

COMMENTARY

Quality control and geriatric medicine in the European Union

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The responsibility and one of the main goals of specialist medical associations is to guarantee the services of the members of that speciality to patients and health care purchasers. Standardised training programmes and quality control of patients' services contribute to good health care. We will define quality control and the contribution that organisations can make to the process of quality control in geriatric medicine in the European Union (EU).

The age group >65 years

Eurostat [1] has presented data on the percentage of the population aged 65 years and older between 1995 and 2050. For most countries the percentage of persons older than 65 years of age will be above 25% in 2050. In Italy and Spain the population will grow from 15.3% and 16.5%, respectively, in 1995 to 31.5% in 2050. The smallest change is expected for The Netherlands where the proportion is expected to go from 13.3% to 21.7%. All national governments of the EU member countries are autonomous for all aspects of health care, including the structure, type and quality of services, education and quality control. There have been increasing efforts to harmonise both services and training facilities across the EU, and diplomas obtained in one country are accepted by all other member countries. However, a geriatrician trained in Italy follows a 4-year training programme without a specific period of training in internal medicine, while in France, 2 years of training in geriatric medicine has to be undergone after completing 5 years of training in internal medicine. Both physicians have the same position as a recognised medical specialist in geriatric medicine in the EU [2]. To guarantee the quality of services to patients, quality control is essential.

Quality control

In industry, 'quality control is a system for checking and measuring the quality of materials used and of the finished products of a manufacturing organization, so that comparisons can be made with fixed standards and action can be taken to correct any movement away from those standards' [3]. This approach is as valid for health care as it is for

profit-related business activities. The materials used are principally the skills of physicians, nurses and therapists, and the finished products are patients' services. The standards needed for quality control in medicine have to be developed by medical organisations in close cooperation with patients and health care purchasers. Quality control initially focuses on the training provided for both teachers and professionals. After finishing professional training the focus switches to continuing professional development (CPD) and patients' services. Four organisations contribute to quality control for physicians in geriatric medicine in the EU: the European Region of the International Association of Gerontology (ER-IAG); the Geriatric Medicine Section of the European Union of Medical Specialists (GMS-EUMS); the European Union Geriatric Medicine Society (EUGMS); and the European Academy for Medicine of Ageing (EAMA). For nurses, a European Nursing Academy for Care for Older people (ENACO) has recently been set up.

The ER-IAG

The IAG was founded in 1950 and has five regional divisions, Europe being one of them. The objectives of the IAG are: to promote gerontological research in biological, medical, behavioural and social policy, and practice fields; to promote the training of highly qualified personnel in the field of ageing; to promote the interests of gerontological organisations internationally [4]. The IAG congresses provide an excellent forum for the exchange of scientific knowledge between social, behavioural, biological and medical sciences. The programme usually includes main topics of geriatric medicine and contributes to CPD programmes for physicians and nurses.

The GMS-EUMS

The purpose of the EUMS is the harmonisation and improvement of the quality of medical specialist practice across the EU [5]. Education is a key element [6, 7]. The EUMS was founded in 1958 and operates between the national and European medical specialists' organisations

and the structures of the EU. Medical specialties that have been recognised by at least eight EU member states can be accepted as a section by the EUMS. The GMS-EUMS was created in 1997 [8]. The sections are composed of representatives of the national organisation of medical specialists. Specific areas of interest for the GMS-EUMS are the development of standards for specialist training [9], undergraduate training and geriatric services, and the development of guidelines for inspection visits. Practical quality control will be achieved by visiting institutions and participating in the accreditation system for CPD. For national and international courses and conferences, accreditation can be obtained via the European Accreditation Council for Continuing Medical Education, EACCME [10]. With the free movement of specialists across the EU member states, a European examination might be attractive to candidates.

The EUGMS

The EUGMS was founded in 2001 [11]. The members are the national geriatric medicine societies. The main goals of the EUGMS are: the promotion of education, training and CPD; to promote geriatric medicine to the European Commission and Parliament in conjunction with the GMS-EUMS; and to develop evidence-based guidelines for preventive and treatment strategies. Its contribution to quality control will be to organise congresses, develop clinical

guidelines, establish special interest groups and launch an EUGMS journal.

The EAMA

In 1992 a group of professors of medical gerontology set up the EAMA. Its mission is to train current and future teachers in geriatric medicine to a high level. This includes: the syllabus, methods of education and training, and methods of organizing programmes for education and training. The EAMA fulfils a special function in the process of quality control by 'teaching the teacher' to a high level of competence. A 4-week course spread over 2 years is organised. The courses have a high quality as judged by the participants [13].

