Survey of training in geriatric medicine in UK undergraduate medical schools

SIR—The view that the study of human ageing and healthcare needs of older people should form part of the undergraduate medical curriculum is supported by the World Health Organization, the Royal College of Physicians of London and the General Medical Council [1–3]. Surveys in the 1980s showed that geriatric medicine was being taught in almost all medical schools, most commonly by a compulsory attachment to a hospital-based department of geriatric medicine [4, 5].

Since then, many changes have taken place both in the way in which services for older people are provided and in the organisation of medical schools. For example, acute hospital care of older people is now integrated with general medicine, and the growth of academic departments of geriatric medicine has been stalled [6]. Furthermore, General Medical Council guidance is that student-selected components should comprise a quarter to a third of the curriculum [7].

The continuing demand for geriatricians and others required to treat the increasing numbers of older people [8], coupled with concerns that training opportunities for undergraduates have been reduced, suggested it was timely to undertake this review. We report the results of a survey of the teaching of geriatric medicine and human ageing in UK medical schools.

Methods

Three different questionnaires were sent to (i) heads of all 31 medical schools in the UK (deans), (ii) members of the British Geriatrics Society Education and Training Committee (committee members) and (iii) heads of academic units/departments of geriatric medicine (professors). Reminder letters were sent 3 months later.

For questions requiring categorical answers, the percentage for each response was calculated. For those questions that required open-ended answers, each comment and any themes arising were noted.

The survey was undertaken in October 2003.

Results

The full report is available at http://www.bgs.org.uk/Publications/Reference%Material/ref1_ugrad_survey.htm/.

Response rate

The overall response rate to the questionnaires was 64% (46/72). While 55% of deans responded, 65% of professors and 78% of committee members returned a completed questionnaire. Replies were received from 17 deans, but information regarding medical school curricula was also obtained from professors’ responses. Therefore, information is available for 23 of the 31 medical schools.

Geriatric medicine

Teaching of geriatric medicine

Responses from the deans and the professors indicate that geriatric medicine is being taught in 22 of 23 medical schools and to all students in 21 medical schools. However, in only two it being taught as a separate subject. The majority teach it with other subjects, most commonly general medicine and psychiatry. It is also taught alongside pharmacology, sociology, psychology, pathology and physiology.

The ‘integrated’ manner in which geriatric medicine is taught contrasts with the wishes of committee members and professors, 86 and 67% of whom, respectively, felt that it should be taught separately.

Geriatric medicine is being taught by people from a variety of disciplines (Table 1). This diversity of teaching staff was supported by the majority of committee members (57%) and professors (60%).

Teaching occurs at different times throughout the curriculum. Most committee members felt that it was not necessary to introduce geriatric medicine in the first year of medical school, but 29% felt it should be taught throughout the whole of the course.

A wide variety of locations are utilised. These correspond broadly to those locations thought useful by committee members with the exception of the medical school itself and general medicine wards (Figure 1).

The most common methods used for teaching include patient contact, lectures, and seminars and tutorials (94, 88 and 82%, respectively). Nearly half the schools use problem-based learning (47%). All committee members felt that both patient contact and problem-based learning should be used, but lectures less so (57%).

Table 1. The disciplines of teachers of geriatric medicine according to deans (n = 17)

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geriatricians and other physicians</td>
<td>11</td>
</tr>
<tr>
<td>General practitioners</td>
<td>9</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>8</td>
</tr>
<tr>
<td>Only geriatricians</td>
<td>6</td>
</tr>
<tr>
<td>Pharmacists/pharmacologists</td>
<td>5</td>
</tr>
<tr>
<td>Physiologists</td>
<td>4</td>
</tr>
</tbody>
</table>

More than one answer may have been given.

Figure 1. Where geriatric medicine is taught in medical schools according to deans (n = 17) and where it should be taught according to committee members (n = 14).
Assessment
Eighty-seven per cent of professors thought that every medical student should be examined in geriatric medicine. Of the medical schools from which a response was obtained, 88% examine geriatric medicine. Whilst more than half of committee members felt that it should be examined separately, only 27% of professors agreed. A variety of assessment methods were used.

