



Specialist training programme for elderly care physicians (previously: nursing home physicians) in the Netherlands

For its population of 16.5 million inhabitants, the Netherlands has approximately 350 nursing homes with a total of 65,000 beds plus 6,400 day treatment places. An average nursing home has approximately 150-200 beds and 20 day-treatment places with separate wards for psychogeriatric patients, physically ill patients and geriatric rehabilitation.

To improve the level of medical care in nursing homes, the Ministry of Health decided to acknowledge nursing home medicine as a new medical specialist field in 1990. In anticipation of this decision, the first 15 physicians had started the two-year training programme for nursing home physicians at VU University Amsterdam in 1989. The Netherlands became the first country in the world where nursing homes took on specially trained physicians on a permanent basis (1 fulltime physician for every 100 patients).

The acknowledgement of this specialist field and the start of the training programme gave an enormous impulse to the scientific underpinning of the profession. Following on from Amsterdam, Nijmegen (1995) and Leiden (1997) also started nursing home medicine departments with their own professors and training centres. The number of trainees who started the training programme has increased annually, rising from 15 to 100 between 1989 and 2010.

The quality of medical care for vulnerable elderly people with chronic diseases has improved considerably over the past 20 years. Scientific publications show that the number of hospitalizations among nursing home patients in the Netherlands is a factor of 20 lower than in the United States. This is because nursing home physicians personally treat a lot more disorders (cardiac insufficiency, pneumonia, etc.), making transfers unnecessary. The permanent presence of physicians in a nursing home also resulted in much more attention for prevention and polypharmacy.



Nursing home physicians tend to work outside nursing homes more and more, as a treating physician at gerontopsychiatric hospitals, at outpatient wards and transfer wards of hospitals, or at hospices. Many nursing home physicians also began to work for patients suffering from dementia who were living at home.

As a result, the two-year training programme fit in less and less well with this expansion of the range of activities of the nursing home physician. In 2007 the Minister of Health decided to extend the duration of the training programme from two years to three. The name *nursing home physician* was also no longer properly representative. On request by the Dutch Association of Nursing Home Physicians, the minister agreed to change the name of the specialist field. From 15 July 2009 onwards a *nursing home physician* will be called a *elderly care physician* working in the field of *elderly care medicine*.

Elderly care physician

The elderly care physician is the physician for frail elderly people and chronic diseases with complex disorders, no matter where they are living. The work area covers nursing homes, residential homes, hospitals (transfer wards, outpatient wards, as a consultant), the mental healthcare system (outpatient and clinical elderly care) or hospices. For elderly people living at home, the elderly care physician is in the role of consultant on request of the general practitioner.

As a result of the ageing population, the specialist field of geriatric care is one of the fastest growing medical specialist fields in the Netherlands. In 2010 approximately 1,500 physicians will be working in this profession and it is therefore the fifth largest specialist field in the Netherlands (please refer to table).



10 largest medical specialist fields	Number of specialists
General practice	10,500
Psychiatry	2,600
Occupational medicine	2,100
Internal medicine	1,850
Elderly care medicine	1,500
Anaesthesiology	1,400
Paediatrics	1,300
Surgery	1,150
Obstetrics/Gynaecology	950
Radiology	950

Source: Royal Dutch Medical Association 2010

The elderly care physician is both a specialist and generalist at the same time: specializing in the field of geriatric disorders and the specific appearances of diseases and disorders in elderly people, yet general physician too as the lead practitioners for patients entrusted to them. A profession that offers breadth and depth.

The objective of geriatric care is to maintain or achieve the best possible level of functioning and the best possible quality of life. The elderly care physician uses an integrated, problem-oriented diagnostic method and intervenes at the levels of diseases, consequences of diseases, and the care system, as well as controlling the content provided by a multidisciplinary team.

The field of expertise has the following three themes:

- geriatric revalidation
- psychogeriatrics
- palliative care



A quick look at the training programme

Duration: 3 years full time

The training programme consists of 4 days of practice and one day of short programmes every week, provided by a recognized training centre associated with a teaching hospital. In the Netherlands, the teaching hospitals of Amsterdam (VU University Hospital), Nijmegen and Leiden have training centres for elderly care medicine.

Following the training programme part-time is an option, and it is also possible to obtain exemptions for elements of the programme based on previous training and work experience.

Programme structure

The practical part of the training programme consists of four periods of nine months on average (ranging from 6 to 12 months).

- PHY Physically ill patients and Revalidation in a nursing home
- PG Psychogeriatrics in a nursing home
- AMB Ambulant elderly care in a mental healthcare institution and/or nursing home
- HOSP six months in a hospital
- elective three months of chosen traineeship (e.g. rehabilitation centre, hospice, GP centre, scientific research)

The standard training programme is as follows:

Year 1	Year 2		Year 3		
PG	HOSP	AMB	elective	AMB	PG
PHY					PHY



Theoretical part of the training programme

The lecture-based programmes are mainly held at one of the university training institutes. In addition, education is set up in the region, where the trainees follow the practical part of the training programme (geriatrics meetings, pharmacotherapy discussions, case discussions) and finally there will be central nationwide education days for the trainees from all the training institutes. During these days, top specialists from other fields of expertise will be invited as guest lecturers. Training will be **competence-oriented**. Inspired by the CanMEDS model from Canada, the same seven fields of competence were defined for all medical specializations in the Netherlands: medical practice, communication, cooperation, knowledge and science, social practice, organization and professionalism. The focus on the medical practice field of competence is key; the other competences are linked to that.

The combined competences can be seen as creating the capability to perform the work of an elderly care physician. The trainee must be capable of doing this work by the end of the training programme.

Characteristics of the competence-oriented elderly care physician training are:

- The focus of the training is on the development of the trainee.
- Professional practice is the starting point for teaching and training.
- The competences are the basis for the assessment.



The lecture programmes are built up around the six topics of the training programme:

1. Acute care

Acute medical care. The characteristics of this type of care are: acting under time pressure, the necessity of triage, and crisis intervention.

2. Care for chronic physically ill patients

Medical care for people with chronic diseases and handicapped people, no matter where the patient is resident.

3. Geriatric rehabilitation

Treatment of functional restrictions and handicaps caused by acute or chronic diseases or their complications, within a limited period. Treatment focuses on function recovery and can be done in a clinic or outpatient ward.

4. Palliative care

Integral care for patients during their final stage of life, aimed at supporting patients and their families by relieving the burden of symptoms.

5. Psychogeriatric care in institutions

Medical care for psychogeriatric and gerontopsychiatric patients living in institutions.

6. Ambulant psychogeriatric care

Care for psychogeriatric/gerontopsychiatric ambulant patients and their family. The characteristics of this care are: early diagnosis and steering the (process of) the patient care system.



Financing the training programme

During the programme, the trainee works for SBOH, the employer for GP medicine and elderly care medicine trainees. SBOH is a non-departmental public body that finances all the activities for the education of the trainees, namely:

- trainees (employer's costs)
- trainers (expense reimbursements)
- training institutes (costs for the theoretical parts of the education)
- innovation and cooperative projects, improving the quality of the programme

The cost per trainee per year is 90,000 euros. Approximately 70% of this amount (65,000 euros) is covered by a subsidy from the training fund, i.e. by the government. The remainder comes from the nursing homes, hospitals and other institutions at which the trainees follow the programme. The reasoning is that a trainee is also working productively for part of the time.

If you would like to know more about training as a specialist in elderly care medicine, please contact:

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