

Psychiatry of Intellectual Disability

Newsletter of the Faculty of Psychiatry of Intellectual Disability

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Submitting articles: This is the Faculty members' newsletter and we encourage anyone to submit articles. The shorter the article and the more straightforward its language and style, the more likely it is to be read. We welcome thought-provoking and controversial material which might get a constructive response from readers. The Editor reserves the right to edit contributions as deemed necessary. Copyright of submissions are retained by its author, but the College reserves the right to reproduce the article on the Faculty website pages.

Please email articles to either the [Editors](mailto:psychidnewsletter@gmail.com) (psychidnewsletter@gmail.com) or [Kitti Kottasz](mailto:intellectualdisability@rcpsych.ac.uk), Faculty Committee Manager (intellectualdisability@rcpsych.ac.uk) by 23 October 2020 for the next issue (due before the ID Trainees Autumn Conference 2020).

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Editorial



Dr Kathleen Levick

Editor

Change – Balance - Reflect

Welcome to the June 2020 edition of the Faculty Newsletter.

This will be my first edition of this newsletter as Editor, a position that I am proud to have been offered after the Autumn Faculty conference last year. I am honoured to have been picked to replace Dr Giri Madhavan, who stepped down after the last 2 years of heading up the newsletter editorial team with great panache and bringing a new look to the newsletter. I hope to do him and the rest of the Editorial team proud in taking on this new role.

I want to thank all of our contributors, who are really what make this newsletter what it is, from the regular columnists, to those who have offered their pieces for inclusion in this issue. I echo Giri's frequent invitations to everyone to get in touch; we are so glad to hear from all members of the Faculty and would love to have offers of articles or even new regular features.

Here is a topic I would like to open up for the next edition: Arts reviews, whether film, literature, dance, theatre, art, or something going on in your local area or place of work; anything with relevance to our Psychiatry of ID community. Please don't hesitate to contact us if you have something you would like to share with our readership. I would love to be able to showcase the breadth and creativity that I know we bring to our patients' care.

Of course, 2020 and the ongoing pandemic have brought about changes that we could not have expected: to our work patterns, patient concerns, family issues, to every part of our day to day lives. I have seen plenty of the creativity I have mentioned, brought to bear in the way people have adapted their practice to continue the support that we offer our population in these difficult times. I know that as a community, the Psychiatry of ID 'Family' offer each other invaluable support as well.

Of course, this brings about a lot of opportunity for reflection,

on how well we have adapted, but also on how difficult this has been at times and will continue to be. Our day to day working patterns may have changed permanently in some ways, though our patients will always be at the centre of what we do.

Because of this, the newsletter is all the more important in keeping in touch, as the usual Faculty conferences- of course - will not be going ahead in person this year; this means we lose a valuable forum for catching up in person with colleagues from the across the Four Nations. Do rest assured though, we are all still here, and the hard work of the Faculty members is continuing, albeit in the virtual space for the time being.

Both sides of this reflection on change are echoed in this issue of the newsletter. We have the View from our Chair, Ken Courtenay, as well as the regular update about the Special Advisory Committee from Mary Barrett. Rachel Steele has once again kindly given us a summary of recent relevant research, which is ongoing. We also sadly have 2 obituaries included in this edition, from prior to pandemic times. These heartfelt reminiscences of colleagues lost are in some way complimented by stories from the incoming generations of consultants and colleagues to be. We have stories from Faculty prize winners, recent conference organisers, from your ID Trainee reps, and from the 2019 NW Higher Trainee of the year. We also get an inside look at the journey of the first Physician Associate in Psychiatry of ID in the UK.

I do hope you will enjoy this edition, and going forward, don't hesitate to be in touch: this is your newsletter! You can be a part of it, and we would love to hear any ideas or offers of news articles.

We'll look forward until we can meet again in person, and in the meantime, do continue to look after yourselves and each other in these strange times and keep doing the wonderful work that you do.

Kathleen Levick

June 2020

Co-Editors:

Tom Berney, Sujeet Jaydeokar, Geoff Marston, Elizabeth O'Rourke, Indermeet Sawhney



Dr Ken Courtenay

Chair of Faculty

of Psychiatry of ID

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I often hear reference to our 'living in strange times' and none more so than life during the pandemic. It has been a sobering few months where the world has appeared to stop and yet it has not. Our delivery of clinical services has adapted to the demands of the pandemic and I know colleagues are working hard to support patients and their families and carers. Regardless of the challenges, it seems we have worked around the obstacles and helped patients to adapt to working in new ways with us. I know that our support to families and carers is highly valued by them at a time when they need it the most.

The impact of the pandemic on people with ID is of great concern especially following the information from CQC (www.cqc.org.uk) on the numbers dying from COVID-19. It will be some time before we know the full impact and the learning from it to prepare for future events. Contributing to this knowledge will be our COVID-19 survey led by Asit Biswas and Rohit Shankar on its impact on services and psychiatrists. The Faculty will support future work on COVID-19 and its effect on people with ID, recognising our position at the heart of services. I encourage you to participate and contribute your observations and experiences.

Unfortunately, our Spring Conference in April was cancelled because of the pandemic and I held out hope that we would hold our Annual Residential Meeting in London in October as planned. Alas, that was not to be since 21 Prescott Street is closed to all events until the end of 2020. We will wait until 2021 to come together as a group and no doubt under new social distancing rules.

One good result of having to adapt has been the use of various platforms to communicate with each other. I was very pleased to host the Faculty webinar in April on COVID-19 and intellectual disabilities led by Regi Alexander. The webinar attracted over 700 participants.

I link with NHS England through their weekly webinar led by the NHSE Director, Ray James, engaging in a conversation with families and carers and other agencies supporting people with ID. It is an excellent opportunity to keep in touch colleagues working hard to support people in services.

I wish to remember Prof. S. Bhaumik whose life we celebrated in February in Prescott Street where family, colleagues and friends came together with the President and

the College to remember Sab and the great contribution he made to the specialty and to psychiatry in the UK and overseas.

In February I took time to holiday in New Zealand, Australia and Singapore and had the opportunity to catch up with colleagues working in ID services. They reminded me how much they look to our Faculty for information and guidance on practice in Psychiatry of ID and caused me to value the impact we have on services in other countries through our leadership in the specialty.

In March, CR226 on mental health services for adults with mild intellectual disability was published. We look forward to our College Report on ADHD in adults with ID that will be published later in 2020.

In spite of the pandemic, the Faculty continues to carry on with its work. Mary Barrett, chair of the Specialty Advisory Committee, has been working hard with our TPDs across the country on the Curriculum developments that will be submitted to the GMC by October 2020. It will describe the training requirements at both core and higher specialty training. Maintaining our own CCT is crucially important to the specialty to ensure our trainees are skilled in working with people with ID.

I wish to welcome our 5 new elected members to the Faculty Executive: Jane McCarthy, Alison Dunkerley, Cath Bright, Bijil Arackal, and Niraj Singh who will join the Committee in July 2020. We are making progress on the gender balance on the 15 member Committee with 6 women colleagues contributing to the work of the specialty. I thank the members demitting from the Committee for their contributions since 2016: Rohit Shankar, Ezhil Anand, Mo Eyeoyibo, Avinash Hiremath and Khalid Nawab.

Until we meet again, I urge you to stay safe and to make use of the support of colleagues at this time.

Ken Courtenay

ChairFacultyPID@rcpsych.ac.uk



View from the ID Specialty Advisory Committee

Dr Mary Barrett



SAC Chair

It's a pleasure to write this column and fill you in on the hard work undertaken by the SAC in the last sixth months.

Curriculum rewrite

Our main focus remains the Psychiatry of ID Higher Training Curriculum rewrite and the SAC was delighted to receive confirmation on 2nd December 2019 that the GMC has approved our COG application, subject to some minor actions. This gave us the green light to go ahead and commence work on the second stage of the re-write process, which involves producing the detail of the new training curriculum. This will be submitted to the GMC Curriculum Advisory Group (CAG submission) in August 2020, with a decision expected by mid-November 2020.

We have the advantage of Core Psychiatry and other Higher Psychiatric Subspecialties submitting at earlier dates, enabling us to learn from their processes and experiences (we have already had to make some about-turns in our work as a consequence of how the format of the Core Curriculum has developed!). Alongside this, however, we still need to keep our 'foot on the gas', as an important part of the development process is harmonising key elements across all the Subspecialty Curriculae.

As part of the approvals process, we have had discussions with the GMC about changing the name of our CCT from Psychiatry of Learning Disability to Psychiatry of Intellectual Disability. The GMC have advised that they will support this however it needs to be confirmed by the Department of Health and Social Care (DHSC) and changes made to the relevant legislation. The GMC are currently discussing a number of name changes with the DHSC and will work with us to progress this change.

Once our Psychiatry of ID Higher Curriculum has been approved, we can then work on submitting Curriculae for Dual Training – CAMHS ID has previously received approval and we are also planning to progress Forensic ID as soon as practicable. The GMC have given support to progressing new dual pairings to help with flexibility in Psychiatric training, so hopefully the process will be successful – watch this space!

Recruitment

The SAC continues to work with the Exec to support recruitment to the Specialty with a number of SAC members, including myself, having continued involvement in the Recruitment Strategy Working Group led by Ken Courtenay and contributing to the recently released Recruitment Toolkit. Recruitment into the specialty remains a challenge, so we are always pleased to hear ideas and examples of good practice and to share these through our networks. The SAC includes a number of ID TPDs and is linked closely with the ID TPD Network; in addition, its membership includes trainee representatives who are linked to the trainee social network group – we are more than happy to publicise events and examples of good practice, to support both recruitment and training, so please do get in touch with me if you have something to share.

Forthcoming publication

I am very pleased to report that the findings of our 2019 ID trainer/trainee survey, written up by Dr Catherine Walton, supported by Dr Fionnuala Williams (both previous trainee reps), Dr Simon Bonnell (previous Peninsula TPD) and myself have now been accepted for publication in the Psychiatric Bulletin under the title: 'Training in Psychiatry of Intellectual Disability: Perspective of Trainees and Trainers'. Hopefully this will help raise the profile of our Specialty nationally (and internationally) and encourage FY and core trainees to undertake a placement in ID – something we know to be vital in supporting recruitment to the Specialty.



