

# SURVEY ON THE KNOWLEDGE AND EXPECTATIONS OF PSYCHIATRY OF INTELLECTUAL DISABILITY (ID) IN JUNIOR DOCTORS JOINING A NHS MENTAL HEALTH TRUST

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## SUMMARY

**Background:** Nationally, there is a drive to rotate more Foundation and GP Trainee Doctors through Psychiatry posts. In East London Foundation Trust (ELFT) in Bedfordshire, doctors from Core Psychiatry, Foundation and GP training programmes come to train in Psychiatry. Many will not have worked in Psychiatry before and have little experience of patients with ID. The prevalence of people with ID is increasing with improved life expectancy. They are a complex and vulnerable group with considerable wider legal, ethical and social issues. Recent national reports including the Confidential Inquiry in to Premature Deaths in People with Learning Disability<sup>3</sup> and Transforming Care<sup>4</sup> have recommended increased training and awareness of the roles and responsibilities for all health staff who provide care to people with ID.

**Aim:** To survey the knowledge level and expectations of junior doctors on Psychiatry placements in Bedfordshire in relation to ID and local logistical arrangements of services and on call duties.

**Methodology:** The local ID governance committee together with the Postgraduate Medical Education Department created a questionnaire which was circulated to new trainee Doctors on placements with ELFT. The questionnaire was distributed to new trainees after 3 different inductions throughout the year. This combined self-rating questions using Likert scales, multiple choice answers and others allowing for expanded free text answers.

**Discussion:** The results show the self-rated knowledge levels of ID psychiatry in general and with regard to local services and on call arrangements amongst new trainees was low. The majority of trainees indicated they would have liked to have received information on the suggested areas at the start of the placement. When given the option of themes of information the psychiatric and medical presentation was most sought, although general and on call specific information was also indicated to be useful. The most popular delivery of information was found to be oral presentation and hand out at induction, followed by an electronic document. 8 trainees were interested in attending clinical sessions in ID and most felt it would be feasible in their posts to get to these.

**Conclusions:** This survey shows that Junior Doctors from different training programmes rate their knowledge of ID psychiatry to be low. This has implications during their rotation in a mental health trust as they are expected to cover an ID ward whilst on call, but also going forward in their careers as all specialties will encounter patients with ID. It is known that awareness of patients with ID is lacking in many healthcare professionals and we know that people with ID are living longer, however continue to have worse health than the general population. The results show trainees would like more education on ID and would be interested in attending clinical sessions in ID psychiatry. The results will enable clinicians in ID services how best to improve the local induction experience for trainees. It also will guide how to educate colleagues outside of the specialty to improve their practice with people with ID, which will improve standards in the quality of care people with ID receive from doctors who treat them.

**Key words:** Psychiatry of Intellectual Disability – training - junior doctors

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## INTRODUCTION

Psychiatry of Intellectual Disability is a distinct subspecialty in Psychiatry and is an established faculty with the Royal College of Psychiatrists. It is recommended that trainees in Psychiatry have at least one placement in developmental Psychiatry including Psychiatry of Intellectual Disabilities. Senior trainees train for 3 years to gain a specialist accreditation in Psychiatry of Intellectual Disabilities.

Nationally, there is a drive to rotate more Foundation and GP Trainee Doctors through Psychiatry posts (Health Education England 2014, BMA 2014). In East London NHS Foundation Trust (ELFT) in Bedfordshire, doctors from Core Psychiatry, Foundation and GP training programmes come to train in Psychiatry. Many will not have worked in Psychiatry before and have little experience of patients with ID.

The prevalence of people with ID is increasing with improved life expectancy. They are a complex and

vulnerable group with considerable wider legal, ethical and social issues. Recent national reports including the Confidential Inquiry in to Premature Deaths in People with Learning Disability (CIPOLD 2013) and Transforming Care (Department of Health 2012.) have recommended increased training and awareness of the roles and responsibilities for all health staff who provide care to people with ID.

## AIM

The aim of this study was to survey the knowledge level and expectations of junior doctors on Psychiatry placements in Bedfordshire in relation to ID and local logistical arrangements of services and on call duties.

## METHODOLOGY

The local ID governance committee together with the Postgraduate Medical Education Department created

a questionnaire which was circulated to new trainee Doctors on placements with ELFT.