The ENACO

A group of geriatric nurse specialists launched ENACO in 2002 [14]. The goals and strategies until 2009 are: providing up-to-date education and training in gerontology nursing; developing a core curriculum and building a European network of gerontological nursing expertise. This is the first European organisation for nurses in geriatric medicine and care of older people, and is an important step forward in the process of quality control. All of the physician organisations have the opportunity to support good nursing

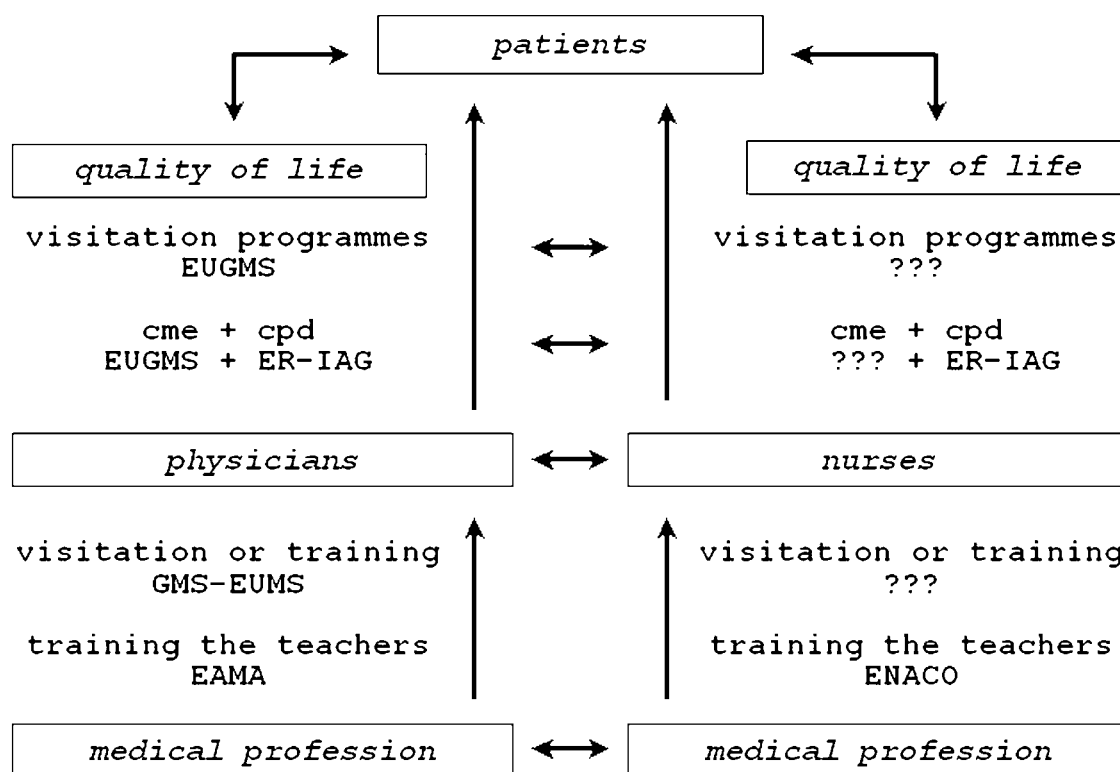


Figure 1. Contribution of European Union geriatric medicine organizations to continuing medical education and continuing professional development for physicians and nurses. EUGMS = European Union Geriatric Medicine Society; ER-IAG = European Region of the International Association of Gerontology; GMS-EUMS = Geriatric Medicine Section of the European Union of Medical Specialists; EAMA = European Academy for Medicine of Ageing; ENACO = European Nursing Academy for Care for Older people.

practice in the EU through joint meetings and assisting in CPD programmes.

Discussion

Quality control is a system that has to be created and designed by interested people or organisations. For geriatric medicine in the EU, five institutions now contribute to this process. Clear agreements regarding the function and position of each of these organisations have not yet been reached, but discussions are ongoing and no serious obstacles are foreseen. The organisations are on good speaking terms. Some overlap does not cause problems and mutual support can be given. In this paper we focused on the need for quality control and which organisations can contribute in this process. It is difficult to give here detailed instructions how to conceptualise quality control for the different aspects such as education, training and services to the patients. The contributing organisations have to develop these specifications and make them transparent to those who experience the profits and the services.

A proposed informal system of quality control for geriatric medicine in the EU is shown in Figure 1. The EAMA has a great impact on the quality of teaching and training, but does not itself evaluate the quality of teaching at the universities. Specific knowledge about training, education and evaluation methods make the GMS-EUMS (or possibly the EUGMS) a good candidate for this task. Regarding specialist training, the GMS-EUMS has an accepted position, recognised by national societies of the speciality and governments. Training guidelines have been published [15] and a visiting programme is being developed. ENACO has taken the first steps to develop nurses' education and training but it still has a long way to go. The congresses and courses provided by ER-IAG and EUGMS offer an opportunity for CPD. A system for self-assessment of knowledge is recommended. A standard for common and basic services in the EU is needed. Organising visits to the increasing number of departments in non-training institutes will be a problem. A combined visit by a national committee with an additional representative from an EU organisation might be the most practical solution. Today the EUGMS is the best candidate for this quality control activity. In the current situation, none of the organizations has the ultimate responsibility for quality control – it has still to be developed by mutual agreement.

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