

Education and training in geriatrics: guiding the generational change of health professionals

Liliana Mazza,¹ Lorenzo Palleschi²

¹Unit of Geriatrics, Department of Integration, Maggiore Hospital, AUSL Bologna; ²Unit of Geriatrics, Medical Department, San Giovanni Addolorata Hospital, Rome, Italy

Abstract

The increased volume of the aged population, the complexity of patients, and the updates in the legislative aspects linked to older people constitute various challenges for geriatrics. Education and training of young geriatricians appear crucial to forming conscious medical professionals. This short communication highlights the role of the Italian Society of Geriatrics Hospital and Territory in promoting good clinical practices for the care of older people.

Correspondence: Liliana Mazza, Unit of Geriatrics, Maggiore Hospital, Department of Integration, Azienda USL di Bologna, largo B. Nigrisoli 2, Bologna, Italy.
E-mail: liliana.mazza3@gmail.com

Key words: aging, education and training, geriatrics, young doctors, older patients.

Contributions: both authors made a substantial intellectual contribution, read and approved the final version of the manuscript, and agreed to be accountable for all aspects of the work.

Conflict of interest: the authors declare no potential conflict of interest.

Ethics approval and consent to participate: not applicable.

Patient consent for publication: not applicable.

Availability of data and materials: all data underlying the findings are fully available.

Funding: none.

Received: 12 November 2024.

Accepted: 16 December 2024.

Publisher's note: all claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article or claim that may be made by its manufacturer is not guaranteed or endorsed by the publisher.

©Copyright: the Author(s), 2025
Licensee PAGEPress, Italy
Geriatric Care 2025; 11:13378
doi:10.4081/gc.2025.13378

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0).

Introduction

As the population is aging, healthcare systems must be ready to address the different needs of the increasingly older, frail, and multi-pathological population. For this reason, geriatrics, which is the medical field dedicated to old, complex patients, needs to be constantly updated, as its human resources are going to be renewed in the following years. While the role of medical faculties and, in particular, of residency schools is undoubted, the support of scientific societies in education and training in medicine must be underlined. This short communication aims to discuss the basis that drove the Italian Society of Geriatrics Hospital and Territory (*Società Italiana di Geriatria Ospedale e Territorio*, SIGOT) to the implementation and planning of a training event dedicated to young geriatricians.

Aging population

Life expectancy is at least 60 years or more in almost all developed nations, and globally, every country in the world is facing a growth in the proportion of older people in the population. This trend is estimated to grow in the next decades: by 2030, 1 in 6 people in the world will be 60 years old and above. Those aged 80 years or more are expected to triple between 2020 and 2050 to reach 426 million.¹

In this context, Italy is one of the oldest countries. It has the highest median age in Europe (48.4 years), 10 years over the lowest in Cyprus (38.4).² Over 14 million Italians are aged 65 or more, and half of them are more than 75 years old.³

The aging trend represents a challenge for the National Healthcare System (NHS) due to the increase in complex patients with high health and care needs. According to the Italian National Institute of Statistics (ISTAT), chronic diseases are more frequent in older age groups, with a peak of 85.1% in patients over 74 years old. Comorbidity, *i.e.*, the coexistence of two or more chronic diseases, stands at 65.5% in this class group, with a prevalence in women over men (70.2 vs. 58.4, respectively).⁴ Another point is that frailty is highly prevalent in older people. According to international literature, a quarter of people over 65 are considered frail, while the prevalence of frailty reaches almost half of subjects over 85 years of age.

Multimorbidity and frailty, which are two different conditions but strictly linked one to the other, impose a high-quality, person-centered approach to improve treatment guidelines, social assistance, and decision-making in all settings and transitions through healthcare facilities.⁵ This might be challenging for healthcare systems, both in terms of adaptability to a personalized approach for each patient and in terms of health-related

costs for these patients. Specifically, they are prone to a high risk of developing numerous complications, such as falls, disability, functional dependence, hospitalization, institutionalization, and death.⁶ Not only that, but these patients are also more likely to frequently repeat access to health services in all sectors of the healthcare system.⁷

Due to these characteristics, the older person requires a holistic assessment, with an overview vision of all the dimensions of health (clinical, functional, cognitive, and social). In this sense, the geriatric approach of the Comprehensive Geriatric Assessment has been recognized in Italy as good clinical practice and established in the National Guidelines System of the Italian National Institute of Health.⁸ The intent is to ensure an adequate care path that takes into account their peculiarities and guarantees personalization in all healthcare settings, with a view to both taking charge of the complexity and also in the logic of preventive medicine.

Old doctors, new frontiers

In this context, the medical profession itself is not exempt from the problem of aging. According to ISTAT, more than 55% of Italian doctors are aged over 55 years old. This allows Italian doctors to gain primacy as the oldest doctors in Europe, compared to 44.5% in France, 44.1% in Germany, and 32.7% in Spain. Among specialists, geriatricians have had a rather rapid aging rate in the past 10 years, as those over 54 years old went from 32.8% to 45.2% in the 2012-2022 decade.⁹

In parallel, the overall number of medical specialists employed by the Italian NHS has decreased in the last years, going from around 105 thousand units in 2012 to around 102 thousand in 2021. In that year, among the reasons for this impoverishment, 20.9% of terminations were consequent to retirement due to age limits and 31.5% to resignation with the right to a pension. The retirement issue is still ongoing in Italy, and it is estimated that a peak will be reached in 2025 with 13,156 retirements.¹⁰

