EUGMS column

Geriatric care in Europe – the EUGMS Survey Part II: Malta, Sweden and Austria

1. Introduction

Not only demography but also definition of “what is a geriatric patient?” changed dramatically during the last 20 years. More and more comorbidities and chronicification of diseases including malignancies and an increasing average age of patients being mostly well beyond their eighties are typical to describe what happens. This phenomenon is well known as the “Geriatrization of Medicine” – But in contrast to this clear signals we recognize an increasing gap between growing number of geriatric patients and a stagnation or decrease in number of trained geriatricians. Therefore, the EUGMS Academic Board decided to conduct this survey with the aim to map the current situation and to give the keynotes for benchmarking of every country possibly for use in its own national medical and political discussions.

2. Material and methods

Total methodology is well described in detail in Part I of the EUGMS Survey “Geriatric care in Europe” [1]. Every country is responsible for correctness of their data which where checked for plausibility. All responders were asked to use the last official government census-report and the best available data base on the number and distribution of trained geriatricians. Beside this, the experts were asked to give a report about quality and density of training resources and some notes to describe the history and the actual situation of geriatric medicine in their countries.

3. Results

3.1. Austria

Total number of geriatricians having been trained and being active was 280 in December 2011, increased until end of February 2012 up to 500 (Tables 1 and 2). The expected number of geriatricians will reach at least about 1000 until the end of 2012. The population data were collected by Statistic Austria, and reflect the population in 2010. There are no more recent data available [2].

3.1.1. Training and education

Geriatric medicine was established in Austria in July 2011 as a subspecialty for internal medicine, neurology, psychiatrist and rehabilitation medicine, as well as for general practitioners [3]. The law is induced by the ministry of health; the implementation was done by the Austrian medical society.

The training following the completed training in one of the mentioned medical specialties lasts three years. It will be offered especially at departments for geriatric medicine, supplemented by training in the other mentioned subspecialties at their specific departments and if wished for a few months in a medical supported nursing home. The training is linked to a multi-professional team, structured team processes and the routinely performed geriatric assessment. The use of a standardised quality insurance instrument is recommended.

The certification is given by the head of the training department according to the asked experiences, knowledge and skills. There is no final exam asked yet.

3.1.2. Geriatric departments

Since the year 2000 departments for Geriatric Medicine had been established in six out of 9 regions in Austria. The number increased according to the health and health-structure plan for Austria [4]. Up to 2012, there were 42 departments including 1230 and about 50-day clinic beds established. The main focus differs in each department between acute care and geriatric rehabilitation. The structure of the wards, the personal, the estimated length of stay and the reimbursement is fixed in the Austrian health and structure programme.

Of course the medical responsibility for these wards led to high knowledge of the physicians and other team members. The geriatric expertise existed since years; the legal regulation was following the ongoing process of specialisation.

3.1.3. Academic status and universities

There are three public and one private medical university in Vienna. The first chair for geriatric medicine was established at the PMU Salzburg, 2011 the Medical University Graz followed, 2012 chairs are expected at the medical universities of Vienna and Innsbruck. Nevertheless, geriatrics is already taught at all universities in different degrees.

3.2. Malta

Geriatric medicine has been established in Malta since the year 1989 when the first consultant geriatrician post was advertised and filled in the state–run health services (Table 1). At the same time, the post of lecturer in Geriatrics at the University of Malta was created and the subject taught to medical students. A Department of Geriatrics was only officially inaugurated in the year 2007 with the appointment of a Clinical Chairperson and there are now eight consultant geriatricians working in this department.

An official postgraduate training programme in most specialities including Geriatrics was set up in Malta in the year 2008. After completing their 2-year foundation programme, doctors wanting to train in Geriatrics, have first to enter as basic specialist trainees in Medicine, and after a minimum of 2 years and after passing the MRCP (UK) examination, are eligible to progress to a higher specialist trainee level in Geriatrics and train for a further 4 years. After successfully completing this 4-year programme, the trainees

1878-7649/$ – see front matter
http://dx.doi.org/10.1016/j.eurger.2012.09.008
can apply to be locally accredited as specialists in Geriatrics. They are then able to apply for the next level of Resident Specialist in Geriatrics in preparation to be eventually appointed as Consultants in the field. There is no local exit exam but an increasing number of trainees are opting to sit the MRCP (UK) Specialty Certificate Examination in Geriatric Medicine.

