



Geriatric Medicine Matters

The Added Value for Healthcare Educators and Curriculum Developers

Current demographic shifts towards older societies demand a move away from traditional, disease-centred curricula that often leave students ill-equipped for the clinical reality of multimorbidity and functional decline.

Healthcare educators have an important role in preparing a workforce capable of responding to population ageing through integrated, person-centred care.

Geriatric Medicine (GM) is a specialty of medicine concerned with physical, mental, functional and social conditions in acute, chronic, rehabilitative, preventive, and end of life care in older patients. It focuses on individuals living with frailty and multimorbidity, whose needs extend beyond organ-based paradigms of care and demand multidisciplinary, holistic management aimed at preserving function, autonomy, and quality of life.[1]

Embedding geriatric competencies is both a **clinical and educational priority**, with the potential to enhance clinical decision-making, promote interprofessional collaboration, strengthen the social accountability of educational institutions and contribute to the sustainability of healthcare systems.

Additionally, institutional credibility depends on **harmonizing curricula** with international benchmarks regarding older adult care, thereby supporting accreditation processes and facilitating professional mobility. **Health-related education equity across Europe** is crucial to ensure healthcare equity across Europe for all older citizens.

Key messages

- Educators and curriculum developers play a key role in aligning training with demographic realities and in shaping a professional identity capable of ensuring dignity for ageing populations.
- Integrating geriatric principles helps close the gap between fragmented, disease-oriented education and the complex needs of older patients.
- Interprofessional geriatric education builds a shared language across health professions, strengthening teamwork and creating opportunities for professional development, educational innovation, and research.
- Vertical and horizontal integration of geriatric competencies across training pathways should be ensured in all disciplines and fields concerned with ageing and older adults.
- Sustainable implementation of GM principles requires a system-level approach in education that invests in faculty development, engages stakeholders, strengthens the visibility of the geriatric approach, and supports the recognition of GM as an independent specialty.



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I. Why Geriatric Medicine matters for healthcare educators and curriculum developers

REDEFINING PROFESSIONAL IDENTITY OF HEALTHCARE PROFESSIONALS | Embedding Geriatric Medicine principles into healthcare curricula advances equity, dignity, and independence, strengthens interdisciplinary collaboration, challenges ageism and conceptualizes ageing as a dynamic, manageable process. [2,3] 

STRENGTHENING OF CLINICAL JUDGMENT | The Geriatric Medicine approach strengthens clinical decision-making in complex, real-world situations, supports prioritisation of care goals and promotes best practices in person-centred care. [4]  It supports the **development of a shared language across professions**, reinforcing interprofessional collaboration. [5] 

INSTITUTIONAL CREDIBILITY | Integration of Geriatrics strengthens the social accountability of educational institutions, increasingly reflected in accreditation processes, institutional evaluation and university rankings. [6,7] 

SYSTEMIC MISMATCH | Many curricula remain predominantly disease-centred, fragmented, and insufficiently aligned with the needs of older adults with direct consequences for quality of care, patient safety and system sustainability. [8] 

PROFESSIONAL DEVELOPMENT | Geriatrics is a rapidly evolving, evidence-based field, offering opportunities for innovation in education, interdisciplinary collaboration and research development, enhancing relevance, coherence and future readiness.

MANDATORY ALIGNMENT OF GM PRINCIPLES WITH INTERNATIONAL STANDARDS | Curricula should be aligned with the United Nations 2030 Sustainable Development Goals [9]  and with the World Health Organisation Integrated Care for Older people (ICOPE) approach [10] , along with the minimum training requirements including geriatric competences outlined by the European Union of Medical Specialists (UEMS). [11]  Such alignment supports professional mobility, recognition of qualifications and institutional credibility.

II. Which policy changes will really move the needle?



Transversal and vertical integration of geriatric competencies and essential soft skills across education and training pathways

Embed geriatric principles, from biology of ageing to frailty, alongside communication, empathy and other soft skills required for humanistic, holistic and person-centred approaches of care. These should be integrated across all stages of education for all healthcare professionals in all relevant disciplines, from early undergraduate curricula to postgraduate training, while being tailored to the learner's profile to ensure relevance within professional-specific pathways.



Interprofessional and interdisciplinary education

should be systematically incorporated, enabling the development of shared competencies, communication skills and collaborative practice across healthcare disciplines. Interprofessional geriatric education involving, but not limited to, physicians, nurses, physiotherapists, oral health professionals, occupational therapists, dietitians, pharmacists, psychologists and social workers is essential for preparing healthcare professionals for real-world integrated care.



