



British Geriatrics Society
Improving healthcare for older people

BGS

A career in geriatric medicine



www.bgs.org.uk





About geriatric medicine

Geriatric medicine is an exciting and rapidly growing specialty in which the UK is a world leader. It is currently one of the largest specialties in hospital medicine, and retains a strong academic base.

Providing healthcare to older adults is often extremely challenging. Patients often have multiple long-term conditions, and present to healthcare in atypical ways. Their care is defined by complexity. Doctors need to be highly competent communicators with knowledge of medical ethics, social care and palliative medicine. Most geriatricians are based in hospital and deal with acute medical illness but many geriatricians sub-specialise and do considerable work in clinic, the community and peripheral rehabilitation settings.

Academic gerontology is an exciting and expanding area. Research opportunities range from biogerontological research looking at interventions to modify or reverse the frailty trajectory, through to applied health services research considering how to care best for older people with complex conditions in a health and social care sector defined by constrained resources. Funding opportunities have expanded considerably within recent years and competitive Academic Clinical Fellowship and Lectureship posts in geriatric medicine are available in a number of world-leading centres based in the UK. International research collaborations around ageing are increasingly well developed and there are increased opportunities for academic geriatricians to travel as part of their work.





Why geriatric medicine?

There are many reasons people choose to pursue a career in geriatric medicine. Working to improve the health of older adults provides numerous opportunities and rewards.

- Geriatric medicine 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 the 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 multidisciplinary healthcare professionals.
- It requires **collaboration** with social services and private and voluntary sectors.
- It has good **career prospects**, and geriatricians work in every acute trust in the UK. There is likely to be a job for you, wherever 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.

“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, Emeritus
Professor in Geriatric Medicine,
University of Leeds



The structure of training

After the two Foundation years, trainees spend three years in internal medicine training (IMT), rotating through a number of medical specialties and obtaining the MRCP before applying for geriatric medicine as their specialty of choice.

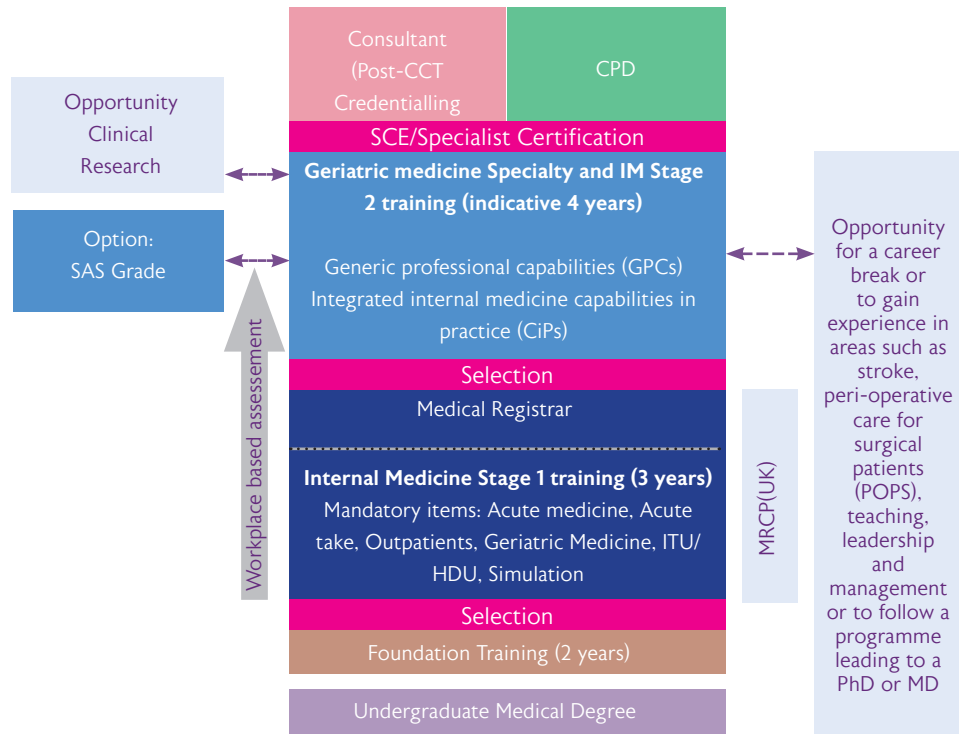
Specialty registrar training in geriatric medicine with general medicine takes four years, covering the grades ST4 to ST7.

Trainees usually rotate between hospitals on an annual basis to cover the geriatric and general medical curricula. Full sub-specialty accreditation in stroke medicine requires an additional, optional, year as a stroke fellow.

One year of research or experience in another relevant area can count towards the four 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, usually on a 50/50 basis.

Out of programme research opportunities are also available to those doing conventional clinical training.



Good reasons to choose geriatric medicine

An interview with **Dr S P Bell**, who, at the time, was an SpR in Geriatric and General Internal Medicine

What made you decide to choose geriatric medicine?

Early in my Internal Medicine Training (IMT), attached to a geriatric medicine 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 Internal Medical Training, but felt the other specialities I experienced lacked the comprehensive approach to care and true multidisciplinary working that geriatric medicine offered. When it came to Specialty Training applications, I had no doubt that geriatric medicine was the specialty 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 geriatric medicine and being patient with treatments as well as assessments is a key skill within the specialty.

Do you work closely with other specialities?

There is great involvement with other specialities. The broad nature of the specialty often necessitates close working relationships with other specialities. The last few years have 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 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 for most other medical specialities, with new sub-specialty 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 older patients with chronic complex diseases, and new collaborative roles are being developed. There is increasing interest in roles working with surgical teams to provide care for older people undergoing elective or emergency procedures. 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 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.

Are there opportunities for travel?

Experience abroad can be either clinical or research based. Geriatric medicine is an established specialty 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 are lots of opportunities for teaching medical students, ranging from lectures to large audiences to small group bedside teaching. Geriatric medicine forms a large part of Foundation Training and Internal Medical Training (IMT), so teaching opportunities exist for these groups too.

Are there opportunities for research?

Geriatric medicine 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 specialty 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.

What are the main challenges of working in the speciality?

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

What are the common misconceptions about working in geriatric medicine?

Some people mistakenly see geriatric medicine 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, keeping them as 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 patients' 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 speciality?

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, meeting 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 medicine 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 BGS also publishes a blog related to different aspects of geriatric medicine 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. Membership of the BGS is free of charge for medical students and Foundation Year doctors.

Find out more about a career in geriatric medicine and hear from like-minded medical students and trainees by visiting our medical students' page at www.bgs.org.uk/medical-students





BGS

Have you heard about

FREE BGS membership for medical students?

Membership of the British Geriatrics Society is open to all medical students, and Foundation Year doctors based in the United Kingdom and is completely FREE!

Joining the BGS gives you access to a range of professional support and benefits, including:

- Discounted fees for BGS events, and opportunities to attend events for free via grants or volunteering
- The chance to network with other specialists and experts in the care of older people
- Membership of various Special Interest Groups within the society that focus on specific conditions, at no extra cost
- Access to best practice guidance on topics such as diagnosing and treating frailty or commissioning services for care homes
- A regular newsletter, e-bulletin and blog to keep you updated on the latest news and events.

Join the British Geriatrics Society (BGS), the professional body of specialists in the healthcare of older people in the UK. Visit our website at www.bgs.org.uk