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Hot topic in geriatric medicine

How to become a Geriatrician in different European countries

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ABSTRACT

In Europe postgraduate training to become a geriatrician is regulated by national governments. To gain some insight how these regulations work in practice students of the Xth EAMA Postgraduate Course in Geriatrics prepared a presentation on how to become a geriatrician in their country. This article summarizes and compares the given information of 16 European countries illustrating an extensive diversity of postgraduate geriatric education on all reported levels including entry requirements, duration of training, content of training in relation to clinical rotations and assessment of qualification of trainees.

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1. Introduction

The European Academy for Medicine of Ageing (EAMA) is a European organization, founded by professors in geriatric medicine in 1995. It provides a two-year geriatric education program for European postgraduate physicians in geriatric medicine who are future academics in their countries [1,2]. It aims to improve knowledge and skills in geriatric medicine for junior faculty and promising candidates for future teachers in geriatrics, to attune their attitudes and goals, to develop new ideas for geriatric health programs and to stimulate clinical and epidemiological research in community and institutional geriatric medicine. The EAMA network groups all course graduates in a net that tries to foster these goals after the formal training is finished.

Pre- and postgraduate education is very heterogeneous across Europe and even within each European country [3,4], which may help to explain why the development of Geriatric Medicine in this continent is still lagging behind other medical specialties [5]. Regulation of postgraduate medical training lies on national governments, not on European authorities, although there is a system for mutual recognition of medical specialties in other countries [6].

To gain some insight on how these regulations work in practice, EAMA students of the Xth Advanced Postgraduate Course were asked to prepare a short presentation on how would a physician become a geriatrician in their countries. This paper is a summary of such presentations from 15 European countries plus Turkey, including (in alphabetical order) Austria, Belgium, Denmark, Finland, France, Germany, Greece, Italy, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, Turkey and United Kingdom.

2. How to become a geriatrician in the individual countries

2.1. Austria

In Austria geriatric medicine has been an officially recognized subspecialty since 2011. There are several primary specialties that qualify to sub-specialize in geriatric medicine, namely internal medicine, neurology, rehabilitation medicine, psychiatry and family medicine. Specialist training takes 6 years after medical school except for family medicine, which lasts 3 years. To obtain a training position in geriatric medicine direct application for vacant positions at departments of geriatric medicine is necessary. Training takes 3 years and consists of two years of clinical training on geriatric departments and one year rotation including 3 months psychiatry, 3 months neurology, 3 months rehabilitation medicine and 3 months a specialty of choice that offers the possibility to primarily care for older people. During clinical training no additional formal courses are required. At the end of the training, qualification of the trainee has to be approved by the head of the

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geriatric department and an educational assistant according to a standardized curriculum of the Austrian Medical Association. There is neither an official exam nor a research task mandatory.

2.2. Belgium

In Belgium, geriatric medicine has been a lone standing specialty since 2006. Training can be started after successful application at a university geriatric department immediately after medical school and consists of 3 years hospital training on departments for internal medicine and 3 years hospital training on geriatric departments. A rotation to departments of psychiatry is not part of the schedule. Trainees are supported by officially recognized tutors and additional courses are provided by geriatricians during this time. Half a day a week is reserved for research and educational tasks. A scientific publication or presentation is obligatory to finish the training. The minimum requirement for the latter is either an oral or poster presentation at one of the twice yearly held meetings of the Belgium Society of Gerontology and Geriatric Medicine. There is no national exam. A national committee, consisting of geriatricians from several universities, has to agree on the registration of a new geriatrician.

2.3. Denmark

In Denmark, geriatric medicine is a fully recognized, lone standing specialty linked to internal medicine. Training in internal medicine is in Denmark always coupled with specialization in 1 of 9 areas, one of which is geriatric medicine. After medical school, all graduates have first to do a basic clinical education for 1 year. After another year training in one or more of the 9 specialties of internal medicine (cardiology, hematology, rheumatology, gastroenterology, infectious diseases, endocrinology, pulmonary medicine, nephrology or geriatrics) aspirants can apply for a trainee position in geriatric medicine. A committee, that includes also representatives from the Danish Geriatrics Society, decides whether the applicant is adequately qualified for the specialist training. Training consists of 2 years common trunk education in internal medicine and 3 years geriatric medicine. Hospital training on neurology or psychiatry departments is not part of the schedule. During training several obligatory courses have to be passed and progress of trainees is regularly assessed by tutors. There is no national exam. A research project is mandatory that should be presented in a meeting of the National Danish Geriatric Society.

