COMMUNITY GERIATRICS TRAINEE SURVEY:

THE RESULTS

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BGS Autumn Meeting 2019

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OVERVIEW

- Why did we do it?
- Geriatric Medicine Curriculum requirements
- How did we do it?
- Results
- Limitations
- Conclusion
- What next?

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WHY DID WE DO IT?

- My personal interest
- BGS SiG
- Establish current trainee experience in Community Geriatrics
- Establish what training opportunities are available in different deaneries
- Influence changes in the curriculum

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NHS LONG TERM PLAN

- Fully integrated community-based healthcare
- MDT working
- Enhanced health in care homes

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CURRICULUM REQUIREMENTS: CORE GRID

' Community Practice including Continuing Care, Respite and Intermediate Care'

To have the knowledge and skills required to assess a patient's suitability for and deliver care to older people within intermediate care and community settings, working with multidisciplinary teams, primary care and local authority colleagues

Specific Learning Methods
Attachment to Intermediate Care and Community Schemes
Visits to Care Homes and Continuing Care Hospitals
Visits to Community Services
Attendance at a Continuing Care Assessment Panel
Short attachment to Primary Care

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CURRICULUM REQUIREMENTS: HIGHER LEVEL GRID

'Intermediate Care and Community Practice'

To be able to confidently diagnose and manage ill or disabled older people in intermediate care or community settings for those with a special responsibility for this type of care

Specific learning methods
Experience (minimum 4 months full time or equivalent part time)
Sessional or full-time attachment with intermediate care services at home or in institutional settings both at nursing and residential levels
Leading a MDT for at least 10 meetings, leading at least 5 complex case conferences and undertaking solo at least 10 home visits to assess older patients
Attachment to a primary care team and consultant geriatrician with a special responsibility for community and intermediate care
Attachment to a public health service or commissioners organising and funding care for older people including that in community settings
Accompany a community geriatrician or GP (or both) on proactive planned visits to care homes (minimum 10 visits)

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HOW DID WE DO IT?

- Survey design
- Distribution:
  - BGS Trainee Bulletin
  - Twitter
  - Email through Specialty Training Committee reps and Training Programme Directors
- Open for 6 weeks

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RESULTS DEMOGRAPHICS

- 707 + trainees across England, Wales, Scotland and NI
- 187 responses
- All deaneries represented
  - Range of responses 3-26
- Good representation from all stages of training
  - About 20% from each year ST3-7

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HAVE YOU DONE ANY COMMUNITY GERIATRICS DURING YOUR TRAINING SO FAR?

Yes – 60% **No – 40%**

Breakdown by training year:

- ST3 – 21%
- ST4 – 34%
- ST5 – 55%
- ST6 – 83%
- **ST7 – 100%**

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HAVE YOU DONE A COMMUNITY GERIATRICS PLACEMENT DURING YOUR TRAINING SO FAR?

Breakdown by Deanery

Northern Ireland	100% (3)
Scotland	85% (22)
Yorkshire & Humber	79% (15)
East of England	75% (3)
Thames Valley	71% (10)
Peninsula	67% (4)
North East	60% (3)
Wessex	58% (11)
West Midlands	56% (5)
KSS	54% (14)
North West	50% (7)
Severn	50% (4)
London	38% (5)
East Midlands	35% (6)
Wales	25% (1)

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WHAT DID YOUR EXPERIENCE INVOLVE?

'2 x 6 month placements full time'

'Weekly session in intermediate care'

'One weekly session home visits, one weekly session community hospital ward round'

'Full time for 12 months but done at 60% as LTFT'

- ull time placement 48%
  - Length ranged from 4 weeks to 12 months
  - Some LTFT
- Regular timetabled sessions 34%
  - 1- 3 sessions per week
- Occasional session 26%

'One session – organised by myself'

'Monthly half day care home visits'

Timetabled one morning a week for 6 months – didn't do it that often due to ward commitments, on calls and leave'

ined on-call duties so community days limited by this

uties prioritised

'On a Tuesday when not on call'

'3 sessions a week around GIM rota'

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WHAT DID YOUR EXPERIENCE INVOLVE?

Rehab/community hospital ward round	65%
Community MDT hub/ Virtual Ward meetings	53%
Care home work (medical reviews/advanced care planning)	51%
Domiciliary visits with a Consultant	44%
Domiciliary visits with other MDT professional	44%
Domiciliary visits alone	31%
Domiciliary visits with GP or GPwSI	7%

