**CT2/3 – Psychiatry of Intellectual Disability**

**DIRECTORATE:** Mental Health of Learning Disability (MHLD),

Forensic & Specialist Service Line

**REPORTS TO: Dr Ammanas LAURITSEN**

**RESPONSIBLE TO:** Dr Ammanas LAURITSEN

LOCATION: MHLD

23-29 Albion Place

Maidstone

Kent ME14 5TS

**HOURS OF WORK:** 9am – 5pm Monday - Friday

**ON CALL RESPONSIBILITY:** Yes

**DISCLOSURE REQUIRED:** Yes

**OBJECTIVES:** To develop knowledge and skills in:

1. The assessment and diagnosis of mental health problems in people with an intellectual (‘learning’) disability.
2. Assessment in the presence of other comorbid disorders, such as Autism and ADHD, epilepsy and sensory problems.
3. The consideration of developmental and systemic factors in the presentation of people with an intellectual disability.
4. Communicating with people with an intellectual disability at a developmentally appropriate level.
5. The principles of treatment options, including medication and psycho-social interventions.
6. The provision of services for people with an intellectual disability.
7. The ethical and legal issues that are applicable to people with intellectual disability, including those who cannot give informed consent.
8. Working in a multidisciplinary and multiagency way and with families, relatives and paid care staff.

**INTRODUCTION**

Kent and Medway has a population of approximately 1.8 million, which includes urban and variably populated rural areas. East Kent has a population of approximately 700,000. Socio-economic status is variable, with the most relatively deprived areas being the Medway towns, Thanet and Dover.

The Trust provides community mental health services for adults with learning disability through the specialist Mental Health of Learning Disability (MHLD) teams. This is in keeping with the Department of Health’s ‘*Valuing People Now*’ document, which expects specialist teams to be available to support some individuals to access mainstream services and also provide direct care for those whose needs are complex and cannot be met by mainstream services.

There are currently seven consultant psychiatrists, seven specialty doctors, two core trainees (not including this new post) and two foundation doctor posts in the Kent and Medway MHLD services. They work together with psychology and nursing colleagues in the MHLD services. The KMPT MHLD services are currently configured into seven localities across Kent and Medway, with three of these in East Kent (the MHLD configuration in East Kent is currently under review). Julie Meadows, Service Manager, Specialist Services and Dr Chidi Nwosu, Assistant Medical Director for the Forensic & Specialist service line, have responsibilities for MHLD. Dr Colin Hemmings is the Lead Clinician for MHLD Psychiatry and Emma Rye is the Lead Clinician for MHLD Psychology. Martin Robb is the MHLD Service Manager.

There is a forensic inpatient Learning Disability Service managed within the Forensic & Specialist service line with Dr Emmanuella Akande as the Lead Clinician. All acute admissions for people with a learning disability will be on mainstream psychiatric wards.

Within the local academic programme, a journal club meets on Wednesday afternoons online and the post holder would be expected to participate. There is a MHLD Forum, which runs on the second Thursday of the month and it is open to all practitioners in learning disability from Kent and Medway.

The post offers the opportunity to teach members of the multi-disciplinary clinical team. The post holder will also have the opportunity to teach any FY doctors attending taster days in MHLD. The post holder will have the opportunity to teach medical students on placement from KMMS medical school. The post holder is expected to attend the MRCPsych teaching at Brighton and Sussex Medical School.

**INDUCTION**

At the beginning of the placement the post holder will take part in an induction programme if they have not worked at the Trust before. They will be introduced to the workplace and informed of the requirements of the post, including the nature of the on-call commitment. They will have an NHS induction to formulate an individual learning plan for the placement.

**SUPERVISION**

**Clinical Supervision**

Dr Lauritsen will provide the clinical supervision for this post.

When the post holder is on call, the consultant on-call will provide clinical supervision, the general adult consultant psychiatrist for all patients, but the consultant forensic psychiatrist on call for patients under the care of the Learning Disability Forensic Psychiatry Service.

When advice is sought, the name of the clinical supervisor and the advice given must be clearly documented in the patient’s clinical record.

**Educational Supervision**

The educational supervisor for this post will be Dr ???, who will be responsible for providing regular educational supervision sessions.

**DUTIES AND OPPORTUNITIES**

The duties of the post, performance criteria and the learning opportunities available are set out following the structure of the psychiatry specialty curriculum (as approved by PMETB, 2006) which, in turn, is based on the headings of the GMC’s Good Medical Practice.

**CLINICAL DUTIES**

**1 Providing a good standard of practice and care**

Take full histories, including a mental state examination and conduct a physical examination when necessary.

Explore particularly relevant elements within the history under the direction of the consultant and perform a mental state examination frequently during a patient’s review and make recommendations to amend the care plan, as appropriate.

Take corroborative history from relatives and carers in relation to the management of patients.

Request appropriate laboratory investigations and ensure that the results are documented in the notes. Bring to the attention of the consultant any abnormalities.

