

PROGRAMMING COST Action 21122

PROMoting GeRiAtric Medicine in countries where it is still eMergING

**D1.1 Report on the state-of-the-art of GM education and training in
countries where GM is still emerging**



PROGRAMMING

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where it is still eMergING**

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On behalf of WG1

EXECUTIVE SUMMARY

This is a report on the current environment for training and education opportunities in Geriatric Medicine (GM)/Principles of Care for Older People in European countries for medical doctors, medical students, nurses and other Allied healthcare professionals (AHPs) involved in the care of older people. According to the project's Memorandum of Understanding, this is WG1 task T1.1 that mapped the state of the art regarding educational and training programs at undergraduate, postgraduate, continuous medical education and professional training echelons at national level.

To achieve this objective, WG1 co-leaders developed the State of the Art questionnaire, completed after online meetings and discussions with the entire WG1, the Core Group (CG) and the Management Committee (MC). It consist of 29 single, multiple and open ended questions and was disseminated by email using Google Forms. The sample consisted European countries as defined by the WHO (1). The respondents were the MCs, the presidents or representatives of the National Geriatrics Societies, active members of the project and, if there was no other option, personal contacts.

Out of the total of 51 European countries, we were able collect data from 41 countries. GM is recognized either as a distinct medical specialty or a subspecialty of other medical specialties in the majority of the participating countries (92.68%). In 24 countries there are national postgraduate curricula and in 6 countries the curriculum is aligned to the European Training Requirements in Geriatric Medicine (UEMS curriculum). In most countries GM training is available at postgraduate level for other medical specialties, nurses and AHPs as well. The majority of European countries (36) responded that Geriatric Medicine is included in the undergraduate curriculum for medical doctors. Advanced academic studies in GM (master, doctoral studies) are available in 26 countries and there are standalone academic chairs in 24 countries. There are National GM Societies in 29 European countries and they support GM education and training, whilst in 20 countries Geriatrics specialists are active at governmental level in a position of decision making involved in medical education/training, public health policies or national health programmes.

In a very few countries there are no opportunities for training in GM at all, whilst in others efforts are being made to develop structures that could provide education and training. In South-Eastern Europe, although academic settings are somewhat developed, there is still a need to ensure access to good quality specialist care. The existence of GM education and clinical practices are heterogeneous across European countries, although there appears to be a good foundation on which future structures and networks can potentially be developed.

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Introduction

One of the main objectives of the PROGRAMMING COST Action 21122 project is to describe the state-of-the-art of Geriatric Medicine (GM) education and practices in the European countries, with focus on the specialization of GM and other training opportunities in GM for health care professionals. In line with the project proposal and PROGRAMMING COST Action 21122 MoU, Working Group 1 (WG1) designed a questionnaire named “State of the Art” (SOTA) that was used in a survey across all European countries as defined by the WHO. These countries are: Albania, Andorra, Armenia, Austria, Azerbaijan, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, The Republic of Moldova, The Republic of North Macedonia, Türkiye, Turkmenistan, Ukraine, United Kingdom and Uzbekistan.

Methodology

The SOTA was developed progressively by WG1 in collaboration with the Core Group (CG) and the Management Committee (MC). The initial draft was written by the co-leaders of WG1, then discussed and adjusted according to the suggestions received from several colleagues during an online meeting with the entire WG1. The second draft was then discussed with the CG members in another online meeting and the third and final form of the questionnaire was concluded after a meeting with the MCs. The SOTA questionnaire was intended to collect data at the national level and comprises a total of 29 questions organised in 4 groups: formal GM undergraduate education, formal GM postgraduate training opportunities, GM academic development and GM clinical practices. The questionnaire also collected the emails of the respondents and the country each of them represented. There are 4 types of questions included as follows: 8 single answer questions, 9 multiple answers questions, 9 open ended questions and 3 mixed questions with the possibility of providing descriptive answers. The questionnaire was written and disseminated in English. Completion of the questionnaire takes between 10 to 15 minutes. The SOTA enquires about the

availability of Geriatric Medicine/ Principles of Care for Older People undergraduate education for medical students, nurses as well as allied health professionals (AHP) students with 4 options for answers: no availability, in some colleges/faculties/universities, in most colleges/faculties/universities or in all colleges/faculties/universities and also a request to specify the AHPs for which Geriatric Medicine/ Principles of Care for Older People is included in the undergraduate curricula. To understand the situation of GM across European countries, several questions explore the postgraduate training opportunities and asked if GM is recognised as a distinct medical speciality, is an additional medical competency/subspecialty available to various specialists and if there are available postgraduate training courses in GM. The respondents were also asked to specify the duration (in years) of training in GM since graduation from medical school as well as the duration of Geriatrics clinical rotation/s training (months) in order to become a Geriatrics specialist. The SOTA includes questions about the curriculum for GM (as a distinct speciality or subspecialty or for other specialties) postgraduate training, the type of training involved in GM specialty training (theoretical courses, practical skills teaching, rotations on geriatric wards, rotations on other wards and research). Other questions ask about the availability of formal education and training in Geriatrics/Principles of Care for Older People as a postgraduate option to other professionals such as pharmacists, nurses, physical therapists, occupational therapists, etc. and in the context of continuing professional education. The academic development of GM was assessed with questions about the existence of advanced academic studies such a master and doctoral studies, existence of GM as a separate, standalone, academic discipline and standalone academic Geriatrics chairs. The SOTA also explores the clinical practices in GM or healthcare for older people examining the settings where older people are mostly being cared for such as Geriatrics wards, Internal medicine wards, Long term care facilities, Rehabilitation care settings, etc. as well as the training accessibility for geriatricians in various domains such as Orthogeriatrics, Psychogeriatrics, Oncogeriatrics, Acute geriatrics, etc. Furthermore, the questionnaire includes an open ended question allowing the respondents to provide any additional relevant details not captured by the survey.

The survey was conducted online using online surveys. The SOTA was disseminated in a stepwise manner, firstly among MCs who, mostly, are also the

presidents or representatives of their National Geriatrics Societies and consequently the persons in a position to be most aware of the GM situation in their countries. If no MC was available, the president of the National Geriatrics Society was contacted and where there was no National Geriatric Society and no MC, we contacted an active member of one of the project's working groups and finally, if that wasn't an option, we used personal contacts. The respondents' emails list was completed by WG1 co-leaders as described. The respondents received an email with a link to the survey and instructions to complete the questionnaire themselves as follows: "If you are not an official of your National Geriatrics Society or if there is no National Geriatric Society in your country, please search for the relevant information wherever and however you deem appropriate, but we encourage you to contact the President of your National Geriatrics Society or the relevant governmental authorities." Another two reminder emails were sent during the data collection period which lasted 6 months. Responders were encouraged to collaborate with their peers at national level, but only one response per country was allowed.

Results

Out of the 51 European countries, we were able to contact 44 (Albania, Andorra, Armenia, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, The Republic of Moldova, The Republic of North Macedonia, Türkiye, Ukraine and United Kingdom), and received responses from 41 countries. The deadline for data collection was end of April 2024, the dissemination of the survey is now completed.

