Letters to the Editor

Training in geriatric medicine in UK undergraduate medical schools

SIR—The review of undergraduate geriatric medical training by Bartram et al. is a timely evaluation, given the continued change of the care of older people in UK health and social care settings [1]. We concur that all students should be competent in the key aspects of geriatric medicine by graduation. However, one should not assume that the integration of geriatrics within curricula (rather than teaching as a separate speciality) would result in inadequate training. Similarly, the current contribution of Student Selected Components to all UK medical school courses may not be the threat to training in geriatric medicine that is anticipated.

The MBChB curriculum in Leeds allows considerable exposure to geriatric medicine across the entire course, with experience in health and social care of the elderly from an early stage, and with community/general practice placements complementing ‘traditional’ hospital-based firms [2]. Approximately, 30% of third-year students and 50% of our finalists rotate through placements incorporating dedicated geriatric medicine teaching. It is, however, possible to graduate without ever having set foot inside a medical ward for the elderly! Bartram’s survey shows that professors of geriatric medicine and postgraduate training committee members would favour teaching as a separate discipline. Geriatrics must constitute an essential part of the curriculum—but can we assess whether a lack of ‘dedicated’ teaching in a separate geriatric medicine placement confers a disadvantage? The Final MB examinations in Leeds are carefully blueprinted against curricular outcomes, and incorporate objective structured clinical examination (OSCE) stations that examine key geriatric medicine principles, e.g. Discharge planning, falls, stroke and cognitive impairment. The wealth of data generated by our OSCEs allows us to review the performance of the 50% of finalists undertaking dedicated geriatric/rehabilitation placements against those who did not. Detailed analysis is underway, but preliminary data from stations used in 2006 suggests no significant differences between the global score of both groups.

We acknowledge this may represent a failure of these stations or marking checklists to assess key principles, and that even the most reliable of OSCE stations is limited in the scope of its assessment value. However, these stations are constructed and reviewed by experienced clinicians and academics, with satisfactory levels of reliability, as measured by cronbach’s alpha. What is more likely is that such assessments are blueprinted against well-described learning and assessment outcomes in geriatric medicine (underpinning both teaching and self directed learning), whatever the clinical placement undertaken.

How can we ensure that geriatric medicine remains a key part of undergraduate education in the United Kingdom? Although we write from a ‘Leeds’ perspective, we recognise the need to embrace wider principles and goals than just separate teaching placements. Ensuring geriatric medicine is well signposted in the curriculum (to students, teachers and bodies such as the British Geriatrics Society [BGS]). This must be underpinned by clear learning and assessment frameworks. Participation of clinicians in teaching, constructing and examining OSCE stations in geriatric medicine has been a notable success in Leeds, and we welcome the role of the BGS in encouraging widespread practice.

As care for the elderly evolves, so should undergraduate education, and the final year in Leeds incorporates placements in community geriatrics, orthogeriatrics, stroke and rehabilitation medicine. Lifelong career planning—as envisaged by modernising medical careers—presents a key opportunity to influence the attitudes of students at early stages [3]. Achievement of success in this framework must be clearly demonstrable—and the use of performance data from OSCE, involvement of other health professionals in the teaching (of geriatrics), assessment and appraisal of students, and the attitudes of undergraduates—represent powerful tools in quality assuring undergraduate training in geriatric medicine for the future.

Conflicts of Interests Declaration

None

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