



Available online at
ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com/en



Editorial

Education and training in geriatrics in the 21st century - where do we come from - where do we go?☆

The number of older patients with complex medical needs is growing rapidly. Therefore, the incorporation of principles of geriatric and gerontological knowledge in all health care disciplines with a strong focus on geriatric professionalism within the specialization of geriatric medicine is mandatory [1]. However, working as a medical doctor, one feels the mismatch of daily workload dedicated to treatment of older multi-morbid frail patients and the overall amount of teaching and training offered during under- and postgraduate training devoted to that daily “challenge” [2]. Therefore, the World Health Organization (WHO) and many Geriatric Societies [3,4] support the view that every medical student should acquire basic knowledge and skills for their daily practice with older patients [5–8]. It has also been stated by numerous scientific societies all over the world that geriatric core competencies should be incorporated into their respective curricula [9–12]. Furthermore, geriatric core content is part of various trainings and within curricula for different health professionals [13].

Being a geriatrician in particular means concern about health related problems in older people within a wide spectrum. Geriatric medicine has been clearly defined and accepted in 2008, in a consensus document performed by the Union European Medicine Society-Geriatric Medicine Section [14] (UEMS-GMS). The principle outline of training and education in Geriatrics had already been defined in 2007 in the Glasgow declaration [15]. Numerous policy initiatives and educational programs across EU member states have been put into place in order to improve quality of care for older European citizens based upon the European definition of target population. However, transnational approaches and international educational agendas covering future needs are still missing.

Historically, the UEMS has been the body responsible for training standards for all medical specialties represented in that platform. UEMS-GMS launched recommendations on under- and postgraduate training in the very early days. These catalogues reflected and reflect core components that should be part of medical education within these two training sections all over Europe [16,17]. However, the recommendations missed clear goals to be achieved as well as structural and procedural recommendations. Board certification and re-certification within the specialty on European level are not available so far. Besides, the raising needs of a “medical specialty”, medical education had become a scientific entity itself and curricular development is nowadays

based on evidence-based strategies. Therefore, the demand for educational scientific expertise within the field of geriatric education and training became striking.

The European Union Geriatric Medicine Society (EUGMS), on behalf of the 10,000 specialists in geriatric medicine in the EU, was founded to foster best practice in healthcare for older people. One of its mission aims is to promote education and continuing professional development, and furthermore to liaise with other European bodies promoting the specialty in Europe, such as the Section of Geriatric Medicine of the UEMS, the clinical section of the International Association of Gerontology (European Region) (IAGG-ER) and the European Academy of Medicine and Ageing (EAMA) [18]. Furthermore, experts in the field of medical education and geriatricians had joined EUGMS over the years and gathered in a special group. It was therefore feasible to consider the EUGMS to be the hub for a new platform on education and training in geriatric medicine across Europe.

Therefore, the “group on education and training”, a special interest group (SIG) of the European Union Geriatric Medicine Society (EUGMS) was founded in March 2014 to face all these challenges. This group is supported by representatives of the three big European organizations working in the field of geriatric medicine and training (given in alphabetical order): EAMA, IAGG-ER, and UEMS-GMS. This group, with the help of experts in teaching and training, aims to foster the quality of education, training and assessment in the field of geriatric medicine. Its efforts are primarily dedicated to the training of medical doctors, however, will also involve collaborating with other professions dealing with care and support of older people in Europe. It will primarily address all health professionals, however, may roll out on other professions on collaboration with different bodies whenever asked for.

First attempts aimed for a “rough idea” of the current situation on education and training in geriatrics across Europe in various settings. Within focused groups held with experts across Europe, it became clear that the spectrum of education and training needed to deliver integrated care for older European citizens would be far beyond status quo [19]. Indeed, education in geriatric medicine should start the earliest time-point feasible for medical faculties in the medical studies. Therefore, as a first attempt, a group consisting of experts in the field of geriatric medicine and medical education developed a new undergraduate program in a two- step Delphi process [20]. This undergraduate curriculum has been endorsed by all national geriatric societies within Europe meanwhile and some authors translated and published version in different languages present within the EU [21]. Geriatric training

☆ On behalf of the Special Interest Group on education of the European Geriatric Medicine Society (EUGMS).

on postgraduate level also needs some revision and harmonization. A group with experts from all over Europe has therefore started to collect information on curricula and syllabi and also tries to highlight structural needs to provide sustainable training to young geriatricians across Europe. First results were presented at the last EUGMS meeting in 2014 in Rotterdam and first publications are to be expected by the beginning of 2015.

