

# **Recruitment Guide: Psychiatry of Intellectual Disability**

**A guide for Clinical and Educational Supervisors in the Psychiatry of Intellectual Disability who support doctors in training. The Guide is intended for trainees and trainers to use to enhance training experience in placements in the Psychiatry of Intellectual Disability.**

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## **Forward**

Our specialty is unique in the people we work with and the clinical complexity that we manage. Caring for people with intellectual disability who experience mental disorders is a great privilege. The challenge to the specialty is ensuring that we recruit talented, committed colleagues to work in clinical services delivering high-quality mental health care supporting people with intellectual disability, their families, and carers. The Faculty is facing the challenge in recruitment to the specialty. Strategies to enhance recruitment lie in local services making connections with local trainees in nurturing and encouraging them in their career development. The Faculty can support colleagues in local services but success relies on local colleagues engaging with local trainees.

We have consulted Core Trainees on their impressions and experience of working in specialist placements. They have told us that it is the quality of placements that matters to them and is often the deciding factor in their final career choice. Core Trainees often have little knowledge about our specialty until they spend six months in a clinical service where the direct experience of working with people with intellectual disability influences their understanding of the work we do. The visibility of the specialty is a crucial factor in people knowing about what we do.

In an effort to enhance the recruitment rate to higher specialty training, the Faculty of Psychiatry of Intellectual Disability has developed this Guide for Clinical and Educational Supervisors. It will help you to review the clinical experiences you offer trainees to ensure they are varied, stimulating, and reflect the diversity and appeal of the specialty. The Guide is intended to be used by Supervisors and Trainees, Foundation Year doctors, and Specialty Doctors. Guidance is offered on how to enhance the appeal of Consultant posts to potential candidates.

The Guide should be used as a reference where information on supporting specific grades of doctor is easily accessible throughout the training placement and experience monitored using the checklist. It contains suggestions on how supervisors can enhance the clinical and non-clinical aspects of training. Non-clinical experience is especially valuable in supporting doctors to learn and prepare for higher training and their Consultant careers. We must not forget the crucially important impact the positive Consultant role models have in inspiring trainees to consider the specialty as their career choice.

We trust you will find the Guide a useful tool in engaging with medical students and doctors engendering an interest in the specialty that will assist you in attracting more to join us. It is local efforts that will make the difference in attracting future colleagues to the specialty.

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# Chapter 1: The Role of the Supervisor

## 1.0 Introduction

Clinical Supervisors (CS) have a key role in attracting trainees into the Specialty. A good quality Core Trainee (CT) placement is one of the main factors determining trainees' of choice of Higher Specialty training. Enthusiasm for the specialty, a passion for advocacy for our patients with Intellectual Disability (ID), positive relationships with colleagues – both medical and multidisciplinary - and engagement in research and leadership activities all promote a positive experience.

## 1.1 Role Model

Clinical Supervisors act as role models to trainees learning skills and attitudes from them that are reflected in their behaviours. For this reason, supervisors should be aware of how their behaviour and attitudes affect how they and the specialty are perceived by Core Trainees. Trainees are sensitive to the attitudes of their supervisors towards patients and carers and how supervisors manage challenges in clinical services. Therefore, Clinical Supervisors should be mindful of the impact our attitudes and behaviours have upon trainees making decisions on their future Consultant specialty. Such factors that are important to trainees include workload, job satisfaction, and work-life balance among others.

### Qualities of Supervisor

- Role model - attitudes and behaviour
- Be visible locally and regionally (case presentations)
- Promote variety of specialty
- Teach in Universities / Higher Education Institutions - variety of disciplines
- Examine in MRCPsych CASC examination
- Advocate for services and for People with ID
- Collaborate with colleagues / network links
- Educational Supervisor (Core Trainees)

## 1.2 Clinical Experience

Clinical placements in Psychiatry of Intellectual Disability should showcase the wide variety of opportunities on offer working in the specialty, for example in Autism and ADHD, epilepsy and Child-ID experience. Working across both community and in-patient settings, including with crisis support teams where available, should be promoted. The CS should also support the trainee to engage and work with the wider multi-disciplinary team ensuring that both the trainee and MDT members are clear on the remit and learning objectives.

## 1.3 Clinical Skills

Clinical placements in ID provide an ideal opportunity for CTs to develop key clinical skills applicable across the whole breadth of training, for example in communication and mental capacity assessment, and keeping up skills vital to all doctors on awareness and importance of the

management of physical health needs. Clinical Supervisors have an important role in promoting both the transferability of our skill-base and emphasizing the holistic nature of the care we provide.

#### **1.4 Non-clinical Experience**

Clinical Supervisors have a real opportunity to engage trainees in research and Quality Improvement (QI) work – factors that draw trainees into the specialty. Involvement in research and audit, and the opportunity to achieve a publication or presentation, should always be on offer as part of a CT placement in ID. Offering trainees opportunities to work alongside ST trainees and to access ST training programmes helps develop interest and enthusiasm for the specialty, and offers ST trainees supervision and mentoring opportunities.

#### **1.5 Supporting Trainees**

Clinical Supervisors should be mindful of training demands on CTs outside the immediate clinical placement. Familiarity with the Core Curriculum and associated assessment requirements is vital, with the latter being built into the clinical placement. Liaising with the trainee’s Educational Supervisor to ensure their specific learning and support needs are known before the start of the placement is key, and on-going dialogue over the six-month placement. On a practical note, ensuring timetables incorporate generic teaching and psychotherapy slots, support to pass the Membership Examination, including offering exam practice, and flexibility with clinical workload at exam times are vital to avoid trainee burnout as well as offering a positive placement experience.

#### **1.6 Educational Supervisors**

Consultant Psychiatrists in ID who are Educational Supervisor (ES) for CTs are a very valuable resource. They provide education and training support to CTs for the whole of their core training, some of whom will complete an ID placement and some of whom will not. Contact with the ES may therefore be the only link with ID that some CTs will have during their training, aside from formal MRCPsych teaching.

Consultant Psychiatrists working as ES for CTs should be aware of their wider reach into the training arena by offering all CTs opportunities to experience the specialty whether through clinical experience from taster sessions upwards, or through research and QI opportunities in ID.

#### **1.7 Training Programme Directors**

- Supporting Colleagues

The Training Programme Directors (TPD) in higher training programmes have an essential role in supporting recruitment into the specialty. Establishing links with Core TPD colleagues is vital in ensuring that the voice of ID is heard throughout the training system, from the CT placement allocation process through to communication of opportunities to attend teaching and training, and undertaking research and QI.

- Professional Networks

TPDs should develop and maintain good links with the wider education system, including in Trusts and in Health Education England or its equivalent. This is important both to represent the

voice of Psychiatry of ID across the different education arenas and to ensure those in ID are aware of the educational issues and priorities throughout the wider system.