View from the National Trainee Representatives

Dr Kathleen Levick



Dr Reena Haq



RH: ST6 Peninsula Deanery

KL: ST5 South London Deanery

*National RCPsych ID Faculty Higher Trainee
Co-Representatives*

The first 6 months of our tenure having flown by, with conferences, meetings and committees galore, the latter half was suddenly thrown into chaos and confusion, along with the rest of the world, by the effects of Covid-19 and lockdown.

By now, we would usually have handed over to the new trainees destined to succeed us on the Executive Committee; of course, 2020 has not panned out like anyone imagined.

At the last Committee meeting, this was discussed, and it was agreed that this would be a very difficult time for new trainees to step into the breach, as all meetings are currently still virtual, so it would be tough for the new reps to get to know each other and the rest of the Executive Committee.

It was agreed that we (Reena and Kat), having begun our representative roles in April 2019, will continue on in 2020 with the aim to handover to our successors at the Trainees Conference, usually held in November.

This year the North-West Trainees have responsibility for the National Higher Trainees conference, though at this stage, it seems likely that this might be going ahead in a virtual space. We will have to see what the rest of the year brings.

Due to our roles on various committees, we may still likely have some pieces of work to round off, so we will likely be able to offer some support during a handover period.

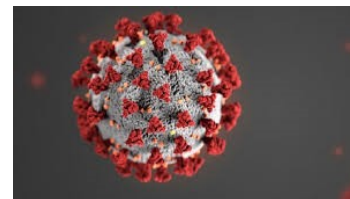
Be next in line to represent your colleagues!

We have greatly enjoyed our time as your higher trainee reps. It is doubtless a lot of work, but we have both learnt so much, and nothing could replace this hands-on experience of Executive Committee meetings and Steering groups; it gives an inside view as to how our Faculty is run, and gives a unique opportunity to represent your peers, and to have a say in

how our training and service provision for our patients evolves.

Because ours is a small Faculty, one really gets the chance to get to know key players, foundations which will stand one in good stead as careers progress, never mind the ample CV fodder you will gain. We would both certainly recommend anyone to apply for this wonderful experience, especially if its not usually the sort of thing you would go for; surprise yourself and find out what the Faculty has to offer from the inside.

Look out for invitations to apply coming later this year.



Covid-19 and Trainee concerns

Despite everyone's day to day changing a great deal, for us and for our patients, the population with whom we work still require our effort and support, so of course work goes on, albeit in some new ways for some.

We have been liaising with ST trainees across the country via Basecamp and whatsapp, as well as a survey devised by Reena; we have been getting feedback that in some areas, GP trainees have been redeployed to cover medicine and CTs redeployed to cover general adult settings. STs are also therefore sometimes also working in different areas, to offer cover. Discussions have been had about concerns around PPE, as well as educational matter such as Special Interest days. As with the rest of the country, we have adapted fast to using teleconferencing software, with the ups and downs that that brings, along with the challenges around hardware and different working environments.

Recruitment

We have both been supporting trainees locally with the recruitment process, another casualty of the current pandemic crisis. In what must have been a highly anxiety provoking process for many, the ST interviews were sadly

cancelled this year for the August intake, due to lockdown, though thankfully, we will still be getting some

new recruits to join us in August; they will have been selected on the basis of their application alone.



Newsletter:

Kat has been appointed as the new Chief Editor of the ID Faculty newsletter, and so will be continuing in the Executive Committee in this new role once the rep roles handover. She steps in to fill Dr Giri Madhavan's shoes, who stepped down after the Autumn Faculty conference in 2019. Sincere thanks and congratulations are extended to Giri for all his hard work on the newsletter during his tenure as Editor; large shoes to fill indeed!

Committees:

We are part of recruitment steering group and curriculum review committee and are involved in activities of both of these groups. It was agreed prior to the pandemic that they would continue their involvement with these to finish pieces of work until an appropriate handover point. A new Membership Engagement Committee is in the process of being set up as well.

Conferences:

Kat was approached to speak at the Imperial PsychSoc conference in February, where she spoke on the topic: "Intellectual Disabilities; everyone's business!". The audience engaged enthusiastically and gave very positive feedback, including that they enjoyed the practical focus of the talk.



Kat and Reena after the Autumn Faculty Conference in Leeds, September 2019.

Despite the challenging circumstances in which we find ourselves, we will continue to do our best to represent you and any feedback or concerns you might wish to raise with the Executive Committee. Please, don't hesitate to contact us, as ever, and even more now in these times, even if just to check in and have a chat!

We look forward to the day that we can be back together in person safely again.

Your reps:

Kat (Kathleen.levick@nhs.net)

and

Reena



Kat and Reena at Cardiff National Trainees Conference, November 2019



Research Roundup

Rachel Steele

Clinical Librarian with Tees, Esk and Wear Valleys NHS Foundation Trust.

[@TEWV_library](#)



Rachel Steele, Clinical Librarian with Tees Esk and Wear Valleys NHS Foundation Trust, continues the I-Spy Research Series with a focus on exercise with a round-up of the latest Intellectual Disability research available.

During the Covid-19 lockdown, there has been much focus on the importance of exercise, for both physical and mental health reasons. The once a day daily permitted walk has become an important part of many people's routines. After feedback from people with intellectual disabilities and autism, and organisations supporting them, the government clarified its initial blanket guidance on exercising once a day and staying close to home (this guidance is subject to on-going change as the situation develops). On 9 April 2020, the government acknowledged that people with intellectual disabilities and autism could leave their home more than once a day for exercise, that they did not necessarily need to exercise close to home (as some people with ID/autism prefer to go somewhere further away which is quieter) and that they could exercise with carers who did not have to remain the 2 metre distance away, as is generally required for physical distancing. However, what is the evidence on the general benefits of exercise for people with ID?

The evidence from the general population about the cardiovascular and respiratory benefits of exercise applies equally to people with ID/autism. In addition, specific evidence has demonstrated the benefits of exercise for this group. For example, a recent meta-analysis (including RCTs and quasi-experimental studies) reported that aerobic, strengthening and combined exercise programmes were the most frequently used exercise interventions for people with ID, with exercise typically being shown to have positive effects on cardiorespiratory and muscular fitness (Bouzas et al., 2019). An earlier meta-analysis also analysed 14 studies examining the effects of physical exercise programmes on people with ID; this found that short-duration exercise programmes were generally more effective than those of longer duration, and that the most effective length of session for exercise was 31-60 minutes (Shin et al., 2012). Exercise has also been found to be beneficial in reducing the incidence of challenging behaviour, although no significant

difference was found between high or low intensity exercise interventions (Ogg-Groenendaal et al., 2014).

I-Spy Research Round-Up

A small study of 24 adults with at least one risk factor for cardiovascular disease reported that a vigorous intensity exercise intervention was feasible (Weterings et al., 2020).

Another small study reported that supervised home-based exercise sessions were effective in improving physical activity in women with Prader-Willi syndrome (Bellicha et al., 2020).

Exercise can help to reduce obesity. A cross-sectional study of students attending special schools in Spain found a high prevalence of obesity with females and students with Down's Syndrome appearing to be at particular risk (Amo-Setien et al., 2020).

A cross-sectional study also analysed BMI, height and weight for multi-national young people and adults with ID attending the Special Olympics Healthy Athletes events. High levels of obesity were identified for athletes living in high-income countries, for adult females, for those aged 30 and over and for young people aged 8-13 years (Sadowsky et al., 2020).

A further study reported high levels of sedentary behaviour in people with Down's syndrome but interventions to target sedentary behaviour may be successful (Agiovlasitis et al., 2020).

A recent study examined staff understandings of abuse and poor practice in residential settings for adults with ID. The staff struggled to define either "abuse" or "poor practice", seeing the issues more in terms of individual failings rather than institutional problems (Fryson & Patterson, 2020).

Being able to use ATMs is an essential life-skill for people with ID, as well as the general population. A recent study reported the successful use of augmented reality games to teach young people with ID to use ATMs (Kang and Chang, 2020).

Although people with ID are more exposed to violence and crime than people from the general population, research from the judicial process is sparse. According to a Norwegian study which analysed crime statistics relating to people with ID, there was a significant number of cases of sexual offences against adult females with ID but few cases relating to violence were reported. Relatively few cases

involve violations against children with disabilities, which may represent under-reporting (Aker & Johnson, 2020).

A qualitative study explored perceptions of parents of people with ID towards their children entering into adult relationships. The parents generally saw couple relationships in terms of mutual support but they saw their children with ID's relationships as characterised by "physical intimacy" and the couple relationship as a "status symbol" (Neuman, 2020).

People with ID may have unmet health needs due to disparities in their access to services compared with the general population. A Canadian study reported higher levels of use by people with ID for some health services (general medicine, PSA blood tests, psychiatry), lower use of others (Pap tests, optometry and physiotherapy) and similar rates of use in others (mammography, dentistry and psychology). Health inequalities were more marked for people with severe ID (Maltais et al., 2020).

References

Agiovlasitis et al. (2020) 'Systematic review of sedentary behaviour in people with Down syndrome across the lifespan: A clarion call', *Journal of Applied Research in Intellectual Disabilities*, 33: 146-159.

Aker & Johnson (2020) 'Sexual abuse and violence against people with intellectual disability and physical impairments: Characteristics of police-investigated cases in a Norwegian national sample', *Journal of Applied Research in Intellectual Disabilities*, 33: 139-145.

Amo-Setien et al. (2020) 'Prevalence and factors associated with overweight and obesity among Spanish students attending special education schools', *Journal of Applied Research in Intellectual Disabilities*, 33: 364-372.

Bellicha et al. (2020) 'Increasing physical activity in adult women with Prader-Willi syndrome: A transferability study', *Journal of Applied Research in Intellectual Disability*, 33: 258-267.

