

**GERIATRIC MEDICINE IN THE EUROPEAN UNION:
UNIFICATION OF DIVERSITY**

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Introduction

Older people make greater than average use of health services. About 7500 to 10000 geriatricians provide services for the increasing number of elderly people within the European Union. The European Commission has shown an interest in specialist services for older people and has recognised geriatric medicine as a specialty^{1,2}. However, among the member states there are large differences in structure, health care services and training facilities³. Steps have been undertaken to equate and promote geriatric medicine across the European Union. The setting up of the European Region in 1967 by the International Association of Gerontology (ER-IAG), founded in 1950, was the first European organisation dealing with ageing. In 1992 a group of professors of medical gerontology started the European Academy for Medicine of Ageing (EAMA). The European Union of Medical Specialists (UEMS), founded in 1958, inaugurated a Geriatric Medicine Section (GMS) in 1997⁴ and in 2001 the European Union Geriatric Medicine Society (EUGMS) was established. The GMS-UEMS has collected information from its members about the differences in geriatric medicine and other medical organisations within the member states of the European Union. The second part of this article is focused on the need for collaboration between the European geriatric medical organisations.

Geriatric Medicine in the European Union

recognition and continuing medical education

Table 1 shows details of the countries, which have recognised Geriatric Medicine as a specialty. Geriatric medicine has been recognised in Austria, Belgium, Denmark, Finland, France, Germany, Ireland, Italy, the Netherlands, Spain, Sweden and the United Kingdom. It has not yet been recognised in Greece, Luxembourg and Portugal, although it is hoped that the specialty will be recognised in these countries in the future. However the debate over recognition has a political impact and needs the co-operation of the medical professions. All aspects of care for geriatric patients, including rehabilitation and the care in residential and nursing homes, are covered by the same specialist in Finland, Italy and Spain, although not all geriatric patients may see a geriatrician. Other countries have different specialties covering the different parts of this spectrum of care. This highlights the unevenness of the approach to health-related problems in older people within the member countries. Problems, which are met at home, in the residential and nursing homes or in the hospital setting, pose the question of whether a uniform system across Europe is preferable to a culturally, socially and economically sensitive local system.

Continuing medical education, CME, is provided in all countries, however, only in Austria, Belgium, the Netherlands and the United Kingdom is it on a formal basis. A system for accreditation has been organised in these countries along with France and Ireland. It might be expected that in order to guarantee the quality of health care, there would be an obligation in the future to establish formal programmes for continuing medical education (CME) and continuing professional development, with a similar system of accreditation in all member countries.

training in geriatric medicine

Different aspects of training in the specialty are shown in Table 2. In most countries the training varies between 4 and 7.5 years. Austria is the exception, with a training programme of 8 weekends over a period of two years, with most of the trainees being general practitioners. In Belgium, France and Germany the training in geriatric medicine is in addition to the completion of specialist training in internal medicine. In nearly all countries the trainees have to spend at least two years in general or internal medicine. Here Italy is the exception, as training in internal medicine is not required, although it is under discussion as to

whether this will be changed. The differences in training have an impact for the exchange of medical specialists across the European Union. A free exchange has been agreed for all European Union member states, however, the differences in the training especially in Austria and Italy could lead to problems.

The EUMS recommends a period of four years specialist training in geriatric medicine. However a problem arises in the difference of opinion about the content of the specialty. In Austria and Italy most geriatricians are dealing with patients outside the hospital, in other countries most of the time is spent on inpatients, albeit sometimes with consultations at home and in nursing homes. The GMS accepted the general principle of needing four years specialist training for geriatric medicine but this is in addition to two years of internal medicine. The curriculum for this training has been published in the brochure '*Training in geriatric medicine in the European Union*'⁵. Included are the knowledge of basic care and provision of appropriate services in geriatric medicine, assessment and training, rehabilitation services, discharge planning, assessment for long term care and research. The brochure also describes the requirements needed for the recognition of training institutions and teachers. The use of a logbook is recommended in most countries and provides useful information about the facilities of the training centre and departments where the trainee has been trained. An advantage is that the head of a department, seeing a new trainee, knows about the trainee's skills and previous experience. Only in Germany, Italy and the Netherlands is a logbook not used. The GMS advises a combination of clinical and theoretical training as the best method⁵. Most countries have this combination, but Denmark, Finland and Germany suffice with clinical training alone. The value of a final examination is a matter for debate. At present only five countries have introduced an examination to mark the end of training. The need for, and the benefits of, a European examination at the end of training in geriatric medicine require discussion. Some medical specialties have an examination but on a voluntary basis and it is seen as providing a European standard especially for those specialists who potentially want an academic or international position.

