

CARING FOR AN AGEING POPULATION : A CALL FOR MORE GERIATRIC TRAINING AMONG FAMILY PHYSICIANS

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INTRODUCTION

Singapore's population is the second fastest ageing in the world after Japan, and in a few years, we are expected to overtake Japan. This does not mean that Singapore has the highest percentage of elderly in our population. Many of the countries in Europe and states in the US have greater than 20% of their population aged 60 years and above. The United Nations defines an aged population as one in which greater than 10% of its residents are aged 60 and above. Singapore, as of year 2000, has 7.2% of its population aged 65 and above, and 10.6% aged 60 years and above¹. By 2030, this percentage is projected to increase to 18.4% for those aged 65 years and above, and by 2050, those aged 60 years and above will increase to a staggering 35.0%².

It is also a known fact that the elderly need more health care than the general population. The Report of the Inter-Ministerial Committee on Health Care for the Elderly³ pointed out that although the elderly made up 6.8% of the population in 1995, they accounted for:

- κ 19% of attendances at government polyclinics;
- κ 12% of A&E attendance at acute hospitals;
- κ 11% of new attendances at specialist outpatient clinics of public hospitals;
- κ 20% of admissions to acute care wards of public hospitals;
- κ 69% of admissions to Ang Mo Kio Community Hospitals;
- κ 99% of admissions to community and chronic sick hospitals run by Voluntary Welfare Organisations (VWOs).

Moreover, as the elderly form an increasing percentage of the general population, they will take up a greater proportion of health care services. For example, the acute admissions into public hospitals for the elderly in projected to increase from 20% in 1995 to 32% in 2010 and 43% in 2030!

The speed that Singapore is ageing is also another problem altogether. Due to our rapid economic and social development from a third-world country to a first-world one in a relative short span of three decades, we have become one of the fastest ageing countries in the world. This poses unique challenges to Singapore as it also means that as primary healthcare professionals, we need to concurrently and quickly update ourselves to meet the health needs of our elderly patients.

Although there is no national data on private general practice patient profiles, the polyclinics have been noticing an increasing proportion of elderly attendances through the years. As frontline doctors, how many of us have been having a nagging suspicion that our patients are getting older, more frail, more complex in term of their medical problems and requiring more time to sort out their problems and needs? Are we also beginning to realize that our elderly patients need more than just medication and counseling to help them cope with the ageing process?

ARE WE READY AS FAMILY PHYSICIANS?

The National University of Singapore incorporated geriatrics into the medical undergraduate programme in 1999 and it is only limited to a one-week attachment to an acute hospital geriatrics unit in their final year⁴. Before this, there was no undergraduate geriatric exposure for the majority

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of doctors before 1999, with the exception of the fortunate few who were attached to Tan Tock Seng Hospital or Alexandra Hospital during their Medicine postings. This would mean that almost all the family physicians in private practice now in Singapore have had little or no formal training in geriatric principles and practice.

Fortunately, the College of Family Physicians has long recognized the importance of training in primary care and community geriatrics. Since the inception of the MMed (Family Medicine) training programme, geriatrics has been a component of the post-graduate training curriculum for family physicians. Through the years, post-graduate training in primary care geriatrics has seen increasing emphasis by the College with the development of a Graduate Diploma in Geriatric Medicine (GDGM) in collaboration with the Society of Geriatric Medicine of Singapore (SGMS) and the Division of Graduate Medical Studies (DGMS) and in recent years, the Family Medicine Fellowship Programme (FMFP) in Aged Care.

In the Family Medicine Training Programme Modular Course, half a module in one of its 8 modules is dedicated to Elderly Health and it focuses on the ageing process, frailty, geriatric assessment (the cornerstone of geriatrics), geriatric rehabilitation and prescribing in the elderly⁵. Those interested in a better understanding and provision of elderly care can pursue the one-year Graduate Diploma in Geriatric Medicine (GDGM). Here, the scope enlarges to include principles of geriatric care, geriatric syndromes, psychogeriatrics, medical illnesses in the elderly and geriatric services. For family physicians interested in pursuing a career in step-down elderly services and long-term aged care, the FMFP (Aged Care)

provides further rigorous advanced training and development in this area after obtaining their MMed (FM).

