Undergraduate education in geriatrics within the United Kingdom

SIR—We welcome the debate in the last issue of *Age and Ageing* surrounding the current state of undergraduate education in geriatrics within the United Kingdom [1, 2]. We agree with Lally and Crome that there is now no assurance of postgraduate experience in geriatrics for most doctors. With an increasingly frail inpatient population and the acceptance that geriatricians cannot provide care for all, effective undergraduate education in ageing is now of supreme importance. We do not believe, however, that there is adequate evidence of ‘terminal decline’ in undergraduate geriatric teaching.

Bartram *et al.* [3], whilst highlighting a decrease in the number of academic geriatric units, did little to quantify what is actually taught to medical undergraduates around the United Kingdom with regard to ageing. They do speak of the trend towards integrated curricula and the difficulty posed by this in identifying what is taught and where. Clearly, specialists in geriatric medicine have a significant role to play; however, we believe that what is taught is at least as important as who is teaching it.

We recently conducted a review of the existing English language curricula in undergraduate geriatrics. Comparing these, the BGS document is limited by its misclassification of learning outcomes within the domains of skills, knowledge and attitudes. In addition, several of its learning outcomes are stated in unachievable terms. There is, however, consensus about the topic areas that should be covered between the curricula of the British, American and Australasian Geriatrics Societies and the International Association of Gerontology and Geriatrics.

The GMC’s Tomorrow’s Doctors [4] document, in its current format, actually has wider reference to the ageing agenda than suggested by Lally and Crome. It stresses the importance of recognising response to illness and providing help towards recovery. It emphasises the need for education in reducing and managing impairments, disabilities and handicaps. It states that graduates must understand the social and cultural environment in which medicine is practised in the United Kingdom and understand human development relevant to medicine, including growing old. Through this, the GMC is asserting the importance of education in ageing to the medical undergraduates.

We are in the process of mapping the existing BGS undergraduate curriculum to Tomorrow’s Doctors. We believe that the GMC guidance supports almost all of the learning outcomes specified by the BGS. The challenge is to audit provision of teaching around the United Kingdom against this gold standard. We propose to conduct such an audit towards the end of the year. We welcome comments from colleagues with regard to how this should be approached. Only then will it be possible to comment substantively on the current prognosis for geriatric undergraduate education in the United Kingdom—let us hope it is not terminal.

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