Specialty Training Requirements (STR)

Name of Specialty:	Geriatric Medicine
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Contents

Note: In addition to the training requirements stated in this STR, residents must comply with any other regulatory requirements or practice-based requirements mandated by the healthcare institutions or place of practice.

Scope of Geriatric Medicine

The medical specialty of Geriatric Medicine focuses on health care of older adults, specifically to promote health by preventing and treating diseases and disabilities in older adults.

Purpose of the Residency Programme

The purpose of the residency programme is to train geriatricians who have the proficiencies in managing older adults across the continuum of care.

Admission Requirements

At the point of application for this residency programme,

a) applicants must be employed by employers endorsed by Ministry of Health (MOH), and

b) residents who wish to switch to this residency programme must have waited at least one year between resignation from his/her previous residency programme and application for this residency programme.

At the point of entry to this residency programme, residents must have fulfilled the following requirements:

c) Have completed local Internal Medicine Residency programme and attained the MRCP (UK) and/or Master of Medicine (Internal Medicine) (NUS) qualifications or equivalent. Potential residents without these qualifications will need to seek ratification from Joint Committee on Specialist Training (JCST) before they can be considered for the programme; and

d) Have a valid Conditional or Full Registration with Singapore Medical Council.

Selection Procedures

Applicants must apply for the programme through the annual residency intake matching exercise conducted by Ministry of Health Holdings (MOHH).

Continuity plan: Selection should be conducted via a virtual platform in the event of a protracted outbreak whereby face-to-face on-site meeting is disallowed and cross institution movement is restricted.

Less Than Full Time Training

Less than full time training is not allowed. Exceptions may be granted by Specialist Accreditation Board (SAB) on a case-by-case basis.

Non-traditional Training Route

The programme should only consider the application for mid-stream entry to residency training by an International Medical Graduates (IMG) if he / she meets the following criteria:

a) He / she is an existing resident or specialist trainee in the United States, Australia, New Zealand, Canada, United Kingdom and Hong Kong, or in other centres / countries where training may be recognised by the SAB.

b) His / her years of training are assessed to be equivalent to local training by JCST and / or SAB.

Applicants may enter residency training at the appropriate year of training as determined by the Programme Director (PD) and RAC. The latest point of entry into residency for these applicants is Year 1 of the senior residency phase.

Note: Entering at Year 1 of the senior residency phase by IMG in any of the IM-related programmes is regarded as 'mid-stream entry' because it requires the recognition of the overseas Junior Residency training.

Separation

The PD must verify residency training for all residents within 30 days from the point of notification for residents' separation / exit, including residents who did not complete the programme.

Duration of Specialty Training

The training duration must be 36 months.

Maximum candidature: All residents must complete the training requirements, requisite examinations and obtain their exit certification from JCST not more than 36 months beyond the usual length of their training programme. The total candidature for Geriatric Medicine is 36 months Internal Medicine residency + 36 months Geriatric Medicine residency + 36 months candidature.

Nomenclature: Geriatric Medicine residents will be denoted by SR1, SR2 and SR3 according to their residency year of training.

"Make-up" Training

"Make-up" training must be arranged when residents

- Exceed days of allowable leave of absence / duration away from training or
- Fail to make satisfactory progress in training.

The duration of make-up training should be decided by the Clinical Competency Committee (CCC) and should depend on the duration away from training and / or the time deemed necessary for remediation in areas of deficiency. The CCC should review residents' progress at the end of the "make-up" training period and decide if further training is needed.

Any shortfall in core training requirements must be made up by the stipulated training year and/or before completion of residency training.

Learning Outcomes: Entrustable Professional Activities (EPAs)

Residents must achieve level 4 of the following EPAs by the end of residency training:

	Title
EPA 1	Managing geriatric syndromes
EPA 2	Managing acute care of older adults in the hospital
EPA 3	Managing rehabilitation needs of older adults
EPA 4	Providing end of life care for older adults
EPA 5	Providing geriatric specialist consultations and co-managements
EPA 6	Managing care transitions for older adults
EPA 7	Managing older adults in the community

Learning Outcomes: Core Competencies, Sub-competencies and Milestones

The programme must integrate the following competences into the curriculum, and structure the curriculum to support resident attainment of these competences in the local context.

