

## ANZSGM Position Statement

What is a Geriatrician?

Competencies and Core Skills Which Define a Consultant Physician in Geriatric Medicine

About the Australian and New Zealand Society for Geriatric Medicine (ANZSGM)

The ANZSGM is a society of medical practitioners engaged in the practice of Geriatric Medicine or related disciplines. Membership of the Society is open to registered medical practitioners who demonstrate a commitment to clinical practice, research, education and administration in Geriatric Medicine and allied specialties and to those undergoing training in these fields.

Acknowledgements

The development of this Position Statement has been led by:

Dr John Obeid FRACP

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## Purpose

Despite growth in the geriatric medicine workforce over the past decade, the answer to the question “What is a geriatrician?” may be unclear to non-geriatricians. This document can be used by public and private employers (e.g., public and private hospitals, local health districts, district health boards etc.), the Royal Australasian College of Physicians (for credentialing purposes) and health funders (e.g., Medicare Australia and Private Health Insurers). Employers and funders can use this document with confidence to understand the core competencies of geriatricians in New Zealand and Australia.

## ‘What is a geriatrician? – A detailed definition

Geriatricians are medical specialists in the health of older people (i.e., they are consultant physicians in geriatric medicine). A geriatrician is characterised by his/her specific training and expertise in the various facets of geriatric medicine, and by the roles they fulfil across the continuum of healthcare.

### A) Training

A consultant physician in geriatric medicine in Australia and New Zealand has:

EITHER

- i) Attained undergraduate or graduate medical degrees from an Australian or New Zealand medical school, and
- ii) Attained the fellowship of the Royal Australasian College of Physicians (“FRACP”), and
- iii) Completed advanced training under the auspices of the geriatric medicine Advanced Training Committee (ATC) of the RACP [1].

OR

achieved an equivalent standard to the above as determined by relevant authorities, such as the Australian Medical Council (AMC), Medicare Australia, the Medical Council of New Zealand and the RACP.

The vast majority of geriatricians are members of the Australian and New Zealand Society for Geriatric Medicine (“ANZSGM”, “The Society”). There are also categories of membership of the Society for other medical practitioners who are not geriatricians yet have an interest in the care of older people.

### B) Expertise

Like other consultant physicians, a geriatrician is an expert in acute internal medicine. In addition, through the process of Comprehensive Geriatric Assessment [2,3], a geriatrician possesses specific 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. Geriatricians also work across sectors from acute and rehabilitation hospital medicine to outpatient services and in the community and residential aged care. At a minimum, the geriatrician is proficient in:

- 1) Acute medical care of older patients. The holistic, person-centred approach of the geriatrician provides additional benefit to older patients in that specialist geriatrician care reduces the incidence of frailty and functional decline associated with acute illness and hospitalisation. The geriatrician's diagnostic approach to the practice of acute internal medicine identifies reversible pathologies impacting on a patient's function, psychological and social wellbeing.
- 2) The diagnosis and management of neurodegenerative disorders across the continuum of care, which impact on the cognitive function of older people (i.e., dementia and related conditions such as Parkinson's disease).
- 3) Management of geriatric syndromes (e.g., disorders such as frailty, falls, delirium and incontinence). Geriatricians are skilled in understanding how the threshold for the occurrence of these geriatric syndromes is lowered by the combination of age-related changes, accumulated pathology, polypharmacy and acute illness. Geriatricians recognise that these syndromes may occur as atypical presentations of other acute illness (e.g., infection, cardiac disease or metabolic derangements).
- 4) Perioperative medical care of older persons undergoing surgery. Geriatricians have broad skills valued by surgeons due to their understanding of acute internal medicine, cognitive dysfunction, frailty, pharmacology in older people and rehabilitation.
- 5) Stroke care in older people. This includes all aspects of stroke management, including the acute, subacute and rehabilitation care.
- 6) Collaborative care with other medical specialists and multidisciplinary teams in conditions commonly occurring in older people. Examples include orthogeriatric, oncology-geriatric and continence services.
- 7) Pharmacology, polypharmacy and iatrogenesis issues in older people.
- 8) Coordination and management of the rehabilitation of an older person who, as a result of acute medical or surgical illness, has suffered functional decline.
- 9) Specialist care for the older person with complex or multifactorial problems in the community or residential care setting (including assessment of care requirements for an older person who may require community or residential care).
- 10) Leadership and working within a multidisciplinary team delivering health care to the older person.
- 11) The management of Older Persons Health Services across the continuum of care (i.e., acute, rehabilitation, community care and residential care). The geriatrician may be called upon as a clinical leader or department head.
- 12) Teaching of the principles and practice of geriatric medicine to undergraduate and post-graduate students in medical and allied disciplines.

