Geriatric Psychiatry in Canada; Past, Present and Future

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Learning Objectives

• Describe the process that led to the creation of the subspecialty of geriatric psychiatry in Canada
• Discuss the development of accredited subspecialty training programs in Canada
• Explain the design of the geriatric psychiatry subspecialty exam and eligibility to write it
History of Subspecialty Development in Canada


2000-2009: Core Competencies for General Psychiatrists

2009+: Subspecialties
Early Developments

Core Competencies for General Psychiatrists

Subspecialties

Early Developments

1978-1999

2000-2009

2009-
Early Developments in Canada

• 1951 - Canadian Psychiatric Association (CPA) established as National Specialty Society for Psychiatry (currently, 4700 members)

• 1970 – Child psychiatrists approach Royal College of Physicians and Surgeons of Canada (RCPSC) about formal subspecialty recognition

• Emergence of National Specialty Societies for subs:
  - 1980 – CACAP (Child)
  - 1989 – CAPL (Forensic)
  - 1993 – CAGP (Canadian Academy of Geriatric Psychiatry) (currently 220+)

• 1994 – Council of Academies established by Canadian Psychiatric Association (CPA) in support of subspecialty development
Traditional Subspecialty “Training”

- Psychiatry residency: “sufficient exposure” required (usually 3 months)
- Many residents used elective time for subspecialty training
- “subspecialists” finished in 5 years, then sought recognition by joining respective academies
- Some did informal “fellowships” (1-2 y)
- No consistency of training for a subspecialized practice
Geriatric Path at RCPSC

• More than 32 countries worldwide have subspecialty recognition for Geriatric Psychiatry (Camus et al, 2003)

• Unsuccessful attempts at RCPSC
  – 1991
  – 1996 *

* moratorium declared on subspecialty applications
Ready, Set...

• 1998 – LeClair and Sadavoy “Geriatric Psychiatry Subspecialization in Canada: Past, Present and Future”

• 1999 – Cole “Progress in Geriatric Psychiatry in Canada”

• 2004 - Herrmann “Geriatric Psychiatry in Canada: a Subspecialty Whose Time has Come”
Ready, Set....No!

- Applications for all 3 Psychiatry subspecialties rejected in 2000

- College stressed the need to first define core competencies for generalists to better delineate subspecialties
Core Competencies for General Psychiatry

2009-
Subspecialty

2000-2009
Core Competencies for General Psychiatrists

1978-1999
Early Developments
Process to Identify Essential Components of Generalism in Psychiatry

2002 - CPA establishes a working group for a National Strategy on Postgraduate Education Working Group (NSPGE)

2004 - “Shifting Culture by Consensus” – General psychiatry “content of training” national survey

- Majority favour training in primary specialty first, with subsequent subspecialization
- 69% affirmed need for flexibility of training depending on prior experience
- 64% - standard duration should be 1 year

2005 – Development of expertise in education – eg. S.Lieff leads development of USA core subspecialty competencies
New Objectives of Training in Psychiatry: Purposeful Generalism

2007 – New competencies accepted by RCPSC include:

• Lifespan approach

• Mandatory 6 months training in both child & geriatric psychiatry in junior years

• Levels of competence defined and linked to objectives of training
Levels of Competence for Royal College Training in Psychiatry

- Knows
- Knows How
- Shows how
- Does

- Introductory Knowledge
- Working Knowledge
- Proficient
- Advanced
- Expert
Levels of Competence in Geriatric Psychiatry

**General psychiatrist**
- **Introductory Knowledge:** recognition
- **Working Knowledge:** (WK) - basic skills /attitudes
- **Proficient:** WK+ integration

**Geriatric Psychiatrist**
- **Advanced:** complex cases, teaching, service planning, scholarship
- **Expert / Master:** lifelong experience
Generalism Across the Lifespan

- Leverette J, Hnatko G, and Persad E (eds.) Approaches to Postgraduate Education in Psychiatry in Canada: What Educators and Residents Need to Know
Subspecialty Era

