

## *Senior Registrar Training in Old Age Psychiatry in the United Kingdom*

J. P. WATTIS, Senior Lecturer in Psychiatry of Old Age, St James's University Hospital, Beckett Street, Leeds LS9 7TF

The Joint Committee on Higher Psychiatric Training (JCHPT) requires senior registrars (SRs) training for special responsibility posts in old age psychiatry to spend between one year and 18 months in higher training posts in which psychiatry of old age forms the major part of the work. Although only about a third of consultants in a recent survey<sup>1</sup> had such training, there was strong evidence that more recently appointed consultants were likely to have recommended training. The availability of suitable training 'slots' seems likely to play a major role in how quickly specialised psychiatric services for old people can develop in response to the rising challenge posed by demographic changes. Jolley<sup>2</sup> has already demonstrated how developments have been delayed by a shortage of properly trained candidates. Despite this the situation has now been reached where over two-thirds of the elderly population of the UK are served by specialised consultants<sup>3</sup> albeit sometimes at inadequate manpower levels.<sup>1</sup>

For a variety of reasons, the Royal College of Psychiatrists has decided not to recognise old age psychiatry as a specialty in the same way that child or forensic psychiatry are recognised. Unfortunately, the DHSS maintains that because of this it cannot identify SR or consultant posts in old age psychiatry in its routine data collection. Information on these posts has therefore only come to light as a result of special surveys.

In 1980, a survey detected 21 SR posts in old age psychiatry, although only a handful of these were formally designated for old age psychiatry, some were for only one or two sessions and periods of attachment varied from six months to two years.<sup>4</sup> A further survey, specifically aimed at SR posts in 1983, found 28 established SR posts in the area, including seven specially created by the DHSS, but only 14 of these both met JCHPT criteria and were filled at least two out of every three years.<sup>5</sup> By 1986 Blessed<sup>6</sup> was able to find 22 posts meeting the same criteria, 17 posts offering shared training not up to JCHPT criteria and a further eight apparently offering full-time training to trainees who had so far failed to take it up. A further two NHS-funded lecturer posts were offering satisfactory training. Despite the evident increase, Blessed commented that, with increasing numbers of consultant posts in old age psychiatry being advertised, demand still outstripped supply. This report concerns the most recent and detailed study of SR training in old age psychiatry conducted as part of a general survey of the development of old age psychiatric services in the UK, other aspects of which have been reported elsewhere.<sup>1,3,7</sup>

The survey attempted to cover all consultants known to be working specially in old age psychiatry and there was an 83% response rate.<sup>1</sup> Respondents who had an SR were asked to fill in a special form with details of the post, including the name of the present or most recent holder to prevent 'double-counting' where SRs were shared by more than one consultant.

### **The findings**

Seventy-six SR placements offering some training in old age psychiatry were identified of which 51 were established posts (including honorary academic posts). Of the established posts, 47 were in rotational training schemes; 44 had five or more sessions in old age psychiatry and 38 of these were of at least 12 months duration. Of the 38, 25 were reported as filled at least two out of three years. Table I shows how many of the 38 posts were reported to be established in successive years (in five cases information was not given). Table II lists the sources of these posts as identified by our respondents.

Of the 25 non-established posts, only 13 were of at least five sessions and only four of these were for a year or more. Most (18) of the posts were set up for an elective period of

TABLE I  
*Posts reported to be established in successive years*

1950	1	1980	2
1959	3	1981	5
1960	1	1982	2
1974	2	1983	1
1976	2	1984	4
1977	1	1985	3
1978	1	1986	4
1979	1		

TABLE II  
*Sources of posts as identified by respondents*

As part of DHSS special initiative	6
By transfer from general psychiatry	26
As an academic post	7
Other	10

training for a senior registrar with special interest, four were set up by a part-time training post for a doctor with domestic commitments and three by another means.