One of the major aims will be the development of high standard deliverables in the field of education as already addressed. The core group of the SIG will focus on standardization of geriatric content but also educational guidelines in the field over the incoming years. Leaders of sub-groups, such as undergraduate training, postgraduate training an inter-professional training will work on dedicated topics in their respective domains. There is awareness of needs in terms of care and health supply. Dissemination of unique training standards for health professionals for core competencies in geriatric medicine, though crucial for quality control and patient safety, seems to be one of the major challenges also on political EU level. Stakeholders responsible for outlining training standards for health care professionals in general are working in different contact points on national level. For instance, post-graduate training is regulated either by ministries of health, by national doctor's assemblies or even universities. Therefore, national curricula and certificates vary significantly. This issue is currently addressed in several different projects undertaken by the SIG Education and Training. The support of national societies in the field of geriatrics is essential for data collection as well as distribution of new concepts. The bodies of UEMS as well as EUGMS are fit to support that trans-European approach. Members of the boards may involve actively and act as national delegates to spread trans-nationally agreed standards and content for training and undergraduate education.

The initiative to find a special interest group on education and training within EUGMS developed in need for coordination and collaboration is expected to address European care needs for older citizens on a best evidence medical education (BEME) basis. The major aims are coordinated collaboration, harmonization of standards and dissemination of evidence based deliverables into national practice level within Europe. UEMS-GMS – as one of the major partners within the SIG – will carry on its responsibility concerning the entity of the specialty of geriatric medicine within Europe. Due to the close involvement in curricular processes UEMS-GMS will be able to deliver an optimum, high quality and safe health care to all older citizens within Europe. By fostering European assessment standards, it will further promote free movement of geriatricians within the EU. To reach for these common goals, the European community of geriatricians will be in need for academic leadership. According to Warren Benis: “a business short on capital can borrow money, and one with a poor location can move. But, a business short on leadership has little chance for survival” [22]. It became clear years ago that the specialty of geriatric medicine needs to train larger numbers of medical researchers, encouraging more young physicians to pursue academic careers. Furthermore, it was important to increase the numbers of clinician educators qualified to train geriatricians and to teach primary care physicians and specialists about specific care issues regarding their older patients. Out of that purpose, EAMA was founded twenty years ago. EAMA is dedicated to attune the attitudes and goals of future opinion leaders in geriatric medicine throughout Europe. It aims to establish a network among medical doctors responsible for the care of elderly persons and those responsible for student instruction, as well as general physicians caring for the aged and to foster research within its network across the continent. EAMA will contribute to the newly founded SIG education within its mission and develop leadership programs. Academic geriatricians devoted to health

services research are expected to devise strategies and effectively translate new medical knowledge into care practices on national and trans-European level. Strategies to provide more effective geriatric care have numerous benefits for both patients and health care institutions, including improved patient safety, better clinical outcomes, enhanced patient satisfaction, and strengthened financial position for health care institutions along with reduced liability.

Working in geriatric medicine means teamwork with various other health care professionals. IAGG with its interdisciplinary view on the topic of care for elderly is the stakeholder to promote team-based education and training and to close the gap for international collaboration across the globe. Europe – the old continent – has to face the demographic pressure and the revolution in our medical practice that the geriatric patient imposes. To do that, we need strong curricula on different levels and need to harmonize for core components all over the European countries. We also need to look for solutions addressed elsewhere and to look for international networks. The SIG Education and Training – unifying all big European societies in geriatrics – is the hub for communication, information and innovation. It is meant as a platform easy to enter for any colleges interested in the topic of education.

For further information visit us at <http://www.eugms.org>.

