



Teaching of Geriatrics in Tertiary Educational Facilities in The Western Cape

A Position Paper for Policymakers & Institutions of Teaching and Learning

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The Samson Institute for Ageing Research (SIFAR) is a Cape Town-based organization focused on building knowledge of the health, social needs and experiences of older persons and increasing the quality of care for the elderly in South Africa.

Introduction

South Africa's Department of Health's national health promotion policy and strategy for 2015 to 2019 identifies key target audiences across the lifecycle for health promotion interventions, which include: children under the age of 5 years, women of child bearing age, men, youth, older persons and marginalized populations. South Africa is faced with a quadruple burden of disease viz. non-communicable diseases, communicable diseases (particularly TB & HIV), maternal, neonatal and child mortality and deaths due to injury and violence (24).

Research on older persons in the Western Cape highlights the vulnerable position of the elderly in society (2). Population predictions for the Western Cape show significant population ageing in the coming decades, reflecting regional, national, and global trends (2). The United Nations (1) report on *Ageing* predicts that between the years 2015 and 2030, the number of people in the world aged 60 years or more is estimated to increase by 56 percent, from 901 million to 1.4 billion, and by 2050, the global population of older persons is projected to reach 2.1 billion (1). Since the year 2000 until 2015, the number of older persons in Africa have increased from 42.4 (7.0%) million to 64.4 million (7.2%), and is predicted to reach 105.4 million (7.5%) in 2030. Due to the growing number of older persons in the world, health and social professionals need adequate training to address the health and social needs of older persons on a routine basis (7).

In 2011, the South African Older Persons Forum (3) (SAOPF) wrote to Dr. Aaron Motsoaledi, the Minister of Health, to raise several concerns about healthcare for older persons in South Africa. The report focused on issues such as the training of health professionals in geriatric medicine and gerontology, among others. To date, South Africa has only 16 registered geriatricians, with half of these specialists working in the private sector and the rest in the public sector. Nurses and allied healthcare professionals receive limited to no training in geriatrics and gerontology during undergraduate and postgraduate studies (3,4). The lack of undergraduate and postgraduate programmes trivializes the sub-discipline and is singled out as an unattractive career field (5,6).

Healthcare and well-being in South Africa is laggard

A lack of prioritization of healthcare for older persons by the national Department of Health (DOH), Department of Social Development (DSD), and institutions of teaching and learning perpetuates the bleak status quo of geriatric healthcare and training in South Africa. For example, in the Department of Health's plan to modernize tertiary services, the advancement of geriatric care was singled out as one of the areas needing urgent expansion, yet no expansion of geriatric care has been done to date (9). In Addition, the *Ageing Readiness and Competitiveness Report* (10) (See Figure 1) found that South Africa and Mexico are 'lagging' in *community social infrastructure, productive opportunity, technological engagement, and healthcare and wellness* for older persons.

