

Impact of the Covid-19 pandemic on Old Age Psychiatry Training in Wales

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Introduction

Since March 2020 healthcare professionals globally have been grappling with the effects of the Covid-19 pandemic. Consequently there have been changes to workload in terms of both the nature and volume of work. To date there has been no evaluation of how this might have impacted upon the quality of Old Age psychiatry training.

Methods

Old Age trainees currently working in Wales were contacted by email and those who consented to participate had a one-on-one semi-structured interview via telephone once formal consent had been obtained. In addition to open questions, enquiries were made into specific areas if these had not already been discussed. Alongside the collection of qualitative data, a single quantitative measure was included.

Results

78% of Old Age trainees participated in the evaluation (see Table 1 and Chart 1 for further details.) See Box 2 for a sample of direct quotes.

Negative factors

- Reduced clinic experience – some experiences of remote outpatient consultations with varying degrees of success
- Varied experiences of inpatient workload, with some trainees feeling overloaded due to staff shortages
- Increased responsibility for physical health issues with some trainees feeling they were at the limits of competence
- Access to technology was a source of universal frustration with some trainees resorting to using their personal hardware
- Psychology training was essentially halted. Special interest sessions became impractical due to a desire to reduce mixing with different teams

Positive factors

- Few issues were reported with supervision; no issues reported with support/welfare
- No issues with obtaining study leave/annual leave
- Trainees reported increased autonomy and experience leading towards consultant-level skillset
- Good communications from Health Education and Improvement Wales (HEIW) regarding changes to ARCP requirements (all trainees passed ARCP)

Quantitative measure

- Participants were asked the question 'to what extent has Covid negatively impacted upon your training?'
- Measured on a 0 – 5 scale where 0 was no impact and 5 was significant impact
- Mean score = 2.9; range = 2-4; mode = 3

'I'm doing everything' vs 'I was frustrated I wasn't busier'

'I brought my own computer and iPad from home'

'We came off well compared to other specialty trainees – they had to go to different hospitals'

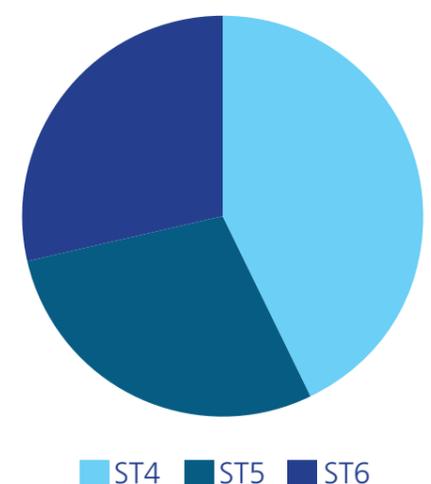
[Referring to experience gained] 'I feel ready to CCT'

'If I had a difficult family conversation my Consultant was always there.'

Table 1

Total number of trainees	10
Old age trainees	9
Dual trainees	1
Respondents	8
Declined	1
Interviewed	7

Chart 1



Discussion

- Small number of trainees eligible for evaluation but the majority of these took part
- The quantitative measure was intended as a rough guide only – it had not been validated and response bias could not be excluded
- Training and service provision appeared to be in alignment with trainees keen to help out and to do more at a time of high clinical need

Conclusions

- Varied experience of both the nature and volume of work
- Reduced access to psychology training and special interest sessions
- Access to computer hardware was a universal problem
- Increase in breadth of experience at Consultant level
- Trainees appreciative of clear communications regarding ARCP