

A Review of Geriatric Education in Singapore

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Abstract

The United Nations has identified the training and education of healthcare professionals and care providers involved in the care of older persons as a global priority. Singapore is no exception as it faces a rapidly ageing population. Older people have many medical needs of varying dimensions and their care requires a multidisciplinary healthcare team. The current status of geriatric education of health professionals involved in elderly care in Singapore is discussed in this paper. Important issues raised include the disparity between professions in the stages of development of geriatric education, questions on the adequacy of numbers and training of healthcare professionals providing geriatric care, as well as the need for geriatric education of caregivers.

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Introduction

The United Nations International Plan of Action on Ageing (IPA), formulated during the First World Assembly on Ageing in Vienna in 1982, listed gerontological education at all levels as a priority in order to meet the challenges of global population ageing.¹ The Second World Assembly on Ageing held in Madrid 20 years later identified education and training of care providers, health professionals and older persons themselves as priority directions for governments.² This paper aims to review the current status of gerontological education in Singapore at all levels and suggest areas for further development.

Education of Professionals in Elderly Healthcare

In the section on Training and Education, the Vienna IPA states “education and training programmes should be *interdisciplinary* in nature, as ageing and the ageing of the population is a multidisciplinary issue. Education and training in the various aspects of ageing and the ageing of the population should not be restricted to high levels of specialisation, but should be made available at all levels. Efforts should be made to regulate the training skills and educational requirements for different functions in the field of ageing”.

Older people are heterogeneous and have multiple needs

and varying dimensions to their medical problems. A doctor alone cannot meet the varied needs of older people and requires the support of a multidisciplinary healthcare team. Singapore’s elderly healthcare system recognises the need for an interdisciplinary approach, as the policies created by the Elderly and Continuing Care Division of the Ministry of Health in 2004 promote the availability of all members of the multidisciplinary team in all elderly care services.³ The traditional members of the multidisciplinary team include the doctor, nurse, therapist (physiotherapist and occupational therapist) and medical social worker. Newer disciplines recognised as important team members include the speech therapist (who is often also known as the swallowing therapist), dietician, case manager, psychologist, dentist, optometrist and podiatrist. Each discipline has their own academic area of expertise and self-regulatory policy with each at different stages of evolution and development. Medicine and nursing, which have been in existence the longest, are the most developed.

Doctors

The branch of medicine devoted to the care of the elderly is called geriatrics. In Singapore, the 2 main groups of physicians share the responsibility of elderly healthcare, with the specialist playing a major role in acute hospitals

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and family physicians involved in long-term care.⁴ Intermediate care is shared by both specialists and family physicians. Specialist geriatricians have a well-developed training programme monitored by the Geriatric Medicine Chapter of the Academy of Medicine, Singapore. Family physician geriatricians, however, are in the midst of developing their training and career path in consultation with the Ministry of Health. This is a step in the right direction for community geriatric care. The training of physicians in geriatrics in Singapore incorporates both biomedical and socio-gerontological aspects, following the geriatrics training curriculum recommendations of the British Geriatrics Society.^{5,6} Examples of socio-gerontological aspects include sociological aspects of ageing, quality-of-life issues, healthcare ethics, elderly mistreatment and caregiver impact on healthcare quality.

Nurses

In Singapore, geriatric nursing made a huge advance forward with the implementation of the Advanced Diploma in Gerontological Nursing in Nanyang Polytechnic.⁷ Today, the course enjoys popularity among the nursing community and has produced nearly 100 graduates. However, geriatric nursing faces the same challenges that have limited the local nursing profession when compared to their counterparts in developed countries. Nursing in Singapore lacks academic standing and opportunities for academic advancement, although it still enjoys high respect as a profession. Local nursing training was previously available only at the diploma level. A Bachelors in Nursing [BSc (Nursing)] and Master of Nursing (MN) degree have only recently begun to be offered in the National University of Singapore (NUS).^{8,9} These courses will give the local nursing profession much needed academic credibility and opportunities for career advancement and development.

Physiotherapist and Occupational Therapists

The training programmes and profession of therapists in Singapore face similar challenges as nurses. Therapy courses in Singapore are still only held at the diploma level at Nanyang Polytechnic and many capable therapists are forced to go overseas for further training to obtain their basic degree or Masters.^{10,11} Unlike medicine and nursing, the practice of rehabilitation therapy in Singapore has yet to be regulated and geriatric rehabilitation still has not gained wide recognition as a sub-specialty among local therapists.

Social Workers

There is an undergraduate social work course available in the NUS with 2 optional modules on gerontology: Working with Older Adults, Advanced Studies in Gerontology and Social Gerontology.¹² Moreover, at the

postgraduate level, gerontology is offered only in optional modules in the Diploma in Social Work and the Masters in Social Science.^{13,14} Like therapists, there is no regulation and social workers who want further training need to do this overseas.

Speech Therapists and Dieticians

Other members of the geriatric healthcare team, including speech therapists and dieticians, are in short supply locally. Most speech therapists and dieticians were trained overseas. There are no local university-level courses for dietetics but fortunately, a masters programme to train speech and language therapists was recently introduced by NUS in January this year.¹⁵

It is understandable if Singapore, being a small country, does not have the critical mass of students and teachers needed to justify the postgraduate training of therapists and dieticians locally. However, it is reasonable to envisage that, as our local expertise grows, such training courses can become available here.

Is Additional Gerontology Training Needed?