Looking more widely still, links with the wider TPD Psychiatry of ID network, Regional Representatives, and the Faculty provide a valuable resource for sharing information and working collaboratively to promote the specialty.

- National Recruitment

Training Programme Directors have a vital role in supporting the Recruitment process, including attending the twice-yearly National Recruitment rounds. In areas where higher training is under-subscribed, awareness and promotion of the Medical Training Initiative (MTI) scheme provides a valuable opportunity to support trainees from abroad to make use of vacant training numbers to gain experience and work towards their Membership. Some of these trainees then take up the opportunity to move into higher training in the UK.

### **1.7 All Roles**

Whatever role a Consultant Psychiatrist has in the education field, the importance of active involvement in the fields of teaching and training should not be underestimated. Being visible at local, regional and indeed national level, for example attending and presenting at Trust Academic Programmes and Regional Royal College Meetings is important. University involvement, for example teaching and examining Medical Students, promotes the specialty and enhances visibility. Acting as an MRCPsych Examiner both raises the profile of the specialty and helps with keeping in touch with training requirements and developments in the field of Psychiatry.

### **1.8 Summary**

Consultant Psychiatrists in Intellectual Disability play a vital role in recruiting trainees to the specialty. Their behaviour and attitudes can impact on trainees' attitude to the specialty, as well as future career decisions. The various educational roles have direct influences on trainees that supervisors should appreciate. They should take advantage of all opportunities to promote the specialty among trainees in Psychiatry of ID placements but also more generally among those have limited contact with the specialty.

## Chapter 2: Foundation Year Doctors

### 23.0 Introduction

In their first two years of clinical practice in the UK, doctors rotate every 4 months gaining a broad range of clinical and non-clinical skills. Doctors in their first year of clinical practice, FY1s, have different limitations placed on them in terms of what they can and cannot do and a useful appendix guide is available regarding this in The Royal College of Psychiatrists' publication 'Foundation Psychiatry Programme: Good Practice Guide,' released in 2017.

Clinical Experience	Non-clinical Experience
Quality placement Mental Health Physical Health Communication skills Mental Capacity Caseload - range of patients Multi-disciplinary working Taster sessions e.g. CAMHS-ID; epilepsy; Liaison ID	Quality Improvement Case Presentations Journal Club presentation Literature review Research involvement Publication Poster presentation Faculty prize submission

### 2.1 Timing

Positive exposure to Psychiatry and Psychiatry of Intellectual Disability whilst a doctor is completing their Foundation training is essential as many trainees will be applying for their chosen specialties as early as the December of their FY2 year. Many will have only had experience of their first FY2 rotation at this point. It is therefore important to focus efforts on FY1 doctors to improve their awareness of Psychiatry ID as a specialty.

Exposure can be through various strategies such as increasing the number of high-quality Foundation training rotations in Psychiatry, the introduction of taster sessions, and ensuring that Psychiatrists in ID are delivering teaching sessions at the local Foundation School teaching programme to raise awareness and academic curiosity about our speciality.

### 2.2 High-Quality Foundation Placements

Foundation training posts are more common across the UK but it is vital to ensure that these placements are of high-quality and offer a broad range of clinical experience and supportive supervision to ensure a positive experience and to inspire doctors into choosing Psychiatry as a career. Word of mouth can be a strong motivator in trainees selecting Psychiatry rotations.

Careful consideration is needed to ensure posts are designed with Foundation competencies in mind as poor experiences are reported if trainees are placed in situations where they are either being expected to complete tasks beyond their level of competence or are made to feel insignificant to the team due to being 'overprotected' and under-utilised. Regular weekly clinical supervision in

therefore necessary to tailor the placement to the individual's learning needs and their skill progression.

It is likely to be necessary to start the placement by allowing the trainee to shadow clinicians working within the MDT in order to gain exposure to MDT working, the roles of allied health professional, and to gain confidence in communicating with people with ID.

Due to the limited duration of foundation placements, it is unlikely that a Foundation trainee would be responsible for managing a caseload of their own and so it might be better to ensure that the trainee gets a wide breadth of experience instead.

Learning Opportunities could include:

- Experience of in-patient and out-patient work including visiting people in a range of settings such as schools, family homes, residential homes, supported living, general hospitals and forensic settings.
- Completing joint assessments of new patients referred to the team with a wide range of presentations such as challenging behaviour, Autism, mood and anxiety disorders, psychosis and dementia. This could include completing a mental state examination and developing communication and collateral history taking skills. These assessments are likely to require direct supervision by an experienced clinician.
- Exposure to patients with different severities of intellectual disability e.g. mild, moderate, severe and profound, and developing skills of completing a developmental and functional assessment.
- Exposure to patients with a range of genetic disorders such as Downs syndrome, Prader-Willi syndrome, Cornelia de Lange etc. to discuss in supervision and presented at local teaching sessions.
- Developing knowledge of the Mental Capacity legislation and developing skills in completing capacity assessments and being involved in wider MDT Best Interest discussions.
- Shadowing members of the MDT to learn about their specific roles and specialist assessments that they may undertake e.g. sensory profile assessments.

### **2.3 Taster sessions**

Taster sessions in subjects linked to Psychiatry ID should be encouraged and promoted for Foundation trainees at every opportunity for example, at local hospital academic programmes, on the Foundation School websites. Taster sessions could include:

Liaison ID	Epilepsy clinics	CAMHS-ID
Genetics clinics	Forensic-ID	

### **2.4 Teaching at Local Foundation School Academic Programme**

Psychiatrists in Intellectual Disability should aim to promote teaching about the physical and mental health needs of people with ID at their local Foundation School teaching programme. Teaching could include information on healthcare inequalities, the use of the Mental Capacity legislation.



It is important that Foundation doctors are aware of Psychiatry of Intellectual Disability as a potential career option. The breadth of our job role across healthcare could be promoted in teaching sessions.

## **2.5 Non-clinical Learning Opportunities**

Foundation trainees are often very motivated to complete non-clinical experiences such as Quality Improvement projects, research, and publications as emphasis is being placed on these activities as part of the Foundation curriculum and at specialty interviews, which can be highly competitive.

There is a wide scope for Quality Improvement projects within ID services and Foundation trainees are particularly well placed to address some of the difficulties with healthcare inequalities as they are often based in clinical jobs within a general hospital setting. Clinical Supervisors should consider supervising projects for local Foundation trainees working in ID services or those not placed in ID services. This has the potential to improve working relations with clinicians in other disciplines.

