# Senior registrar training in geriatric medicine 1977–1990

**ABSTRACT—Higher medical training in geriatric medicine was assessed in 1977, 1983 and 1990 by a questionnaire distributed to members of the British Geriatrics Society Senior Registrar Group. Comparisons over this 14 year span show consistent concern about training programmes, particularly in relation to research, health service management and psychiatry of the elderly.**

Training for senior registrars (SRs) in geriatric medicine ought to evolve and develop in parallel with the specialty as a whole. Although the Joint Committee for Higher Medical Training (JCHMT) must approve SR posts as suitable for training, all are not ideal. In 1975 the British Geriatrics Society (BGS) issued a memorandum on SR training with clear guidelines on aspects most pertinent to the practice of geriatric medicine [1].

As a consequence of dissatisfaction with their training programmes the Senior Registrars Group was set up within the BGS in 1976. This group circulated a questionnaire on quality of training among its members in 1977. The present report compares information from the first questionnaire with similar questionnaires circulated in 1983 and 1990.

## Results

A summary of responses to the questionnaires is presented in Table 1. In each survey a response rate of approximately 70% was achieved. The length of time in post at the time of the survey showed that in 1990 a greater proportion of SRs had been in post for over 36 months, and from 25 to 36 months. In 1983 and 1990 most of them were involved in rotational training schemes, and the proportion anticipating dual accreditation had doubled between 1983 and 1990. In the 1990 survey a smaller undertaking of SRs obtained training in day hospital, rehabilitation and long-stay

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**Table 1.** Responses to senior registrar surveys in 1977, 1983 and 1990

| | 1977 | 1983 | 1990 |
|---|---|---|---|
| Responses received/circulated | 60/85 | 92/125 | 91/130 |
| Duration in present post | | | |
| Mean (months) | 17.4 | 17.5 | 26.3 |
| Range (months) | 0–49 | 2–63 | 1–96 |
| 0–12 months | 43% | 44% | 28% |
| 13–24 months | 35% | 31% | 20% |
| 25–36 months | 12% | 18% | 26% |
| over 36 months | 10% | 7% | 26% |
| Part of rotational scheme | 47% | 73% | 75% |
| Expect dual accreditation | — | 31% | 63% |
| Previous experience of geriatric medicine | 82% | 57% | 64% |
| Duration | | | |
| Mean (months) | 21 | — | 15 |
| Range (months) | 1–79 | 3–42 | 1–48 |
| Experience in specific aspects of geriatric medicine | | | |
| Day hospital | 92% | 93% | 69% |
| Rehabilitation | 97% | 97% | 85% |
| Psychogeriatrics | 62% | 65% | 76% |
| Acute geriatric medicine | 95% | 97% | 90% |
| Long-stay care | 97% | 92% | 63% |
| Domiciliary visits (number per month) | | | |
| None | 10% | 20% | 42% |
| Under 5 | 37% | 36% | 20% |
| 5–15 | 43% | 37% | 23% |
| Over 15 | 10% | 7% | 14% |
| Adequate administrative experience | 70% | 71% | 47% |
| Participation in teaching | | | |
| Undergraduate | 77% | 87% | 86% |
| Postgraduate | 67% | 83% | 84% |
| Nurses | 67% | 73% | 60% |
| Paramedical staff | 18% | 36% | 35% |
| Adequate research time | 77% | 74% | 62% |
| Research supervision | 45% | 28% | 81% |

care, and the proportion undertaking domiciliary visits had dropped, but an increased percentage received training in psychiatry of the elderly. Fewer consider that they have enough time for research or experience in administration, but research supervision appears to be much better in 1990.

Some of the comments more commonly made by SRs in response to each of the surveys are summarised in Table 2.

**Table 2**. Most frequent comments on senior registrar training from 1977, 1983 and 1990 surveys

| | Senior registrar comments |
|---|---|
| 1977 | 1. Inadequate research time |
| | 2. Lack of administrative experience |
| | 3. Senior registrar could help tailor own post |
| 1983 | 1. Research—require more time and advice/ supervision |
| | 2. Administration—lack teaching and experience |
| | 3. Concern about dual posts and accreditation |
| | 4. Need to encourage psychogeriatric experience |
| 1990 | 1. Inadequate research time and training |
| | 2. More administrative and committee experience needed |
| | 3. Heavy service commitment |
| | 4. Improve arrangements for psychogeriatric attachment |

## Discussion

Senior registrars now remain in post longer than before, and this could provide an opportunity to improve both the quality and quantity of their training and experience. As a greater proportion now anticipate dual accreditation, the duration of training in the specific skills of geriatric medicine remains unchanged from 1977.

The areas of concern among SRs in geriatric medicine have not changed over the 14-year span of these surveys. The perception of the inadequacy of research time and training and the insufficiency of their administrative experience have been voiced by SRs in each survey since 1977. The decrease in proportion of those who consider their training adequate in these aspects may relate to the growing prominence of the management role for medical staff. Involvement of the SR in the management and administration of the unit by undertaking routine management tasks in addition to more formal training may be the best means of obtaining this experience. Participation in a research forum, together with regular formal progress review by a designated research supervisor, helps to promote research activities; appropriate technical support should be easily accessible.

Training in various 'traditional' components of geriatric medical practice has changed in the 1990 SR survey. The smaller proportions of those being trained in day hospital management, rehabilitation, long-stay care and domiciliary visiting probably reflect the changing practice of geriatric medicine, with increasing emphasis on acute medicine of the elderly and a reduction of continuing-care facilities within the National Health Service. These aspects of geriatric medicine are regarded as essential components of higher medical training in geriatric medicine, and visitors inspecting posts on behalf of the Joint Committee for Higher Medical Training are expected to pay particular attention to these areas. There is now less training in those aspects of care specific to geriatric medicine, despite the fact that fewer SRs have previous experience of the specialty at registrar level. Unless this situation is rectified training of future geriatricians will concentrate on acute medicine of the elderly but neglect the traditional skills of geriatric medicine.

More training is now being given in psychiatry of the elderly but there is still a significant number of SRs who cannot obtain access to such training [2], as recommended by the Joint Liaison Group of the BGS and the Royal College of Psychiatry [3].

Geriatric medicine has developed and matured during the past two decades. From its infancy in the 1950s it has grown through the 1960s into a respected and competitive medical specialty. Training for senior registrars in geriatric medicine should keep pace with the changing requirements and emphasis of the specialty. Consequently training programmes must be sensitive to local and national change, as well as to the specific needs of the individual. Although programmes of training must adapt to changes in political emphasis, education in the time-honoured traditional methods of geriatric medicine should continue to be available. The persistent perception that insufficient training is available in certain aspects of geriatric medicine should be acknowledged and the design of future training programmes refined accordingly.

## References

1 British Geriatrics Society. Memorandum on Vocational Training for Senior Registrars. London: British Geriatrics Society, 1975

2 Forsyth, DR. Psychogeriatric training for senior registrars in psychiatry. *Age Ageing* 1990; **19**: suppl 2.

3 Joint Report of Royal Colleges of Physicians and Psychiatrists. Care of Elderly People with Mental Illness. London: RCP, 1989.

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