

# **The British Geriatrics Society Recommended Undergraduate Curriculum in Geriatric Medicine**

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## **Introductory statement**

Undergraduate teaching in geriatric medicine has a critical role to play in equipping doctors of the future with the knowledge, skills, and expertise to care for older adults with complex needs. This curriculum is designed on the basis of the 2013 British Geriatrics Society Recommended Curriculum in Geriatric Medicine for Medical Undergraduates. The purpose of this update is to ensure that the recommendations meet the standards required of all clinicians practising in the UK set by the General Medical Council in Outcomes for Graduates and the Medical Licensing Assessment, and to bring UK guidance in-line with the European recommended undergraduate curriculum.

This new curriculum is based around 7 core concepts of geriatric medicine and has been developed by a multidisciplinary team using a nominal group technique. These recommendations are for medical schools and medical students in the United Kingdom and are written to reflect the standard expected of a Foundation Year 1 doctor upon graduation from medical school. We recognise that many of these recommendations are applicable to other areas of clinical practice, and therefore encourage a longitudinal inter-weaving of these concepts throughout undergraduate teaching.

## **Sections:**

1. Foundations of ageing and Geriatric Medicine
2. Clinical care of older people
3. Specific age-related conditions
4. Multidisciplinary team-working and services
5. Prescribing in Geriatric Medicine
6. Ethicolegal aspects of Geriatric Medicine
7. Research in ageing and Geriatric Medicine

## Section 1 - Foundations of ageing and Geriatric Medicine

*1a- Graduates should maintain a professional and respectful approach to patients, regardless of their age, by:*

- i. Demonstrating professional and respectful communication with patients, carers, next of kin, and healthcare professionals, recognising that conversations and the terminology used around ageing, frailty and dying need to be approached with consideration and sensitivity.
- ii. Recognising the issue of stereotypes related to older people and advocating against ageism, with an awareness of the negative effect that ageism can have on the care of older patients.
- iii. Recognising the heterogeneity of older people and ageing as a spectrum, and considering patients' ethnic, sexual, and cultural backgrounds.

*1b - Graduates should understand the natural history of human diseases, including disease presentation, progression, and responses to illness, by:*

- i. Explaining the biochemical, molecular, cellular, genetic, and psychosocial theories of ageing.
- ii. Describing the anatomical, histological, and physiological changes associated with ageing.
- iii. Describing the pathology associated with ageing, age-associated disease processes and dying.
- iv. Explaining the concepts of frailty, disability, and multi-morbidity in older people.
- v. Recognising that older people with frailty often present with non-specific symptoms and atypical signs, which should be accounted for in diagnostic, investigative, therapeutic, and prognostic clinical reasoning, and understanding that this is likely to be associated with elements of clinical uncertainty.

## Section 2 - Clinical care of older people

*2a - Graduates should have the special skills needed to care for older people comprehensively and compassionately by:*

- i. Taking a history from older patients, including gaining a collateral history where necessary.
- ii. Performing a physical assessment in an older person, that includes assessment of activities of daily living, cognition, gait and balance, hearing, mood, skin, vision, nutrition, and hydration, and using objective assessment tools available in these domains, where appropriate after considering their indications and limitations.
- iii. Defining Comprehensive Geriatric Assessment (CGA) and listing its main domains: physical, functional, social, environmental, and psychological.
- iv. Contributing towards the process of CGA, engaging with multidisciplinary team members in each of these steps: initial assessment, establishment of a problem list, management plan, goals, and iteration.
- v. Interpreting the findings of CGA, suggesting diagnostic and management steps, and tailoring the investigations and management based on clinical need and the patient's priorities.
- vi. Applying the principles of evidence-based practice in their care of older people, accounting for multi-morbidity and recognising the limitations of existing research when extrapolating data from studies performed in younger people when applying generic guidelines.

*2b - Graduates should recognise the impact of illness on function, providing help towards recovery, reducing, or managing impairments and maintaining independence, by:*

- i. Describing the concepts of prehabilitation and rehabilitation, and their role in the continuum of health promotion.
- ii. Recognising the role of social and environmental factors in older persons' health, and considering an individual's life experience, values and preferences when making shared decisions about their care.
- iii. Recognising the role of aids (e.g. hearing aids, toileting aids, transfer aids, walking aids, assistive technologies) in the management of older people with cognitive, sensory and functional limitations, and potential barriers to their adoption.
- iv. Adapting their communication and assessment approach to suit individual patients with cognitive, sensory and/or functional impairments.
- v. Understanding and being prepared to discuss the impact of physical and cognitive limitations on a patient's ability to drive safely and be able to apply relevant governmental guidance to individual cases.

