



**GERIATRIC
MEDICINE
SOCIETY OF
MALTA**

**Training Program leading to Specialist Registration
in Geriatric Medicine Malta**

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Table of Contents

Introduction	3
List of Abbreviations	4
Background	5
Entry Criteria	6
Training Coordinator and Supervisors	7
Training Coordinator	7
Clinical Supervisor	7
Educational Supervisor	8
Duration of Specialist Training Program	9
Flexible training.....	9
Maternity Leave	9
Training Requirements	10
I. Content of Training and Learning Outcomes	10
Theoretical Knowledge.....	10
Practical and Clinical Skills.....	16
Professionalism	17
II. Organisation of training	18
Schedule of Training and Rotations.....	18
Training Portfolio	19
Assessment	19
III. Progression.....	21
Annual Assessment of Trainees.....	21
Supervised Learning Events	21
Suspension from Training at Trainee’s Request	24
Dual Accreditation in Geriatric Medicine and General/Internal Medicine	25
Training Abroad	26
Training Concerns	27
Training concerns put forward by trainee.....	27
Training Concerns put forward by the Training Committee regarding specific trainee	27
Premature Termination of Training	28
Requests from Trainee to terminate Training	28
Requests from Training Committee to terminate Training.....	28
Completion of Training	30
Completion of Higher Specialist Training	30

Introduction

The Geriatric Medicine Society of Malta (GMSM) is the professional body which according to article 6.3 of its statute should recommend on the necessary requirements for training, accreditation and registration of specialists in geriatric medicine.

For this reason, the GMSM is responsible for updating the training program in collaboration with the training coordinator in geriatric medicine.

The running of the specialist training in geriatrics falls under the responsibility of the post-graduate training committee (PGTC) within the Department of Geriatrics. Presently the PGTC is constituted by the training coordinator in geriatrics as the chairperson, with the chairperson of the GMSM and the Clinical Chairperson of the Department of Geriatrics as members. When an individual occupies more than one of the afore-mentioned positions a substitute is nominated from within the same organisation to sit on the PGTC.

The PGTC is responsible for an annual review of the trainees' progress through a face-to-face meeting. The committee is also open to receiving suggestions and complaints from both trainees and trainers. Through its members, the PGTC also liaises with both national and international professional and certifying bodies.

This document outlines the minimum requirements for successfully completing training in geriatric medicine in Malta leading to the acquisition of a Certificate of Completion of Specialist Training (CCST) by the Specialist Accreditation Committee (SAC). The publication of this document should render the training process as equitable and transparent as possible.

List of Abbreviations

ARCP – Annual Review of Competency Progression

BST – Basic Specialist Trainee

CCBST – Certificate of Completion of Basic Specialist Training

CCST – Certificate of Completion of Specialist Training

CGA – Comprehensive Geriatric Assessment

CS – Clinical Supervisor

EPA – Entrustable Professional Activity

ES- Educational Supervisor

GMSM – The Geriatric Medicine Society of Malta

HST – Higher Specialist Trainee

MPMTC – Malta Postgraduate Medical Training Centre

PGTC – Post-Graduate Training Committee

PSC – Public Service Commission

SAC – Specialist Accreditation Committee

STP – Specialist Training Program

TC – Training Co-ordinator

TSS – Trainee Support Service

UEMS-GMS – European Union of Medical Specialists – Geriatric Medicine Section

Background

The GMSM is a member of the Geriatric Medicine Section of the European Union of Medical Specialists (UEMS-GMS) <https://www.uemsgeriatricmedicine.org>.

The UEMS-GMS is the professional body that establishes the skills and knowledge required to be recognised as a specialist in Geriatric Medicine and this document is largely based on the document produced by the UEMS-GMS in 2025: Training Requirements for the Specialty of Geriatric Medicine

The global population is rapidly ageing, and therefore, an increasing number of people are living with age-related medical problems. The 2015 World Health Organization (WHO) World Report on Ageing and Health highlighted the urgent need for changes in health policies to address the challenges of ageing populations. In this context, the WHO also provided clear recommendations for the development of the health workforce. In addition, the United Nations (UN) Decade of Healthy Ageing (2021–2030) has called for “a transformative collaboration of diverse sectors and stakeholders that focuses on changing how we think, feel, and act towards ageing; cultivating age-friendly environments; creating integrated and responsive health care systems and services; and ensuring access to long-term care for older people who need it”

Geriatric Medicine is a `specialty of medicine concerned with physical, mental, functional and social conditions in acute, chronic, rehabilitative, preventive and end of life care in older patients. This group of patients are considered to have a high degree of frailty and active multiple pathology [multimorbidity], requiring a holistic approach. Diseases may present differently in old age [atypical presentation], are often very difficult to diagnose, the response to treatment is often delayed and there is frequently a need for social support. Geriatric Medicine therefore exceeds organ orientated medicine offering additional therapy in a multidisciplinary team setting, the main aim of which is to optimise the functional status of the older person and improve the quality of life and autonomy. Geriatric Medicine is not specifically age defined but will deal with the typical morbidity found in older patients. Most patients will be over 65 years of age, but the problems best dealt with by the specialty of Geriatric Medicine become much more common in the 80+ age group`

A geriatrician is a medical doctor who specialises in caring for older people and who formally possesses skills to assess and manage older people with medical and psychological issues, including social consequences.

Their primary expertise lies in the delivery and implementation of Comprehensive Geriatric Assessment (CGA), which is a multi-dimensional, multi-disciplinary diagnostic and therapeutic process conducted to determine the medical, mental, and functional problems of older people so that a co-ordinated and integrated plan for treatment and follow-up can be developed; in hospitals, CGA has been shown to improve the likelihood of older patients being alive and residing in their own homes following an emergency admission, furthermore, it has demonstrated effectiveness in other care settings.