Quality Improvement projects:

- Healthcare inequalities e.g. MENCAP's 'Death by Indifference', 'Healthcare for All', 'LeDeR' mortality review, CIPOLD mortality review
- Antipsychotic prescribing e.g. STOMP
- Adherence to national guidelines e.g. MHRA Valproate prescribing guidelines, RCPsych Reports CR203 and CR206 on Epilepsy in ID
- Development of new service pathways e.g. dementia care in ID, Autism assessment and management

Many of these projects could be presented at local and even national meetings and have the potential for publication.

- Research

The potential for completing research in ID is high and Academic Foundation and Core Training posts exist where trainees split their time between research and clinical placements. Clinical Supervisors should connect with the local academic researchers who specialise in intellectual disability research and encourage interested trainees to them. Foundation Year doctors may be keen to complete a literature review or a short piece of research whilst they are on a Clinical Foundation Psychiatry placement supervised by a clinician in ID.

- Academic Prizes

Clinical Supervisors should encourage FY doctors to compete for prizes for academic work by the Faculty of Psychiatry of ID that would enhance the trainee's career portfolio. (See FAQ)

## **2.6 Summary**

Foundation trainees are commencing their careers in Medicine. Experience of Psychiatry is beneficial to their future career. Placements in Psychiatry of Intellectual Disability offer a combination of experience learning about mental health and physical health in people with cognitive difficulties. FY doctors in Psychiatry ID services gain skills in communicating with people with limited communication, assessing mental capacity, assessing mental states. They have opportunities to pursue activities that enhance their career applications. Clinical Supervisors should positively support FY doctors in working with people with ID providing them with a range of opportunities to learn about the health and lives of people with intellectual disability.

## Chapter 3: Core Specialty Trainees

### 3.0 Introduction

Clinical placements for Core Trainees often provide the first real impression to trainees of working with people with Intellectual Disabilities. This is a description of how to enhance the experience of Core Trainees in clinical placements.

### 3.1 Induction

At induction, the Clinical Supervisor could inform the trainee of the history of intellectual disabilities and describe the political and current challenges in the speciality, for example Learning Disability Mortality Review (LeDeR). This approach can inspire trainees to be a part of improvements. Training in Psychiatry of Intellectual Disability is an opportunity for Core Trainees to apply knowledge from core sciences including neuroscience and genetics to practical clinical experience.

### 3.2 Timetable

The Core Trainee's timetable should facilitate opportunities for the trainee to gain extra experience in intellectual disabilities that would enable them to engage more as adult learners rather than restricted to service provision.

Clinical Experience	Non-clinical Experience
Caseload - range of patients Multi-disciplinary Team working Complex cases Taster days e.g. CAMHS-ID; offenders; epilepsy, special school visits, Use of Mental health legislation including MCA and MHA in patients with ID Induction (papers on mental health in ID)	Quality Improvement work Case Presentations Publication / poster RCPsych Faculty of ID Prizes Research in ID Teaching

### 3.3 Clinical care

Trainees often learn more from, and enjoy following through new patients, so a mix of patients on the caseload is preferable. This should include a range of affective, psychotic, organic presentations, and people with Neurodevelopmental Disorders such as Autism and ADHD. Particularly interesting cases can include people who have experienced trauma, CAMHS-ID transition cases, and older people with Intellectual Disability and dementia.

### 3.4 Caseload

Clinical Supervisors should avoid creating a 'Core Trainee's caseload' where patients are handed on from one trainee to their successor and not seen by the Consultant Psychiatrist. Each new trainee should commence their placement with a new list of patients that avoids patients receiving direct clinical care from the Core Trainee only.

### **3.5 Specialty specific opportunities**

The specialty provides excellent opportunities for Core Trainees to meet and work with people who they might never meet. Such contact exposes trainees to the richness of clinical and human experience that the specialty provides. Examples of such experience include:

- Working with people with Down Syndrome
- Supporting people with Behavioural Phenotypes
- Offenders with ID
- Children with ID
- People with Autism and ID
- People with ADHD and ID
- Participating in specialist training e.g. Makaton
- Taster days in CAMHS-ID, Forensic ID services, Epilepsy clinics, Genetics clinics

### **3.6 Educational Support**

It is helpful for Core Trainees to attend some Consultant clinics when new to the specialty. The Core Trainee is not likely to be familiar with the management and approach used in the specialty compared to other areas of Psychiatry and Medicine for example in communication, drug prescribing. Weekly supervision of the trainee is therefore vital.

### **3.7 Physical Health**

With the significant interface between physical health problems and mental health disorders in people in Intellectual disability, the trainee would benefit from continuing exposure to the assessment and management of physical health problems and knowing when to refer for additional medical support. Another appeal would be gaining experience, with support, in the assessment and treatment of epilepsy, where available.

### **3.8 Learning Opportunities**

The Clinical Supervisor should facilitate a range of learning opportunities in the clinical work of the Core Trainee. Examples of such experience include:

- Memory assessments - joint working with the Psychologist and Occupational Therapist, opportunities to attend feedback and outcome meetings
- Home and residential placement visits - practising in a variety of settings, rather than just in a clinic or in-patient where the trainee is already likely to have more experience
- Acute Intellectual Disability team experience - being involved in challenging and complex cases and working alongside specialist nurses
- Interface meetings involving the Social Care Team, attending Care and Treatment Reviews, mental capacity assessments
- Attend referral meetings to understand clinical processes
- Undertaking joint working with Speech and Language Therapist, Psychologist, Nurse, Occupational Therapist
- Undertake service eligibility assessments with a psychologist
- Applying the Mental Capacity Act and Mental Health Act in people with Intellectual Disability

### **3.9 Leadership**

There are many opportunities for Core Trainees to gain skills in leading clinical teams for example:

- Chairing Care Programme Approach (CPA) review meetings
- Leading case presentations that involve reviewing notes to understand the progression of care
- Journal presentations to explore recent developments

### **3.10 Teaching**

Core Trainees can engage in teaching clinical and non-clinical staff by:

- Delivering teaching to a multi-disciplinary team or to undergraduates
- Attending regular academic meetings in the Trust or Intellectual Disability service

### **3.11 Quality Improvement**

There are many opportunities for Core Trainees to engage in meaningful Quality Improvement work that supports the clinical service.

- Develop ideas for an audit early on for example, collecting data for POMH-UK(ID), STOMP
- Dedicate time to QI projects and posters or publications

### **3.12 Research**

Core Trainees could contribute to on-going research work underway in the service.

- Involve in current research work in the service through recruitment
- Conduct a literature review that could contribute to a service innovation

### **3.13 Publications**

Clinical Supervisors should encourage trainees to publish interesting case reports or to publicise findings from their QI work.

- Signpost to relevant Faculty of Psychiatry of ID prizes
- Support poster presentations and publications

### **3.14 Faculty Engagement**

Clinical Supervisors should encourage and facilitate Core Trainees to attend local, regional, and national meetings of the specialty. They will learn from topics discussed by Consultants and invited speakers whilst meeting and observing Higher Trainees, Core Trainees and Consultant colleagues. It is important that Core Trainees understand the connections that their Clinical Supervisor has with Consultant colleagues.