The questionnaire was distributed to new trainees after 3 different inductions throughout the year. This combined self-rating questions using Likert scales, multiple choice answers and others allowing for expanded free text answers.

## RESULTS

A total of 11 responses were obtained from trainees. The results show the self-rated knowledge levels of ID psychiatry in general and with regard to local services and on call arrangements amongst new trainees was low. The majority of trainees indicated they would have liked to have received information on the suggested areas at the start of the placement. When given the option of themes of information, the psychiatric and medical presentation was most sought, although general and on call specific information was also indicated to be useful. The most popular delivery of information was found to be oral presentation and hand out at induction, followed by an electronic document. 8 trainees were interested in attending clinical sessions in ID and most felt it would be feasible in their posts to get to these (Figures 1-7).

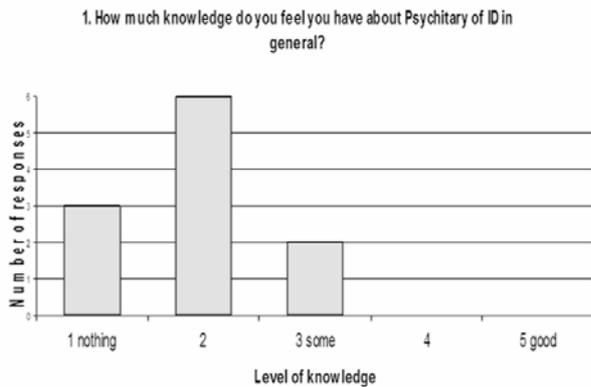


Figure 1. Knowledge of Intellectual Disability in general

### Response to results

In response to the results generated, the authors who are based with the Intellectual Disability team have developed a brief yet comprehensive induction folder with all the relevant information necessary to understand the basics of Intellectual Disability as well as the necessary legislative and medico-legal issues around this field. Also included in the pack are details of all the relevant departments, bases, numbers and team members necessary to carry out work both during the day as well as whilst on call. The team will also be offering time to present an overview about Intellectual Disabilities at the induction programmes three - four times a year. Trainees will also be offered the opportunity to shadow and visit community and ward bases and meet

members of the team as well as participate in psychological assessments and other therapeutic interventions (with the consent of patients and carers) at any time that would be convenient to them. It is envisaged that the survey would be repeated after the next few cohorts and assess the response and satisfaction levels and confidence levels of knowledge of ID in junior trainees starting a job in Psychiatry.

