



of raising concerns based on previous experiences, and fear of repercussions. This data suggests that there are issues resident doctors are experiencing that are going unreported, relating to their own training experiences as well as patient safety concerns. Focus group data has allowed us to have a better understanding of the barriers resident doctors face when raising concerns. Subsequently, we are working alongside resident doctors and key stakeholders using Quality Improvement methodology to trial the implementation of several change ideas to streamline the process of raising concerns.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

### Improving Carer Recognition and Understanding of Constipation for People with Intellectual Disability: Quality Assurance of an Online Learning Resource

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**Aims:** People with Intellectual Disability (PwID) have a reduced life expectancy in comparison to the general population, and constipation has been identified as a contributing factor to mortality by the Learning Disability Mortality Review. As part of a broader Quality Improvement project seeking out ways to reduce the rate of constipation for PwID it was recognised that robust and long-term education of carers was lacking.

An online learning resource was created ‘Constipation in PwID for Social Carers’ to support those caring for PwID to recognise and appropriately signpost constipation-related issues.

The learning resource was created by healthcare professionals, and it was therefore deemed necessary to undertake Quality Assurance of the module to ensure it was appropriate in both content and tone for support workers working in the social care sector. The final module was developed therefore with the input of those it was aiming to teach.

**Methods:** Focus groups and feedback forms collected information regarding carer’s role, experience working with PwID, understanding and relevance of learning outcomes, overall quality, and suggested improvements of the learning resource. This was undertaken in focus groups, or on a one-to-one basis. Feedback forms were completed by 12 individual participants. Focus groups involved 20 participants total including community nurses, supported living managers, support workers, social workers, and occupational therapists.

**Results:** Overall, the quality of the draft learning resource was rated ‘excellent’ and the general feedback was that it was appropriately pitched for carers. Aspects of the draft that helped with understanding content involved the use of scenario based interactive questions and visual aids. The information which was considered most useful included the Bristol Stool Chart, red light signs of constipation, and statistics on the prevalence of constipation in PwID.

Suggested improvements for language were consistent terminology for PwID, and avoiding medical jargon to keep advice applicable in different settings. Participants asked for clear communication of

the responsibility of support workers to escalate information to supported living management, GP, and NHS 111.

**Conclusion:** Undertaking a robust Quality Assurance exercise for this online learning resource has ensured that language and terminology is appropriate for the target audience. Participants requested a clear message about how to escalate concerns. The next step will be to publish the resource online and evaluate its effectiveness in improving knowledge of constipation for carers of PwID.

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### Enhancing RCPsych Addiction Competencies: A Pilot Programme Integrating Training and Taster Days for North London Foundation Trust’s Core Trainees

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**Aims:** There are new requirements for addictions competencies as part of the 2022 core trainee curriculum. The Silver Guide, section 5.1.2 includes a requirement for two work based placed assessments (WBPA) in addictions to be completed during core training. This has posed challenges nationally, especially in England due to the way addiction services are commissioned and tendered. Whilst most training schemes have opted for CBD groups, our region of London wanted to provide practical and experiential learning with taster days at both NHS and 3rd sector services. Trainees were an integral part of the stakeholder group to ensure co-production.

**Methods:** Between Nov 23 and March 24, a pilot training lecture day and 4 taster days were held. Trainees registered on a first-come-first-served basis. The taster days gave trainees an opportunity to assess at least one patient under supervision in an addictions environment and have a case-based discussion (CBD) with an addictions consultant. The teaching day included presentations across addiction topics requested by the trainees. Feedback, both quantitative and qualitative was collated after both events.

**Results:** 100% of trainees felt more confident in assessing patients with substance use problems and 88% felt more confident in management after attendance. 100% of trainees also felt that the programme gave them useful knowledge in their future practice beyond what could be offered by other sources. 100% of trainees also felt the topics were relevant and would recommend the course to others. Trainees described the taster days as providing “intensive, immersive and enriching experience”, and that 1 trainee each day “was the right level”. It was also described as “a really great learning opportunity” that they “would do again”.

**Conclusion:** Both the training day and taster days had overwhelmingly positive feedback. This has led to a permanent implementation of a rotating programme between the 3rd sector and NHS addiction services in the region. Particularly with the new curriculum requirements, these appear to fill a gap in trainee learning. This programme is the first of its kind in the country, as other trusts have opted to run CBD groups. The aim will be to expand this into an annual programme for all core trainees in the trust, continually improve on the structure and possibly expand attendance to higher grades. This year, many doctors of varying grades, including other consultants have expressed interest in attending. Widening addiction training will only improve patient care nationally.