Academic departments
Out of the responding medical schools, only half have academic departments (53%). The majority of these had been in existence for more than 10 years (67%), and almost all have a professor as the head of department (89%).

The responses of the deans showed that the curriculum is both organised and co-ordinated by a variety of professionals, the majority academic. Opinion was divided amongst committee members as to who should plan and co-ordinate the curriculum. Professors tended to be more involved in the planning and co-ordination of the curriculum than delivery.

Discussion
This survey provides an overview of the current status and provision of undergraduate geriatric medicine education in the UK. A response was obtained from 23 of the 31 medical schools. Although the overall response rate was reasonable, the relatively low response rate from deans indicates that a degree of caution is required to interpret the results. Nonetheless, this survey has demonstrated the present patterns of teaching in schools and the differences between what is being provided and what is considered to be ideal by geriatricians.

The number of schools teaching geriatric medicine has decreased compared with the survey in 1986 [5]. It is currently not taught in one medical school. Surveys undertaken in the 1980s also showed that it was more likely to be taught separately than now (50% of schools as compared with 12%). However, geriatric medicine is more likely to be the focus of examination now, as 88% of schools compared with 66% in the 1980s indicated that this was the case. The number of academic departments had increased between 1981 and 1986 (from 47 to 59%) [4, 5] but has now declined to 53%.

Almost all doctors will have contact with older adults. Therefore, familiarisation with key concepts is essential. Exposure to the discipline at the undergraduate level, particularly if taught well, is likely to lead to junior doctors wishing to work in what is currently the largest medical speciality. A study of American undergraduate training in geriatric medicine found that <5% of students participated in elective experiences in geriatric medicine [9]. There is a risk that increasing the proportion of the curriculum that is student selected may have the same consequences in the UK. Several studies have shown that where students are exposed to discrete modules in geriatric medicine, there is a positive effect in attitudes towards older adults [10–12]. Teachers of geriatric medicine need to be able to teach at various points in the curriculum.

There has been a tendency towards closing smaller departments in medical schools and amalgamating them into larger research focussed units [6]. In this way, departments are more likely to survive the Research Assessment Exercise. Research is important not only for the progression of the speciality but also to raise the profile to attract trainees. It is important that academics retain a high profile within the medical school to provide both academic and clinical role models for students. The results of this survey demonstrate that academic staff are heavily involved in the organisation and co-ordination of the teaching of geriatric medicine but not necessarily the front-line teaching.

Conclusion
Ageing is a major social and healthcare problem, and all indications are that it is likely to increase in the near future. This survey suggests that whilst geriatric medicine is taught to the majority of students, it is often integrated with other areas of medicine. There is potential for this to lead to a dilution in the training specific to the needs of older people. In addition, it is possible that the new method of ‘self-selection’ of modules may lead to insufficient training in geriatric medicine. Both the decline and the lack of development of academic departments are also cause for concern. The conflict between research and education might be the reason behind the lower levels of participation in teaching. There may be a requirement for one person (not necessarily a professor) to be responsible for the co-ordination of teaching of geriatric medicine throughout the whole of the curriculum, even if it is integrated, to ensure adequate training. The British Geriatrics Society has created a model core curriculum to define the basics, and this could help to shape curricula [13]. It is possible, however, that it is actually being taught more often than this survey reflects. The study could be extended further by examining the curricula at each medical school in more detail, allowing assessment of the actual content of geriatric medicine. In the meantime, placements in geriatric medicine need to be more attractive to students if they are to be ‘self-selected’ and compete with more popular specialities. It is essential that the profile of geriatric medicine is raised and the importance of the discipline demonstrated to students from the early stages of their medical careers to attract trainees to the speciality.

Key points
- Geriatric medicine is not taught in all medical schools in the UK.
- There are now fewer academic departments of geriatric medicine than in 1986.
- Given the anticipated increase in the number of older adults in the UK, the profile of geriatric medicine needs to be raised.
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Conflicts of interest declaration

None.

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