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Research paper

New horizons in geriatric medicine education and training: The need for pan-European education and training standards

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ABSTRACT

The ageing population ought to be celebrated as evidence for the efficacy of modern medicine, but the challenge that this demographic shift presents for 21st century healthcare systems, with increasing numbers of people living with multi-morbidity and frailty, cannot be ignored. There is therefore a need to ensure that all healthcare professionals grasp the basic principles of care of older people. In this paper, we make a case for the development of pan-European education and training standards for the field of geriatric medicine. Firstly, the challenges which face the implementation and delivery of geriatric medicine in a systematic way across Europe are described – these include, but are not limited to; variance in geriatric medicine practice across Europe, insecurity of the specialty in some countries and significant heterogeneity in geriatric medicine training programs across Europe. The opportunities for geriatric medicine are then presented and we consider how engendering core geriatric medicine competencies amongst nongeriatricians has potential to bridge existing gaps in service provision across Europe. Finally, we consider how work can proceed to teach sufficient numbers of doctors and health professionals in the core knowledge, skills and attitudes required to do this. To safeguard the future of the specialty across Europe, we contend that there is a need to strive towards harmonisation of post-graduate geriatric medicine training across Europe, through the establishment of pan-European education and training standards in the specialty.

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1. Introduction

The global population is rapidly ageing and, whilst this should be celebrated as evidence of the efficacy of modern medicine, one consequence is an increase in those living with multi-morbidity and frailty [1]. The resultant impact on health and social care systems is well recognised. The recent World Health Organisation (WHO) Report on Ageing and Health called for changes to health policies for ageing populations [2], specifically for health systems to align themselves to the older population that they now serve and for long-term care systems to be developed. There is compelling evidence from large systematic reviews [3,4] that Comprehensive Geriatric Assessment (CGA) is the most effective way to provide healthcare services for this population. CGA has been shown to increase patients' likelihood of being alive and in their own homes after an emergency admission to hospital.

CGA can be defined as a “multidimensional interdisciplinary diagnostic process focused on determining a frail older person's medical, psychological and functional capability in order to develop a coordinated and integrated plan for treatment and long-term follow-up” [5]. Geriatricians are medical specialists with expertise in the healthcare of older people, and have a key role in delivery of CGA – central to this is geriatricians' ability to manage multi-morbidity [6]. The essence of managing multi-morbidity is having the awareness that older people require a different type of care to their younger, more physiologically robust counterparts. Clinical and biological signs of disease are different in older people with frailty. Diseases are often revealed by non-specific presentations, or via atypical presentations due to abnormal physiological responses to acute illness – a thorough clinical assessment is therefore mandated. CGA is not just a detailed clinical assessment performed by a geriatrician – it moves beyond identification of the patient's needs to the delivery of a multifaceted intervention that seeks to restore wellbeing, participation in activities and independence, and to ameliorate disability and distress. Despite the existence of high-quality evidence surrounding CGA, there remains disparity between what we should be doing and what we are doing. The reasons for this ‘know-do’ gap are likely to be manifold but a failure to generate and spread expertise has been recognised as a likely barrier to implementation [7].

This paper aims to make a case for the development of pan-European education and training standards for the field of geriatric medicine. Whilst we acknowledge that ageing presents healthcare

systems with challenges on a global scale, and that geriatric medicine may offer potential solutions [8], this paper will consider Europe specifically. The free movement of doctors within the European Union and the collaboration of medical specialties to develop common training standards through the Union of European Medical Specialties (UEMS) provide both a need and an opportunity to better standardise training pathways in geriatric medicine across Europe. Against this background this paper aims to make a case for the development of pan-European education and training standards in geriatric medicine. This should not be seen as discrete from, or in competition with, attempts to develop better international consensus in this arena.

In this paper, we start by describing the substantial challenges, which face the implementation and delivery of geriatric medicine in a systematic way across Europe by outlining the differences in how geriatric medicine and general internal medicine are structured and delivered. We then go on to describe the opportunities for geriatric medicine, and how a better understanding of core competencies in geriatric medicine amongst non-geriatricians, has potential to bridge existing gaps in service provision across the continent. Finally, we consider how work can proceed to teach sufficient numbers of doctors and health professionals in the core knowledge, skills and attitudes required to do this.

2. Postgraduate geriatric medicine training across Europe

The number and density of geriatricians differs widely across Europe [9] and in some countries, geriatricians simply do not exist [10]. Recent surveys have demonstrated wide variability in postgraduate geriatric medicine training [11–13]. Firstly, in 5 of the 31 countries surveyed, geriatric medicine was not recognised as a specialty or a sub-specialty [11]. Two thirds of European countries did recognise geriatric medicine as an independent postgraduate specialty, with the remainder viewing it as a sub-specialty, mainly of internal medicine [11]. Nearly all the countries offering postgraduate training in geriatric medicine have written, competency-based curricula covering different learning domains [11]. For those countries that do recognise geriatric medicine as a distinct specialty, there is considerable variability in the length of postgraduate training [12]. Currently, the minimum length of training required by the European Directive on medical specialty training is 4 years post-qualification from medical school [12]; the length of geriatric medicine specialty training programmes across

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