
Psychiatry of Learning (Intellectual) Disability

Royal College of Psychiatrists Higher Specialty
Curriculum (ST4 – ST6)

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Purpose Statement

Intellectual Disability (previously ‘learning disability’) is defined as: ‘A condition of arrested or incomplete development of the mind, which is especially characterised by impairment of skills manifested during the developmental period, skills which contribute to the overall level of intelligence, i.e. cognitive, language, motor, and social abilities’.

The diagnosis requires:

- **IQ of 70 or below.**
- **Deficits in one or more areas of adaptive functioning, for example, communication, social participation, independent living.**
- **Onset during the developmental period (up to age 18).**

Psychiatrists working with people with Intellectual Disabilities assess and treat people with an Intellectual Disability who present with a wide range of psychiatric disorders and associated behavioural challenges. They also assess and manage Autism, ADHD and other neurodevelopmental conditions as well as epilepsy¹ in this patient group.

The need for psychiatrists across the specialties is growing throughout the UK^{2,3,4}. People with Intellectual Disabilities have higher rates of mental illness than the general population. The prevalence of clinically diagnosed mental ill-health in adults with Intellectual Disabilities has been found to be around 40%⁵; across the Intellectual Disability population, there is an association between severe to profound Intellectual Disability and mental ill-health⁶. Psychiatrists work with people with Intellectual Disabilities across service transitions with other psychiatric specialties across the UK. They work with other teams, within the health service (e.g., specialist Autism teams), external agencies (e.g., social care and education) and the independent and third sectors, to provide systemic, holistic person-centred care. Intellectual Disability Psychiatrists work in a range of clinical settings in the community and inpatient services. They work with children, adults and offenders with Intellectual Disabilities.

NHS England has stated in the NHS Long Term Plan that it is important for people with Intellectual Disabilities to access mainstream services with support from specialist services where necessary, but equally that many people with Intellectual Disabilities need to access specialist services to optimise their mental health⁷. The 2016 NICE guidance on mental health problems in people with Intellectual Disabilities⁸ highlights the key role of specialists with expertise in treating mental health problems in this population.

[The Welsh Government’s ‘Together for Mental Health’ 10-year strategy published in 2012 highlights the need for primary mental health services to be skilled and supported by Learning Disability Specialist Teams⁹.](#)

[The 2018 ‘Improving Lives’ Programme for people with Intellectual Disabilities includes the recommendation that people with complex needs have timely and easy access to specialist Intellectual Disability services through maintaining](#)

[multidisciplinary teams, and developing appropriate care services, including mental health and out of hours access](#)¹⁰.

The Scottish Mental Health Strategy¹¹ has identified the need to shift the balance of care towards mental health. Following on from this, the Scottish Government has included people with Intellectual Disabilities in the new Mental Health Quality Indicators, so that people's experiences can be improved¹².

Northern Ireland has higher levels of mental ill health than any other region in the UK¹³. An independent review of Mental Health and Intellectual Disability service provision identified that building up the range of specialist mental health services is required to meet that need¹⁴.

Training in Psychiatry of Intellectual Disability begins with recruitment to the training programme, after successful completion of Core Psychiatric Training and the MRCPsych examinations.

It is recommended that training in Psychiatry of Intellectual Disability is undertaken over an indicative 36 months whole time equivalent (WTE) in order to achieve the required capabilities and gain the necessary experience to practice as a Consultant Psychiatrist in Intellectual Disability. Successful completion of the training programme leads to entry on to the Specialist Register.

The Psychiatry of Intellectual Disability curriculum builds on the clinical capabilities attained in Core Psychiatric training such as advanced communication and interpersonal skills, examination skills, formulation, diagnosis and treatment to a mastery level. The particular focus at higher level is on adapting these skills to meet the needs of people with Intellectual Disabilities. It also involves the further development of capabilities such as leadership and management, teaching, research and quality improvement.