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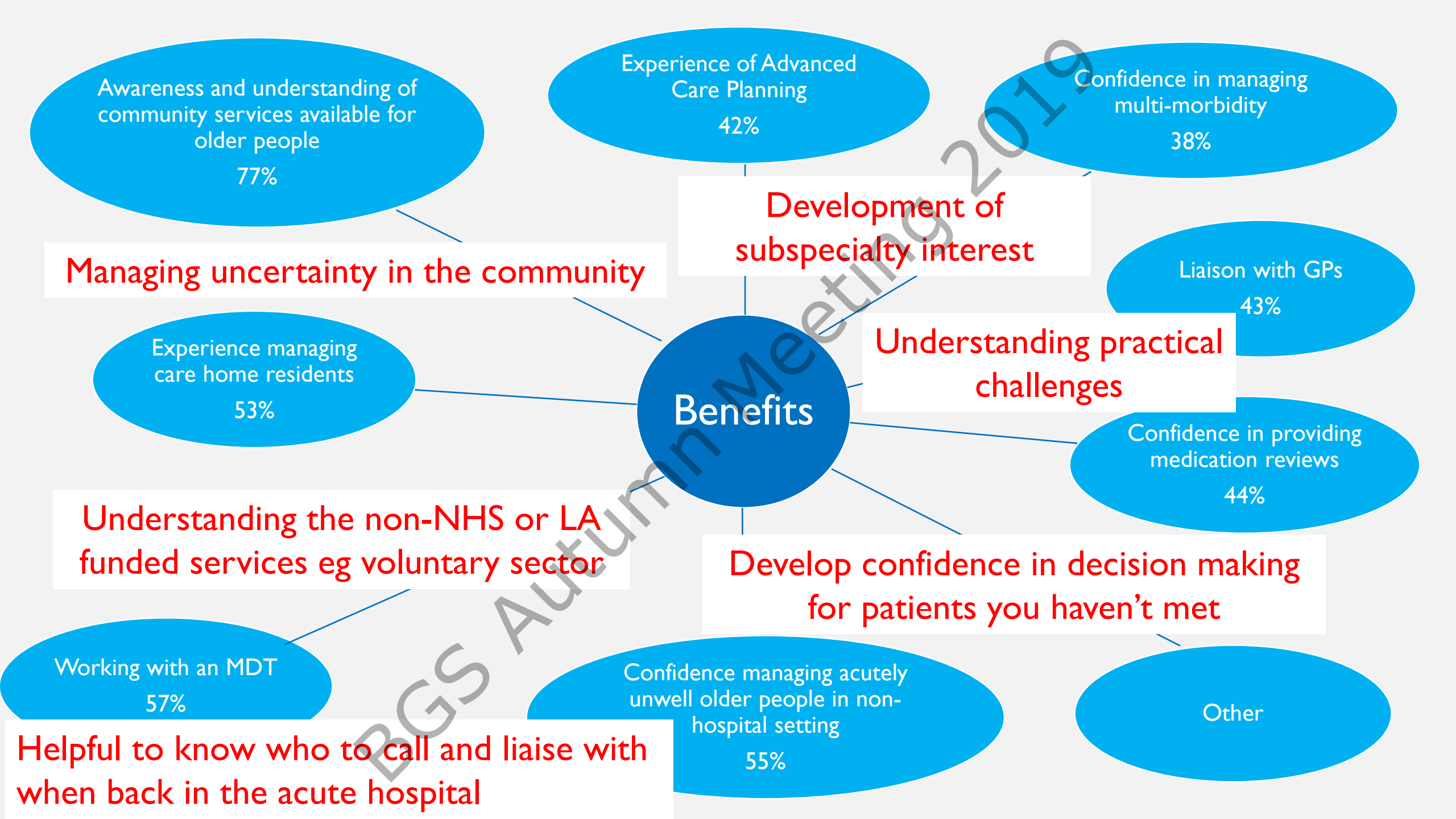

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WOULD YOU CONSIDER A CONSULTANT JOB WITH SOME SESSIONS DOING COMMUNITY GERIATRICS?

- Yes – full time Community Geriatrics 5%
- Yes – part time Community Geriatrics; part time acute hospital 60%
- No – Full time acute hospital 23%
- Other 12%

ST7 responses:

- Full time Community Geriatrics 0
- Part time Community Geriatrics; part time acute hospital 60%
- Full time acute hospital 32%
- Other 8%

'Not enough exposure'

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LIMITATIONS

- Difficulties accessing all trainees
  - GDPR
  - Reliant on TPDs/STC reps to distribute
- Survey fatigue
- Differences in opinion of what people consider to be Community Geriatrics
- Completion bias

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CONCLUSION

- Lots of great opportunities and training already happening, but it is patchy
- In the final year of training:
  - 45% haven't been to a care home
  - 16% haven't been on a home visit
  - 14% have only done rehab/Community hospital ward rounds
- Acute hospital and on-call commitments are prioritised
- Current curriculum does not mandate provision of good training in community geriatrics
- It is possible to CCT in Geriatric Medicine having spent minimal time outside an acute hospital

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CONCLUSION

- We need to inspire future generations of geriatricians
- How are we going to achieve what is set out in the long term plan with current training?
- Patients want to be seen by someone who understands what is important to them, who knows what services are available for them and who have the experience to manage their advancing frailty outside of the hospital environment

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WHAT NEXT?

- Revise the curriculum
  - Higher Grid should be Core
  - Minimum time defined
- Community Geriatrics should be recognized as a key part of geriatric training and should not be second best to acute hospital training

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THANKS

- BGS
- STC reps
- TPDs
- Claire Copeland

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