

Academic Training in Geriatric Medicine

Academic training

SpRs training in Geriatric Medicine are expected to have protected time throughout their training for academic purposes. Commonly these are called “research half days”. Using this time properly is sometimes a concern for both trainees and trainers despite recent guidance by the SAC on research training (http://www.jchmt.org.uk/geriat/update_geriatric.pdf). This document gives yet further clarification. This document has “Academic training” in its title rather than “Research training”: this is deliberate. Academic activity is scholarly activity, and includes research and teaching. The word “academic” has come into common usage to be used dismissively to refer to activity that is unimportant, irrelevant, impractical or pedantic. However, in its true sense, academic activity requires the collection of fact rather than prejudice, and clear reasoning to make deductions based on logic. Academic activity requires several skills to be acquired:

- Information Technology, including the use of libraries, electronic resources and search technologies
- How to acquire new information so that deductions can be drawn from it
- How to analyse new information
- How to present and disseminate the findings of enquiry

These skills are needed in a modern NHS where slogans and treatment fashions still abound, to deliver evidence based practice, but also to teach and train, to develop services and to assure the standards of services.

Recommendations

- 1 Every Specialist Training Committee should have a member who has responsibility for academic training.
- 2 Academic training needs should be discussed with educational supervisors at the earliest opportunity in the SpR’s career, with concrete plans put in place immediately for training and to perform one or more such activities. Where the educational supervisor is not academically active and formal research is in the trainee’s best interests, the trainee should be directed to an appropriate academic/research mentor.
- 3 A benchmark of 2 half-days per week for academic activity is recommended.
- 4 Academic half-days can be used in several fruitful ways:
 - a. Planning, implementing and writing up a research project under appropriate supervision. The transferable skills that could be acquired include: writing a grant application, managing the finances of a research project, supervising other staff, project management, learning a specific technique or procedure, database preparation, data entry, data analysis, data interpretation, oral and written presentation.
 - b. Performing high quality clinical quality assurance or development activities. These include the completion of a closed-loop audit cycle, participation in the development of guidelines or in the evaluation of local changes to service structure or process. These activities require exactly the same skills as is needed to do a research project. Deductions drawn from audit activity are no less dependent upon the data from which they are drawn than in research. Statistical theory applies equally in audit as in research.
 - c. studying for a higher degree. This could include a taught MSc (in Medical Education, Health Policy, Health Services Research, Gerontology, Ethics, etc), a research Master’s degree (each usually equivalent to one full year’s study) or even a MD/DM or PhD. The latter degrees usually require three years of full time study or the equivalent, and usually require some time out of programme to complete, as only one year of research activity can usually be counted as training.
- 5 The test that academic training has been achieved is through the production of measurable outputs. The standard set in research is that the work should lead to one or more publications in peer reviewed journals. Achieving this standard implies that the work has contributed new knowledge, and has achieved a national or international level of quality. It is this aspiration towards high quality that is important for the development and maintenance of professionalism in a Consultant, and hence the appropriate level to be attained during training. Similarly work presented as a higher degree also has to undergo considerable scrutiny before a degree is awarded. There are several journals in which

quality assurance and service development activity can be published, and forums such as the Clinical Practice and Evaluation section of the British Geriatrics Society can also be used. Examples of satisfactory performance include one or more of the following:

- a. Presentation of at least one abstract (oral or poster) at a local or national BGS (or other specialty society) meeting. Meetings where abstracts are peer reviewed, and often published, are preferred
 - b. Publication of original research, systematic or Cochrane reviews, case reports, literature reviews or audits in peer reviewed journals
 - c. Participation in the publication of clinical guidelines or their evaluation
 - d. Award of a higher degree
- 6 Assessment of these outcomes will be through the RITA process. Progression through the training programme may be delayed until satisfactory evidence of the achievement of learning outcomes is provided. It is expected that trainees will have clear plans for their first learning outcome during their first SpR year, and that a minimum of one such outcome be completed by the end of the second year in training. Further milestones will be tailored to individual trainee's needs. The previously published Research Appraisal Form is also suitable to monitor academic activities other than research (http://www.jchmt.org.uk/geriat/update_geriatric.pdf).
 - 7 In each region, one or more annual academic presentation day(s) for trainees and their supervisors, or equivalent, is recommended.
 - 8 Flexible arrangements are encouraged that allow a greater or lesser intensity of academic activity to be pursued at different stages in the trainees' progression. It may be appropriate for trainees to do more or less than the average at different times. Periods of training where little or no academic activity, and periods with an above average amount of academic activity should be agreed with the educational supervisor, academic/research mentor (if different), clinical supervisor, trainee and the training programme director.
 - 9 It is expected that the trainee will pass his/her bleep to a colleague during these sessions, and reciprocal arrangements between trainees is expected. If the trainee plans to be outwith the hospital, the educational supervisor must be informed of their whereabouts.
 - 10 Should problems with release for half-day academic activity occur, the first port of call for the trainee should be the educational supervisor, but where this is not fruitful, direct appeal to the relevant training programme director should be made. Such appeals should be made as soon as a pattern of problems with release become apparent. Equally, the trainee must be aware that he or she will need to balance their commitment to academic activities alongside their clinical responsibilities, and certain eventualities will require a professional and responsible attitude to be taken that may preclude the taking of an academic half day (eg unexpected colleague absence, sick patients to care for, etc). It is expected that such conflicts will be occasional rather than frequent or routine.
 - 11 Time reserved for academic activity should not be used simply to develop greater clinical experience, procedural skills, or to pursue special clinical interests. Evidence of satisfactory (or exemplary) performance in these areas will not be acceptable in lieu of academic outputs as listed in point 3 above. Academic training is a core training requirement for a SpR.
 - 12 The two academic half days will not usually be taken in weeks when Regional Training Days take place. Note that Regional Training Days are included in the 30 days annual allowance for study leave but the academic sessions are not.

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