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Undergraduate teaching in geriatric medicine: mapping the British Geriatrics Society undergraduate curriculum to Tomorrow’s Doctors 2009

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Abstract

Introduction: in 2008, the British Geriatrics Society (BGS) developed the Recommended Undergraduate Curriculum in Geriatric Medicine. This was subsequently mapped to the second edition of Tomorrow’s Doctors (TD2, 2003). Following the publication of the third edition of Tomorrow’s Doctors in 2009 (TD3), the mapping exercise was repeated to verify the extent to which the updated General Medical Council recommendations supported teaching in ageing and geriatric medicine.

Method: we analysed TD3 and identified 48 aspects of its general guidance that were relevant to the teaching of medicine for older people. We then mapped these to the 2009 BGS curriculum.
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Results: the BGS curriculum was supported in full by TD3. However, learning outcomes relating to the interpretation and conduct of research in TD3 had no corresponding outcomes in the BGS curriculum.

Conclusion: the BGS curriculum for medical undergraduates continues to provide a specific and complete list of learning objectives, all of which could help to operationalise the general statements made in TD3 with relation to ageing and geriatric medicine. Learning outcomes in research in frail older patients have been added following this mapping exercise.

Keywords: undergraduate medical education, curriculum, geriatrics, medical education, older people

Introduction

Medical graduates of the future should be knowledgeable and skilled in the care of older people, as the number of people older than age 60 worldwide will increase from 605 million today to 1.2 billion by 2025 [1]. The over 65s comprise 18% of attendances at Emergency Departments [2] and two-thirds of acute hospital admissions in England and Wales [3], whilst the highest consultation rates in general practice are for those aged between 85 and 89 years [4]. With very few exceptions, doctors in all specialties require core knowledge and skills that will enable them to work with frail older patients. It is not, however, guaranteed that all UK doctors will undergo post-graduate training in geriatric medicine [5]. This places considerable importance on good undergraduate training in the specialty.

Over the last decade there has been international concern that the teaching of geriatrics may be in decline. Research has shown that support for geriatrics in national undergraduate curricula is the key to effective delivery of teaching in the specialty [1]. In the United Kingdom, the generic national curriculum for undergraduate teaching is *Tomorrow’s Doctors* (TD), a document published by the General Medical Council (GMC), which guides medical undergraduate education [6]. TD provides generic outcomes and standards but does not specifically mention individual specialties. In the United Kingdom, there are 31 academic institutions teaching medical undergraduates [7], and without such detailed guidance, there is scope for each school to interpret TD differently and, potentially, for the teaching of geriatric medicine to be overlooked or under-represented.

In 2008, we set out to understand the current UK situation by evaluating the evidence supporting undergraduate curricula in ageing, and by comparing this to the guidance issued in TD. Available English language curricula from across the world including Australia, New Zealand and the United States were reviewed through a workshop led by the British Council of Ageing. The workshop was attended by representatives of the national societies for geriatric medicine, biological and social gerontology, and academics with an interest in gerontechnology. This process led to an expert-judge content validated curriculum in geriatric medicine which was mapped to the 2003 version of TD [8] and subsequently accepted as the British Geriatrics Society’s Recommended Curriculum for Medical Undergraduates [9], providing national guidance to medical schools for the teaching of the topic.

The third version of *Tomorrow’s Doctors* (TD3) was published in 2009 [10], and differed significantly in format and scope from previous GMC guidance. As medical schools can be reasonably expected to teach those aspects of ageing and geriatric medicine that are supported by the GMC curriculum, we set out to evaluate the extent to which the 2009 British Geriatrics Society (BGS) curriculum was supported by the newer GMC recommendations.

Method

The analysis was undertaken by a team comprising both non-specialists and specialists in geriatric medicine. The non-specialists comprised two doctors undergoing training in general practice (C.F.P., J.E.P.), two undergraduate medical students (H.M., N.B.) and a nurse educator (J.M.). The specialists comprised two academic consultant geriatricians with an interest in undergraduate medical education (A.G.B., A.L.G.).

TD3 comprises three sections, which were reviewed in full by the researchers, working separately and independently as non-specialist and specialist teams. Learning outcomes which were felt to be relevant to geriatric medicine were listed. A synthesis was then undertaken by the specialist researchers, with any additions or deletions discussed with the broader group until consensus was achieved. As part of this process, a rationale for inclusion of each outcome from TD3 was developed and iterated until all researchers agreed that it represented fair justification for stating that the outcome was relevant to ageing and geriatric medicine.

A mapping process was then undertaken by the specialist researchers to evaluate the extent to which outcomes specified in the 2009 BGS curriculum were supported by TD3. The results of this process were then circulated to the broader group with any disputes resolved by consensus.

Results

We identified 48 aspects of TD3’s guidance that were relevant to the teaching of medicine for older people. Examples of these are listed in Table 1 with their corresponding learning outcomes in the BGS Recommended Curriculum (see Supplementary data are available in *Age and Ageing* online, Table S1 for the mapping of all 48 aspects of TD3’s guidance). Only 4 TD3 outcomes (12a–d), which refer to the importance of the application of research in practice (12a critically appraise the results of relevant diagnostic, prognostic and treatment
services is the gap between evidence and practice [11]. This which gives national guidance to medical schools.

were no corresponding outcomes within the BGS curriculum,

study results to frail older people [12]. Improving 

doctors of tomorrow with the tools to more quickly identify,
teaching of ageing, however, remains small when considered in the context of clinical workloads predominated by frail older patients. Having laid out a curriculum which is supported both by experts and generic national guidance, the challenge is now to teach to it.

Key points

• Generic guidance from the GMC continues to recommend teaching related to frail older people.
• The BGS recommended curriculum for medical undergraduates is supported in full by the GMC guidance.
• Teaching about research considerations specific to older patients is supported by the GMC guidance.
• Recommendations to teach about research considerations specific to older patients have been added to the BGS curriculum.

Supplementary data

Supplementary data mentioned in the text are available to subscribers in Age and Ageing online.

Conflicts of interest

None declared

References


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