

level of alcohol-related teaching in the curriculum' theme highlighted that approximately 14 hours is dedicated to this crucial topic. Overall, these findings indicated the need for multifaceted interventions to change the current provision of education.

Conclusion. Currently, the BSP population fail to access treatment services due to fear of shame and stigma. Thus, doctors must be empathetic and sensitive to this, and be aware of how to explore psychosocial aspects of patient's lives and how this influences their AUD. Providing culturally competent services will ensure that holistic interventions are implemented, leading to earlier detection, prevention, and management of alcohol-related harms. This will ensure that individuals from the BSP community feel comfortable in help-seeking. Recommendations were targeted at medical schools and their students, with a predominant focus on the provision of culturally competent services.

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Rewilding Medical Education

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Aims. Access to a healthy environment offers broad health benefits and has been declared a human right (UNHCR, 2021). However, despite the release of position statements by royal colleges on the climate and ecological emergency, there appears to have been limited opportunities for dissemination and sharing of knowledge, understanding and opportunities for action for many doctors and medical students in the North of Scotland. Hence, this project was aimed to create awareness on the importance of nature connectedness and explore its association with good physical and mental health and well-being. It was also so the medical students can understand the relationship between nature connectedness and the experiences in nature through active observation and hands-on engagement activities alongside acknowledging already active allies providing practical environmental volunteering activities.

Methods. 9 Medical students, 3 Core Psychiatry Trainees, 1 Psychologist and 1 Child and Adolescent Psychiatrist met at Trees for Life, Dundreggan. We were introduced to 2.5 hours of mindful grounding techniques, mindful eating, connecting with nature through art along with sensory exercises such as tree hugging and trust building activities by Nature for Health. We interacted in group work to design nature-based activities that can be used in clinical practice to improve mental well-being in people living with OCD, depression, ADHD, trauma and eco-anxiety.

Results. Learning experience amidst nature was well received by participants who also gained positive effects on their own personal well-being. The project successfully brought the participants together to access, care for and enjoy green spaces whilst learning about allied programs available in the community. The participants also learnt how nature can aid mental health recovery and well-being, whilst giving people a chance to do their bit towards the fight against climate change.

Conclusion. We suggest to incorporate teachings on climate change in medical education with consideration on using green spaces as delivery sites to enhance nature connectedness (local green social prescribing opportunities such as Green Walking,

Green Gym, conservation volunteering, city farms, forest schools by The Conservation Volunteers, The Wildlife Trusts and the 'Rewild and Recover' programme from Trees of Life). We also suggest to promote our future healthcare professionals to collaborate with other groups linking nature restoration to human health and well-being. Awareness on benefits of nature connectedness should become one of the most important aspects of medical education in this century to foster a generation of healthcare professionals with pro-nature attitudes and active engagements with the natural world.

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Building a Trainee Network of Higher Trainees in Forensic Psychiatry

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Aims. It has long been recognised that psychiatry trainees face challenging and unique stressors within their working and training environment. Many of these stressors were exacerbated by changes to the working environment and training and education programmes during the COVID-19 pandemic. When elected to the role of Higher Trainee Representatives for the Faculty of Forensic Psychiatry one of our key aims was to create a national network of Higher Trainees in Forensic Psychiatry to improve trainee well-being, ensure national views are represented within the Faculty of Forensic Psychiatry and share educational and research opportunities.

Methods.

1. Creation of a National Forensic Trainee mailing list for the dissemination of networking, research and educational opportunities.
2. Links to the mailing list sign-up form were disseminated through a variety of avenues including local trainee 'WhatsApp' groups, by contacting postgraduate administration teams within appropriate NHS Trusts and appropriate social media outlets.
3. A National Forensic Trainee 'WhatsApp' group was established, combining several local groups. Members were encouraged to add their peers.

Results. Prior to May 2022, the previous Higher Trainee Representatives for the Faculty of Forensic Psychiatry only had access to a mailing list of 19 local representatives. This did not cover all deaneries nationally, and several email addresses were inactive following trainee rotations.

Following our campaign, we have established a mailing list of 66 interested parties which includes: 51 Higher Trainees in Forensic Psychiatry, 12 Core Psychiatry Trainees, 1 SAS doctor and 2 medical students.

Conclusion. By establishing new routes of communication, we believe we have met our aim of creating a supportive national network of Forensic Psychiatry Trainees. The Higher Trainee

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