The training program found in this document outlines how trainees in geriatric medicine will achieve this expertise over the four years of specialty training which will eventually lead to the acquisition of a CCST in Geriatric Medicine in Malta

Entry Criteria

To enter the specialist training program the candidate must satisfy the following criteria:

1. Be in possession of a Certificate of Completion of Basic Specialist Training (CCBST), or equivalent, in Medicine.
2. Be in possession of an MRCP certificate or equivalent
3. Applicants will be chosen depending on current PSC regulations, which may include an interview

Training Coordinator and Supervisors

Training Coordinator

The role of the training coordinator shall be to facilitate training as defined in this Training Programme and to chair the postgraduate training committee. The training coordinator shall respond to the Head of the Malta Postgraduate Medical Trainee Centre. The training coordinator shall liaise with the speciality association (GMSM) in the case of questions relating to the interpretation of this speciality training document as approved by the SAC.

Clinical Supervisor

Trainees shall be assigned to clinical supervisors by the training coordinator in consultation with the PGTC.

The appointment of a member or members of the geriatrics department as a clinical supervisor shall be for the term of the trainee rotation and shall not be considered a right but a privilege associated with specific expectations and responsibilities related to the role of a clinical supervisor.

The clinical supervisor is a specialist within the trainee's respective speciality selected by the specialist PGTC based on evidence of ongoing continuing medical education, training in clinical supervision and ongoing evidence of consistent availability for clinical supervision.

The clinical supervisor shall be responsible for

- a. Teaching the trainee the necessary clinical skills as defined by the learning objectives of his or her specific rotation, and
- b. Ensuring the safety of patients assessed and managed by the trainee through clinical supervision that is appropriate for the trainee's level of training and clinical competence.

It is highly recommended that as a minimum the clinical supervisor shall meet with the trainee outside regular 'bedside' clinical supervision for individual supervision for at least 30 minutes once a week for the duration of the clinical rotation to discuss progress in training and provide feedback on any specific aspects of clinical skills, communication, behaviour and career progression. As a minimum, the first and last meeting during the rotation shall be documented in the trainee's portfolio, though it is recommended to document all meetings including any action plans and progress made by the trainee.

In order to ensure patient safety and adequate supervision, the clinical supervisor shall be available on-site for trainee supervision including direct observation of assessments and procedures, presentation and discussion of cases and provision of feedback to the trainee. The expected level of on-site supervision shall be determined by the PGTC in consultation with the Clinical Chairperson and shall be commensurate with the trainee's level of training, difficulty and risk of the procedure and the trainee's clinical skills and competence in the specific area of the rotation.

The clinical supervisor shall liaise with the educational supervisor should any concerns arise in the trainee's behaviour, clinical skills and progress toward the specific learning objectives, or any other issues relating to the probity or health of the trainee that may impact the trainee's ability to safely deliver care or to progress appropriately towards the expected rotation learning objectives. The clinical and educational supervisors shall inform the TC of any such concerns and shall agree on an action plan with the trainee. In the event of serious concerns, the clinical chairperson and office of human resources of the speciality program shall also be informed. The supervisors or training

coordinator may, at any time, consider referral of the trainee to the Trainee Support Service when this is set up by the MPMTC.

Educational Supervisor

Trainees shall be assigned to educational supervisors by the TC in consultation with the PGTC.

The appointment of a member of the geriatrics department as an educational supervisor shall be for a year and shall not be considered a right but a privilege associated with specific expectations and responsibilities related to the role of an educational supervisor.

The individual appointed as educational supervisor should be someone who is in the specialist register of Geriatrics and is selected by the PGTC based on evidence of ongoing continuing medical education, training in clinical supervision and ongoing evidence of consistent availability for educational supervision.

The educational supervisor shall be responsible for ensuring that the trainee is:

- a. Meeting the necessary educational objectives of the rotation
- b. Demonstrating the necessary educational progress expected at the trainee's level of training.

As a minimum the educational supervisor shall meet with the trainee at the beginning and end of the clinical rotation and document the outcome of the meeting in the trainee's portfolio.

The educational supervisor shall liaise with the clinical supervisor should any concerns arise in the trainee's behaviour, clinical skills and progress towards the specific learning objectives, or any other issues relating the probity or health of the trainee that may impact the trainee's ability to safely deliver care or to progress appropriately towards the expected rotation learning objectives. The clinical and educational supervisors shall inform the TC of any such concerns and shall agree on an action plan with the trainee. In the event of serious concerns, the Clinical Chairperson and the PGTC shall also be informed. The supervisors or training coordinator may, at any time, consider referral of the trainee to the Trainee Support Service when this is set up by the MPMTC

Duration of Specialist Training Program

Although the program of specialist training in geriatric medicine is competency based, the minimum period of training is **four** years. The PGTC can approve an extension of the training period after a written request by the trainee should the need arise. On the other hand, the TC might request an extension of the training period for a trainee should the PGTC believe that the trainee has not reached the required level at the end of the four years.

Flexible training

Trainees who are unable to work full-time are entitled to opt for flexible training (part-time) programmes. EC Directive 93/16/EEC requires that:

- Part-time training shall meet the same requirements as full-time training, from which it will differ only in the possibility of limiting participation in medical activities to a period of at least half of that provided for full-time trainees.
- The competent authorities shall ensure that the total duration and quality of part-time training of specialists are not less than those of full-time trainees. Out-of-hours duties will be discussed by the employer and decided on an individual basis.
- Under normal circumstances the minimum percentage for part-time training should be 50%.
- In exceptional individual circumstances, trainees may be allowed to undertake training at less than 50% of full time. These circumstances should be considered by the department of geriatrics and should have the support of the PGTC. A placement at less than 50% of full time should be subject to regular review to ensure appropriate career progression

Maternity Leave

A period of up to a total of fourteen weeks of maternity leave duration during the training program (in addition to the normal entitlement of leave) can be recognized as part of the entire training period.

Training Requirements

I. Content of Training and Learning Outcomes

Trainees must demonstrate strong interpersonal and communication skills to effectively interact with patients and colleagues and to navigate the local social and cultural context. Proficiency in the local languages (Maltese and English) along with information technology and communication skills is vital and should be ensured prior to commencement of the training programme and remain a central focus of continuous professional development.