### **Section 3 - Specific age-related conditions**

*3a - Graduates should be able to describe the pathophysiology, diagnosis, assessment, management and preventive strategies for common conditions and syndromes encountered within Geriatric Medicine:*

- i. Bladder and bowel disorders
- ii. Cardiovascular disease (including blood pressure instability, heart failure and syncope)
- iii. Cerebrovascular disease and stroke
- iv. Cognitive impairment, including dementia and delirium
- v. Dizziness (including orthostatic hypotension and vertigo)
- vi. Falls
- vii. Frailty
- viii. Hearing and visual disorders
- ix. Immobility and Deconditioning
- x. Malnutrition and sarcopenia
- i. Mental health in later life (including depression, substance misuse, loneliness, and grief)
- xi. Parkinson's disease and other related disorders
- xii. Osteoporosis & fragility fractures
- xiii. Pressure ulcers

*3b - Graduates should be able to describe the relevant aspects of pathophysiology, diagnosis, management and preventative strategies for conditions and syndromes that fall within the wider remit of General Medicine but increase in prevalence and change in their presentation and management with advancing age.*

## **Section 4 - Multidisciplinary team-working and services**

*4a - Graduates should understand and respect the roles and expertise of other health and social care professionals by:*

- i. Describing the roles and contributions of health and social care professionals commonly involved in the care of older people.
- ii. Gaining experience of how these professions work together in a multidisciplinary team and recognising the importance of team-working in delivering optimal care to older people.

*4b - Graduates should know about care of older patients in different settings and about specific aspects of health and social care in their region/country by:*

- i. Gaining experience of caring for older patients in various settings, and how these services work together, including: primary and community care, inpatient and outpatient hospital care across clinical specialities, inpatient and outpatient rehabilitation, institutional and non-institutional long-term care, and palliative and end-of-life care delivered in these settings and in hospices.
- ii. Describing the interaction between health and social services in the discharge of patients from hospital, the provision and funding of long-term care for older adults and describing what services are available in their region/country.
- iii. Defining the specialties that commonly work closely with geriatric medicine (stroke medicine, palliative medicine, old age psychiatry) and sub-specialties within geriatric medicine and relate their contribution to the care of older adults in a regional/national context.

## **Section 5 - Prescribing in Geriatric Medicine**

*5 - Graduates should understand the principles of treatment, including the appropriate and safe use of medicines as a basis for prescribing, by:*

- i. Describing the effect of ageing upon pharmacodynamics and pharmacokinetics.
- ii. Defining the concept of polypharmacy in older people.
- iii. Engaging in medicines optimisation with older patients, accounting for physiological differences, drug-drug interactions, multi-morbidity, frailty, adverse drug reactions and patient preference, and considering objective assessment tools available for medication reviews where appropriate (e.g. STOPP/START, STOPPFall, anti-cholinergic calculators, and levodopa equivalence calculators)
- iv. Discussing the factors affecting medication concordance with older patients and the detection and management of drug underuse/overuse.
- v. Prescribing safely for the conditions defined in section 3, and to manage symptoms occurring at the end of life.

## **Section 6 - Ethicolegal aspects of Geriatric Medicine**

*6 - Graduates should understand the main ethical and legal issues arising in the care of older patients by:*

- i. Applying the four ethical principles of autonomy, beneficence, non-maleficence, and justice, in their approach to caring for older people.
- ii. Applying the ethical and legal frameworks relevant in their country that govern advance directives, assisted dying, cardiopulmonary resuscitation decisions, withdrawal and withholding of medical treatment and artificial nutrition and hydration.
- iii. Demonstrating the ability to have sensitive discussions with patients, carers and other advocates around breaking bad news, conflict resolution, civility, cardiopulmonary resuscitation decisions and advance care planning.
- iv. Applying the principles of mental capacity to make decisions, understanding the concept of 'best interests' and being aware of the legislation which outlines and protects these principles in their country (e.g., Liberty Protection Safeguards, Power of Attorney, Independent Mental Capacity Advocates, Court of Protection).
- v. Recognising potential elder abuse and describing the appropriate steps to safeguard vulnerable patients, with an awareness of local safeguarding procedures.

## **Section 7 - Research in ageing and Geriatric Medicine**

*7 - Graduates should understand the intricacies of undertaking and interpreting research in older people by:*

- i. Describing recent and predicted national and international trends in demography, epidemiology and healthcare costs related to ageing.
- ii. Being aware of national and international health inequalities and how these impact life expectancy and quality of life for older people.
- iii. Understanding the research and quality improvement methodologies employed to advance the care of older people.
- iv. Advocating for patient voice and codesign when participating in medical research teams.
- v. Describing the barriers to research in older people including: issues of sampling and generalisability, inclusion of participants with multimorbidity, functional and cognitive impairment and the associated ethical issues, issues of measurement and measurement bias.