

# The RCGP Curriculum: Clinical Modules

Version approved 19 January 2016  
for implementation from 1 February 2016

## ➤ 3.05 Care of Older Adults

### Summary

- The United Kingdom has an increasingly ageing population
- The care of older people will make up a higher proportion of your workload as a general practitioner (GP)
- Co-morbidity, difficulties in communicating, the problems of poly-pharmacy and the need for additional support for the increasingly dependent patients in general practice are important issues in the care of older people
- The epidemiology of problems presenting in primary care is different in older people. Many cancers are more prevalent in the elderly population and may be of insidious onset
- General practitioners working together with other members of the primary healthcare team have an important role to play in the delivery of improvements in the care of older people

## Knowledge and skills guide

### Core Competence: Fitness to practise

This concerns the development of professional values, behaviours and personal resilience and preparation for career-long development and revalidation. It includes having insight into when your own performance, conduct or health might put patients at risk, as well as taking action to protect patients.

This means that as a GP you should:

- Recognise personal attitudes to the elderly, to the processes of growing old, becoming frail and to dying (see also statement 3.09 End-of-Life Care)
- Recognise your attitudes to the use of intensive or invasive tests and treatments and the use of limited healthcare resources in the care of the elderly
- Be aware of these broader factors in order to counter personal biases that are unhelpful to the care of the elderly
- Ensure that personal biases regarding the management of risk factors in the elderly do not influence management decisions, e.g. the cardiovascular risk factors of smoking, obesity, exercise, alcohol, age and race

### Core Competence: Maintaining an ethical approach

This addresses the importance of practising ethically, with integrity and a respect for diversity.

This means that as a GP you should:

- Understand moral, ethical and emotional issues relating to the end of life (see also statement 3.09 End-of-Life Care), as well as after death (e.g. living wills, palliative care)
- Understand the legal and ethical issues that may arise, e.g. regarding confidentiality, the Mental Health Act, the Mental Capacity Act, power of attorney, court of protection applications, guardianship, living wills, death certification and cremation

### Core Competence: Communication and consultation

This is about communication with patients, the use of recognised consultation techniques, establishing patient partnership, managing challenging consultations, third-party consulting and the use of interpreters.

This means that as a GP you should:

- Have appropriate communication skills for counselling, teaching and treating patients, their families and carers, recognising the difficulties of communicating with older patients including the slower tempo, possible unreliability or having to rely on the evidence of third parties

### **Core Competence: Data gathering and interpretation**

This is about interpreting the patient's narrative, clinical record and biographical data. It also concerns the use of investigations and examination findings, plus the adoption of a proficient approach to clinical examination and procedural skills.

This means that as a GP you should:

- Know the prevalence and incidence of disease in the elderly population
- Understand the changes in the normal range of laboratory values that are found in older people
- Know the signs and symptoms of the early presentation of cancer
- Know the special features of prognosis of diseases in old age and be able to apply the knowledge to produce an appropriate plan for further investigation and management, including end-of-life care (see also statement 3.09 End-of-Life Care)
- Know the epidemiology of older people's problems presenting in primary care, such as dementia and cancers as well as their risk factors
- Recognise the common, early, 'red flag' symptoms and signs of malignancy (e.g. weight loss, dysphagia, melaena, diaphoresis etc.), many of which may be non specific if taken in isolation
- Understand the physical, psychological and social changes that may occur with age and relate them to the adaptations that an older person makes, and to the breakdown of these adaptations, e.g. when hearing, vision or cognitive function continue to worsen
- Know that many cancers are more prevalent in the elderly population and may be insidious

### **Core Competence: Making decisions**

This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.

This means that as a GP you should:

- Know the way in which the management of disease processes in old age is influenced by the psychological state and the social situation of the old person
- Recognise and act upon suspicion of a cancer diagnosis early in the disease process
- Recognise the importance of a problem-based approach, taking in the 'big picture', rather than a disease-based approach to the care of older people, who often have complex physical, psychological and social problems

### **Core Competence: Clinical management**

This concerns the recognition and management of common medical conditions encountered in generalist medical care. It includes safe prescribing and medicines management approaches.