Work jointly with other agencies that provide services for people with an intellectual disability, such as the Community Learning Disability Teams.

Attending at least two joint meetings with the West Kent Community Learning Disability Teams (CLDTs). These can be good experience for interdisciplinary and inter-agency working.

Attend the weekly clinical team meeting, documenting discussions and plans in the clinical record. Perform allocated tasks following the meeting.

Prescribe medication under consultant supervision.

Maintain accurate, legible, contemporaneous and useful clinical records for all patients.

The Trust uses RiO and updates on Core Assessment, Risk Assessment, Outcome Measures, Care Plan and Progress Notes must be made whenever you see a patient.

**2 Decisions about access to care**

Maintain close collaboration between junior and senior doctors working in other specialities and, when appropriate, support mainstream services to improve access for people with learning disability.

Accompany the consultant in conducting assessments at homes or other community centres. Undertake independent community visits where suitable.

**3 Treatment in emergencies**

Manage emergencies when on duty at the unit. When on-call, provide assessments to patients presenting at Priority House, Maidstone.

Work under the clinical supervision of the higher specialist training doctor, the duty consultant and the consultant psychiatrist for work undertaken within the MHLD service.

**4 Maintaining good medical practice**

Maintain and use systems to update knowledge and its application to any aspect of your professional practice.

Participate in the local academic programme according to training needs, teaching peers and colleagues in the multi-disciplinary team and, occasionally, teaching medical students.

Work towards obtaining MRCPsych encoding CASC practice with supervisor.

Attend mandatory training provided by the Trust and take appropriate study leave opportunities.

Apply the principles of philosophy and strategy that guides the MHLD Service, and adhere to the principles of clinical governance, quality and excellence.

**5 Maintaining performance**

Participate in the workplace-based assessment programme of the Psychiatry Specialty Training Curriculum and use feedback from this process to inform critical self-awareness.

Discuss these assessments with the educational supervisor.

Undertake one audit or service evaluation project under the direction of the educational supervisor.

**6 Teaching and training, appraising and assessing**

Participate in teaching within the local academic programme and the occasional teaching of medical students, help identify and obtain consent from suitable patients for the students to interview to develop their clinical skills, listen to clinical presentations and discuss the patients they have seen.

Contribute to the Mental Health of Learning Disability Academic Forum, for example by patient case, audit or journal paper presentation.

Appraise colleagues within accepted appraisal frameworks.

Provide teaching to the MHLD team and the CLDT as appropriate.

**7 Relationships with patients**

Wherever possible, obtain informed consent from patients.

Observe rules on patient confidentiality at all times.

Share information appropriately with colleagues, under the guidance of the clinical supervisors.

**8 Dealing with problems in professional practice**

Bring any problems with the conduct or performance of a colleague to the attention of the educational supervisor or another consultant.

Cooperate fully with any complaints procedure or formal enquiry.

Cooperate fully with any formal enquiry or inquest into a patient’s death.

Early in the placement, discuss the provisions of the NHS indemnity insurance and any additional indemnity insurance, with the educational supervisor.

**9 Working with colleagues**

Continuously promote value based non-prejudicial practice. Maintain a legal, ethical and fair approach towards working with colleagues and respect diversity.

Work effectively as a member and a leader of the multi-disciplinary team, communicate effectively and demonstrate appropriate leadership.

As a full member of the MHLD multi-disciplinary clinical team, discuss the experience of working with other disciplines in meetings with the educational supervisor.

Appropriately assume, delegate and devolve responsibility.

Access advice, assistance and second opinions when delegating and making referrals.

Educational and clinical supervisors will provide guidance as to the level of responsibility to assume in individual clinical situations.

Obtain advice and assistance if unsure.

**10 Maintaining probity**

Ensure that assessment reports, clinic letters and documents you have a responsibility for are complete, honest and accurate.

All written reports will use a standard report format, and should be available within two weeks.

Unless instructed otherwise, reports will be checked by the consultant before being sent out.

Properly manage financial and commercial dealings.

Do not receive any gifts from patients, or solicit any fee or payment from a patient or third party without agreement from the educational supervisor or clinical supervisor.

Do not meet with any representatives of the pharmaceutical industry during work time, unless this is at a post-graduate meeting that has been organised within ABPI guidelines.

Avoid conflicts of interest and advise others on preventing and dealing with conflicts of interest.

Inform the educational supervisor of any real or potential conflict of interest.

Maintain medical confidentiality under all circumstances, unless there is an immediate need to override confidentiality in accordance with current guidance.

Any non-urgent overriding of clinical confidentiality should be discussed first with the educational supervisor or one of the clinical supervisors.

**11 Health**

Ensure that your health and the health of others does not put patients at risk.

Obtain advice and treatment for mental and physical health problems and must ensure that their health does not put patients at risk.

Comply with the Trust’s occupational health policy.