Bouzas et al. (2019) 'Effects of exercise on the physical fitness level of adults with intellectual disability: A systematic review', *Disability and Rehabilitation*, 41: 3118-3140.

Fryson & Patterson (2020) 'Staff understandings of abuse and poor practice in residential settings for adults with intellectual disabilities', *Journal of Applied Research in Intellectual Disabilities*, 33: 354-364.

Kang and Chang (2020) 'Using an augmented reality game to teach three junior high students with intellectual disabilities to improve ATM use', *Journal of Applied Research in Intellectual Disabilities*, 33: 409-419.

Maltais et al. (2020) 'Healthcare services utilization among people with intellectual disability and comparison with the general population', *Journal of Applied Research in Intellectual Disabilities*, 33: 552-564.

Neuman (2020) 'Parents' perceptions regarding couple relationships of their adult children with intellectual disabilities', *Journal of Applied Research in Intellectual Disabilities*, 33: 310-320.

Ogg-Groenendaal et al. (2014) 'A systematic review on the effect of exercise interventions on challenging behaviour for people with intellectual disabilities', *Research in Developmental Disabilities*, 35: 1507-1517.

Sadowsky et al. (2020) 'Obesity in youth and adults with intellectual disability in Europe and Eurasia', *Journal of Applied Research in Intellectual Disabilities*, 33: 321-326.

Shin et al. (2012) 'Meta-analysis of the effect of exercise programs for individuals with intellectual disabilities', *Research in Developmental Disabilities*, 33: 1937-1947.

Weterings et al. (2020) 'The feasibility of vigorous resistance exercise training in adults with intellectual disabilities with cardiovascular disease risk factors', *Journal of Applied Research in Intellectual Disabilities*, 33: 488-495.



Journey of a Physician Associate;

from student to professional work life, first Physician Associate in Psychiatry of ID.

Pravesh Bansal

Physician Associate,

Birmingham Community Forensic Team.



As I sit and ponder over my journey from being a student to a registered Physician Associate, I find myself engulfed with tsunami of emotions and memories, each fighting to be expressed. With this article, I intend to give an illustration of my journey, so as to elucidate this new professional stream in the NHS.

This story is even more complex given that this role's regulation is still pending in Parliament, although the Royal College of Physicians has assured the public and public bodies of its credibility, in part by taking the interim role as the assigned regulatory body. As I write, the GMC has just announced that they will be the regulatory body to all categories of Physician Associates in UK and they expect to develop a full framework within the next 2 years. This news has undoubtedly given confidence to all stakeholders, that Physician Associates are becoming an integral part of the NHS.

The concept of Physician Associate was imported from the USA and introduced in the UK by Professor Jim Parle; the first ever course was rolled out at the University of Birmingham in 2008. Unfortunately, in 2010, it was suspended due to lack of available funding but happily was later re-established in 2013. I had the wonderful opportunity to have been taught by him before his retirement and I believe that this has provided me better insight into what he envisaged for and from Physician Associates in UK. Although this role is not limited to any particular stream of medicine, it was originally designed to be used mainly in GP and A&E settings. Even today, given the relative novelty of the role, health professionals are sometimes unsure of what to expect from Physician Associates.

My journey started in 2010 when I decided to apply for the course; I was proud to secure an unconditional offer from the University of Birmingham. One of the thoughts that

crossed my mind, as it might to any prospective student's, was about the job prospects from this course. At that time, there were not many Physician Associates in the UK, but the concept was appealing to me. I believe I am an adventurous kind person who wants to find their own path in life but starting on this endeavour was not straightforward. Initially, I could not start the course as it was suspended by the University. Then when the course was reintroduced in 2013, it had a higher fee tag of £9000 per annum, so it took me until January 2017 to be in a position to start on a self-funding basis. As a mature student, I also had family responsibilities, my family having just expanded a week before the start of the course, by the arrival of my lovely daughter. Besides this I had caring responsibility for my mother and had to manage alongside full-time work. I was lucky that my employer had been able to provide flexible working hours to fit around the university timetable. I had to keep my full time employment to keep life going.

As the course started, I was hit by the demanding pace of the university life; this course is very intensive when compared to other courses at Master's level. In the first 3-4 months of starting, I had a few thoughts of abandoning it, but I took inspiration from my daughter to keep me going. I think the rest of my family and my work manager believed that I was having some sort of mid-life crisis! I soon started to take each day as it came rather than planning ahead, which helped me to focus and give my best. I am someone who loves to be quiet at the back of the class, and the moment I am expected to stand in front of everybody to air my views, a strong urge to disappear in thin air prevails. However, the support from peers in my class throughout the course, coupled with my own inspiration, saw me through difficult times.

As I passed my final university examinations in November 2018, professional life was still another milestone away; I had to pass national examinations which are conducted by the Royal College of Physicians (RCP), London, to complete registration as a Physician Associate. Running up to the national examinations, it is common among students to apply for prospective jobs. I was no exception, and I applied for various jobs among which my current job was one. Employers generally expect applicants to have full registration with the RCP, so I decided to make contact with my would-be supervisor, Dr Farooq Ahmad, to explain to

him my reasons for applying whilst awaiting to take these exams. This job is in the Community Forensic Team of Birmingham, within Learning Disability Division; today, I am aware that this proactive step helped me to get short listed for the interview. My life was set to take a new turn which started by getting an offer for the job even before I had taken the nationals. I wonder if the option of job-offer in hand helped me or added to my anxiety during these exams but one thing I know for sure that my pulse rate was 146 when I scrolled down the email from the RCP, for my results on the 8th March 2019. Suddenly I felt lighter than air and a feeling of euphoria enveloped me on reading 'Pass'. Dreams had become a reality but my senses required some time to comprehend this new awakening. I owe all the success to my little daughter who had been inspiration to me throughout this period.

Life started to appear kinder; I had managed to secure job offers to work in A&E and GP settings as well as with Dr Ahmad. It was a difficult decision to choose among the jobs but my current supervisor and consultant psychiatrist, Dr Farooq Ahmad's charm helped me to choose where I am now. I have always believed that half of our work efficiency depends upon team relationships with colleagues and supervisors. Although I had no experience or full insight of the forensic aspect of the job role I choose to be my career pathway, I felt an unusual feeling of comfortableness. Today as I dive deep into the huge unknown world of my subconscious mind, I can attribute the perceived feeling of comfort to the support that I saw in my supervisor despite the fear of sailing uncharted waters in this super speciality as Physician Associate.

In my current role, I am aware now that it was not just me, but the whole team who were dealing with the unfamiliar territory in relation to my job profile. It is vital to point out that every member of the team added to the cumulative effort of stabilising this new ship. I am proud to be a member of such a fine example of team working, whilst on the journey in establishing myself as The First Physician Associate in the BCHC, Trust and probably even in UK, working in Learning Disability division with both a forensics and mental health component.

As the days passed by, the sense of fear vanished like the fog takes its course at the dawn. I am tempted to write my supervisor Dr Farooq Ahmad's name with every achievement made so far in this job as nothing would have been possible without him. I feel that he is pioneer in implementing the concept of Physician Associate within Trust, a true leader and visionary for everybody in his team. With his help, I have started to develop the Physician Associate induction programme for the Trust which includes a 360-degree appraisal system, among many other benchmarks. Plans are

underway to accept Physician Associate students from universities so that they can have exposure to different streams in the Intellectual Disability Division, with a view of recruiting them in near future. I have been supported to become a 'Patient Safety Ambassador' and 'Clinical representative of LD Division for NICE guidelines review' in our Trust.

With this encouragement, posters about inclusion of Physician Associates in the Intellectual Disability Division have been presented at various national level conferences, even by higher management level colleagues; for example, Dr Tonye Sikabouri, Divisional Medical Director encouraged and accompanied me to present a poster at a recent conference by the Royal College of Psychiatrists at Sheffield, UK. In this conference, a suggestion sprouted from the learned members of the Faculty to explore the possibility of having specific examinations held by the RCPsych for Physician Associates who may have special interest and would like to pursue their career in Psychiatry. The purpose of this would be that their dedication and knowledge in this field is duly recognised and thus would provide a platform for motivation and opportunities to take up more senior roles in the future.

Overall, from my experience, I feel that Physician Associate roles can be integrated into any stream of Medicine. At the same time, it is imperative to acknowledge the need for support that is required for Physician Associates to establish themselves in new areas; I found this to be vital and evident in my case. My journey as Physician Associate is still ongoing and will have a continued spectrum of emotions in store; this is just a beginning of a new era for everybody in the NHS.



Acting Medical Director Dr Doug Simkiss and Consultant Psychiatrist Dr Farooq Ahmad welcome Pravesh Bansal as the trust's first Physician's Associate, currently working in the Community Forensic Team (from Twitter, June 2019).



Tributes and fond memories of Professor Sabyasachi Bhaumik, OBE



Authors: Dr Asit Biswas (Vice-Chair & Consultant Psychiatrist), Dr Shweta Gangavati (Consultant Psychiatrist), Dr Samuel Tromans (ACF and ST6), Dr Amala Jesu (Consultant Psychiatrist), Leicestershire Partnership NHS Trust, Leicester, UK.

In this edition of the Royal College of Psychiatrists Intellectual Disability Faculty Newsletter, we are very grateful to have the opportunity to pay tribute to Professor Sabyasachi Bhaumik.

He was a Consultant in Psychiatry of Intellectual Disability at Leicestershire Partnership NHS Trust for 27 years, as well as an Honorary Professor at the University of Leicester, an Honorary Fellow at the Royal College of Psychiatrists, and previous Chair of the Faculty of Psychiatry of Intellectual Disability. He was awarded an OBE in 2006 for services to Medicine.

His friends and colleagues fondly called him Sab which was both endearing and respectful.

Tributes to Professor Bhaumik were paid by so many who knew him in his professional life and life outside work.