GM undergraduate training

Most European countries (36) responded that Geriatric Medicine is included in the undergraduate curriculum for medical doctors in their countries (Fig.1). In 12 countries GM is taught to medical students in some medical universities, in 6 countries GM is included in the undergraduate curriculum in most medical universities while in 18 countries all medical universities teach GM to their students (Fig.1). Negative

answer was given by 3 respondents (Albania, Bulgaria, Latvia), showing that Geriatric Medicine is still not included in the undergraduate curricula for medical doctors in some European countries (Fig.1). In Andorra and Monaco all medical training is provided by other European countries since they have no Medical Universities for medical doctors. Estonia and Luxembourg have only one medical undergraduate training programme at the only university in the country.

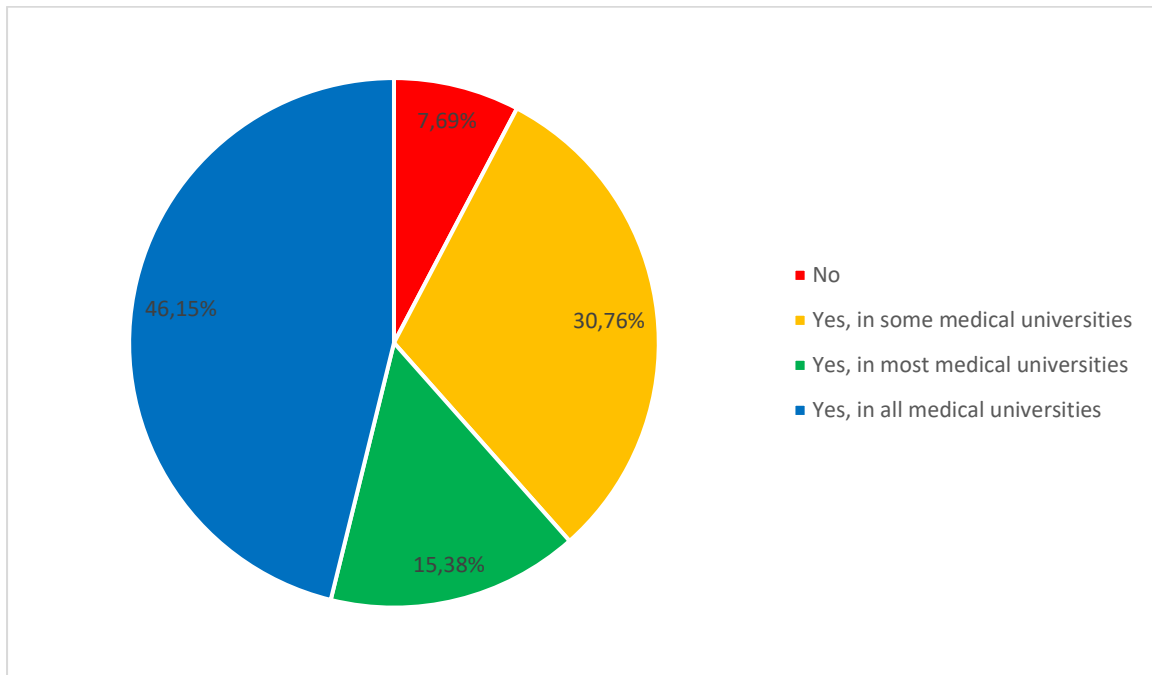


Fig 1. Geriatric Medicine included in the undergraduate curricula for medical doctors in European countries.

Out of the 41 responders, the biggest proportion (16) have stated that Geriatric Medicine/Principles of Care for Older People are included in the undergraduate curricula for nurses in their country in all faculties/colleges (Fig.2). Some countries (12) concluded that only some colleges/faculties/universities have the Geriatric Medicine/Principles of Care for Older People included in the undergraduate curricula for nurses. Most colleges/faculties/universities have Geriatric Medicine/Principles of Older People in the undergraduate curricula for nurses in 8 countries (Fig.2). Only a small proportion of responders (2) have mentioned that Geriatric Medicine/Principles of Care for Older People is not part of the undergraduate curricula for nurses in their country (Fig.2).

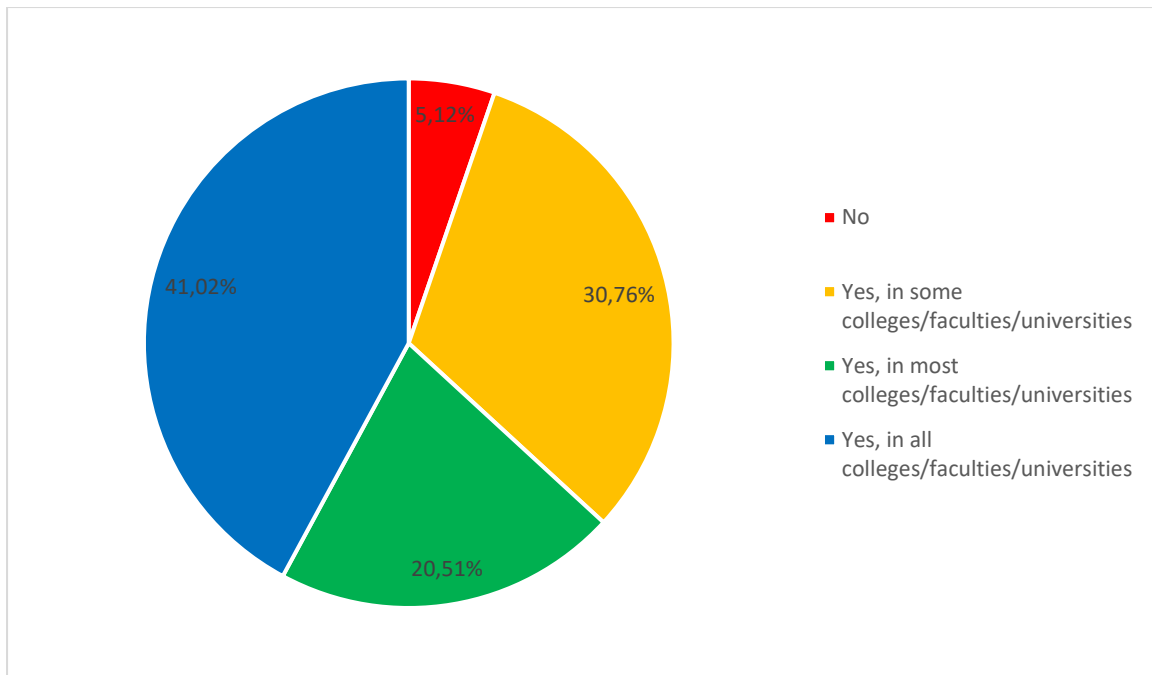


Fig.2 Geriatric Medicine/ Principles of Care for Older People included in the undergraduate curricula for nurses in European countries.