This means that as a GP you should:

- Know the local rapid access referral pathways and common treatment options, along with their complications and side effects
- Understand the special factors associated with drug treatment, e.g. the physiology of absorption, metabolism and excretion of drugs, the hazards posed by multiple prescribing, non-compliance and iatrogenic disease
- Understand the physical factors – particularly diet, exercise, ambient temperature and sleep – that disproportionately affect the health of older people
- Understand the management of the conditions and problems commonly associated with old age, such as Parkinson's disease, falls, gait disorders, stroke, confusion, dementia and cancer
- Know how to access support services for older patients, e.g. podiatry, visual and hearing aids, immobility and walking aids, meals on wheels, home care services
- Know the different forms of day-care and residential accommodation available and be able to advise patients about them
- Ensure that the provision of care promotes the patient's sense of identity and personal dignity, and that the patient is not discriminated against as a result of their age
- Recognise abuse (emotional, mental and physical) in the elderly and deal with it appropriately

#### **Core Competence: Managing medical complexity**

This is about aspects of care beyond managing straightforward problems. It includes multi-professional management of co-morbidity and poly-pharmacy, as well as uncertainty and risk. It also covers appropriate referral, planning and organising complex care, promoting recovery and rehabilitation.

This means that as a GP you should:-

- Understand the complex nature of health problems in older patients
- Understand the special features of psychiatric diseases in old age, including dementia. This incorporates an appreciation of the effects of these conditions on the person, the family and community, and the effects of physical function on the patient's mental state. This understanding should be framed within an understanding of the law relating to mental capacity.
- Understand how co-morbidity will influence the management of existing disease and delay the early recognition of adverse clinical patterns
- Understand the concept of health and be able to promote health on an individual basis as part of the consultation in the older patient
- Understand the theories of ageing
- Understand the ability of an elderly person to carry out all the activities commensurate with their mental competence (e.g. exercise, travel, sexual activity and independence, etc.)

### **Core Competence: Working with colleagues and in teams**

This is about working effectively with other professionals to ensure good patient care. It includes sharing information with colleagues, effective service navigation, use of team skill mix, applying leadership, management and team-working skills in real-life practice, and demonstrating flexibility with regard to career development.

This means that as a GP you should:-

- Be able to co-ordinate teamwork in primary care including involvement of family members nearby, or at a distance

### **Core Competence: Maintaining performance, learning and teaching**

This area is about maintaining performance and effective CPD for oneself and others, self-directed adult learning, leading clinical care and service development, participating in commissioning, quality improvement and research activity.

This means that as a GP you should:

- Understand and implement the key national guidelines that influence healthcare provision for older people
- Describe the key research findings that influence management of older people
- Appreciate the difficulties in extrapolating evidence from research to older populations
- Understand the difficulties in designing ethical approvable research studies with frail and elderly patients

### **Core Competence: Organisational management and leadership**

This is about the understanding of organisations and systems, the appropriate use of administration systems, effective record keeping and utilisation of IT for the benefit of patient care. It also includes structured care planning, using new technologies to access and deliver care and developing relevant business and financial management skills.

This means that as a GP you should:

- Have an organisational approach that allows easy access to the primary healthcare team for older people, appropriate timing of appointments, sign-posting to appropriate team members, and the systematic management of chronic conditions and co-morbidities
- Develop policies for the primary care team to ensure effective management of repeat prescriptions, the appropriate use of screening and case-finding programmes, and auditing the quality of care of elderly people in all forms of residential accommodation

### **Core Competence: Practising holistically and promoting health**

This is about the physical, psychological, socioeconomic and cultural dimensions of health. It includes considering feelings as well as thoughts, encouraging health improvement, preventative medicine, self-management and care planning with patients and carers.

