This is a joint statement of the Faculty of Old Age Psychiatry, Royal College of Psychiatrists (UK; RCPsych) and the Faculty of Psychiatry of Old Age, Royal Australian and New Zealand College of Psychiatrists (RANZCP).

The RCPsych and the RANZCP are committed to ensuring that the specialist old age psychiatry workforce and the training of this workforce reflect the needs of the people being cared for, both in terms of their physical presenting problems and who they are as individuals. Training is continually being updated and reshaped to reflect this. Across the world, populations are ageing rapidly. An understanding of what these populations need and how this should be provided, must sit at the heart of care in order to maximise positive clinical outcomes and quality of life. Maximising quality of life is, in many senses, the ultimate aim of care and support. We must also ensure that when we do provide care and support we do so in an empowering and enabling way.

Background

Populations are aging worldwide and although many persons are reaching late life in better health than past generations, they are also living longer with disabilities. It is expected that these demographic changes will result in the burden of mental disorders in late life increasing in coming years. There will need to be a skilled old age psychiatry workforce available with the appropriate knowledge and attitudes to address this inevitable demand. As dementia is expected to be the leading cause of death and disability in the Western world by 2050 there is a pressing need for undergraduate medical training to expand teaching in aged psychiatry, and for the psychiatry of old age to become a core component of both general practice and geriatric medicine curricula.

This joint statement focuses on workforce and training issues and is guided by the principles espoused in the 1998 World Health Organization (WHO) Technical Consensus Statements on Psychiatry of the Elderly. The intent is to outline the broad agreement between the RCPsych and RANZCP Faculties of Psychiatry of Old Age on key parameters and to facilitate cooperative initiatives in workforce and training.

Key principles

1. Old age psychiatry is the field of psychiatry that specialises in the mental health of older people. Although in many jurisdictions the age in years is used to determine the boundary between adult psychiatry and old age psychiatry, there are circumstances where this age might vary. For example, a younger age might be appropriate within some cultural groups or for persons with younger onset dementia while an older age might be appropriate for persons with chronic mental disorders being managed long term by an adult service.

2. Both aging and the presence of medical comorbidities alter the epidemiology and the clinical presentation of various mental disorders compared to younger adults. This impacts significantly upon the appropriate treatment and care of older persons with mental disorders, requiring the effects of physical comorbidity and altered pharmacokinetics to be considered. Specific skills, knowledge and attitudes are required in a psychiatrist in order to provide best practice assessment, treatment and care for older people.
3. The training of all psychiatrists should include specific modules related to old age psychiatry including a training rotation within a dedicated old age psychiatry service.

4. The training of old age psychiatrists should be of sufficient duration to enable trainees to demonstrate competency in core areas of old age psychiatry. These include but are not limited to demonstrating:
   - knowledge of aging and age-related mental and physical disorders
   - knowledge of psychological, social, cultural aspects of aging
   - knowledge of, and ability to apply, relevant policy and legislation in the care of older people
   - knowledge and skills to interpret and generate the research evidence base for old age psychiatry practice
   - skills to conduct a comprehensive psychiatric assessment in an older person and their carer(s)
   - skills to develop and implement appropriate evidence-based interventions in collaboration with the older person and their carer(s) that take into account their life history, cultural values, needs and strengths
   - interpersonal and communication skills that result in effective and empathic information exchange with consumers and carers and collaboration with all stakeholders
   - ability to work effectively and take a leadership role within a multidisciplinary team and in private practice
   - positive attitudes towards older people and their care
   - adequate skills in the management of behavioural and psychological symptoms in dementia (BPSD)
   - the appropriate use of pharmacological and non-pharmacological interventions in patients aged 65 years and over.

5. The key competencies of Faculty subspecialty training requirements should aim to be compatible and as equivalent as possible to facilitate mutual recognition of subspecialty (Specialist/Advanced) training between the colleges and countries.

6. Every region within a country should have equitable access to old age psychiatrists as part of a comprehensive multidisciplinary old age psychiatry service. Gaps in rural and regional areas of each country already exist and are likely to worsen with demographic changes associated with the aging of the population.

7. Recruitment and retention of the old age psychiatry workforce is crucial. There is a need to identify incentives and barriers to recruitment, training and retention in each country at undergraduate, postgraduate and mid-career levels.

8. The Faculties recognise that workforce development and retention will be enhanced by opportunities to work in each other’s jurisdictions. To this end the Faculties undertake to encourage and support old age psychiatry job exchanges, temporary appointments and sabbaticals between UK and Australasia, at both academic and clinical levels.

9. The Faculties support and encourage the recruitment, training and retention of health workers into other disciplines involved in old age psychiatry services including, but not limited to, nurses, psychologists, social workers and occupational therapists.
Reference

Disclaimer
This information is intended to provide general guide to practitioners, and should not be relied on as a substitute for proper assessment with respect to the merits of each case and the needs of the patient. The RANZCP endeavours to ensure that information is accurate and current at the time of preparation, but takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.