There is no chair in Geriatric Medicine and lecturers in this field form part of the Department of Medicine within the structure of the University of Malta.

3.3. Sweden (5)

Geriatric medicine has been a recognized speciality since 1969 in Sweden (Table 1). In December 2005, it was decided that Geriatric Medicine could remain as a speciality in its own right and not, as had been suggested at that time, to become a subspecialty of internal medicine [5].

3.3.1. Postgraduate training

In 2011 there were around 450 persons with specialist certificates in geriatric medicine in Sweden working with geriatrics and around 150 in primary care or as internists. At the same time there were 100 physicians undergoing training in geriatric medicine and thus every year there will be 30 to 40 new specialists, but at the same time an equivalent number or even more will retire (at age 65) so the number is decreasing.

3.3.2. Delivery of geriatric medical services

Geriatric medicine in Sweden is mostly a hospital specialty. In the 70 hospitals in Sweden (pop. 9,500,000) [6], there were around 2000 beds were in geriatric medical units out of a total of 22,000 hospital beds at the end of 2010. There are around 40 independent geriatric medicine clinics, as well as divisions of geriatric medicine in internal medicine clinics in Sweden. Many of these have acute care wards for an initial investigation of older people usually with further planning of care, and also wards for the rehabilitation of stroke and osteoporosis-related fractures and palliative care. Geriatric medicine services are well established in the six university hospitals compared to the rest of the country. In smaller hospitals, there might be only a unit or a ward of geriatric service organized as part of an internal medicine clinic.

Geriatricians is very unevenly distributed in the country with most geriatricians around the capital of Stockholm (and Stockholm having the youngest population).

Current studies of health care show a growing demand for geriatricians and yet there is a shortage in relation to available positions and this year there was a report published from the National Board of Health and Welfare stressing the need of more geriatricians and more competence in all health care in geriatrics and gerontology [7,8].

Many geriatric medical clinics have an out-patient unit which is most often specialized for dementia (memory clinics). Patients can be referred from primary care.

Long term care in nursing homes and homes for the older people is mainly the responsibility of primary care and the family physicians but in some cases geriatricians from geriatric medical clinics are in many instances delivering medical and geriatric care to nursing homes.

Only in the capital of Sweden, Stockholm, there are private geriatric medicine clinics, but almost all medical care and especially geriatric medical care in the country is financed publicly.

<table>
<thead>
<tr>
<th>Table 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data of Malta, Sweden and Austria ranked and in comparison to other European countries investigated in Part I of the survey [1].</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>Total population</th>
<th>Capita 65 years and more</th>
<th>Capita 80 years and more</th>
<th>Nº of geriatricians</th>
<th>Capita per geriatrician</th>
<th>Capita &gt; 65 per geriatrician</th>
<th>Capita &gt; 80 per geriatrician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>8,387,742,00</td>
<td>1,480,136,00</td>
<td>405,009,00</td>
<td>500,00</td>
<td>16,775,50</td>
<td>2,962,70</td>
<td>810,00</td>
</tr>
<tr>
<td>Sweden</td>
<td>9,500,000,00</td>
<td>1,785,000,00</td>
<td>498,000,00</td>
<td>450,00</td>
<td>21,111</td>
<td>3,966,00</td>
<td>1,106,00</td>
</tr>
<tr>
<td>Belgium</td>
<td>10,666,866,00</td>
<td>1,819,729,00</td>
<td>465,852,00</td>
<td>299,00</td>
<td>37,825,77</td>
<td>6,452,93</td>
<td>1,651,96</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>10,251,079,00</td>
<td>1,456,391,00</td>
<td>321,532,00</td>
<td>217,00</td>
<td>47,239,90</td>
<td>6,711,40</td>
<td>1,481,70</td>
</tr>
<tr>
<td>Ireland</td>
<td>4,239,848,00</td>
<td>647,926,00</td>
<td>112,912,00</td>
<td>66,00</td>
<td>64,240,00</td>
<td>7,090,00</td>
<td>1,711,00</td>
</tr>
<tr>
<td>Germany</td>
<td>82,000,000,00</td>
<td>15,833,200,00</td>
<td>3,647,800,00</td>
<td>2,112,00</td>
<td>39,015,15</td>
<td>7,496,78</td>
<td>1,727,18</td>
</tr>
<tr>
<td>Malta</td>
<td>410,000,00</td>
<td>61,500,00</td>
<td>13,530,00</td>
<td>8,00</td>
<td>51,250,00</td>
<td>7,688,00</td>
<td>1,691,00</td>
</tr>
<tr>
<td>Spain</td>
<td>45,200,737,00</td>
<td>5,390,413,00</td>
<td>2,091,178,00</td>
<td>700,00</td>
<td>64,572,00</td>
<td>7,701,00</td>
<td>2,987,00</td>
</tr>
<tr>
<td>UK Total 2006</td>
<td>6,042,578,60</td>
<td>362,732,00</td>
<td>1,129,00</td>
<td>138,00</td>
<td>55,810,00</td>
<td>9,250,00</td>
<td>2,628,00</td>
</tr>
<tr>
<td>Switzerland</td>
<td>7,701,856,00</td>
<td>1,276,445,00</td>
<td>362,732,00</td>
<td>72,00</td>
<td>76,052,65</td>
<td>12,001,90</td>
<td>3,139,61</td>
</tr>
</tbody>
</table>