By the end of ST6 trainees in Psychiatry of Intellectual Disability will have developed the necessary capabilities to gain a CCT in this specialty registerable with the GMC, and will be ready to practice as a Consultant Psychiatrist in Learning (Intellectual) Disability.

These capabilities include specialist skills in the assessment, formulation, diagnosis and management of mental disorders, behavioural challenges, neurodevelopmental disorders and epilepsy in people with Intellectual Disabilities.

Trainees will have developed high level communication skills and specialist clinical expertise in the complex presentation of mental disorders in this population and be able to manage both simple and complex presentations at all levels of intellectual and communicative functioning.

They will also develop specialist capabilities in the delivery of psychological, pharmacological, and social interventions modified to meet the unique needs of people with Intellectual Disabilities.

Training will be delivered in multidisciplinary teams in community, inpatient and forensic settings across both health and social care services.

Trainees will have particular expertise in applying legal frameworks surrounding capacity/incapacity and mental disorder, and be fully versed in the management of risk in patients with Intellectual Disabilities.

They will practice systemic, holistic care for people throughout the patient journey, taking into account the psychological, biomedical and social context for each individual and be active advocates for their patients within the wider health and social care system.

People with Intellectual Disabilities experience the same range of mental disorders as the wider population, albeit with a more varied presentation dependant on developmental level, cognitive profile and nature of any communication impairment. Higher level trainees will, therefore, gain experience of assessing and managing the full range of mental illnesses as seen by other psychiatric specialties, allowing for flexibility and transferability of skills.

Psychiatry of Intellectual Disability has limited interdependencies with other specialties. The following are a list of medical specialists that a CCT hold in Psychiatry of Intellectual Disability will work with as part of the regular service delivery:

- Child and Adolescent Psychiatry
- General Adult Psychiatry
- Forensic Psychiatry
- Old Age Psychiatry
- Liaison Psychiatry
- General Practitioners
- Secondary Care Specialists including Medicine and Surgery specialists, in particular we work closely with Neurology, Cardiology, Genetics and Sleep specialists.
- Paediatrics

Wider professionals include:

- Health professionals in the ID Multidisciplinary Team including Learning Disability nurses, speech and language therapists, Occupational therapists, Psychologists and psychotherapists, Physiotherapists.
- ID Crisis / Intensive Support Teams
- Neurodevelopmental teams e.g., Autism support teams.
- Primary care/secondary care ID liaison nurses
- Dental services including specialist dentists
- Dietitians
- Pharmacists
- Social workers.
- Education
- Police/probation/CJS
- Advocates / IMCAs
- Third sector
- Support providers

- Private sector providers
- Health and Social Care Commissioners
- Healthcare regulators e.g., CQC

The recommended three years spent in training will provide appropriate development of transferable skills and experience (e.g., advanced leadership, emergency psychiatry and complex decision making) as well as specialised skills and experience in Psychiatry of Intellectual Disability. Trainees will also have transferrable skills and expertise in the diagnosis and management of neurodevelopmental disorders, including Autism and ADHD, which they can apply within the wider Psychiatric population.

Trainees may also undertake dual training with Child and Adolescent Psychiatry¹⁵ building upon skills from training in Psychiatry of Intellectual Disability. The GMC approved dual-training programmes include shared capabilities and combinations of skills and experience for diverse service and population needs.

Due to these shared capabilities, dual training programmes can be undertaken in less than six years, the standard recommended training time for training in two psychiatric specialties.

The learning outcomes in the Psychiatry of Intellectual Disability curriculum are mapped to the Generic Professional Capabilities (GPC) Framework, ensuring ease of transfer between medical specialties.

Through attainment of the High-Level Learning Outcomes (HLOs), this curriculum will enable trainees to lead and work in multidisciplinary and multi-professional teams, provide leadership and participate in research, teaching and training across a variety of clinical settings. It will also enable trainees to gain experience in formulating person-centred, systemic, holistic management plans for people with Intellectual Disabilities and their care and support networks.

