HIGHER MEDICAL TRAINING

CURRICULUM

FOR

Geriatric Medicine

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Joint Committee on Higher Medical Training
5 St Andrews Place
Regent's Park
London NW1 4LB

Tel: 020 7935 1174
Fax: 020 7486 4160

Email: HMT@rcplondon.ac.uk

This curriculum is available on the JCHMT website:
http / / www.jchmt.org.uk

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Foreword

Within the speciality of geriatric medicine, major challenges lie ahead in how the discipline will adapt to the rising number of acute hospital admissions of elderly patients and to a greater emphasis on delivering care into the community. National initiatives such as the recently published National Service Framework (NSF) for Older People and the development of intermediate care approaches will require strategic shifts in the balance between hospital and community-based care. Whilst these represent exciting opportunities for our discipline to demonstrate flexibility and adaptability, we will wish to ensure that the quality of care delivered remains high.

Thus, geriatricians of the future must also be aware of the increasing importance of population medicine, disease prevention, and health promotion in order to positively intervene to reduce disability and other co-morbidities in our ageing society. The discipline of geriatric medicine is robust and has the largest number of consultants in medical specialities in the United Kingdom. Older people within our society constitute the largest sector of the healthcare workload. A continued expansion of consultant numbers and a re-organisation of specialist registrar training is essential to maintain an effective workforce to take on the challenges of modern healthcare.

In the European Union, there is an increased recognition by Member states that geriatric medicine should be identified as a separate and distinct speciality and national societies of geriatricians are being formed. The newly established European Union Geriatric Medicine Society will provide an important European dimension to healthcare of older people and will aim to foster the development of the speciality across a whole continent.

We hope that this extensive revision of the core curriculum in geriatric medicine combined with the generic curriculum will provide an important impetus for change in postgraduate education within our discipline and provide a framework for moving forward in producing highly motivated and expert geriatricians of the future.

Professor Alan J. Sinclair
Chair, Specialist Advisory Committee for Geriatric Medicine

BACKGROUND AND INTRODUCTION

There is an increasing need to modernise programmes of postgraduate education in medicine and to develop procedures of assessment which are both objective and ensure competence in clinical care and professional practice. These changes must demonstrate that medical specialists of the future practice according to a framework of professional standards not only during their training but also throughout their active careers. During the last five years there has been an increased emphasis on the importance of more critical evaluation of medical evidence to guide clinical decision-making not only to ensure that patients benefit from available effective treatments but that interventions are demonstrated to be cost-effective as well. We now work within a climate of greater expectation from the public and individual patients in relation to the type and extent of healthcare delivered and this demands a greater emphasis on communication skills between the physician and patients, relatives, and other professional colleagues. These important developments must be reinforced by demonstrable positive changes in attitudes among clinicians to patient care and to working within the health service of the future.

A modern speciality curriculum must be established using valid educational principles. A curriculum which is designed around patient-centred learning should encourage best clinical practice amongst trainees which is stimulated by a process of reflective critical appraisal. Thus, in this revision, we have incorporated not only subject matter and a core knowledge framework, but also teaching and assessment methodology which allows an effective evaluation of clinical performance and competence. These are interdependent elements which are open to scrutiny and capable of effective translation into practice.

The primary purpose of this curriculum will be to provide detailed guidance for specialist registrars in obtaining the appropriate level of knowledge, clinical skills, and competence to be awarded a Certificate of Completion of Specialist Training (CCST) which is a prerequisite to a career as a consultant geriatrician working in hospital and / or community settings. This document will also enable postgraduate deans, regional speciality training committees, and educational supervisors to ensure that the required standards of clinical care are being met by having structured training programmes and objective assessment procedures within each region.

Aims of training

The primary purpose of training is to promote the development of a physician who has the appropriate level of knowledge, skills and competence to work independently and effectively as a consultant in geriatric medicine. However, patient-centred approaches and team-working are also of vital importance so that geriatricians must also function inter-dependently. Some of these aims are repeated under *Roles of a Geriatrician*.

At the completion of training, the specialist registrar should have acquired the following knowledge, skills and attitudes to function as a consultant geriatrician:

The ability to establish a differential diagnosis for older patients presenting with specific and non-specific clinical features by appropriate use of history, clinical examination and investigation

The knowledge, skills, and experience to develop management plans for each patient including treatment, health promotion, disease prevention, and longer term management

The appropriate attitudes and communication skills to deal effectively with patients and their families, and working colleagues

To work effectively within a multidisciplinary team to promote the optimal recovery of patients and plan their safe discharge.

Roles of a Geriatrician

A geriatrician is concerned with the clinical, remedial, preventive, and social aspects of illness in the older adult, and can be defined as a physician with special expertise in:

- the comprehensive assessment and management of older people with acute and chronic illness in a wide variety of clinical settings, e.g. in hospital, outpatient department, day hospitals, continuing NHS care, care homes, and in the patient's own home.

- the diagnosis and treatment of acute illness where clinical presentation is non-specific and / or atypical, and may be insidious, or where co-morbidities are common.

- the diagnosis and management of the principal geriatric problems (syndromes) such as falls, acute confusion, mobility disorder or incontinence.

- the assessment of those older patients who present with complex management problems where psychosocial factors also play an important role.

- in working within multidisciplinary (interdisciplinary) environments with an essential role in the discharge process.

- the provision of rehabilitation and an in-depth understanding of the relationships between impairment, disability, and handicap (or impairment / activity limitation / participation restriction), and how this underpins the assessment process for those requiring rehabilitation.

- the major physiological changes that occur with ageing and how these changes may influence disease presentation, disease progression, and outcome of specific therapy.
- the principal classes of drugs used to treat acute and chronic illness in old age, and how ageing and disease (e.g. renal or hepatic impairment) affects the pharmacodynamics and pharmacokinetics of each drug, and in the common adverse reactions.

In addition, there is an increasing role for geriatricians in the management of frail elderly people and those with palliative care needs. A knowledge of comprehensive functional assessment, social and palliative care services, as well as direct and practical means of providing rehabilitation and medical care to these vulnerable individuals is perhaps one of the most satisfying aspects of working within the discipline. At all times, geriatricians will aim to maximise the functional independence of older people in their care.

ENTRY REQUIREMENTS

Applicants for Higher Medical Training (HMT) should have completed a minimum of two years General Professional Training (GPT) in approved posts and obtained the MRCP (UK) or (Ireland). A period of experience in Geriatric Medicine at SHO grade is considered desirable, but not essential, before entry to HMT. GPT is defined as follows:

- a minimum of two years in approved posts with direct involvement in patient care and offering a wide range of experience in a variety of medical specialities

- eighteen months of the two years must be spent in posts providing experience in the admission and early follow-up of acute emergencies

- at least six of these eighteen months must be spent in a service in which the emergency take is 'unselected'

'unselected take' is defined as acute medical intake encompassing the broad generality of medicine, i.e. not restricted to any single or small group of specialities. If any major component of acute medicine (e.g. patients with stroke or myocardial infarction) is excluded from the take, this experience must be obtained in other posts. During the period on 'unselected take' trainees should have an on-call commitment which averages no less than four takes per month.

Non-UK graduates without the MRCP who compete for HMT posts must provide alternative evidence of appropriate knowledge, training and experience, particularly in the care of acute medical conditions.

DURATION AND ORGANISATION OF TRAINING

The duration of HMT in Geriatric Medicine is four years. Those who wish to obtain dual certification with General (Internal) Medicine, will require at least one extra year. However, at the time of writing, the JCHMT are currently considering proposals for re-organising training in general internal medicine. Specialist registrars may be given the opportunity to acquire a CCST in general internal medicine at a much earlier stage in their training and this will require a revision of the current training programmes established for dual certification in geriatric and general internal medicine.

HMT will require experience in both teaching hospital(s), or other major centres with academic activity, and District General Hospitals (DGHs). The programme to which the trainee is appointed will have named consultant Educational Supervisors for each slot in the programme. In addition, one consultant within the same region will act as Programme Director to the trainee.

There will be a written record of training (**the Training Record**) which will identify the components of training set out in the curriculum and will facilitate the recording of their completion and of the achievement of the prescribed competences. The record will be countersigned by trainers and it will play an important part in the process of annual assessment.

Details of training, to be supervised at all stages, are included in the section headed Curriculum. It will be used by the trainee, the trainer and the annual assessment panels to aid in the planning of the training programme and to ensure that the full content of speciality training has been completed before the application for certification.

Flexible training

Trainees who are unable to work full-time are entitled to opt for flexible training programmes depending on regional availability and the appropriate postgraduate dean's approval. EC Directive 93/16/EEC requires that:

Part-time training shall meet the same requirements as full-time training, from which it will differ only in the possibility of limiting participation in medical activities to a period of at least half of that provided for full-time trainees.

The competent authorities shall ensure that the total duration and quality of part-time training of specialists are not less than those of full-time trainees.

Flexible trainees should undertake a pro rata share of the out of hours duties (including on-call and other out of hours commitments) required of their full-time colleagues in the same programme and at the equivalent stage.

Research and Academic Requirements

A period of supervised (clinical or laboratory) research of good quality is considered a highly desirable part of specialist registrar training in Geriatric Medicine. A relevant research period may contribute up to twelve months towards the total duration of the training programme. Some trainees may wish to spend two or three years in research, either before entering higher medical training or by stepping aside from clinical training after entering a programme. For those undertaking an extended period of research after entering a programme and obtaining their NTN, a limited amount of additional educational credit may be granted at the discretion of the SAC for clinical work relevant to the programme undertaken in the course of research beyond the initial year. This concession does not apply to those undertaking research before entry to a higher training programme.

A period of research at an academic centre abroad is encouraged but this requires prior approval from the SAC in Geriatric Medicine. Those wishing to undertake such a period should consult initially with their research and / or educational supervisor, and may wish to receive advice from their regional training and educational committee or regional specialty advisor (RSA).