* detailed data federal i.e. regional/federal attached.

<table>
<thead>
<tr>
<th>Table 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>EUGMS Austria.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>Total population</th>
<th>Capita 65 years and more</th>
<th>Capita 80 years and more</th>
<th>Nº of geriatricians</th>
<th>Capita per geriatrician</th>
<th>Capita &gt; 65 per geriatrician</th>
<th>Capita &gt; 80 per geriatrician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria / 2010</td>
<td>8,387,742</td>
<td>1,480,136</td>
<td>405,009</td>
<td>500,00</td>
<td>16,775,50</td>
<td>2,962,70</td>
<td>810,00</td>
</tr>
<tr>
<td>Regions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burgenland</td>
<td>284,363</td>
<td>55,865</td>
<td>15,978</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kärnten</td>
<td>558,955</td>
<td>107,237</td>
<td>30,884</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower Austria</td>
<td>1,609,772</td>
<td>301,266</td>
<td>80,091</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper Austria</td>
<td>1,412,252</td>
<td>241,114</td>
<td>65,815</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salzburg</td>
<td>530,610</td>
<td>87,687</td>
<td>22,931</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Styria</td>
<td>1,209,229</td>
<td>227,367</td>
<td>64,659</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tirol</td>
<td>707,485</td>
<td>114,525</td>
<td>29,698</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vorarlberg</td>
<td>369,453</td>
<td>56,427</td>
<td>14,180</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vienna</td>
<td>1,705,623</td>
<td>288,648</td>
<td>80,773</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Austrian real geriatricians working in the health care.
3.3.3. Undergraduate training in geriatric medicine

The medical faculties have a degree of freedom to choose the curriculum for the medical students. Thus the undergraduate training in geriatric medicine ranges from one to three weeks and is generally given between the seventh to tenth terms of a total of 11 terms. The education is a combination of lectures, patient demonstrations and clinical attendance with a final exam. The Swedish Association of Geriatric Medicine have stressed the fact that the undergraduate training is not sufficient for the future need for geriatric skills [9,10] which might have influenced the National Board of Health and Welfare and the publications mentioned above.

Postgraduate training. The curriculum is in concordance with the UEMS – Geriatric Medicine Section training program. After basic medical training (21 months of internship usually without geriatric medicine) most trainees in geriatric medicine begin specialist education lasting at least 5 more years. Training as a geriatrician was been standardised across the country in the last years and the goals defined by the Swedish Organisation of Geriatric Medicine together with the National Board of Health and Welfare. Therefore completion of training involves several years of clinical experience (1.5 to 2 years in Internal Medicine, 6 months in psychiatry, 2 to 2.5 years in Geriatric care) but also fulfilment of predefined and structured goals.

There are several areas of knowledge where training is compulsory:

- palliative care;
- dementia;
- acute geriatrics;
- geriatrics in nursing homes and ambulatory geriatric care;
- geriatric rehabilitation.

Once a tutor determines a trainee has acquired sufficient knowledge and skills, an expert in geriatrics from the National Board of Health and Welfare certifies his/her approval becoming then a certified specialist.

