

Improving GP Trainee Exposure to Intellectual Disability Psychiatry: A Quality Improvement Project

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1. BACKGROUND

Primary care plays a pivotal role in reducing the significant health inequalities experienced by people with Intellectual Disability (ID), through annual health checks, reasonable adjustments and management of long-term physical and mental health conditions [1].

Despite this, GP resident doctors often have limited exposure to ID services during training, which may reduce confidence in caring for this patient group.

Although psychiatry placements form part of GP specialty training [2], there is currently no requirement for dedicated exposure to ID psychiatry, with most trainees rotating through general adult services.

2. METHODS

A **baseline survey** was distributed to two cohorts of GP resident doctors undertaking psychiatry placements in South London and Maudsley NHS Foundation Trust. Data was gathered on **previous exposure to ID psychiatry, confidence in key clinical competencies, awareness of ID services and interest in additional educational opportunities**.

Findings informed the development of a **dedicated teaching afternoon** embedded in their psychiatry teaching programme, covering health inequalities, annual health checks, communication, reasonable adjustments, role of specialist ID services and mental health case discussions. An optional **clinical taster day** with a local ID service was also offered.

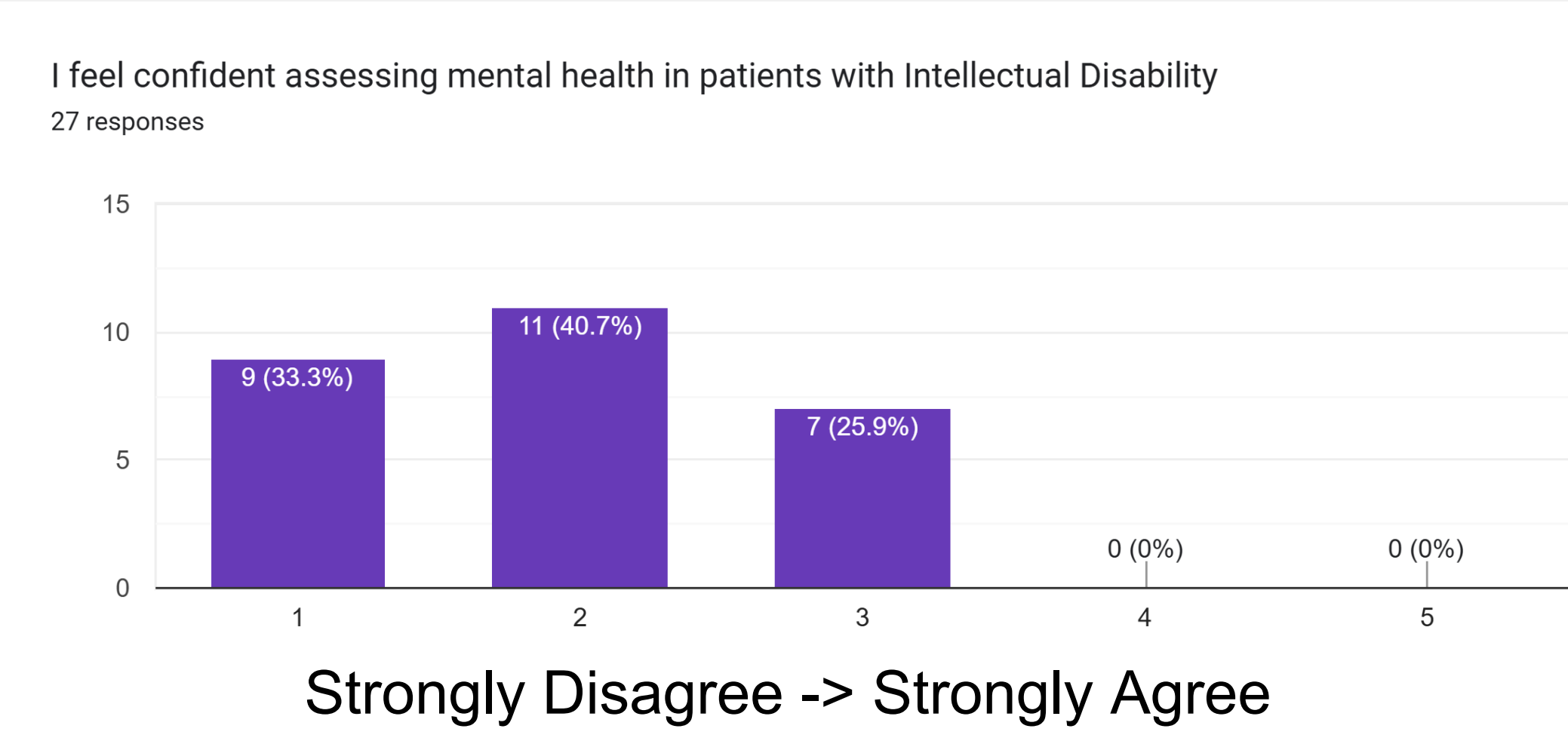
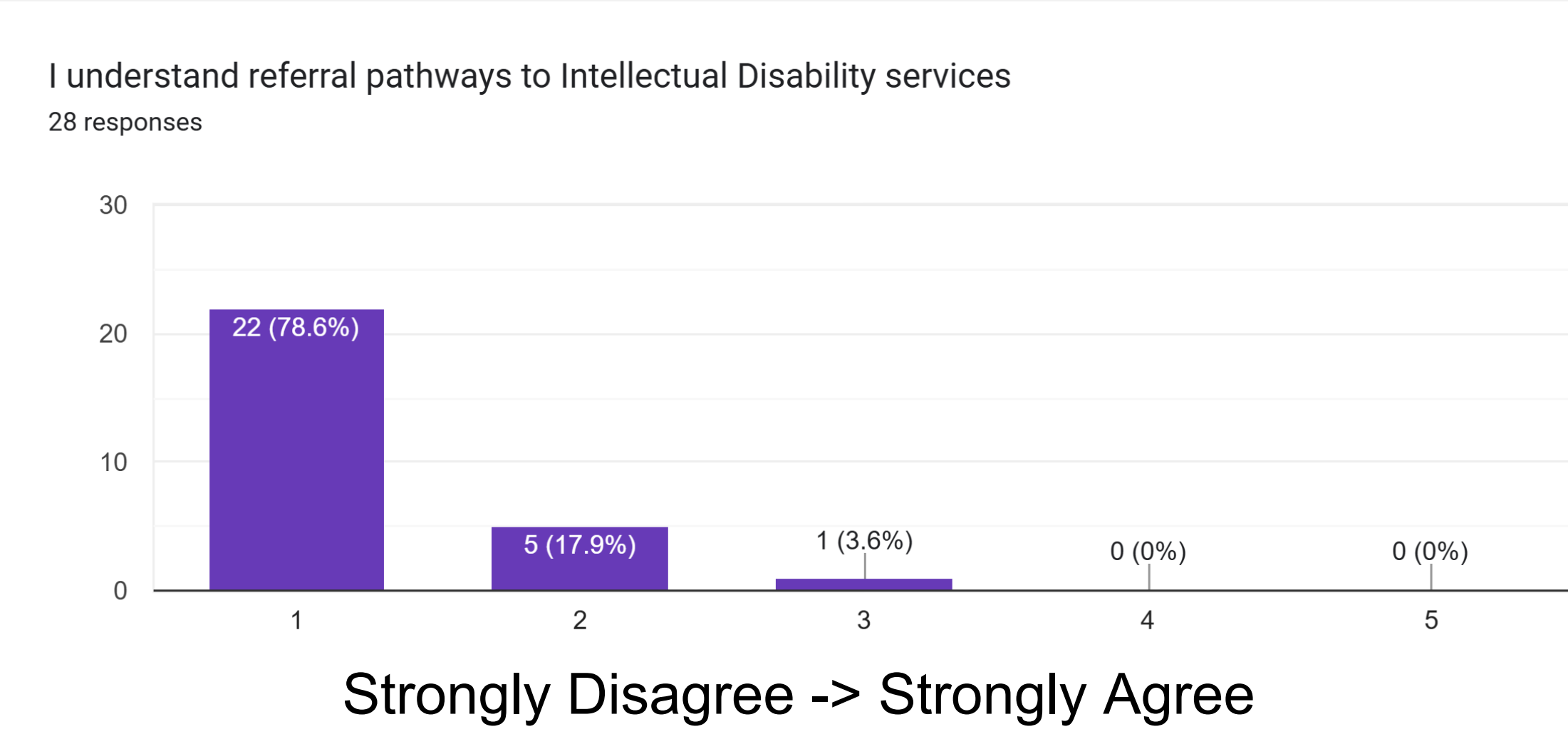
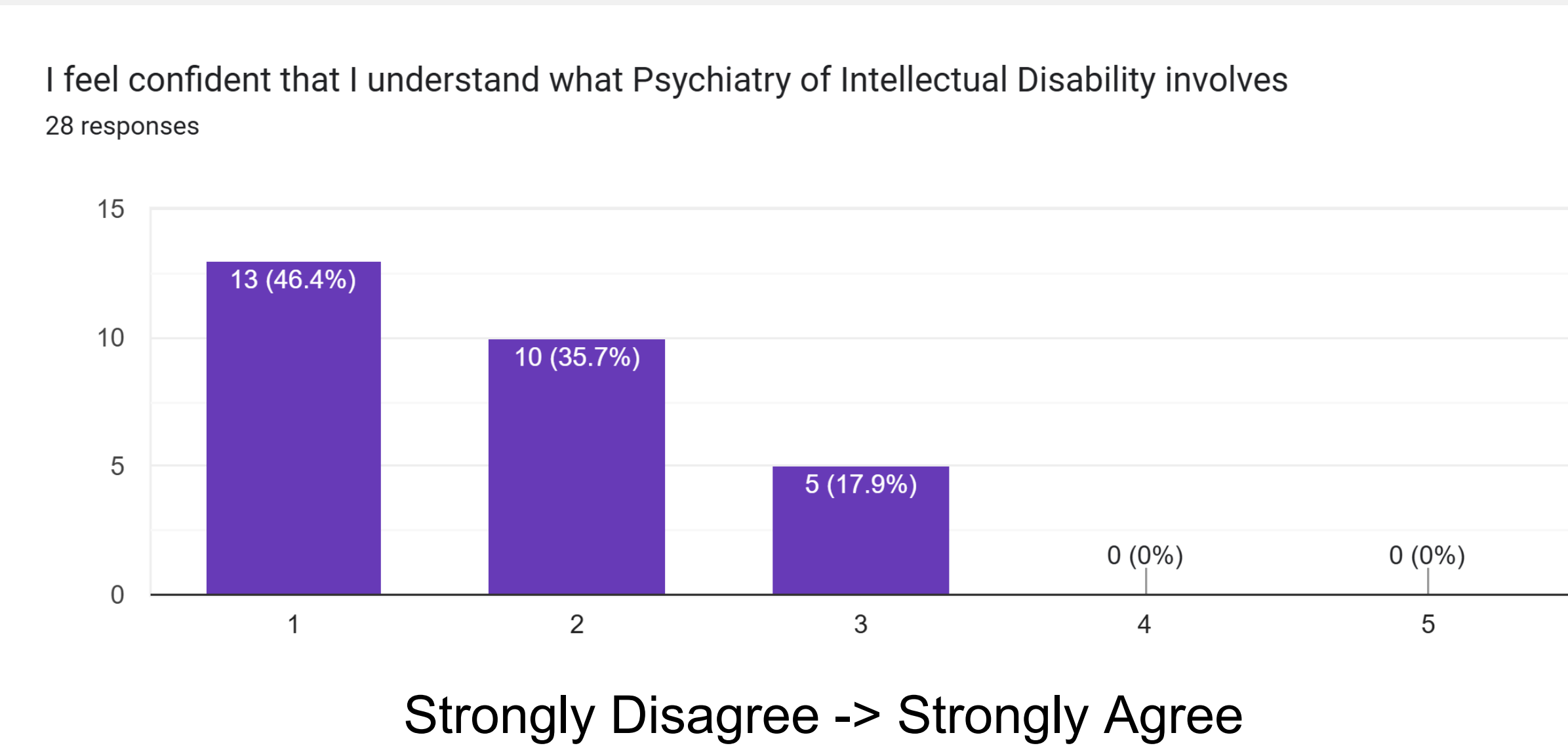
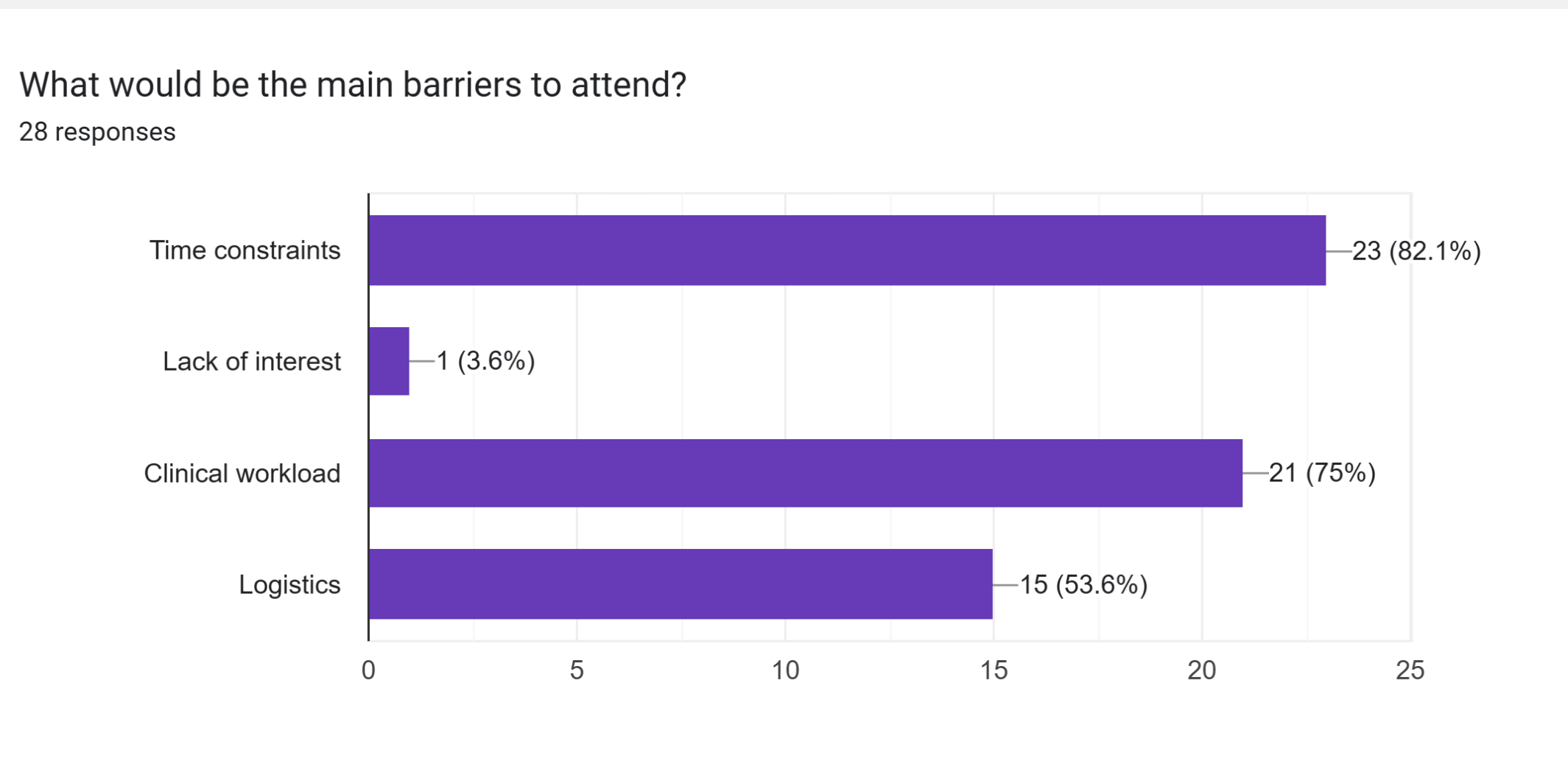
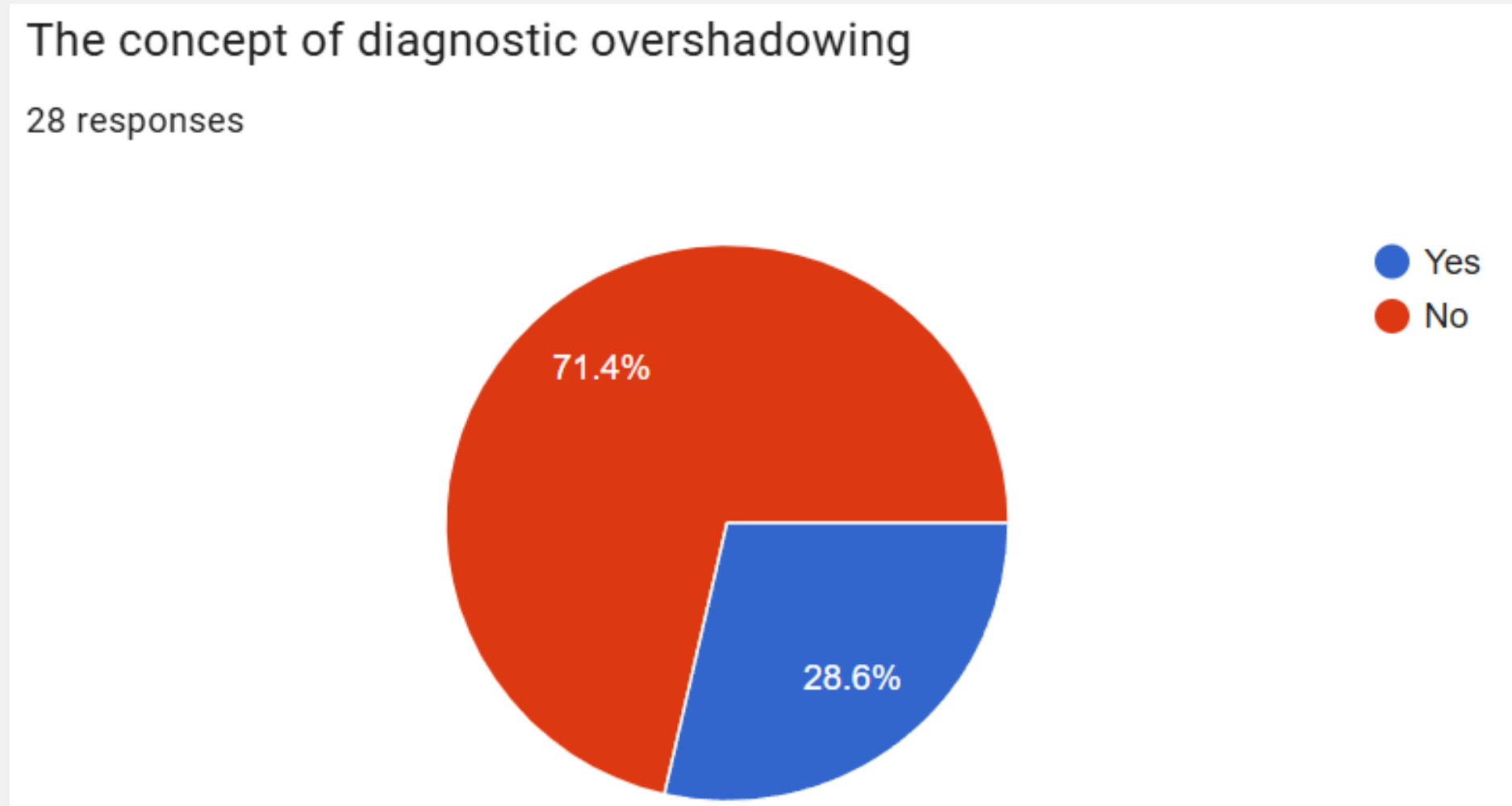
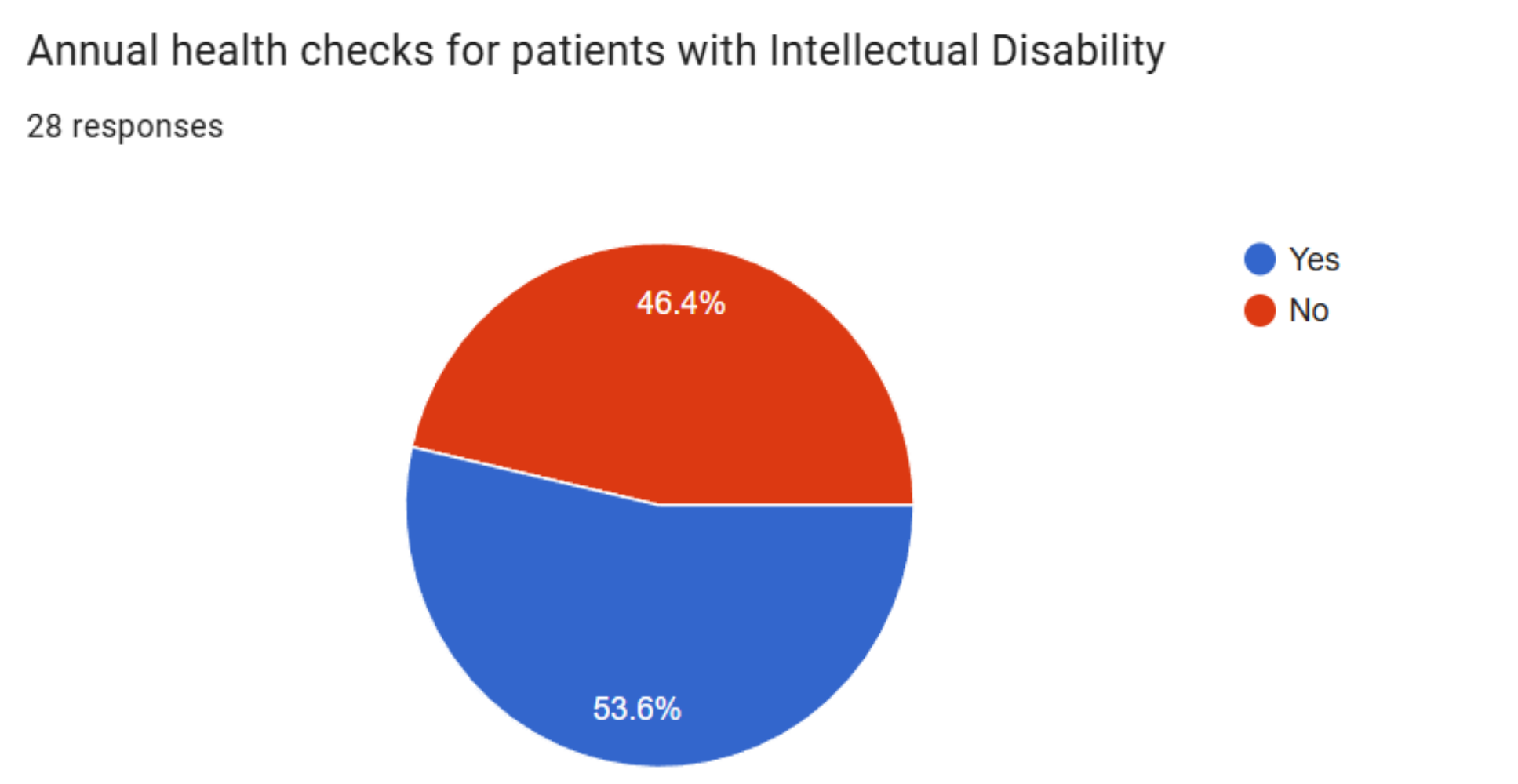
4. CONCLUSIONS