## C) Role

The roles fulfilled by geriatricians are varied because of the depth and breadth of geriatricians' training and expertise. Hence geriatricians are highly valuable to health systems due to the broad clinical expertise they possess in acute care, subacute care, rehabilitation and collaborative care. Consultant

geriatricians' services have been shown to achieve cost-effective care with improved clinical outcomes [4] across the broad spectrum of health care. A geriatrician works in some or all of the following roles:

- 1) Acute internal medicine, including general medicine and Acute Care of Elderly (ACE) wards.
- 2) Rehabilitation of older people both in inpatient rehabilitation wards and community (or outpatient) based rehabilitation teams.
- 3) Palliative medical care in older people with advanced or incurable illness. This may occur in consultation or collaboration with consultant palliative medicine physicians.
- 4) Hospital consultation/liaison services. These may be general geriatric medicine services, or highly specialised services (e.g. orthogeriatrics, geriatric oncology, peri-operative medicine etc).
- 5) Acute stroke services
- 6) 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, falls, continence, wounds, Parkinson's disease, etc.)
- 7) Community care (home visits), aimed at providing support to general practitioners
- 8) Residential care. Geriatricians can provide expert medical input into the health care of older people in residential care and lead multidisciplinary teams providing outreach services.
- 9) Aged care assessment teams (Australia) and Older Persons' Health Community Teams and Needs Assessment/ Service Coordination Teams (New Zealand)
- 10) Research settings, including universities, geriatric medicine research institutes, general geriatric medicine units and private practice. Research relevant to older people is broad and includes basic sciences, clinical trials and quality improvement activities.
- 11) Management roles in hospital units, health services, academic units or private practices.
- 12) The promotion of healthy ageing and health improvement for well older people in the community.
- 13) The promotion of the dignity of older patients, including advocacy for high quality medical care of older people and prevention of harmful practices.
- 14) Improving attitudes toward older people in the general community, government departments and the health care system.
- 15) Participation in planning and research activities directed at improving the health of older people, and the efficiency of health services for older people.

The specific role(s) undertaken by geriatricians depends on the local needs of the population, workforce issues, rural/remote settings, the extent of other available medical services and the interests of the geriatrician. It may be different in different health jurisdictions and between rural, remote and metropolitan areas.

Older people require quality care in all parts of the health service, for example acute surgery, general practice and psychiatry. This underscores the need for all medical practitioners to acquire some training and basic skills in the care of older patients with multiple problems. It is vital that these services also have access to the expertise of a specialist geriatrician when required.

## Summary Definition

In summary, a geriatrician:

- 1) Has achieved specific training. A geriatrician is a consultant physician trained under the auspices of the ATC in geriatric medicine of the RACP or has achieved an equivalent standard of training
- 2) Possesses specific expertise [5]. A geriatrician is an expert in:
  - a. Comprehensive Geriatric Assessment.
  - b. The diagnosis and management of medical conditions of older people across the continuum of care (acute geriatric internal medicine, rehabilitation and restorative care of older people, stroke, peri - operative care, residential and community care)
  - c. Management of complex and multiple pathologies that may be present in the older patient and
  - d. Diagnosis and management of geriatric syndromes (frailty, 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.

## References

1. Naganathan V. et al. 2013. Advanced Training Curriculum. RACP
2. Weiland D and Hirth V. Comprehensive Geriatric Assessment. Cancer Control 2003. 10(6):454-462.
3. Leipzig RM et al. What is a Geriatrician (AGS). J Am Geriatr Soc 2014. 62:924–929
4. Ellis G et al. Comprehensive geriatric assessment for older adults admitted to hospital: meta-analysis of randomised controlled trials. BMJ (Clinical research ed.). 2011;343:d6553.
5. Leipzig RM et al. JAGS 62:924 – 929, 2014