Article 8). Trainees are forced to confront the specific constraints of the MHO (NI) 1986, which precludes detention solely based on Personality Disorder. The scenario demonstrates that the threshold for overriding a competent refusal is the high bar of the Common Law doctrine of Necessity. The primary learning outcome is the realization that the hardest clinical decision is often not to treat.
Conclusion: This educational intervention successfully establishes that respecting legally protected autonomy, even when it risks catastrophe, exacts a heavy toll of moral distress. By integrating legal jurisprudence with psychotherapeutic principles of containment, the simulation acts as a sublimation of moral injury. It demonstrates that curriculum development must address the "faceless" demands of the law alongside the human needs of the doctor. Providing a controlled environment to bear the "unbearable weight of autonomy" is an ethical imperative for mitigating burnout and ensuring true patient-centred care.

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A Quality Improvement Project to Evaluate the Utilisation of Different Visual/Auditory/Kinaesthetic Techniques to Support Learning Within the Local MRCPsych Programme

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Aims: The weekly Local Academic Programme (LAP) at Mersey Care NHS Foundation Trust is part of the MRCPsych programme. It aims to prepare psychiatry trainees for theirMRCPsych exams, and within Mersey Care receives positive feedback from attending resident doctors. To support exam practice, multiple-choice questions (MCQs) were introduced in 2024. We decided to extend further support as trainee leads and introduced didactic (maximum 5 minutes) explanations of complex exam topics every session, using different audio/visual technologies. The aim was to cater to different learning methods; Visual, Audio, Reading/Writing, Kinaesthetics.
Methods: The quality improvement project used mixed methodology. We used convenience sampling to collect quantitative and qualitative data. Before the start of the semester, a pre-intervention survey was sent to trainee doctors using Google Forms, in February 2025. After 5 MCQs for the audience to practice in the LAP, one of the authors (LAP trainee leads) explained a chosen topic for 5 minutes. We used power point presentations or videos using graphics or white board function on Zoom to explain examinable topics. Paper A and Paper B curriculums were used to select the topic for discussion. Throughout the semester and at the end, we sent out surveys to gather feedback using Smart Surveys until July 2025.
Results: Initial survey data indicated that most trainees struggled to digest concepts in standard MCQ banks and believed they would benefit from short (5-minute) discussions on complex examinable topics, such as biostatistics (e.g. ANOVA vs. ANCOVA) during our sessions.

Following the implementation of the new LAP format, 60.7% found MCQ based explanations helpful. Regarding delivery style, 35% of respondents preferred a mixture of MCQs and whiteboard/video explanations, while 33.33% favoured MCQs with standard explanations. None of the respondents wanted whiteboard/video-based teaching alone.

Qualitative feedback was highly positive, with trainees noting that the explanation of statistical methods was "particularly good" and "very helpful for revision" for Paper B. Participants specifically praised the "simplified" explanations to consolidate learning.
Conclusion: The trainees found the new sessions useful for their organisation, interactivity, and clarity on difficult to understand examinable topics. To support the greatest benefit in MRCPsych examination preparation, trainees preferred a combined approach of MCQ style questions alongside whiteboard/video explanations for more complex topics. Catering to different learning methods and differential attainment in local medical education programmes could potentially improve MRCPsych success rates for resident doctors in psychiatry training.

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Experiences of International and British Medical Graduates in UK Core Psychiatry Training in the Northwest Deanery of England: ACross-Sectional Mixed-Methods Study

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Aims: To compare Core Psychiatry training experiences in the UK of British and International Medical Graduates in the Northwest Deanery of England and identify challenges faced by each group across multiple domains.
Methods: A cross-sectional mixed method survey was conducted (Electronic and Paper) amongst core psychiatry trainees in the Northwest Deanery of England. The survey consisted of multiple-choice questions and free text box. Quantitative data was analysed using descriptive statistics (Chi square, Fisher's exact andoddsratio) to compare BMG and IMG responses while the qualitative responses were analysed thematically using the Braun and Clarke the maticanalysis.
Results: 48 trainees responded (IMG:28, BMG:20). Burnout was reported more frequently by IMGs than BMGs. IMGs were significantly more likely to report cultural differences, perceived preparedness to enter training. Thematic analysis identified concerns around day-to-day training, prioritising clinical workload over learning, frequent changes in placements, social isolation and disruption in community building. Moreover, concerns around inequity in pay and inconsistent on call demands across trusts were identified.
Conclusion: IMGs experience a higher degree of burnout compared with their BMG counterparts, and more likely to report challenges like cultural differences, perceived preparedness to enter training. Challenges like increased workload, navigating the NHS systems, rota pressures and prioritising service provision over learning were commonly reported by both the groups.

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Bridging DSM/ICD and Developmental Neuroscience: A Neurocognitive Profile Specifier Framework for Neurodevelopmental Disorders

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