Aims: Diagnostic systems for neurodevelopmental disorders, including DSM–5–TR and ICD–11, provide essential categorical classifications for clinical communication, service eligibility, and care planning. However, these systems offer limited capacity to explain the marked heterogeneity observed within diagnostic groups or to link diagnosis meaningfully to underlying neurocognitive mechanisms. In parallel, dimensional frameworks grounded in developmental neuroscience have generated substantial mechanistic insight yet remain difficult to operationalise in routine clinical practice. This gap between descriptive diagnosis and mechanistic understanding limits formulation, training, and translational consistency across clinical settings.

Aim

To propose a neurocognitive profile specifier framework that integrates developmental neuroscience constructs into DSM/ICD-based diagnosis using a shared, clinically usable language applicable across education, clinical practice, and service contexts.

Methods: This conceptual framework defines five neurocognitive profile domains consistently implicated in neurodevelopmental conditions: Social Cognition; Executive Function and Cognitive Flexibility; Reward and Motivation Sensitivity; Sensory Processing; and Emotional Regulation. Each domain is characterised using concise, developmentallyinformed specifiers (e.g. intact, variable, markedly impaired), derived from information routinely obtained during neurodevelopmental assessment, including clinical interview, collateral history, and standardised measures interpreted relative to developmental norms. The framework is designed to be applied following categorical diagnosis, preserving existing descriptive specifiers while adding a mechanistically coherent profile layer to clinical formulation.

Results: The framework produces a concise neurocognitive profile embedded within the diagnostic formulation. Clinically, this supports clearer intra-diagnostic differentiation, improves multidisciplinary communication, and facilitates targeted intervention planning without reliance on biological markers not yet suitable for routine use. Across services and training settings, it provides a structured approach for teaching formulation and linking assessment findings to intervention strategies. In addition, the use of clinically familiar but mechanistically grounded domains facilitates alignment with neuroscience-informed research, supporting cumulative and translational understanding.

Conclusion: Neurocognitive profile specifiers offer a pragmatic means of aligning diagnostic practice with developmental neuroscience while preserving categorical classification. By contextualising diagnosis rather than replacing it, this framework supports more precise formulation, enhances educational clarity, and provides a scalable approach to personalised care in neurodevelopmental psychiatry.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Creating an Educational Neuropsychiatry Network

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Aims: Tobuild a Multiprofessional Neuropsychiatry educational network. To provide high standard educational meetings through complex case presentations which promote neuropsychiatry across the East Midlands.

Methods: Neuropsychiatry as a sub-speciality is not endorsed by the GMC, and as such formal training pathways do not exist for psychiatrists in the UK. The Neuropsychiatry Discussion Group (NPDG thereafter) is a monthly forum designed for clinicians across all levels and specialties to explore complex neuropsychiatric presentations. Each session a clinician presents a complex case that challenges diagnostic frameworks and treatment strategies. In the past 12 months we have expanded the network, hosted guest speakers from experts to trainees with an interest in neuropsychiatry and formalised the programme. We regularly have 70+ attendees across neighbouring trusts in the East Midlands and are continuously expanding the network to foster professional collaboration.

We base the programme on the RCPsych Faculty of Neuropsychiatry suggested syllabus to ensure curriculum coverage over the year and have developed a standardised feedback form for the sessions using a Likert scale as well as free text to collect data.

Results: Analysis of participant feedback across multiple sessions demonstrated strongengagement and consistently high satisfaction with the educational content and delivery.The programme successfully incorporated a broad range of presenters spanning training grades and seniority, from CT1 trainees to Professors of Neuropsychiatry, reflecting an inclusive academic culture and exposure to varied perspectives. This breadth was frequently reflected in comments.

Quantitative data showed that participants rated the clarity of session objectives, clinical and academic relevance, and effectiveness of teaching methods predominantly at levels 4 and 5, indicating a high degree of perceived educational value and quality.

Qualitative feedback reinforced these findings. Attendees frequently emphasised the strengths of the case-based format, praising the sessions for their real-world clinical applicability, multidisciplinary input, and opportunities for collaborative discussion. The format was noted to support deep, reflective learning, particularly in areas where diagnostic and treatment paradigms are complex or evolving.

Conclusion: Ongoing evaluation will remain integral to the development of the group. We will continue to systematically collect and analyse participant feedback across sessions.

We are working with neighbouring trusts and organisations in order that attendance at the sessions can be used for CPD activity.

We aim to continue to widen the NPDG network, therefore fostering rich, cross-specialty dialogue. We wish to deepen clinical insight, share perspectives, and enhance collaborative care across the region.

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Supporting and Retaining Advanced Trainees and New Consultants in AWP

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Aims: High quality patient care in mental health services relies on a robust psychiatric workforce. However, unfilled posts and high staff turnover can become entrenched problems. Here we describe a unique and innovative strategy developed in Avon and Wiltshire