As an adjunct to research undertaken without a period of time out of the programme, one year spent in another academic activity (e.g. relevant taught or partly taught higher degree course) may be acceptable as contributing one year (but no more) towards higher training in Geriatric Medicine but this will require pre-approval from the SAC in Geriatric Medicine. Specialist registrars may also take advantage of several well-designed MSc courses in Geriatric Medicine or Gerontology which provide useful experience of the principles and methodology of research and a postgraduate qualification.

Each trainee will be encouraged to have experience of participating in research whether it is laboratory-based (basic science) or clinical (health services) research. Ideally, this should be where the trainee plays an important role in the study design and interpretation of the results of their research. However, participation in larger clinical or multi-centre studies is also acceptable as long as the trainee receives useful clinical research experience as well as credit and recognition of their input. Attendance at one or more research methodology courses, experience in comprehensive literature searching, demonstrated knowledge of how research ethical committee submissions are made and reviewed, and sufficient knowledge of the ethical principles underlying research will be sought from each trainee. By the end of the training programme, it is highly desirable that each trainee should have presented at least one research paper at either a national or regional Specialist Society meeting (e.g.

British Geriatrics Society), and acquired publications (e.g. 2-3 original papers/reviews) in peer-reviewed journals.

ROLE OF THE EDUCATIONAL SUPERVISOR AND MENTOR

For each post throughout a training rotation, a trainee should have a named educational supervisor who has overall responsibility for the training in that post. This educational supervisor need not necessarily (but may be) the same individual consultant trainer with whom the trainee works directly. Each consultant supervisor's name should appear on the Specialist Register and should have been appointed by the Deanery Speciality Training Committee.

The educational supervisor is responsible for the implementation and coordination of a structured training programme agreed with the other geriatricians and Trust Management. S/he should also be in liaison with the Regional Specialty Advisor and Training Committee.

An individual trainee is likely to have several educational supervisors throughout the course of a training programme. They should also have a mentor, chosen by the trainee, who should be available for guidance with training and career development throughout the entire training programme.

The educational supervisor should also have the following duties:

Overseeing an induction programme for the trainee

This includes introducing the duties and responsibilities of the post along with the educational opportunities of that post. Ideally there should be provision of a written description of a post prior to the trainee taking up a particular appointment.

Conducting an initial appraisal interview

This should be an important opportunity to agree the trainee's individual goals, and to explore potential training opportunities to improve any shortcomings possessed by the trainee. This interview should lead to a written training agreement signed by the trainee and educational supervisor.

Conducting in-training appraisal

This should take place at least every three months during the period of training. It can be based on progress in meeting the objectives of the training agreement and should include formal appraisal of the trainee's knowledge, skills and attitudes relevant to their current practice. Appraisal should be non threatening and can be done via various methods, including observation of the trainee conducting a ward round, chairing a team meeting or interviewing a relative. The educational supervisor should have suitable training in appraisal techniques.

Preparing the trainee for annual assessment

The educational supervisor is responsible for assessing the trainee's competence according to the standards laid out in this curriculum. They will be responsible for submitting a report that will form part of the trainee's annual assessment (RITA or PYA). They will also be

responsible for validating sections of the training record completed by the trainee, and ensuring that the required training documentation is complete.

Appraising the training programme

The educational supervisor will also be responsible for ensuring that their posts meet the standards required for suitable training. They should ensure that there are sufficient facilities available for postgraduate education and opportunities for research and audit. They should use formal feedback from trainees to enhance the quality of future training.

RESPONSIBILITIES OF THE TRAINEE

The person ultimately responsible for an individual's training in geriatric medicine is the trainee him/herself. Although support and supervision will be available as outlined below, the trainee should feel that they own their training programme.

The trainee should be aware of the requirements for training as detailed in this curriculum and the DOH "Orange Book", which is sent to trainees after they receive their national training number and be aware of opportunities available both within and outside their particular training rotation. They should also be aware of whom their educational supervisor is for each post and their role as outlined above. The trainee should maintain an up-to-date logbook, and provide all necessary documentation for their Annual Assessment.

The trainee should grasp the opportunities that are available to them in order to enhance their training. It is essential that they attend local and regional training meetings, and should also attend at least one national or international geriatric meeting each year. Trainees are encouraged to join the British Geriatrics Society.

The trainee should also know whom to contact if problems arise: typically their educational supervisor followed by their Regional Speciality Advisor or alternatively their personal mentor with whom they should meet at least once per year. The trainee should also be aware of their regional trainees' representative.

Primary Learning Objectives

The primary learning objectives represent a summary of what the trainee should be able to achieve at completion of SpR training. Each objective requires specific knowledge and skills which are provided in detail. It is also important that trainees demonstrate appropriate professional and personal skills and attitudes during their clinical work and these have been detailed in a separate generic curriculum provided in Appendix 2.

Assessment will be based on the demonstration that a trainee has achieved competence in these objectives. A series of competence assessment grids **are being produced for each speciality** which are designed to summarise the necessary level of performance required for each competency standard, and how they will be assessed. We have included suggestions in our current grids but these may differ from the final document.

The following are the primary learning objectives which will provide the trainee with the expertise to practice as a specialist in geriatric medicine:

1 Perform a **comprehensive assessment** of an older person, including mood and cognition, gait, nutrition and fitness for surgery in an in-patient, out-patient, day hospital or community setting

2 **Diagnose and manage acute illness** in old age in an in-patient setting and community setting where appropriate

3 **Diagnose and manage those with chronic disease and disability** in an in-patient, out-patient, day hospital and community setting

4 **Provide rehabilitation with the multidisciplinary team** to an older patient in an in-patient, out-patient, day hospital and community setting

5 **Plan the discharge** of frail older patients from hospital

6 Assess a patient's suitability for and provide appropriate care to those in **long term (continuing care)** in the NHS or community

7 Assess and manage older patients presenting with the common **Geriatric problems (syndromes)** in an in- or out-patient setting (or where appropriate, in a community setting)**:**

falls with or without **fracture**
delirium
incontinence
poor mobility

8 To demonstrate an appropriate level of competence in the following **sub-specialties**:

Palliative care
Orthogeriatrics
Old Age Psychiatry
Specialist Stroke care

9 To be familiar with basic research methodology, ethical principles of research, comprehensive scrutiny of medical literature and preferably to have personal experience of involvement in basic science or clinical (health services) **research**

Expertise in some areas will develop throughout training, while others such as sub-speciality experience may require specific full time or sessional attachments to achieve the appropriate level of knowledge and skills.

End of Year Objectives

It is suggested that trainees should achieve specific objectives each year relevant to the type of training programme being undertaken. Current proposals to restructure general internal medicine training may affect the following recommendations and require alteration to these objectives:

Year 1 will include a greater emphasis on General Internal Medicine (GIM). During **Years 1-3,** registrars will be expected to achieve a level of competence which aims to satisfy the first five primary learning objectives. **Years 4 and 5** will be spent consolidating this experience, but with greater emphasis on acquiring the skills and experience to achieve the remaining

learning objectives which include subspeciality experience. There is also likely to be further training in General Internal Medicine during this period.

Research will be encouraged throughout training but it is likely that publications will not arise until years 4 and 5, unless specific research time out is undertaken in the early part of the programme.

Additional Relevant Clinical Experience

Geriatricians of the future are likely to have an increased emphasis on delivering geriatric and rehabilitative care in settings outside hospitals such as care homes, intermediate care sites, and outreach clinics. In order to be fully competent in providing this specialist care additional clinical experience outside hospitals is desirable.

Trainees in Geriatric Medicine may therefore, as an option, request permission to experience a clinical attachment in up to two of the following disciplines: Primary Care (General Practice), Public Health Medicine, Rheumatology, Dermatology, and Rehabilitation medicine. Short-term attachments in other specialities such as neurology or diabetes may be allowable by agreement with the educational supervisor following discussion with the regional speciality adviser. These may be full-time but it is suggested that they are restricted to the final two years of training and be no more than 4 weeks in duration. For those planning a research period during Year 4, some of this additional clinical experience may be gained earlier in Year 3. In each case, training objectives and an assessment method must be agreed before the period of attachment commences.

GRIDS FOR PRIMARY LEARNING OBJECTIVES

1. COMPREHENSIVE GERIATRIC ASSESSMENT

OBJECTIVE	SUBJECT MATTER	TEACHING/LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE TO BE INCLUDED IN RECORD
To perform a comprehensive geriatric assessment	**Knowledge** • Factors influencing health status in older people • Measures employed in measuring health status and outcome • Understanding of the concept of frailty **Skills** • Functional status evaluation including assessment of basic ADL and IADL, social support, mental health and cognitive status, mobility including gait and balance, and nutritional evaluation • Interpretation of results in the context of health planning, quality of life assessment, and appropriate use of available health-related and social-related resources	• Observation and discussion with senior medical and multidisciplinary staff • On the job training with feedback from senior staff • "Shadowing "of other health and social care professionals during the assessment process • Personal study • Attendance at postgraduate courses	• Accurate and thorough history and examination • Tabulate a priority list of diagnoses, health-related and social related needs • Comprehensive evaluation of functional status using validated tools • Team-working skills • Produce a management plan based on needs assessment and rehabilitation • Ability to explain plan of treatment and care to both patients and carers	• Observation and case note review by an independent reviewer • Satisfactory trainer's report • Satisfactory report from members of the healthcare multidisciplinary team • Satisfactory scores on web-based knowledge testing • Satisfactory log-book entries