2.4. Finland

Geriatric medicine has been a lone standing specialty in Finland since the early 1990s. To obtain a training position direct application for a vacant position is necessary. The total duration of training after graduation to get the title of geriatric medicine is 5 years. Training starts with a basic clinical education for 24 months, of which 6 months can be dedicated to research or teaching. Twelve months of the training are spent on rotation including gerontopsychiatry, neurology and internal medicine for at least 3 months each. Clinical training at geriatric departments or geriatric outpatient clinics is done for 24 months, whereby half of the time has to be spent at university hospitals. There is no mandatory research task to finish the training. After the 5 years training, a written national exam has to be passed.

2.5. France

In France geriatric medicine has been a medical subspecialty since 2004 and actually there are two ways to become a geriatrician. The first way is open for trainees of all medical

specialties, although in practice mainly trainees in family medicine and internal medicine proceed with sub-specialization in geriatrics. Specialist training usually takes 3 years for family medicine and 4 years for the other medical specialties. The clinical training in geriatric medicine takes altogether at least 18 months. It is partly integrated in the modular structure of specialist training. Usually at least 6 months of the training in geriatric medicine are done during specialist training and one year afterwards. The clinical training has to be performed in the hospital setting at departments of geriatric medicine. Additionally, courses with overall 200 hours have to be completed. A research task in geriatric medicine with a presentation of the research essay is obligatory to finish the training. There is no national exam. The second way to become a geriatrician implies to acquire a national diploma named Capacity of Gerontology taking 2 years of theoretical and clinical training at any time of the physician's carrier. An exam and a research essay validate the theoretical training. Then, after 2 years of full time geriatric practice, application for specialist status is possible.

2.6. Germany

In Germany, geriatric medicine is a subspecialty that requires a degree either in internal medicine or neurology or family medicine. Training in internal medicine and neurology take 6 years, in family medicine 5 years. To obtain a training position in geriatric medicine, direct application for vacant positions at departments of geriatric medicine with either an Acute Geriatric Care Unit and/or a Geriatric Rehabilitation Unit is necessary. Sub-specialization in geriatric medicine consists of 18 months clinical training. Rotations, for example to psychiatry or neurology departments, are not obligatory and no additional formal courses are required. At the end of the clinical training, an exam has to be passed at the German Medical Association.

2.7. Greece

In Greece geriatric medicine is currently not a recognized specialty or subspecialty.

2.8. Italy

In Italy, geriatric medicine is a recognized lone standing specialty. During medical school, students are encouraged after the 3rd or 4th year to begin their thesis work in a specific area of interest in which they would prefer to specialize later. Medical school aspirants for a training position in geriatric medicine have to pass a national admission test in written form. Specialist training lasts for a total of 5 years encompassing 1 year of internal medicine and 4 years of geriatric training with some rotation among different specialties. The training is also performed in nursing homes, usually not in home care. During the training period yearly exams have to be passed. Each university decides on how to administer the yearly exam, which may be oral and/or written. At the end of the fifth year, trainees undergo a final exam and finish with a "thesis". There is no national exam.

2.9. Netherlands

In Holland, geriatric medicine has been a lone standing specialty since 1982. Clinical training consists of 2 years internal medicine, 2 years general geriatric medicine and 1 year old-age psychiatry/psycho-geriatrics in a psychiatry department. Next to clinical training in internal medicine several obligatory courses and exams have to be passed. During the 3 geriatric orientated years there are 7 national educational days a year for all trainees in the Netherlands for theoretical education on different geriatric

subjects. Scientific work leading to a published article, a poster or oral presentation on a congress is obligatory to finish the training. The 2 years training in internal medicine can be done in a clinic of choice with a licence to train in internal medicine. The training in geriatric medicine/psychiatry is offered in 3 clusters of clinics. In every cluster, 1 academic hospital is present. Every year a fixed number of new trainees start in every cluster. For their selection each cluster has its own interview rounds. Trainees usually do their geriatric training in more than 1 clinic, with preferably at least half a year in an academic institution. In the near future a national written exam will be introduced, based on the content of the national educational days.

2.10. Norway

Geriatric medicine is in Norway a fully recognized subspecialty within the field of internal medicine in line with subspecialties such as nephrology, cardiology, and others. Sub-specialization in geriatric medicine can be started after successful application for a vacant position at dedicated geriatric departments and takes 2 years. These 2 years may be part of one's 6 years training aiming to obtain general internal medicine specialist status. The geriatric training follows a curriculum that is reviewed regularly by the geriatric specialist committee. During training in geriatric medicine at least 1 year has to be spent at an officially recognized teaching hospital or university hospital. Rotations on psychiatry or neurology departments are not part of the schedule. Additionally to clinical training, a trainee in geriatrics has to complete a dedicated list of geriatric procedures and attend 130 hours of training courses. It is mandatory that 80 (out of the total 130) hours are spent on three national specialist courses in geriatrics. Qualification of the trainee has to be approved by the head of the geriatric department before accreditation by the educational specialists committee. There is neither a national exam nor a research task mandatory to finish the training.