This purpose statement has been endorsed by the GMC's Curriculum Oversight Group and confirmed as meeting the needs of the health services of the countries of the UK.

References

1. [RCPsych College Report \(CR203\) – Management of Epilepsy in Adults with Intellectual Disability \(May 2017\)](#)
2. [Facing the Facts, Shaping the Future – Health and Care Workforce Strategy for England to 2027](#)
3. [The commission to review the provision of acute inpatient psychiatric care for Adults in England, Wales and Northern Ireland](#)
4. [The State of Care in Mental Health Services, 2014 – 2017, CQC \(2014\)](#)
5. [Learning disability and mental health – Mencap 2019](#)
6. [Cooper SA, Smiley E, Morrison J, Williamson A, Allan L. Mental ill-health in adults with intellectual disabilities: prevalence and associated factors. *British Journal of Psychiatry* \(2007\); 190: 27-35](#)
7. [NHS England: National Plan – Building the right support \(October 2015\)](#)
8. [Mental Health problems in people with learning disabilities: prevention, assessment and management \(NICE guideline, NG54\) \(September 2016\)](#)
9. [Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales](#)
10. [Learning Disability – Improving Lives Programme \(June 2018\), Wales](#)
11. [Scottish Mental Health Strategy, 2017 – 2027 \(March 2017\)](#)
12. [Mental Health Quality Indicator Profile, ISD Scotland \(February 2019\)](#)
13. [Making life better: A whole system strategic framework for public health](#)
14. [Evaluation of the 2009-2011 Bamford Action Plan \(December 2011\). *Department of Health, Social Services and Public Safety, Northern Ireland.*](#)
15. [GMC Approved Dual Training Programmes in Psychiatry](#)
16. [Health matters: reducing health inequalities in mental illness \(December 2018\)](#)
17. [NHS Long term plan - 2019](#)
18. [Learning Disabilities Observatory – People with learning disabilities in England 2015: Main report](#)
19. [Transforming Care for People with Learning Disabilities – Next Steps \(January 2015\)](#)
20. [Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. *NHS England, ADASS and LGA joint report \(October 2015\)*](#)
21. [Autism spectrum disorder in adults: diagnosis and management \(CG142\). *NICE \(June 2012\)*](#)
22. [The Learning Disability Mortality Review \(LeDeR\) Programme: Annual Report 2018. *NHS England.*](#)
23. [The five year forward view for mental health: A report from the independent Mental Health Taskforce to the NHS in England \(February 2016\)](#)
24. [Making change possible: A Transformation Fund for the NHS](#)
25. [Mental Health Under Pressure: Briefing. *The Kings Fund*](#)
26. [Transforming care: A national response to Winterbourne View Hospital. *Department of Health \(December 2012\)*](#)
27. [Winterbourne View – Time for Change: Transforming the commissioning of services for people with learning disabilities and/or autism \(2014\)](#)

Psychiatry of Learning (Intellectual) Disability Curriculum

The below table outlines the High Level Outcomes (HLOs) and Key Capabilities (KCs) to be achieved under 16 key themes.

By the end of ST6 you will:

GPC	High Level Outcomes (HLOs)	Themes	Key Capabilities (KCs)
1	<p>Demonstrate the professional values and behaviours required of a Consultant Psychiatrist with reference to Good Medical Practice, Core Values for Psychiatrists (CR204) and other relevant faculty guidance.</p>	<p>1a) Professional Relationships</p>	<p>Work collaboratively and effectively with patients with an intellectual disability, their families, their carers of all ages, and colleagues, while managing complex risk and system dynamics.</p> <p>Understand the fundamental role of multidisciplinary team working in intellectual disability practice and the role of the psychiatrist within this. Work with colleagues in the team to deliver a consistently high standard of care for patients.</p> <p>Recognise, validate and actively address systemic and structural inequalities, intersectionality, and their impact on clinical outcomes for patients and their carers of all ages and on working relationships with colleagues.</p> <p>Understand the role and impact of cultural and community influences on patients with intellectual disability and their families, and how this may affect their interaction with services. Use this knowledge to inform your practice in different settings.</p> <p>Consistently demonstrate, and promote in others, a person-centred holistic (which includes biological, psychological and social) approach to patients with an intellectual disability, their families and their carers of all ages that is empathic, compassionate and respects their dignity, whilst remaining realistically optimistic and honest.</p> <p>Interact with colleagues in a way that demonstrates appropriate professional values and behaviours.</p>