Learning outcomes are clear statements outlining what a trainee should know, understand, and can do upon successfully completing a learning process. Competency represents the desired combination of knowledge, skills and professionalism that enables the trainee to perform effectively in real world scenarios.

The minimum theoretical knowledge, practical and clinical skills, and professionalism aspects that a trainee in Geriatric Medicine is expected to achieve are outlined below

Theoretical Knowledge

1. Biology of ageing and basic science

Trainees should be able to explain:

- The process of normal ageing in humans at the molecular and cellular levels
- The physiological effects of ageing on organ systems and homeostasis
- The effects of ageing on functional abilities
- The hallmarks of accelerated biological ageing²⁹
- The pathophysiology of age-related diseases
- The difference between chronological and biological age

2. Comprehensive geriatric assessment (CGA)

Trainees should have knowledge of the CGA process across diverse settings. They must demonstrate understanding of validated identification and assessment tools across all dimensions of geriatric assessment, including, but not limited to, multimorbidity, mobility, cognition, frailty, nutrition, continence, skin integrity, sensory function, mood, and dependency in personal or basic Activities of Daily Living (ADL), extended or Instrumental Activities of Daily Living (IADL), as well as activity limitations and participation restrictions. Trainees must also be aware of the strengths and limitations of these tools to ensure their effective application and be able to develop a treatment plan based on the interpretation of the results of the assessments. Furthermore, they should exhibit knowledge of the structure and functioning of the multidisciplinary team, recognise the expertise of its members, and understand their roles, tools, and contributions in delivering holistic, patient-centred care.

3. Multimorbidity and Geriatric Syndromes

Trainees should be able to manage older adults with multiple co-existing medical conditions (multimorbidity), with particular attention to atypical disease presentations and common geriatric syndromes. They should be proficient in assessing and managing these conditions and demonstrate the knowledge required to effectively use and interpret the results of the CGA. Competency in managing geriatric syndromes (and preventing them where appropriate) should encompass, but not be limited to:

- Falls and syncope
- Dizziness and vertigo
- Gait disorders
- Reduced mobility, physical inactivity, dependency
- Hospital-associated deconditioning and functional decline
- Osteoporosis and bone health disorders
- Sarcopenia, sarcopenic obesity, osteosarcopenia
- Frailty, conceptually defined as increased vulnerability to stressors due to dysregulation of multiple biological and physiological systems. Trainees should understand the advantages and limitations of different frailty identification tools
- Constipation and faecal incontinence
- Urinary incontinence (underactive, overactive bladder) and urinary retention
- Loss of skin integrity and tissue viability (e.g., pressure ulcers)
- Mild cognitive impairment (MCI) and dementia (all types including Alzheimer's disease, vascular, Lewy Body, frontotemporal). Trainees should understand the appropriate indications and limitations of neuroimaging in the assessment of cognitive disorders, particularly for differentiating between dementia subtypes, identifying reversible causes, and detecting comorbid pathologies. This includes knowledge of when to use Computed Tomography (CT) versus Magnetic Resonance Imaging (MRI), as well as familiarity with standard MRI protocols (e.g., T1, T2, FLAIR, DWI). Awareness of more advanced modalities, such as Positron Emission Tomography (PET), is also encouraged
- Delirium
- Sensory problems (vision: cataracts, glaucoma, age-related macular degeneration, etc.; hearing: presbycusis, sensorineural deafness, etc.; smell: hyposmia/anosmia)
- Dysphagia
- Oral health issues
- Malnutrition and fluid/electrolyte imbalance
- Speech and language disorders
- Pain, both acute and chronic, including neuropathic
- Mood disorders (e.g., anxiety, depression, other psychiatric disorders in older age)
- Sleep disorders (e.g., insomnia, restless legs syndrome)
- Loneliness, social isolation and social vulnerability
- Elder abuse

4. Presentations of Acute and Chronic Diseases

Trainees should be knowledgeable about common acute and chronic diseases in older age, their clinical presentation, including atypical presentation, and their risk factors, causes, pathophysiology,

clinical features, diagnostics, treatments, prognosis, and prevention. The following is a non-exhaustive list:

- Cardiovascular (e.g., ischaemic heart disease, valvular disease, heart failure, arrhythmias hypertension, orthostatic hypotension, peripheral vascular disease, venous thromboembolism)
- Cerebrovascular (e.g., stroke, transient ischaemic attack [TIA])
- Respiratory (e.g., community-acquired and aspiration pneumonia, chronic lung disease, obstructive sleep apnoea, viral infections including influenza, COVID-19)
- Gastrointestinal and hepatological (e.g., gastroesophageal reflux disease, acute and chronic pancreatic and liver disease)
- Endocrine (e.g., diabetes, hyperlipidaemia and metabolic syndrome, thyroid and parathyroid diseases, adrenal gland disorders, hypocalcaemia/hypercalcaemia)
- Renal (e.g., acute and chronic renal failure)
- Urological (e.g., infection, lower urinary tract symptoms, benign prostatic hyperplasia in men), and gynaecological (e.g., pelvic organ prolapse or vaginal bleeding in postmenopausal women)
- Neurological (e.g., Parkinson's disease and syndromes, movement disorders, autonomic disorders, epilepsy, neuropathies)
- Haematological conditions (anaemia, myelodysplastic syndromes, coagulopathies)
- Cancer (all types affecting older adults)
- Infectious diseases and sepsis, including atypical presentations with hypothermia and delirium
- Nosocomial infections (e.g., MRSA, clostridium difficile, COVID-19) and iatrogenic disorders
- Dermatological (e.g. pruritus, rashes, leg ulcers, skin infections, xerosis)
- Rheumatological and autoimmune (e.g. osteoarthritis, inflammatory arthritis, vasculitis)
- Substance misuse (e.g., alcohol, prescription drugs)
- Non-specific (e.g. fatigue, fever or inflammatory syndrome)

5. Drug Therapy

Trainees should be able to explain pharmacological issues in ageing and geriatric care, including indications, contraindications, mechanisms of action, effectiveness, adverse effects, drug interactions, and alternatives for commonly used medications in older patients. They should also be able to recognise symptoms that could be attributed to adverse drug reactions and identify risk factors for an increased likelihood of adverse drug effects. Knowledge of drug-drug and drug-food interactions, as well as the impact of disease states on pharmacokinetics and pharmacodynamics in older adults, is essential.