2.11. Portugal

In Portugal, geriatric medicine is still not an officially recognized specialty or subspecialty, but recently it has been recognized as a medical competency.

2.12. Spain

In Spain, geriatric medicine is a lone standing specialty since 1978. Specialist training takes four years and starts with at least 6 months hospital training on internal medicine or acute geriatric care units and clinical training in cardiology, neurology, radiology and psychiatry for 3 months each. This is followed by 6 months orthogeriatric care, an obligatory training for 6 months in geriatric outpatient clinics and day hospitals and 3 months training on a medium term care unit. For the remaining 15 months of the time trainees can choose their preferred training locations between palliative care units, nursing homes and departments of other specialties like rehabilitation medicine or rheumatology. The clinical training is accompanied by theoretical courses and standardized by a National Board of Geriatric Medicine. Progress during training is regularly evaluated by tutors. There is no (national) exam at the end of the training. Although not obligatory to finish the training, a research task is common-place.

2.13. Sweden

Geriatric medicine has been a lone standing specialty in Sweden since 1969. After 21 months of training in different specialties such as internal medicine, orthopedics, surgery, psychiatry and primary

care the coming geriatrician continues specialist education for at least five more years after application for a trainee position in geriatric medicine. The specialist education is governed by goals and to fulfill them the clinical training consist of at least 18 months internal medicine (including stroke medicine), 3 months psychiatry and 2–2,5 years geriatric medicine including palliative care. Training is standardized across the country and predefined goals and how to fulfill them have been formulated by the Swedish Organization of Geriatric Medicine together with the National Board of Health and Welfare. There are several areas of knowledge where training is compulsory: Comprehensive Geriatric Assessment, pharmacology, palliative care and rehabilitation. Once a tutor and the head of the geriatric department determine a trainee has acquired sufficient knowledge and skills an application for approval is sent to the National Board of Health and Welfare. An expert in geriatrics in the National Board certifies approval. A final exam is voluntary. There is no national exam.

2.14. Switzerland

In Switzerland geriatric medicine is a subspecialty that requires a degree in internal medicine that can be acquired within 5 years after medical school. Access to the geriatric training is regulated by direct application for vacant training positions. The clinical training in geriatric medicine takes 36 months, consisting of 24 months general geriatric medicine, 6 months psychiatry and 6 months gerontopsychiatry. Hospitals that offer trainee positions in geriatric medicine have to fulfill specific criteria according to the Swiss Medical Association and are grouped in two categories (A and B). At least 1 year of training in geriatric medicine has to be done in an (academic) hospital of the category A. During clinical training additionally at least 3 officially recognized geriatric courses have to be attended. There is no mandatory research task in geriatric medicine. At the end of the training a national oral and written exam has to be passed.

2.15. Turkey

Geriatric medicine is in Turkey a subspecialty of internal medicine. After training in internal medicine for 4 years aspirants have to pass a national, written admission exam, providing the ones with the best scores trainee positions in geriatric medicine. Sub-specialization in geriatric medicine takes 3 years. Training consists of 32 months general geriatric medicine, at least 2 months neurology and at least 2 months psychiatry. After the 3 years, an oral exam conducted by the hospital or local university has to be passed. A research task is obligatory to finish the training.

2.16. UK

Geriatric medicine has been recognized as a specialty in the UK since 1948. Nowadays it is the largest, lone standing specialty in the UK, although most students follow a dual training in geriatric medicine and general (internal) medicine. Recruitment goes through the national college of physicians, in national or local rounds. Selection is made on base of CV's and interviews. Postgraduate clinical training starts with 2 years basic clinical training, to gain experience in a range of different specialties. After this period a choice for geriatric medicine can be made. The first 2 years of training in geriatric medicine are a core medical training. Year 3 to 7 build on these core skills to develop specific competencies, through rotations in different subspecialties of geriatrics. Psychiatry is not an obligatory rotation. For completion of the training a national specialist certificate exam in multiple choice format has to be passed. After becoming a specialist

registrar in geriatric medicine further sub-specialization in stroke medicine is possible, which takes another year.

3. Discussion

These presentations, encompassing 16 European countries (inclusive Turkey), provide an insight into the ways to become a geriatrician within Europe from a practical point of view. First of all the training routes are substantially determined by the status of geriatric medicine in the individual countries. In 8 countries of this survey geriatric medicine is a lone standing specialty, in 6 countries a subspecialty and in 2 countries geriatric medicine is not a recognized specialty (Table 1). In countries, where geriatric medicine is a recognized, lone standing specialty geriatric training can be started most often immediately after medical school or, as in Denmark, Sweden and the UK, after a basic clinical education for about 2 years. In countries with geriatric medicine being a subspecialty becoming a geriatrician is either open only for internists (Norway, Turkey, Switzerland) or for graduates of several medical specialties (Germany, Austria) or even all medical specialties (France) (Table 1). Apart from these required qualifications in most countries an individual based selection procedure has to be passed after application for a vacant position to access postgraduate geriatric training. In 2 countries (Italy and Turkey) admission exams are performed for selection of future candidates.