2. (a) DIAGNOSIS OF ACUTE ILLNESS

OBJECTIVE	SUBJECT MATTER	TEACHING/ LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE TO BE INCLUDED IN RECORD
To provide the trainee with the knowledge and skills to diagnose acute illness in old age in an in-patient setting	**Knowledge** • Major Geriatric syndromes and illnesses • Acute geriatric medicine and basic gerontology • Pharmacology **Skills** • History taking from patient and carer • Diagnostic skills • Physical examination • Cognitive assessment • Appropriate investigation and interpretation of results • Practical procedures • Communication skills	• Observation of and discussion with senior staff • On-the-job training with feedback from senior staff • Post-take ward rounds (supervised and unsupervised) • Personal study • Formal postgraduate education course	• Ability to perform an accurate and thorough history and examination • Ability to formulate an accurate and thorough diagnosis or diagnoses by appropriate investigation • Ability to provide a satisfactory explanation at an appropriate level to patient • Ability to write a legible and thorough record • Ability to give a clear and concise verbal report	• Observation and case note review by an independent observer • Satisfactory trainer's report • Satisfactory scores on formal web- based knowledge testing • Satisfactory logbook records

2. (b) MANAGEMENT OF ACUTE ILLNESS

OBJECTIVE	SUBJECT MATTER	TEACHING /LEARING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE FOR INCLUSION IN RECORD
To provide the trainee with the knowledge and skills to manage acute illness in an older person in an in-patient setting	**Knowledge** • Acute geriatric medicine and basic gerontology • Major Geriatric syndromes and illnesses • Pharmacology • Ethics **Skills** • Drug and non-drug interventions • Practical procedures • Appropriate referral to other specialists • Teamwork and rehabilitation skills • Communication skills	• Observation of and discussion with senior staff • On-the-job training with feedback from senior staff • Personal study • Formal postgraduate education course	• Ability to formulate and pursue an appropriate management plan • Ability to write a clear and concise record of the plan • Ability to provide a satisfactory explanation at an appropriate level to patient • Ability to make appropriate referrals to other specialists as required	• Observation and case note review by an independent observer • Satisfactory trainer's report • Satisfactory scores on formal web- based knowledge testing • Satisfactory logbook records

3. DIAGNOSIS AND MANAGEMENT OF CHRONIC DISEASE AND DISABILITY

OBJECTIVE	SUBJECT MATTER	TEACHING/LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE TO BE INCLUDED IN RECORD
To provide the trainee with the knowledge and skills to diagnose and manage those with chronic disease and disability in in-patient, out-patient, day hospital and community settings	**Knowledge** • Major Geriatric syndromes and illnesses • Basic Gerontology • Pharmacology • Rehabilitation • Ethics • Health Promotion **Skills** • History taking • Clinical examination • Cognitive and mood assessment • Gait assessment • Nutritional assessment • Investigation and Interpretation of results • Drug and non-drug interventions • Health promotion and disease prevention • Communication skills • Team work and leadership skills	• Observation of and discussion with senior staff • On-the-job training including participation in multi-disciplinary meetings, with feedback from senior staff • Personal study • Formal postgraduate education course	• Ability to perform an accurate and thorough history and examination • Ability to formulate an accurate and thorough diagnosis or diagnoses by appropriate investigation • Ability to plan and pursue an appropriate management plan • Ability to thoroughly and accurately assess the need for rehabilitation with the multi - disciplinary team • Ability to provide a satisfactory explanation at an appropriate level to the patient • Ability to write a legible and thorough record and communication to the General Practitioner	• Observation and case note review by an independent observer in an out-patient setting • Satisfactory trainer's report which takes account of the multi-disciplinary team's views • Satisfactory scores on formal web- based knowledge testing • Satisfactory logbook records

4. REHABILITATION AND MULTIDISCIPLINARY TEAM WORKING

OBJECTIVE	SUBJECT MATTER	TEACHING/LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE FOR LOGBOOK
To provide the trainee with the knowledge and skills to provide rehabilitation to an older patient in an in-patient, out-patient, day hospital and community-based settings	**Knowledge** • Basic Gerontology • Principles of rehabilitation and comprehensive assessment • Assessment scales • Roles and expertise of different members of interdisciplinary team • Scope and nature of intermediate care approaches **Skills** • Team skills • Leadership skills • Communication skills • Drug and non-drug interventions	• Observation and discussion with consultant trainer and other members of the multidisciplinary team • Supervised chairing of team meetings, goal setting and communication with patients in all settings • Working in liaison with primary care • Personal study • Formal postgraduate courses	• Ability to lead team • Thorough and realistic goal setting • Satisfactory discussion and explanation of goals at an appropriate level to patient • Accurate record keeping of team meeting outcomes	• Observation and case note review by an independent observer in at least one setting (ideally a multidisciplinary case conference). • Satisfactory trainer's reports which take account of opinions of team members • Satisfactory scores on formal knowledge testing • Satisfactory logbook records

5. DISCHARGE PLANNING

OBJECTIVE	SUBJECT MATTER	TEACHING/LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE TO BE INCLUDED I N RECORD
To provide the trainee with the knowledge and skills to plan the discharge of frail older patients from hospital	**Knowledge** • The resources available for the care of older people outwith the health service e.g. community care, respite care, institution-based long term care facilities, voluntary agencies, and intermediate care provision. • The criteria for Health service-based long term care **Skills** • Team skills • Communication skills • Leadership skills	• Observation and discussion with senior staff • Supervised chairing of team meetings, and communication with patients (and families where appropriate) • Personal study • Formal postgraduate courses	• Formulation of a thorough discharge plan with other team members • Discussion and explanation of plans at an appropriate level to patient • Involvement of family • Communication with primary care including General Practitioner • Accurate record keeping of discharge plans	• Observation and case note review by an independent observer • Satisfactory trainer's report which takes account of opinions of team members • Satisfactory scores on formal web- based knowledge testing • Satisfactory logbook records

6. LONG TERM (CONTINUING) CARE

OBJECTIVE	SUBJECT MATTER	TEACHING/LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE TO BE INCLUDED IN RECORD
To provide the trainee with the knowledge and skills to assess a patient's suitability to and provide appropriate care to those in long term care in the NHS or a community setting	**Knowledge** • Basic Gerontology • Major Geriatric syndromes and illnesses • Pharmacology • Ethics • Medico-legal issues • Relevant national publications and Community Care Act **Skills** • Communication skills • Diagnostic skills • Drug and non drug interventions • Team and leadership skills • Palliative care skills	• Observation and discussion with senior staff • On-the-job training in long term care settings, with feedback from senior staff • Personal study • Formal postgraduate education courses	• Ability to accurately assess a patient's long term care needs • Ability to provide systematic patient review in long term care • Ability to thoroughly assess symptoms and to provide effective interventions tailored to individual cases • Ability to recognise when an intervention would be futile and to provide effective palliative care • Ability to work with other professions in long term care • Ability to communicate effectively with patients and their families	• Satisfactory Trainer's report which takes account of the opinions of nursing staff • Satisfactory scores on formal web- based knowledge testing • Satisfactory logbook records

7(a) FALLS

OBJECTIVE	SUBJECT MATTER	TEACHING/LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE TO BE INCLUDED IN RECORD
To provide the trainee with the knowledge and skills to assess and manage older patients presenting with falls (with or without fracture) in an in- or out-patient setting	**Knowledge** • Basic Gerontology • Causes of and risk factors for falls • Drug and neurovascular causes of falls and syncope • Interventions to prevent falls **Skills** • Communication skills • Gait assessment • Diagnostic skills • Drug and non-drug interventions • Team and leadership skills • Health promotion	• Observation and discussion with senior staff • On-the-job training including tilt testing, other specialist procedures, and multi-disciplinary team meetings, with feedback from senior staff • Personal study • Formal postgraduate education courses	• Ability to perform an accurate history and examination • Ability to accurately identify the causes of and risk factors for falls in different individuals • Ability to formulate an appropriate investigation and management plan • Ability to pursue the management plan along with the multi-disciplinary team • Ability to provide a satisfactory explanation to the patient • Ability to write a clear record and communication to the patient's General Practitioner	• Observation and case note review by an independent observer • Satisfactory trainer's report, including the views of the multi-disciplinary team • Satisfactory scores on formal web-based knowledge testing • Satisfactory logbook records

7(b). DELIRIUM

OBJECTIVE	SUBJECT MATTER	TEACHING/LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE TO BE INCLUDED IN RECORD
To recognise, diagnose and manage a state of delirium presenting both acutely or sub-acutely in hospitalised or community settings	**Knowledge** • Diagnostic criteria for delirium • Relationship of delirium with dementia syndromes • Appropriate standardised measures of cognitive status • Severity indices in delirium • Risk factors and principal causes • Main outcomes observed **Skills** • To recognise the principal features of delirium in acute and sub-acute illness states • To be familiar with the standardised measures of assessing cognitive status in delirious states • To be competent in managing the full delirious patient including the underlying physical illness and the accompanying distressed mental state	• Observation of and discussion with senior medical staff • On the job training with feedback from senior staff • Personal study • Formal postgraduate education course	• Accurate and thorough history and examination • Accurate and thorough formulation of differential diagnoses • Detailed account of at least 3 case histories with a comprehensive management plan in each case • Satisfactory use of measures of cognitive status appropriate to use in patients with delirium	• Observation and case note review by an independent observer • Satisfactory trainer's report • Satisfactory scores on formal web-based knowledge testing • Satisfactory logbook records

