



Malaysia will be an ageing population by 2020 whereby 7.2% (2.2 million) of its population will be over 65 years of age¹. From an unpublished survey in 2015, there were only two out of twenty public and private medical schools with a structured curriculum for geriatrics medicine integrated in their undergraduate medical programme (Lim and Tan, personal communications). The dearth of undergraduate geriatric education in Malaysia can be further portrayed in the Teaching Geriatrics in Medical Education II Study conducted between March 2005 to August 2007 by the World Health Organization which showed none of the Malaysian public medical school participated and only one private medical school with general medical curriculum provided the data². There is a dire need to have a structured national curriculum to train Malaysian medical undergraduates to ensure provision of same access to healthcare focused on older adults and be in-line with the Malaysia Sustainable Development Goal 3 (Good Health and Well-Being).

As doctors who will be potentially manning the front lines of the national health care service, a firm grasp of the unique issues that are faced by the Malaysian elderly is essential as we are already seeing a rise in the number of older people admitted to local hospitals³. Malaysian elderly have complicated healthcare needs requiring comprehensive care⁴. Therefore, health professionals must be equipped with the skills to manage them and the health system must be improved to cater for their needs^{4,5}.

As Malaysia has increased its life expectancy by 20 years over the last six decades, from 54.3 years in 1957 to 74.8 years in 2017⁶, it definitely requires an evolution in the content of the medical curriculum that is being taught and delivered in local medical schools including emphasis on structured learning of medicine for the older person⁷. The development and implementation of this curriculum is timely and in-line with Malaysian government's agenda such as the Malaysian National Health Policy for Older Persons (2008) goal to achieve optimal health for older persons through integrated and comprehensive health and health related services, the Malaysian Sustainable Development Goal based on United Nations indicators: Goal 3 (Good Health and Well-Being) and 4 (Quality and Life-Long Education) as well as promoting positive ageing and well-being for all as outlined in the 11th Malaysia Plan⁹.

Moreover, the Malaysia Director-General of Health has been actively involved in the world-wide movement for quality assurance programmes for medical education by the World Federation for Medical Education (WFME). Care for the Elderly has been incorporated in the Guidelines for Accreditation of the Malaysian Undergraduate Medical Programme adopted by the Malaysian Medical Council 2015⁸.

The teaching of medicine for the elderly differs from the teaching of general internal medicine. Among the reasons that geriatric knowledge is unique include the understanding of the physiological changes that occur with age is important to explain disease presentation in the elderly, occurrence of falls and cognitive issues in the elderly which can lead to significant morbidity and mortality compared to younger subset of patients, psychological factors such as depression that contribute to illness in the elderly and how it affects the course of disease and response to treatment, a multi-disciplinary approach is required to ensure successful treatment and rehabilitation of older patients, the challenge in obtaining a good and thorough 'geriatric history' and physical examination from an older patient and last but not least, legal and ethical responsibilities with regards to the elderly including issues such as elder abuse, elder neglect and end of life decision making.

The development of a structured curriculum that is uniquely Malaysian is essential as there many differences regarding health and the elderly at this point of time compared to other nations even at a regional level. These differences include the structure of the Malaysian health care system, mode of health care delivery, diverse multi-racial population with their own belief and perceptions regarding ageing and health and differences in the availability of resources and support system to address issues pertaining to the ageing citizen locally

Moving forward, a survey on the teaching of geriatrics in the undergraduate curriculum based on the studies done in Netherlands¹⁰ and the United Kingdom⁷ are now being sent to 33 medical schools in Malaysia. Malaysian Society of Geriatric Medicine (MSGM) identified core competencies upon graduation in the care of elderly which were adapted based on recommendations from the American Geriatric Society¹¹ and the British Geriatric Society¹². Development of this curriculum is based on literature review on the process of Undergraduate Geriatric Curriculum development in the United Kingdom¹² and Europe¹³. Based on the national survey on undergraduate geriatric curriculum in the United Kingdom, it is shown that a national curriculum is needed to ensure standardization and future research can be easily carried out to ensure quality of teaching and learning¹⁴. The learning objectives of the MSGM curriculum were mapped to those aspects of Malaysian Accreditation Guideline for Undergraduate Medical Programme 2015 document deemed relevant to teaching about older people and geriatric medicine⁸. The curriculum has been refined using a modified Delphi process involving 15 experts in geriatric medicine from Malaysia, Australia and United kingdom with diverse backgrounds namely academicians, clinicians from private and government sectors.