#### Comment

Despite local difficulties and restrictions imposed by manpower policies, the response of the profession in providing higher training posts in old age psychiatry has been dramatic, with total numbers trebling over five or six years. Despite this, satisfactory training posts at around 19% of consultant numbers in old age psychiatry are still less than the 27% overall in general psychiatry<sup>8</sup> and the 29% for general psychiatry excluding old age psychiatry. This is of particular concern when the continuing fast rate of expansion of old age psychiatry<sup>3,2</sup> and relative undermanning<sup>1</sup> of the *de facto* specialty are considered. In this context, the recent initiative of the Joint Planning Advisory Committee<sup>9</sup> in suggesting a further 41 SR posts nationally in general psychiatry but intended predominantly for training in old age psychiatry and the management of substance abuse<sup>10</sup> is particularly welcome, though careful monitoring will be required to ensure that these posts do in fact go into old age psychiatry and substance abuse in view of the absence of any central data collection method to identify these areas.

#### ACKNOWLEDGEMENTS

This work was carried out with the assistance of a part-time research secretary, Meryl Porter, supported by a DHSS

grant. Thanks are also due to Valerie Binns of the University of Leeds who assisted with statistical analysis and to all the consultants who patiently completed their questionnaires.

#### REFERENCES

- <sup>1</sup>WATTIS, J. P. Anatomy of a new branch of psychiatry—Medical manpower and services in old age psychiatry. (In preparation).
- <sup>2</sup>JOLLEY, D. (1985) Further developments in psychogeriatrics in Britain. *British Medical Journal*, **290**, 240.
- <sup>3</sup>WATTIS, J. P. Geographical variations in provision of psychiatric services for old people. In press.
- <sup>4</sup>—, WATTIS, L. & ARIE, T. (1981) Psychogeriatrics: a national survey of a new branch of psychiatry. *British Medical Journal*, **282**, 1529–1533.
- <sup>5</sup>— & ARIE, T. (1984) Further developments in psychogeriatrics in Britain. *British Medical Journal*, **289**, 778.
- <sup>6</sup>BLESSED, G. (1986) Survey into the availability of higher specialist training in the psychiatry of old age (November 1985). *Bulletin of the Royal College of Psychiatrists*, **10**, 88–90.
- <sup>7</sup>WATTIS, J. P. Anatomy of a new branch of psychiatry—Differences between “specialised” and “non-specialised” psychiatric services for old people. (In preparation).
- <sup>8</sup>MEDICAL MANPOWER DIVISION, DHSS (1986) Career opportunities 1985. *Health Trends*, **18**, 49–56.
- <sup>9</sup>JOINT PLANNING ADVISORY COMMITTEE (1987) *Report for the Year 1986*. London: DHSS.
- <sup>10</sup>ROYAL COLLEGE OF PSYCHIATRISTS (1987) *Circular letter from President to Regional Advisers in Psychiatry*, 29 January 1987.

## The Curt P. Richter Prize 1989

### Rules and Regulations

- (1) The manuscript should describe original research, or be a review with emphasis on the author's original research, in the field of (Psycho-) Neuroendocrinology.
- (2) Only unpublished papers are eligible and the manuscript must be in a format suitable for publication in *Psychoneuroendocrinology*, the journal in which the winning paper will be published.
- (3) Only one author is eligible for the prize. If, for administrative reasons, the paper must bear the names of senior authors, written waiver of consideration for the Prize must be submitted by these authors, concomitant with submission of the manuscript.
- (4) The author may not have attained his/her 40th birthday by 1 January 1989.
- (5) An original manuscript and five copies are to be submitted to:  
Professor Dr Jean J. Legros  
Psychoneuroendocrinology Section  
CHU (B 23)  
Sart Tilman  
B-4000 Liege, Belgium
- (6) Deadline for submission of manuscripts is 31 January 1989. The prize is awarded traditionally at the Annual Congress of the International Society of Psychoneuroendocrinology, which next year will take place in Buenos Aires, Argentina.
- (7) The award includes an honorary certificate and a cheque of US\$1000.