			<p>Maintain appropriate professional standards whilst working clinically, as a leader within a healthcare organisation and with other stakeholders.</p> <p>Set and maintain professional boundaries with stakeholders, for example adult services, commissioners, support providers, legal professionals, the police and primary and secondary care.</p> <p>Advocate for your patient with intellectual disability, separate to the needs and wishes of other systems, for example families and carers, primary and secondary care and social care.</p> <p>Be flexible, lead, use initiative, prioritise, be adaptable and effectively manage your time.</p>
		<p>1b) Professional Standards</p>	<p>Develop strategies to take care of your wellbeing, seeking timely support and guidance. Actively demonstrate self-management of your wellbeing at work and support trainees and other colleagues to do so too.</p> <p>Make clear, accurate and contemporaneous records.</p> <p>Demonstrate an understanding of the issues around confidentiality in intellectual disability practice and give appropriate advice to other professionals within and outside the health and social care setting.</p> <p>Demonstrate proficiency in the use of technologies where appropriate in psychiatric practice.</p> <p>Consistently demonstrate a positive and conscientious approach to the completion of your work. Understand the impact of workload, patient, team and organisational dynamics on your own well-being.</p> <p>Promote and actively use reflective practice in your team towards understanding and managing the emotional impact of the work on yourself, the individual and the team.</p>

			<p>Use supervision and reflection effectively, recognising your skills, limitations and your duty of candour.</p> <p>Demonstrate willingness and availability to give effective clinical supervision to colleagues in a timely manner.</p> <p>Demonstrate adaptability of your practice to the service changes and evolution of the scientific basis of working in intellectual disability practice.</p> <p>Promote psychiatry of intellectual disability as a specialty, including acting as an advocate for patients, families and carers. Promote specialist training in intellectual disability.</p> <p>Identify and challenge stigma and discrimination against people with intellectual disability.</p> <p>Promote the resources available within the specialist team to the wide health and social care system, in order to enable optimal physical health of patients.</p> <p>Take responsibility for raising and addressing issues of patient safety and quality of care in a timely manner.</p>
2	<p>Demonstrate advanced communication and interpersonal skills when engaging with patients, their families, carers of all ages, their wider community, colleagues and other professionals.</p>	<p>2a) Communication</p>	<p>Demonstrate an understanding of your own style of verbal and nonverbal communication and the impact of this on professional relationships.</p> <p>Demonstrate skills in supporting those in whom English is not their first language, including the use of interpreters, and providing information in other languages.</p> <p>Utilise a variety of communication methods including face-to-face meetings, telephone and video consultations.</p> <p>Consistently communicate effectively with patients across the spectrum of cognitive ability, their families, their carers of all ages, and other professionals.</p> <p>Adapt your style of communication to the individual needs of the patient with intellectual disability, making reasonable adjustments as appropriate.</p>

