

# Health workforce for ageing populations



## HEALTH WORKFORCE AND POPULATION AGEING

Currently the health workforce is trained to respond to pressing health needs associated with acute illness and communicable diseases, rather than to proactively anticipate and counter changes in people's intrinsic capacity (physical and mental). The workforce is rarely trained to work with older people to ensure they can increase control over their own health (1–3). Medical trainees fail to learn the comprehensive bio-psycho-social approach that needs to be taken when working with older populations (4). Barriers to training the health workforce on gerontology and geriatrics include: insufficiently qualified faculty/instructors, lack of funding, inadequate time built in to the curricula, and poor recognition of the importance of such training (3).

Key interventions to ensure a sustainable and appropriately trained health workforce include:

### **Train all health-care professionals on gerontology and geriatrics**

Health-care professionals need the right competencies to care for ageing populations. To develop and practise these competencies, they need training and work experience in environments where large numbers of older people are being cared for. Medical training must include gerontology and geriatrics, as well as opportunities to practise in care environments and communities. Training must be provided on identifying neglect or abuse, and performing basic screening for physical and mental capacities (including vision, hearing, cognition), as well as nutritional status and oral health. In addition, training must be provided on management of common health conditions faced by older populations, such as frailty,



osteoporosis, arthritis, depression, dementia and alcohol dependence. Existing health and medical staff may need additional in-service training and continuing professional development on ageing, including those required for comprehensive healthy ageing assessments and integrated management of complex health care needs.

### **Include core geriatrics competencies in all health and medical curricula**

At many schools of higher education, the current curricula for health professionals need to be changed (1). A survey of 36 countries found that 27% of medical schools did not conduct any training in geriatric medicine, including 19% of schools in high-income countries, 43% of schools in transition economies, and 38% of schools in other countries (5). The World Health Organization guidelines on transforming health professional education provide key recommendations for education reform (6, 7): the curriculum should include competency-based curricula and inter-professional education; and training should be expanded from academic centres into primary care settings and communities as well. There is an urgent need to build the capacity within educational institutions to meet these established standards in the field of healthy ageing.

### **Match the supply of geriatricians to the population need, and develop geriatric units for the management of complex cases**

Although the needs of older people will be best met if all professionals receive adequate training in geriatrics and gerontology, this cannot be achieved without a critical mass of specialist geriatric expertise or the availability of geriatricians to see and treat complex cases. In many countries there are startlingly low numbers of geriatricians; many more will be needed to meet the needs of the population. However, geriatricians will need to be deployed in a manner that is consistent with the integrated care model, sharing responsibility and accountability for clinical processes and care outcomes. This demonstrates a need for geriatricians to engage in multidisciplinary teams and collaborative work.

### **Introduce new workforce cadres and extend the roles of existing staff to act as care coordinators and self-management counsellors**

The health workforce must be deployed in a way that helps to deliver care that is centred on the older person, including working in multidisciplinary teams. Innovations are needed in defining the educational requirements, competencies and career pathways for the new types of health workers necessary to respond to future needs; however, extending the roles of health-care providers to play a more active part in care of older people must be considered. Nurses or other health workers can play an important role by using their skills to complement physicians in key tasks such as assessment, treatment management, self-management support, and follow-up care. New health workers may need to be trained and recruited to fill these roles, including designated care coordinators to oversee comprehensive care plans. In low- and middle-income countries, the new role of “associate clinician” has been added to the health workforce to help alleviate shortages of health-care providers, especially in rural and underserved areas (8–11).

# EXAMPLES OF HEALTH WORKFORCE TRAINING INTERVENTIONS

While health workforce training will be highly dependent on the local context, the following three case studies – which describe support that has been provided for health workforce training and the results – illustrate that successful programmes can be implemented in countries and regions at all income levels.

## Ghana: National Ageing Policy (2010) and Implementation Plan (2011)

The focus of this policy and plan was on using community health workers (CHWs) to perform assessments of older people's household health needs, providing the CHWs with training on healthy ageing issues and protocols on ageing and health, strengthening the links between community and primary health care, and defining performance targets and monitor achievements within the overall programme. Efforts are currently under way to implement this strategy (12).

## Egypt: Ain Shams University

The Geriatrics and Gerontology Department of the University's Faculty of Medicine is the first department in Egypt to offer a master's degree and medical degree in geriatric medicine connected to a specialized residency programme and clinical training course. Since 2002, all of the university's medical graduates (approximately 700–1000 annually) have studied geriatric medicine through this new programme. As a result, a large number of qualified geriatric specialists and consultants are increasingly available in Egypt and other Arab countries (Prof. Hala S. Sweed, Ain Shams University, personal communication, 14th August 2015 and Prof. Sarah A. Hamza, Ain Shams University, personal communication, 14th August 2015).

## Lebanon: Ain Wazein Hospital with the American University of Beirut and the Lebanese University

This collaborative programme between a tertiary care hospital in a rural area and its affiliated academic nursing home with two universities in Lebanon provides on-site training in geriatrics for three internal medicine residents from each university every month, as well as two geriatric fellows and 12 master's degree students. In addition, those in the Bachelor of Science nursing programme may enter a master's programme in gerontology. The teaching programme involves rotations through an acute geriatric evaluation and management unit, long-term care, an outpatient geriatric clinic, rehabilitation, and a consultation service; a palliative care rotation will be added soon. Most trainees value the opportunity to work with older patients; they start to view these older people from a holistic perspective, including learning to consider their psychosocial well-being.



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