This means that as a GP you should:

- Be able to describe the personal structure as well as the wider and often distant family structure of older patients
- Be aware of issues related to carers, in particular the positive and negative impact of being a carer on their health and your holistic duty not to overlook these issues
- Be sensitive to apparently dated social and health beliefs and cultural traditions
- Know the preventative strategies required in the care of older people
- Describe how it is possible to manage and co-ordinate health promotion, prevention, cure, care, rehabilitation and palliation
- Be wary of possible neglect or abuse of the elderly

### **Core Competence: Community orientation**

This is about involvement in the health of the local population. It includes understanding the need to build community engagement and resilience, family and community-based interventions, as well as the global and multi-cultural aspects of delivering evidence-based, sustainable healthcare.

This means that as a GP you should:

- Know the demography of the practice (number of elderly patients, prevalence of chronic diseases)
- Understand the impact of poverty, ethnicity and local epidemiology in the elderly
- Be aware of inequalities in healthcare provision in older persons (learning, physical disabilities, access to care, etc.)
- Consider the positive and negative ways in which socio-economic and health features inter-relate, and the importance of this within the community
- Understand the key government policy documents that influence healthcare provision for older people
- Recognise how geographical distance influences your support and treatment of older people
- Know how to use the various statutory and voluntary organisations for support of older people in the community

## Case discussion

An 80-year-old man presents in winter after having been discharged from hospital following treatment of a femoral fracture. He has severe back pain and raised prostate-specific antigen (PSA). He has vascular dementia and was being cared for at home by his wife although she is finding it hard to cope as he is incontinent and immobile. They have no extended family support network.

The man has multiple other medical problems including type 2 diabetes and hypertension. His prostate cancer was thought to be in remission. They live in a two-storey property with an upstairs toilet; he is the registered owner of the house. He is now unable to climb the stairs.

His wife, another patient of yours, has a right cataract impairing her vision and has previously made some minor errors when administering his medications. She also has poor mobility and is due to have a left hip replacement for osteoarthritis. She has been receiving a 'carer's allowance' and wants to continue to care for him at home.

You make a home visit after the man's hospital discharge to find him unkempt, in soiled bedding in a cold house. There has been inadequate discharge planning and no occupational therapist assessment of changes at home to help the man or his wife cope with his new immobility.

## Reflective questions

To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Core Competence	Reflective Questions
<p><b>Fitness to practise</b></p> <p>This concerns the development of professional values, behaviours and personal resilience and preparation for career-long development and revalidation. It includes having insight into when your own performance, conduct or health might put patients at risk, as well as taking action to protect patients.</p>	<p>What are the personal challenges I face in my working life when caring for my elderly patients?</p> <p>How would I manage this complex scenario during the working day while also maintaining my performance elsewhere?</p>
<p><b>Maintaining an ethical approach</b></p> <p>This addresses the importance of practising ethically, with integrity and a respect for diversity.</p>	<p>How might I address concerns about the inadequate discharge planning?</p> <p>How can my patients retain autonomy in this situation?</p> <p>What is my role in safeguarding the needs of the demented man while also respecting his wife's wishes?</p>
<p><b>Communication and consultation</b></p> <p>This is about communication with patients, the use of recognised consultation techniques, establishing patient partnerships, managing challenging consultations, third-party consulting and the use of interpreters.</p>	<p>What problems might I face in communicating with this couple?</p> <p>In the scenario described, who is my patient?</p>