			<p>Develop and maintain therapeutic relationships with your patients with intellectual disability, their families and their carers of all ages.</p> <p>Effectively explain to patients with intellectual disability, their families and their carers of all ages, the outcome of the assessment and the recommended care plan, considering their ideas, concerns and expectations.</p> <p>Communicate effectively with colleagues in the multidisciplinary team and promote interagency working through effective liaison with external organisations.</p> <p>Work effectively across multiple systems to support provision of holistic care and treatment for your patients with intellectual disability.</p> <p>Analyse complex information and express your professional opinion coherently through both written and verbal communication.</p> <p>Produce written reports within the limits of your expertise, which are coherent, comprehensive, timely, accurate and relevant.</p>
	<p>Demonstrate advanced skills in the psychiatric assessment, formulation, diagnosis and person-centred holistic* management of an appropriate range of presentations in a variety of clinical and non-clinical settings within Psychiatry of Learning (Intellectual) Disability.</p>	<p>2b) Clinical Skills</p>	<p>Demonstrate proficiency in the assessment and diagnose mental disorders and neurodevelopmental disorders in patients with intellectual disability across the spectrum of cognitive ability.</p> <p>Demonstrate proficiency in use of formulation to support the understanding of challenging behaviour in patients with intellectual disability, including the link between communication and behaviour.</p> <p>Use classification systems, including those adapted for use with people with intellectual disability, to establish clinical diagnoses.</p> <p>Demonstrate an understanding of the utility and limitations of clinical rating scales and psychometric testing for people with intellectual disability.</p>

Demonstrate proficiency in obtaining a detailed psychiatric history and performing a mental state examination in patients with intellectual disability in both routine and urgent settings.

Demonstrate skills in the assessment and management of acute mental health crises in patients with intellectual disability.

Demonstrate specialist skills in the assessment and management of cognitive impairment in older patients with intellectual disability.

Demonstrate a working knowledge of the genetic causes of intellectual disability and the associated behavioural phenotypes.

Demonstrate an understanding of the assessment and treatment of epilepsy in patients with intellectual disability.

Understand the principles of life span issues that affect people with intellectual disability and their families, and how these influence the management of transitions.

Demonstrate an understanding of the social determinants of health, including economic deprivation, inadequate nutrition, educational and environmental factors and the impact of these on the aetiology and presentation of mental disorders in patients with intellectual disability.

Demonstrate proficiency in the assessment of risk in people with intellectual disability leading to a formulation and risk management plan.

Demonstrate proficiency in the construction of a comprehensive clinical formulation relevant to patients with intellectual disability.

Conduct a thorough physical examination, request relevant investigations and make referrals to other specialists where appropriate.

Understand the range of community and inpatient treatment options for mental and behaviour disorders in patients with intellectual disability.

Demonstrate proficiency in the assessment of capacity to consent to care and treatment in patients with intellectual disability.

Demonstrate proficiency in prescribing safely and effectively for patients with intellectual disability in both routine and urgent settings, considering the research evidence base, prescribing guidelines, individual patient factors and the views of patients and their support networks.

Demonstrate advanced knowledge of the pharmacodynamics, pharmacokinetics, efficacy, tolerability, interactions and adverse effects of psychotropic medication in patients with intellectual disability.

Demonstrate advanced knowledge of psychological treatments in the management of mental and behaviour disorders in adults with intellectual disability.

Provide advanced psychiatric expertise and supervision to other members of the multidisciplinary team and consider alternative perspectives for formulation and management.

Demonstrate a person-centred holistic approach (which includes biological, psychological and social) to the assessment and treatment of mental disorders in patients with intellectual disability considering relevant social and cultural factors.

Work with others using a person-centred holistic approach (which includes biological, psychological and social) to safely manage behavioural challenges and to support behavioural and environmental change.

Assess the general health of your patients, taking into account the impact of their physical health on their mental health needs and vice versa. This assessment should include consideration of nutritional, metabolic, and endocrine factors and disorders, and the physical and mental impact of substance use and addiction on clinical presentation.