The United Kingdom and Italy have by far the greatest number of specialists and corresponding professional societies for geriatric medicine.

In the data obtained from the 15 member states it can be seen that there is a large variation in the health services for geriatric patients and in the facilities for specialist training. Hopefully all European Union member countries will recognise geriatric medicine in the near future and develop training programmes and allow for continuing medical education and professional development with a robust accreditation system.

Organisations of Geriatric Medicine within the European Union

International Association of Gerontology

The objective of the IAG is to promote gerontological research in biological, medical, behavioural and social policy, and practice fields. It promotes the training of highly qualified personnel in the field of ageing, and the interests of gerontological organisations internationally. The IAG has a close relationship with the United Nations programme on Ageing. The IAG has five regional divisions, Europe, Africa, North America, Latin America and the Caribbean, and Asia/Oceania, and different sections have been established for social sciences, biological sciences and medicine. A world congress is organised every four years, the next being in Rio de Janeiro, Brazil, in August 2005. Regional congresses are organised in the intervening years, for Europe it is in Barcelona, Spain, in July 2003. The congresses provide an excellent forum for the exchange of scientific knowledge between social, behavioural, biological and medical sciences.

European Academy for Medicine of Ageing

In 1995 the EAMA started a programme for teaching and training the teachers in geriatric medicine. It was thought to be the best way of stimulating education in geriatric medicine for both medical students and specialist training. Each course is divided into four one-week sessions spread over two years. Geriatric medical issues, over a wide range, are covered during the four weeks, and include a large variety of medical problems, ethics, preparing and judging an article and aspects of management and education.

The executive board selects about 35 candidates on their functional abilities and their positions within educational or training institutions. The training consists of lectures by the students and chairing and reporting the results of discussions in small groups. Highly renowned scientists are invited as teachers and participate in the discussions with the 'students' after the presentations. An individual evaluation is given by a tutor after all 'student's activities'. Four courses of four one-week sessions have been completed, the fifth starting in January 2003. The excellent feedback has encouraged the EAMA to continue this training ^{6, 7}.

Geriatric Medicine Section of the European Union of Medical Specialists

The statutory purpose of the EUMS is the harmonisation and improvement of the quality of medical specialist practice across the European Union. Education is a key element in this field, with the aim of studying, promoting and defending the free movement of specialists in the European Union. The EUMS collaborates with the Standing Committee of Doctors in Europe and with the European Union of General Practitioners and encourages information exchange between medical specialists ⁴. Special attention is given to the quality of specialists' training and continuing medical education ^{8, 9}. Medical specialties that have been recognised by at least eight European Union member states can be accepted as a section by the EUMS, and 36 sections have so far been established.

The main goals of the GMS are, to provide a European view on geriatric medical services to the UEMS, to provide recommendations on training requirements in geriatric medicine and to encourage discussion of issues affecting older people across European Union countries. The GMS has developed guidelines for specialist training ⁵ and has prepared a chapter on geriatric medicine for the European Manual of Internal Medicine ¹⁰, which is aimed at all trainees in specialties that incorporate a period of training in internal medicine. The GMS is now preparing guidelines for the accreditation of specialist training in geriatric medicine. The requirements for the specialty are laid down in the Charter on Training of Medical Specialist in the European Union ⁸. National authorities are responsible for the selection and approval of training institutions and teachers in accordance with their national rules, European Union legislation and the recommendations from the GMS. The guidelines include site visits as an instrument of quality control ¹¹.