The findings demonstrate a **significant unmet educational need** regarding ID psychiatry within GP training. Baseline data has informed the introduction of a **teaching afternoon** and development of a **clinical taster day**. Ongoing evaluation will assess the impact of these interventions on trainee confidence and inform wider implementation across GP training programmes, including trainees who do not undertake a psychiatry placement.

3. RESULTS

A total of **28 resident doctors** responded to the baseline survey:

- **21.4%** had exposure to ID during medical school
- **0%** had undertaken a placement during their training
- **82.1%** lacked confidence in understanding the role of ID psychiatry
- **96.5%** lacked confidence in understanding referral pathways
- **51.8%** lacked confidence in communicating with people with ID
- **74%** lacked confidence in mental health assessment in people with ID
- **96.3%** did not feel adequately prepared to care for people with ID in primary care
- **56.3%** were aware of annual health checks
- **28.6%** understood diagnostic overshadowing
- **92.9%** would attend an ID taster day
- Time constraints (**82.1%**) and clinical workload (**75%**) were identified as main barriers to attending



5. CONTACT INFORMATION

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6. DECLARATIONS

No conflicts of interest or funding

7. REFERENCES

1. Gregson N et al. People with intellectual disabilities' experiences of primary care health checks, screenings and GP consultations: a systematic review and meta-ethnography. International Journal of Developmental Disabilities. 2022 Apr 5;70(2):184-200. doi: [10.1080/20473869.2022.2056402](https://doi.org/10.1080/20473869.2022.2056402).
2. Tips for GP trainees working in psychiatry, Burkes et al. British Journal of General Practice 2011; 61 (583):148-149. DOI: <https://doi.org/10.3399/bjgp11X556407>