7(c) INCONTINENCE

OBJECTIVE	SUBJECT MATTER	TEACHING/LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE FOR LOGBOOK
To provide the trainee with the knowledge and skills to successfully manage the basics of urinary and faecal incontinence, and access relevant sources of referral	**Knowledge** • Basic Gerontology • Risk factors and causes of incontinence • Investigations available • Management including the role of physiotherapy, drugs and surgery • Aids and equipment • The role of the continence nurse specialist **Skills** • History taking • Physical examination • Interpretation of investigations • Drug and non-drug interventions	• Observation and discussion with senior staff • Attendance at specialist clinics • Attendance at urodynamic sessions • Personal study • Formal postgraduate courses	• Ability to perform an accurate history and examination • Ability to accurately identify the causes and risk factors for incontinence in different individuals • Ability to formulate an appropriate investigation and management plan • Ability to pursue the management plan • Ability to discuss and explain the goals at an appropriate level to patient • Satisfactory attendance at continence sessions • Written case reports	• Observation and case note review by an independent observer in at least one setting • Satisfactory trainer's report which takes account of opinions of team members • Satisfactory scores on formal web- based knowledge testing • Satisfactory logbook records

7(d) POOR MOBILITY

OBJECTIVE	SUBJECT MATTER	TEACHING/LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE FOR LOGBOOK
To provide the trainee with the knowledge and skills to assess the cause of immobility and aid its management (NB also see grids 1,4 and 5)	**Knowledge** • Basic Gerontology • Risk factors and causes of immobility • Principles of rehabilitation • Interventions to improve mobility **Skills** • History taking • Physical examination • Gait assessment • Team skills • Communication skills • Drug and non-drug interventions	• Observation and discussion with senior staff • Supervised out-patient clinic assessments • Attendance at specialist clinics (eg Parkinson's disease clinic) • Personal study • Formal postgraduate courses	• Ability to perform an accurate history and examination • Ability to accurately identify the causes of risk factors for immobility in different individuals • Ability to formulate an appropriate investigation and management plan • Ability to pursue the management plan with the multidisciplinary team • Ability to discuss and explain goals at an appropriate level to patient • Accurate record keeping and communication with referrers	• Observation and case note review by an independent observer in at least one setting • Satisfactory trainer's report which takes account of opinions of team members • Satisfactory scores on formal web- based knowledge testing • Satisfactory logbook records

STRUCTURED SUB-SPECIALITY EXPERIENCE

It is now recognised that experience in various sub-specialities is a mandatory requirement for completion of training in Geriatric Medicine and the following are designated as high priority sub-speciality training areas: palliative care, orthogeriatrics, old age psychiatry, and specialist stroke care. We recommend a full-time attachment of 4 weeks in each of the sub-specialities of orthogeriatrics, palliative care, old age psychiatry and specialist stroke care. Sessional experience over 3 months is also acceptable as long as training objectives at the start of the period of attachment are agreed and progress is reviewed according to the assessment grids below. Where trainees wish to offer an additional subspeciality interest at consultant level (e.g. stroke medicine), the opportunity to gain additional experience and training in **one** subspeciality area only up to a maximum of 6 months should be offered where possible. This must be with the agreement of the educational supervisor and Regional Speciality Adviser and follow supervised training and learning objectives. It is likely that this additional period will take place alongside continued but less intense exposure to geriatric medicine training, and that additional training after the award of the CCST in geriatric medicine will be necessary..

GRIDS FOR SUB-SPECIALITY EXPERIENCE

The following represent assessment grids for subspecialty training and should be discussed with your supervising consultant before (preferably) or at the start of the attachment.

8(a). PALLIATIVE CARE

OBJECTIVE	SUBJECT MATTER	TEACHING/LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE TO BE INCLUDED IN RECORD
To provide the trainee with the knowledge, skills, and most appropriate attitudes to deliver palliative care to a dying patient	Knowledge • Symptom profiles in terminally ill patients • Pathophysiology of pain and specialist inter-ventions such as nerve blocks, TENS, acupuncture • Management of emergencies in palliative care, e.g. acute pain, hypercalcaemia, haemorrhage, spinal cord compression • Issues around hydration and nutrition • Modern approaches to bereavement care **Skills** • Assessment of the problems and needs of patients requiring palliative care • Ability to develop an appropriate management plan which also anticipates future problems • Assessment of prognosis and quality of life issues with patients and carers • Compassionate understanding of a dying person's wishes • Good communication skills	• Observation of and discussion with senior medical and nursing staff • On the job training with feedback from senior medical and nursing staff • 6-8 week attachment at a local hospice or with a Palliative Care consultant • Domiciliary visits with local palliative care team • Attendance at palliative pain clinics • Personal study • Formal postgraduate education course	• Accurate and thorough assessment of symptoms in those with terminal illness • Thorough management of symptoms by drug and non-drug methods • Breaking bad news in a humane way that takes account of the patient's wishes and understanding • Supportive counseling of the dying and their families • Allow death to occur with dignity and comfort	• Observation and case note review by an independent observer • Satisfactory trainer's report which takes account of opinions of Palliative Care Consultant and palliative care team • Satisfactory scores on formal web-based knowledge testing • Satisfactory logbook records

8(b) ORTHOGERIATRICS

OBJECTIVE	SUBJECT MATTER	TEACHING/LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE FOR LOGBOOK
To provide the trainee with the knowledge and skills to provide assessment of acutely ill orthopaedic patients and rehabilitation for these patients (NB also see grids 2,5,6 and 9a)	**Knowledge** • Basic Gerontology • Major Geriatric syndromes and illnesses • Causes and management of osteoporosis and falls • Surgical and anaesthetic issues • Different models of ortho-geriatric care **Skills** • History taking • Physical examination • Team skills • Leadership skills • Communication skills • Drug and non-drug interventions • Discharge planning	• Observation and discussion with senior staff • On-the-job training in surgical liaison and orthogeriatric rehabilitation with feedback from senior staff • Goal setting and communication with patients in all settings • Personal study • Formal postgraduate courses	• Ability to assess medical and functional problems in patients with fracture • Ability to formulate an appropriate management plan • Ability to formulate realistic rehabilitation goals • Ability to plan prevention of future falls and fracture • Ability to lead team • Ability to discuss and explain goals at an appropriate level to patient • Accurate record keeping of team meeting outcomes	• Observation and case note review by an independent observer in at least one setting (usually ward round or multidisciplinary team meeting) • Satisfactory trainer's report which takes account of opinions of team members • Satisfactory scores on formal web- based knowledge testing • Satisfactory logbook records

8(c) OLD AGE PSYCHIATRY

OBJECTIVE	SUBJECT MATTER	TEACHING/LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE TO BE INCLUDED IN RECORD
To provide the trainee with the knowledge and skills to assess and manage older patients presenting with the common psychiatric conditions, and to know when to seek specialist advice	**Knowledge** • Major psychiatric conditions: depression, delirium, dementia, anxiety and paranoid states • Pharmacology • Medico-legal issues **Skills** • Communication skills • Cognitive and mood assessment • Drug and non-drug interventions • Appropriate referral to other specialists • Teamwork and leadership skills	• Sessional or full-time attachment with an Old Age Psychiatry team, to include experience in out-patients, domiciliary assessments, Day Hospital, CPN visits, in-patient ward rounds and medical liaison, under the educational supervision of an Old Age Psychiatrist* • Observation and discussion with senior staff • Personal study • Formal postgraduate education course	• Ability to identify and initiate treatment for depression • Ability to identify dementia and to understand the issues surrounding modern drug therapy • Ability to investigate and manage delirium • Ability to make appropriate requests for specialist advice • Understanding of liaison work with the Old Age Psychiatry team • Ability to apply the relevant legal issues as detailed in **Knowledge (Section I)**	• Observation and case note review by an independent observer • Satisfactory report from an Old Age Psychiatrist • Satisfactory scores on formal web-based knowledge testing • Satisfactory logbook records

* It is envisaged that each region will set up an appropriate programme in collaboration with their Psychiatric colleagues

8(d) STROKE CARE

OBJECTIVE	SUBJECT MATTER	TEACHING/LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE TO BE INCLUDED IN RECORD
• To provide the trainee with the knowledge and skills to provide a comprehensive service for patients with acute stroke and chronic stroke-related disability in hospital and the community • To ensure that the trainee is competent in the management of acute stroke	**Knowledge** • Epidemiology of stroke • Evidence of primary and secondary prevention measures • Acute stroke management • Complications of stroke • Different rehabilitation models in hospital and community • Effects on carers • Ethical and legal issues relating to patient with severe disability **Skills** • Assessment of patients with acute stroke and chronic stroke-related disability • Management of spasticity (including criteria for botulinum toxin administration) • Management of feeding problems • Organisation of rehabilitation and leadership of a multidisciplinary team	• Experience working on an acute stroke unit, a stroke rehabilitation unit, and a neurovascular investigation unit • Experience of community rehabilitation for stroke • Multidisciplinary working • Assessment of patients with suspected TIA and non-disabling stroke (TIA clinic) • Visit to a centre with a Comprehensive stroke service • Personal study including reading recent national guidelines for stroke management and intervention trials	• Accurate and thorough assessment of a patient presenting with acute stroke and description of management plan • Evaluation of a patient with stroke related disability and development of a strategy for rehabilitation and secondary prevention • Audit of personal and / or local practices • Leadership of a rehabilitation team	• Satisfactory reports from junior medical staff and supervising consultant • Satisfactory reports from members of interdisciplinary team • Satisfactory scores on knowledge based examination • Satisfactory logbook records

