Core Competencies: Long Term Care Physicians
EUGMS SIG-LTC and AMDA

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CONFLICT OF INTEREST DISCLOSURE

I have no potential conflict of interest to report
SIG-LongTermCare

54 members from 30 countries
Long Term Care

Better healthcare in care homes

Leader: Ölafur Samúelsson

Objectives

- To promote the issue of LTC in policy and research agenda of the EU and member countries
- To promote the implementation of geriatric medicine and related health technologies
- To promote collaboration and partnership approaches to LTC with other relevant partners
- To promote capacity building and exchange of experience in LTC education and research
- To develop and disseminate documents, materials and information to improve quality of LTC
- To prepare recommendations (with other EUGMS SIGs and initiatives) on different aspects of LTC such as quality, safety and dignity of care etc.
- To foster international scientific and research collaboration in the field of LTC
- To communicate and collaborate with national and international activities

Founded
2012

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EUGMS & EAMA Columns

Towards standards of medical care for physicians in nursing homes

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Standard of care
Education
Geriatrics

The fact that ever more people live longer, healthier and more active lives is one of the most striking success stories of medical thirds [6]. They also have high rates of delirium during acute illnesses [7], as well as high rates of frailty [8]. This medical complexity confers significant functional limitations in comparison to age-matched community dwelling peers [9].

With this as a backdrop, formal organisation and standardisation of medical care for care home residents in Europe should be a priority for physicians. Despite this, concerns persist that NH residents receive less organised medical care than their community dwelling counterparts with poorer monitoring of chronic disease and higher rates of unnecessary prescribing [10]. Only 12% of EUGMS countries have written medical care standards for physicians applicable to nursing home care provided by professional organizations [11]. General guidelines for medical care of older people in hospital are often not relevant to care in the NH, an environment with different care priorities and expectations.


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SIG-LTC task
Defining curriculum for Core Competencies for LTC physicians
Populations:

Anne W. Ekdahl, Secretary EUGMS Executive Board

ICELAND: 10,000,000
LUXEMBURG: 500,000
ESTONIA: 1,300,000
SLOVENIA: 2,000,000
LITHUANIA: 3,000,000
POLAND: 40,000,000
IRELAND: 5,000,000
NORWAY: 5,000,000
FINLAND: 5,000,000
DENMARK: 5,000,000
SERBIA*: 7,000,000
SWITZERLAND: 7,000,000
ISRAEL*: 8,000,000
AUSTRIA: 8,000,000
HUNGARY: 8,000,000
SWEDEN: 9,000,000
PORTUGAL: 10,000,000
CZECH REPUBLIC: 10,000,000
GREECE: 10,000,000
BELGIUM: 10,000,000
THE NETHERLANDS: 10,000,000
ROMANIA: 10,000,000
SPAIN: 30,000,000
ITALY: 50,000,000
UNITED KINGDOM: 80,000,000
FRANCE: 80,000,000
TURKEY*: 80,000,000
GERMANY: 80,000,000
Proportion of 80+/pop.

Anne W. Ekdahl, Secretary EUGMS Executive Board

Proportion of 80+/pop.

Not represented:
- Cyprus
- Latvia
- Slovakia

Three observer countries included:
- Turkey*
- Israel*
- Serbia*

No numbers:
- Romania
Inhabitants 80+/geriatrician

Anne W. Ekdahl, Secretary EUGMS Executive Board
Inhabitants 80+/geriatrician

Anne W. Ekdahl, Secretary EUGMS Executive Board
Additional differences:

Postgraduate education?
What is a nursing home bed?
How is LTC provided?
And so on.....
Common issues:
• Nursing home residents represent a particularly complex, frail and dependent cohort in need of skilled geriatric care.
• 90% of nursing home residents have a recorded disability compared with less than 30% of those aged 65\(^1\)
• Despite this, there is a lack of formal training for staff working in nursing homes including doctors, nurses and care assistants\(^2\)
• Standards of quality of care are variable\(^3\).

Among those aged 85 and over in EU28 countries, 12.6% are currently in long term care\(^1\). The number of older people with functional limitations is projected to increase by about 120% and the number of people receiving formal care in institutions will rise by about 130% on average by 2050\(^2\).

# Defining the curriculum for medical care in nursing homes

Fitzpatrick D, Samuelsson O, Holmerová I, Martin F, O’Neill D on behalf of EUGMS Long Term Care SIG

## Comparison of long term care curricula

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<tr>
<th>IAGG(1)</th>
<th>Mulley(2)</th>
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4. Royal Australian College of General Practitioners. Medical care of older persons in residential aged care facilities


Next steps

• By a Delphi method get expert concensus on the most important core competencies
• Cooperation with other European groups/projects?
• Publishing the results as a ground for developing a LTC core curriculum
• In developing this curriculum, the EUGMS hopes to take an important step in guaranteeing minimum standards of care for the frail population of nursing home residents.
New horizons in geriatric medicine education and training: The need for pan-European education and training standards

SIG SYMPOSIUM IN COLLABORATION WITH AMDA
CORE COMPETENCIES FOR LTC-PHYSICIANS

Chairs: Olafur Samuelsson (Iceland), Daniel Swagerty (USA)

1. LTC-SIG introduction: spec in geriatrics
   Olafur Samuelsson (Iceland)

2. AMDA Competencies for Post-Acute and Long Term Care Medicine: Advancing Physician Clinical Competency, Commitment and Integration
   Daniel Swagerty (USA)

3. Geriatrics in primary care, the Dutch way: educational programs for nursing home physicians and family physicians
   Wilco Achterberg (The Netherlands)

4. ELTECA experience in long term care of Central and Eastern Europe
   Katarzyna Wieczorowska-Tobis (Poland)