Trainees should also acquire knowledge in areas such as polypharmacy, potentially inappropriate medications (PIMs), anticholinergic burden, underuse of medications and appropriate prescribing, as well as overuse of medications and strategies for de-prescribing.

Trainees should be familiar with validated tools to enhance appropriate prescribing in older adults, e.g., STOPP/START, STOPPfrail (Screening Tool of Older Persons Prescriptions in Frail adults with limited life expectancy), and STOPPFall (Screening Tool of Older Persons Prescriptions in older adults with high Fall risk).

Trainees should also demonstrate the ability to stay up to date with new medications and emerging indications for existing medications.

Trainees should demonstrate knowledge of the indications and contraindications of preventive pharmacological strategies (e.g., vaccinations) and be able to personalise drug therapies (e.g., blood

pressure, lipid-lowering therapy, osteoporosis), tailored to the needs, tolerability, and overall health status of older people living with frailty or limited life expectancy.

6. Rehabilitation

Trainees should be able to explain the content and principles of geriatric rehabilitation and its multi-professional aspects, including the following:

- Principles of rehabilitation in older people including the assessment of rehabilitation potential in an older person
- Knowledge of a range of interventions, including physical therapy, occupational therapy, aids, appliances, and adaptations, as well as awareness of specialist rehabilitation services available in different settings
- Specific requirements for rehabilitation in special areas e.g., stroke, cardiovascular, orthopaedic rehabilitation
- Knowledge of methods for the prevention and management of complications of acute illness, such as pressure ulcers, venous thromboembolism, contractures, constipation, functional impairment, sarcopenia and aspiration pneumonia.
- Understanding and application of biopsychosocial models relevant to rehabilitation, including the WHO's International Classification of Functioning, Disability and Health (ICF). This involves considering body structures and functions, activities and participation, and environmental and personal factors, within a holistic approach to care. Trainees should also appreciate key psychological dimensions such as motivation, self-efficacy, and locus of control, which are essential for effective rehabilitation planning and goal-setting in older adults
- Knowledge of the services provided by Rehabilitation Medicine Specialists and a clear understanding of referral pathways across specialties to ensure effective collaboration and continuity of care

7. Integrated Care and Specific Clinical Pathways

Trainees should be able to:

- Identify levels and types of care available in Malta including community/home care, day hospital care, outpatient care, and residential/nursing home care, intermediate care and respite care.
- Assess individual suitability for different care levels by prioritising the person's needs and preferences, incorporating multidisciplinary team assessments, liaising with primary care and social services, and considering caregiver inputs
- Evaluate and implement care transitions, ensuring alignment between the individual's overall condition, preferences, and available care options to optimise outcomes
- Describe systems of integrated care, including health and social care provision, any record-sharing digital platforms, and relevant legislative and regulatory frameworks
- Implement coordinated approaches across emergency, intensive, and prehospital care settings, with attention to breakdowns in community-based supports
- Promote care environments and processes that reduce risks and support individuals living with geriatric syndromes across all care settings
- Apply a multidisciplinary and interdisciplinary approach to managing geriatric patients, being able to participate in liaison services with other specialties involved in geriatric care

- Assess eligibility for long-term residential care, such as nursing homes, and evaluate the care required for residents. When necessary, manage patients in long-term care settings, including residential and nursing care homes
- Provide palliative and end-of-life care, ensuring compassionate, patient-centred approaches tailored to the unique needs of older adults

8. Ethical and Legal Issues

Trainees should be able to articulate the relevant local ethical and legal frameworks for working with older people, encompassing the following areas:

- Core ethical principles: autonomy, beneficence, non-maleficence, and justice
- Legislation: knowledge of laws related to confidentiality and patient rights
- Informed consent: the process for obtaining valid consent for treatments, procedures, and participation in scientific research
- Legal provisions for supporting adults who lack mental capacity, including the assessment of capacity and the application of the "best interests" principle when capacity is lacking
- Procedures for assessment and treatment under the Mental Health Act
- Role of family and caregivers: understanding the legal and ethical position of family members and caregivers in decision-making processes
- Safeguarding: recognition, reporting, and management of suspected elder abuse, including physical, emotional, financial, and neglect-related abuse
- Legal representatives: appointment and role of Power of Attorney, lasting Power of Attorney, Guardianship, and other substitute decision-makers according to legislation.
- Advance care planning: knowledge of development and implementation of advance decisions, living wills, and other aspects of advance care planning according to legislation
- End-of-life decisions: knowledge of the legal processes for making decisions about end-of-life care, life-prolonging treatments, cardiopulmonary resuscitation, implementation of Do Not Resuscitate (DNR) or Do Not Hospitalise orders, and assisted dying if/when this is legally enacted
- Counteracting ageism: recognition of ageism in healthcare and strategies to promote equitable and inclusive care for older adults

9. Policy and Management

Trainees should be able to explain the following:

- The organisation, financing, and delivery of healthcare and social care systems
- Framework and dynamics of interagency collaboration and partnership between health and social care services, including integrated care programmes and initiatives
- Key administrative responsibilities, including involvement in education, committee work, service development, and human resource management
- Principles of clinical governance and their application in Geriatric Medicine to maintain and improve standards of care, including methods for clinical audit, service evaluation, quality improvement, and service development
- Strategies for delivering cost-effective care and ensuring equitable allocation of finite healthcare

resources

- Competencies related to identifying, managing, and reducing risks to patient safety
- Methods for addressing patient and family concerns, managing complaints, and navigating medico-legal cases

