

## Guidance on implementation of 2016 amendments to 2010 Geriatric Medicine curriculum

### Background

The primary 2016 amendment to the Geriatric Medicine has been made to reflect NHS implementation of changes to improve the care of older people living with frailty. Registrars training to become consultant geriatricians in the NHS need to understand the science underpinning the pathophysiology of frailty and evidence base for interventions to improve outcomes for older people living with frailty. Trainees and trainers have contact with older people living with frailty on a daily basis so there will be no resource implications of this change.

For further reference please see the following:

- British Geriatrics Society (BGS) [guidance](#) on recognition and management of older patients with frailty in community and outpatient settings
- RCP London [acute care toolkit](#) for acute medical care for frail older people
- Health Improvement Scotland Older People in [Acute Care Improvement Programme](#).

Perioperative Medicine for Older People (POPS) has been moved to create a new optional higher level syllabus grid (51). This reflects that it is not essential training as not all consultant geriatricians will be expected to deliver this service.

The Multiple Consultant Report (MCR) and Quality Improvement Project Assessment Tool (QIPAT) have been added to the assessment framework and mapped to the syllabus in line with other physician curricula.

Finally, generic sections on Good Medical Practice and Equality and Diversity have been updated in line with revised policy and legislation and the ARCP decision aid has been replaced with the most up to date version.

The changes are summarised in table 1 below and this guidance, the 2016 curriculum and ARCP decision aid are available on the [JRCPTB website](#). Trainees are advised to discuss the curriculum changes with their supervisors and refer to the guidance below on transition to the revised curriculum and use of the ePortfolio.

### Transition of current trainees

#### Year 1-3 trainees (ST3-ST5)

- Trainees will be expected to use the amended curriculum with immediate effect and will be expected to acquire the new competencies.

#### Year 4-5 trainees (ST6-ST7)

- Trainees in their final two years of training will not be required to demonstrate the new curriculum competencies.

## Eportfolio guidance

- The 2016 amendments have been made to the version of the curriculum on the ePortfolio. There will not be a separate curriculum so trainees can maintain the linked evidence on the 2010 curriculum.
- The POPS competency will be available in the common curriculum grid section to allow trainees to maintain evidence which has already been linked. It is also be listed under higher optional grid and this should be used by trainees undertaking POPS training from November 2016.

## Mapping of 2016 amendments to 2010 Geriatric Medicine curriculum

Section	2010 curriculum (2013 amendments)	2016 amendments	Rationale
3. Content of learning	3.1 Principal learning objectives	3.1 Principal learning objectives  Frailty added to principle learning objectives 3 and 8 and section 3.2.2 on common geriatric problems (syndromes)	Explicit reference to frailty added
Syllabus - Core Curriculum Grids for the Specialty of Geriatric Medicine		New item:  44. Care of Older People living with Frailty	This new content reflects NHS implementation of changes to improve the care of older people living with frailty. Registrars training to become consultant geriatricians in the NHS need to understand the science underpinning the pathophysiology of frailty and evidence base for interventions to improve outcomes for older people living with frailty
Optional Higher Level Curriculum Grids	46 Falls and Syncope	46 Falls and Syncope  Addition to knowledge:  <i>Use of the Epley manoeuver to restore equilibrium of the vestibular system</i>  Addition to skills:  <i>Ability to perform clinical assessment of vestibular function in the context of the elderly ( eg Dix-Hallpike test)</i>	Clinical assessment of vestibular function eg Dix-Hallpike test) is important for the diagnosis of benign paroxysmal positional vertigo in elderly people complaining of dizziness. Understanding of the Epley manoeuver have been added to reflect current practice.

Optional Higher Level Curriculum grids	44. Perioperative Medicine for Older People (Core Curriculum Grids for the Specialty of Geriatric Medicine)	51. Perioperative Medicine for Older People	This content has been moved into the Optional Higher Level Curriculum grids to reflect that not all trainees need to acquire this training for service need. The content itself has not changed
5.5 ARCP Decision Aid	5.5 ARCP Decision Aid	5.5 ARCP Decision Aid	The ARCP decision aid has been replaced with the most up to date version
<b>Generic content updating</b>			
3.3 Good Medical Practice (and syllabus)	3.3 Good Medical Practice	3.3 Good Medical Practice	This generic revision brings this section up to date and the content of learning/syllabus has been mapped to the 2013 version of GMP
5.3 Assessment methods		Multiple consultant report (MCR) and Quality Improvement Project Assessment Tool (QIPAT) added to assessment methods with description	MCR and QIPAT added to the assessment methods and blueprinted to the syllabus as agreed with GMC for all physician specialties
9. Equality and diversity	9. Equality and diversity	9. Equality and diversity	This section has been updated in line with policy and legislation

November 2016