9. RESEARCH

OBJECTIVE	SUBJECT MATTER	TEACHING/LEARNING METHOD	ASSESSMENT	EVIDENCE OF COMPETENCE TO BE INCLUDED IN RECORD
To have a sound understanding of the principles of research and to have personal experience of research activity	**Knowledge** • Principles of clinical and health services research • Basic knowledge of subject selection and study design • Methods of evaluating medical literature • Basic statistical methods • Internet addresses for searching medical literature • Ethical principles underlying research including consent **Skills** • To search for relevant medical literature using internet methodology • To produce a protocol of study meeting the necessary requirements for scientific rigor • To participate in a study and be involved in data collection and interpretation • To apply basic statistical methods to analyse data • To prepare an Ethics Committee submission	• Observation of and discussion with research supervisor • Day to day participation with research activity with feedback from research supervisor and other academic colleagues • A period of full-time research in a UK centre or abroad where appropriate • Attendance at formal statistical courses and IT instruction classes • Attendance at Departmental research meetings where present • Attendance at formal national and regional scientific meetings • Preparation of scientific abstracts for regional or national meetings of specialist society	Each registrar should strive to accomplish the following: • Detailed literature searches on more than 3 research topics • Ethics committee submission • Results of a clinical study undertaken by trainee • Preparation of at least two scientific abstracts for presentation at a regional or national scientific meeting of the specialist society • Presentation of at least one paper at a regional or national scientific meeting of the specialist society	• Observation and study report review by an independent observer • Satisfactory research supervisor's report • Attendance at a research methodology course • Satisfactory scores on formal web-based knowledge testing • Satisfactory review by an independent reviewer of at least one literature search, and one research abstract

APPENDIX 1

Core Knowledge Areas

The following list is intended to complement the primary learning objectives outlined above. They should act as a guide for areas specific to geriatric medicine in which trainees should gain experience during the course of their training:

A Basic Science and Gerontology

Trainees should be able to explain:

- The process of normal ageing in humans
- The effect of ageing on the different organ systems and homeostasis
- The effect of ageing on functional ability
- Demographic trends in UK society
- The basic elements of the psychology of ageing
- Changes in pharmacokinetics and pharmacodynamics in older people
- Ageism and strategies to counteract this

B Common Geriatric Problems (Syndromes)

Trainees should be able to describe the types of multiple pathology encountered particularly in older people and the effect this has on the presentation (e.g. specific or non-specific) and management of illness in old age. This is of particular importance in the following areas where non-specific presentation may occur:

- Falls and syncope assessment - including fractures and osteoporosis
- Immobility - including locomotor disorders and Parkinson's disease
- Incontinence - urinary and faecal
- Delirium and dementia

or where presentation may be more specific:

- Cerebrovascular disease - stroke and transient ischaemic attack (TIA)

C Presentations of Other Illnesses in Older Persons

Older people can present with a wide array of symptoms. Trainees should be able to define the causes, pathophysiology, clinical features, laboratory findings, treatments, prognosis and preventative measures for the following common problems and presentations in old age. This list is a suggested, but by no means exhaustive range of presentations that trainees should encounter during their training, and be able to demonstrate competence in their management.

- **Cardiovascular** e.g. chest pain, arrhythmias, hypertension, heart failure
- **Respiratory** e.g. dyspnoea, haemoptysis, infection
- **Gastrointestinal** e.g. dysphagia, vomiting, altered bowel habit, jaundice
- **Endocrine** e.g. hyperglycaemia, thyroid dysfunction, hypothermia
- **Renal** e.g. fluid and electrolyte imbalance, renal failure, infection, lower urinary tract symptoms

- **Neurological** e.g. seizures, tremor, altered conscious level, movement disorders, speech disturbance
- **Sensory loss** e.g. impaired vision and hearing, neuropathy
- **Psychiatric** e.g. depression, delirium, anxiety, sleep disturbance
- **Dermatological** e.g. pruritus, rashes, leg ulcers and pressure sores
- **Musculoskeletal** e.g. joint pain and stiffness, degenerative joint disease
- **Non-specific** e.g. dizziness, fatigue, anaemia, weight loss, suspected abuse
- **Weight loss and Nutritional Disease**

D Drug Therapy

Trainees should be able to explain the indications, effectiveness, potential adverse effects, potential drug interactions and alternatives for medications commonly used in older patients. A working knowledge of the basic principles of therapeutics including adverse drug reactions, drug interactions, effects of disease states on drug pharmacokinetics is important. The following list provides examples of these but is not intended to be exhaustive:

Analgesics	Lipid-lowering agents	Antibiotics
Drugs for urinary incontinence	Anticoagulants	Neuroleptics
Antidepressants	Peptic-ulcer healing drugs	Steroids
Anti-Parkinsonian drugs	Cardiovascular drugs	Vaccines
Drugs for thyroid disease	Oestrogen replacement	Diuretics
Vitamins / mineral supplements	Bronchodilators	Laxatives
Insulin / oral hypoglycaemic agents	Drugs for dementia	Antihypertensives
Antipsychotics	Anxiolytics	Tranquillizers

E Rehabilitation in Older Persons

Trainees should be able to explain the:

- Principles of rehabilitation in older people and importance of comprehensive geriatric assessment (CGA)
- Different measures (assessment scales) used to assess functional status and outcome of rehabilitation and their limitations. To include objective evaluation of ADL ability and level of disability and handicap, cognitive status, and mood
- Requirements, roles and expertise of the different members of a multidisciplinary team
- Knowledge of the range of interventions such as physical treatments, aids, appliances and adaptations, and a knowledge of specialist rehabilitation services available
- Specific requirements of stroke and orthopaedic rehabilitation
- An appreciation of the medical and social models of disability

F Discharge Planning and Ongoing Care

Trainees should be able to explain the:

- Determinants of successful discharge

- Suitability for different levels of care within the community
- Roles of the multidisciplinary team with regard to discharge planning
- Liaison with primary care and social services to facilitate successful discharge
- Legislation surrounding long and intermediate term care

G Education

Trainees should be able to explain the:

- Teaching and learning methods for junior staff, medical students and the paramedical professions relevant to geriatric medicine
- Need for and how to achieve personal lifelong education and continuing professional development

H Research and Audit

Trainees should be able to explain the:

- Principles of clinical research, including subject selection and study design
- Techniques used for literature searching
- Methods of critical appraisal of the medical literature
- Principles of clinical audit
- Principles of medical ethics relating to research

I Ethical and Legal Issues

Trainees should be able to explain:

- **Relevant medico-legal issues such as**
    - Assessment of competence
    - Appointment of Power of Attorney
    - Appointment of Curator Bonis
    - Guardianship
    - Advance Directives
    - Procedure for sectioning under the Mental Health Act
    - In Scotland, The Adults with Mental Incapacity Act (2000)
- **Relevant ethical issues such as**
    - Decisions regarding life sustaining therapies
    - Resuscitation following cardio-respiratory arrest
    - Consent procedures

J Management

Trainees should be able to explain the:

- Structure of the NHS, its financing and organisation
- Roles of NICE and HAS (Clinical Standards Board and SHAS in Scotland)
- Clinical governance and its relevance in geriatric medicine

- Principles of the appraisal process
- Administrative duties relevant to a consultant geriatrician; including the workings of committees, service development and relevant employee law
- Methods of dealing with complaints

K Health Promotion

Trainees should be able to explain the:

- Benefits of a healthy lifestyle in older age, including adequate nutrition, exercise and smoking cessation
- Specific techniques for disease prevention in older persons
- Techniques of risk reduction for relevant syndromes (e.g. stroke)

APPENDIX 2

Generic Curriculum Document: Introduction

Defining the objectives of the generic skills of the SpRs in training in any of the medical specialties has relied on two documents; the first is "Good Medical Practice" produced by the GMC; the second is the generic curriculum being developed for the SHOs. We have set out the generic knowledge skills and attitudes (or, more readily assessed, behaviour) that we believe are common to all of the medical specialties. It is intended that the document should be included at the front of all specialty curricula, amended if appropriate to individual specialty requirements. All SpRs must be able to meet these objectives. No time scale is offered for these competencies but they must all be attested for before completion of training. However failure to achieve satisfactory progress in meeting many of these objectives at an early stage would be cause for concern about the SpRs ability to be adequately trained.

The generic curriculum has been set out in the following headings:

1. **Good clinical care**
   a) History, Examination, Investigations, Treatment (therapeutics) and Correspondence
   b) Managing chronic disease
   c) Time management and decision making

2 Communication skills.

3. **Maintaining good medical practice.**
   a) Learning

4. **Maintaining trust**
   a) Professional behaviour
   b) Ethics and Legal Issues
   c) Patient education and disease prevention

5. **Working with Colleagues**

6. **Team working and Leadership skills**

7. Teaching

8. Research

9. Clinical Governance
   a) Risk management
   b) Evidence, Audit & Guidelines

10. Structure and Principles of management

11. Information use and management

12. Cross specialty skills

a) Admissions and discharges
b) Discharge planning
c) Resuscitation
d) Nutrition

1. GOOD CLINICAL CARE

A) HISTORY, EXAMINATION, INVESTIGATIONS, TREATMENT [THERAPEUTICS] & NOTEKEEPING SKILLS:

Objective: To be able to carry out specialist assessment of patients by means of clinical history taking and physical examination and use of relevant treatments and investigations.

Subject	Knowledge	Skills	Attitudes
(i) History	Define the patterns of symptoms found in patients presenting with disease.	Be able to take and analyse a clinical history in a relevant succinct and logical manner. Be able to overcome difficulties of language, physical and mental impairment. Use interpreters and advocates appropriately.	Show empathy with patients. Appreciate the importance of psychological factors of patients and relatives. Appreciate the interaction of social factors and the patient's illness.
(ii) Examination	Define the pathophysiological basis of physical signs. Define the clinical signs found in diseases.	Be able to perform a reliable and appropriate examination.	Respect patients' dignity and confidentiality. Acknowledge cultural issues. Appropriately involve relatives. Appreciate the need for a chaperone.
(iii) Investigations including imaging	Define the pathophysiological basis of investigations. Define the indications for investigations. Define the risks and benefits of investigations. Know the cost effectiveness of individual investigation.	Ability to interpret the results of investigations. Ability to perform investigations competently where relevant. Ability to liaise and discuss investigations with colleagues and to order them appropriately.	Understand the importance of working with other health care professionals and team working. Show a willingness to provide explanation to patient as to rationale for investigations, and possible unwanted effects.
(iv) Treatment (Therapeutics)	Explain the scientific theory relating to Pharmacology and the pathophysiology of pain.	Ability to accurately assess the patients needs. Ability to initiate the appropriate prescription of analgesia, blood products and medication. Ability to manage transfusion reactions and side-effects.	Show appropriate attitudes towards patients and their symptoms and be conscious of religious or other philosophical contexts particularly in the arena of blood products. Clearly and openly explain treatments and side effects of drugs.
(v) Note keeping, letters etc	Be able to write discharge summaries, discharge letters, outpatient letters, medico-	Record concisely, accurately, confidentially and legibly the appropriate elements of the history, examination, results of investigations, differential	Appreciate the importance of timely dictation cost effective use of medical secretaries and the growing use of electronic communication.

	legal reports. Use of email, internet and the telephone. Define the structure, function and legal implications of medical records & medico-legal reports. Know the relevance of the data protection pertaining to patient confidentiality.	diagnosis and management plan. Date and sign all records.	Be aware of the need for prompt and accurate communication with primary care and other agencies. Show courtesy towards medical secretaries and clerical staff.