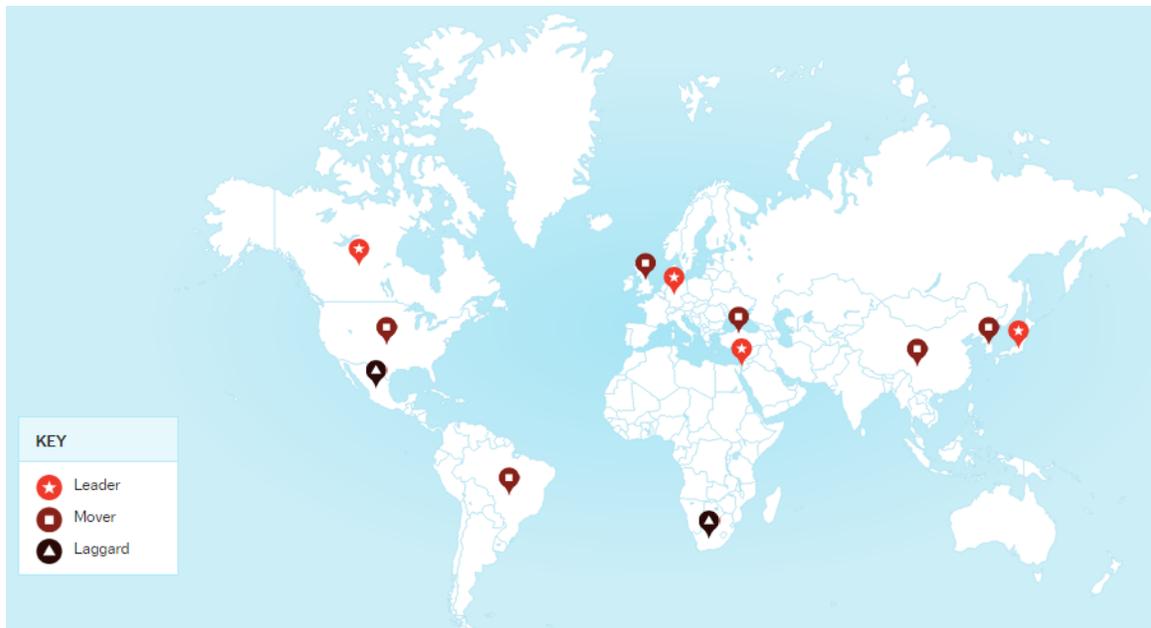


Figure 1 – Ageing Readiness and Competitiveness Report

Problem Statement

The growth of geriatric healthcare and the training of health and social professionals in South Africa has been stunted over the last several decades (11–14). Training of professionals in geriatric care and health service provision at a primary healthcare level for older persons has also been troubled by institutional challenges and insufficient support from the national government (5,12,15). Some of the issues geriatric medicine encounters as a subspecialty include: negative held views toward older persons (16), limited

representation of geriatric medicine and gerontology in tertiary health departments (11); inconsistent management of service centres for the elderly (2); and a lack of prioritization of geriatric medicine from tertiary institutions and national government (12). In addition, the National Department of Health's *Development Plan 2030* vision does not have a focus on healthcare of older persons in the coming years. The Development Plan 2030 aims to increase life expectancy from 61 years to 70 years, but does not provide a strategy outlining how the National Department will meet the health needs of an ageing population (17).

Position Statement

This paper aims to highlight the current state of geriatric and gerontology curricula at the four universities and nursing colleges in the Cape Town area. SIFAR recognises the need to improve the state of geriatric and gerontology curricula to equip health and social professionals to meet the needs of older persons in the Western Cape and broader South Africa. Furthermore, SIFAR's position is aligned with international regulatory bodies such as the World Health Organisation (WHO) (18), United Nations (UN) (1), and the African Union (AU) (19) which is in support of improving geriatric and gerontology curricula in training institutions. At the second meeting of the of African Union's specialised technical committee on social development, labour and employment held in Algiers, Algeria, in April 2017, ministers decided that the curricula of institutions of tertiary education in member states should include gerontology for social service professionals, and geriatrics for health sciences professionals. To this end, it was deemed necessary to consult with relevant tertiary health and social departments about the current curricula on geriatrics and gerontology.

Overview of Literature

Population ageing is the increase of older persons in the population, which is a social phenomenon that is evident in South Africa and across the world (2,18). After Apartheid in South Africa, three population censuses were conducted, first in 1996, 2001 and 2011. The census data provides valuable information on the demographic and socio-economic profiles of the elderly. The persons aged 60 years and above increased from 7,1% in 1996 to 8,0% in 2011, constituting an increase from 2,8 million to 4,1 million

individuals (17). Medical and technological advances, low fertility rates, and migration are part of the contributing factors to the longevity of people and population ageing in South Africa and across the world (11,20). The proportion of the population 65 years and older in the Western Cape is expected to increase from 5.88% in 2011 to 11.57% in 2040 (2).

The increase in population age in South Africa is not paralleled by increased teaching and training of health and social professionals to competently work with older persons. The World Health Organization (WHO) reaffirms that all health professionals be competent in geriatric medicine as working with older persons should be on a routine basis (7,20). However, poor health service and resources for older persons is a persistent challenge across the world, and specifically in developing countries such as South Africa (12).

