British Geriatrics Society

for better health in old age

A career in Geriatric Medicine

A guide for doctors considering a career in Geriatric Medicine (newly qualified/ Foundation Programme/ ST1/ST2 doctors)

About Geriatric Medicine

Geriatric Medicine is an exciting and rapidly growing specialty, in which the UK is a world leader. It's currently the largest specialty in hospital medicine, and also retains a strong academic base.

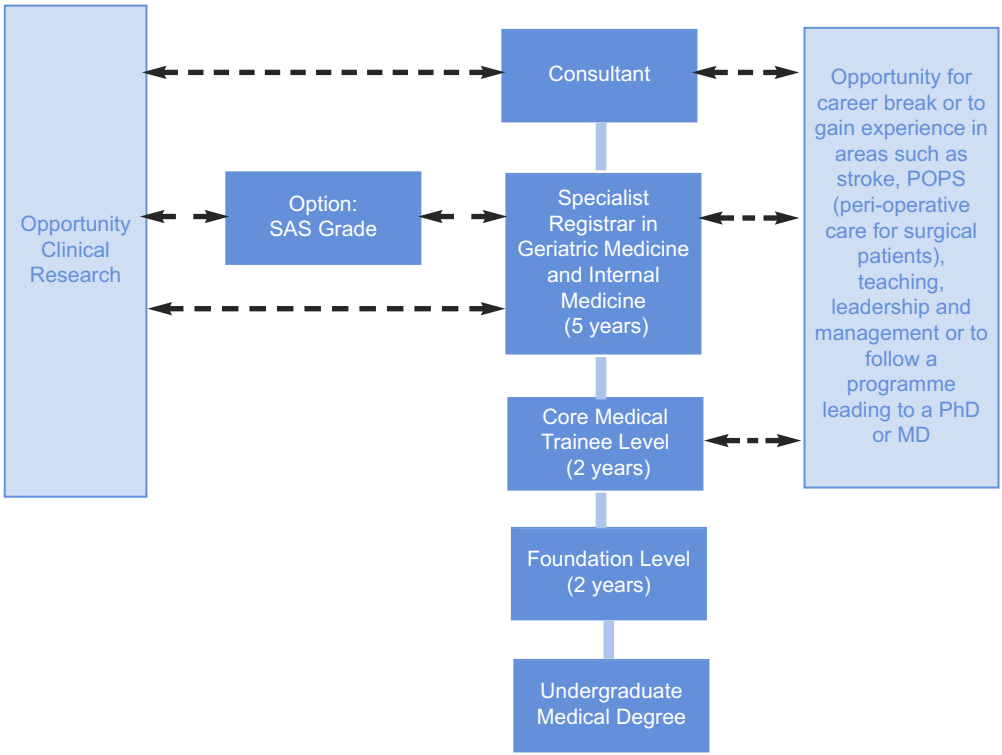
Disease in old age is often extremely challenging – combining multiple organ systems with atypical patterns of presentation and complex ethical, social, palliative and communication skills. Most geriatricians are based in hospitals and deal with acute medical illness. Geriatricians may however, also sub-specialise and do considerable work in clinic, the community and peripheral rehabilitation settings.

Academic gerontology is also an exciting and expanding area. The challenge of the successful prevention and management of age related disease processes and its social implications is a key priority in the 21st century and is acknowledged as an important focus area of the World Health Organisation strategy. Academic gerontologists are at the centre of this revolution and the field is attracting researchers and funding.

The attractions of Geriatric Medicine

- Geriatrics provides variety and challenge whilst being fun and rewarding
- Geriatric Medicine is a combination of general and specialist practice
- It is practised in varied work settings in hospital and community and has substantial scope for sub-specialisation
- There are many opportunities for research and teaching
- It incorporates collaboration with other specialties
- It involves teamwork with other healthcare professionals
- It requires collaboration with social services and private and voluntary sectors
- It has good career prospects and representation in all districts – a job where you want it
- There are opportunities for less than full time work
- It provides real rewards of making a difference to the patient and their family where others may have given up

The structure of training



After the two foundation years, trainees spend two years in Core Medical Training, rotating through a number of medical specialties and obtaining the MRCP before applying for geriatrics as their specialty of choice.

Specialty registrar training in geriatrics with general medicine takes 5 years, covering the grades ST3 to ST7.

Trainees usually rotate between hospitals on an annual basis to cover the geriatrics and general medical curricula. Sub-specialisation in stroke requires an additional year. One year of research or experience in another relevant area can count towards the 5 years of specialist training.

There are specific academic training programmes that include Academic Clinical Fellowships during core training. These lead to a period of full-time research to undertake a PhD and then to an Academic Clinical Lecturer position where trainees are able to combine clinical and academic work on a 50/50 basis. Out of programme research opportunities are also available to those doing conventional clinical training.

What are my career prospects?