10. Health Promotion

Trainees should be able to demonstrate understanding of the following:

- Prevention of geriatric syndromes: evidence-based strategies to prevent and reduce the prevalence of geriatric syndromes, including health education and lifestyle changes (e.g., physical activity, nutrition optimisation, social engagement). Trainees should be knowledgeable about evidence-based prevention strategies for specific geriatric syndromes, including but not limited to falls, cognitive impairment and dementia, frailty, sarcopenia and malnutrition
- Demographic changes: current and projected demographic trends including ageing population statistics, and global perspectives on ageing
- Roles of care-promoting institutions: contributions of national and international organisations in setting care standards, driving quality improvement, and supporting age-friendly initiatives
- Social theories of ageing: core principles of social theories of ageing, focusing on the social determinants of health and the impact of social and health inequalities on older adults
- Psychology of ageing: key psychological principles, including behavioural change theories and their application to promote healthy ageing
- Sexuality in older adults: the importance of addressing sexual health, intimacy, and relationships in later life
- Public health interventions: evidence-based public health strategies for promoting health and supporting healthy ageing across the population. WHO Guidelines to support healthy ageing include Guidelines on community-level interventions to manage declines in intrinsic capacity. Integrated care for older people approach (ICOPE) is WHO's approach to provide a continuum of integrated care that helps to reorient health and social services towards more person-centred and coordinated care. ICOPE supports optimising intrinsic capacity and functional ability in older age.
- Gerotechnology and eHealth: the role of technology in supporting older adults, including assisted living devices, eHealth solutions and interventions designed to enable ageing in place.

11. Evidence Based Geriatric Medicine

Trainees should be able to:

- Address underrepresentation in research: recognise the importance of including older adults in research studies, understanding how their frequent underrepresentation in clinical trials limits the generalisability of findings to this population
- Advocate for geriatric-focused research designs: promote research approaches that prioritise outcomes relevant to older adults, such as improving functionality, quality of life, and independence
- Translate research into practice: apply the latest research findings to develop and implement evidence-based strategies for the prevention, assessment, and management of diseases in older

populations.

- Pursue academic opportunities: engage in academic geriatric medicine through participation in research projects, publications, and presentations, and consider pursuing postgraduate research degrees that can be integrated into postgraduate medical training (e.g., via out-of-programme experiences)

Practical and Clinical Skills

Trainees should be able to:

- Establish a diagnosis and differential diagnosis for older patients presenting with both typically and atypically through the appropriate use of history-taking and clinical examination, including the performance of a complete functional assessment including physical, cognitive, psychological and social domains
- Be able to indicate and interpret additional diagnostic tests, including laboratory tests, diagnostic imaging techniques, and more invasive diagnostics, with a focus on evaluating and communicating their benefits and risks using a patient-centred approach
- Collaborate in joint or shared clinical workflows and actively participate in interdisciplinary discussions where assessments or diagnostic input from other specialties inform clinical decision-making in Geriatric Medicine. While many clinical assessment competencies in Geriatric Medicine can be performed independently, others—particularly those involving specialty-specific domains—require timely consultation or collaboration with other specialists
- Whilst not expected to interpret specialist diagnostics independently, trainees should be able to identify appropriate indications for testing, understand the basic principles and applications of diagnostic modalities, and interpret findings in collaboration with relevant specialists
- In the context of laboratory diagnostics, trainees should know the appropriate use and interpretation of tests relevant to the specialty, including awareness of clinically significant methodological limitations. For point-of-care testing, trainees should understand the limitations of certain tests. When applicable, they should also be familiar with micro-techniques for laboratory testing, atraumatic sampling methods, and appropriate transport conditions for specific specimens, such as arterial blood and cerebrospinal fluid
- In the context of radiology diagnostics, trainees should be capable of critically appraise reports and integrate imaging findings into the broader clinical picture. The development of these skills should include structured learning opportunities such as supervised case reviews, multidisciplinary team meetings, and feedback from diagnostic specialists. For example, in the area of brain health, trainees should acknowledge and appreciate the role of neuroradiologists and be able to recognise common imaging patterns, such as medial temporal atrophy, white matter changes, and major radiological signs of stroke
- Perform a CGA of older patients presenting with geriatric syndromes, acute and/or chronic illnesses, and/or disabilities, across diverse settings, and work with other professionals to develop a comprehensive person-centred management plan, which may include treatment, rehabilitation, health promotion, disease prevention, patient and caregiver education, chronic disease management, or palliation, as appropriate
- Assess rehabilitation potential and provide multidisciplinary rehabilitation to older patients
- Conduct evidence-based medication reviews and advise patients about the risks and benefits of

these treatments, in order to maximise benefit and minimise medication-related adverse events

- Plan and implement person-centred transitions of care, collaborating with diverse professionals across settings to ensure optimal management of older patients, promote patient safety and continuity of care
- Understand that geriatric patients with certain conditions may require care from non-geriatric specialists, and as such consultation with other specialists (e.g. neurologists, cardiologists, psychiatrists) may be necessary to achieve optimal diagnostic and treatment outcomes
- Effectively facilitate care planning meetings and family meetings, whilst retaining the patient-centred approach

Professionalism

Trainees should:

- Exhibit the appropriate attitude, communication skills, and patient-centred approach to effectively manage both the multidisciplinary team and interactions with patients, their relatives, and caregivers. Specifically, exhibit competency in tailored communication strategies for patients with cognitive impairment and/or sensory disabilities, such as hearing or vision impairments
- Be able to be an effective member and a leader of a multidisciplinary team including other physicians, nurses (general and specialist), allied health professionals (e.g., physiotherapists, occupational therapists, nutritionists, speech and language therapists, social workers), clinical pharmacist, among others. Trainees should possess effective interprofessional team management skills
- Integrate holistic skills and attitudes for individualised, person-centred care, including non-technical skills such as situation awareness, clinical reasoning, and effective decision-making
- Provide patient centred care that optimises function and/or well-being
- Advocate for patients' requirements and wishes
- Prioritise and manage the care of older patients by integrating the patient's goals and values, comorbidities and prognosis into the practice of evidence-based medicine
- Assist patients in clarifying goals of care and making care decisions
- Be competent in basic research methodology, ethical principles of research, and the critical appraisal of medical literature. Have the ability to analyse and apply research findings in geriatric medicine, ensuring that clinical practice is, as far as possible, evidence-based
- Possess educational and teaching skills, enabling them to teach the principles of geriatric care and ageing-related health issues to professionals, patients, families, healthcare providers, and the wider community, as well as supervise and support trainees
- Be able to demonstrate maintenance of both general medical knowledge and expertise in Geriatric Medicine at a sufficient level to ensure a high standard of clinical practice. Engage in career-long learning and continuous professional development and demonstrate a commitment to reflective learning
- Develop leadership competencies, be prepared for roles as future clinical leader and be committed to the health and well-being of individuals and society through profession-led regulation, and by upholding high standards of personal behaviour and clinical practice

II. Organisation of training

Schedule of Training and Rotations

The assignment of clinical rotations depends on the local service demands. However, the TC in conjunction with the Clinical Chairperson in Geriatrics will strive to provide equal and just exposure for all trainees to the different settings within the Department of Geriatrics.

Over the 4-year training period trainees will be assigned to the following placements:

1. One year in St Vincent De Paul to be divided into 6 months in long term care wards and 6 months in Intermediate Care wards. Weekly attendance of outpatients` clinics.
2. One year in a Rehabilitation Hospital to be divided into 6 months in General Rehabilitation and 6 months in Neurorehabilitation/Ortho Rehabilitation wards. Weekly attendance of outpatients` clinics
3. Six months in Mater Dei Hospital delivering an Orthogeriatric service in the Orthopaedic wards. During this placement trainees are also expected to carry out consultations requested by other specialists in Mater Dei Hospital as well as participate in activities of the Geriatric Assessment Team
4. A minimum of 3 months in community homes under the supervision of the Consultant Geriatricians working in this setting. Trainees are also expected to carry out domiciliary visits in the community under the supervision of the consultant geriatrician doing such work or attend home visits performed by the multi-disciplinary team at the Rehabilitation Hospital.
5. In the final year, trainees may identify a particular area of interest and have the opportunity to gain exposure to and consolidate knowledge in various relevant fields, including but not exclusive to
 - Palliative care
 - Psychogeriatrics

Throughout the training period, trainees are strongly encouraged to attend specialty clinics that align with their interests or identified learning needs, in consultation with their supervisors. The following is a non-exhaustive list of possible areas:

- Bone Health
- Onco Geriatrics
- Cardiology
- Dermatology
- Neurology
- Vascular
- Pain Management Clinics

The training coordinator will liaise with the PGTC, the Geriatrics Clinical Chairperson and the relevant specialists/specialties to coordinate such placements.

Throughout training period there will be protected time every two weeks for:

Tutorials

Journal Clubs

Clinical Audits

Research Projects

Training Portfolio

The trainee will maintain a formal Training Portfolio which will serve as a tool to track progress and determine whether they meet the criteria to become a Geriatric Medicine specialist. Logbook entries must be regularly monitored at annual trainee assessments and signed off by the appropriate trainers.

Additionally, the trainee should be encouraged to maintain an up-to-date curriculum vitae (in EUROPASS style) incorporating, among others

List of publications, with copies of the published first page or abstract

List of research presentations at national and international meetings

List of courses and training events attended

Other relevant achievements

Assessment

To determine that trainees are meeting the required learning objectives and acquiring the requisite level of competency multiple tools will be employed including:

- Workplace-based assessments (Mini-CEX, DOPS, CBDs)
- Multi-source feedback (peers, patients, team)
- National e-portfolio
- Educational and clinical supervisor reports
- Annual progress reviews (ARCP)
- Formal knowledge test e.g. European Geriatric Medicine Specialty Exam (EGeMSE) or equivalent
- End-of-training summative review and certification by Training Director

Entrustable Professional activities (EPAs) are tasks or responsibilities that trainees in geriatric medicine must be able to perform independently once they have demonstrated sufficient competency. EPAs incorporate multiple domains including knowledge, skills and attitudes that are required to carry out the tasks effectively. Examples of EPAs include:

- Performing CGA and care planning in a variety of settings
- Managing delirium and dementia
- Medication optimization

- Leading family meetings about goals of care
- Facilitating transitions of care
- Teaching junior doctors and medical students
- Leading quality improvement initiatives

The various assessment tools outlined above will be used by supervisors to demonstrate that trainees have achieved the required level of competency to carry out a range of EPAs.

Educational and clinical supervisor reports, particularly during the final year of training are expected to focus on the abilities of trainees to perform the EPAs at the level expected for unsupervised practice

III. Progression

Trainees need to satisfy the minimum requirements below in order to progress to a higher level of training. Trainees will be assessed during an Annual Review of Competence Progression (ARCP), in addition to regular meetings with the clinical and educational supervisors during the year.

Annual Assessment of Trainees

The ARCP shall include a log of the trainee's ongoing assessments of competence (including workplace assessments and clinical, educational and external supervisors' report), academic achievement and probity as documented in the training e-portfolio. The ARCP will be carried out by a board appointed by the PGTC.

Supervised Learning Events

By the end of each year of training the trainee is expected to complete:

- 5 Mini Clinic Evaluation Exercise (Mini Cex)
- 5 Case Based Discussion (CBD)
- 2 Acute Care Assessment Tool

At the end of the four years of training the trainee is expected to have:

- 2 Directly Observed Procedural Skills (DOPS) during which the trainee is assessed on his/her competence in a particular procedure
- 2 Multi-Source Feedback (MSF)
- 2 Patient Survey (PS) which identify issues including behaviour of the doctor and effectiveness of the consultation which are important for the patient
- Completed a full cycle audit
- One Teaching Observation (TO)
- Carried out 10 consultations in the acute hospital
- Performed 10 domiciliary visits with the consultant geriatrician performing such duties
- Performed 10 visits in the residential homes in the community, not St Vincent de Paul, together with the consultant geriatricians performing such duties, to assess older people in such residential homes.
- 1 publication preferably in a peer-review journal of geriatric medicine.
- Attended and observed the proceedings of a management meeting.
- Passed the European Geriatric Medicine Specialty Exam (EGeMSE) or the Specialty Certificate Examination in Geriatric Medicine, MRCP (Geriatrics), organised by the Federation of Royal College of Physicians of the United Kingdom, or equivalent.
- A valid certificate in Advanced Life Support (ALS).