			<p>Assess those from a range of different cultural, spiritual, and religious backgrounds and demonstrate an understanding of how protected characteristics may impact on clinical presentation.</p> <p>Use the clinical formulation to devise a safe, effective and evidence-based management plan.</p> <p>Undertake regular, structured review of psychotropic medication prescribing in your patients, and know and apply relevant national guidance on psychotropic medication monitoring and withdrawal, advising others where appropriate.</p> <p>Work across a variety of service settings including care homes, supported living placements, day services, educational facilities and hospitals.</p> <p>Work across professional interfaces by collaborating and liaising with other medical and psychiatric specialities.</p> <p>Evaluate the outcome of interventions and treatments in patients with intellectual disability.</p>
	<p>Apply advanced management skills within Psychiatry of Intellectual (Learning) Disability in situations of uncertainty, conflict and complexity across a wide range of clinical and non-clinical contexts.</p>	<p>2c) Complexity & Uncertainty</p>	<p>Demonstrate an understanding of unconscious processes including transference, countertransference, projection and the experience of splitting, and the impact of these on professional relationships.</p> <p>Demonstrate an understanding of individual variation and the impact of social and cultural, factors, including effects of deprivation, discrimination and racism.</p> <p>Understand the limits of your clinical capabilities, seeking timely support and consultation when needed.</p> <p>Work with others to promote therapeutic optimism and hope in the management and care of patients with intellectual disability.</p>

			<p>Consciously vary from established care pathways where clinically indicated and justify these decisions as needed.</p> <p>Reflect in complex situations and the capacity to tolerate uncertainty.</p> <p>Maintain appropriate professional attitudes and behaviour when managing situations of ambiguity and uncertainty.</p> <p>Manage divergent views about patient care leading to appropriate clinical interventions.</p>
3	Apply advanced knowledge of relevant legislative frameworks across the UK to safeguard patients and safely manage risk within Psychiatry of Learning (Intellectual) Disability.	<i>3a) Knowledge of legal and organisational frameworks in your UK jurisdiction</i>	<p>Demonstrate a working knowledge of the specific ethical and legal principles which apply to people with an intellectual disability.</p> <p>Demonstrate an understanding of complex ethical issues relevant to the care of people with intellectual disability.</p> <p>Understand the principles of managing detained patients with intellectual disability, within the relevant legislative frameworks.</p> <p>Understand and apply the principles of least restrictive practice and human rights, when considering the application of legal powers across different settings.</p> <p>Prepare and deliver legal reports for patients with intellectual disability.</p> <p>Be able to give testimony at appropriately convened settings to review the legal status of a patient.</p>
	Work effectively within the structure and organisation of the NHS, and the wider health and social care landscape.	<i>3b) Working within NHS and organisational structures</i>	<p>Understand and apply the current legislation governing the care and treatment of people with intellectual disability and mental disorders in both inpatient and a variety of community settings. This includes the use of emergency powers and compulsory treatment.</p>

4

Demonstrate leadership and advocacy in mental and physical health promotion and illness prevention for patients within Psychiatry of Learning (Intellectual) Disability and the wider community.

4a) Health promotion and illness prevention in community settings

Demonstrate knowledge of the range of health inequalities faced by people with intellectual disability and the multiple factors that contribute to premature mortality.

Demonstrate understanding of the national health priorities for people with intellectual disability in your UK jurisdiction, including the rationale behind annual health checks and associated health plans.

Demonstrate knowledge of the screening required in your patients with a genetic cause of their intellectual disability with appropriate onward referral/advice.

Develop an understanding of local models of service delivery and priorities for people with intellectual disability, and how this aligns with the wider health and social care system in your jurisdiction.

Demonstrate an understanding of the physical health conditions associated with the most significant causes of morbidity and mortality in people with intellectual disability.

Demonstrate advanced understanding of the concept of diagnostic overshadowing and how this affects people with intellectual disability and the care they receive, including challenging when this occurs in both primary and secondary care.

Demonstrate an understanding of public health as it applies to people with intellectual disability, including mortality and morbidity data and how this relates to health disparity.

Develop an understanding of the local data and how this compares with regional/national data.

Work jointly with relevant statutory services where concerns arise about unmet health and social care needs.