<p><b>Data gathering and interpretation</b></p> <p>This is about interpreting the patient's narrative, clinical record and biographical data. It also concerns the use of investigations and examination findings, plus the adoption of a proficient approach to clinical examination and procedural skills.</p>	<p>Where can I access information on the management of vascular dementia?</p>
<p><b>Making decisions</b></p> <p>This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.</p>	<p>What are the most appropriate options for managing a situation where there is no clear clinical need for hospital admission?</p>
<p><b>Clinical management</b></p> <p>This concerns the recognition and management of common medical conditions encountered in generalist medical care. It includes safe prescribing and medicines management approaches.</p>	<p>What are the immediate medical and social problems that I need to manage?</p> <p>What is the treatment of choice for this patient's hypertension?</p>
<p><b>Managing medical complexity</b></p> <p>This is about aspects of care beyond managing straightforward problems. It includes multi-professional management of co-morbidity and poly-pharmacy, as well as uncertainty and risk. It also covers appropriate referral, planning and organising complex care, promoting recovery and rehabilitation.</p>	<p>How might I describe the complexity of this episode of healthcare provision?</p> <p>How would I make a risk assessment of this couple's situation?</p>
<p><b>Working with colleagues and in teams</b></p> <p>This is about working effectively with other professionals to ensure good patient care. It includes sharing information with colleagues, effective service navigation, use of team skill mix, applying leadership, management and team-working skills in real-life practice, and demonstrating flexibility with regard to career development.</p>	<p>What arrangements would I make to improve continuity of care?</p>
<p><b>Maintaining performance, learning and teaching</b></p> <p>This is about maintaining performance and effective CPD for oneself and others. This includes self-directed adult learning, leading clinical care and service development, participating in commissioning*, quality improvement and research activity.</p>	<p>What do I know about residential and care homes in my practice area?</p>
<p><b>Organisational management and leadership</b></p> <p>This is about the understanding of organisations and systems, the appropriate use of administration systems, effective record keeping and utilisation of IT for the benefit of patient care. It also includes structured care planning, using new</p>	<p>How can I retain patient confidentiality when recording information about this couple in the notes?</p> <p>What information would I normally expect to receive following a hospital admission?</p>

<p>technologies to access and deliver care and developing relevant business and financial management skills.</p>	
<p><b>Practising holistically and promoting health</b></p> <p>This is about the physical, psychological, socioeconomic and cultural dimensions of health. It includes considering feelings as well as thoughts, encouraging health improvement, preventative medicine, self-management and care planning with patients and carers.</p>	<p>Considering the wife’s situation, what might be the consequences of her husband going into ‘care’?</p> <p>What sort of discussion should I be having with this couple regarding long-term care and placement?</p> <p>How can I manage this couple’s ideas, concerns and expectations?</p> <p>How might the practice team have anticipated the problems identified in this scenario? Which problems, if any, do I think might have been prevented?</p> <p>What other services may be available to carers in my practice?</p>
<p><b>Community orientation</b></p> <p>This is about involvement in the health of the local population. It includes understanding the need to build community engagement and resilience, family and community-based interventions, as well as the global and multi-cultural aspects of delivering evidence-based, sustainable healthcare.</p>	<p>How common is this type of problem in my practice? How would I try to find out?</p> <p>What voluntary support services are available to my patients?</p> <p>What support can be offered by the primary care team and/or hospital outreach services?</p>

## How to learn this area of practice

### Work-based learning

#### In primary care

Time spent in general practice is the ideal setting for you to gain a better understanding of the care of older people. As a GP specialty trainee you will have the opportunity to care for many elderly patients with physical and mental illnesses who live at home or in residential accommodation. Many older patients experience multiple contacts with secondary care services and are cared for by different members of the primary healthcare team.

As a GP trainee you should be encouraged to look after some of the practice’s older patients throughout your placement. As you follow them along their journey you will gain a better understanding of their problems and of the social and medical care they receive. Case conferences and multiprofessional assessments of your older patients will give you a better understanding of disease processes and their functional consequences. You should also be aware of the current vogue for reclassification of many physiological and natural ageing processes as pathological, with the attendant recommendation for expensive poly-pharmacy (with the increased risks of significant cross-reactions and side effects).

### **In secondary care**

A placement in a care of the elderly medicine (geriatric) department offers you the opportunity to learn how to manage complex co-morbidity, interacting with interprofessional teams, experiencing interagency work and working closely with the voluntary sector. You should also take the chance to deepen your knowledge and skills in end-of-life care and advance directives. Take the opportunity also to attend day hospital and clinics, as well as to accompany your consultant on any domiciliary visits.

### **Self-directed learning**

Older patients often have many complex psychological, social and physical problems that provide rich subjects for tutorials and case-based learning.

### **Learning with other healthcare professionals**

The discipline of care for older adults involves huge numbers of professionals, each with their particular areas of expertise. These include community nurses, physiotherapists, occupational therapists, speech therapists, opticians, audiologists, palliative care nurses, physicians and social workers, to name but a few. As a GP trainee you should endeavour to spend some time with these colleagues to ensure you understand the breadth of input that can be provided to the older adult, the effectiveness of such input and the appropriateness of referral to these agencies. You should also take the opportunity to visit patients at their homes with other members of the primary healthcare team and to accompany the occasional patient to hospital clinics to gain a better understanding of the 'patient's journey'.