The responses for inclusion of Geriatric Medicine/Principles of Care for Older People in the undergraduate curricula for AHPs (Physiotherapists, Occupational therapists etc.) varied between “not included” (8) and “present in all colleges/faculties/universities” (10) (Fig.3). Out of all the respondents, 8 highlighted that Geriatric Medicine/Principles of Care for Older People is included in the undergraduate curricula for AHPs (Physiotherapists, Occupational therapists etc.) in most colleges/faculties/universities. In some countries, only 12 respondents concluded that some colleges/faculties/universities have Geriatric Medicine/Principles of Care for Older People in the undergraduate curricula for AHPs (Physiotherapists, Occupational therapists etc.) (Fig.3).

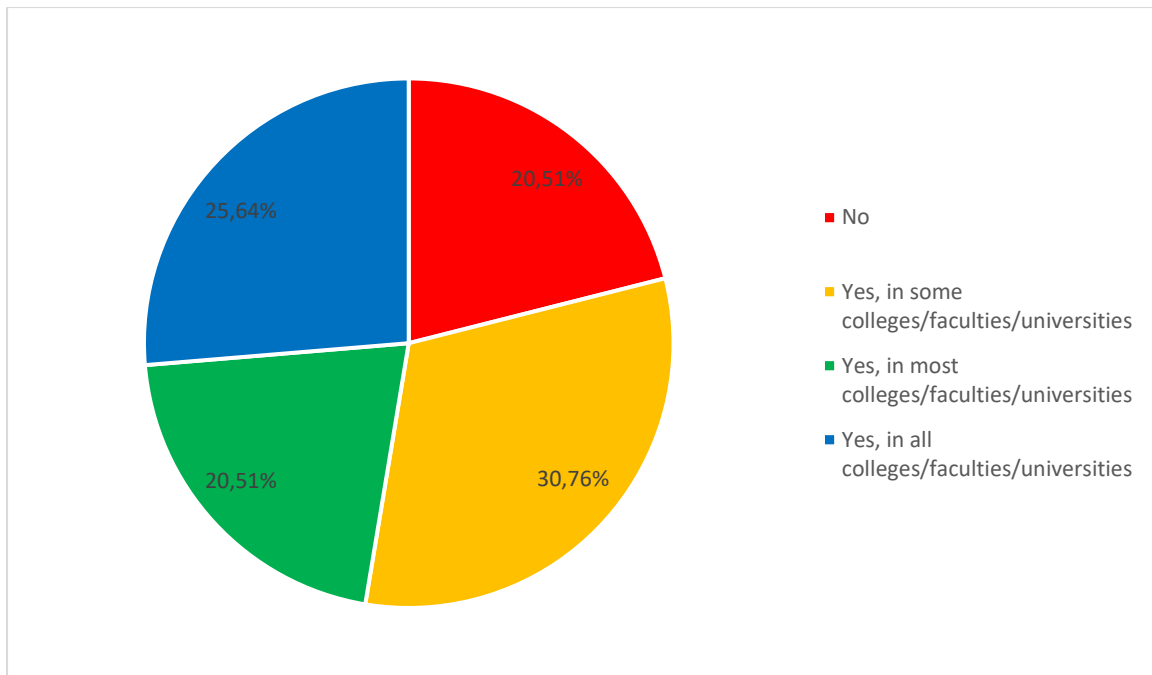


Fig. 3 Geriatric Medicine/ Principles of Care for Older People included in the undergraduate curricula for AHPs (Physiotherapists, Occupational therapists, etc) in European countries.

Estonia has only 1 Medical Faculty at the University of Tartu and the duration of the geriatrics course is 26 hours. Only 1 respondent mentioned that pharmacists, podologists, psychologists, dentists have Geriatric Medicine/Principles of Care for Older People in their curricula, while 21 respondents mentioned physiotherapists in their answers. Out of all the respondents, 11 said that physiotherapists have Geriatric Medicine/Principles of Care for Older People in their curricula in their country and 6 respondents said that nurses have it in their curricula (Fig.4). According to 4 of the respondents, dieticians have Geriatric Medicine/Principles of Care for Older People in their curricula, and 2 respondents mention ergotherapists. Social workers and speech therapists were mentioned by 3 respondents. One respondent said that Geriatric Medicine/Principles of Care for Older People is taught during the Geriatrics and Gerontology course, as an optional subject in some faculties, the National Sports Academy, all across disciplines, advanced clinical practitioners, all paramedical professionals and another respondent was unsure. Out of all 41 respondents, 12 said that there are no AHPs that have Geriatric Medicine/Principles of Care for Older People in their curricula (Fig.4).

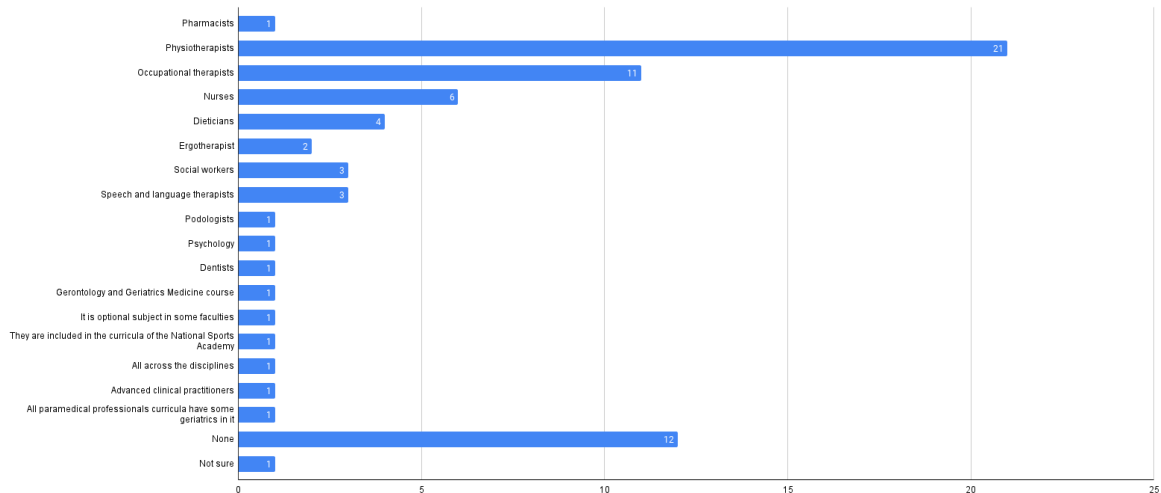


Fig. 4 AHPs for which Geriatric Medicine/ Principles of Care for Older People is included in the undergraduate curricula.

GM postgraduate training

In 27 countries out of the 41 respondents, GM is recognized as a distinct medical speciality, in 16 countries is a subspecialty/competency of other medical specialties whilst in 5 countries there are training opportunities in GM both as a separate speciality and a subspecialty (Fig.5). In 15 countries it is not available as a separate speciality while in 3 countries there are no postgraduate training opportunities in GM (Fig.5).

