021. Sessions were facilitated by a speciality trainee (ST) in psychiatry with experience in psychotherapy. The agenda was determined on the day based on the specific issue or expectation brought up by trainees which could include: clarification of psychotherapeutic concepts and knowledge learned elsewhere, skill training through role-playing, case formulation of clinical encounters, discussions on suitable intervention, and any topics that were relevant to psychotherapy or combination. Subsequent written and verbal feedback was gathered.

**Results.** A total of 48 sessions had been conducted in two years, with 37.5% covering knowledge teaching, 45.83% skills training, and 39.58% case-based discussions. The top five modalities requested by CTs included: cognitive behavioural therapy (32.35%), psychodynamic therapy (20.59%) acceptance and commitment therapy (17.65%), motivational interview (11.76%), and behavioural activation (8.82%). The overall attendance had been inconsistent, ranging from no attendees and the highest of eight attendees comprising medical students, foundation year trainees, core psychiatry trainees, general practitioner specialist trainees, and specialist registrars.

**Conclusion.** Although inconsistent attendance results in the repetition of discussions and topics, all trainees feel the extra