B) MANAGING CHRONIC DISEASE

Objective: To be able to carry out specialist assessment and treatment of patients with chronic disease and to demonstrate effective management of chronic disease states

Subject	Knowledge	Skills	Attitudes
Management of chronic disease.	Define the clinical presentation and natural history of patients with chronic disease. Define the role of rehabilitation services, pain control and palliative care. Define the concept of quality of life and how it can be measured.	Maintain hope whilst setting long term realistic goals. Develop long term management plans. Act as patient advocate in negotiations with support services. Have skills in palliative care including care of the dying.	Treating each patient as an individual. Appreciate the effects of chronic disease states on patients and their relatives. Develop and sustain supportive relationships with patients with chronic disease. Appreciate the impact of chronic disease on patients and their relatives. Appreciate the importance of co-operation with primary care.

C) TIME MANAGEMENT AND DECISION MAKING:

Objective: To demonstrate that the trainee has the knowledge, skills and attitudes to manage time and problems effectively.

Subject	Knowledge	Skills	Attitudes
(i)Time management	Know which patients/tasks take priority.	Start with the most important tasks. Work more efficiently as clinical skills develop. Recognise when he/she is falling behind and re-prioritise or call for help.	Have realistic expectations of tasks to be completed by self and others. Willingness to consult and work as part of a team.
(ii) Decision making	Understand clinical priorities for investigation and management.	Analyse and manage clinical problems.	Be flexible and willing to change in the light of changing conditions. Be willing to ask for help.

2. COMMUNICATION SKILLS:

Objective: Demonstrate effective communication with patients, relatives and colleagues in the circumstances outlined below.

Circumstance	Knowledge	Skills	Attitudes
(i) Within a consultation	Know how to structure the interview to identify the patient's: • Concerns / problem list / priorities • Expectations • Understanding • Acceptance	Listen. Use open questions followed by appropriate closed questions. Avoid jargon and use familiar language. Be able to communicate both verbally and in writing to patients whose first language may not be English in a manner that they understand. Communicate effectively with the deaf and cognitively impaired Use interpreters appropriately. Give clear information and feedback to patients and share information with relatives when appropriate Reassure 'worried well' patients.	Demonstrate an understanding of the need for: • Involving patients in decisions • offering choices • respecting patients views • dress and appearance should be appropriate to the clinical situation and patient sensibility
(ii) Breaking bad news	Know how to structure the interview and where it should take place. Be aware of the normal bereavement process and behaviour. Have awareness of organ donation procedures / role of local transplant co-ordinators.	Be able to break bad news in steps appropriate to the understanding of the individual and be able to support distress. Avoid jargon and use familiar language. Encourage questions. Maintain appropriate hope whilst avoiding inappropriate optimism.	Act with empathy, honesty and sensitivity.
(iii) Complaints	Have awareness of the local complaints procedures. Have an wareness of systems of independent review.	Manage dissatisfied patients / relatives. Anticipate potential problems.	Act with honesty and sensitivity and promptly. Be prepared to accept responsibility.
(iv) Communication with Colleagues	Know: • how to write a problem orientated letter / discharge summary	Use appropriate language. Select an appropriate communication method.	Be prompt and respond courteously and fairly.

	• how to communicate with members of the MDT • when to phone a GP • when to phone a patient at home		

3. MAINTAINING GOOD MEDICAL PRACTICE

A) LEARNING:

Objective: To inculcate the habit of life long learning

Subject	Knowledge	Skills	Attitudes
Life long learning	Define continuing professional development.	Recognise and use learning opportunities. To use the potential of study leave to keep oneself up to date.	Be: • Self motivated. • Eager to learn, Show: • Willingness to learn from colleagues. • willingness to accept criticism.

4. MAINTAINING TRUST

A) PROFESSIONAL BEHAVIOUR:

Objective: To ensure that the trainee has the knowledge, skills and attitudes to act in a professional manner at all times.

Subject	Knowledge	Skills	Attitudes
(i) Continuity of care	Understand the relevance of continuity of care.	Ensure satisfactory completion of reasonable tasks at the end of the shift / day with appropriate handover Documentation of / for handover. Make adequate arrangements to cover leave.	Recognise the importance of: • punctuality • attention to detail.
(ii) Doctor-patient relationship	Understand all aspects of a professional relationship. Establish the limiting boundaries surrounding the consultation. Deal with challenging behaviour in patients which transgress those boundaries, eg aggression, violence, racism and sexual harassment.	Help the patient appreciate the importance of cooperation between patient and doctor. Develop the relationship that facilitates solutions to patient's problems. Deal appropriately with behaviour falling outside the boundary of the agreed doctor patient relationship. in patients, e.g. aggression, violence, sexual harassment.	Adopt a non-discriminatory attitude to all patients and recognise their needs as individuals. Seek to identify the health care belief of the patient. Acknowledge patient rights to accept or reject advice. Secure equity of access to health care resources for minority groups.
(iii) Recognises own limitations	Know the extent of one's own limitations and know when to ask for advice.		Be willing to consult. and to admit mistakes.
(iv) Stress	Know the effects of stress Have a knowledge of support facilities for doctors.	Develop appropriate coping mechanisms for stress and ability to seek help if appropriate.	Recognise the manifestations of stress on self & others.
(v) Relevance of outside bodies	Have an understanding od the relevance to professional life of: • The Royal Colleges • GMC	Recognise situations when appropriate to involve these bodies / individuals.	Be open to constructive criticism. Accept professional regulation.

	• Postgraduate Dean • Defence unions • BMA • Specialist Societies		
(vi) Personal health	Know of occupational health services. Know of one's responsibilities to the public. Know not to treat oneself or one's family.	Recognise when personal health takes priority over work pressures and to be able to take the necessary time off.	Recognise personal health as an important issue.

B) ETHICS AND LEGAL ISSUES:

Objective: To ensure the trainee has the knowledge and skills to cope with ethical and legal issues which occur during the management of patients with general medical problems.

Subject	Knowledge	Skills	Attitudes
(i) Informed consent	Know the process for gaining informed consent Understand appropriateness of consent to post mortem. How to gain consent for a research project	Give appropriate information in a manner patients understand and be able to gain informed consent from patients Appropriate use of written material	Consider the patient's needs as an individual
(ii) Confidentiality	Be aware of relevant strategies to ensure confidentiality. Be aware of situations when confidentiality might be broken	Use and share all information appropriately Avoid discussing one patient in front of another Be prepared to seek patients wishes before disclosing information	Respect the right to confidentiality.
(iii) Legal issues, particularly those relating to: • death certification • role of the Coroner / Procurator Fiscal • mental illness • advance directives and living wills • DVLA	Know the legal responsibilities of completing death certificates. Know the types of deaths that should be referred to the Coroner / Procurator Fiscal. Know the indications for section under the mental health act. Know the conditions that patients should report to the DVLA. Know responsibilities in serious criminal matters.	Completion of death certificates. Liaison with the Coroner / Procurator Fiscal. Check whether the patient has an advance directive or living will. Able to obtain suitable evidence or know whom to consult if in doubt. Assessment of mental incompetence	Show attention to detail and recognise pressures of time. Respect living wills and advance directives. Act with compassion at all times.

C) PATIENT EDUCATION AND DISEASE PREVENTION:

Objective: To ensure that the trainee has the knowledge, skills and attitudes to be able to educate patients effectively.

Subject	Knowledge	Skills	Attitudes
(i) Educating patients about: • disease • investigations • therapy	Know investigation procedures including possible alternatives / choices. Be aware of strategies to improve adherence to therapies.	Give information to patients clearly in a manner that they can understand including written information. Encourage questions. Negotiate individual treatment plans including action to be taken if patient deteriorates or improves.	Consider involving patients in developing mutually acceptable investigation plans. Encourage patients to access: • further information • patient support groups
(ii) Environmental & lifestyle risk factors	Understand the risk factors for disease including: • diet • exercise • social deprivation • occupation • substance abuse • behaviour	Advise on lifestyle changes. Involve other health care workers as appropriate.	Suppress any display of personal judgement.
(iii) Smoking	Know: • Effects of smoking on health • Implications of addiction • Smoking cessation strategies	To be able to advise on smoking cessation and supportive measures. Identify 'ready to quit' smokers.	Consider the importance of support during smoking cessation.
(iv) Alcohol	Understand the effects of alcohol on health and psychosocial well-being. Know of local support groups / agencies.	Advise on drinking cessation.	Suggest patient support groups as appropriate. Suppress any display of personal judgement.
(v) Illicit Drugs	Know the effects of common illicitly taken drugs. Legislation and Support Services. What to do if a patient takes an overdose of drugs.	Be able to use detoxification services. Understand prevention policies and liaise with psychiatric services. Deal with other prevention and liaison services.	Provide sympathetic help. Suppress any display of personal judgement.

