
Action Plan for the review of Psychiatry of learning disability

Requirements

Report Ref	Description	Action taken to date	Further action planned	Timeline for action (month/year)	Lead staff
	No requirements were identified during this review.				

Recommendations

Report Ref	Description	Action taken to date	Further action planned	Timeline for action (month/year)	Lead staff
Rec. 1	LETBs, postgraduate deaneries and the Royal College should continue to work together to promote the specialty, especially to medical students and doctors in training to ensure that competitive recruitment and selection enhances the quality of trainees. (paragraphs 36-37)		FECC suggested that some vacant posts from higher specialty training in PLD could be converted into Foundation and Core training posts to raise the profile of the specialty earlier on in training. (paragraph 37)	Ongoing	RCPsych Leads to be nominated by LETBs providing PLD training programmes
Rec. 2	Routes for dual CCT training should be explored, and consideration should be given to what other Psychiatry specialties could be linked with PLD. The GMC and the Royal College should work together on dual training. (paragraphs 38-40)		One of the challenges with dual training is that it holds the training slots in each of the two specialties for a much longer duration than for a single CCT programme. The FECC was looking into ways the posts could be used more efficiently. For example, having two dual training posts under the same LETB where the doctors in training could	This recommendation will be monitored through the annual specialty report from the Royal College of Psychiatrists (RCPsych)	LD FECC GMC

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		<p>Credentialing: RCPsych has a Credentialing Working Group consisting of members from the LD Faculty and FECC who will continue to represent the further action planned described in adjacent column.</p>	<p>swap over from one specialty to the other during the period of dual training (subject to successful ARCPs).</p> <p>Credentialing is an area currently under development in line with recommendations arising from the Shape of Training. It would be worth investigating prospects around credentialing for training in Psychiatry.</p>		
Rec. 3	<p>The curriculum for the specialty should be updated to reflect the rapidly changing landscape of the specialty. This includes the closure of in-patient facilities, the move towards community care and the increasing number of independent sector organisations emerging, particularly across England. Consideration should be given as to what knowledge, skills and expertise are required of a consultant to work effectively and competently in any type of</p>		<p>LD FECC and Curriculum Committee to discuss further.</p>	<p>This recommendation will be monitored through the annual specialty report from the RCPsych.</p>	LD FECC

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	environment. (paragraph 46)				
Rec. 4	Clarity should be provided on what extent of medical care PLD doctors in training should be providing for their patients. It is accepted that this will not be the same in all training programmes as the needs of the service vary on a local level. An awareness of the physical illnesses that may come with learning disabilities is essential to the specialty and it would be worth raising the profile of this. (paragraph 28)		Minor review of the curriculum making it clearer the level of training and competencies with regard to physical illness (in people with learning disability) that doctors training in the speciality need to develop.	This recommendation will be monitored through the annual specialty report from the RCPsych.	LD FECC
Rec. 5	LEPs should work collaboratively with the independent sector in the local region and keep in active communication so			This recommendation will be monitored through the Dean's reports	Leads to be nominated by LETBs and deaneries providing PLD training

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	that patients can be escalated through social care with good handover and in a timely manner to minimise disruption to the service. (paragraph 26)				programmes
Rec. 6	The governance of training placements in independent sector organisations should be clarified and what quality management structures are in place, as the current system of having informal placements may not be sustainable in the future. (paragraph 46)		LD FECC to put forward to Heads of School to ask for their thoughts.		Leads to be nominated by LETBs and deaneries providing PLD training programmes
Rec. 7	Training provision at independent sector organisations should be strengthened through contracts, terms and conditions. If commissioners are not		LD FECC to put forward to Heads of School to ask for their thoughts.		Leads to be nominated by LETBs and deaneries providing PLD training programmes

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	currently commissioning training from service providers as part of the contract, an excessive burden will fall on the NHS providers. (paragraph 48)				
Rec. 8	The distribution of training programmes in England should be appraised to see if they can be reconfigured to make them more evenly spread geographically, especially since certain aspects of clinical training are now being increasingly commissioned by private enterprises and in-patient units are being removed throughout England. (paragraph 22)			This recommendation will be monitored through the annual specialty report from the RCPsych.	LD FECC
Rec. 9	LETBs and deaneries providing PLD training programmes should ensure that there are clear			This recommendation will be monitored through the Dean's reports	Leads to be nominated by LETBs and deaneries providing PLD training

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	<p>processes and support mechanisms in place so that doctors in training know they will be supported if concerns are raised about their progress or they experience issues during their training and feel confident that they will be supported if they raise concerns about others. (paragraphs 29-30)</p>				programmes