The GMS has started collecting information about medical student training programmes in the different countries of the European Union. The intention is to design guidelines for an undergraduate curriculum for medical students, with geriatric medicine as an integral part of basic medical training.

As has been mentioned before, the importance of continuing medical education and continuing professional development will increase in the future. The GMS assists the European Accreditation Council for Continuing Medical Education (EAC-CME) of the UEMS with its accreditation process which is based on one credit point for each hour of CME. EAC-CME accreditation can be obtained after first receiving accreditation from the

national accrediting authority. EAC-CME accreditation can be requested via the EUMS Secretary General, E-mail: uems@skynet.be.

European Union Geriatric Medicine Society

Between 1999 and 2001 there were discussions between the national geriatric medicine societies of the European Union member states, when the general feeling was that there was a need for an umbrella medical society for geriatric medicine in the European Union. These discussions led to the launching of the EUGMS in August 2001. The mission of the EUGMS is to develop geriatric medicine in the member states of the European Union as an independent specialty caring for all older people with age-related disease. The EUGMS supports these services being available for all citizens of the European Union. Education and continuing professional development are particularly promoted by annual scientific meetings. The EUGMS will develop evidence-based guidelines for preventive and treatment strategies for older people within the European Union.

Unification of Diversity

agreed division of tasks

The expected demographic change in the world will have a high impact on social and economical aspects of life. The European Union and North America are in a good position to be prepared for these problems related to the growing number of older citizens. Part of the expected consequences of these increasing numbers are the associated health-related problems. Between the European Union countries there are great differences in geriatric medicine, regarding the structure, content, services, undergraduate and postgraduate training, and continuing medical education. The national governments are autonomous in their health care systems yet it is accepted that there is free migration and exchange of medical specialists. Consequently the national geriatric medicine societies agreed to form the EUGMS. However, this society is not the only player in this field. The ER-IAG, the GMS and the EAMA also try to enhance the services for health-related problems in older people. The last thing that is needed is overlap and unnecessary competition between these organisations. In the current situation of limited resources, with co-operation, the position of geriatric medicine will strengthen. Competition will be fruitful as long as it stimulates creativity and additional resources.

The first step of co-operation was for the EUGMS to invite the ER-IAG, the GMS and the EAMA, to accept positions within the Society, in order to shape its overall position and to share the activities. The IAG's 'Research Agenda of Ageing for the 21st Century'¹² and the 'Valencia Forum'¹³ papers show that the IAG gives a high priority to social, economical, behavioural and biological aspects of care. Special attention is given to preventive health measures and health promotion activities. The ER-IAG promotes the development of CME and guidelines for common health problems, although here there may be an overlap with the activities of the EUGMS. The agenda for the congresses and symposia must be carefully drawn up and co-operation is needed in the development of guidelines for medical practice. It is to be welcomed that a representative of the ER-IAG is on the EUGMS board. The training of the teachers is well developed to a high standard by the EAMA, and there is no reason to change this. The EAMA accepted a position on the board of the EUGMS to emphasise the interaction between the two organisations, and the GMS has also become a board member. The tasks for the GMS are quality control, and development of guidelines and recommendations for education and training in geriatric medicine. Through this co-operation it is to be expected that there will be acceptance of the GMS guidelines by the EUGMS.

The health care system and the position of geriatric medicine in the United States of America are different from the European Union. Geriatric medicine in the USA has been developed, in the main, as a primary care specialty, with a number of linked nursing home facilities. Within the European Union some countries focus on primary and nursing home care, but in most countries the focus is on hospital services for older people. Research into ageing is well developed in the USA and putting this new research into clinical practice should have a positive effect on the quality of services for older patients around the world.

