

# Improving a Learning Disability Psychiatry Postgraduate Medical Education Programme – A Quality Improvement Project

Dr Aurielle Goddard, ST6 Psychiatry Trainee, Avon and Wiltshire Mental Health Partnership NHS Trust & Severn PGME School of Psychiatry

Dr Fran Ward, Consultant Psychiatrist, Wiltshire Community Learning Disabilities Service (HCRG Caregroup)

Postgraduate medical education programmes are an essential component of ensuring continuous professional development. However, in a time of increased demand and finite resources, they can be demoted as low priority. In order to be successful, organizational and administrative time needs to be minimal and the programme needs to provide educational value.

Severn deanery has been running a monthly medical education programme for learning disability. It is attended by core trainees rotating through their learning disability placement, specialist higher trainees in learning disability and learning disability consultant psychiatrists. The programme is organised and co-run by a learning disability consultant psychiatrist and a learning disability higher trainee.

A GMC training survey in 2023 revealed a low score in the academic programme.

Analysis of the programme revealed difficulties in the following areas –

- High drop-out rates particularly of core trainees, not always for reasons of sickness, leading to last minute gap filling, higher volumes of emails and lower quality presentations as a result.
- At times the programme was haphazard, with an uneven spread of resident doctor and consultant presentations and topics that did not always map onto the curriculum, leading to low audience satisfaction.
- Organisers of the programme felt low motivation and engagement, seeing it as primarily an administrative task.

This quality improvement project aimed to reduce drop out rate of presenters and increase the quality of the programme by improving its relevance to the curriculum, feedback ratings and variety of presenters.

**Background:  
Defining the  
problem**

**July 2023**

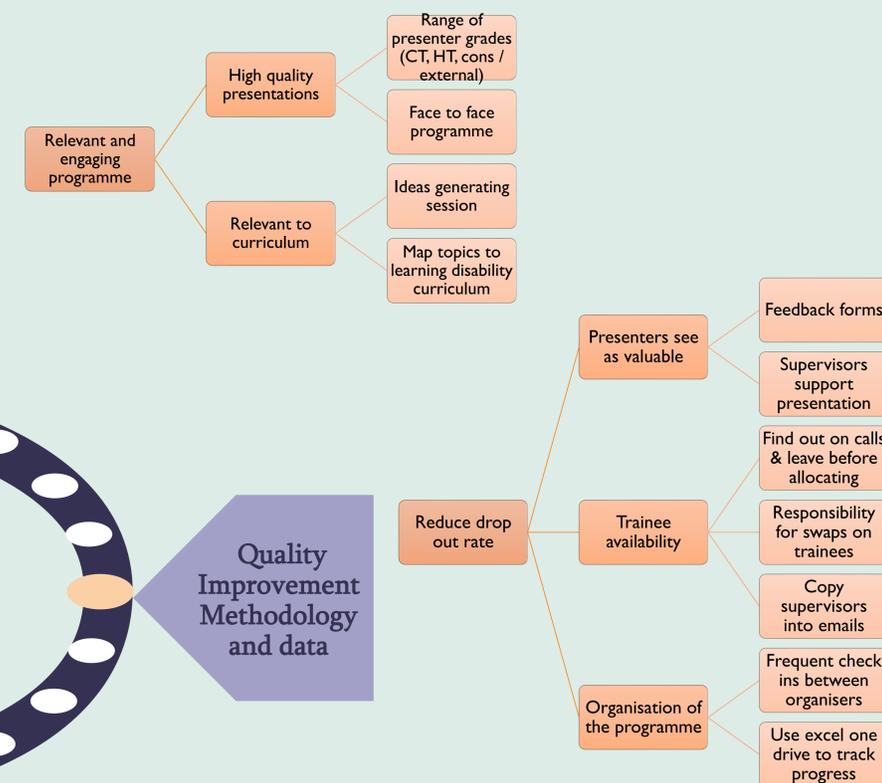
**START**

Programme Theme	External Presentation	Higher Trainee Presentation	Core Trainee Presentation
Genetics in Intellectual Disability	Local Geneticist – a refresher and update on genetics for learning disability psychiatrists.	Literature review: Routine genome testing for people with intellectual disability.	Journal club presentation: Improving access to genetic testing for adults with intellectual disability.
EUPD in Intellectual disability	Local Psychologists – ‘Care for People with Personality Disorder and Intellectual Disability’.	Literature review on personality disorder and trauma in people with Intellectual Disability	Case presentation: Personality Disorder in a man with Intellectual Disability
Promoting health in people with intellectual Disability	Special Care Dentist ST4 – Special care dentistry for people with intellectual disability	A review of annual health checks for people with intellectual disability	A case presentation – the challenges of time perception in a person with Intellectual Disability

Stakeholders were convened in a number of sessions to discuss the programme and generate ideas. The programme was discussed in ‘LD steering group meetings’, a quarterly meeting attended by all grades working within LD psychiatry.