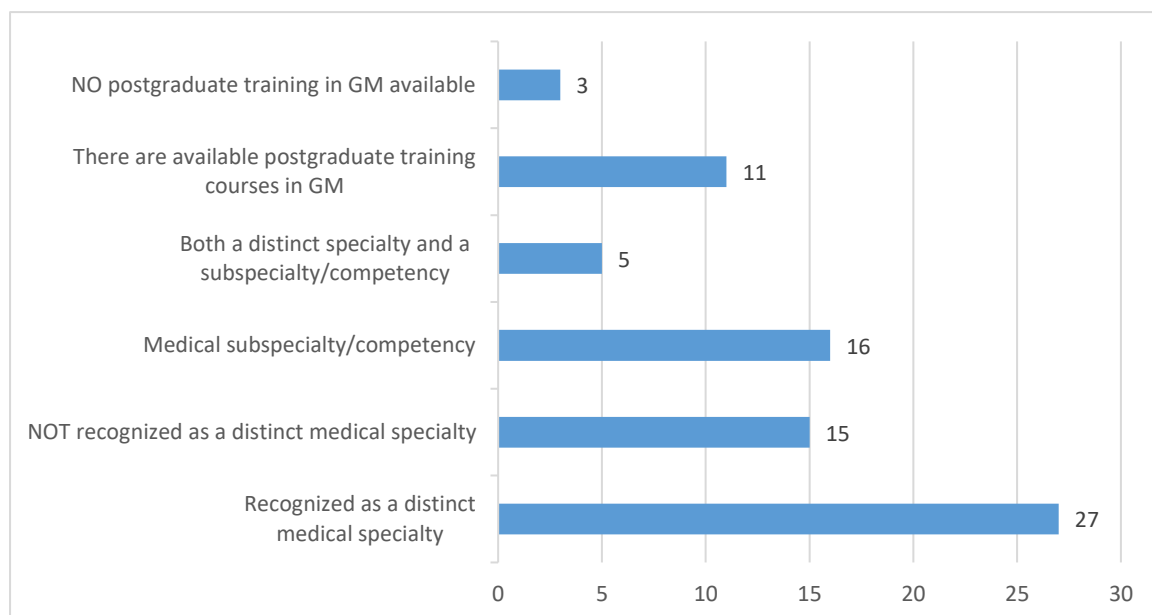


Fig. 5 Postgraduate training opportunities in GM across European countries.

Out of the 27 countries where GM is a distinct medical specialty, in Andorra, Luxembourg and Monaco, all medical studies and training are provided by other European countries, mostly France and Spain. In Bulgaria and recently in Cyprus, the legislation recognizes GM as a distinct medical specialty but training and education is not provided by any Medical schools. Similarly, in Greece, the legislation to make GM available as a subspecialty for many other medical specialties such as Internal Medicine, Family Medicine, Endocrinology, Cardiology, Neurology, Psychiatry, Rehabilitation, Orthopaedics, Nephrology, Oncology, is in the final stages of approval and implementation process. In 16 of the participating countries, GM training is available as a subspecialty or competency of other medical specialties such as internal medicine (13), general or family medicine (6), physical or rehabilitation medicine (4), psychiatry (3) and neurology (3). In Albania, Bosnia and Herzegovina and Montenegro GM is not a distinct specialty/subspecialty and postgraduate education/training in GM is not available.

The total duration of training since graduating medical school until becoming a geriatrics specialist varies largely from 4 to 8 years across the responding European countries where geriatrics is recognised as a distinct medical specialty (Fig.6). In 9 countries it takes 5 years to become a geriatrician and in another 6 countries the training duration is 4 years (Fig.6). During training in geriatric medicine, clinical geriatrics training/rotations is mandatory in 27 countries and it takes between 3 to 60 months (Fig.6). In those countries where geriatrics is available as a subspecialty, the required duration of Geriatrics clinical rotation training takes between 18 to 48 months and 3-24 months as a specific geriatrics competency.

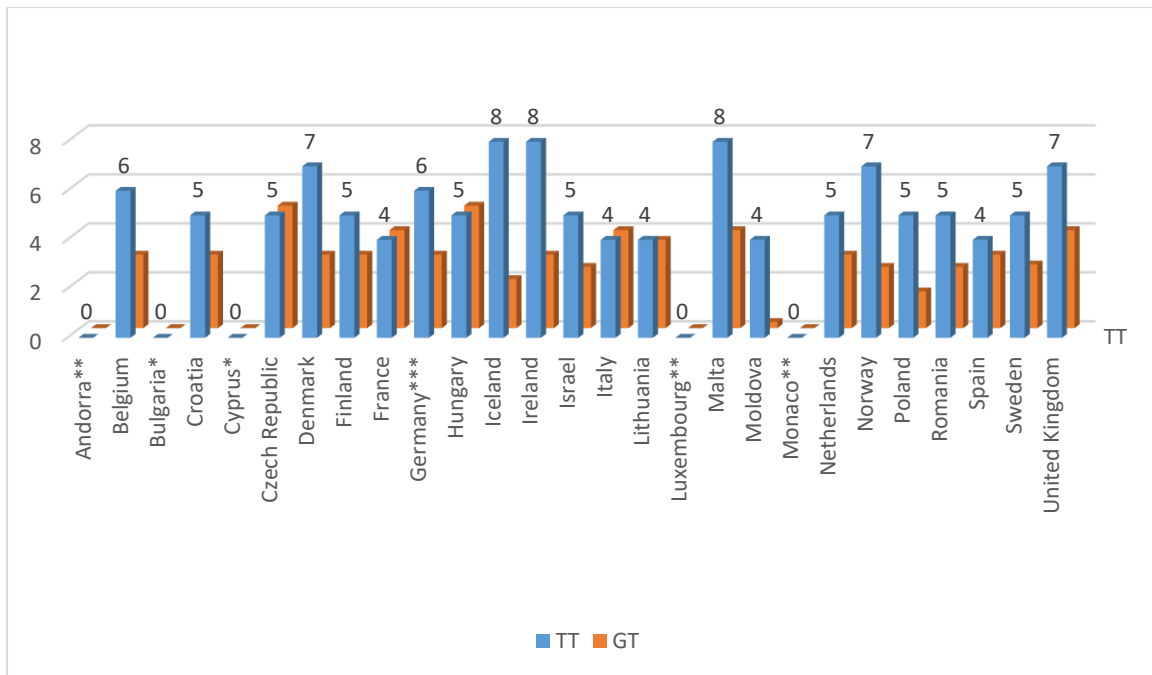


Fig. 6. Training duration in GM in countries where GM is recognised as a distinct specialty; TT- total training time in years, GT-geriatrics training in years; * legislation only, **training provided by other countries, ***different situation in different counties.

