WG2 | CONTINUING PROFESSIONAL DEVELOPMENT

From educational needs to a European consensus on geriatric CPD

Older people with frailty, memory problems, pain and many medications are increasingly cared for at home and in outpatient settings. **Working Group 2** asked what the professionals caring for them need to know.

Frailty · Memory problems · Pain · Many medications → **What do we need to know?**

WG2 OUTPUTS AT A GLANCE

Four linked outputs move from documented need to a validated curriculum framework.

1 Review of professional guidance

Structured search of European umbrella societies for nursing, dietetics, psychology, dentistry, speech-language therapy, physiotherapy, occupational therapy and pharmacy.

Almost no profession (except dentistry) recommends core geriatric topics at undergraduate level; none address sarcopenia.

2 Educational needs survey (with WG1)

Pan-European survey: **2,380** ambulatory and home-care professionals from 13 professional groups.

For most topics, perceived relevance and interest clearly exceed self-rated knowledge.

3 Expert focus groups

Heraklion, 17 June 2025 (9 geriatricians, 1 geriatric dentist); online, 25 June 2025 (7 professionals from 7 disciplines).

Screening-level knowledge of geriatric syndromes for all; shared transversal skills.

4 Two-round Delphi consensus

Online, November–December 2025; 17 countries, 10 professions; reported per CREDES.

308 topic–profession items reached consensus on how deeply each topic should be taught.

NEXT STEPS

WG2 now calls for local adoption, team-based pilots and proper evaluation of their impact.

1 Adopt

Integrate and locally adapt the competencies in undergraduate education and CPD.

2 Implement

Fund team-based pilots in ambulatory and home care, with protected training time.

3 Evaluate

Measure gains in competence and changes in care processes first, then patient and caregiver outcomes.

EDUCATIONAL NEEDS – KEY FINDINGS

Professionals see geriatric topics as relevant and want to learn, but rate their own knowledge lower.

LARGEST SHARED GAPS ACROSS MOST PROFESSIONS

- Comprehensive geriatric assessment
- Chronic pain
- Frailty
- Behavioural and psychological symptoms of dementia
- Capacity to consent
- Depression and cognitive screening
- Resilience and diversity of older people

PROFESSION-SPECIFIC PRIORITIES

- Polypharmacy and deprescribing (for physicians)
- Advance care directives (for nurses)
- Sarcopenia (for physiotherapists)

GUIDANCE GAP

Professional societies offer few specific recommendations for teaching core geriatric topics to allied health professions.

Training level matters: physicians in and after specialist training report different needs.

DELPHI CONSENSUS – WHAT TO TEACH, HOW DEEPLY, AND FOR WHOM

A two-round Delphi produced, to our knowledge, the first consensus grading the depth of geriatric CPD for ten professions, not physicians alone.

17	10	7	47	32	≥75%
countries	professions	transversal competencies	geriatric topics (per profession)	experts completed Round 1 (most with >10 years of teaching or supervision)	agreement for consensus

SHARED CORE FOR EVERY PROFESSION

- Communication
- Interprofessional collaboration
- Ethics
- Cultural competence
- Ageism
- Recognising elder abuse
- Prognosis and risk stratification

All 7 transversal competencies should be taught extensively to every profession.

SCREENING BY ALL

Most professions should be able to screen for common geriatric syndromes, including:

- Falls and mobility
- Hearing and vision
- Frailty and sarcopenia
- Malnutrition
- Dysphagia
- Cognitive impairment and dementia
- Depression and delirium

DEPTH FOLLOWS ROLE

Physicians and nurses need extensive teaching on most management topics, such as:

- Chronic pain
- Incontinence
- Pressure ulcers
- Polypharmacy

Other professions have focused priorities, e.g.

- Chronic pain for physiotherapists and occupational therapists
- Dysphagia for speech-language therapists

Meet the WG2 Leaders



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