The high number of retirements represents not just a mere loss of human capital but, above all, a loss of experience and expertise. Moreover, the demographic evolution of the population has already impacted on a political level, determining the definition of new legislative realities, both at a national and supranational level. For example, Mission 6 of the National Recovery and Resilience Plan (PNRR),¹¹ following Next Generation EU policies,¹² insists on the creation of community houses and taking charge of the person and the implementation of home and territorial services, especially for chronic patients. Similarly, Legislative Decree n.33/2023 describes the subject of active aging, the promotion of social inclusion, and the prevention of frailty, focusing on non-self-sufficient older people and long-term care facilities.¹³

Therefore, the generational change in the medical profession is inevitable and appropriate and must be guided through the training of young doctors. At this scope, education in geriatrics should start from medical faculties, although it is known that in Italy, the curriculum can vary greatly from one university to another, as well as the weight and specificity that are given to the discipline of geriatrics. Regarding residency schools, they also offer a training path that can vary depending on the university, some providing a predominantly hospital orientation, others also promoting skills and knowledge of the territorial network.

In this panorama, scientific societies must represent a key element for the training and updating of medical professionals.

Education and training: the role of the Italian Society of Geriatrics Hospital and Territory

In the idea of the SIGOT, *the best investment that a scientific society can make for the future is the involvement and valorization of young doctors*. Thus, the organization of formative events for young geriatricians appears mandatory for SIGOT. SIGOT aims to promote and diffuse good clinical practices shared by its professionals, favoring the update in all the clinical and managerial aspects in the field of geriatrics. According to this mandate, it is SIGOT's objective to promote knowledge of innovations in practical and administrative terms, such as those emerging from the PNRR.

Taking these two points into account, in October 2024, the masterclass "Taking charge of the complexity between different care settings" was organized by SIGOT in collaboration with SIGOT Young (the section dedicated to and made up of members aged under 40 years old). The event has aimed to address the multidimensional challenges in the management of aged patients, focusing on the continuity of care in various care settings. Multiple topics have been discussed: infection management and antimicrobial stewardship, malnutrition and dysphagia, psycho-cognitive issues, sarcopenia, hypokinesia, and the main innovations in cardiology for older patients. The concept of transmuralità in geriatrics has been explored in depth, focusing on new technological frontiers such as telemedicine and telerehabilitation. The format has been composed of a mix of lectures, clinical cases, and interactive discussions, promoting the practical application of knowledge and the exchange of experiences between participants. The program has been structured to offer healthcare professionals a complete and updated vision of crucial issues in geriatrics, emphasizing the importance of an integrated and personalized approach. The event, which was held in Bertinoro, a medieval borough in the province of Forlì-Cesena (northern Italy), brought together young specialists and residents in Geriatrics with experts and opinion leaders for a 3-day program of study, updating and conviviality. The relevance and the success of the project suggest the need to replicate it, ensuring the further and continued participation of young geriatricians.

Conclusions

Geriatrics is a discipline in constant evolution and ferment. It has to face multiple challenges: the increase in the volume of the aged population, the complexity of clinical management of patients, and the advances in legislative terms that require prompt updates. Moreover, the peculiarity of the geriatric approach should tailor the older person to a process of preventive and precision medicine. In this area, SIGOT holds a relevant position for promoting good clinical practices for the care of older people at an Italian and international level.

References

1. WHO. Ageing and health. Available from: <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>.
2. EUROSTAT. Population structure and ageing. Available from: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_structure_and_ageing#Median_age_is_highest_in_Italy_and_lowest_in_Cyprus.
3. ISTAT. Popolazione residente e dinamica demografica. Anno 2022. Available from: <https://www.istat.it/it/files/2023/12/>

- CENSIMENTOEDINAMICADEMOGRAFICA2022.pdf_ [Material in Italian].
4. ISTAT. Sanità e salute. 2022. Available from: https://www.istat.it/storage/ASI/2022/capitoli/C04.pdf_
 5. Carrasco-Ribelles LA, Cabrera-Bean M, Danés-Castells M, et al. Contribution of frailty to multimorbidity patterns and trajectories: longitudinal dynamic cohort study of aging people. *JMIR Public Health Surveill* 2023;9:e45848.
 6. Halter JB. *Hazzard's geriatric medicine and gerontology*. New York, NY, USA: McGraw-Hill Education; 2009.
 7. Kernick D, Chew-Graham CA, O'Flynn N. Clinical assessment and management of multimorbidity: NICE guideline. *Br J Gen Pract* 2017;67:235-6.
 8. Istituto Superiore di Sanità. Linee guida sulla valutazione multidimensione della persona anziana. 2023. Available from: https://www.iss.it/-/valutazione-multidimensionale-persona-anziana-1_[Material in Italian].
 9. ISTAT. Disegni di legge nn. 915, 916, 942 e 980 (Accesso ai corsi di laurea magistrale in medicina e chirurgia). Available from: <https://www.quotidianosanita.it/allegati/allegato1706635529.pdf>. [Material in Italian].
 10. INSALUTENEWS.IT. Medici Italiani i più anziani d'Europa: SIGOT punta su nuova generazione di geriatri. 2024. Available from: <https://www.insaluteneews.it/in-salute/medici-italiani-i-piu-anziani-deuropa-sigot-punta-su-nuova-generazione-di-geriatri/> [Material in Italian].
 11. AGENAS. Missione 6 salute. Available from: https://www.agenas.gov.it/pnrr/missione-6-salute_ [Material in Italian].
 12. European Union. NextGeneration EU. Available from: https://next-generation-eu.europa.eu/index_it#pi%C3%B9-sana.
 13. Italian Republic. Legge 23 marzo 2023, n. 33. Deleghe al Governo in materia di politiche in favore delle persone anziane. In *Official Journal*, 76, 30/03/2023. [Law in Italian].

Non-commercial use only