There are 21 countries where there is a postgraduate national curriculum in GM and in 6 of them the curriculum is aligned to the European Training Requirements in Geriatric Medicine (UEMS curriculum) (Fig. 7). Serbia, The Republic of North Macedonia and Ukraine have regional curricula in GM while in 11 countries postgraduate training in GM is not available (Fig. 7). In most European countries (26), some form of Geriatric Medicine/ Principles of Care for Older People training is included in the postgraduate curricula of other medical specialties such as internal medicine (17), general/family medicine (10), rehabilitation/physical medicine (9), psychiatry (8), neurology, nephrology.

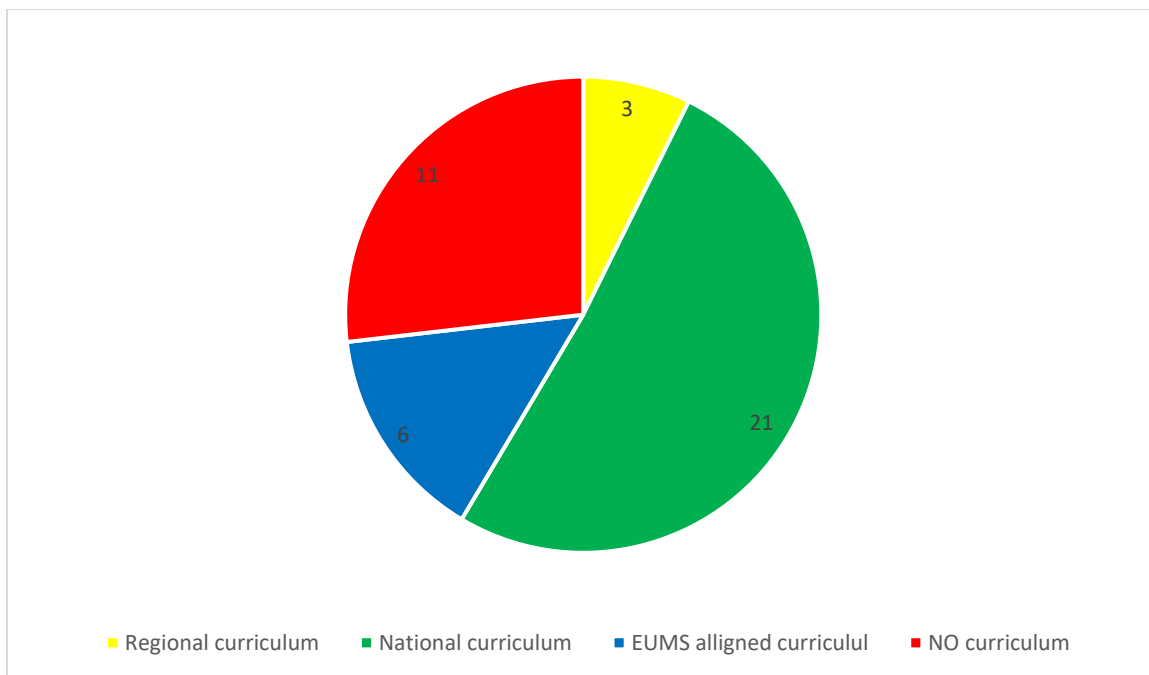


Fig. 7. Postgraduate GM curriculum in European countries.

Out of the 24 European countries that recognize GM as a distinct specialty and provide training for it, theoretical courses are mandatory in 20 countries, rotations on geriatric wards in 22 countries and rotations on other medical wards in 19 countries, in 20 countries practical skills are taught and in 11 countries the trainees are also involved in research activities (Fig. 8).

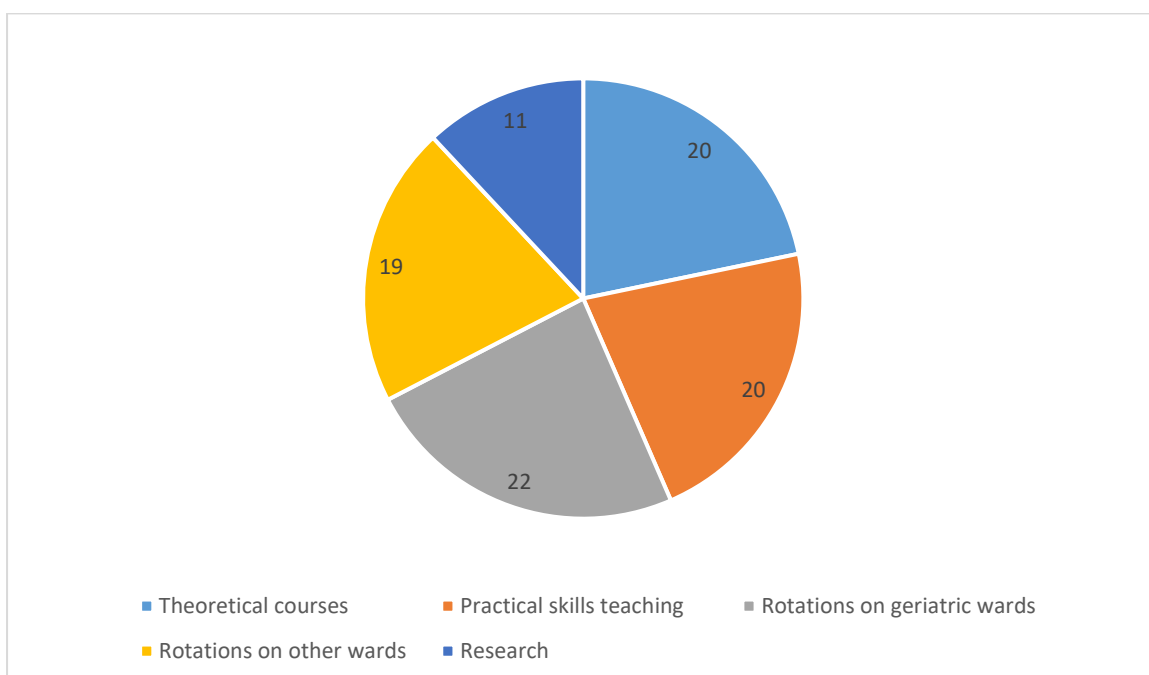


Fig. 8 Types of training included in Geriatrics specialty training in European countries.

In 29 countries education and training in Geriatrics/Principles of Care for Older People is available for a wide range of professionals involved in the care of seniors such as nurses, physical therapists and exercise science professionals (exercise physiologists, kinesiotherapists), occupational therapists, pharmacists and pharmacy personnel (pharmacy technicians and assistants), and even for informal care givers (Fig. 9).

