3.05 THE CLINICAL EXAMPLE ON

Care of Older Adults

This statement is part of the curriculum produced by the Royal College of General Practitioners (RCGP) which defines the learning outcomes for the discipline of general practice and describes the skills you require to practise medicine as a general practitioner in the National Health Service (NHS) of the United Kingdom. Although primarily aimed at the start of independent work as a general practitioner, it must also prepare the doctor beyond the training period and provide support for a professional life of development and change.
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KEY MESSAGES

- 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
An 80-year-old man presents in wintertime 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 (aged 75). She is now unable to cope and he is incontinent and immobile. They have no extended family support network. He 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, also has a right cataract and has previously made some minor errors with 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’, she does not want him to leave home and wants to care for him at home. You make a home visit after his hospital discharge to find the patient unkempt, in soiled bedding and 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.

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

| Primary care management | What are the immediate medical and social problems that I need to manage?  
| What support can be offered by the primary care team and/or hospital outreach services? |
| Person-centred care | How might ‘secondary gain’ be an issue here? Explore the reasons for refusal of help. Is there depression?  
| How can my patients retain autonomy in this situation?  
| What problems might I face in communicating with this couple? |
| Specific problem-solving skills | How might I describe the complexity of this episode of healthcare provision?  
| How would I make a risk assessment of this couple’s situation? |
| A comprehensive approach | How might the practice team have anticipated the problems identified in this scenario? Which problems, if any, do I think might have been prevented?  
| The wife is a carer and has her separate healthcare needs. What other services may be offered?  
| What arrangements would I make to improve continuity of care? |
| Community orientation | How common is this type of problem in my practice? How would I try to find out?  
| What voluntary support services are available to my patients? |
| A holistic approach | What are the consequences to the wife of the husband going into ‘care’ including housing, financial and emotional issues?
What sort of discussion should I be having with his carer regarding his long-term care and placement? |
| Contextual features | What are the challenges in my working life in caring for my elderly patients?
What do I know about residential and care homes in my practice area? |
| Attitudinal features | In the scenario described, who is my patient?
What will I do about the hospital discharge process experienced by my patient? |
| Scientific features | What is the treatment of choice for this patient’s hypertension?
Where can I access information on the management of vascular dementia? |
LEARNING OUTCOMES

The following learning outcomes or objectives relate specifically to the care of older adults. These learning outcomes are in addition to those detailed in the core statement, Being a General Practitioner. The core statement and this statement should be used in conjunction with the other curriculum statements. In order to demonstrate the core competences in the care of older adults, GPs will require knowledge, skills and attitudes in the following areas:

The RCGP areas of competence

1 Primary care management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.)

This means that as a GP you should:

1.1 Know the epidemiology of older people’s problems presenting in primary care, such as dementia and cancers as well as their risk factors
1.2 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
1.3 Know the local rapid access referral pathways and common treatment options, along with their complications and side effects
1.4 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
1.5 Know that many cancers are more prevalent in the elderly population and may be insidious
1.6 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
1.7 Understand the physical factors – particularly diet, exercise, ambient temperature and sleep – that disproportionately affect the health of older people
1.8 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
1.9 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
1.10 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
1.11 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
1.12 Know the different forms of day-care and residential accommodation available and be able to advise patients about them
1.13 Know how to use the various statutory and voluntary organisations for support of older people in the community
1.14 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
1.15 Recognise abuse (emotional, mental and physical) in the elderly and deal with it appropriately

2 Person-centred care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them.

This means that as a GP you should:

2.1 Understand the theories of ageing
2.2 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.)
2.3 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)
2.4 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
2.5 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

3 Specific problem-solving skills

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality.

This means that as a GP you should:

3.1 Know the prevalence and incidence of disease in the elderly population
3.2 Know the demography of the practice (number of elderly patients, prevalence of chronic diseases)
3.3 Understand the changes in the normal range of laboratory values that are found in older people
3.4 Know the signs and symptoms of the early presentation of cancer
3.5 Recognise and act upon suspicion of a cancer diagnosis early in the disease process
3.6 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

4 A comprehensive approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, co-ordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting.

This means that as a GP you should:-
4.1 Understand the complex nature of health problems in older patients
4.2 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.
4.3 Understand how co-morbidity will influence the management of existing disease and delay the early recognition of adverse clinical patterns
4.4 Understand the concept of health and be able to promote health on an individual basis as part of the consultation in the older patient
4.5 Know the preventative strategies required in the care of older people
4.6 Describe how it is possible to manage and co-ordinate health promotion, prevention, cure, care, rehabilitation and palliation
4.7 Be able to co-ordinate teamwork in primary care including involvement of family members nearby, or at a distance

5 Community orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community.

This means that as a GP you should:
5.1 Understand the impact of poverty, ethnicity and local epidemiology in the elderly
5.2 Be aware of inequalities in healthcare provision in older persons (learning, physical disabilities, access to care, etc.)
5.3 Consider the positive and negative ways in which socio-economic and health features inter-relate, and the importance of this within the community
6 A holistic approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health.

This means that as a GP you should:

6.1 Be able to describe the personal structure as well as the wider and often distant family structure of older patients
6.2 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
6.3 Be sensitive to apparently dated social and health beliefs and cultural traditions
6.4 Be wary of possible neglect or abuse of the elderly

The essential features of you as a doctor

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences in real life in the work setting.

EF1 Contextual features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks.

Examples of this are:

EF1.1 Understanding 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)
EF1.2 Understanding the key government policy documents that influence healthcare provision for older people
EF1.3 Recognising how geographical distance influences your support and treatment of older people
EF1.4 Understanding the legal 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
EF2 Attitudinal features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care.

Examples of this are:

EF2.1 Ensuring 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

EF2.2 Recognising 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)

EF2.3 Recognising 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

EF2.4 Being aware of these broader factors in order to counter personal biases that are unhelpful to the care of the elderly

EF3 Scientific features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through lifelong learning and a commitment to quality improvement.

Examples of this are:

EF3.1 Understanding and implementing the key national guidelines that influence healthcare provision for older people

EF3.2 Describing the key research findings that influence management of older people

EF3.3 Appreciating the difficulties in extrapolating evidence from research to older populations

EF3.4 Understanding the difficulties in designing ethical approvable research studies with frail and elderly patients
LEARNING STRATEGIES

**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).

**Work-based learning – 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.

**Non-work-based 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).)
LEARNING RESOURCES

Examples of relevant texts and resources

- 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 (3rd 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

• 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

• Whitfield K, BakerT. 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 (2nd 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

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
**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.show.scot.nhs.uk/sehd/publications/alty/alty-10.htm](http://www.show.scot.nhs.uk/sehd/publications/alty/alty-10.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)
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)
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