To quote a few:

Baroness Hollins said: "Sab has been one of our greats – we will miss him so much – his wisdom, his friendship, his whole generous lovely person." (Professor Sheila, the Baroness Hollins, ex-president RCPsych, ex-president BMA).

Dr Ken Courtenay, Chair of the Psychiatry of Intellectual Disability faculty at the Royal College of Psychiatrists (RCPsych), said: "Sab was a towering figure in our speciality who contributed so much to knowledge in intellectual disability, service development, clinical care, to research and very importantly, supporting and developing generations of psychiatrists. As Chair of the Diaspora Group he supported psychiatrists in the UK and contributed to mental health services in Low- and Middle-Income countries. Sab will be missed by so many of us but especially by his colleagues in Leicester".



Dr Asit Biswas, Vice-Chair of the Psychiatry of Intellectual Disability faculty at the RCPsych said: "Sab had touched the lives of so many through his relentless work, his compassion and kindness to his patients and his colleagues and always had time for people who needed his advice and mentorship".

Professor Terry Brugha, Professor of Psychiatry in the Department of Health Sciences, said: "Sab will be sadly missed by his many colleagues. He showed exceptional generosity and devotion to all who encountered him".

Professor Regi Alexander describes in his obituary on the College website, "He never took himself too seriously. He was undoubtedly a fantastic role model, both as a clinician and as a human being. And whilst Professor Bhaumik had many admirable virtues, perhaps the two qualities that stood out most of all were his commitment and his kindness. At a recent memorial event, one of his patient's carers talked about how for years, he would frequently visit them on his way back from work to check how they were managing and was long considered part of the extended family. This was just one such story; those of us who have ever cared for Professor Bhaumik's patients at Leicester, will know there are many, many more just like it."



Now on to some fond memories, there are so many and we acknowledge that it is not possible to do justice in this brief piece. It is anticipated that the photographs accompanying this article, would trigger many past memories for several colleagues.

"Better than a thousand days of diligent study is one day with a great teacher" (Japanese proverb).

Professor Bhaumik helped many aspiring psychiatrists with countless hours of teaching for exams and interviews, giving his time selflessly, with commitment and dedication. He loved following the Indian and the English cricket teams and to visit Trent Bridge sometimes.

We had a day out with everyone in the team and their families from the Leicestershire learning disability department that included an amateur cricket match in the lovely grounds of Wollaton Hall, Nottinghamshire or Belvoir castle, Leicestershire, on a bright Summer's day. It helped gelling the team and the families also felt part of the team. He enjoyed playing cricket himself and was a terrific spin bowler.



Our academic sessions at Leicester were held at the Mansion House' registrar's room and people who attended carry precious memories of Professor Bhaumik in addition to gaining from the learning experience. He used to keep an eye on the proceedings, sat in his exclusive chair, which nobody else dared to sit on, with a large mug of bog standard tea in his favourite purple mug beside him, and his favourite lunch dish: fish and chips, fried chicken or chicken nuggets with a generous helping of salt.



Sab Bhaumik died the way he lived- on a Saturday afternoon in the grounds of Leicester Frith hospital, where the new cardiac ICU of Glenfield Hospital was built, surrounded by a large number of psychiatrists, many of whom he had taught over the years (on a Saturday afternoon), an huge extended family that owes so much to this sincere, compassionate, down to earth and unassuming professor who always had time for anyone seeking help from him.

পেয়েছি ছুটি, বিদায় দেহ ভাই
সবারে আমি প্রণাম করে যাই

I got my freedom.

Bid me farewell.

I bow to you all

as I take my leave.

A final message in Bangla and it's English translation (read out at Dr Bhaumik's funeral)





Experience:

ST5 Intellectual Disability Psychiatrist, Higher Trainee of the Year North-West 2019

Dr Syeda Hasan, ST5

**Mersey Care NHS Foundation Trust
Research & Special Interest-
Leadership in Medical Education-
Pennine Care NHS Foundation
Trust**



Having completed core training in another deanery, I was appointed as a new ST4 higher trainee in the Northwest Deanery in Intellectual Disability Psychiatry in 2018; I was very anxious to be in a new deanery, in a specialty in which there are not very many higher trainees (especially in this geographical area). Nonetheless, it has been a great working experience and well supported in my clinical role as well as in doing research and pursuing special interests. I really feel very grateful for having the opportunity to work with amazing teams and team leaders, as well as with my supervisors and mentors.

Person-centred planning is key to Psychiatry of ID and helps provide substantial improvements to many people's quality of life. Much like in mainstream psychiatry, a wide variety of individualised treatments tailored to specific patients' needs are available, including pharmacological intervention, psychological interventions as well as social and educational interventions.

I really feel very grateful for the opportunity to work with amazing LD teams; I have particularly appreciated working with my mentor, Dr Dipti Patil, who encouraged me to expand my knowledge and build confidence in my abilities



not just clinically but also as a researcher. This has helped me to be involved actively in research and quality improvements projects, working on two separate projects: *"Autistic Catatonia"*, and *"Qualitative and Quantitative Analysis of risk ratings and hospital admissions using Dynamic Support Database tool /Risk register"*, the latter with a view to service evaluation.

I presented my literature review and case study related to Autistic Catatonia at the RCPsych ID Faculty Annual Conference and later presented a poster at the North of England Psychiatry Congress.

There is a wealth of teaching opportunities within this speciality and good links to the universities and medical schools; for example, I have been working towards my Masters in Medicine (Psychiatry) course at Manchester University, particularly the Intellectual Disability Psychiatry module with the support of my mentor. This will provide an academic qualification.

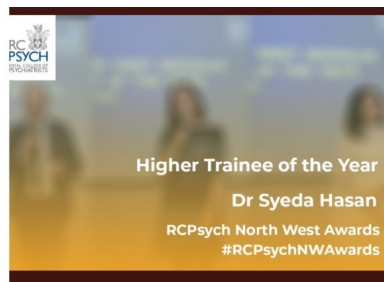
I have been enthusiastically chairing and presenting in teachings sessions both in the local academic programme, the regional North-West LD forums, as well as at the Psychiatry of ID conference and Academic congress; I have received so much acknowledgement by junior trainees and senior educators, and I have been well supported throughout.

I have been actively involved in promoting Psychiatry of ID at a regional level, by presenting to and motivating core and foundation trainees and by doing sessions in MRCPsych careers workshop this year and last. I have also represented the RCPsych in medical school recruitment events.

Having an special interest in medical education, I was appointed as an ST lead in Medical Education in Pennine Care last year and continued this year; by working closely with the medical education team, we have been promoting psychological safety and pastoral care for trainees. We have particularly been aiming to increase the awareness of the roles and responsibilities of trainees and educators and to improve their confidence in recognizing junior trainees in need of higher levels of support.

Building on this work, we have produced a newsletter and I

chaired a session at the Annual Pennine Educational Conference as a “Pastoral Care Giver” as well as a session at our Medical Education away-day. We have been working towards two research and Quality Improvement projects with the medical education team at Pennine Care: “An initial attempt to understand the impact of Leadership in



medical education” and “Enhancing supervision and its impact on trainees”, with Professor Fernando and Dr Ramakisson.

There have been so many unique learning and leadership

opportunities whilst participating in various committees and meetings, and in representing my fellow higher trainees; I have learnt valuable leadership skills, with support and encouragement from the medical education team

My clinical posts so far have included a rotation in a Community Learning Disability team as an ST4 including experience in outpatients’ clinics, and in taking referrals and risk management. Here I gathered an understanding of non-clinical aspects like Transforming Care and preparing a business case, as well. I continue to love this speciality because of the opportunities to work with diverse patient groups in different settings alongside a range of multidisciplinary professionals.

I am currently working in Forensic LD settings, both with inpatients and with Specialist Support teams, which is a unique experience itself, understanding discharge pathways, gate keeping assessments, and MDT input towards legal legislations. Working alongside Dr Mark Spurrell looking after individuals with complex needs, the particular focus is on supporting local teams and adding value to the care process, especially where there is a risk of hospitalisation, or where there is significant dislocation from services.

On top of all these wonderful experiences, I have been fortunate enough to be nominated as a finalist in the *Inspirational Leadership Category in Pennine Care People’s Awards*; I was grateful for such a great acknowledgement from the teams I have been working with. I was honoured then to be nominated and awarded the accolade of *Higher Trainee of the Year* by the North West Royal College of Psychiatrists. This would not have been possible without the support, motivation and encouragement I received from my teams, leaders, my mentors and my colleagues during this journey.

There are a few tips which I have found really practical and helpful throughout this journey and I wanted to share

- Don’t take on too much in first 3 months of your new ST role but don’t delay too long; your special interest and research work don’t take up too much time to start with.

- You may be now in a senior position, but respect teamwork and the mutual support that is required to work efficiently together.
- Set up or join an ST communication group within your trust; you may use something like WhatsApp for discussions around difficulties or concerns and include the senior STs. We are all in the same boat and they may have advice about difficulties you currently face having been there themselves before!
- You are competent to lead a team caring for patients without direct supervision, feel confident about your competencies.
- You will have more autonomy than ever before but have to take responsibility for many different areas including your clinical, research, special interest and leadership roles.
- Don’t forget the importance of wellbeing, support and mentoring, good sleep, hygiene, mindfulness, regular exercise and expressing gratitude on a daily basis.
- It’s OK to ask for help.
- Delegation such an important skill; try to utilise resources to make time for more priority tasks.
- Viewed it as another skill to develop – balancing compassion with assertiveness.
- Use SMART goals in day-to-day practice:
 - S** Specific
 - M** Measurable
 - A** Achievable
 - R** Relevant
 - T** Timely
- Reflection, reflection and reflection; it helps you to develop personally and professionally, as it’s a learning not from books or experts but from our own work and it generates learning from experience
 - Reflecting **on action**-taking time after an event to consider in depth what happened ,why and what you will challenge for the future
 - Reflecting **in action** –thinking on your feet, adapting what you are doing as you are doing it

And the most important of ALL is to invest in your relationships, connect with others, value each other, your team, your admin, your colleagues, your mentors.