Residents must demonstrate the following core competences:

1) Patient care and Procedural Skills

Residents must demonstrate the ability to:

- Gather essential and accurate information about the patient
- Counsel patients and family members
- Make informed diagnostic and therapeutic decisions
- Prescribe and perform essential medical procedures
- Provide effective, compassionate and appropriate health management, maintenance, and prevention guidance

Residents must demonstrate the ability to:

- Gather essential and accurate information about the geriatric patient, including patient's cognitive and functional status
- Provide effective, compassionate and appropriate health management, maintenance, prevention guidance, and education patients and their caregivers regarding self-care.
- Treating and managing geriatric patients in the care continuum from acute-care, subacute-care, rehabilitative-care, long-term-care, community-care and home-care settings

Residents must demonstrate the following ability:

- Acute and subacute care of the older persons who requires medical care
- Rehabilitative care to restore function in the older persons
- Palliative care for end-of-life and terminally ill patients
- Psychiatric evaluation and management of older patients

2) Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioural sciences, as well as the application of this knowledge to patient care.

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioural sciences, as well as the application of this knowledge to the care of frail older patients which includes:

- Comprehensive Geriatric Assessment (CGA)
- Geriatric syndromes like Continence, Dementia & Delirium, Falls & Immobility, Pain
- Preventive health and Community Geriatrics
- End of life care in the older adults
- Geriatric Medical Conditions
- Geriatric psychiatry and bioethical/ medicolegal issues
- Geriatric nutrition and swallowing
- Geriatric pharmacology

3) System-based Practice

Residents must demonstrate the ability to:

- Work effectively in various health care delivery settings and systems relevant to their clinical specialty
- Coordinate patient care within the health care system relevant to their clinical specialty
- Incorporate considerations of cost awareness and risk / benefit analysis in patient care
- Advocate for quality patient care and optimal patient care systems
- Work in inter-professional teams to enhance patient safety and improve patient care quality. This includes effective transitions of patient care and structured patient hand-off processes.
- Participate in identifying systems errors and in implementing potential systems solutions

4) Practice-based Learning and Improvement

Residents must demonstrate a commitment to lifelong learning.

Resident must demonstrate the ability to:

- Investigate and evaluate patient care practices
- Appraise and assimilate scientific evidence

- Improve the practice of medicine
- Identify and perform appropriate learning activities based on learning needs

5) Professionalism

Residents must demonstrate a commitment to professionalism and adherence to ethical principles including the SMC's Ethical Code and Ethical Guidelines (ECEG).

Residents must:

- Demonstrate professional conduct and accountability
- Demonstrate humanism and cultural proficiency
- Maintain emotional, physical and mental health, and pursue continual personal and professional growth
- Demonstrate an understanding of medical ethics and law

6) Interpersonal and Communication Skills

Residents must demonstrate ability to:

- Effectively exchange information with patients, their families and professional associates.
- Create and sustain a therapeutic relationship with patients and families
- Work effectively as a member or leader of a health care team
- Maintain accurate medical records

Other Competency: Teaching and Supervisory Skills

Residents must demonstrate ability to:

- Teach others
- Supervise others

Learning Outcomes: Others

Residents must attend Medical Ethics, Professionalism and Health Law course conducted by Singapore Medical Association (SMA).

Curriculum

The curriculum and detailed syllabus relevant for local practice must be made available in the Residency Programme Handbook and given to the residents at the start of residency.

The PD must provide clear goals and objectives for each component of clinical experience.

Learning Methods and Approaches: Scheduled Didactic and Classroom Sessions

The programme must schedule at least 16 hours of didactic sessions (which may include multidisciplinary team meeting, Mortality & Morbidity meeting, journal critique / topic review, grand rounds, research rounds, and National Didactic teaching) each month.
Residents must attend at least 70% of the scheduled didactic sessions.

In the event of a protracted outbreak whereby face-to-face on-site meeting is disallowed and cross institution movement is restricted, face to face didactic meetings should be replaced by hybrid or fully virtual sessions.

Learning Methods and Approaches: Clinical Experiences

1) **Setting and Duration of Clinical Experience:**
Residents must complete the following rotations:

Rotations	Month(s)
Acute care in geriatric medicine (includes #CCR)	24
Community Hospital	1
Community geriatric medicine (including Hospital to Home(H2H) / Hospital at Home(H@H))	1
Palliative Care	2
Rehabilitation medicine	1
Geriatric psychiatry / Institute of Mental Health (IMH)	1
*Elective / **Enhanced Rotation	6
Total Months	36

#CCR (Cross Cluster Rotation): minimum of 3 months
*Elective Rotation: any Medical Area of Interest relevant to Practice of Geriatric Medicine, e.g. Neurology, Dermatology, Rheumatology, Urology, etc.
**Enhanced Rotation: addition to any of the Core Rotation above based on respective Cluster's Focus of Service Delivery.
Note that allocation to elective or enhanced rotations is not based on individual resident's choice, but PD's planning based on the organisation's need and strategic direction (e.g. community emphasis vs acute hospital focus).