Reshaping core curricula

Address multimorbidity, functional decline, and complexity of old age.

This transformation should be person-centred and context-sensitive, taking into account cultural and national specificities, and supported by existing frameworks.



Innovation in educational delivery and experiential learning

Utilize simulation, gamification and exposure to real-life ageing contexts such as community and long-term care settings, alongside flexible, digitally supported and AI-enabled learning modalities. [12] 



Ageism and the Hidden Curriculum

Negative attitudes toward ageing and older adults remain deeply embedded within healthcare culture and educational systems. [13]  Addressing ageism requires not only formal teaching but also transformation of the hidden curriculum through positive clinical exposure, mentorship and person-centered approaches to ageing.

III. How these adaptations may be put into practice

1. INTEGRATION OF GERIATRIC COMPETENCIES

- **Sequential and longitudinal teaching:** Geriatric content should be a mandatory component of undergraduate education across all healthcare professions and reinforced through postgraduate and continuing professional development.
- **Leverage existing international educational frameworks**, such as European Training Requirements (ETRs) [14,15], , PROGRAMMING COST ACTION CA21122 outputs [16] , scientific societies [17] , national authorities [18-20]  and patient organizations which define core geriatric competencies as well as evidence-informed practices. Institutions can build on these resources, adapting them to local contexts and integrating them into current programs.
- **Institutional validation and quality assurance:** Align curricula with existing accreditation and quality assurance frameworks to support formal recognition and evaluation of geriatric competencies.
- **Establish standardized frameworks to ensure consistency and scalability** such as European Credit Transfer and Accumulation System-based courses, micro-credentials and stackable learning pathways. [21] 

2. INVESTMENT IN FACULTY

- **Train-the-trainer programs** are essential to build capacity, confidence and expertise, enabling them to effectively deliver geriatric education and act as role models within their institutions. [22] 

3. ENHANCE THE ATTRACTIVENESS AND VISIBILITY OF GERIATRIC MEDICINE AND GEROSCIENCE

- **Position ageing as an important axis of research and education**, with opportunities for active student engagement.
- **Develop flexible learning pathways**, including opportunities for research engagement, interprofessional learning and continuing professional development.
- **Strengthen leadership, mentorship and role models** in clinical training environments—including hospitals, long-term care and community settings

4. STAKEHOLDER ENGAGEMENT

Actively involve older adults and caregivers in curriculum design to ensure education remains responsive to real-world needs. [12] 

5. EXPOSE LEARNERS

Expose learners to positive, meaningful experiences of ageing and older adult care.

6. STRENGTHEN COLLABORATION AND CONNECTIVITY

By promoting international and inter-institutional partnerships, facilitating access to scientific societies, educational initiatives, and professional networks and supporting the exchange of best practices.

7. RECOGNITION OF GERIATRIC MEDICINE AS AN INDEPENDENT SPECIALTY

Is a critical enabler of its effective integration into healthcare education and practice. It provides the necessary academic and clinical foundation to ensure coherent training, foster specialized expertise, and strengthen its role as a cornerstone of high-quality, future-oriented care.

8. CULTIVATING DIGITAL AND TECHNOLOGICAL COMPETENCIES

Future healthcare professionals should also be trained in the use of digital health technologies, telemedicine and integrated electronic care systems that support coordinated care for older adults with multimorbidity and mobility limitations.

Key Conclusion

Geriatric Medicine should not be viewed as an additional component to be appended to existing curricula, but rather as **a transformative approach that redefines how healthcare is taught and delivered. Educators and curriculum developers have a unique opportunity to lead this change.**

Continuous professional development in principles of Geriatric Medicine should become a **mandatory component of lifelong learning for all healthcare professionals** working with adult populations.

By embedding geriatric principles across **all levels of education**, this contributes to ensuring that the next generation of healthcare professionals is prepared to meet the realities of an ageing society- an imperative step toward improving **care quality**, ensuring **equity**, **dignity** and the **sustainability of healthcare systems**.

The time to act is now!

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MORE RESOURCES (available at www.cost-programming.eu/):

1. PROGRAMMING Advocacy Briefs: Geriatric Medicine matters: The added value for... Healthcare Systems and Policymakers | Healthcare Professionals | Older People and Civil Society
2. PROGRAMMING COST Action 21122 publications
3. 90" video on what PROGRAMMING COST Action 21122 is
4. Short video explaining Geriatric Medicine
5. PROGRAMMING Glossary of Geriatric Medicine terms

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