Masud and colleagues conducted a study on undergraduate training in geriatric medicine in Europe. The findings show that undergraduate programmes in geriatric medicine in European countries were sub-optimal. Comparable results have been found about the inadequate geriatric services in the United States (7). The teaching of geriatric medicine and gerontology is a priority of the World Health Organization. The WHO conducted a survey in 2002 on the teaching of geriatric medicine against the backdrop of an older global population (21). The survey found that the teaching of geriatric medicine is insufficient to the projected increase of older persons in the year 2025 (21). The *Teaching Geriatrics in Medical Education II* study from 2005 until 2007, conducted by the WHO Ageing and Life Course (ALC), ascertained that most professionals and healthcare facilities were not able to provide competent care to older persons (22). To this end, the WHO advocates that all health professionals should be competent to serve the elderly. Treating older persons must not be an exclusive field, as working with older persons will be, if not already, a daily occurrence. Currently, the WHO states in a draft report, *Global Strategy and Action Plan on Ageing and Health*, that the health system must align with the needs of older persons and have an appropriately trained workforce (18).

African countries have fewer specialist geriatricians compared to the developed countries such as the United Kingdom (21). The WHO with the support of the International Association of Gerontology and Geriatrics recommend that all health and social professionals need to be familiar with old age care irrespective of the specialty. This recommendation may require more buy-in from health and social professionals. Several African countries do not have geriatricians, and the physicians working with the elderly have had little to no formal training in geriatrics and gerontology. To address the skills and service shortage, countries such as South Africa need to equip non-medical personnel to administer assessments to accurately assess the health needs of older persons (21).

The literature review supports the claim that geriatric and gerontological education across the world is insufficient to meet the needs of an ageing global population. The inclusion and enhancement of geriatric and gerontology curricula at an undergraduate and postgraduate level is paramount to the growth of competent health and social professionals.

Summary of Consultative Meetings

Meetings were held with heads of departments and course conveners of various health science and social science departments. The following departments agreed to meet: Medicine at the University of Cape Town (UCT), Physiotherapy at Stellenbosch University (SU), Social Work (SU) and Nursing at Cape Peninsula University of Technology (CPUT), University of the Western Cape (UWC) and UCT.

Psychology (UCT) Occupational Therapy (UCT) gave an email response and information was obtained from departmental websites for Occupational Therapy (SU) and Speech and Language Pathology (UCT). The purpose of consultation was to create discussion about the teaching of geriatrics and gerontology in the various departments.

The director of the Albertina and Walter Sisulu Institute for Ageing in Africa (IAA) at the University of Cape Town, Prof Sebastiana Kalula, highlighted the following issues in the field of geriatric medicine and gerontology. These issues are, amongst others; longstanding stereotypes of ageism among medical professionals, e.g. the perception that older persons do not need specialist services; poor support from

national Department of Health and the Department of Social Development (DSD) to promote funding for research and job opportunities; geriatric medicine is overshadowed by other disciplines in the medical fraternity resulting in minimal geriatric education to medical students.

The amount of geriatric education medical students receive at an undergraduate and postgraduate level remains insufficient compared to other specialties in medicine. For example, third-year medical students have a three-week block in geriatrics which is shared with psychiatry. During this period, students are introduced to the pathophysiology of specific geriatric syndromes on which they focus their learning for group presentations. Given the amount of teaching time, third year students have minimal geriatric education to ensure that they have an adequate understanding and appreciation of working with older persons. In the subsequent fourth, fifth, and sixth years of training medical students will receive a further two lectures during the fourth year. Consequently, medical professionals are receiving insufficient teaching and training in geriatric healthcare. The insufficient teaching of geriatrics to medical students in Cape Town is similar to global trends (7,18). In addition, Occupational Therapy (OT) curriculum at the University of Cape Town do not have a specific module on elderly care. Components related to older persons tend to be integrated within cases and topics in each course. Second year OT students receive a total of three lectures from the Division of Geriatric Medicine at UCT. According to Prof Kalula, the Division must choose the most relevant content to teach in three lectures to the rehabilitation science students.