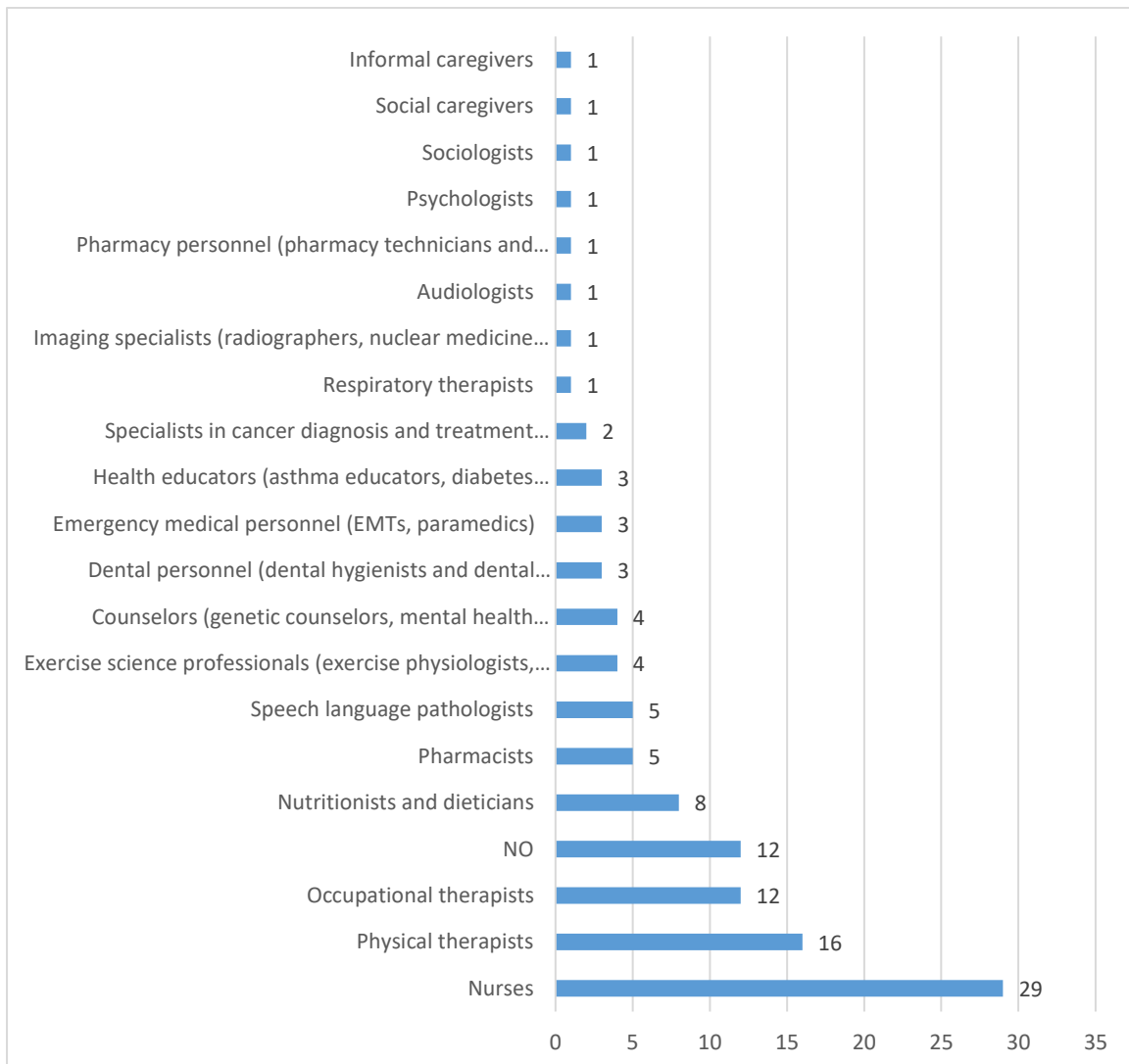


Fig. 9 . Other professions for which training in Geriatrics/Principles of Care for Older People is available.

The postgraduate curricula is developed by the Medical Universities and approved by the Ministry of Health in 7 countries. National Geriatrics/Care of Older People Societies are involved in developing the curricula in 5 countries while in 6 countries it is developed by designated special committees and bodies under the Ministry of Health.

In 6 other countries the curricula is the responsibility of other independent organisations such as the College of Physicians/Chamber of Medical Doctors or institutions for Medical Postgraduate Education. There are National GM Societies in 29 European countries and they support GM education and training and in 20 countries Geriatrics specialists are active at governmental level in a position of decision making involved in medical education/training, public health policies or national health programmes.

Training in Geriatric Medicine/Principles of Care for Older People is available as CME accredited courses in 18 countries, as non CME accredited courses in 11 countries, as a competence for other specialists (e.g. internal medicine, family physicians, physiotherapists, rehabilitation specialists, etc) in 13 countries, whereas scientific communications (conferences, congresses, workshops, etc) are organised regularly in 24 countries (Fig.10).

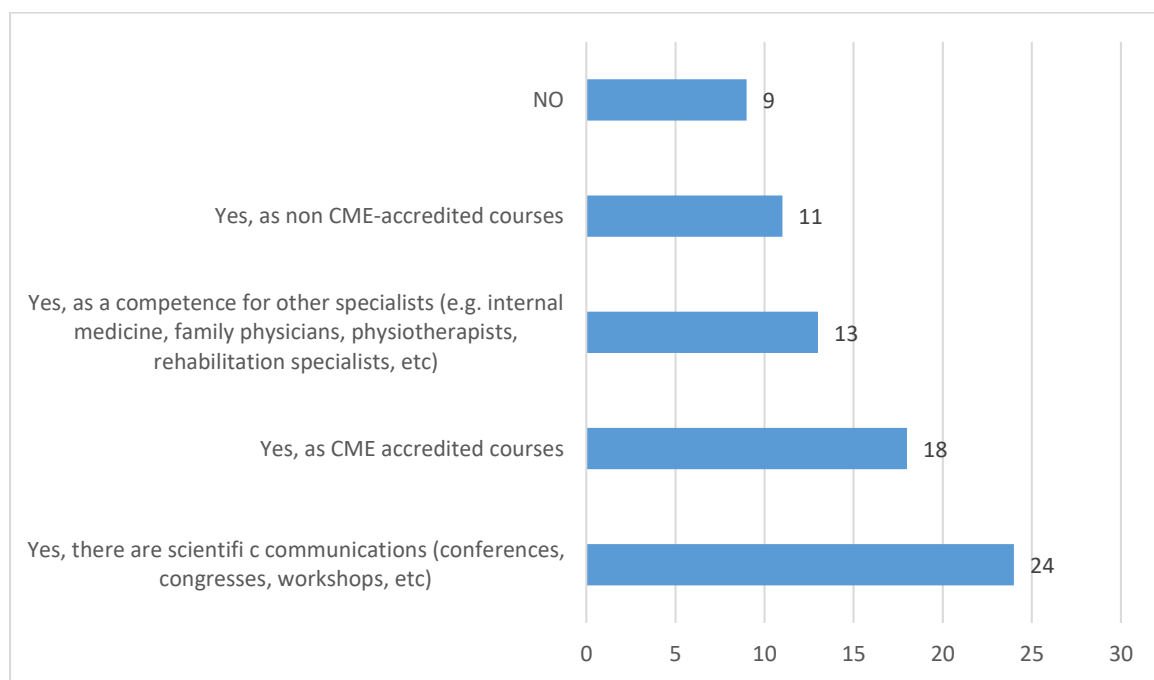


Fig. 10 Geriatric Medicine/Principles of Care for Older People training available in the context of continuing professional education.

