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How can medical schools help in this ‘crisis of care’? Response to “Resolving the health and social care crisis requires a focus on care for older people” (Gordon & Dhesi, BMJ, 13th January 2023)

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Conflicts of interest

EJH is Academic Vice President of the British Geriatrics Society (BGS), and RW is a past trainee representative on the BGS Education and Training Committee. All authors wrote the recent update of the BGS recommended undergraduate curriculum in geriatric medicine.

Letter

Dear Editor,

Legislation and strategic planning for the care of older people is not futureproof unless we have trainees poised ready to work in these care models. There is a national shortage of geriatricians [1], with just 1 consultant per 8031 patients aged >65 [2]. This ratio is set to deteriorate further; the ageing population will increase the denominator, whilst there is no projected increase in the numerator - over 60% of junior doctors choose not to enter specialty training post-foundation [3], and 40% are actively seeking work outside of the NHS [4]. The imminent reality is that we have insufficient specialty workforce to care for an ageing population unless drastic changes are made to medical education and training.

We must look ahead to tomorrow’s doctors, making alterations now to optimise the future workforce to care for older people with complex needs. In the immediate-term, institutions must intervene to mitigate for the impact of this crisis on medical students’ experience of older peoples’ healthcare. Gordon and Dhesi highlight the system-level decompensation that is causing harm to older patients [5]. Arguably, learning cannot be achieved in this environment where optimal care cannot be modelled, and patient care is frequently compromised. Indeed, student attitudes towards older patients have been shown to deteriorate during clinical placement years [6], but can be improved with positive role-modelling [7].

In their recommended undergraduate curriculum, the British Geriatrics Society advocate for exposure across a variety of settings and disciplines, to aid students in their understanding of the clinical and social variety of medicine in older people [8]. In the process of implementing innovative services such as Hospital at Home, new opportunities for training should be integrated from the outset and continued long-term. We must take this opportunity to

identify and effect positive experiences for students and trainees in geriatric medicine, recognising that those who receive higher quality undergraduate education in geriatrics are more likely to consider a career as a geriatrician [9,10].

References

1. British Geriatrics Society, Arora A, Greenbrook S. *The Geriatric Medicine Workforce 2022.*, 2022.
2. Royal College of Physicians. RCP warns the UK is facing a crisis in care for older people. 2022.
3. Moberly T, Stahl-Timmins W. More doctors are taking a break from training after foundation programme. *BMJ* 2019;**364**, DOI: 10.1136/BMJ.L842.
4. British Medical Association. Four in ten junior doctors plan to leave the NHS as soon as they can find another job, BMA council chair reveals in New Year's message. 2022.
5. Gordon AL, Dhesi J. Resolving the health and social care crisis requires a focus on care for older people. , DOI: 10.1136/bmj.p97.
6. McCarthy F, Winter R, Levett T. An exploration of medical student attitudes towards older persons and frailty during undergraduate training. *Eur Geriatr Med* 2021;**12**:347–53.
7. Meiboom A, Diedrich C, Vries H De *et al.* The hidden curriculum of the medical care for elderly patients in medical education: a qualitative study. *Gerontol Geriatr Educ* 2015;**36**:30–44.
8. Pearson GM, Winter R, Blundell A *et al.* Updating the British Geriatrics Society Recommended Undergraduate Curriculum in Geriatric Medicine: A curriculum mapping and nominal group technique study. *Age Ageing*.
9. World Health Organization Department of Ageing and Life Course, International Federation of Medical Student Associations. *Teaching Geriatrics in Medical Education II*. Geneva, 2007.
10. Meiboom AA, De Vries H, Hertogh CPM *et al.* Why medical students do not choose a career in geriatrics: a systematic review. *BMC Med Educ* 2015;**15**, DOI: 10.1186/S12909-015-0384-4.