2009-

2000-2009
Core Competencies for General Psychiatrists

1978-1999
Early Developments:

Subspecialties
Pathway to Subspecialty Recognition:

• 2007 – Part I submissions from all 4 Academies (incl. Psychosomatic Medicine) to RCPSC for subspecialty recognition

• Does Geriatric Psychiatry meet the definition of a subspecialty?
RCPSC Criteria for a Subspecialty

• Societal Need
• Distinct body of knowledge and specific expertise
• Academic depth
• Sufficient numbers and infrastructure
• Distinct from existing specialties
Pathway to Subspecialty Recognition:

2007 – Part I submissions:

• Child & Adolescent, Forensics : Approved
• Geriatriocs : Major Clarification
• Psychosomastics: Declined
Pathway to Subspecialty Recognition:

• 2008 - Part I Clarification accepted

• 2009 - Part II Accepted, 3 Psychiatry subspecialties approved by RCPSC Council
Subspecialist Roles
(Advanced Level Competency)

• Common – Complicated – Complex

• Resource
  • Education
  • Capacity enhancement
  • Policy and service development

• Advocacy

• Research
Development of Accredited Programs

• 2011 Royal College call for applications

• 3 Universities accredited in 2012

• 11 Universities accredited by 2016

• Graduates
Process

• Program Director

• Residency Program Committee

• Application needs to be completed
Challenges

• Protect time for Program Director
  – Application is time consuming

• Funding residency positions
  – No added provincial or federal financial support

• 2 year program
  – PGY5 + PGY6 ?
  – PGY6 + PGY7 ?
• Who is responsible for the PGY5?
  – 5<sup>th</sup> year resident

• PGY5 resident may have certain requirements

• Accepting residents from another university

• Ensuring capacity to train
Exam parameters

• Goal - accredit existing practitioners and distinguish incompetent practitioners
• Practice based exam
• Short answer questions
• 3 or 6 hours long
• Fall of 2013
Exam development & implementation

- Create exam committee
- Develop blueprint
- Train to create SAQ’s
- Create and review SAQ’s
- Set exam and pilot
- Translate
- Implement
- Mark
Create exam committee

- English/ French Co-chairs
- 8 members – geographic representation of the country
- Pre-meeting
  - survey of key features of their practice
  - online training re writing SAQ’s
- First committee meeting 2011
  - Blueprint development (key features data)
  - SAQ question training: draft → answerless
    review → redraft
- 3 hour exam
Question development process

1. 2 teams
2. Questions assigned to individuals  
   (in area of expertise)
3. Answerless review by team mates
4. Question redrafted
5. Teleconference - questions  
   a. reviewed
   b. revised
   c. banked
6. Exam set – answerless review, revised, translated
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6. Exam set – answerless review, revised, translated
Who is practice eligible to write the exam?

- Certification in psychiatry
- Scope of practice that meets the criteria set by specialty committee
- Successful Comprehensive Competency Report (CCR)
Who is practice eligible to write the exam?

• RCPSC wants proof of training
  → too much variability in practitioners to require this

• 2012 - 2016 only
  → must provide evidence of unaccredited training

• Ineligible after 2016
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182 Accredited specialists
19 Founders
Resources


• Leverette J, Hnatko G, and Persad E(eds.) (2009) *Approaches to Postgraduate Education in Psychiatry in Canada: What Educators and Residents Need to Know*. Ottawa: Canadian Psychiatric Association

• RCPSC Geriatric Psychiatry Documents
  Training Requirements, Exam information, Objectives and Standards of Training found at [www.royalcollege.ca](http://www.royalcollege.ca) / information by discipline / select subspecialty of geriatric psychiatry

  Practice Eligibility information found at [www.royalcollege.ca](http://www.royalcollege.ca) / Credentials, examinations and accreditation / credentials and exams get started / credentials and routes to certification / practice eligibility route for subspecialists / click on “step 1: application:” / select geriatric psychiatry drop down