Postgraduate training in Geriatric Medicine/Principles of Care for Older People is provided by specialists in GM in 29 countries, specialists in internal medicine in 20 countries and other specialists in 17 countries. (Fig. 11). Other professionals such as advanced nurse practitioners and AHPs teach principles of GM/Care for Older People to postgraduate trainees in 10 countries (Fig. 11).

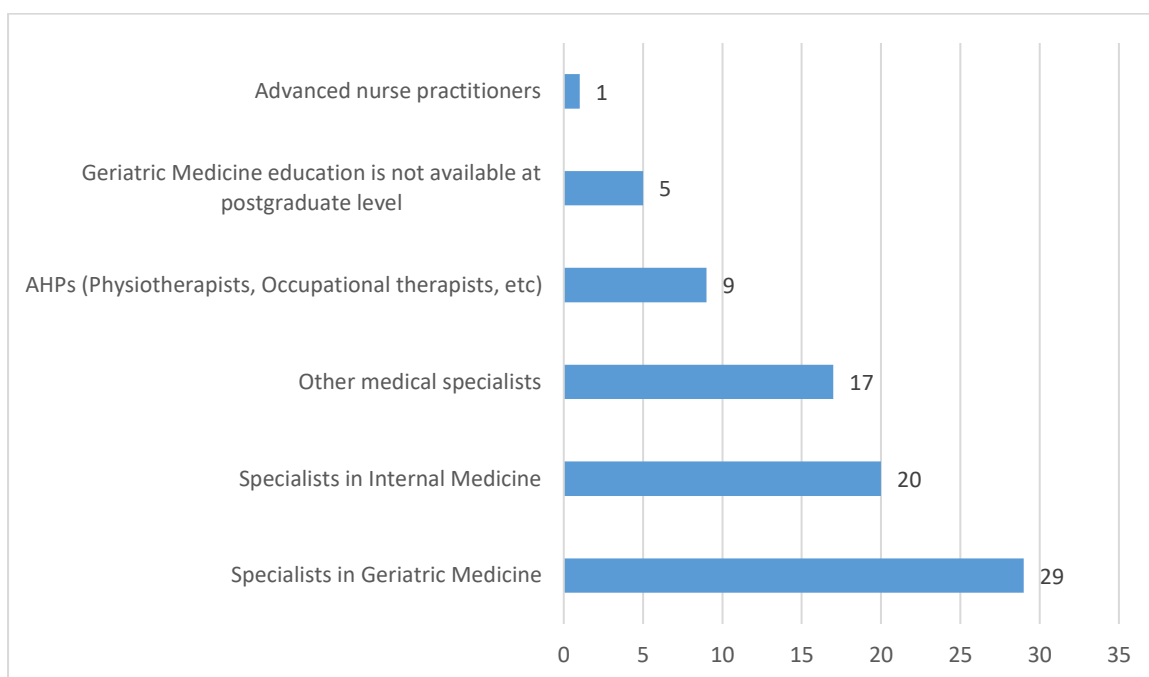


Fig. 11 Professionals who teach Geriatrics to postgraduate trainees in European countries.

GM clinical practices

Geriatrics wards are where Geriatric Medicine or healthcare for older people is applied/delivered, as mentioned by 30 respondents (Fig. 12). Out of the 41 respondents, 27 said that Geriatric Medicine or healthcare for older people is applied/delivered in long term care facilities, while 25 highlighted rehabilitation care settings, 24 mentioned that it is in ambulatory settings, 21 in orthopaedic wards, 21 in Primary Care/Community settings and 19 in palliative care settings (Fig. 12). There were 2 respondents (Albania, Armenia) who mentioned that there is no specific Geriatrics care available in their country. One response (Ireland) was related to Geriatric Medicine or healthcare for older people being applied/delivered in stroke units/ED/surgical wards. One respondent highlighted that it is not applied/delivered at a national level (Fig. 12).

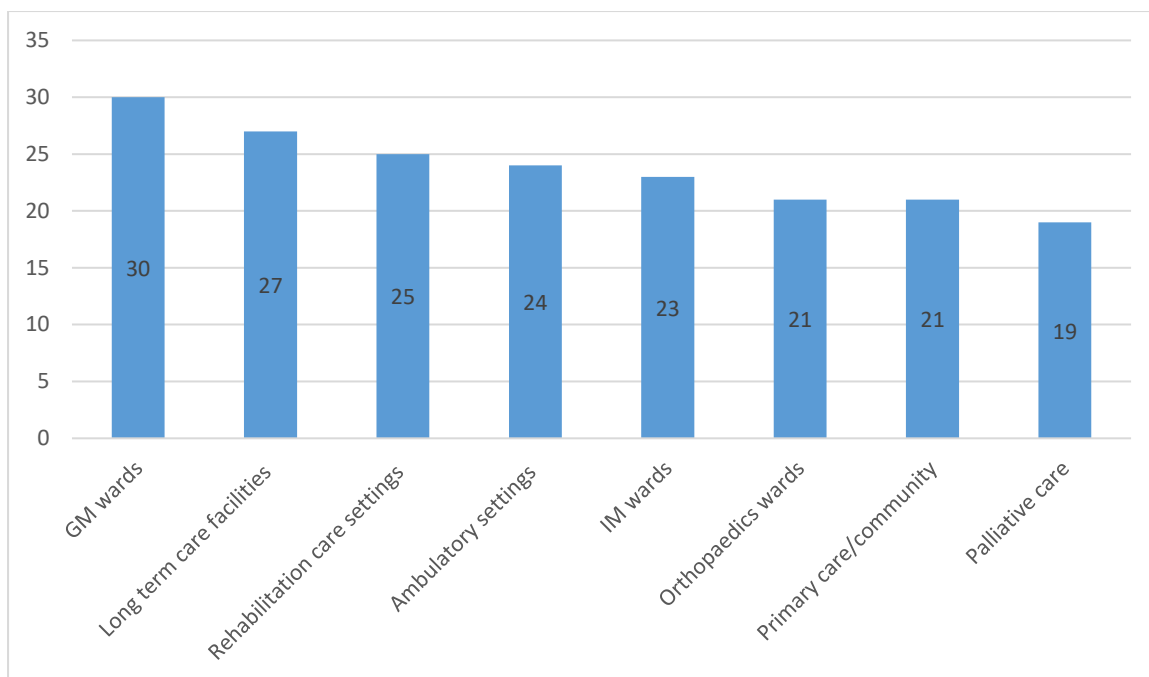


Fig. 12. Settings where GM/Healthcare for older people is practiced across European countries.