### **Formal learning**

Postgraduate courses in Gerontology can be taken as distance learning or residential modules, from certificate level to diploma and degree levels. These are administered by a number of universities. (Further details are available from the British Geriatrics Society website at [www.bgs.org.uk](http://www.bgs.org.uk).)

## **Useful learning resources**

### **Books and publications**

- Bogosh CW. *The Golden Years: Healthy Aging and the Older Adult* CreateSpace Independent Publishing Platform (19 May 2013) [Paperback]
- Bowker L, Price J, Smith S. *Oxford Handbook of Geriatric Medicine* Oxford Medical Handbooks [Paperback] 2012
- Burke M, Laramie M, Joy A. *Primary Care of the Older Adult* London: Mosby, 2000
- Bury M. *Health and Illness in a Changing Society* London: Routledge, 1997
- Department of Health. *The National Service Framework for Older People* London: Department of Health, 2001
- Department of Health. Medicines and older people. In: *Implementing Medicines-Related Aspects of the National Service Framework for Older People* London: Department of Health, 2001
- Department of Health, Social and Public Safety. *Investing For Health* Belfast: Department of Health, Social Services and Public Safety, 2002

- Department of Health, Social and Public Safety. *A Healthier Future: a twenty-year vision for health and wellbeing in Northern Ireland 2005-2025* Belfast: Department of Health, Social Services and Public Safety, 2005
- Edlin G and Golanty E. *Health and Wellness: a holistic approach (4th edn)* Boston: Jones & Bartlett, 1992
- Gosney M, Harper A, Conroy S. *Oxford Desk Reference: Geriatric Medicine* (Oxford Desk Reference Series) Oxford: OUP (12 July 2012) [Hardcover]
- Joint Formulary Committee. *The British National Formulary 66* London: British Medical Association and Royal Pharmaceutical Society of Great Britain. (9 Sep 2013)
- McAlister FA, Stewart S, Ferrua S, McMurray JJ. Multidisciplinary strategies for the management of heart-failure patients at high risk for admission: a systematic review of randomized trials *Journal of the American College of Cardiology* 2004; 44(4): 810–19
- Marshall T and Rouse A. Resource implications and health benefits of primary prevention strategies for cardiovascular disease in people aged 30 to 74: mathematical modelling study *British Medical Journal* 2002; 325(7357): 197. Menotti A, Mulder I, Nissinen A, Giampaoli S, Feskens EJ, Kromhout D. Prevalence of morbidity and multimorbidity in elderly male populations and their impact on 10 year all-cause mortality: the FINE study (Finland, Netherlands, Elderly) *Journal of Clinical Epidemiology* 2001; 54: 680–6
- NHS Scotland. *Our National Health – a plan for action, a plan for change* Edinburgh: NHSScotland, 2000
- Ofman JJ, Badamgarav E, Henning JM, Knight K, Gano AD Jr, Levan RK, *et al.* Does disease management improve clinical and economic outcomes in patients with chronic diseases? A systematic review *American Journal of Medicine* 2004; 117(3): 182–92
- Schellevis FG, van der Velden J, van de Lisdonk EH, van Eijk JTM, van Weel C. Co-morbidity of chronic diseases in general practice *Journal of Clinical Epidemiology* 1993; 46: 463–73
- Silagy C. *Oxford Textbook of Primary Medical Care*. Oxford: OUP New Ed edition (7 April 2005)
- Simon C, Everitt H and van Dorp F. *Oxford Handbook of General Practice (3<sup>rd</sup> edn)* Oxford Medical Handbooks. Oxford OUP (17 Dec 2009)
- The Royal College of General Practitioners and the British Geriatric Society. Training general practitioners in geriatric medicine *Journal of the Royal College of General Practitioners* 1978; 28: 355–9 (also published in: *Some Aims for Training for General Practice* Occasional Paper 6. London: Royal College of General Practitioners, 1978)
- The Royal College of General Practitioners and the British Geriatric Society. *General Practitioner Vocational Training in Geriatric Medicine* London: Royal College of General Practitioners, 1978
- Warrell D, Cox TM, Firth JD, Benz EJ (eds). *Oxford Textbook of Medicine (5th edn)* Oxford: Oxford University Press, 2010
- Welsh Assembly Government. *Improving Health in Wales - a plan for the NHS with its partners* Cardiff: Welsh Assembly Government, 2001  
[www.wales.nhs.uk/Publications/NHSStrategydoc.pdf](http://www.wales.nhs.uk/Publications/NHSStrategydoc.pdf)
- Welsh Assembly Government. *National Service Framework for Older People in Wales* Cardiff: Welsh Assembly Government, 2006,  
[www.wales.nhs.uk/sites3/documents/439/NSFforOlderPeopleInWalesEnglish.pdf](http://www.wales.nhs.uk/sites3/documents/439/NSFforOlderPeopleInWalesEnglish.pdf)
- Whitfield K, Baker T. *Handbook of Minority Aging* Springer Publishing Co Inc (30 Aug 2013) [Paperback]
- Williams I. *Caring for Older People in the Community* Oxford: Radcliffe Medical Press, 1995
- Woodford H. *Essential Geriatrics (2<sup>nd</sup> revised edn)* Radcliffe Publishing Ltd, 2010