- Attendance at Local and Regional Psychiatry ID meetings
- Attendance at the National Trainees Psychiatry ID Annual Conference
- Attendance at the Faculty Spring Conference and Annual Residential Meeting

### **3.15 Resources**

Clinical Supervisors should inform Core Trainees of relevant publications and websites on Intellectual Disabilities that would be useful in their clinical practice.

- British Psychological Society (BPS) Guidance on Learning Disability
- Joint Guidance on Dementia in People with ID
- Learning Disability Mortality Review (LeDeR)
- College Report CR175 on People with Mild Intellectual Disability
- College Reports CR203 and CR206 on Epilepsy in Intellectual Disability
- Building the Right Support (Transforming Care 2014)
- Healthcare for All (Michael 2008)

### **3.16 Specialty Training**

Core Training is a career stage when trainees begin to compare their clinical experiences when deciding on their choices for higher training. It is important that services expose Core Trainees to the range and breadth of career opportunities within Intellectual Disability. To achieve this, offering a more personalised placement will encourage Core Trainees to consider a career in Psychiatry of Intellectual Disability. Clinical Supervisors can facilitate trainees experience clinical services for children with ID, offenders with ID, and in-patient services. They can introduce them to the TPD for the Specialty Trainee programme and to current Specialty Trainees in ID.

Clinical Supervisors should discuss the career aspirations of the Core Trainee to inspire them on how they could work with people with ID whether it is with Children or Adults or offenders with ID. The breadth of clinical services that require Consultant Psychiatrists include community and in-patient services in the NHS and in the Independent Sector.

### **3.17 Summary**

Training placements in Psychiatry of Intellectual Disability for Core Trainees provide excellent and essential opportunities for trainees to experience the specialty. There is the opportunity for placements to open their eyes to the profession whilst gaining essential skills they can use in all areas of professional work. Clinical Supervisors are recruiting agents to the specialty by providing high-quality placements to trainees that influence their attitudes towards the specialty and their career choice.

## Chapter 4: Higher Specialty Trainees

### 4.0 Introduction

Specialty Trainees have committed to the specialty and seek to devote their Consultant career in working in Intellectual Disability services. They will become future colleagues working alongside current Clinical Supervisors. A high-quality Higher Training programme is important in sustaining the specialty by ensuring a future workforce at Consultant level that also helps to keep local clinicians informed and engaged in the specialty.

### 4.1 Clinical Supervision

Clinical Supervisors play a key role in ensuring a rich experience for higher trainees in clinical and non-clinical work that feed in to clinical services. Most Specialty Trainees spend twelve months in clinical posts that provides them with the opportunity to provide more in-depth, supportive clinical care over a longer period compared with Core Trainees. Specialty Trainees have a higher level of clinical skills that contribute positively to services and clinical care.

### 4.2 Clinical Experience

The clinical experience offered to a Higher Trainee will vary depending on the service in which they work and their level of training. The local Training Programme Director will need to support all trainees to gain experience of working in a range of clinical services.

Clinical Experience	Non-clinical Experience
Caseload - range of patients Multi-disciplinary Team working Complex cases Service eligibility assessments Special Interest sessions e.g. CAMHS-ID; Forensic-ID; epilepsy; genetics Visits to clinical services	Quality Improvement Management experience – operational meetings; Serious Incident investigation Leadership experience – protocol writing, project lead Case Presentations Research work under supervision Publications Literature review Poster presentation Faculty prize submission

To ensure that a high-quality placement is offered to trainees, Clinical Supervisors should consider what their services offer trainees.

### 4.3 Clinical Caseload

- The caseload should be manageable for the trainee, considering their personal circumstances, working hours, on-call commitments, special interest time and need to take part in non-clinical experience for their career development.
- The caseload should include people with mild to severe intellectual disability, with mental illness, and Neurodevelopmental Disorders.

- The Trainee should be allocated complex cases that they will need to manage closely and that involve greater MDT collaborative work.
- Trainees should have the opportunity to be involved in eligibility assessments and new patient assessments.

#### **4.4 Special Interest sessions**

Clinical Supervisors should support their higher trainees to supplement their core experience through special interest sessions that should prepare them for working with a range of people and clinical services. The special interest sessions could include:

- Children with Intellectual Disabilities
- Offenders with Intellectual Disabilities
- Epilepsy experience
- Genetic disorders
- Autism assessment
- ADHD assessment

#### **4.5 Non-clinical Experience**

Clinical Supervisors should encourage Specialty Trainees to actively engage with non-clinical activities that complement their clinical work and provide them with the skills to lead and manage a clinical service as a Consultant Psychiatrist. Examples of non-clinical experience are:

- Leading on Quality Improvement projects
- Attending service management meetings
- Presenting clinical cases and journal papers at local academic programmes
- Presenting oral and poster presentations at academic conferences
- Writing for publication research, QI findings or Peer Review
- Apply for Faculty of Psychiatry of ID prizes
- Supervise junior colleagues

#### **4.6 Higher Specialist Trainees from other specialties**

Intellectual Disability services provide excellent opportunities for higher trainees in other psychiatric specialties to gain valuable and broad experience. They can gain clinical and non-clinical experience that enhances their understanding of working with people with intellectual disabilities equipping them with skills they can apply in the services they work.

Many ST on-call rotas are combined, so the importance of all higher trainees understanding the needs of those with ID and how to work with this patient group is increasing. Awareness of the different models of care and support available for people with ID at times of high need is vital e.g. IST, emergency respite options.



Clinical Supervisors in ID could offer Special Interest sessions to non-ID trainees to develop skills in key areas of Psychiatry of ID relevant to their specialty:

- Mental illness in adults with mild/moderate ID (General Adult / Forensic Psychiatry)
- Autism and/or ADHD assessment and management (General Adult / Forensic Psychiatry)
- Dementia in ID (Old Age Psychiatry)
- Transitions (Child and Adolescent Psychiatry)

#### **4.7 Service Provision**

Many community clinical services follow integrated models of care combining Social Care with Health Care. Non-ID higher trainees could learn how such services operate through spending time in the clinical services.

#### **4.9 Research and Quality Improvement**

Intellectual Disability services provide excellent opportunities for higher trainees to pursue research or QI opportunities especially where they could overlap with their own training services. Developing care pathways through joint working could benefit both services. Clinical Supervisors should support opportunities for non-specialty higher trainees to engage with ID services.