Duration of training to become a geriatrician after graduating MD differs widely between countries ranging from 4 years (in Spain) to 9 years (in Austria and the UK) again reflecting, at least

partly, the different status of geriatric medicine in the different countries. The content of training in relation to clinical rotations is between, but also within both groups (countries with geriatric medicine being a lone standing specialty and countries where it is a subspecialty) highly variable. One of the most obvious differences concerns clinical training in psychiatry or gerontopsychiatry. While in some countries psychiatry is not included in clinical rotations at all, in other countries clinical training in psychiatry or gerontopsychiatry is mandatory for up to 1 year (Table 1). In 6 countries geriatric training is also provided outside the hospital setting, in nursing homes or home care, although in 3 countries this training is not mandatory (Table 1). A research task is obligatory to finish the training only in 6 countries. At the end of the training formal assessment of qualification of trainees in terms of an oral and/or written national exam is implemented in Finland, Germany, Holland, Switzerland and the UK (Table 1).

Although the comparability of the collected information is limited because of differing terminology and differences in the organization of education systems and geriatric care, and although only 16 out of 50 European countries are included, the small number of presentations illustrates already an extensive diversity of postgraduate geriatric education on all reported levels including entry requirements, duration of training, content of training in relation to clinical rotations and assessment of qualification of trainees. This heterogeneity implies that a wide array of barriers has to be overcome if we seek for the advantages of a unification of postgraduate geriatric education within Europe.

Table 1
Status of geriatric medicine and duration and main features of postgraduate training in geriatric medicine in 14 (16) European countries.

Country	Status of geriatric medicine	Primary specialties that qualify for sub-specialization in geriatric medicine	Total duration of postgraduate training to get the title of geriatric medicine (years)	Duration as trainee in geriatric medicine (years)	Clinical rotations during specialization or sub-specialization in geriatric medicine (months)						Research task	National exam
					Internal Medicine	Geriatrics (Geronto-) Psychiatry	Neurology	Others	Training in nursing homes or home care			
Belgium	ls		6	6	36	36	–	–	–	–	+	–
Denmark	ls		7	5	24	36	–	–	–	–	+	–
Finland	ls		5	5	≥ 3 ^a	24	≥ 3	≥ 3	24 ^b	+	–	+
Italy	ls		5	5	12	48	+ ^k	+ ^k	+ ^k	+	+	–
Netherlands	ls		5	5	24	24	12	–	–	–	+	+
Spain	ls		4	4	3 ^c	21	3	3	3 ^{d+15^e}	(+) ⁱ	(+)	–
Sweden	ls		7	5	≥ 18	24–30	≥ 3	3	+	–	–	–
UK	ls		9	7	24 ^f	60 ^g	–	–	–	(+) ^j	–	+
Austria	ss	IM,NRL,FM,PS,RM	6–9	3	–	24	3	3	6 ^h	–	–	–
France	ss	AMS	4–5	3 ⁱ	–	≥ 18	–	–	–	–	+	–
Germany	ss	IM,NRL,FM	6.5–7.5	1.5	–	18	–	–	–	–	–	+
Norway	ss	IM	6–8	2	–	24	–	–	–	–	–	–
Switzerland	ss	IM	7–8	3	–	24	12	–	–	–	–	+
Turkey	ss	IM	7	3	–	32	2	2	–	(+) ^j	+	–
Greece	nr											
Portugal	nr											

ls: lone standing specialty, ss: subspecialty, nr: not a recognized specialty; IM: internal medicine, NRL: neurology, FM: family medicine, PS: psychiatry, RM: rehabilitation medicine, AMS: all medical specialties.

^a Rotations in internal medicine during basic clinical education not included.

^b “Basic clinical education”.

^c 3 months cardiology.

^d 3 months radiology.

^e 15 months of the time trainees can choose their preferred training locations between palliative care units, nursing homes and departments of other specialties like rehabilitation medicine or rheumatology.

^f In terms of a core medical training in the first 2 years.

^g Comprises also attendance at specialized wards, like stroke units, orthogeriatric care units and others.

^h 3 months rehabilitation medicine and 3 months a specialty of choice that offers the possibility to primarily care for older people.

ⁱ The 3 years also include training modules of the specialty training, but at least 18 months have to be a clinical training at departments of geriatric medicine.

^j Training in nursing homes or home care is not mandatory.

^k Training in Geriatrics also includes some rotation among different specialties, length of time depends on the individual university (usually varies from 1–3 months).

Disclosure of interest

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