3.3.4. Research in Geriatric Medicine

There are six chairs in geriatric medicine located in Stockholm, Gothenburg, Malmö, Linkoping, Uppsala, and Umeå. Geriatric research in Sweden comprises studies on older people and their diseases. It takes into account relations between medical, psychological and social factors which influence morbidity, and possibilities of prevention.

In Malmö and Gothenburg, the research is mainly epidemiological in geriatric medicine and gerontology, in Umeå the research is clinical and patient-centered (i.e. falls, fracture, sleep apnea, delirium and RAI) and in Stockholm, Uppsala and Linkoping dementia research mainly concentrates on Alzheimer’s disease. Scientific meetings and educational activities. From the early seventies an annual scientific meeting takes place that invites specialists from all medical disciplines (“Riksstämman”). A “Geriatriskt Forum” has been held since 2005 and offers a broad geriatric clinical program often involving the whole geriatric team. Since 2008, the “Geriatric Research Forum” brings together researchers from all chairs in Sweden allowing for sharing of the latest findings. From 2008, all heads of the Geriatric Departments across Sweden meet once a year and discuss subjects such as training in geriatrics or regulations influencing Geriatric clinics.

4. Final discussion

After completing the survey with data of Austria, Malta and Sweden, we can state, that Austria and Sweden seems to show the highest frequency and local density of trained geriatricians within all European countries undergoing the survey. Therefore, the special situation of geriatric medicine in Sweden is of importance to be highlighted from several aspects of interests: In view of delivery of geriatric medical service, geriatric training (undergraduate and postgraduate) research and academic situation and additional aspects.

All the rest which has been summarized about geriatric medicine in Europe in Part I of our survey [1], maybe confirmed by the reports of Malta, Sweden and Austria. However, the situation of geriatric care may change or may become more dynamic when practical and educational circumstances change. The educational and training situation between 2011 and 2012 in Austria is a very good example for such turnarounds. This may give us some hope that the position of geriatric medicine in the community of medical specialities will become the very important which is due to the actual and demographic situation. Nevertheless, we are far from European harmonisation of training, ambulatory and clinical care on medicine and standards which maybe compareable. Therefore platforms like the EUGMS have the important duty to inform, to compare, and to benchmark but also to support colleagues, institutions and political discussions all around geriatric medicine and geriatric care. This survey may help to do so and maybe used by national scientific societies as well as political discussions.

5. Addendum

All members of the EUGMS Academic Board were involved in the conception and design of the study; Anne Ekdahl acquired data, interpreted the data and drafted the article and also did the statistical analysis; Anthony Fiorini, Stefania Maggi, Katharina Pils, Jean-Pierre Michel and Gerald Kolb gave advices, inputs and drafts; all other authors revised the article for important intellectual content. All author finally approved the manuscript to be published.

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

Acknowledgement

The authors thank again Mrs. Petra Landwehr for her excellent technical assistance.

References


A. Ekdahl¹,²,
A. Fiorini³,⁴,
S. Maggi³,⁴,
K. Pils⁵,
J.-P. Michel⁶,
G. Kolb*.

¹Department of Geriatric medicine, Vrinnevisjukhuset, SE 60182 Norrköping, Sweden
²Department of Geriatrics, University of Malta, Geriatric Medicine Society of Malta, Malta
³Istituto di neuroscienze del Consiglio Nazionale delle Ricerche, Padova, Italy
⁴Austrian Society of Geriatrics and Gerontology, Sophienspital, Apollogasse 19, A-1070 Wien
⁵Hopitaux Univers de Geneve, centre hospitalier De Pont-Bochet, 1226 Thonex-Geneve, Switzerland
⁶Department of Geriatrics, St. Bonifatius Hospital, Wilhelmstraße 13, 49808 Lingen (Ems), Germany

*Corresponding author. Tel.: +0591 910 1501; fax: +0591 910 97 1501

E-mail addresses: gerald.kolb@bonifatius-lingen.de
anne.ekdahl@lio.se (A. Ekdahl)
anthony.fiorini@gov.mt (A. Fiorini)
stefania.maggi@in.cnr.it (S. Maggi)
katharina.pils@wienkav.at (K. Pils)
Jean-Pierre.Michel@unige.ch (J.-P. Michel)

¹On behalf of the European Union Geriatric Medicine Society (EUGMS).

Academic Board (EUGMS).

10 September 2012
14 September 2012
Available online 1 November 2012