#### **4.10 Career Supervision**

Clinical Supervisors should discuss career plans with their Higher Trainees helping them to gain the requisite and specific skills for the careers they wish to pursue. Discussing the opportunities and challenges of the Consultant role is essential in providing trainees with a rounded and informed view of the responsibilities and activities of Consultant Psychiatrists in the specialty.

#### **4.11 Summary**

Specialty Trainees are committed to the specialty. They will be future Consultant Psychiatrists in Intellectual Disability. Clinical Supervisors have a pivotal role in shaping the Consultants and colleagues of the future. Clinical Supervisors should engage closely with ST colleagues and ensure they receive broad and deep training experiences. It is essential that ST Doctors have experience in a range of clinical cases along with experience in associated non-clinical work that will equip them for a career working as a Consultant Psychiatrist in ID.

## Chapter 5: Specialty and Associate Specialist Doctors

### 5.0 Introduction

Specialty Doctors (SAS) make important and valuable contributions to clinical services through their experience and expertise of working with people with ID. Being an SAS doctor in Psychiatry of Intellectual Disability provides opportunities for a range of roles and responsibilities. If these are sought and supported, it is a fulfilling and varied career with genuine development opportunities.

The flexibility within the role is generally greater than that of doctors in training or the Consultant body, which allows for increased creativity and diversity in clinical and non-clinical activities which benefits both personal career development and employing organisations.

There is much higher valuable recognition of the grade and the expertise that SAS doctors bring to a service and it should be seen as an attractive career choice. For some it is perhaps part of a portfolio career or a long term career choice providing a good work / life balance. For others there may be plans to move into ST training or work through the GMC Certificate of Equivalence to Specialist Registration (CESR) route. A good post in ID psychiatry can support any of these career aspirations.

Clinical Experience	Non-clinical Experience
Caseload - range of patients Multi-disciplinary Team working Complex cases Clinical supervision of trainees	Quality Improvement Managerial responsibility Leadership opportunities Case Presentations Publication – poster CESR support

The following represents a guide on what makes an SAS post in ID appealing and will be useful for those planning to move to training or CESR but will be equally applicable for those looking to develop their SAS career.

### 5.1 Clinical work

Consultant colleagues should collaborate with SAS colleagues on ensuring they have stimulating and fulfilling work in clinical services.

- Develop a diverse caseload covering a breadth of varied clinical diagnoses and management issues.
- Maintain a logbook of cases to record these - consider doing this under subject headings e.g. dementia, epilepsy, safeguarding, MHA work etc. Use the ID ST curriculum to help guide these headings and the breadth / depth of cases you should be managing.
- Discuss caseload in regular supervision to ensure the distribution of cases remains varied in terms of complexity and novelty.
- Aim to develop autonomous working in line with local governance policies.

- Explore Special Interest sessions with other services that could directly benefit the clinical service e.g. epilepsy clinic, CAMHS-ID service.

## **5.2 Professional Practice**

Clinical Supervisors should support SAS Doctors to maintain high-quality standards in professional practice.

- Complete some Work-based Place Assessments(WBPA) including case-based discussions, ACEs, mini-ACEs
- Set up an on-line portfolio on RCPsych to record WBPAs
- Attend SAS Doctors' meetings
- Join an SAS peer group which should meet at least 4 times a year to discuss Personal Development Plans (PDP) and Case-based Discussions (CBD). Register as a member of this peer group on RCPsych.
- Record all CPD activities through RCPsych CPD on line to obtain annual 'good standing'.
- Consider accessing support from a mentor or buddy. Most Trusts run this system and SAS mentors are also available through RCPsych.
- Consider training as an appraiser. Speak to the Trust Revalidation / Appraiser lead as SAS appraisers are often highly sought after.

## **5.3 Quality Improvement**

SAS Doctors are well-placed to undertake QI work in a service because of their on-going, longer term involvement with the service. SAS posts often offer the most flexibility and consistency to see changes through.

- Consider new or creative ways in which you can deliver your clinical work in order to influence Quality Improvement for example, setting up a dementia clinic, doing joint MDT initial assessments, seeing patients in their day services rather than clinics
- Lead and complete at least 1 complete audit cycle every 5 years. Work jointly with trainees on their audits
- Spend time shadowing each member of the Community ID Team, including all allied health professionals and the Intensive Support Team to be clear about their role. This will help with making appropriate referrals and also enhance working relationships
- Invite other members of the CLDT into your clinics
- If you have an idea for service development improvement, set this up as a QI study and register it with audit / QI department

## **5.4 Teaching**

- Explore teaching and training roles that you could take on. Contact local undergraduate and postgraduate coordinators and local Deanery for information on opportunities. Attend courses to improve teaching skills.

## **5.5 Management**

Clinical Supervisors should support SAS Doctors to take on specific management roles in the clinical service.

- Chair the Team's referral / patient discussion meetings
- Offer to provide protected learning time sessions to your Team on psychiatric topics e.g. the side effects of medication
- Take the lead in chairing case conferences
- Clinical supervision of junior doctors
- Ask Human Resources regarding opportunities to be involved in recruitment of other SAS doctors.
- Explore opportunities to sit on and get involved in the work of management committees, e.g. Transforming Care Board, Safety and Quality Committee, BMA Local Negotiating Committee.
- Attend directorate meetings

## **5.6 Leadership**

Clinical Supervisors should encourage SAS Doctors to take on more leadership activities in the clinical service and the wider Trust.

- Lead on service developments
- Engage with governance processes in the Trust e.g. Drug and Therapeutics Committee; Serious Incident Review Group

## **5.7 Academic Activity**

Clinical Supervisors should encourage their SAS colleagues to develop academic skills in their work that can contribute to academic activity in the service and the Trust.

- Contact the local Director of Research and Development within the Trust for advice on local research opportunities
- Discuss ideas for research stemming from clinical work
- Write up interesting case studies for publication
- Consider writing and submitting a literature review on a subject relevant to ID
- Prepare a poster for presentation at RCPsych conference on an audit, QI project, or research work

## **5.8 Professional Support**

Consultant colleagues should support their SAS colleagues in their professional and contractual activities.

- Ensure a job plan is agreed annually to clearly outline all activities
- Ensure SPA time is clearly stated in the job plan
- Support SAS Doctor to engage with the local SAS tutor to discuss career opportunities

- Support using Supporting Programmed Activity (SPA) time to attend postgraduate academic sessions that provide opportunities to present at journal club and case presentations to promote regular networking with Trainees and Consultants colleagues
- Ensure the SAS colleague has an annual appraisal
- To facilitate preparation for CESR, a job plan should to incorporate time to prepare a portfolio

## **5.9 Summary**

Specialty Doctors provide valuable skills in clinical services because of their experience and their long-term commitment to the clinical team. Consultants should positively support their SAS colleagues to perform clinical care to a high level. Where SAS doctors wish to enhance their careers further, Consultant colleagues should support and guide them to achieve their goals.