Staff members from UCT and CPUT nursing reported that geriatrics and gerontology is not presented as a separate module but is imbedded in the undergraduate curriculum. The nursing division at UCT only focuses on postgraduate nursing diplomas training clinical nurse specialists in which does not include gerontology. The University of the Western Cape (UWC) and Cape Peninsula University of Technology (CPUT) both offer undergraduate and postgraduate qualifications in nursing. Despite the limited focus on gerontology, a few MA and PhD students are conducting research on older persons at UWC. The research projects explore issues around isolation among older persons, clinical instruments to assess older persons, and the perceived attitudes of undergraduate nursing students towards working with older

persons. These projects stem from personal interest and staff who encourage students to explore the field of older persons in health. The absence of training for nurses is a global challenge. The nursing qualifications offered at CPUT incorporates elements of gerontology as part of community nursing. Nursing students are placed in residential care facilities during 1st year to acquire skills in basic care provision. Students are exposed to various ageing syndromes in their 2nd year of the respective qualifications. The training received by nursing students, however, does not constitute a distinct module in gerontology. Furthermore, the South African Nursing Council Association (SANCA) is undergoing curriculum restructuring that will conclude in 2019. It is not yet known whether gerontology will receive more focus in the new curriculum. The difficulty of geriatrics and gerontology training in nursing is an international problem, for example, the National Gerontological Nursing Association (NGNA) (23) in the United States wrote a position paper in 2012 expressing the need to train nurses in gerontology, as nurses will likely contribute to the care of older persons at some point of their careers. Nurses must be prepared for the critical role that they play in caring for older adults who are the major recipients of nursing care across widely varied health delivery settings.

In my discussion with senior staff in physiotherapy at Stellenbosch University, staff members reported that their curriculum is based on a life-span approach. The aim of the curriculum is not to cluster the material, but to focus on relevant areas from birth to older age. Physiotherapists focus on promotion, prevention, treatment or intervention and rehabilitation, across many areas, including geriatrics. For example, students participate in community outreach programmes and complete community service at residential care facilities, giving students adequate exposure to working with older persons. Physiotherapy students receive a fair amount of theoretical and practical engagement with the older population. The aspects related to older persons are embedded in the curriculum, but not absent, and this creates an essential element of exposure during undergraduate training.

In 2013, the Social Work department at Stellenbosch University started to include a limited amount of teaching on older persons. According to the undergraduate module coordinator, Social Work does not have a set module on gerontology, but 3 out of the 16 theoretical courses in undergraduate teaching

include aspects of gerontology. Undergraduate students receive practical exposure through placement at residential care facilities during the first year of training. In second and third year, over 90 percent of students are placed in residential care facilities to gain practical training. Students have also reported a general reluctance or “nervousness” about working with older persons, but eventually find the work fulfilling. The bulk of the work students do with older persons is case work, facilitation of small groups and provision of counselling to older persons. Final year students have a specific focus on health care covering all relevant issues, for example, HIV and AIDS and child and maternal health. Similar to physiotherapy students, social work students also end up working with older persons in the community, hospitals, and residential care facilities.

Recommendation - A call to action

The paper highlights the lack of geriatric and gerontology education health and social science students receive in the Cape Town area. The increase in population age in South Africa is not paralleled by increased teaching and training of health and social professionals to appreciate and competently work with older persons. Fundamentally, the teaching of geriatrics and gerontology to students in health sciences and social sciences is *insufficient*.

The need to improve the state of geriatric health curricula and to equip health and social professionals to meet the needs of older persons in the Western Cape and broader South Africa is imperative to all citizens. The African Union and World Health Organization (WHO) with the support of the International Association of Gerontology and Geriatrics, recommend that all health and social professionals must be familiar with old age care irrespective of the specialty. Determined efforts are required to initiate change at provincial, educational, and national level to attract the attention of the public and national government.

The following suggestions are to be considered:

- Engagement with the National Department of Health and Department of Social Development to recognize and drive initiatives regarding geriatric and gerontology education and training.
- Engage with heads of departments at training institutions to facilitate discussion about institutional challenges and successes.

- Initiate public discussions about the state of teaching geriatric and gerontology curricula in South Africa.
- Dissemination of the report to all relevant institutions of education and training in South Africa.
- Discuss possible collaboration with stakeholders regarding future research on geriatric and gerontology education.

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