(vi) Epidemiology & screening	Know the methods of data collection and their limitations. Know diseases that are notifiable. Know principles of 1° & 2° prevention & screening.	Assess an individual patient's risk factors. Encourage participation in appropriate disease prevention or screening programmes.	Consider the: • Positive & negative aspects of prevention • importance of patient confidentiality Respect patient choice.

5. WORKING WITH COLLEAGUES:

Objective: To demonstrate good working relationships with Colleagues

Subject	Knowledge	Skills	Attitudes
(i) Interactions between: • hospital & GP • hospital & other agencies e.g. social services • medical and surgical specialties	Know the roles and responsibilities of team members. Know how a team works effectively. Know the roles of other clinical specialties and their limitations. Know the role of surgery and its limitations.	Delegate, show leadership and supervise safely Be able to communicate effectively. Handover safely. Seek advice if unsure. Recognise when input from another specialty is required for individual patients. Be able to work effectively with GPs, other medical and surgical specialists and other health care professionals.	Show respect for others opinions. Be conscientious and work co-operatively. Respect colleagues, including non medical professionals, and recognise good advice. Recognise own limitations.

6. TEAM WORKING & LEADERSHIP SKILLS

Objective: To demonstrate the ability to work in clinical teams and to have the necessary leadership skills

Subject	Knowledge	Skills	Attitudes
Clinical teams. Respect others opinion Effective leadership skills	Roles & responsibilities of team members. How a team works. Ensuring colleagues understand the individual roles and responsibilities of each team member. Own professional status and specialty A knowledge of the field. The capacity to perceive the need for action and initiate that action	Respect skills and contribution of colleagues to be conscientious and work constructively. Respect for others opinion. To recognise your own limitations Objective setting; Lateral thinking; Planning; Motivating; Organising; Setting example; Negotiation skills.	Recognise own limitations. Enthusiasm; integrity; courage of convictions; imagination; determination; energy; and professional credibility.

7. TEACHING AND EDUCATIONAL SUPERVISION:

Objective: To demonstrate the knowledge, skills and attitudes to provide appropriate teaching, learning and assessment opportunities for

Subject	Knowledge	Skills	Attitudes
(i) To have the skills, attitudes and practices of a competent teacher	Identify adult learning principles. Identify learner needs. Structure of a teaching activity. Varied teaching strategies. Identify learning styles. Principles of evaluation.	Facilitate learning process. Identify learning outcomes. Construct educational objectives. Design and deliver an effective teaching event. Communicate effectively with the learners. Use effective questioning techniques. Teach large and small groups effectively. Select and use appropriate teaching resources. Give constructive effective feedback. Evaluate programmes and events Use different media for teaching that are appropriate to the teaching setting.	Demonstrate a willingness and enthusiasm to teach. Show respect for the learner. Demonstrate a professional attitude towards teaching. Show commitment to teach. Demonstrate a learner centred approach to teaching.
(ii) Assessment	Know the principles of assessment Know different assessment methods Define formative and summative assessment	Use appropriate assessment methods Give constructive, effective feedback	Be honest and objective when assessing performance.
(iii) Appraisal	Know the principles of appraisal Know the structure of the appraisal interview	Conduct effective appraisals	Show respect for the person being appraised.

8. RESEARCH

Trainees are encouraged to undertake a period of full time research and have a good knowledge of research methodology.
There should be active involvement with research projects throughout the training period.

Subject	Knowledge	Skills	Attitudes
To be able to plan and analyse a research project.	Know how to design a research study. Know how to use appropriate statistical methods. Know the principles of research ethics. Know how to write a scientific paper. Sources of research funding.	Undertake systematic critical review of scientific literature. Ability to frame questions to be answered by a research project. Develop protocols and methods for research. Be able to use databases. Be able to accurately analyse data. Be able to write a scientific paper. Have good written and verbal presentation skills.	Demonstrate curiosity and a critical spirit of enquiry. Ensure patient confidentiality. Demonstrate a knowledge of the importance of ethical approval and patient consent for clinical research. Humility.

9. CLINICAL GOVERNANCE

Objective: Demonstrate an understanding of the context, the meaning and the implementation of Clinical Governance.

Subject	Knowledge	Skills	Attitudes
(i) The organisational framework for Clinical Governance at local, health authority and national levels. Understanding of the benefits a patient might reasonably expect from Clinical Governance. Creating an environment where mistakes and mismanagement of patients can be openly discussed and learned from	Define the important aspects of Clinical Governance. • Medical and clinical audit. • Research and Development. • Integrated care pathways. • Evidenced based practice. • Clinical effectiveness. • Clinical risk systems. • To define the procedures and the effective action when things go wrong in own practice or that of others. • Complaints Procedures..	Be an active partaker in clinical governance. Be able to undertake medical and clinical audit. Be actively involved in audit cycles. Be active in research and development. Critically appraise medical data research. Practice evidence based medicine. Aim for clinical effectiveness (best practice) at all times. Educate self, colleagues and other health care professionals. Be able to handle and deal with complaints in a focused and constructive manner. Learn from complaints. Develop and institute clinical guidelines and integrated care pathways. Be aware of advantages and disadvantages of guidelines. Report and investigate critical incidents. Take appropriate action if you suspect you or a colleague may not be fit to practice.	Make the care of your patient your first concern. Respect patients privacy, dignity and confidentiality. Be prepared to learn from mistakes, errors and complaints. Recognise the importance of team work. Share best practice with others.
(ii) Risk management	Knowledge of such matters as H&S policy, policies on needlestick injuries, note keeping,	Confidently and authoritatively discuss risks with patients and to obtain informed consent. Able to balance risks and benefits with patients.	Willingness to respect and accept patients views and choices Willingness to be truthful and to admit error to patients, relatives and colleagues.

	communications and staffing numbers. Knowledge of risk assessment, perception and relative risk Know the complications and side effects of treatments.		
(iii) Evidence	Know & understand: • the principles of evidence based medicine • the types of clinical trial • the types of evidence	Able to critically appraise evidence. Ability to be competent in the use of databases, libraries and the internet. Able to discuss the relevance of evidence with individual patients	Display a keenness to use evidence in the support of patient care and own decisions therein.
(iv) Audit	Know & understand: • the audit cycle • data sources • data confidentiality	Involvement in on-going audit. Undertake at least one audit project	Consider the relevance of audit to: • benefit patient care • clinical governance
(v) Guidelines	Know the advantages and disadvantages of guidelines Methods of determining best practice	Ability to utilise guidelines Be involved in guideline generation, evaluation, review and updating.	Show regard for individual patient needs when using guidelines Willingness to use guidelines as appropriate

10. STRUCTURE OF THE NHS AND THE PRINCIPLES OF MANAGEMENT

Objective: To display a knowledge of the structure and organisation of the NHS Nationally and locally.

Subject	Knowledge	Skills	Attitudes
Structure of the NHS and the principles of management	Know the structure of the NHS, primary care groups, Trusts and Hospital Trusts. Know the local Trusts structure including Chief Executives, Medical Directors, Clinical Directors and others. Know the role of postgraduate deaneries, specialist societies, the royal colleges and the general medical council. Know finance issues in general in the Health Service, especially budgetary management.. Know the appointments procedures and the importance of equal opportunities. Know of Central Government health regulatory agencies (eg NICE, CHI, NCAA)	Develop skills in managing change and managing people. Develop interviewing techniques and those required for performance reviews. Be able to build a business plan.	Show an awareness of equity in health care access and delivery. Demonstrate an understanding of the importance of a health service for the population. Show respect for others, ensuring equal opportunities.

11. INFORMATION USE AND MANAGEMENT

Objective: Demonstrate competence in the use and management of health information

Subject	Knowledge	Skills	Attitudes
To demonstrate good use of information technology for patient care and for own personal development.	Define how to retrieve and utilize data recorded in clinical systems. Define main local and national projects and initiatives in information technology and its applications. Define the stages of evaluation that new technology needs to go through. Demonstrate an understanding of the range of possible uses for clinical data and information and appreciate the dangers and benefits of aggregating clinical data. Define the main features, responsibilities and liabilities in the UK and Europe pertaining to confidentiality	Demonstrate competent use of database, word processing and statistics programmes. Define how to undertake searches and access web sites and health related databases. To critically appraise available software To apply the principles of confidentiality and their implementation in terms of clinical practice in the context of information technology.	Demonstrate the acquisition of new attitudes in patient consultations in order to make maximum use of information technology. Demonstrate appropriate techniques to be able to share information on computer with the patient in a constructive manner Adopt proactive and enquiring attitude to new technology.

12. CROSS-SPECIALTY TOPICS

A. Admissions and Discharges

Management of the 'take'

Objective: To provide the trainee with the knowledge and skills to be able to safely manage the general medical 'take'.

Subject	Knowledge	Skills	Attitudes
(i) 'Take' management	Medical indications for urgent investigation and therapy Skills and capabilities of members of the 'on-take' team When to seek help or refer to other specialties Knowledge of support available in the community	Ability to prioritise Interact effectively with other health care professionals Keep patients and relatives informed Receive referrals appropriately Cope with stress Delegate effectively and safely Keep an accurate patient list Handover safely with appropriate documentation	Sympathetic handling of acutely ill patients. Aware of the pressures on other members of staff.

B. Discharge Planning

Objective: To provide the trainee with the knowledge and skills to be able to plan difficult discharges for patients, particularly the elderly.