## Chapter 6: Medical Undergraduates

### 6.0 Introduction

Undergraduate medical students have a broad curriculum to complete. Experience in Psychiatry is limited to clinical placements of 4 – 8 weeks duration in General Adult Psychiatry or Old Age Psychiatry that provide a robust understanding of the fundamentals of diagnosis and management of major psychiatric illness. In many undergraduate training programmes, undergraduates have little exposure to working with people with Intellectual Disability. Therefore, Foundation Year doctors in Psychiatry may have little awareness of Psychiatry of ID that could affect their career choices in Psychiatry.

### 6.1 Neurosciences

Medical students tend to be attracted to the neurosciences and those interested in Psychiatry training are likely to gravitate towards 'Organic/Neurosciences' related fields such as Old Age Psychiatry and Neuropsychiatry. Psychiatry of ID has much to offer those interested in the Neurosciences through exposure to genetic syndromes and behavioural phenotypes, dementia, Down Syndrome. Complex epilepsy management can stimulate interest in medical students in the specialty and the combination of physical and mental health in clinical presentations.

### 6.2 Clinical Supervisors

Clinical Supervisors should promote Psychiatry of ID and physical health issues in ID since graduates will meet people with ID throughout the course of their clinical careers. Skills in communication and medical assessment learned in intellectual disability placements are applicable across many patient groups in their careers.

### 6.3 Clinical Placements

Experience of spending time in clinical services is invaluable in helping undergraduates to learn about the lives of people with intellectual disability. Clinical Supervisors should introduce undergraduates to a range of people with various levels of ID emphasising their need for good quality physical healthcare and mental healthcare. Members of the multi-disciplinary team can support the Psychiatrist in broadening their awareness of the needs of people with ID.

Clinical Experience	Non-clinical Experience
Quality placement Range of patients Communication skills Mental Capacity assessment MDT working (IST) Taster sessions e.g. CAMHS-ID; offenders; epilepsy	Quality Improvement Case Presentations Special Study Module (SSM) Publication Poster presentation

#### **6.4 Taster Days**

Offering Taster Days to medical undergraduates provide opportunities to meet gaps in clinical experience. Such opportunities encourage enthusiasm for the speciality in those who may be interested in a career in Psychiatry. Core Trainees can be especially helpful in delivering training since undergraduates are likely to relate to them easily.

#### **6.5 Teaching**

Clinical Supervisors should engage with their local Universities to assist in delivering the undergraduate curriculum. Intellectual disability can be highlighted in many topics in the curriculum in medicine, mental health, neurology, paediatrics, neurosciences. These are opportunities for Clinical Supervisors to introduce Psychiatry of ID to learners at an early stage in their professional careers. Clinical Supervisors can raise the profile of the specialty through examining undergraduates and offering good clinical placements.

#### **6.6 Non-clinical Opportunities**

Medical undergraduates are often interested in enhancing their career prospects by engaging in projects that deliver results. There is often ample opportunity for undergraduates to contribute to clinical services by undertaking Quality Improvement tasks. Special Study Modules are good vehicles for undergraduates to study a topic more in depth under supervision of the Consultant Psychiatrist. Clinical Supervisors should encourage undergraduates to undertake short pieces of work in clinical services that will benefit services and the undergraduate.

#### **6.7 Engagement in Psychiatry of Intellectual Disability**

Many Universities have Psychiatry Societies for undergraduates to join. Consultant Psychiatrists should encourage their students to join the Societies to explore what training in Psychiatry has to offer.

The Royal College offers opportunities for undergraduates to engage with the College and its Faculties. The Faculty of Psychiatry of Intellectual Disability provides prizes for academic work and bursaries to attend Faculty conferences. Consultant Psychiatrists and Trainees involved in educating undergraduates should promote the resources and opportunities among the students.

#### **6.8 Summary**

The exposure of medical undergraduates to Psychiatry of Intellectual Disability varies in Universities. Clinical Supervisors should seek opportunities to offer clinical experience to undergraduates. Engaging in non-clinical activities can also enthuse interest among undergraduates. Clinical Supervisors should endeavour to teach on Psychiatry of ID as part of the undergraduate curriculum.

## Chapter 7: Recruiting Consultant Psychiatrists

### 7.0 Introduction

Recruiting to vacant Consultant Psychiatrist posts can be a challenge where services require clinical leaders to deliver high-quality services. Recruiters are keen to promote their Trust and location describing its advantages over competitor Trusts to attract candidates. In certain Trusts, posts are repeatedly advertised but no candidates apply. In the spirit of Quality Improvement, revising the recruitment strategy should be considered.

Factors that affect recruitment to Consultant posts are varied and can be unique to posts. Common factors include: availability of administrative support, isolated posts, geographical distance between services, high caseloads, residential homes, little clinical support, few career development opportunities, and personal factors such as schooling for one's children.

There are factors that are within the power of recruiters to affect and those that are more difficult. Recruiters should consider what factors attract candidates and what causes them to have second thoughts. This can be achieved by speaking to potential candidates about what they are looking for and importantly to those who withdraw having been invited to interview.

### 7.1 Job descriptions

Getting the job description right is essential in describing the positives of the clinical post. Viewing the post from the perspective of the candidate is vital. Questions candidates are likely to seek answers to in the job description are:

- What support will I receive?
- Is there a pathway for mentorship?
- Who will be my colleagues?
- How will my career be nurtured and developed?
- What career opportunities does the Trust provide?
- Does the Trust support people working less than full-time?

Job descriptions should be clear and honest in what they provide.

- Person Specification

The Person Specification directly aids shortlisting in ensuring candidates meet the eligibility criteria. The criteria are Essential and Desirable. A GMC Certificate of Completion of Training (CCT) is essential. Having the requisite experience is a Desirable criterion. Recruiting to a CAMHS-ID post can be more successful by specifying experience working with children rather than stating that a CCT in Child and Adolescent Psychiatry or in Psychiatry of Learning Disability is essential. What is important is the experience of the candidate to deliver a service regardless of their registered status. Experience in working with children gained in Special Interest sessions or as a Locum Consultant is valid whilst perhaps not providing the depth of training that would be desired. Similarly, for working in Forensic ID services.



## **7.2 Psychiatrists trained in other specialties**

Psychiatrists with CCT in another sub-specialty may consider applying for a post in an intellectual disability service that could be for personal or professional reasons. Ultimately, the Appointments Advisory Committee (AAC) will choose who they consider is the best candidate for the post because of their professional skills and how they would fit in to the post they have on offer.

Interested candidates without deep experience in working with people with intellectual disabilities can be considered and may require additional training to enhance their skills in such areas as communication, clinical management, or working with people with neurodevelopmental disorders. When appointing such candidates to posts, Trusts should ensure support plans are in place for a period of up to two years.