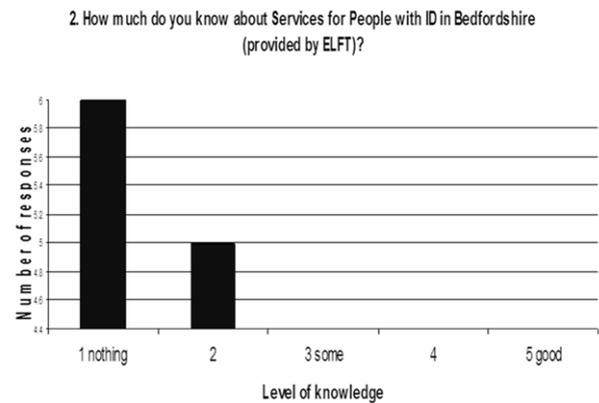


Figure 2. Knowledge of services within Intellectual Disability

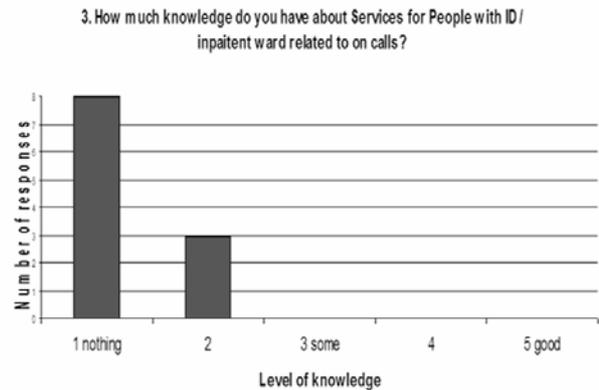


Figure 3. Knowledge of Intellectual Disability in relation to On-call work

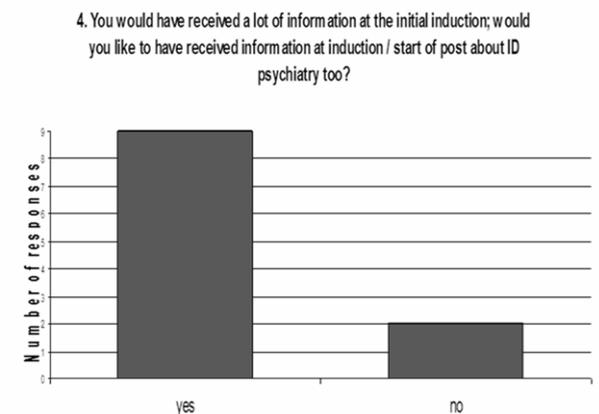
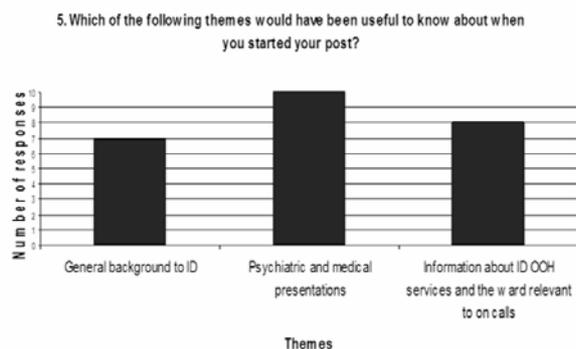
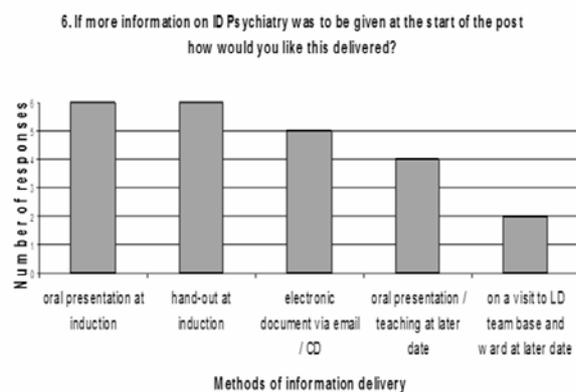


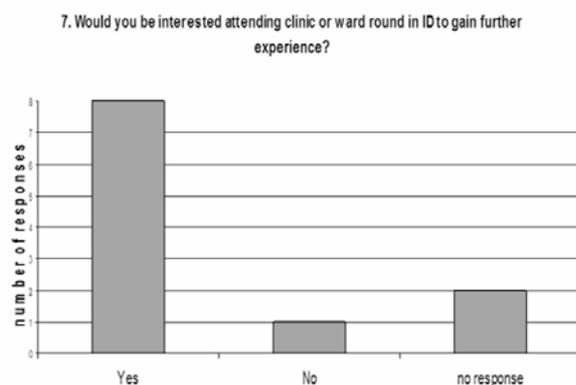
Figure 4. Whether Trainees would like to receive information about ID at induction?



**Figure 5.** Themes of information that would be useful to know in Intellectual Disability



**Figure 6.** Delivery of Information



**Figure 7.** Further Experience in Intellectual Disability

## CONCLUSIONS

This survey shows that Junior Doctors from different training programmes rate their knowledge of ID psychiatry to be low. This has implications during their rotation in a mental health trust as they are expected to cover an ID ward whilst on call, but also going forward in their careers as all specialties will encounter patients with ID. It is known that awareness of patients with ID is lacking in many healthcare professionals and we know that people with ID are living longer; however continue to have worse health than the general population. The results show trainees would like more education on ID and would be interested in attending clinical sessions in ID psychiatry.

The results will enable clinicians in ID services how best to improve the local induction experience for trainees. It also will guide how to educate colleagues outside of the specialty to improve their practice with people with ID, which will improve standards in the quality of care people with ID receive from doctors who treat them.

**Acknowledgements:** None.

**Conflict of interest:** None to declare.

### Contribution of individual authors:

Madhusudan Deepak Thalitaya: Survey design and writing the paper.

Claire Reynolds: Survey design, data collection and data analysis.

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