Every general and teaching hospital has a Geriatric Medicine department and, at the time of writing, BGS workforce surveys have shown that all trainees obtaining a CCT have obtained consultant posts without delay. Those undertaking flexible training may secure part time posts while those with research interests may pursue academic careers. The small number who wish to cease training before obtaining a CCT have obtained non-consultant grade posts in fields including orthogeriatrics and stroke medicine.

Regardless of the financial and political climate, geriatrics is likely to continue to offer strong career prospects because:

- The population is ageing
- Geriatricians are valued in a wide range of settings with a current growth in community practice
- Geriatrics trainees also obtain jobs for which the predominant area is either acute or stroke medicine
- Community work, ortho-geriatrics and other surgical liaison are further areas of growth.

A day in the life of a trainee geriatrician

08.30	Arrive on the ward and prepare for the daily “Board Round”, where the multidisciplinary team briefly discusses all patients on the ward, checking their progress and discharge plans.
09.00	Start a ward round. Twice a week this is led by a consultant and on other days by me. We review each patient, their progress with treatment, any recent investigations and medications.
11.30	Multidisciplinary team meeting. Detailed meeting with nursing team, discharge team, OT, PT, social services and medical team. We discuss each patient in detail, reviewing their progress with medical treatments, rehabilitation goals and discharge planning.
12.30	Departmental teaching from consultants with lunch.
13.30	**General Geriatric Clinic** – cases referred to us can vary but typically could include people suffering falls, cognitive impairment or non-specific symptoms that their GP feels would benefit from a thorough assessment. **If not in clinic** - the afternoon would be spent helping out juniors on the ward, meeting with patients and their families to discuss their progress and discharge plans or reviewing patients on other wards who have been referred by other specialities.

Good reasons to choose geriatric medicine

Extracted from an interview with Dr S P Bell, SpR in Geriatric and General Internal Medicine:

WHAT MADE YOU DECIDE TO CHOOSE GERIATRIC MEDICINE?

Early in my Core Medical Training, attached to a Geriatric Team, I found the type of job that I knew I wanted. Working within a friendly team I was able to encounter a large range of medical conditions, and patients with individual needs and expectations. I was able to work with the team and the patients to solve their problems, finding the experience refreshing and highly rewarding.

I enjoyed the remainder of my Core Medical Training, but felt the other specialities I experienced lacked the comprehensive approach to care, and true multidisciplinary working that geriatrics offered. When it came to Speciality Training applications I had no doubt that Geriatric Medicine was the speciality for me!

WHAT IS THE REQUIRED MIX OF SKILLS FOR GERIATRIC MEDICINE?

I believe that to be a great geriatrician you need a passion for what you do. That is, a passion for improving the health of older people. Excellent communication is vital. A large part of the job is communicating with patients, their relatives and carers, members of the multidisciplinary team, other specialities, GPs and the wider community services. Few treatments provide rapid results within geriatrics and being patient with treatments, as well as assessments is a key skill within the speciality.

DO YOU WORK CLOSELY WITH OTHER SPECIALTIES?

There is great involvement with other specialities. The broad nature of the speciality often necessitates close working relationships with other specialities. The last few years has seen greater involvement with surgical specialities, in particular orthopaedics.

DO YOU WORK CLOSELY WITH OTHER HEALTHCARE COLLEAGUES OR GROUPS?

One of the great pleasures of working within Geriatric Medicine is the multidisciplinary team working. Many of our patients require input from physiotherapists, occupational therapists, GPs, pharmacists, social workers as well as other medical specialities.

WHAT ARE THE POSSIBILITIES FOR YOUR FUTURE CAREER PROGRESSION?

It is an exciting time for geriatric medicine. The availability of consultant positions is currently better than most other medical specialities, with new subspecialty interests being developed. Many other specialities are realising the benefit that a geriatrician could bring to their services, especially as they see increasing numbers of elderly patients with chronic complex diseases, and new collaborative roles are being developed. There is increasing interest in roles working with surgical teams, looking after older people undergoing surgery. Other developing areas include involvement of geriatricians in acute services and within Emergency Departments. The Government is keen to promote integrated care in the community and I foresee considerable opportunities for geriatricians outside the hospital environment.

WHAT ARE YOUR TYPICAL WORKING HOURS?

The normal working day is typically 9-5. Most geriatric medicine trainees dual train in general medicine so there is a commitment to on-call rota. This consists of long day on-calls (typically 12-13 hours) and night shifts acting as the medical registrar on call, leading the acute medical admissions and reviewing unwell patients on the wards. The on-commitment is hard work but, in my opinion, not overly onerous and allows for a full and active social life.

HOW MUCH ANNUAL LEAVE DO YOU GET?

28 days a year typically, rising to 32 days after 5 years working within the NHS.

ARE THERE OPPORTUNITIES FOR TRAVEL?

Experience abroad can be either clinical or research based. Geriatrics is an established speciality in many countries, and other countries, keen to realise the benefits that a geriatric service can bring, are eager to develop services.