“The purpose of a story teller is not to tell but to give you questions to think upon.”

Brendon Sanderson, *The Way of Kings*



Inspirational Leader - Pennine Care People Awards 2019



Jane Hubert PhD, 1935 - 2019

Social anthropologist

Professor Baroness Hollins

Jane was born in London, the daughter of a pioneering forensic psychiatrist, Dr William de Barge Hubert, and graduated in psychology and philosophy from St Anne's College, Oxford. She worked as an anthropologist in the East End of London and in Bali, moving to the Australian Institute of Aboriginal Studies (AIAS) in Canberra in the 1970s; Southampton University in the 1980's, and St George's, University of London from the 1990's until her withdrawal from academic life during her final illness.

This obituary focuses on her extraordinary contribution to the field of intellectual disability and mental health, but she also had a huge impact within the World Archaeological Congress and retained a lasting interest in the study of the meaning of sacred remains in indigenous cultures.

Jane's first research post in the field of learning disability was with Dr Albert Kushlick in the Health Care Evaluation Team in the Dept. of Community Medicine at the University of Southampton. Her partner, Peter Ucko FSA, was Professor of Archaeology at the University.

Learning disability was a new field for a social anthropologist, but Jane applied her knowledge and experience from previous work with marginalised groups.

She loved her time in Southampton, soon obtaining a grant as sole researcher to do an in-depth anthropological study of 20 families who had a child or young adult at home with a profound learning disability and challenging behaviour. Her finding of over medication, and her booklet "Too many drugs too little care" caused quite a stir and led to a BBC Panorama programme about the inappropriate use of psychotropic medication to treat people with learning disabilities (Hubert 1992).

In 1993 I travelled back with Jane on a train following the annual meeting of the RCPsych Section of Mental handicap (as it was then called) where she had been invited to speak. She was not well received by the College, but I often think this brave encounter by Jane

with the leaders of our specialty was the forerunner to STOMP! As Jane herself said of the debate on Panorama, she won!

I managed to find the funding for 2 sessions to bring Jane to St George's as a senior research fellow in the Dept. of Psychiatry of Disability of which I was Professor and Head. She gradually increased her sessions and in 1997 she was appointed honorary senior lecturer. Jane's presence in my research group meant that we had expert teaching and supervision to enable us to introduce innovative, ethnographic research methods into our work with people with learning disabilities and autistic people.

Jane was a prolific researcher and writer- she was also the social science editor of the web based educational resource www.intellectualdisability.info aimed at medical and nursing students and used internationally in the English-speaking world. Her intellectual rigour helped us to see that qualitative research was not the soft option, but every bit as demanding of thought and care as any clinical or quantitative study. Her precise and witty use of language showed itself in so many ways, from being the proof reader for every article that emerged from the department, to being the person who the research and training advisers found was the best at translating medical or sociological jargon, to writing clever, funny poems commenting on the foolishness of academic life.

'So many Drugs so Little Care' could easily have led to tension and hostility between Jane and the Medical Academics and trainees. Jane's personality made sure that didn't happen. She showed us what being a critical friend really is. She did not allow her friendship to silence necessary criticism or her critical abilities to prevent friendship. She was personally modest, gentle, and unpretentious but had a sharp eye for pomposity and self-promotion. One particular insight she brought to the field of Learning Disabilities was Sudnow's concept of Social Death. Our colleague, Jane Bernal commented: 'I am no longer quite sure I agree with her take on it, I think that some people in long stay institutions were permanently socially dead, but some were able to return, and were often still socially alive to families even though they may not have visited often'.

In one of her most significant studies, Jane led and published work on the dehumanising effects of institutionalisation and the challenges of deinstitutionalisation. She spent over 350 hours of participant observation in a long stay hospital ward, which had been home since childhood for men with severe learning disabilities and autism. Her field notes for her first day in the ward noted:

“When the men were admitted to hospital as young children, they were often simply described as youngsters who were difficult to manage, but after 30 or 40 years of institutionalisation many of them now appeared to fulfil the popular stereotype of ‘mad’ people in institutions. They flung themselves at the floor and walls, banged their heads, tore their clothes, spread faeces and injured themselves or each other”.

Reflecting on this much later she wrote that: *“Gradually these emotions faded. The better I got to know the men in the long periods of the day and night that I spent with them, the more moved I was by their individuality, their desperate desire to communicate and the extent of their individual physical and emotional suffering”* (Hubert 2006).

She created pen portraits of the men – what are today called one page profiles, that described who each person was, their likes and dislikes, their friendships and concerns- to help support workers in their new homes get to know them as people rather than patients with a raft of diagnoses. She also looked with Katharine Owen at gender differences for women who were also facing a move from the same long stay hospital to their own homes in the community. Jane’s insights from her careful observations are still so relevant to today’s teams trying to implement the Transforming Care Programme in a humane and value led way.

Publishing sounds the easy part of this- imagine setting up an observational study in a locked ward! But the BMJ, after a long pause for thought, declared that they couldn't publish for ethical reasons. Fortunately, the BJPsych took a different view and welcomed Jane’s work, giving it due recognition.

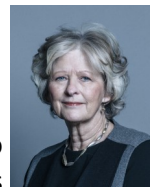
Jane worked on a bereavement study with Sandra Dowling (now at the Norah Fry Centre, Bristol University, and with Irene Tuffrey (now Professor of Intellectual Disability and Palliative Care at Kingston and St George’s) on studies of death and dying for people with learning disabilities, and helped me supervise a number of PhD students.

When she reached the age of 67 it was agreed that she could continue working as an honorary senior lecturer in recognition of her continuing contribution to teaching, research supervision and writing. At this point Jane decided that she would like to present some of

her own work as a doctoral thesis and Prof Leopold Curfs and I jointly ‘supervised’ the final stages of her thesis and its submission and examination in 2009 to the University of Maastricht. The front cover of the resulting publication was illustrated with a photograph of a sculpture that Jane had made herself, a sculpture inspired by her time observing long stay hospital residents.

Working with Jane was intellectually stimulating and her sense of humour and honesty added so much to our struggles to challenge the stigma faced by people who are still perceived as different. A common thread ran through Jane’s thinking and writing from her very first book written as a young teenager, where her keen powers of observation and her story telling skills were first brought to public attention. Jane’s keen sense of social justice has changed the way that anthropology is practised, and she has paved the way for others to also try to influence the future. I believe that her work should change the way psychiatry is practiced too and I commend her writing (HUBERT, J., HOLLINS, S. 2010).

Professor Baroness Hollins, January 2020



References:

- Hubert, J. (1992) Too Many Drugs, Too little Care; patient’s perceptions of the administration and side-effects of drugs prescribed for young people with severe learning difficulties. Values into Action, London.
- HUBERT, J. and HOLLINS, S. (2006) Men with severe learning disabilities and challenging behaviour in long-stay NHS hospital care: qualitative study. *British Journal of Psychiatry* 188: 70-74.
- HUBERT, J., HOLLINS, S. (2010) A study of post-institutionalized men with severe intellectual disabilities and challenging behavior, *Journal of Policy and Practice in Intellectual Disability*. 7(3),189–195 September.



Jane Hubert, PhD—1935—2019.



RCPsych ID Autumn Conference – 26th-27th September 2019, Leeds Hilton

Dr Reena Haq

Dr Kathleen Levick



RH: ST6 Peninsula Deanery

KL: ST5 South London Deanery

National RCPsych ID Faculty Higher Trainee Co-Representatives

It was an exciting two days conference organised by the Psychiatry of ID Faculty under the leadership of Dr Rohit Sankar, Consultant Psychiatrist and Academic secretary.



The ID faculty look forward to this Annual event because, alongside gaining knowledge, it helps with networking—meeting old friends and making new.

Day one was started by a warm welcome from the ID Faculty Chair, Dr Ken Courtenay, who also chaired the

“Keynote session” that followed, welcoming an interesting line up of speakers from all over the UK, giving stimulating



talks. The topics of presentations included: The Calculus of Justice: treatment and rehabilitation in Forensic Services for people with Developmental Disabilities by Dr. Regi Alexander, Consultant Psychiatrist, at Hertfordshire; SUDEP prevention technology by Dr. Melissa McGuire, Consultant Neurologist, Leeds General Infirmary; the final presentation was by Ms Louisa Whait, National Premature Mortality Governance and Development Lead along with Mr Aaron Oxford, an Expert by Experience. This raised a discussion about the challenges to deliver meaningful change for people with ID with regards to premature mortality in this group. It was extremely useful to have an expert by experience talking about their journey and what would they like to happen with regards to care to prevent the inequality at various level in healthcare system for people with ID.

After the inspiring presentations and thought-provoking discussions, it was time for refreshments and exhibition viewing. Extremely interesting poster presentations came from all over UK by trainees, doctors of all grades in ID and medical students.

Then it was time for parallel workshops; it was difficult to choose as all three workshops were equally appealing and very relevant for the ID Psychiatrist. The topics of the workshops were gaining basic proficiencies:

Dementia and Intellectual Disabilities, by Dr Sheehan et al

Movement

Disorders, by Prof. Charlotte Lawthom, Clinical Director Neurology, Aneurin Bevan

University Health Board, Wales and Dr Wilson Fung, ST7 Neurology, Wales

Medical Leadership by Dr John Devapriam, Medical director Worcestershire Health and Care NHS Trust.



After the exciting learning and food for thought from the discussions in the workshops, it was time for nice hot meal at the Brigante Foyer, Hilton Leeds. It provided an opportunity for delegates to catch up with old friend and

develop networks with people from across the four nations.

Following lunch and further exhibition viewing, the delegates then rotated to attend another workshop of their choice from the three parallel workshops mentioned. Discussion in the workshops were interesting, including tic disorders; for example, more than 1-2 children per class will have tics and that vocal tics have a worse prognosis. Our patients with neurodevelopmental disorders including ADHD are more likely to have tics. This talk also highlighted the difference between tics and stereotypies (common in Autism Spectrum Condition); broadly, stereotypies are longer than tics.