The PGTC shall review the results of the Annual Assessment and make a determination of the possible outcomes:

As a norm, the outcome will be one of six possible outcomes which fall in three main categories (satisfactory, unsatisfactory, or in-sufficient evidence of completion of training):

Satisfactory Progress		Action
1	Achieving progress and the development of competencies at the expected rate	Progress to next year of training as per training document.
Unsatisfactory or insufficient evidence		
2	Further development of specific competences required	Additional training time not required. Trainee provided with a time period in which to develop the specific competencies and provide the postgraduate training committee with written documentation of the trainee's progress with or without the need for an additional clinical examination to be determined by the postgraduate training committee depending on the overall performance of the and specific deficits in competencies noted on the Annual Assessment.
3	Inadequate progress by the trainee	Additional training time required including repeating a year of training. Trainee provided with a time period up to one year in which to develop the specific competencies and provide the postgraduate training committee with written documentation of the trainee's progress as part of the Annual Assessment. Consider referral to the Trainee Support Service if this has been set up.

4	Recommendation for dismissal from training programme	It is anticipated that in most situations this outcome will result only when a trainee with a prior outcome 3 has not progressed despite an additional period of training of up to one year. A letter recommending dismissal from the speciality training programme signed by the training coordinator on behalf of the training committee, the Clinical Chairperson, and the chairperson of the GSMC shall be sent to the Chair of the Malta Postgraduate Medical Trainee Centre Review Panel (MPMTC Review Panel), and the trainee informed in writing of this outcome and recommendation by the postgraduate training committee. Pending decision by the review panel the Clinical Chairperson shall assign the trainee any clinical roles deemed appropriate at the level of staff grade, but the trainee shall not be considered part of the training programme or rotations nor receive clinical or educational supervision as part of a training programme, though the chairperson may appoint a clinical supervisor outside of the remit of the training programme to ensure adequate patient care and safety
5	Incomplete evidence presented	Additional training time may be required. The trainee will be required to explain to the postgraduate training committee in writing the reasons for the deficiencies in the documentation. The fact that outcome 5 has occurred will remain as a part of the trainee's record but once the relevant evidence has been submitted then a new outcome will be added according to the evidence evaluated by the postgraduate training committee. If the trainee's explanation is deemed unsatisfactory, the postgraduate training committee may decide to issue outcome 2, 3 or even 4.
Finished training satisfactorily		
6	Gained all competencies	Will be certified as having completed the training programme and will be recommended for the award of a CCST.

If the Annual assessment results in a recommendation for dismissal, then the procedure will follow as outlined above.

Suspension from Training at Trainee's Request

- Trainees may ask to suspend their training for a **maximum of twelve (12) months** for a valid reason, as determined by the PGTC.
- Unless agreed upon before in writing with the PGTC, any achievements during the suspension of training shall not count for training purposes.
- Requests for suspension of training should be made in writing and addressed to the TC who shall then discuss this application with the PGTC. The PGTC shall issue a recommendation to the GSM whose ultimate responsibility it is, to accede or not to a similar request. If the decision is in the affirmative the GSM shall write to the Clinical Chairperson with this decision. It is the prerogative of the Clinical Chairperson to sign or not for any leave of absence. If the voluntary suspension of training is approved by the GSM and Clinical Chairperson, the GSM shall inform the SAC of the decision in writing including the exact dates of the term of suspension of training. The SAC shall be informed at the end of the suspension whether the trainee has re-entered training and if not what measures are being taken by the GSM and Clinical Chairperson.
- The period of twelve (12) months may only be extended in exceptional cases at the discretion of the TC in consultation with the PGTC with the approval of the SAC.
- Should a trainee not present her/himself at the end of the period agreed with the PGTC without any notice given to the TC requesting an extension, the PGTC shall notify in writing the Human Resources Department. In similar cases, the Human Resources regulations will come into force and the trainee as an employee could be dismissed. For training purposes, if the trainee does not resume his training as stipulated without asking for an extension in writing or following refusal of the request for extension, the PGTC shall write to the trainee (via gov.mt email or registered mail) to ask for an explanation. The trainee will be given 14 working days to reply. In case there is no reply or unacceptable explanation, the PGTC shall provide a final notice to the trainee in writing with a deadline for receipt of response from the trainee. Unacceptable reasons include those which are totally unrelated to the reason given for suspension of training and which do not fully and exhaustively explain in a professional manner the reason/s for not resuming training. In case that the trainee does not avail him/herself for assigned trainee duties, then the PGTC shall write to the Chair of the MPMT Review Panel recommending termination of training. If the recommendation is approved by the Review Panel, the latter shall inform the trainee in writing of the decision to terminate training copying the Registrar of the SAC, the Clinical Chairperson, Chairperson of the GSM and the PGTC. The decision of the Review panel shall be final. This decision is independent of any other decision by the Human Resource Department as regards employment. Should the trainee wish to re-enter training at a later date, the trainee must comply with all application requirements by the PSC and enter training at the entry requirements described above.