Subject	Knowledge	Skills	Attitudes
Discharge planning	Impact of physical problems on activities of daily living. Roles and skills of members of the multidisciplinary team including nurses, OTs, Physio's, speech therapists and psychologists discharge co-ordinators and social workers. Impact of unnecessary hospitalisation Available support in primary care .	Recognise when in-patient care is not required Effective contribution to discharge planning meetings. Liaison and communication with patient, family and primary care. Write reports for appropriate bodies.	Display empathy. Show an awareness of family dynamics and socio-economic factors influencing success of discharge

C. Resuscitation

Objective: To provide the trainee with the knowledge and skills to be able to recognise critically ill patients, take part in advanced life support, feel confident to lead a resuscitation team under supervision and use the local protocol for deciding when not to resuscitate patients.

Subject	Knowledge	Skills	Attitudes
(i) Recognise when a patient is critically ill.	Know how life threatening emergencies present and how to treat them.	Perform initial assessment Manage life threatening emergencies Recognise when to call for help from seniors or other specialties e.g. ITU	Keep calm Recognise priorities. Recognise the dignity of patients. Keep relatives informed.
(ii) Advanced life support	Advanced life support algorithms. Role and side effects of commonly used anti-arrhythmics and cardiac support drugs.	Recognise cardiac arrhythmias. Perform emergency defibrillation. Perform emergency endo-tracheal intubation.	Display a calm and confident demeanour
(iii) Lead a cardiac arrest team	Role and responsibilities of the team leader.	Safe and effective communication and delegation	Be calm and realistic
(iv) Do not resuscitate orders (DNR)	Know local and national protocols for DNR orders. Know legal and ethical considerations.	Support patients and families.	Ability to empathise with relatives and to explain the consequences of DNR orders with compassion and without giving undue hope Act with empathy and sensitivity. Respect living wills and advance directives.

D. Nutrition

Objective: To provide the trainee with the knowledge and skills in the nutritional issues listed below.

Subject	Knowledge	Skills	Attitudes
(i) Nutritional status	Impact of: • disease on nutritional status • malnutrition on clinical outcomes	Assessment of nutritional status	Recognise cultural and religious issues
(ii) Nutrition support	Principles and routes of nutrition support Role of nutrition support team (NST) Indications and arrangement of PEG tubes	Naso-gastric intubation Central venous access	Identify those needing nutrition support or advice and the significance of the doctor in providing such advice. Recognise: • the skills of others e.g. specialist nurses, pharmacist, dieticians • when to consult NST

APPENDIX 3

Useful Internet addresses relevant to Geriatric Medicine

http://www.rcp-london.co.uk/jchmt/	JCHMT
http://www.bgs.org.uk/	BGS
http://www.bgs.org./links.htm	BGS links site
http://www.gmc-uk.org/	GMC
http://www.bma.org.uk/	BMA
http://www.mailbase.ac.uk/lists/bgs-training/	BGS training
http://www.ucht.cwc.net/uchtweb/downloads/bgscomp.zip	BGS compendium
http://ageing.oupjournals.org/	Age and Ageing
http://www.ace.org.uk/	Age Concern
http://www.merck.com/pubs/mm_geriatrics/	Merck manual
http://www.kcl.ac.uk/kis/schools/life_sciences/health/gerontology/top.html	Age Concern Gerontology
http://www.soc.surrey.ac.uk/bsg/welcome.html	British Society of Gerontology
http://www.americangeriatrics.org/	AGS
http://www.asgm.org.au/	AUSGS
http://www.amgeriatrics.com/	JAGS
http://www.cochrane.co.uk	Cochrane database
http://www.nejm.org.	New England Journal
http://www.thelancet.com	Lancet

APPENDIX 4

Recommended Reading List

Journals

Age & Ageing

Gerontology

International Journal of Geriatric Psychiatry

Journal of the American Geriatrics Society

Journal of Geriatric Psychiatry and Neurology

Journal of Gerontology

Geriatric Medicine CME

Reviews in Clinical Gerontology

Textbooks (General)

Brocklehurst Textbook of Geriatric Medicine and Gerontology: Tallis. 5th edition 1998. ISBN 0-443-053707.

Oxford Textbook of Geriatric Medicine: Grimley Evans 2000. ISBN 0192628305.

Principles and Practice of Geriatric Medicine*:* Pathy 3rd edition 1998. ISBN 0-471963488.

Principles of Geriatric Medicine and Gerontology*:* Hazzar D.W. Et al 4th edition 1999 ISBN 007 0275025

Merck Manual of Geriatrics*:* Abrams 3rd edition 2000. ISBN 0911910883

Acute Emergencies and Critical Care of the Geriatric Patient*:* Yoshikawa. Norman. Marcel Dekker. ISBN 0824703456

General Introduction For Undergraduates

Lecture Notes in Geriatrics*:* Coni, Webster 5th edition *1998.* ISBN 086542750X

Essentials of Clinical Geriatrics: Kane et al 4th edition 1999. ISBN 0070344582

Essentials of Health Care of the Elderly*:* Bennett & Ibrahim 2nd edition 1995 ISBN 0340545593

Physiological basis of Ageing and Geriatrics*:* Timiras 2nd edition 1995 ISBN 084938979-8

Medicine in Old Age*:* Allen 1998 ISBN 0443057788

Acute Medical Illness in Old Age*:* Sinclair, Woodhouse 1995. ISBN 0412569205

Books In Specialist Areas

Neurodegenerative Diseases: Caine. ISBN 0721643493

Principles and Practice of Geriatric Psychiatry: Copeland 2nd edition 2001. ISBN 0471981974

Psychiatry in the Elderly: Jacoby, Oppenheimer 2nd edition 1996. ISBN 0192627880

Diagnosis and Management of Dementia: Wilcock, Bucks, Rockwood 1998 OUP ISBN 0192628224

Parkinson's Disease in the Older Patient: Playfer, Hindle. 2000. ISBN 0340759143

Parkinson's Disease - Parkinsonism in Elderly: Meara, Koller. CUP 2000 ISBN 0521628849

Skin Disease in Old Age: Marks 1998. ISBN 1853172278

Textbook on Diagnostic Imaging in the Elderly: Impallomeni, et al 1999 ISBN 1899066888

Clinical Cardiology in the Elderly: Chester 1999. ISBN 0879934212

Respiratory Disease in the Elderly Patient: Connolly M 1996. Chapman Hall ISBN 0412568306

Cancer in the Elderly: Hunter, Johnson. Muss 2000. ISBN 0824702786

Infections in Elderly People: W. MacLennan. ISBN 0340559330

Assessing Elderly Patients: I. Philp. ISBN 1850830347

Diabetes in Old Age: AJ Sinclair, P Finucane 2nd edition 2001. ISBN 0471490105

Care of the Long Stay Elderly Patient: Denham 3rd edition 1996. ISBN 0412606704

Falls in Older Persons: ***Prevention - Management***. R Tideiksaar. Health Professions Press ISBN 1878812440

Preventative Care for Elderly People: Kennie D. Cambridge University Press 1993 ISBN 0521430445

Epidemiology of Old Age: Ebrahim and Kalache. BMJ Publishing Group, 1996; ISBN 0-7279-0948-7

Reports in Specialist Areas

Department of Health. *National Service Framework for Older People.* London: DOH, 2001. http://www.doh.gov.uk/nsf/olderpeople.htm

Topic Working Group. Report to the NHS R&D strategic review. *Ageing and age-associated disease and disability*. London: NHS Executive, 1999. http://www.doh.gov.uk/research/documents/rd3/ageing_final_report.pdf

Department of Health. *Shaping the Future NHS: Long Term Planning for Hospitals and Related Services.* Consultation Document on the Findings of the National Beds Enquiry. February, 2000. http://www.doh.gov.uk/nationalbeds.htm/

Royal Commission on the funding of long term care with respect to old age: long term care –rights and responsibilities. London: Stationery Office, 1999

Joint Working Party. *The health and care of older people in care homes*. Royal College of Physicians, Royal College of Nursing, and British Geriatrics Society. July 2000 ISBN 1 86016 137 5

Royal College of Physicians. *National Clinical Guidelines for Stroke*. Clinical Effectiveness and Evaluation Unit. March, 2000 ISBN 1 86016 120 0

Royal College of Physicians. *Management of the older medical patient*. The interface between general (internal) medicine and geriatric medicine. June, 2000 ISBN 1 86016 130 8

Effective practice in rehabilitation: the evidence of systematic reviews. (Sinclair AJ, Dickinson EJ) London: Kings Fund Publishing, 1998

Audit Commission. *The coming of age: improving care services for older people*. London: Audit Commission, 1997

Clinical Standards Advisory Group. *Community health care for older people.* A committee report (J Clark, ed). London: Stationary Office, 1998

Medico-Legal And Ethical Issues

Elderly People and the Law: Ashton. Butterworth 1994. ISBN 0406022755

Medical Ethics and the Elderly, a practical guide. Rai, Harwood Academic Publishers. 1999. ISBN 9057024039

Withholding and Withdrawing Life-prolonging Medical Treatment - guidance for decision making. British Medical Association. 1999

Making Decisions, the Government's proposals for making decisions on behalf of mentally incapacitated adults. Stationery Office, 1999 (Cm4465)

Assessment of Mental Capacity, guidance for doctors and lawyers. British Medical Association, 1995

Advance Statements about Medical Treatment, Code of Practice with Explanatory Notes, British Medical Association 1995

Law and Medical Ethics McCall Smith, 5th edition. Butterworths, 1999 ISBN 0406896364

Euthanasia Examined - ethical, clinical and legal perspectives. John Keown, Cambridge University Press, 1997. ISBN 0521586135

Medical Futility and the evaluation of life-sustaining interventions. MB and HD Zucker, Cambridge University Press, 1997 ISBN 0521568773

The Ethics of Health Care Rationing, principles and practices. John Butler, Cassell 1999. ISBN 0304705829

Ethics in Medical Research, a handbook of good practice. Trevor Smith, Cambridge University Press, 1999. ISBN 0521626196