Then it was time for refreshments and exhibition viewing once again; delegates were very well looked after throughout the conference with regular refreshments and comfort breaks.

Following the refreshments it was time for the highlight of the day: "The Hot Seat: What can psychiatrists in ID do, to improve trust between stakeholders?". This session was chaired by Dr Ashok Roy. The stakeholders and expert by experience shared their stories and struggles related to receiving care in Intellectual Disability services and from psychiatrists. It was really saddening to hear that there is a lot to improve with regards to joint working with the stakeholders but at the same time it felt positive that we were having this two way discussion in an open environment.



The last, but not the least session of the day 1 was the Spotlight session, chaired by Dr Madhavan and co-chaired by us, the Trainee Representatives, Dr Reena Haq and Dr Kathleen Levick. It involved 4 presentations by the fantastic four chosen Specialty Trainee Registrars in Intellectual disability psychiatry including Dr Laura Korb ST6, (left, above) Dr Solomon Shatananda ST5 (right, above), Dr Syeda Hasan, ST5 (middle, above) and Dr Sam Tromans, ST6. It was great to see trainees from various part of UK presenting their excellent work; it was an 8-10 minutes presentation by each



ID Higher trainees from across the Four Nations.

presenter, followed by questions from the floor, coordinated by Reena and Kathleen (pic below left, with Giri in foreground).

The day was brought to close by Dr Ken Courtney, Chair of the Faculty and Dr Rohit Shankar, Academic secretary for the Faculty.

The Networking continued during the evening, with Specialist group meetings including Trainees in Intellectual Disability, Specialty and Associate Specialist Doctors, Training Programme Directors of ID, Independent Psychiatrists, Regional representatives and a 'StartWell' session for New or soon-to-be Consultant Psychiatrists.

This was followed by Drinks Reception at Hilton in the evening, again another opportunity for networking and this led to people planning dinner in small groups to go into Town later. Great and varied places to eat are at a stone's throw from Hilton Hotel and the town centre at walking distance so there were plenty of options to choose from and delegates made the most of the opportunity to speak further with speakers from the day and with old friends.

After a good night's rest, the delegates met for day 2: the final day of this excellent conference.

The day started with Alec Shapiro Prize Presentations, chaired by Vice-Chair of Faculty. Very topical themes were

presented, and all the five presentations were enthusiastic. The presenters including Dr Merryn Anderson (right) who spoke about-"How does the severity of intellectual Disability



and/or the presence of neurodevelopmental disorders influence the onset of dementia in Down syndrome?”, Dr Margaret White, who presented- “Screening for alcohol and substance misuse within a rural Learning Disability service”, Dr Olwen Lisa Payne, who presented- “Physical Health Summaries”, Dr Marcus Wade, who presented - “Improving Access to Blood tests for People with Intellectual Disability”, and Dr James Sun, who presented-“An Audit of Epilepsy Management and SUDEP risk in Adults with Intellectual Disability in a Community Psychiatry Service”.

This session was followed by a very informative keynote talk “Auto immune Epilepsy and implications for Intellectual



Faculty officers at ID Conference

Disability”, by the eminent Professor Arjune Sen, Head of Oxford Epilepsy Research Group and NIHR BRC research fellow in Epileptology. The Faculty Business meeting followed, chaired by Dr Ken Courtney, prior to the mid-day refreshments and exhibition viewing.

It was time for the concurrent sessions following the refreshments, again it very relevant for the delegates to gain basic proficiencies in various topics for Psychiatry of ID including:

- “QI and data; how to set up and deliver local projects”, by Dr Sujeet Jaydeokar, Consultant Psychiatrist and Dr Avinash Hiremath, Consultant Psychiatrist.
- “Neuroscience to clinics”, by Dr Lance Watkins and Dr Lindsey Mizen, Consultant Psychiatrist.
- “Keeping CYP with ID out of hospital- the role of IHTT and IDCAMHS” by Dr Sarah Bernard, Consultant Psychiatrist and Dr Heather McAlister, Consultant Psychiatrist.
- “End of life care” by Dr Satheesh Kumar Gangadharan, Consultant psychiatrist and Dr S Tromans, Higher Academic trainee in Psychiatry of LD.

It was then time for a warm and delicious lunch along with time for exhibition viewing and catching up with friends/colleagues.

After we were refreshed, the afternoon started with Jose Jancar Memorial Lecture: “The public health of people with Intellectual Disabilities”, by Prof. Gyles Glover of Lancaster University.

Following this amazing talk, it was time for another choice from the parallel workshops.

After afternoon refreshments, the final session of the conference was keynote sessions chaired by Dr Sujeet Jaydeokar, Finance Officer for the faculty. This included a couple of keynotes: one was by Dr Christine Wee on “Children and Young people with ID- Current models of care”, very relevant to our practice since even as an adult ID psychiatrist we support transitions into adult care.

The second keynote that concluded the sessions of this conference was “Positive Behavioural strategies and co-production in Secure Services- innovation and delivery”, by Dr Iain Mckinnon and Dr Ellen Green (Consultant Clinical Psychiatrist) and Ms Elizabeth Rea (specialist OT). As we all know, PBS is a very important strategy to help us work with the person and carers/family in order to support people with ID and this topic also highlights how such a strategy works in a very specialist environment with other needs.

Then it was time for the prizes for which the presenter have been eagerly waiting and the lucky people were: Dr Merryn Anderson (oral presentation – read her account of her work on page 26-27 of this edition) and Dr Samuel Tromans (poster) won the prize for Alec Shapiro 2019. Unfortunately The Jack Piachaud prize was not awarded.

The overall feedback for the conference from the delegates was that we had a very successful Annual Residential Meeting in Leeds in September 2019. The highlight of the conference was providing an opportunity for family carers to meet members of the Faculty. We heard moving stories about people and what families wanted from psychiatrists.



We will look forward to the next time we can meet again in person.





Annual Pan-London Trainees Intellectual Disability Conference - 9th March 2020

Dr. Sonya Rudra

**ST4 Intellectual Disability Psychiatry,
Central and North-West London rota-**



The first keynote about the NHS Long Term Plan was delivered by Dr Ken Courtney, Chair of the Faculty of Intellectual Disabilities. This is an important topic and Dr Courtney did a great job of stimulating discussion around how this might influence clinical practice. It was a great way to set the scene for a day of thought-provoking discussion.

The week before the Annual London Intellectual Disability Conference was one of great uncertainty. On Thursday 5th March, one of Britain's largest airlines, which was due to carry a keynote and workshop speaker, entered administration, with all flights grounded "with immediate effect". On Friday 6th March, as news of Covid-19 spread, NHS Trusts requested "cancelling non-essential meetings, training and appointments and hold them virtually instead". Should the conference go ahead on Monday morning? Would people attend?

Fortunately, with the green light from Health Education England, 70 dedicated healthcare professionals descended on to Senate House, on Monday 9th March. This year the Conference took place in the elegant Macmillan Hall with its 1920s architectural style providing a stunning backdrop for the day's events.

The theme of the day was "Holistic Approaches in Intellectual Disability Psychiatry" and the programme looked nothing short of holistic, with topics ranging from Epilepsy to Technology to Mindfulness and Art.



The day kicked off with a warm welcome from Dr Eileen McNamara, Consultant Intellectual Disability Psychiatrist and North London Training Programme Director.



Next were three talks about enhancing communication and life through technology. The first speaker, Christiana Atherton, is a Highly Specialist Speech and Language Therapist working in Assistive Communication Service at Guy's and St. Thomas' Hospital. Her overview of the service had audience members reflecting on who in their caseload might be eligible for such a specialist service.



Then Richard Lohan, Accessible Information Officer from Camden Learning Disability Service spoke about how he creates individual "Wiki" pages for his clients. This is a

brilliant project, in an era where services are trying to become paper free, allowing people to be able to update their information regularly, remotely and share information across disciplines and geographical areas.



Neil Calvin, Business Development Manager at Mencap Northern Ireland, despite being unable to be present, designed an impressive presentation through which he delivered his talk virtually. He described Mencap's award winning project in the development of VR and 360 Degree technology as a tool for supporting people who have a learning disability to live more fulfilled lives within their community. Hearing about the new technological tools being developed was exciting and there is so much scope for more research in these areas.



The morning inspired much discussion, which continued into the break. After the break were three parallel workshops. Each offered so much relevant information one of the biggest dilemmas of the day was having to choose only one to attend.



Rachel Clawson, Associate Professor in Social Work, joined us

from Nottingham. Rachel went through her research on forced marriage of people with learning disabilities and spoke about improving policy and practice in this area. As a topic that is not often talked about, it was a chance to reflect on new understandings of forced marriage and ways to recognise and respond to the issue.



Elsewhere, Dr Amy Nwamaka Uchendu, Consultant Psychiatrist, and Natalie Bryan, Specialist Speech and Language Therapist, from Lewisham Mental Health Learning Disability Team, spoke about the transition from paediatric to adult services. The workshop delivered some clear punchy messages including "Transition not Transfer" and "People not Illnesses".



Dr Ian Hall, Consultant Psychiatrist and Lead Clinician Tower Hamlets Community Learning Disability Service and Dr Niall O'Kane, Consultant Psychiatrist from Islington Learning Disabilities Partnership locked in delegates for a fascinating workshop on Capacity to Consent to Sexual Relations. Patients with a learning disability have a right to sexual relationships but assessing capacity can be difficult. It was great to have an overview on the law and to share good practice.

Lunchtime was a good opportunity to browse the poster presentations, as well as enjoy a fictional writing piece written by Dr Britain Baker in the Intellectual Disability

Conference programme. This gave an alternative perspective balancing least restrictive options with risk management on Virtual Reality gaming.



After lunch Professor Matthew Walker, Professor of Neurology at the Institute of Neurology, was a great choice to regroup the audience and focus our thoughts back to Clinical Diagnoses and the complexity of recognising nocturnal events.