## Web resources

### Age UK

Age UK is the UK's largest organisation working with and for older people. The website is an excellent resource for patients and carers. Their mission is to promote the well-being of all older people and to help make later life a fulfilling and enjoyable experience. GPs will find it full of useful facts and information. [www.ageuk.org.uk](http://www.ageuk.org.uk)

### Alzheimer's Disease Society

The Society has expert information and education for carers and professionals. It provides helplines and support for carers, runs quality day and home care, funds medical and scientific research, and gives financial help to families in need. It campaigns for improved health and social services, and greater public understanding of all aspects of dementia. [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

### British Geriatrics Society

The Society is the only professional association in the United Kingdom of doctors practising geriatric medicine. The majority of the 2,300 members worldwide are consultants in geriatric medicine, the psychiatry of old age, public health medicine, GPs and scientists engaged in the research of age-related disease. The Society also has members in the nursing, therapy and pharmacology professions. It was founded in 1947 for 'the relief of suffering and distress amongst the aged and infirm by the improvement of standards of medical care for such persons, the holding of meetings and the publication and distribution of the results of such research'. The website contains useful information, clinical guidelines and links. [www.bgs.org.uk](http://www.bgs.org.uk)

### Department of Health Older People's Services

The website includes access to the *National Service Framework for Older People* and lots of supporting documentation. [www.gov.uk/government/publications/quality-standards-for-care-services-for-older-people](http://www.gov.uk/government/publications/quality-standards-for-care-services-for-older-people)

### NHS Scotland: Adding Life to Years

Recommendations from the *Report of the Expert Group on Healthcare of Older People*.  
[www.sehd.scot.nhs.uk/publications/alty/alty-00.htm](http://www.sehd.scot.nhs.uk/publications/alty/alty-00.htm)

### The Really Important Questions Group (RIQ)

The RIQ group is made up of over-50-year-olds who want to be involved in the shaping of health and social care. Their interesting website is at [www.tamesidelife.co.uk/sites/the-really-important-questions-group-riqtameside-adult-services/intro](http://www.tamesidelife.co.uk/sites/the-really-important-questions-group-riqtameside-adult-services/intro)

### Royal College of General Practitioners

The e-GP course on Care of Older Adults includes sessions on the ageing population, normal changes of ageing, the role of the GP, prescribing, falls assessment, confusion and off legs, memory problems, dementia, assessing mental capacity, elder abuse, and support for older people and their carers. [www.e-GP.org](http://www.e-GP.org)

### 3.05 Care of Older Adults

Dementia resources can be found at [www.rcgp.org.uk/clinical-and-research/clinical-resources/dementia.aspx](http://www.rcgp.org.uk/clinical-and-research/clinical-resources/dementia.aspx)