What is a Geriatrician?  
Defining what is a Consultant Physician in Geriatric Medicine

PURPOSE
The need to define “a geriatrician” has arisen in response to the following:
1. The uncertainty amongst the medical community about what is a geriatrician
2. The workforce issues concerning geriatric medicine – in particular the shortage of skilled medical workforce in the area of geriatric medicine
3. The needs of the Royal Australasian College of Physicians concerning credentialing of subspecialists
4. The increasing likelihood that the special societies of the college, rather than the college itself, will eventually be responsible for advanced training
5. Issues concerning possible future Medicare items (e.g. cognitive testing, case conferencing)

There has been extensive discussion by the ASGM federal council and the executive concerning this subject over the past two years.

A summary definition, preceded by a discussion definition, follows.

“WHAT IS A GERIATRICIAN” – DISCUSSION DEFINITION
Specialists in geriatric medicine are characterised by specific training, expertise and roles they fulfil across the continuum of care.

A) Training
A consultant physician in geriatric medicine in Australia has EITHER

i) Attained undergraduate or post graduate and graduate medical degrees from an Australian or New Zealand medical school and

ii) Attained the fellowship of the Royal Australasian College of Physicians (“the FRACP”) and

iii) Completed advanced training under the auspices of the specialist advisory committee in geriatric medicine (“the SAC”) of the RACP

OR

has achieved an equivalent standard to the above as determined by relevant authorities, such as the Australian Medical Council (AMC), Health Insurance Commission (HIC) and RACP.

A large majority of geriatricians are members of the Australian Society for Geriatric Medicine (“The Society”); the Society membership also includes other interested medical practitioners.

B) Expertise
A geriatrician has expertise in the diagnosis and management of complex and/or multifactorial internal medicine disorders impacting on the cognition and functional status of the older person. At a minimum, the geriatrician is proficient in:

1) Acute medical care of the older patient. The approach of the geriatrician will reduce the incidence of post-acute syndrome and functional decline associated with hospitalisation. A geriatrician adopts a diagnostic approach to the practice of acute internal medicine in order to identify reversible pathologies impacting on a patient’s function, psychological and social well-being

2) Management of geriatric syndromes (disorders characterised by the combination of age-related changes, accumulated pathology, polypharmacy and acute illness reducing the threshold for the occurrence of falls, delirium and incontinence).

3) Pharmacology and polypharmacy issues in the management of older people

4) The acute and long-term management of neurodegenerative disorders and stroke in the older person

5) The coordination and management of the rehabilitation of the older person who, as a result of an acute medical or surgical problem has suffered a functional decline

6) Specialist care for the older person with complex or multifactorial problems in the community setting

7) Working as an integral part of a multidisciplinary team delivering health care to the older person. The geriatrician may be called upon to be the team leader.

8) The assessment of the care requirements for the older person who may require community or residential care

9) The management of aged care services across the continuum of care

10) The teaching of the principles and practice of geriatric medicine to undergraduate and post-graduate students in medical and allied disciplines.
C) Role
The roles currently fulfilled by geriatricians are varied because the above training and expertise makes the geriatrician’s services extremely valuable across the broad spectrum of health care. The specific role(s) undertaken by geriatricians depends on the local needs of the population, workforce issues, rural/remote settings and the extent of other medical services available.

A geriatrician works in some or all of the following roles:

1) Acute geriatric internal medicine and rehabilitation care of older people in the hospital setting
2) Hospital consultation/liaison services. These may be general geriatric medicine services, or highly specialised services (e.g. orthogeriatrics)
3) Outpatient clinics. These are usually general geriatric medicine clinics, but may include specialty clinics in areas in which geriatricians have particular expertise (e.g. cognitive disorders, Parkinson’s disease, falls, continence, wounds)
4) Domiciliary care (home visits, residential aged care facility visits), aimed at providing support to general practitioners in the care of older people
5) Aged care assessment teams
6) Research (includes both specific research units and in research activities involved in day to day work). Research settings include universities, academic medical units, general geriatric medicine units and in private practice. Research includes basic sciences, clinical research, clinical trials and quality improvement activities.
7) Management roles in academic units, hospital units or health services
8) The promotion of healthy ageing and health improvement for older people
9) The promotion of the dignity of the older patient
10) Improving attitudes toward ageing by the general community, governments and the health care system
11) Participation in research activities directed at improving the health of older people, and the efficiency of health services for older people.

The mix of work undertaken by geriatricians varies according to the needs of the local area and the interests of the geriatrician. It may be different in different states and between rural, remote and metropolitan areas. Due to current workforce issues and the increasing demand for geriatric medical expertise, in many circumstances other medical practitioners are called upon to fulfil the role of a geriatrician. The role undertaken by these medical practitioners has proven invaluable and has helped to maintain service delivery to older people. General practitioners, general physicians and rehabilitation specialists amongst others have provided geriatric medical services when workforce issues have resulted in shortages of trained physicians in geriatric medicine. This underscores the need for all medical practitioners to acquire some training and basic skills in the care of older patients with multiple problems. There is a need to increase the number of physician trainees specialising in geriatric medicine.

SUMMARY DEFINITION
In summary, a geriatrician:
1. Has achieved specific training. A geriatrician is a consultant physician trained under the auspices of the SAC in geriatric medicine of the RACP or has achieved an equivalent standard of training
2. Possesses specific expertise. A geriatrician is an expert
   a. in the medical diagnosis and management of older people across the continuum of care (acute geriatric internal medicine, rehabilitation and restorative care of older people, residential and community care) and
   b. in the management of the complexity of the multiple pathologies that may be present in the older patient and
   c. in the diagnosis and management of geriatric syndromes (falls, confusion and incontinence, neurodegenerative diseases and stroke)
3. Values the importance of their role in research and teaching
4. Advocates for the health concerns of older people
5. Advocates for improvement in the quality of care for older people in all settings

RESOURCE MATERIAL / SUGGESTED READING
1) Pursuing a career in aged care medicine – P Gonski
2) Caring for the acutely ill older person in hospitals in the greater metropolitan area (NSW) – report of the greater metropolitan transition taskforce (Nov 2003)
3) Demographic shifts and medical training – S Ebrahim, BMJ 1999; 319: 1358-60
4) I am a geriatrician – WR Hazard, JAGS, 2004: 52: 161
5) ASGM Newsletter archives