THE DIPLOMA IN GERIATRIC MEDICINE

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The Diploma in Geriatric Medicine (DGM) is one of two diplomas awarded by the Royal College of Physicians of London, the other being the Diploma in Tropical Medicine and Hygiene (DTM&H). It is available to all registered doctors. The DGM examination is designed to give recognition of competence in the provision of care of older people to general practitioner vocational trainees, middle grade doctors working in non-consultant career posts in departments of geriatric medicine, and other doctors with interests in or responsibilities for the care of older people. This latter group includes doctors involved in old age psychiatry. The diploma in particular provides an opportunity to review and consider all aspects of the care of older people and to be recognised as having such knowledge. The DGM Board suggests this is particularly important at a time when the proportion of very elderly people in the population is rising dramatically. Hence it is an excellent addition to the career development of an old age psychiatry trainee or those in old age psychiatry non-consultant career posts (or even consultants!) as well as providing an in depth understanding of the major disorders in geriatric medicine which we routinely see in our patient group. The minimum eligibility requirement for the DGM written examination is 2 years’ post-qualifying experience prior to the date of the written examination, or candidates who have had 4 months’ experience in a geriatric medicine post in a hospital or in another post (e.g. as a GP) in which they see a lot of older patients. Overseas doctors who fulfill the entry requirements are encouraged to sit the examination but are made aware that, as the examination may include questions relating to health and social care systems in the UK, and the syllabus requires knowledge of the Mental Capacity Act.¹

The exam format
The exam consists of written and clinical parts. The written examination must be passed before proceeding to the clinical examination. A candidate has two years after passing the written exam to pass the clinical, but if they fail to do so in that time, they are required to re-sit the written examination again.

¹ There is not currently a Scottish DGM.
**Part 1 – Written Examination**
There are 100 ‘best of five’ questions covering the published syllabus of geriatric medicine, community care of older people and problem-solving of clinical and social dilemmas. Importantly, the questions are not designed to catch candidates out nor to test obscure aspects of geriatric medicine (and sitting on the examination Board I can confirm the emphasis is indeed on testing knowledge of commonly occurring problems). The written examination is three hours long. Sample questions can be accessed from the DGM website below. The written examination seeks to assess an understanding of medical knowledge as it relates to the physiology of ageing and the diagnosis and treatment of the older person. It includes common clinical areas such as falls, incontinence, pressure ulceration and osteoporosis, as well as common problems encountered in old-age psychiatry such as depression, delirium and dementia.

**Part 2 – Clinical Examination**
The clinical examination consists of a four-station standardised examination (very similar to the Objective Standardised Clinical Examination – OSCE – format). The exam lasts about an hour in length. The stations are:

1. **History-taking station** – taking a concise yet comprehensive history from a patient or an actor and presenting findings and discussion about diagnosis, management and investigations. The emphasis is on being able to assimilate information to produce relevant problem and differential diagnosis lists, and demonstrating an understanding of older adult issues in the round.

2. **Clinical examination skills** – this involves the examination of a neurology patient and discussion of clinical signs elicited and diagnosis and management. This station also includes a 5-minute Structured Practical Assessment (SPA) sub-station in the form of written answers to set questions. The SPA aims to assess the knowledge of equipment, aids and appliances for various disabilities and rating scales commonly used in clinical practice in the UK.

3. **Communication skills and ethics** – this station involves a given scenario e.g. ethical or legal, and the candidate interviewing an actor and then discussing the case with the examiners.

4. **Clinical examination skills** – two patients are selected from either a cardiovascular or respiratory patient and then from either a dermatology or musculoskeletal patient. The emphasis is on examination technique and discussion of the case in terms of eliciting clinical signs and diagnosis and management.

At the end of 2015, Station 2 will be changed to test the principles of the Comprehensive Geriatric Assessment (CGA), where the candidate will be presented with a clinical scenario which they will discuss with the examiners to demonstrate that they can manage and plan care for complex frail older patients

The clinical examination also importantly considers the candidates approach and attitude and ‘bedside manner’ with patients and treating them with courtesy and respect. Any management plan would need to take account of, and be tailored around, the particular needs of the older person in question. Each of the four stations will have two examiners, one who will take a lead role and one who observes. Clinical examiners will be consultant
geriatricians, consultants in old age psychiatry or GPs. Consultant old age psychiatry examiners can take the lead role in any of the stations being examined.

Having examined in many DGM clinical exams I believe it is a fair and very ‘doable’ exam for any doctor in the specialty of old age psychiatry and would be very advantageous for their knowledge and skills base and for their career progression. The DGM Board also welcomes expressions of interest from consultant old age psychiatrists in becoming examiners for the clinical examination. A consultant will be provided with appropriate training and would be expected to be available to examine at least once a year (there being two exam sittings each year).

The DGM website explains in detail about the diploma: https://www.rcplondon.ac.uk/medical-careers-training/postgraduate-exams/diploma-geriatric-medicine

For queries about the exam or consultants becoming clinical examiners please email: dgm@rcplondon.ac.uk

Thanks to Dr Ronnie Barber, outgoing chair of the DGM Board for advice on this article

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2 They do not need to have the DGM or MRCP, but they need to show on their application interests in wider older adult issues. Evidence of teaching helps.