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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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WhatsAppTM for CESR: Experience From a Peer Support Group

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doi: 10.1192/bjo.2023.143

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 WhatsAppTM 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 WhatsAppTM peer support group.

Methods. The WhatsAppTM 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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doi: 10.1192/bjo.2023.144

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

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sessions support their learning in psychotherapy in a safe space as they feel the small group discussion allows more active participation and they are able to learn from others on top of their individual supervision (positive Kirkpatrick level 1 reaction). All trainees wish to have this initiative continued and prefer a semi-structured rather than totally flexible agenda so that they can plan for their attendance, which can be a consideration for future implementation.

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Mentorship Scheme at Surrey & Borders NHS Foundation Trust

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doi: 10.1192/bjo.2023.145

Aims. To establish a mentorship programme for all grade of Psychiatrists working within Surrey and Borders Partnership Trust.

Methods. RSPsych guidance was used to establish a mentoring programme within Surrey and Borders Partnership Trust.

A core leadership team was identified and established, this included the Director of Medical Education, a Higher Specialist Trainee, and a Core Trainee.

The decision was made to structure the programme to involve all grades of doctor within the trust, with pairing of Mentor and Mentees tailored to mentee needs. Support from the core team will also be offered to both Mentees and Mentors on a regular and drop in basis, as well as support groups for each group.

The programme was then advertised using a trust email list and training days were held via Microsoft Teams and delivered by the West Midland Mentoring Team RCPsych.

The programme is due to launch in February 2023 with expected widespread engagement, followed by evaluation survey.

Results. We received a good response from all grades of doctors targeted in the Mentorship Scheme.

Following this a prelaunch meeting, facilitated by the core leadership team, was organised for all those involved in the scheme.

This meeting outlined the aims of the scheme and support available to both Mentors and Mentees.

The Mentors and Mentees have now been paired and the scheme will be launching in February 2023.

Conclusion. Burnout is a significant and highly prevalent phenomenon within the Psychiatric community.

Mentorship is shown to reduce rates of burnout as well as improving staff well-being, productivity and retention.

Following RCPsych guidance this project aims to establish a mentorship programme for all psychiatrists within the Surrey and Borders NHS Trust.

The Surrey & Borders Mentorship Scheme will launch in February 2023.

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Establishing a Memorial Trust Overseas (Kashmir) for the Promotion of Health, Awareness and Education

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doi: 10.1192/bjo.2023.146

Aims. To promote physical and mental health in underprivileged communities; (II) to increase awareness on health matters in the community and students.

Methods. May 25th 2011, remains etched in author's mind. Her brother, Dr Syed Arshad Abbas, had a fatal accident while on duty. In 2012 family established a Memorial Trust. Since then, the following are provided:

- 1. A free medical health camp twice a year. Patients receive free consultation, free medication and referral to secondary or tertiary services.
- 2. An ambulance service available all times.
- 3. Two blood donation events, 2012 in collaboration with Red Cross and 2022, in collaboration with an international charity and the hospital of Baramulla.
- 4. Sponsorship to students, from primary school to university, with a mentoring scheme for university students.
- Mental Health awareness programme every year in different Universities.

Results.

- To date, 3122 patients were seen at the camps. Medical and psychiatric specialist services are offered face to face or virtual. Depression, Anxiety Disorder and PTSD are the most prevalent disorders. There is an increase in substance use in youth. Polypharmacy is common practice.
- 2. Ambulance catered for 2404 patients. The first patient was an 11-year-old boy, with acute abdomen. He was transferred to tertiary hospital and operated within three hours.
- 3. Second blood donation event has broken the World Record of number of donations in one day. A database of regional donors was set up. Screening has identified two women with anaemia, highlighted health inequalities which were reported to local government.
- 4. Sponsored and mentored university students have completed their degrees and secured placements in tertiary hospitals.
- Mental Health awareness programme identified the need for counselling services in universities and need for similar programmes.

Conclusion. This project has given an opportunity to turn loss into positive and a grief into hope. It will help family to move on by providing to the local community. Being a medic trained in UK the author was able to utilize skills into serving her home community, put vision into action and fulfil Hippocratic oath.

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INSIGHT: Evaluation of the Psychological Medicine Student Placements at HMP Berwyn, North Wales: Year One Findings

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