WG3 | EDUCATION, TRAINING AND COMPETENCIES IN GERIATRICS

From expert consensus to core geriatric competencies

What should every healthcare professional caring for older people know – and how should training differ across care settings?

Working Group 3 developed an expert consensus on core geriatric competencies for non-geriatrician healthcare professionals working in acute, subacute and long-term care, building on the findings of WG1 and a review of existing educational curricula.



International expert panel
using a three-round Delphi study

KEY FIGURES

28
Countries represented

41
Experts in the first Delphi round (37 in rounds 2 and 3)

3
Care settings addressed (acute, subacute and long-term care)

HOW WE DID IT

1 Identification and review

Identified the most relevant items from WG1 and reviewed existing curricula for medical and nursing students across Europe.

2 Item selection and questionnaire

Compiled and selected key items by the WG3 board and created a questionnaire using a Google Form.

3 Three-round Delphi study

October 2025 – April 2026 with an international and multidisciplinary panel of experts.

4 Consensus

Items included if ≥80% agreement in round 1 and ≥70% in rounds 2 and 3 (scores 4 or 5).

A SHARED FOUNDATION, TAILORED TO EACH SETTING

Acute care
Core competencies

Subacute care
Core + additional priorities

Long-term care
Core + setting-specific priorities

CORE COMPETENCIES VALIDATED ACROSS ALL SETTINGS

KEY RESULTS

The study identified essential areas of geriatric knowledge and practice, with a core set of competencies for all settings and additional priorities for specific care contexts.

CORE COMPETENCIES VALIDATED ACROSS ALL SETTINGS

- Assessment of mobility and falling risk
- Communication with the older patient and their family and proxy
- Delirium: screening, risk factors and prevention, and non-pharmacological management
- Non-pharmacological management of behavioural and psychological symptoms of dementia (BPSD)
- Management of acute and chronic pain
- Diagnosis, prevention and management of pressure ulcers

ADDITIONAL PRIORITIES FOR SPECIFIC SETTINGS

Acute care
- Frailty
- Complexity and comorbidity

Subacute care
- Comprehensive geriatric assessment
- Malnutrition: assessment, prevention and management
- Diagnosis of depression and anxiety

Long-term care
- Comprehensive geriatric assessment
- Malnutrition: assessment, prevention and management
- Cognitive impairment and dementia
- Incontinence

THE DELPHI PANEL

A multidisciplinary panel of experts with broad European representation.

41
experts
(37 in rounds 2 and 3)

63%
female
(sex ratio 2/1)

78%
medical doctors
10% nurses

28
countries represented
(9 countries with geriatrics as a full or subspecialty)

WHY IT MATTERS

Geriatric knowledge should not be limited to geriatricians. WG3 provides a practical foundation for developing and adapting educational programmes for the wider healthcare workforce. Its findings highlight the importance of multidisciplinary collaboration and training that responds to both professional roles and clinical settings.

Meet the WG3 Leaders



Leader
Sylvie Bonin-Guillaume



Co-Leader
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Core Member
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