			<p>Promote a healthy lifestyle in patients with intellectual disability including the management of sleep, mental and physical disorders.</p> <p>Describe the link between illness and behaviour and promote an understanding of the interrelationship between the body and the mind.</p> <p>Work with primary and secondary care to support your patients with intellectual disability to have their health needs met.</p> <p>Demonstrate advocacy for your patients and support other health professionals to make reasonable adjustments.</p> <p>Engage with the local mortality review process for people with intellectual disability.</p>
5	<p>Demonstrate effective team working and leadership skills to work constructively and collaboratively within the complex health and social care systems that support people with mental disorder.</p>	<p>5a) Teamworking</p>	<p>Recognise the strengths and weaknesses within a team and demonstrate how to work with these, using emotional intelligence and maintaining an awareness of one's own cognitive biases.</p> <p>Be prepared to question and challenge the performance of other team members when standards appear to be compromised, and escalate concerns appropriately.</p> <p>Work in collaboration with patients with intellectual disability, their families and carers of all ages, and the multi-disciplinary team.</p> <p>Follow treatment plans, maintaining therapeutic optimism to enable safe and positive decision-making.</p>
		<p>5b) Leadership</p>	<p>Understand the importance of leadership and the role of a consultant psychiatrist in intellectual disability, in the context of team and multiagency working.</p>

			<p>Have an understanding of how your own advanced leadership skills and behaviours impact on others, and adapt your approach where appropriate to meet the needs of the team.</p> <p>Understand the principles of mentoring and its role in career development, and apply this knowledge in your practice.</p> <p>Demonstrate an understanding of the principles underpinning the management and delivery of services for people with intellectual disability.</p> <p>Develop and apply your own advanced leadership skills in a variety of clinical and non-clinical settings.</p> <p>Manage and lead a team/service, including managing referrals and delegating work appropriately.</p> <p>Lead, support and supervise others in both clinical and non-clinical settings.</p> <p>Demonstrate inclusive leadership style and awareness of the impact of hierarchy and power within relationships with patients and colleagues.</p> <p>Contribute to educating, improving and adapting the service in which you work.</p> <p>Actively participate in service development work.</p>
6	<p>Identify, promote and lead activity to improve the safety and quality of patient care and clinical outcomes of a person with mental disorder.</p>	<p>6a) Patient safety</p>	<p>Understand and apply the principles of clinical governance, taking into account the impact of human factors and team dynamics, to assure patient safety and quality of clinical care.</p> <p>Demonstrate proficiency in taking responsibility of the team with regard to patient safety.</p> <p>Demonstrate understanding of the serious incident review process.</p>

			<p>Demonstrate knowledge of risk management issues for services for people with intellectual disability, including risks to patients, families, carers of all ages, staff and members of the public.</p> <p>Understand the role of environmental risk assessment in intellectual disability settings and apply the principles of this to the settings in which you work.</p> <p>Demonstrate knowledge of the relevant policies and procedures for patient safety in your organisation and how to escalate concerns if these arise.</p> <p>Take appropriate action following serious incidents.</p> <p>Promote a therapeutic and open culture in the healthcare system where you work, for the benefit and safety of patients and staff.</p>
		<p>6b) Quality improvement</p>	<p>Demonstrate knowledge of a range of QI methodologies for developing creative solutions to improve services and apply this knowledge through participation and leadership of QI activity in your service.</p> <p>Demonstrate knowledge of mechanisms for obtaining feedback from patients, the public, staff and other interested groups, and utilise the feedback obtained to implement/manage change.</p> <p>Understand the role of the 'expert by experience' in improving patient care and support patients with intellectual disability and their families and carers of all ages to undertake this role.</p> <p>Develop a clear understanding of local complaints procedures; participate in complaints made about services.</p> <p>Participate in and lead on clinical governance activities, risk management and audit in order to improve the quality of the service.</p>