This was followed by insights from the North London Forensic Service on the development of a specialist community forensic learning disability service. We were pleased to be joined by Sarah Hill, Senior Service Lead for Health in Justice and transforming care lead. Alongside, Dr Alex Acosta-Armas, Consultant Forensic Psychiatrist and medical lead at the North London Forensic Learning Disabilities Service.



Before the afternoon break there was a brief Mindfulness Session run by a service user from "Heart N Soul", an award-winning creative arts company and charity. This was a welcome treat that flowed nicely into a relaxed coffee break.

Dr Sarah Bernard, Consultant Psychiatrist and Clinical Director for CAMHS New models of Care, South London Partnership, has gained somewhat of a reputation as being one of the few speakers to keep an audience engaged during the last sessions of a long day. She did not disappoint and delivered yet another passionate keynote about alternatives to hospital admission for young people with intellectual disability and



The day ended on a high with Action Space Studio artist Ian Wornast and Pastoral Care Co-ordinator Siobhan Stewart. Ian's work is truly unique; he incorporates design and colour from TFL into complex patterns in which he shows the connections and links throughout London through his own lens. It was an honour to be able to view his work and the whole audience were left wanting more.

Dr Nicole Eady, Consultant Intellectual Disability Psychiatrist and North London Training Programme Director, gave closing remarks and announced the poster prize. It had been a difficult decision and therefore two prizes were awarded instead of one. First prize to Dr Amy Bannerman, GPST1, for her poster on "Diabetes Awareness". Second prize went to Dr Ria Saraf, Dr Laura Humphries and Dr Ian Hall for their poster on "Auditing a sample of NHS Continuing Healthcare (CHC) patients to assess the need for genetic testing".

This was an interesting and diverse programme which included something for everyone. After the event, I spoke to various attendees including psychiatrists, service managers and other members of the multi-disciplinary team, who all identified different learning points and personal highlights of the day. In a time of great uncertainty, it left me with the confidence that holistic care certainly is the best approach to intellectual disability psychiatry.



How comorbidities might influence the diagnosis of dementia in people with Down syndrome

Dr Merryn Anderson

CT3 Psychiatry Trainee

Cornwall NHS Foundation Trust



I am currently a CT3 in Psychiatry working for Cornwall Partnership NHS Foundation Trust and am privileged to hold an Academic Clinical Fellow post that allows me time to develop my interest in research. Alongside working with my supervisor at the University of Exeter, I have also had the opportunity to work locally, with some of my inspiring colleagues, who have made time to help guide me and mentor my progress. In particular I have been working with Dr Rohit Shankar who is a consultant in Intellectual Disability. With Dr Shankar's encouragement I submitted an abstract to be considered for a poster presentation at the Intellectual Disability Faculty conference in Leeds (September 2019). Having submitted my abstract I was delighted to be offered the opportunity to speak as one of the entries for the Alec Shapiro prize. This was an amazing opportunity for me, both to practice my public speaking in front of a diverse and inspirational group of people, and to raise the question of how comorbidities might influence the diagnosis of dementia in people with Down syndrome.

The concept for the project came about following an interesting discussion on the diagnosis of dementia in people with Down syndrome; Dr Shankar and I wondered how common co-morbidities might alter someone's baseline cognitive profile and how this might evolve over time. In order to investigate this further we decided to conduct a scoping literature review into whether the severity of Intellectual Disability and /or the presence of neurodevelopmental disorders influences the onset of dementia in people with Down syndrome.

The literature review that followed highlighted a paucity of research particularly in relation to neurodevelopmental disorders, but also highlighted some inconsistencies in the approach to diagnosis of dementia in people with Down

syndrome, particularly for those who have more severe Intellectual Disability. Given the drive to ensure people with Down syndrome have parity of access to medical care this was a question that needed to be raised and discussed in a wider forum.

My presentation at the Faculty Conference followed the outline of our scoping review. I considered that the benefits of an early diagnosis of dementia presented to the general population are all equally applicable to those with Down syndrome¹. This then led me to question some of the reasons why diagnosis of dementia in people with Down Syndrome might be more complex; in particular, comorbid intellectual disability and frequent comorbid Autism Spectrum Condition and Attention Deficit Hyperactivity Disorder (ADHD)²⁻⁶. The surprising finding from the scoping review was that, despite a thorough search conducted by Katy Oaks, an expert librarian at the Knowledge Spa in Truro, there were no papers found that looked at Down syndrome, dementia and Autism Spectrum Condition nor Down syndrome, dementia and ADHD. The papers that we did find were related to the relationship between severity of Intellectual Disability, dementia and Down syndrome. As Dr Shankar and I had originally hypothesised, the severity of Intellectual Disability had been found to influence dementia in people with Down syndrome. I presented a summary of the findings from the included papers, focussing on how the severity of Intellectual Disability may affect the pathogenesis and natural history of dementia⁷⁻¹², and the symptoms and signs of dementia in people with Down syndrome¹³⁻²¹. However there were some big caveats to the review, particularly that the papers included were of variable design, used a variety of methods to assess baseline severity of intellectual disability and many of the studies excluded those with more severe intellectual disability, due to the floor effects of most psychological assessments.

The following questions need to be answered by future research. What is the impact of severity of Intellectual Disability and comorbid neurodevelopmental disorder on the baseline cognitive profile of people who have Down

syndrome? How does this then impact the risk of developing dementia, the symptoms a person with Down syndrome develops as they get dementia, and how might this influence how we diagnose dementia? Finally, how will all this combine to influence the progression of dementia in people with Down syndrome to allow robust and individualised future planning?

For the time being we are going to focus on an audit to evaluate the diagnosis of dementia in patients with Down syndrome in Cornwall, with reference to baseline data on severity of ID and comorbid neurodevelopmental disorders. We will then use this data to assess the presence of other risk factors for cognitive decline in people with Down syndrome who have gone onto develop dementia.

I am truly grateful to the Faculty of Intellectual Disability for the opportunity to present at their conference in Leeds. I would absolutely encourage other trainees to take the opportunity to submit their abstracts to the conference for the possibility of having the opportunity to present. I would also encourage trainees interested in Intellectual Disability to attend the Faculty conference. It was a wonderful opportunity for networking, finding out about new developments in the field and immersing oneself in this exciting and evolving field.

National Health Service. (2017) Benefits of early dementia diagnosis: Dementia guide. Available from: <https://www.nhs.uk/conditions/dementia/early-diagnosis-benefits/> [Accessed 7th September 2019].

Ekstein, S., Glick, B., Weill, M., Kay, B., & Berger, I. (2011). Down syndrome and attention-deficit/hyperactivity disorder (ADHD). *Journal of Child Neurology*, 26, 1290-1295. doi: 10.1177/0883073811405201

Moss, J., Richards, C., Nelson, L., & Oliver, C. (2013). Prevalence of autism spectrum disorder symptomatology and related behavioural characteristics in individuals with Down syndrome. *Autism*, 17, 390-404. doi: 10.1177/1362361312442790

Richards, C., Jones, C., Groves, L., Moss, J., & Oliver, C. (2015). Prevalence of autism spectrum disorder phenomenology in genetic disorders: a systematic review and meta-analysis. *Lancet Psychiatry*, 2, 909-916. doi: 10.1016/S2215-0366(15)00376-4

Walsh, D. M., Doran, E., Silverman, W., Tournay, A., Movsesyan, N., & Lott, I. T. (2015). Rapid assessment of cognitive function in down syndrome across intellectual level and dementia status. *Journal of Intellectual Disability Research*, 59, 1071-1079. doi:

10.1111/jir.12200

Yahia, S., El-Hadidy, M., El-Gilany, A., Amdel-Hady, D., Wahba, Y., & Al-Haggar, M. (2014). Disruptive behavior in Down syndrome children: a cross-sectional comparative study. *Annals of Saudi Medicine*, 34, 517-521. doi: 10.5144/0256-4947.2014.517

Head, E., Doran, E., Nistor, M., Hill, M., Schmitt, F., Haier, R.J., & Lott, I.T. (2011) Plasma A β as a Function of Age, Level of Intellectual Disability and Presence of Dementia in Down syndrome. *Journal of Alzheimer's Disease*, 23, 399-409. doi: 10.3233/JAD-2010-101335

Hithersay, R., Startin, C.M., Hamburg, S., Mok, K.Y., Hardy, J., Fisher, E.M.C., Tybulewicz, V.L.J., Nizetic, D., & Strydom, A. (2019) Association of Dementia With Mortality Among Adults With Down Syndrome Older Than 35 Years. *JAMA Neurology*, 76, 152-160. doi: 10.1001/jamaneurol.2018.3616

Holland, A.J., Hon, J., Huppert, F.A., Stevens, F., & Watson, P. (1998) Population-based study of the prevalence and presentation of dementia in adults with Down's syndrome. *British Journal of Psychiatry*, 172, 493-498. doi: 10.1192/bjp.172.6.493

McCarron, M., McCallion, P., Reilly, E., & Mulryan, N. (2014). A prospective 14-year longitudinal follow-up of dementia in persons with Down syndrome. *Journal of Intellectual Disability Research*, 58, 61-70. doi: 10.1111/jir.12074

McCarron, M., McCallion, P., Reilly, E., Dunne, P., Carroll, R., Mulryan, N. (2017). A prospective 20-year longitudinal follow-up of dementia in persons with Down syndrome. *Journal of Intellectual Disability Research*, 61, 843-852. doi: 10.1111/jir.12390

Sinai, A., Mokrysz, C., Bernal, J., Bohnen, I., Bonell, S., Courtenay, K., ... Strydom, A. (2018) Predictors of Age of Diagnosis and Survival of Alzheimer's Disease in Down Syndrome. *Journal of Alzheimer's Disease*, 61, 717-728. doi: 10.3233/JAD-170624

Temple, V., Jozsvai, E., Konstantareas, M.M., Hewitt, T.A. (2001) Alzheimer dementia in Down's syndrome: the relevance of cognitive ability. *Journal of Intellectual Disability Research*, 45, 47-55. doi: 10.1111/j.1365-2788.2001.00299.x