2) **Types of Clinical Experience for learning:**

The clinical experience must include:

a. Regular inpatient ward round during the Acute Care and Community Hospital rotations, looking after at least 10 frail older patients admitted to the hospital daily during weekdays and participate in weekend rounds based on service requirements, in compliance with the duty-hour guidelines.
b. At least 40 acute calls over the 3-year residency period.
c. Providing geriatric consultation, under supervision, for frail older patients under the care of the other disciplines.

d. Co-managing patients with surgical disciplines such as orthopaedic or surgery.
e. Participating as a member of regular physician-directed interdisciplinary geriatric team which include geriatrician, nurse, medical social worker and / or case managers or coordinators, physiotherapist, occupational therapist, and other allied health disciplines such as nutritionist, speech therapist, pharmacist, and / or psychologist when appropriate / available.
f. Running a structured continuity ambulatory geriatric clinic, that averages at least one half-day each week throughout the training period, with at least 4-8 patients each week.
g. Participating in subspecialised geriatric clinic such as those for cognitive disorders, falls and balance and incontinence.
h. Participating in care of older person in the intermediate and long-term care setting, including hospices.
i. Participating in the home care of immobile frail older patients.

Learning Methods and Approaches: Scholarly/Teaching Activities

Residents must complete the following scholarly/teaching activities:

	Name of activity	Brief description: nature of activity, minimum number to be achieved, when it is attempted
1.	Topic presentation / journal club	Deliver a talk to medical audience at least once a year.
2.	Quality improvement project or equivalent	At least 1 during residency.
3.	Poster / oral presentation at conference or journal publication	At least 1 during residency.
4.	Write-ups on cases with Geriatric Syndromes	Two write-ups on cases with Geriatric Syndromes during residency. (Each case write-up should be between 2000 to 5000 words and must have at least 5 references. The two case write-ups should cover 2 different topics relevant to Geriatric Medicine) and/or case reports / series related to Geriatric Medicine that have been accepted for publication or published in peer-reviewed indexed journals excluding publications in open access journals.
5.	Geriatric related conference / course	Attend at least one Geriatric related conference / course locally or overseas during residency. Examples of Geriatric related conference / course include Geriatric Syndromes, medical ethics, care of older adults and palliative medicine.

In the event of a protracted outbreak whereby face-to-face on-site meeting is disallowed, topic presentation and poster/oral presentation at hospital scientific meetings should proceed on a virtual platform.

Learning Methods and Approaches: Documentation of Learning

Residents must log at least 40 cases (which may include inpatients, outpatients and consultations (blue letters)) per year that cover the breadth and depth of cases expected of the year of residency training.

Summative Assessments

	Summative assessments	
	Clinical, patient-facing, psychomotor skills etc.	Cognitive, written etc.
SR3	Inpatient Ward Round Assessment 2-3 ward patients, 60 mins Outpatient Clinic Assessment 1 clinic case, 70 mins	Viva Voce that includes a journal critique and 3 viva questions (1 geriatric syndrome clinical case scenario & 2 of any of the following: service / law & ethics / quality improvement & patient safety), 70 mins
SR2	Nil	Nil
SR1	Nil	MRCP (UK) SCE Examinations Two 180 mins papers, 100 MCQ each

S/N	**Learning outcomes**	**Summative assessment components**			
		SCE	Inpatient Ward Round Assessment	Outpatient Clinic Assessment	Viva Voce
1	EPA 1 - Managing geriatric syndromes	✓	✓	✓	✓
2	EPA 2 - Managing acute care of older adults in the hospital	✓	✓		✓
3	EPA 3 - Managing rehabilitation needs of older adults	✓	✓	✓	✓
4	EPA 4 - Providing end of life care for older adults	✓	✓		✓
5	EPA 5 - Providing geriatric specialist consultations and co-managements		✓	✓	
6	EPA 6 - Managing care transitions for older adults	✓		✓	✓

7	EPA 7 - Managing older adults in the community			✓	✓