

The College

A survey into the availability of higher specialist training in the psychiatry of old age in England and Wales 1983–88 and the yield of consultants from the training scheme

Report of a survey carried out for the General Psychiatry Advisory Sub-Committee of the Joint Committee in Higher Psychiatric Training (JCHPT/GPSAC) by J. P. Watson and D. J. Jolley

While it has become accepted wisdom that the best way to provide psychiatric services to the elderly of a population is through the development of a specialist psychogeriatric team headed by appropriately trained psychogeriatricians, there has continued to be concern that the establishment of such teams is patchy (Jolley, 1988a; Wattis, 1988). A major constraint on achieving an appropriate pattern of service throughout the country has been the limited number of posts available that offer higher training in old age psychiatry (Blessed, 1986; Jolley & Horton, 1986). The number of consultant posts established and advertised has increased (Wattis & Arie, 1984; Jolley 1988b, 1989) but these have outstripped the number of adequately prepared potential candidates so that often no appointment can be made or appointment is made of a willing but ill-prepared person (Jolley, 1985).

The task of creating new training posts in psychogeriatrics was eased by an infusion of seven so called 'one-holder' posts in the subspecialty in the early 1980s, and these became absorbed into general adult psychiatry training schemes along with all other posts in old age psychiatry. Senior registrar appointment arrangements have not hitherto usually catered specifically for the appointment of aspiring psychogeriatricians and all training schemes accept that they provide both for trainees who will find the 'old age' experience useful in their chosen careers as general adult psychiatrists, and also for career psychogeriatricians. The first JPAC review of senior registrar posts in general psychiatry added 40 posts to the schemes in England and Wales particularly to increase the availability of training in old age psychiatry, the addictions, and rehabilitation. There has been considerable interest in the uses to which these posts are being put, particularly as many now think that there is a shortage of general psychiatrists as well as of subspecialists, and that hence these new posts

may not be used to train as many subspecialists as was initially hoped.

Higher training in old age psychiatry continues to be the responsibility of GPSAC and it is by GPSAC that changes and improvements in the required training for the new specialty are being developed (*vide infra*). At this time of change we have reviewed the number of posts offering higher training in old age psychiatry and attempted to discover what their output is in terms of specialist consultants in old age psychiatry and general adult psychiatry.

TABLE I
Enquiry into old age psychiatry posts for GPSAC – January 1989. Chronology of post creation – all posts included in returns

Year	Posts created	Total posts
1973	1	1
1974	0	1
1975	1	2
1976	2	4
1977	1	5
1978	1	6
1979	1	7
1980	1	8
1981	2	10
1982	6	16
1983	5	21
1984	9	30
1985	9	39
1986	9	48
1987	11	59
1988	22	81

(For five posts the time of creation is unknown). Thus total = 86.

NB Thirty-seven posts have yet to yield a consultant of any description. Thirteen of these have yet to receive a trainee.

The study

The organisers of the 24 schemes offering Higher Psychiatric Training in England and Wales were circulated at the end of 1988 and asked to complete a standard questionnaire. Information required for each scheme included a list of posts offering approved training in old age psychiatry, the name(s) of the main trainer(s) and the year the post was established. For each post, the name of trainees occupying the post in the five years 1983–84 to 1987–88 together with a note of the trainee's current post (trainee, consultant psychiatrist, consultant psychogeriatrician etc.) was requested. Where there was uncertainty about the returns, information was checked or amplified by telephone discussion with those 'in-the-know' in the relevant scheme.

Completed questionnaires were received from all schemes and with some telephone checking, the data are felt to be reasonably complete and valid.