References

- [1] Mateos-Nozal J, Beard JR. Global approaches to geriatrics in medical education. *EGM* 2011;2(2):87–92.
- [2] Briggs R, Robinson S, Martin F, O'Neill D. Standards of medical care for nursing home residents in Europe. *EGM* 2012;6(3):365–7.
- [3] Ekdahl A, Fiorini A, Maggi S, Pils K, Michel JP, Kolb G. Geriatric care in Europe—the EUGMS survey part II: Malta, Sweden and Austria. *EGM* 2012;3(6):388–91.
- [4] Kolb G, Anderson-Ranberg K, Cruz-Jentoft A, O'Neill D, Topinkova E, Michel JP. Geriatric care in Europe – the EUGMS survey part I: Belgium, Czech Republic, Denmark, Germany, Ireland, Spain, Switzerland, United Kingdom. *EGM* 2011;2(5):290–5.
- [5] Michel JP, Huber P, Cruz-Jentoft AJ, Moher D, Liberati A, Tetzlaff J, et al. *J Am Geriatr Soc* 2008;56(8):1536–42.
- [6] Moher D, Liberati A, Tetzlaff J, Altman DG, Group P. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *BMJ* 2009;339:b2535.
- [7] Keller I, Makipaa A, Kalenscher T, Kalache A. Global survey on geriatrics in the medical curriculum. Geneva: World Health Organization; 2002.
- [8] Hogan TM, Losmann DE, Carpenter CR, Sauvigne K, Irmirer C, Emanuel L, et al. Development of geriatric competencies for emergency medicine residents using an expert consensus process. *Acad Emerg Med* 2010;17(3):316–24.
- [9] Holm E, Holte M, Pederson H, Hansen PD. Teaching geriatrics using evidence based educational methods – a Danish case study. *EGM* 2013;4:95–8.
- [10] Charles L, Triscott JAC, Dobbs BM, McKay R. Geriatric core competencies for family medicine curriculum and enhanced skills: care of elderly. *Can Geriatr J* 2014;17(2):52–62.
- [11] Shea C, Andrew M, CAGP Education Committee. Objectives of training in psychiatry: geriatric component; 2009, <http://www.cagp.ca/resources/Documents/Geriatric%20Objectives%20of%20Training%20in%20Psychiatry%202009bBullet%20format.pdf>.
- [12] Bell RH, Drach GW, Rosenthal RA. Proposed competencies in geriatric patient care for use in assessment for initial and continued board certification of surgical specialists. *J Am Coll Surg* 2011;213(5):683–90.
- [13] Partnership for health in aging. Multidisciplinary competencies in the care of older adults at the completion of the entry-level health professional degree. http://www.americangeriatrics.org/files/documents/health_care_pros/PHA_Multidisc_Compencies.pdf.
- [14] Geriatric medicine (UEMS definition accepted, 03/5/08).
- [15] European University Association. The Glasgow declaration; 2007, <http://www.eua.be>.
- [16] http://www.uemsgeriatricmedicine.org/UEMS1/dok/undergraduate_training.pdf
- [17] http://www.uemsgeriatricmedicine.org/UEMS1/dok/geriatric_training_-_condensed_version.pdf
- [18] O'Neill D, Knight P. Getting used to growing old. *Public Service Review: European Union* 18:180–183.
- [19] Masud T, Blundell A, Gordon AL, Mulpeter K, Roller R, Singler K, et al. European undergraduate curriculum in geriatric medicine developed using an international modified Delphi technique. *Age Ageing* 2014;1–8.
- [20] Singler K, Sieber CC, Biber R, Roller RE. Considerations for the development of an undergraduate curriculum in geriatric medicine. *Gerontology* 2013;59(5):385–91.
- [21] Singler K, Stuck AE, Masud T, Goeldin A, Roller RE. Catalogue of learning goals for pregraduate education in geriatric medicine: a recommendation of the German Geriatric Society (DGG), the German Society of Gerontology and

Geriatrics (DGGG), the Austrian Society of Geriatrics and Gerontology (ÖGGG) and the Swiss Society of Geriatric Medicine (SFGG) on the basis of recommendations of the European Union of Medical Specialists Geriatric Medicine Section (UEMS-GMS) 2013]. *Z Gerontol Geriatr* 2014;47(7):570–6.

[22] Warren Benis. Leadership Warren Bennis leaders: the strategies for taking charge.

R.E. Roller*

Medical University of Graz, 8036 Graz, Austria

J. Petermans

Centre hospitalier universitaire de Liege, Liege, Belgium

*Corresponding author. Tel.: +4331638512274;

fax: +4331638513062

E-mail address: regina.roller-wirnsberger@medunigraz.at

(R.E. Roller)

Received 9 December 2014

Accepted 9 December 2014

Available online xxx