WHAT IS PRIMARY CARE / COMMUNITY GERIATRICS AND WHY?

The British Geriatrics Society defines Geriatric Medicine (or Geriatrics) as the branch of general medicine concerned with the clinical, preventive, remedial and social aspects of illness in older people. High morbidity rates, different patterns of disease presentation, slower response to treatment and requirements for social support associated with older persons call for special medical skills. The aim is to restore an ill and disabled person to a level of maximum ability and wherever possible, return the person to an independent life at home⁶.

Recognising that primary health care has an integral and important role, the Inter-Ministerial Committee on Health Care for the Elderly recommended that more doctors be given access to further training in geriatric care at the primary care level, so that they can form a core group of "community geriatricians"⁷. They envisioned that these "community geriatricians" would be better able to identify the problems at the outpatient level, assess their needs and refer them to the most appropriate and cost-effective level of care.

Geriatrics has been regarded as a specialized subject practiced only in acute hospitals. However, there is a growing need for more community geriatric physicians proficient in geriatric assessment, inter-sectoral approach to patient care, provision of community-based primary care services, preventive and health promotion among the elderly and long-term care⁸. In an article

written by Ian Philip in the British Medical Journal, it was declared that geriatrics “must now adapt to the contemporary pressures to expand its influence on the care of older people both within hospitals and without. Failure to respond to this challenge will mean that only a few fortunate older people will receive high quality care in specialist units. The others (may) become under-treated or over-treated for their acute needs, have their opportunities for rehabilitation cut short, and end their lives in substandard institutional care facilities...”⁹.

Principles and practice of geriatrics must filter down to the community and to the primary care level if Singapore aims to have a world-class health care system. Being one of the fastest ageing country in the world, the need to do this now is even more urgent.

HOW ARE WE TO COPE WITH OUR AGEING PATIENTS?

As family physicians and allied health professionals in the primary health care level, we need to first recognize that our patient profile is ageing and we need to be better informed about caring for the elderly. Geriatrics has emerged as a new and important specialty and this has occurred for a good reason: to meet the special needs of a part of our population for holistic, broad-based, functionally and socially-conscious care. However, geriatrics cannot be limited to the acute hospital. It needs to reach the majority of the elderly who live within the community, and primary care physicians are in the best position to provide this form of care. The ways for family physicians in Singapore to meet this challenge include the following:

1. **Use the time we now have to allocate for compulsory Continuing Medical Education (CME) to learn more about geriatrics.**

The 1-year Graduate Diploma in Geriatric Medicine course is an excellent way to learn elderly care and it does not require you to sit for the exams at the end of it. However, if you are up to the challenge, sit for it as getting your GDGM will help you complete the Fellowship in Aged Care (see below).

2. **Read up about geriatrics in your free time** Better yet, attend Module 4A of the Family Medicine Training Programme Modular Course. You can now just pay for one module and get CME points without being a GDFM candidate.

3. **Consider a career in community geriatrics** With an increasing aged population, there will be further development of various geriatric step-down services like community hospitals, day hospitals, day rehabilitation, home medical care and nursing homes. These services will need community geriatricians to develop, upgrade and maintain standards of elderly care.

4. **The FMFP (Aged Care)**

This fellowship programme aims to develop family physicians in the area of community geriatric clinical practice, teaching and research so as to take on leadership roles in primary care geriatrics. MMed (FM) holders interested in community geriatrics should apply for this fellowship programme. There is currently great scope for advanced trainee family physicians to develop and provide community geriatric services. More details on the FMFP (Aged Care) can be found on the College's web-page.

CONCLUSION

There is a need for more geriatric training among family physicians if we are to meet the health needs of our rapidly ageing population. There is also an urgent call for primary healthcare professionals to take up the challenge of developing geriatric step-down care services and primary care geriatrics. The tools for family physicians to upgrade themselves in geriatric care have been developed and are in the process of being fine-tuned. As the first-line of health care, can we afford to not heed the call to meet the needs of the pioneers of our country, or even ourselves who will become old one day? Our future lies within our own hands.

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