Findings

The number of posts available has increased (Table I), most particularly so in the past two years, so that 86 training opportunities are described in contrast to the 39 counted in equivalent posts by Garry Blessed in 1985. For five posts no one was quite sure when the present post had begun. The shape of the expansion over time is almost certainly correct, though there may be some inaccuracies of detail. All schemes now have at least one post offering approved training in old age psychiatry (Table II). The range is wide (1 to

TABLE II
Enquiry into old age psychiatry posts for GPSAC – January 1989. Posts, trainees and consultant yield (1983–84) to (1987–88)

Scheme					Career outcome for trainees				
	No. of posts	Posts x years available	Posts x years not used	Number of trainees using posts	Psychogeriatrician	General and old age	General consultant	Still training	Unknown
Northern	3	8	–	13	2	–	7	4	–
Leeds	8	21	3	19	5	–	4	10	–
Nottingham	3	4	–	4	1	–	–	3	–
Leicester	1	5	–	6	1	1	1	3	–
St Mary's	4	8	–	5	3	–	–	2	–
Riverside	2	2	–	2	1	–	–	1	–
Middlesex	2	10	3	7	–	–	4	3	–
Royal Free	1	1	–	1	–	–	–	1	–
St Bart's	3	5	1	4	1	–	1	2	–
London Hosp	1	5	1	4	1	–	–	3	–
Guy's	8	24	5	18	4	–	3	11	–
St George's	2	10	–	11	2	–	5	4	–
Maudsley	5	12	–	7	1	–	–	6	–
Bristol	2	2	–	–	–	–	–	2	–
Southampton	5	10	2	9	3	1	2	3	–
Oxford	5	17	1	19	4	1	5	8	1
North West RHA	4	13	2	12	4	2	2	4	–
N. Wales	2	2	2	–	–	–	–	–	–
W. Midlands	6	17	–	17	7	1	6	3	–
S. Wales	3	14	11	3	1	–	1	1	–
Liverpool	4	13	4	8	4	–	–	1	3
Sheffield	2	5	2	3	1	–	1	1	–
Devon	7	19	15	4	1	1	–	2	–
Cambridge	3	10	4	7	1	–	3	3	–
Total	86	237	56	185	48	7	45	81	4

8) and some of the longest schemes have very few training opportunities in the subject. Many posts seem to have been used very regularly since the time they were established, although some are used only occasionally. On average, posts have been vacant on a one year in four basis. A total of 185 trainees have received or are receiving training. Eighty-one are still trainees, of the 100 known to have taken up consultant posts, 48 are career psychogeriatricians, seven have a 'specialist interest' in old age psychiatry and 45 are general psychiatrists. Very few trainees appear to have had experience in more than one post offering experience in old age.

Comment

We believe the information we have received is reasonably accurate but it will be much more satisfactory when manpower statistics for old age psychiatry are collected routinely and centrally. The findings are encouraging in that more posts have been created, and quite a lot seem to have been created in conjunction with the first JPAC review. The track record of longer established posts is that roughly half the trainees go on to become psychogeriatricians, the others become general psychiatrists. Only the Southampton post has produced psychogeriatricians for 100% of the available time.

It remains to be seen what yield will result from the 37 posts yet to see a trainee achieve consultant status. The present appointment system for senior registrars (when aspiring old age psychiatrists are not appointed separately) perhaps make it unlikely that each post will produce more than one psychogeriatrician per two trainees.

Thus even if all new consultant psychogeriatricians complete only one year of specialist training

(and our information suggests that this is sadly the case) then 86 posts would yield only 43 consultants per annum even if they were all used. This is more than ten short of the number of consultant posts advertised during 1988. If serious career minded psychogeriatricians are to spend more than one year and preferably two years training in the specialty as is suggested (JCHPT, 1987 and below) then the yield of the present posts will fall accordingly. It clearly remains important that aspiring general psychiatrists who wish to spend a year in old age psychiatry be enabled to do so – in at least as great a proportion as now. There is therefore an argument for a continued expansion of old age psychiatry training posts.

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Report of the Special Committee of Council on Psychiatric Practice and Training in British Multi-ethnic Society

The Special Committee, which was set up by Council in 1987 under the chairmanship of Professor Kenneth Rawnsley, has now produced a report. This was received by Council at its meeting on 16 June 1989, when it was decided to remit the report for consideration, comments and recommendations to

all Sections, Divisions and other appropriate Committees of the College. Copies of the report and supporting appendices are available to members of the College without charge. Applications should be sent to Lynette Napper, Education Officer.