Consultant Psychiatrists trained in another specialty may wish to re-enter training in Psychiatry of Intellectual Disability for professional and personal reasons. Such colleagues should be supported to achieve their ambition in applying for training posts.

## **7.3 Specialty Doctors**

Specialty Doctors may wish to pursue the path to a Consultant career. Registration on the GMC Specialist Register is essential. The two most common routes to registration are through completion of higher specialty training or by gaining accreditation through the Certificate of Equivalence for Specialist Registration (CESR) pathway. Trusts should develop supportive mechanisms for SAS doctors to gain the breadth of clinical experience required in CESR applications to be successful. Investment by Trusts in supporting staff can provide valuable rewards in retaining loyal staff.

## **7.4 Know the market**

- Candidates

Success in recruitment can be directly affected by knowing who is interested in the posts on offer and encouraging them to apply for them. Prior to advertising a post, it is valuable to have the intelligence on who is interested and available. As part of the process, shaping a post to the circumstances of candidates can yield benefits for the recruiting Trust and avoid a recruitment campaign that fails to attract good quality candidates. Recruiters should engage in activities such as:

- Nurture relationships with higher specialty trainees during their training
  - Enquire of Locum Consultant Psychiatrists about their longer-term career intentions
  - Discuss career intentions and opportunities with Specialty Doctors who might wish to move to Consultant practice
- Higher Specialty Trainees

The training of Higher Specialty Trainees in an organisation is a sign of the vitality of a Trust. It not only demonstrates a commitment to and engagement with training, but indicates that a Trust is forward thinking and investing in people. Such attitudes of employing Trusts attract trainees to seek employment in those Trusts. As trainees they will have gained valuable impressions and insights

in to their training Trusts that will inform their decisions on where they will pursue their Consultant careers.

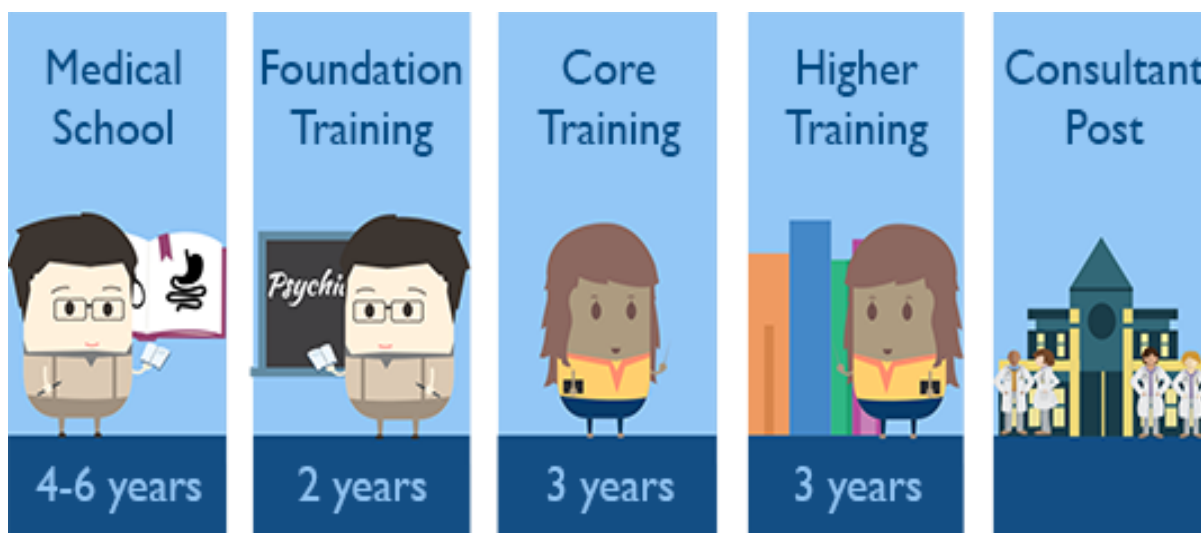
## **7.5 Summary**

Recruiting to Consultant Psychiatrist in ID posts can be a challenge to services. Trusts need to be creative in their approach to recruitment in designing posts that attract candidates. Careful forethought and knowledge of those interested in clinical posts can lead to successful appointments. Actively engaging in teaching and training is the lifeblood for Trusts in filling their workforce vacancies.

## FAQs

### 1. How do I become a Psychiatrist in Intellectual Disability?

Three years of Core Psychiatry Training followed by three years of Higher Specialist Training to register with the GMC as a Specialist in Psychiatry of Intellectual Disability.



### 2. How do I gain experience in Psychiatry of Intellectual Disability?

- An Intercalated BSc / Special Study Module
- A placement / elective in Psychiatry of Intellectual Disability
- Do a FY1/2 post in Psychiatry of Intellectual Disability
- VTS/Core Trainee post in Psychiatry of Intellectual Disability

### 3. Does the speciality offer flexible working pattern and a good work-life balance?

Yes, there are opportunities for working part-time or doing a job-share during the training and as a Consultant Psychiatrist

### 4. Can I apply to become a medical student associate of the RCPsych?

Yes, it is free and offers lots of benefits

- Free electronic subscription to BJPsych, BJPsych Bulletin, BJPsych Advances + 10% discount on RCPsych publications
- Get free access to Trainees Online (TrOn) – online training module
- Free e-newsletter from the College
- Invited to free events designed for medical students

- Attend the annual National Student Psychiatry Conference (NSPC) to meet students from other medical schools and senior Psychiatrists
- Join your medical school PsychSoc

It is easy to register as a student associate:

<https://members.rcpsych.ac.uk/Account/Login?ReturnUrl=%2Fhome%2Fmyrcpsych>

<https://www.rcpsych.ac.uk/discoverpsychiatry/acareerinpsychiatry/medicalstudents/awards-prizes-bursaries/pathfinderfellowships.aspx>

### **Medical student super bursaries**

- To undertake an elective in Psychiatry/Intellectual Disability - £150/week for a maximum of 8 weeks (total £1200)
- To undertake a period of research on a Psychiatry related topic - £150/week for a maximum of 8 weeks (total £1200)
- To prepare a research presentation £100 for submissions in the UK
- Bursaries – travel, accommodation, subsistence and fees to further study, widen academic research skills, undertake voluntary clinical experience relevant to Psychiatry

<https://www.rcpsych.ac.uk/discoverpsychiatry/acareerinpsychiatry/medicalstudents/awards-prizes-bursaries/superbursaries.aspx>

### ***Foundation Fellowships***

The Royal College of Psychiatrists, in collaboration with the UK Foundation Programme Office (UKFPO), are appointing 40 Psychiatry Foundation Fellowship (PFF) Programmes across England.