The IAG allows for exchange between the European and North American regions, but now the American Geriatrics Society (AGS) has a European counterpart in the EUGMS. The '1st Congress of the EUGMS', in 2001, was also the '2nd Transatlantic Meeting' between members of the AGS and the EUGMS.

political impact

The ER-IAG, the EUGMS and GMS all have aspirations to influence the political climate and national governments regarding geriatric medicine and the development of health services for older people. In the structure of the EUMS a link can be made between the GMS, the European Commission and the ministers of health care in the European Union member countries. Influencing the national governments via this route can take a long time, but joint recommendations of the three European Union organisations will have a much quicker and higher impact than advice given by these organisations alone.

Geriatric medicine is a growing specialty in the European Union. To meet society's needs, to guarantee the quality of services, and to allow the free movement of specialists between the member states, is a process, that takes time and energy, but is worth doing. The ingredients for a successful future are available now.

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Table 1. *Aspects of geriatric medicine in the European Union member states who have recognised the specialty.*

Are there different types of specialist or the same type of specialist covering the different aspects of geriatric care e.g. acute hospital care, rehabilitation, Residential Homes, Psychiatric care (Specialists)?; do programmes exist for continuing medical education (CME)?; are these programmes formal or informal and do they offer accreditation?

<i>Country</i>	<i>Specialists</i>	<i>CME</i>	<i>(In)formal</i>	<i>Accreditation</i>
Austria	different specialists	yes	formal	yes
Belgium	different specialists	yes	formal	yes
Denmark	different specialists	yes	informal	no
Finland	same specialist	yes	informal	no
France	different specialists	yes	informal	yes
Germany	different specialists	yes	informal	no
Ireland	different specialists	yes	informal	yes
Italy	same specialist	yes	informal	no
the Netherlands	different specialists	yes	formal	yes
Spain	same specialist	yes	informal	no
Sweden	different specialists	yes	informal	no
United Kingdom	different specialists	yes	formal	yes

Geriatric medicine has not yet been recognised in Greece, Luxembourg and Portugal.

Table 2. *Different aspects of training in geriatric medicine in the European Union member states which have recognised the specialty:*

Total duration of training (Training) and years included in general internal medicine (Int. med.), use of a logbook (Logbook) *, a theoretical and/or clinical training programme (Programme), a final examination (Exam) and the number of trainees at any point in time (Trainees).

<i>country</i>	<i>Training</i>	<i>Int. med.</i>	<i>Logbook</i>	<i>Programme</i>	<i>Exam</i>	<i>Trainees</i>
Austria	8 weekends	---	yes	theory+clinical	yes	70
Belgium	6 yrs	5 yrs	yes	theory+clinical	no	30
Denmark	6.5 yrs	4 yrs	yes	clinical	no	36
Finland	5 yrs	2 yrs	yes	clinical	yes	25
France	7 yrs	5 yrs	yes	theory+clinical	yes	35
Germany	7.5 yrs	6 yrs	no	clinical	yes	unknown
Ireland	6 yrs	2 yrs	yes	theory+clinical	no	30
Italy	4 yrs	no	no	theory+clinical	yes	880
the Netherlands	5 yrs	2 yrs	no	theory+clinical	no	42
Spain	4 yrs	2 yrs	yes	theory+clinical	no	200
Sweden	4 yrs	2 yrs	yes	theory+clinical	no	90
United Kingdom	6 yrs	≥2 yrs	yes	theory+clinical	no	346

Geriatric medicine has not yet been recognised in Greece, Luxembourg and Portugal.

- • A logbook contains information about the training centre and the units where the trainee carried out the training and the activities she or he performed.

Abstract

The numbers of older people in the European Union are increasing and with their associated health needs there is a requirement for the speciality of geriatric medicine to be available throughout Europe. At present specialists in geriatric medicine are not recognised in some of the European Union member countries. It is imperative that training in geriatric medicine occurs throughout Europe starting at undergraduate level and progressing through postgraduate training. There needs to be a programme of continuing medical education and personal development. This paper highlights some of these challenges and suggests a possible way forward.