Ball, S. L., Holland, A. J., Treppner, P., Watson, P. C., & Huppert, F. A. (2008). Executive dysfunction and its association with personality and behaviour changes in the development of Alzheimer's disease in adults with Down syndrome and mild to moderate learning disabilities. *British Journal of Clinical Psychology*, 47, 1



National Intellectual Disability Trainees' Conference – 22nd November 2019

Hilton, Cardiff Centre

Dr Huw Dunstall (ST4, Swansea bay University Healthboard)

Dr Gareth Howe (ST5, Swansea bay University Healthboard)

Dr David Medhurst (ST4, Swansea bay University Healthboard)

Dr Catherine Walton (ST6, Welsh Clinical Leadership Training Fellowship)



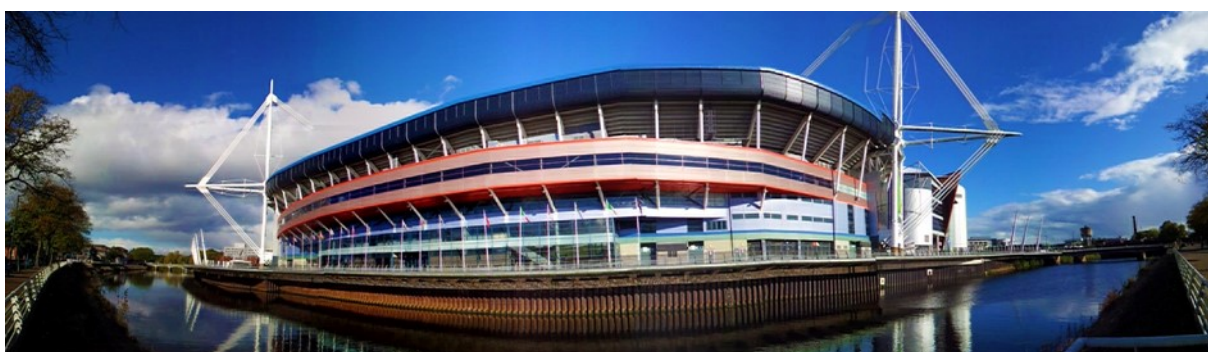
Delegates from across the United Kingdom gathered in Cardiff city centre on a typically wet autumn day (well, typical for Wales!). The weather however did not dampen spirits (or attendance) for what turned out to be a highly successful day. We began with a welcome by **Dr Ken Courtenay** focusing on the Faculty's priorities for 2019 and in particular recruitment to the specialty. Medical students, foundation doctors and core psychiatry trainees were encouraged to attend the conference with heavily subsidised tickets and opportunities to present (more on this later). They made up 19 out of the 59 delegates attending - we hope this will aid in our recruitment drive.

The conference was organized into different sessions, each with a specific focus. We began the first on Epilepsy with a captivating keynote by **Professor Mike Kerr**, emphasising the importance of integrating epilepsy assessment and management in to everyday life of an Intellectual Disability

psychiatrist. This included two "bronze skills" (Royal College of Psychiatrists Good Psychiatric practice CR203 Management of Epilepsy in adults with intellectual disability) – SUDEP and Non-epileptic attack disorder.

Following this, we broke into 2 epilepsy workshops and the personalised conference programmes were put to the test! With the organisers on hand to usher people to the right rooms, we largely managed to keep to time – which helped ensure maximum time for networking during the breaks. Delegates were able to attend 2 of 3 epilepsy workshops: **Dr Andrew Isaac's** workshop on "Seizures or Behaviour? Diagnostic dilemmas in people with Intellectual Disability"; **Professor Khaled Hamandi's** workshop on Classification of seizures; **Professor Rob Powell's** workshop ran through some very relevant and interactive Case presentations.

Perhaps one of the most difficult slots are the ones around lunchtime. However, **Dr Sam Tromans** gave a very helpful



and insightful tour into research in Intellectual Disability Psychiatry. This helped us all to identify a range of different ways into research and what areas are currently considered a priority in our field of work, as well as some practical tips on how to get started.



Following lunch, we were back in to the now familiar workshop format. Again strict adherence to timings was crucial and so organisers prompted delegates in advance of the post-lunch sessions commencing. This time the session focused on Neurodevelopmental psychiatry with workshops from: **Dr Helen Matthews and Sarah Dudley** on their experiences and lessons learnt in ASD services, sharing experience from their careers and vast experience; **Dr Olga Eyre** provided a research perspective on the links between irritability and depression in children with Neurodevelopmental difficulties; **Dr Johanne Doherty** spoke about her work on Genetic syndromes associated with neurodevelopmental and psychiatric disorders.

Following a final coffee break, trainee presentations were chaired by **Dr Ken Courtenay, Dr Mary Barrett** and **Dr Sam Tromans**. It was great to see presentations from trainees who were largely pre-higher training. The chairs were impressed by all who presented and awarded the prize to **Francesca Welham**, 4th year medical student at Cardiff University, for her service evaluation of STOMP in a CAMHS Intellectual Disability service in South Wales.

In addition, we were pleased to see a good range of poster presentations which were independently marked by local consultant colleagues **Dr Harriet Slater, Dr Lance Watkins** and **Dr Penny Letchford**. The judges awarded the winner as **Emma Walker**, 3rd year medical student at Cardiff University, for her systematic review of gender dysphoria in people with Autism and Intellectual Disabilities.

Following this, and nearing the end of the day, our Intellectual Disability Faculty trainee representatives, **Dr Kathleen Levick** and **Dr Reena Haq**, gave a session on higher training in Intellectual Disability psychiatry. We were encouraged by the number of medical students, foundation doctors and core psychiatry trainees who had shown interest in our specialty by attending and hope that this event has gone one step further

to recruiting them as our future colleagues.

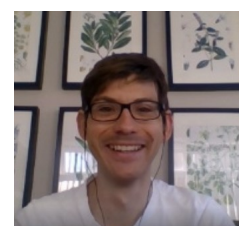
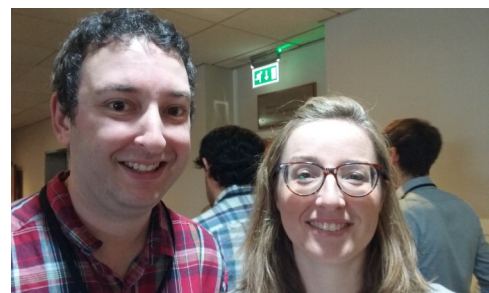
Dr Mary Barrett drew the day to a close and helped summarise some of what we had learnt throughout the day, as well as helping us to thank all our speakers and colleagues who had helped make the day possible. We again would like to extend our thanks to everyone who helped support the conference. Following the close, several trainees and colleagues met for an open evening networking meal. This completed the day not only as a success, but a highly enjoyable process for the organisers, in which we all learnt plenty. We have been able to reflect on how the skills we have developed will aid us in our futures as Intellectual Disability Psychiatrists.



Venue: Holiday Inn, Cardiff Centre

We are currently in the process of formulating a “Trainee guide” for publication which we hope will be of use not only within our faculty but more widely across the Royal College of Psychiatrists and potentially further across the medical profession.

Finally, we would like to wish the team who take on organising the next trainee conference every success for 2020.



Trainees Cardiff Conference 2019 organisers:

**Above: Gareth Howe (L) Catherine Walton (R),
Below, Huw Dunstall (L), David Medhurst (R)**

PSYCHIATRY OF INTELLECTUAL DISABILITY TRAINEES' NATIONAL CONFERENCE-2020

Join us live on 20th November 2020 for an exciting programme with renowned speakers on a range of relevant topics

Timings: 09:30–16:00

Location: Online Webinar

Host: North West ID Trainees

Conference Programme: TBC

Open to Consultants, SAS doctors, Trainees of all stage as well as Foundation Doctors and medical students

(This conference cost minimal fees /Tickets details TBC)



Upcoming conferences

<u>DATE</u>	<u>TITLE</u>	<u>LOCATION</u>	<u>ORGANISATION</u>
MEETINGS			
<p><i>All face to face conferences and events associated with the RCPsych have been cancelled for this year; please see the College website for the most up to date information regarding online/virtual seminar details.</i></p> <p><i>Please see https://www.rcpsych.ac.uk/events/conferences for most up to date details</i></p> <p><i>See also page 28 of this newsletter for ‘save the date’ details of this year’s <u>National Trainees’ Conference</u> which is set to go ahead, hosted by the North West ID trainees; this is being planned as a virtual seminar, at present.</i></p>			

COVID-19 Resources

The RCPsych ID Faculty has also provided a number of resources to support professionals and patients during this pandemic.

These can be found at: <https://www.rcpsych.ac.uk/members/your-faculties/intellectual-disability-psychiatry/news-and-resources>

These include a statement from the Faculty about the current situation as well as a number of other resources.

Upcoming prizes

DATE	TITLE	LOCATION	ELIGIBILITY	PRIZE
PRIZES				
26.08.2020	The Jack Piachaud Medical Student poster prize	Presented at the Faculty Autumn meeting, usually held in September each year (this will be a virtual meeting in 2020, due to the pandemic).	Medical students based at a UK university	Prize: £75 Students should present a poster based on a project/audit in learning disabilities at the our Autumn residential conference.
26.08.2020	The Alec Shapiro Prizes for Specialty Trainees	Presented at the Faculty Autumn meeting, usually held in September each year (this will be a virtual meeting in 2020, due to the pandemic).	UK specialty trainee CT/FTSTA 1-3, ST4-6/LATs and SpR, or be a member of the College in a training post	Two prizes, best poster presentation (£150) and best oral presentation (£200).
01.12.2020	The Professor Joan Bicknell Medical Student Essay Prize	Presented at the Faculty spring meeting, usually held in April each year	All clinical medical students in the UK	Prize: £250 Awarded for an essay written by a medical student about their contact with a person (or people) with learning disability during the course of their studies