A topic generating session was held during a face to face academic programmes

We used the following quality improvement tools: driver diagram to identify possible areas of improvement and come up with change ideas, and PDSA cycles to evaluate the impact of the ideas.



**February 2024**

**Availability, responsibility, cc supervisors**

We attended the 6 monthly induction programme to explain about the academic programme and note down resident doctors' on call commitments, annual leaves and exams, and allocated slots to avoid those dates. We were explicit about resident doctors taking responsibility for organizing swaps and copied consultant supervisors into the final email where slots were allocated. In 2024 drop out was only due to sickness.

**Feedback forms, collaborate on onedrive**

**May 2024**

**December 2023 Engage supervisors, generate topic ideas, map curriculum**

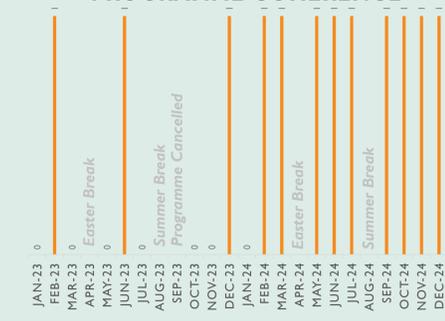
Ideas for topics were generated in a group of resident doctors and consultants to guide the programme for the next year. A new model was developed in which each afternoon programme has a presentation from an external speaker or consultant, a higher trainee and a core trainee. Where this was not possible, eg there were not enough higher trainees to cover all slots, two core trainee presentations ran instead. Presenters were given loose guidance of topics, with flexibility to deviate if they wanted.

**PRESENTER RANGE**



Number of different presenter grades eg external presenter, consultant, higher trainee, core trainee.

**PROGRAMME COHERENCE**



A subjective call was made as to whether the programme followed a cohesive theme and mapped onto the curriculum. 1= coherent. 0=not coherent.

**PRESENTERS DROP OUT RATE**

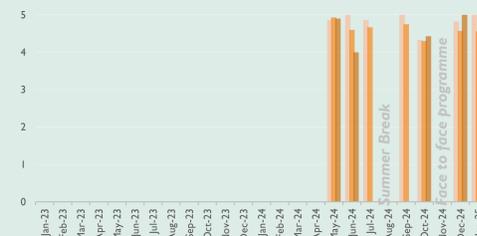


To keep on top of the programme, we started to meet on a regular basis and used excel on onedrive to collaborate on the design of the programme. Very quick feedback forms were introduced via ‘MS Forms’ and posted after every session. We introduced bi-annual face to face programmes which was manageable across a large geographical area. To facilitate feedback forms for face to face programme we sent the presenter a QR code to add to their presentation slides, although this was forgotten on one occasion. The GMC training survey removed the question about the local academic programme, so it has not been possible to review whether the changes have made a difference to the GMC survey results, but consistently positive feedback ratings has been encouraging. We also asked resident doctors for their over-all feedback of the programme.

**Conclusion and next steps**

**Oct 2025**

**PRESENTATION FEEDBACK SCORES OUT OF 5**



**FINISH**

Overall, the efforts put into the programme has shifted it from being something onerous and administrative, to a source of satisfaction and pride for the organisers. It has felt as though the engagement in the programme among attendees has increased, although this is harder to demonstrate quantitatively. There is interest among other resident doctors generating ideas for topics and external presenters. We have had higher trainees from another deanery that does not have a regional learning disability programme running join our programme. The running of the programme has now been handed over to a new ST4 and we have just had agreement for a secretary to take over the administrative tasks, allowing the organisers more time to focus on the programme. Some ideas for next steps include, increasing coproduction and service user involvement in the programme, supporting of another deanery in developing their own programme, exploring ways to facilitate greater contribution in group discussion from core trainees, for example through use of breakout rooms for discussions.

*I find the programme very helpful in enriching my knowledge, especially the discussions that follow the presentations. These are quite insightful. The themes have been helpful because then my brain is able to process that its learning a particular topic at a given time which enhances the retention rate. Its helpful that trainees are given a rough topic to discuss as it saves them the cognitive energy of identifying a topic. On the other hand it may be difficult to find cases/information on that subject hence in this case a trainee should be allowed the flexibility to present on an interesting case/topic they have encountered in their training. Other than that i really enjoy and look forward to the programme.*

*I've found it really helpful and well organised. It was really nice to have an inperson session too. The topics seem relevant and good range. It has always generated interesting discussions. It does seem like less SpRs/core trainees participate in the discussion compared to consultants I think trainees can find it a bit intimidating to participate in a discussion among Consultants - I'm not sure if there is any way round this though! Thanks for organising it, I think it's been a really valuable addition to the placement.*