Dual Accreditation in Geriatric Medicine and General/Internal Medicine

Trainees in Geriatric Medicine can acquire dual accreditation in Geriatric Medicine and General/Internal Medicine. Trainees in geriatric medicine, at the time of writing of this document, undergo their training in a training centre specialised in Geriatric Medicine only and therefore as a consequence do not work with consultants with General Medical takes. The GMSM and the Association of Physicians have agreed that trainees in Geriatric Medicine can also be awarded a CCST in General Medicine if the following criteria are fulfilled:

1. One (1) year full-time equivalent with a consultant in General Medical takes, **in addition to the full period of training in geriatric medicine**. This shall consist of three (3) or more rotations of a minimum duration of 3 months in medical specialities. Two (2) of these 3 rotations shall be in Respiratory Medicine, Cardiology or Diabetes & Endocrinology. This year can be done at any time after the 1st year of HST.
2. The trainee has to perform forty four (44) on-call out of hours duties in Internal Medicine at HST level. These duties can also be performed whilst working in geriatrics.
3. The trainee has to perform 2 audits in General Medicine.
4. The trainee also has to have one (1) publication in General Medicine.
5. A certificate in Advanced Life Support (ALS).
6. Passed the Specialty Certificate Examination in Acute Medicine, MRCP (Acute Medicine), organised by the Federation of Royal College of Physicians of the United Kingdom, or equivalent.

The extra year in Internal Medicine can be done at any point during the four (4) year training period in Geriatric Medicine after the first year as an HST in Geriatric Medicine. The trainee has to inform the TC whether during the period of training in Geriatric Medicine he/she intends to pursue dual accreditation since this will involve co-ordination with the Clinical Chairperson to satisfy the service needs in the Department of Geriatrics.

Training Abroad

The STP in Geriatric Medicine does not include an obligatory period of training abroad. On the other hand the TC will welcome those trainees who plan to spend a period of their training in a recognized training centre away from Malta. It is important to take into consideration the following points when planning to train abroad:

1. The hospital where the trainee will be working has to be a training centre approved by the SAC on recommendation of the GSM.
2. Arrangements for training abroad can be done personally by finding the appropriate centre, where in this case the job description and duties to be performed by the trainee have to be assessed by the PGTC to ensure that the job will satisfy the training requirements enlisted above.
3. Arrangements can also be done through the MPMTTC in a recognized training centre. In both cases the training period abroad has to be approved by the SAC.
4. Training abroad cannot be more than 50% of the total training period for the trainee to be able to get his/her CCST in Malta.
5. Should the placement abroad include unselected take, the duties worked in this setting will be considered as part of the number of duties to be carried out for dual accreditation after review by the Association of Physicians.

Training Concerns

Training concerns put forward by trainee

Trainees who have a concern with regards to their training, health or ability to reach their training or clinical responsibilities due to issues related to personal health, work or home environment, clinical skills or competence should initially refer such concerns to the respective clinical or educational supervisor. These concerns can also be discussed with the PGTC and the Trainee Support Service (TSS) when this is set up by the MPMTC.

Training Concerns put forward by the Training Committee regarding specific trainee

When concerns arise with regards to probity, medical safety and/or health concerns the Supervisors and Training Coordinators are encouraged to discuss the matters with the respective trainee.

Any issues or concerns that the training coordinator or training committee may have with regards to probity, medical safety and/or health concerns that may put patients at risk shall be discussed with the Clinical Chairperson and the Head of the MPMTC.

Premature Termination of Training

Requests from Trainee to terminate Training

Should a Trainee wish to resign from training prematurely, a request in writing is to be presented to the Training Committee and the Clinical Chairperson of the Department at the earliest possible time. The Trainee should state in writing the reasons for such termination.

The Training Committee shall on consultation with the Clinical Chairperson inform the Head of the MPMTC and the latter shall inform the trainee in writing of his/her decision and copy the Training Committee, Chairperson of the GSM and the Clinical Chairperson of the trainee about the termination from training.

Should a trainee start a new Training Program, either locally or abroad, it will be assumed that the trainee no longer wishes to continue the original training program. In such a case the PGTC shall recommend the trainee's dismissal from the training program. The GSM shall inform the SAC of this decision.

The above procedure applies to a trainee who wishes to resume training in the Training Programme from which he/she had previously resigned. The trainee will need to apply for an HST post once this is issued and follow the standard PSC process

Requests from Training Committee to terminate Training

The Training Committee may recommend the termination of a trainee's training following an ARCP 4 outcome, following any serious violation of professional standards, probity and any behaviour jeopardizing patient or colleagues' safety not considered to be remediable, in the event of a trainee's failure to return to clinical duties following voluntary suspension of training or not showing up for clinical duties without appropriate notice, including starting another speciality training programme locally or abroad, or following request of a trainee in writing to terminate training.

The training coordinator (on behalf of the post-graduate training committee), the Clinical Chairperson and the Chairperson of the GSM shall make a written recommendation for the dismissal of the trainee from the Training Program including details of the reasons resulting in this recommendation.

The trainee shall be advised in writing by the training committee of this recommendation. Pending decision about such recommendation the Clinical Chairperson shall assign the trainee any clinical roles deemed appropriate at the level of staff grade, but the trainee shall not continue to receive clinical or educational supervision as part of a training programme, though the chairperson may appoint a clinical supervisor outside of the remit of the training program to ensure adequate patient care and safety unless suspension of clinical duties is considered.

The PGTC shall review the recommendation on the merits of the process of the assessment as detailed in the geriatrics training document and if satisfied with the process, it shall inform the trainee verbally and in writing that he/she has been dismissed from training and recommend the drafting of a vocational plan for the trainee by the Clinical Chairperson, copying the Training Coordinator and the Chairperson of the GSM. Such a vocational plan should consider provisions for the trainee to leave the specialty where he/she did not progress and ensure that clinical duties assigned to the physician shall commensurate with his or her clinical skills and competence. The speciality training program shall

terminate all training and supervisory responsibilities or roles and the trainee shall henceforth not be considered a specialist trainee in geriatrics.

Completion of Training

Completion of Higher Specialist Training

Upon successful completion of the Training Program and of all requisites of the Geriatrics Training Program criteria including the Annual Reviews of Competence Progression, the GSM shall on the advice of the PGTC recommend the trainee to the SAC in view of issuing Certificate of Completion of Specialist Training (CCST).