Some of the respondents (17.7%) highlighted that Geriatric specialists do not subspecialize in their country (Fig. 13). Out of the respondents, 13.5% mentioned that the question is not applicable, because Geriatrics is not a distinct specialty. In other countries, 10.4% of the respondents said that psychogeriatrics is an option for subspecialization, while 7.3% mentioned acute geriatrics and frailty as subspecialization options for Geriatrics specialists in their country. Approximately 6% of the respondents summarized that subspecializations available for Geriatrics specialists are: falls and bone health, palliative care geriatrics, rehabilitation geriatrics and community geriatrics. A few of the respondents (4.2%) emphasized Front door geriatrics, perioperative and surgical liaison and oncogeriatrics as possibilities for subspecializations for Geriatrics specialists. Incontinence and syncope as subspecialities are also a possibility mentioned by 3.1% of the respondents (Fig.13).

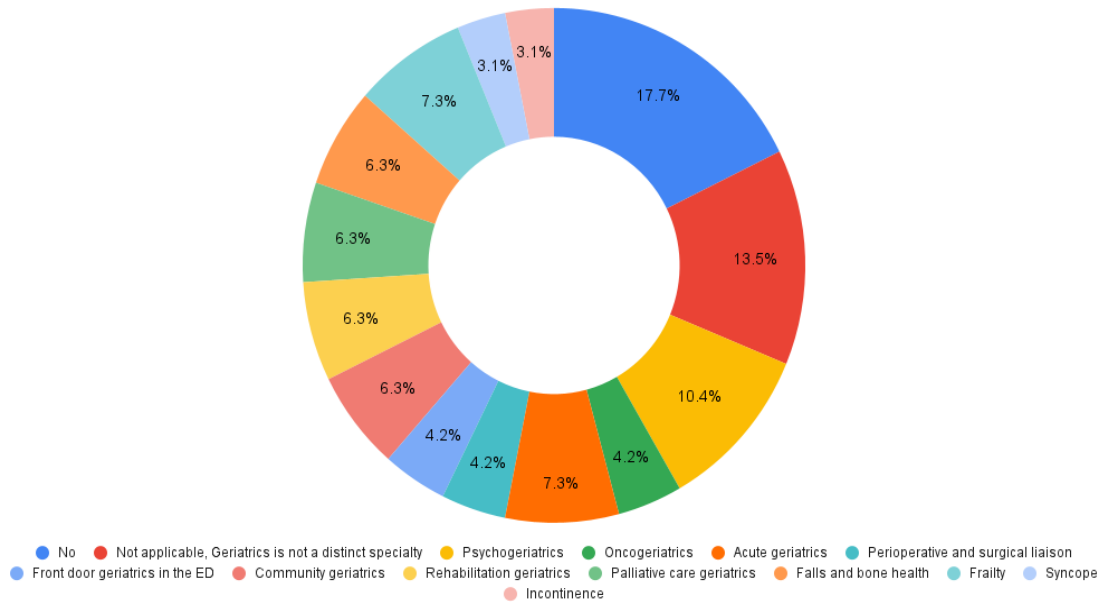


Fig. 13. Advanced training of geriatricians in European countries.

GM academic development

In 26 countries GM is a standalone academic discipline, and in 14 countries is associated with other academic medical disciplines such as internal medicine, psychiatry, nursing. In Germany and Netherlands it is both a standalone and associated with other medical disciplines. In 17 countries there are no standalone GM academic chairs while in 16 countries there are several (Fig. 14). Master studies are available in 23 European countries and doctoral studies in 19 countries.

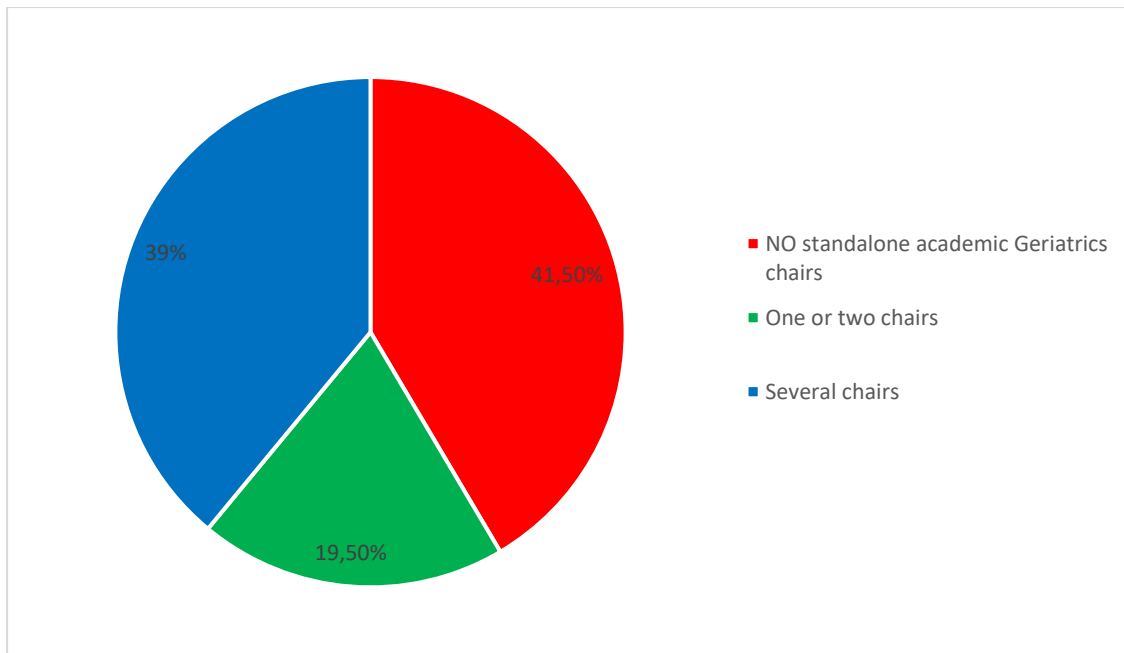


Fig. 14. Standalone academic GM chairs in European countries.

Note: The case of Kosovo

Our sample included European countries as defined by the WHO [1]. Even though Kosovo* is not yet part of the WHO, it is a COST Near Neighbour Country and a partner in the PROGRAMMING project. Therefore we collected data and present the GM situation in this country as well. In Kosovo* GM is not recognised a specialty/subspecialty and there are no opportunities for postgraduate training in this domain. The undergraduate curriculum for medical students include subjects on GM at the Medical Faculty in Prishtina. Nurses and Physiotherapists students are taught GM at the undergraduate level in some colleges/faculties. “There is a Centre on Aging in the National Institute of Public Health” and up to two independent GM academic chairs. There is no specific Geriatric care available in Kosovo*.

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence

Conclusion

Although GM education and training exists either at undergraduate or postgraduate levels for healthcare professionals in most of Europe, in reality, the situation is heterogeneous and in almost half of the countries training opportunities,

academic establishments as well as specialised healthcare are limited. However, there is interest and awareness and growing efforts are being made by national professional organisations to organise a coherent GM educational and healthcare system in many countries.

We would like to mention that although the results presented in this report are complete, data is still currently being processed and analysed by a team of researchers who will also write and submit a paper for publication by the end of this year.

References:

1. Available at <https://who-sandbox.squiz.cloud/en/countries>; retrieved 01 June 2024.