These new 2 year Fellowships will last for the duration of the foundation programme (FP). It will provide an unrivalled opportunity for medical students commencing foundation training in August 2020.

### **Faculty of Psychiatry of Intellectual Disability prizes**

#### ***Medical Students***

- The Professor Joan Bicknell Medical student essay prize
- The Jack Piachaud Medical student poster prize

#### ***Speciality and Core Trainees***

- The Alec Shapiro prizes for best oral presentation and best poster presentation
- The Greg O'Brien travelling fellowship

#### ***Bursary***

Faculty of Psychiatry of Intellectual Disability bursaries to attend the Faculty Annual Residential Meeting and/or the Faculty Spring meeting

## Resources

Faculty of Psychiatry of Intellectual Disability <https://www.rcpsych.ac.uk/members/your-faculties/intellectual-disability-psychiatry>

Royal College of Psychiatrists <https://www.rcpsych.ac.uk/>

British Psychological Society

<https://www.bps.org.uk/sites/bps.org.uk/files/Member%20Networks/Faculties/Intellectual%20Disabilities/Learning%20Disability%20Definitions%20and%20Contexts%20%282000%29.pdf>

CR203 Management of Epilepsy in Adults with Intellectual Disability

<https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2017-college-reports/management-of-epilepsy-in-adults-with-intellectual-disability-cr203-may-2017>

CR175 Enabling People with Mild Intellectual Disability and Mental Health Problems to access healthcare services

[https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr175.pdf?sfvrsn=3d2e3ade\\_2](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr175.pdf?sfvrsn=3d2e3ade_2)

Foundation Programme Good Practice Guide 2017 - <https://www.rcpsych.ac.uk/become-a-psychiatrist/foundation-drs/making-the-most-of-your-psychiatry-placement?searchTerms=foundation%20programme%20good%20practice%20guide>

GMC CESR (Certificate of Equivalence for Specialist Registration):

<https://www.gmc-uk.org/registration-and-licensing/join-the-register/registration-applications/specialist-application-guides/specialist-registration-cesr-or-cegpr>

GMC Appraisal and Revalidation: <https://www.rcpsych.ac.uk/members/supporting-you/revalidation?searchTerms=CR194>

Health Education England (HEE) and NHS Improvement the essential measures to support SAS doctors: [Maximising the Potential: essential measures to support SAS doctors.](#)

Learning Disabilities Mortality Review <http://www.bristol.ac.uk/sps/leder/>

Medical Training Initiative (MTI): Academy of Medical Royal Colleges

<https://www.aomrc.org.uk/medical-training-initiative/>

NHSE STOMP <https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>

NICE Overview of mental health problems in people with Learning Disability (NG54)

<https://www.nice.org.uk/guidance/ng54>

StartWell for SAS Doctors: <https://www.rcpsych.ac.uk/members/supporting-you/new-consultants-startwell?searchTerms=startwell>

The SAS charter: <https://www.nhsemployers.org/pay-pensions-and-reward/medical-staff/sas-doctors/sas-charter>

## Appendix 1: Checklist of Experiences

### Foundation Year Trainee

Clinical		Non-clinical	
Caseload range		Quality Improvement project	
Mild ID		Case Presentation	
Moderate ID		Poster presentation	
Severe ID		Case report	
Mental Disorders		LeDeR mortality review	
Autism		BPS Guidance	
ADHD		NICE NG 54	
Epilepsy		BPS/RCPsych Dementia Joint Guidance	
Communication skills		Autism awareness	
MDT collaboration		ID awareness training	
Mental Capacity assessment			
Eligibility assessment			
Taster session e.g. CAMHS-ID			
Positive Behaviour Support			

### Core Specialist Trainee

Clinical		Non-clinical	
Caseload range		Quality Improvement project	
Mild ID		Case Presentation	
Moderate ID		Poster presentation	
Severe ID		Case report	
Mental Disorders		LeDeR mortality review	
Autism		BPS Guidance	
ADHD		NICE NG 54	
Epilepsy		BPS/RCPsych Dementia Joint Guidance	
Communication skills		Autism awareness	
MDT collaboration		ID awareness training	
Capacity assessment			
Eligibility assessment			
Taster session e.g. CAMHS-ID			
Positive Behaviour Support			

### Higher Specialty Trainee

Clinical		Non-clinical	
Caseload range		Quality Improvement project	
Mild ID		Case Presentation	
Moderate ID		Poster presentation	
Severe ID		Case report	
Mental Disorders		LeDeR mortality review	
Autism		BPS Guidance	
ADHD		NICE NG54	

Epilepsy		BPS/RCPsych Dementia Joint Guidance	
Communication skills		Serious Incident investigation	
MDT collaboration		Leadership experience	
Mental Capacity assessment		Management activity	
Eligibility assessment		Research activity	
Taster session e.g. CAMHS-ID; Forensic ID		Publication	
Special Interest sessions			
Positive Behaviour Support			

### Medical Undergraduates

Clinical		Non-clinical	
Physical health assessment – Long-term Condition		Quality Improvement project	
Mild ID		Case Presentation	
Moderate ID		Poster presentation	
Severe ID		Case report	
Mental Disorders		LeDeR mortality review	
Autism		BPS Guidance	
ADHD		NICE NG 54	
Epilepsy		BPS/RCPsych Dementia Joint Guidance	
Communication skills		Autism awareness	
MDT collaboration		ID awareness training	
Mental Capacity assessment			
Taster session e.g. CAMHS-ID			
Positive Behaviour Support			

### Specialty and Associate Specialist Doctor

Clinical		Non-clinical	
Caseload range		Quality Improvement project	
Mild ID		Case Presentation	
Moderate ID		Poster presentation	
Severe ID		Case report	
Mental Disorders		LeDeR mortality review	
Autism		BPS Guidance	
ADHD		NICE NG54	
Epilepsy		BPS/RCPsych Dementia Joint Guidance	
Communication skills		Serious Incident investigation	
MDT collaboration		Leadership experience	
Mental Capacity assessment		Management activity	
Eligibility assessment		Research activity	
Special Interest sessions		Publication	

## **Appendix 2: Exit questions for Core Trainees**

1. Did you have any prior experience of people with ID or working in Psychiatry of ID?
2. Had you already chosen your career path prior to this ID post?
3. Why did you choose this ID post?
4. What were your expectations from this six-month post?
5. How far were your expectations met?
6. What is good about the clinical experience that is offered in this post?
7. What is good about the non-clinical experience that is offered in this post?
8. Has this post influenced your career plans?
9. Were there specific experiences in this post that have influenced your career choices?
10. How can we improve the clinical experience that is offered in this post?
11. How can we improve the non-clinical experience that is offered in this post?
12. Is there anything else this post could have offered you that could have attracted you towards a Consultant career in Psychiatry of ID?