The Madrid IPA stated that “*there is an urgent worldwide need to expand educational opportunities in their field of geriatrics and gerontology for all health professionals who work with older persons...*”² Professionals working in elderly healthcare must not only be well-trained in the field of expertise, but also need training in gerontology and geriatrics. This includes training in the provision of an integrated approach to health, well-being and care of older persons in all aspects, including the functional, social and psychological aspects of ageing.² Obtaining a general postgraduate degree in one’s professional area is not enough; specific training in gerontology and geriatrics is needed.

Will There Be Enough Healthcare Professionals?

An ageing population has significant implications for the number of healthcare professionals required. In 2003, the proportion of Singapore’s population aged 15 years and below was 21% and that above 65 years was 8%. In other words, there were two and a half younger persons for every one older person. However, in 2003, there were 184 paediatricians and only 32 geriatricians,¹⁶ i.e. there were 6 times more paediatricians than geriatricians. By the year 2015, both Singapore’s population aged below 15 years and above 65 years is projected to be around 19% each, making the proportion of younger persons to older persons equal. Moreover, it is projected that by 2030, there will be 2 times more elderly persons than younger persons.¹⁷ Considering that it took about 15 years for Singapore to train 32 geriatricians, we need to accelerate training of geriatricians by 2030 to make up for the shortfall. The relative shortage of elderly healthcare professionals can

also be seen in nursing, therapy and dieticians and is even more acute in those professions.

Are We Preparing Healthcare Professionals Enough for an Ageing Population?

In the medical undergraduate curriculum in NUS, students spend only 2 weeks in a geriatrics department.¹⁸ Moreover, their exposure to geriatrics is limited to the acute hospital setting and no site visits to elderly intermediate care and long-term care settings are made except for a 1-day attachment to a community hospital during their family medicine posting. This poses questions on the relative lack of geriatric training of our future doctors. Are we equipping them sufficiently to face the future challenges of our rapidly ageing population? Another argument is that without exposure to a specialty in need of more doctors, it becomes difficult to encourage younger doctors to enter the field. There are plans to review the NUS medical undergraduate curriculum and it is hoped that greater emphasis on geriatrics across the whole spectrum of elderly care settings is made.

Geriatrics was only made a compulsory part of the NUS undergraduate curriculum from 2000 onwards. This means that the majority of currently practising doctors have had no formal undergraduate training in geriatrics.¹⁹ Family physicians will be providing 80% of healthcare for the general population and are the providers of primary and community geriatric care. For the current cohort of practising family physicians, the recent proposal to implement the Family Medicine Register is predicted to provide an incentive to family doctors to undergo further postgraduate training.²⁰ The postgraduate Family Medicine Training Programme already dedicates about 10% of its curriculum to elderly healthcare.²¹ Moreover, family physicians who wish to advance their knowledge and skills in geriatric care can also enroll for the Graduate Diploma in Geriatric Medicine.²² However, it will still take several years before most of the 5000 practising family physicians in Singapore are formally trained in geriatric medicine.

Nursing training in Singapore has a similar system, where gerontological nursing is introduced during the Basic Diploma in Nursing course and post-diploma training is available via the Diploma in Gerontological Nursing. However, in our training institutes for therapists in Nanyang Polytechnic and social work in NUS, geriatric training is not a compulsory part of the formal curriculum. For example, geriatric rehabilitation is only an optional attachment for the therapy course and elderly counselling is only offered as an optional social work module in the later years. Moreover, there are no postgraduate courses available for therapists and social workers who wish to enter the field of elderly healthcare. Social workers have the additional “double burden” of needing training in both

medical social work plus gerontology and geriatrics if they wish to become medical social workers in geriatrics. Further advances in para-medical professional training in geriatrics are needed if the goal of quality multidisciplinary elderly healthcare is to be realised.

Caregiver Education

The Madrid IPA stresses the importance of support for caregivers of older persons when it states that a priority action is to “*support caregivers through training, information, psychological, economic, social and legislative mechanisms*”.² Caregivers are the quiet heroes of elderly healthcare. They are usually family members (typically an equally elderly wife or single daughter) who directly care for the physical and emotional needs of frail and dependent elderly.²³ Unfortunately, the important role and contributions of caregivers to society are often neglected and overlooked. Relative to the US and UK, there are few education and support programmes targeted at caregivers of dependent elderly to relieve their physical and economic burden here. Respite services for caregivers, although available, are not subsidised by the government, nor is Medisave allowed to be used for respite care. This often makes respite care out of reach for the lower income groups who often already bear the heaviest socioeconomic burden. Caregiver education is often provided to family members prior to discharge and follow-up education is available from home nursing services. However, Singapore lacks caregiver support groups which can provide flexible and emergency respite care for a few hours or days, or mutual emotional support from other caregivers. Caregiver burden is closely associated with caregiver depression, ill health, elderly mistreatment and institutionalisation of the dependent elderly. We need to rapidly develop our caregiver support system to address their needs before these undesirable consequences reach family crisis levels. Caregivers need to be educated on how to look after their dependent elderly. Generic caregiver training courses are helpful but should eventually be individualised to each caregiver’s circumstance and the needs of the frail elderly person concerned. Caregivers also need to be educated on the availability and access of support services available to them, especially respite services. Caregiver education on early recognition of stress, depression and burnout is also important so that caregivers can seek assistance before problems develop. Lastly, the public needs to be educated on the plight of caregivers so that employers and colleagues become more accommodating to employees who have to return home to a second full-time job of caring for a frail elderly loved one.

Conclusion

Singapore has made great advances in gerontological

education in the past 2 decades. However, the response has been uncoordinated: some professions are on track while others are still struggling. There is also the issue of whether there will be sufficient healthcare professionals providing geriatric care and if they are being trained adequately for our rapidly ageing population. Geriatric education should also be provided to caregivers in order to improve the overall healthcare of older persons.

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