			<p>Apply audit principles, relevant clinical guidelines and integrated care pathways to your own work and team practice.</p>
<p>7</p>	<p>Lead on the provision of psychiatric assessment and treatment of those who are identified as being vulnerable within Psychiatry of Learning (Intellectual) Disability.</p> <p>Demonstrate advocacy, leadership and collaborative working around vulnerability and safeguarding in patients, their families and their wider community.</p>	<p>7a) Safeguarding</p>	<p>Demonstrate an understanding of the wide range of health and social care needs of people with intellectual disability, including physical and mental health, psychological and social wellbeing, and the interplay between them. Work with others to identify and address these needs in your patients.</p> <p>Recognise any health concerns, emotional and economic pressures impacting on carers of all ages, which contribute to vulnerability and safeguarding concerns in your patients with intellectual disability.</p> <p>Understand the role and responsibilities of psychiatric services in safeguarding people with intellectual disability and their support networks.</p> <p>Demonstrate an understanding around the use of safe, approved restrictive interventions in psychiatric services and the guidance surrounding this and work with others to minimise the use of these in clinical practice.</p> <p>Recognise signs of abuse and trauma in people with intellectual disability, their families, carers of all ages and the wider community.</p> <p>Demonstrate applied knowledge of risk management, including risks to patients with intellectual disability, carers of all ages, staff and members of the public.</p> <p>Demonstrate an understanding of the issues around confidentiality in intellectual disability practice.</p> <p>Assess risk, capacity to consent and the need for detention in complex cases with intellectual disability.</p> <p>Work within legislative frameworks and local processes to anticipate and report safeguarding concerns, providing leadership when necessary.</p>

			Include the views and voice of the person with intellectual disability when working within safeguarding processes, mindful of capacity.
8	Promote and lead on the provision of effective education and training in clinical, academic and relevant multi-disciplinary settings.	8a) Education & Training	<p>Understand the principles of co-production in teaching and training. Work with people with intellectual disability and their families / carers to deliver training.</p> <p>Competently use technology to support your teaching and training, including delivery across different platforms.</p> <p>Demonstrate knowledge of the process of continuing professional development and its role in maintaining practice and supporting revalidation.</p> <p>Provide education and training to medical, multi-disciplinary and multi-agency colleagues including effective planning, delivery techniques and the use of feedback.</p>
	Demonstrate effective supervision and mentoring skills as essential aspects of education to promote safe and effective learning environments.	8b) Supervision	<p>Demonstrate knowledge of the principles of clinical and psychiatric supervision and their practical application.</p> <p>Actively participate in clinical, psychiatric and educational supervision Provide safe and effective clinical supervision to others in both emergency and non-emergency situations, in a timely manner.</p>
9	Apply an up-to-date advanced knowledge of research methodology, critical appraisal and best practice guidance to clinical practice, following ethical and good governance principles.	9a) Undertaking research and critical appraisal	<p>Maintain an understanding of current evidence-based practice and research methodologies.</p> <p>Demonstrate awareness of current evidence-based treatment guidelines, their range of application and also their limitations in the population with intellectual disability.</p> <p>Understand and apply transferable common themes from research in the general population to inform the care of patients with intellectual disability, appreciating the limitations in so doing.</p>

Demonstrate an understanding of the importance of patient and public involvement (PPI) in research.

Demonstrate knowledge of ethical considerations and capacity/consent issues when conducting research with people with intellectual disability.

Undertake critical appraisal of existing published research relevant to your clinical practice.

Apply the current evidence-base to inform decision-making in your day-to-day clinical practice.

Communicate the evidence base using a variety of formats, including accessible information where appropriate, to your patients, their families and carers of all ages to help them make informed decisions about treatment.

Disseminate up-to-date expert knowledge of the relevant research literature to peers and relevant stakeholders, using appropriate formats.

Promote and support a research-friendly environment.

Advocate for, and promote, opportunities for people with intellectual disability and their families/carers to participate in ethical research.

Actively engage with research innovations in practice that will benefit your patients with intellectual disability.