ARE THERE OPPORTUNITIES FOR TEACHING OR LECTURING?

Geriatric medicine is now rightly considered an important aspect for undergraduate education. Therefore, there is lots of opportunity for teaching medical students, ranging from lectures to large audiences to small group bedside teaching. Geriatrics forms a large part of Foundation training and Core Medical Training, therefore teaching opportunities exist for these groups also.

ARE THERE OPPORTUNITIES FOR RESEARCH?

Geriatrics has not traditionally required a higher degree or a track record in academic research in order to progress to consultant, as it is an applied speciality which places emphasis on clinical experience and skills. There are, however, a number of internationally-renowned centres of excellence in ageing research in the UK and the number of funding opportunities for research in the arena is expanding exponentially. Basic biomedical research, social science research, health services research and first and second translational gap research related to ageing are all undergoing significant growth.

WHAT ARE THE BEST ASPECTS OF WORKING IN GERIATRIC MEDICINE?

I enjoy working with patients. Each patient has a unique story, and a unique set of problems, with their own aims for their health. Working with them to manage their health is immensely rewarding. I value the opportunities I have to work within the wider multidisciplinary team, and with other specialities. I feel that together we are able to create real impact for patients and the learning I take away from the experiences is valuable.

WHAT ARE THE MAIN CHALLENGES OF WORKING IN THE SPECIALTY?

Attitudes to geriatric medicine means that sometimes engaging other specialities can be difficult. Orchestrating complex interventions and support for complex frail elderly patients can be quite challenging, frustrating everyone when things take longer than expected. Some aspects of hospitals are not always well designed for frail patients or those with dementia.

WHAT ARE THE COMMON MISCONCEPTIONS ABOUT WORKING IN GERIATRIC MEDICINE?

Some people mistakenly see geriatrics as a depressing specialty, dealing with patients who are too confused to know what is happening, and for whom treatments are limited. I would challenge these misconceptions and explain that we see a variety of patients, spending time to resolve individual's problems, keep them well and as happy as possible.

Treating the very old we do deal with end-of-life issues regularly. Rather than finding this depressing I find it rewarding to assess patient's expectations for this phase of their life and help them to make appropriate plans. There is immense satisfaction in providing excellent end-of-life care and enabling a patient to have a "good death".

IS THERE A TYPICAL LOCATION FOR WORKING IN YOUR SPECIALTY?

Most geriatric medicine is carried out within the hospital setting. The traditional location would be a ward dedicated to geriatric medicine, with dedicated outpatient clinics. Community roles exist which involve working in clinics in community settings, reviewing patients in their own homes and visiting care homes to review patients.

WHAT ADVICE WOULD YOU GIVE TO SOMEONE CONSIDERING A CAREER IN GERIATRIC MEDICINE?

Spend some time with your local geriatric team. Speak to lots of people in the speciality (most people working in the speciality are very friendly). There are resources available on the internet. The British Geriatrics Society (BGS) publishes a guide to the speciality which goes into more detail. The BGS also publishes a blog related to different aspects of geriatrics which may give more of a flavour of current issues within the speciality and a sense of whether it may be the right speciality for you.

[Geriatric Medicine] is a "whole person" specialty. Based on a solid infrastructure of general medicine, it involves consideration of psychological, social and spiritual dimensions, together with functional and environmental assessments. A geriatrician needs to be aware of legal aspects - capacity and consent, human rights, guardianship; and ethical conundrums, such as when to investigate or treat.

Professor Graham Mulley: A Career in Geriatric Medicine (BGS Newsletter - August 2007)

Find out more about geriatric medicine

Geriatric Medicine has been described as "general medicine with kindness." It is one of the few areas in hospital where you will get to see patients with myocardial infarctions, GI bleeds, sepsis, malignancy, renal failure as well as the "geriatric giants"

It might also be described as "good general medicine, with the patient at its heart." In many areas of medicine, treatment is protocolised and standardised. But, what do you prescribe for the 80 year old lady with postural hypotension, falls, chronic kidney disease and a previous GI bleed? What about the 90 year old man with relatively few comorbidities that walks for miles every day? Standard protocols or pathways don't work in such a diverse population. You have to make an individual decision for an individual patient, where there may not be an "answer" as to what to do. Trying to make the best decision in these circumstances is at the heart of Geriatric Medicine. Making such decisions and discussing these issues with patients and relatives is what I enjoy.

Sean Ninan writing for the BGS blog
(http://britishgeriatricssociety.wordpress.com/2012/10/28/why-geriatrics/)

Visit: **www.bgs.org.uk** or **http://bit.ly/BGSblog**

Follow the BGS on Twitter **@gerisoc**

Join the BGS **http://bit.ly/JoinBGS**

The British Geriatrics Society (Registered Charity No. 268762)
Marjory Warren House, 31 St John's Square, London EC1M 4DN
Tel: 020 7608 1369 Fax: 020 7608 1041 Email: pr@bgs.org.uk
Website: www.bgs.org.uk