In conclusion , we have successfully developed a Malaysian undergraduate curriculum for geriatric medicine which is aligned with the Malaysian Accreditation Guideline for Undergraduate Medical Programme 2015. The curriculum will now be circulated among the 33 medical colleges in Malaysia to determine the current level of delivery and to identify potential barriers to delivery. MSGM will work hand-in-hand with the medical schools should they need assistance in the implementation of the curriculum.



References

1. Population Projection(Revised), Malaysia, 2010-2040. Department of Statistics Malaysia Official Portal. https://www.dosm.gov.my/v1/index.php?r=column/cthemByCat&cat=118&bul_id=Y3kwU2tSNVFDOWp1YmtZYnhUeVBEdz09&menu_id=L0pheU43NWJwRWVVSZkIWdzQ4TlhUUT09.
2. WHO | Teaching geriatrics in the medical education II. WHO. 2015. http://www.who.int/ageing/publications/geriatrics_survey/en/.
3. Amin M, Mokhtar M, Pin TM, et al. Utilization of the emergency department by older residents in Kuala Lumpur, Malaysia.
4. Ambigga KS, Ramli AS, Suthahar A, Tauhid N, Clearihan L, Browning C. Bridging the gap in ageing: Translating policies into practice in Malaysian Primary Care. *Asia Pac Fam Med*. 2011;10(1):2.
5. Yunus NM, Manaf NHA, Omar A, Omar MA, Salleh M. Determinants of Healthcare Utilisation among the Elderly in Malaysia. *Institutions Econ*. July 2017;115-140. <https://ijie.um.edu.my/index.php/ijie/article/view/4891>.
6. Department of Statistics Malaysia Official Portal. Abridged Life Tables, Malaysia,2015-2017. https://www.dosm.gov.my/v1/index.php?r=column/cthemByCat&cat=116&bul_id=dkdvKzZ0K1NiemEwNIJteDBSUGorQT09&menu_id=L0pheU43NWJwRWVVSZkIWdzQ4TlhUUT09.
7. Gordon AL, Blundell AG, Gladman JRF, Masud T. Are we teaching our students what they need to know about ageing? Results from the UK National Survey of Undergraduate Teaching in Ageing and Geriatric Medicine. *Age Ageing*. 2010;39(3):385-388.
8. Malaysian Medical Council. Guidelines For Accreditation of The Malaysian Undergraduate Medical Education Programme. <http://www.mmc.gov.my/index.php/accreditation-guidelines>. Published 2015.
9. Economic Planning Unit PMD. Eleventh Malaysia Plan, 2016-2020. <http://www.epu.gov.my/en/rmk/eleventh-malaysia-plan-2016-2020>.
10. Tersmette W, van Bodegom D, van Heemst D, Stott D, Westendorp R. Gerontology and geriatrics in Dutch medical education. *Neth J Med*. 71(6):331-337.
11. The Education Committee Writing Group of the American Geriatrics Society. Core Competencies for the Care of Older Patients: Recommendations of the American Geriatrics Society. *Acad Med*. 2000;75(3):252-255.
12. Forrester-Paton C, Forrester-Paton J, Gordon AL, et al. Undergraduate teaching in geriatric medicine: mapping the British Geriatrics Society undergraduate curriculum to Tomorrow's Doctors 2009. *Age Ageing*. 2014;43(3):436-439.
13. Masud T, Blundell A, Gordon AL, et al. European undergraduate curriculum in geriatric medicine developed using an international modified Delphi technique. *Age Ageing*. 2014;43(5):695-702.
14. Blundell A, Gordon A, Gladman J, Masud T. Undergraduate Teaching in Geriatric Medicine: The Role of National Curricula. *Gerontol Geriatr Educ*. 2009;30(1):75-88.



Accompanied by president of Malaysia Society of Geriatrics Malaysia Philip Poi (fourth from left) and organising chairman of the World Congress on Falls and Postural Stability Prof Tan Maw Pin (third from right) , Health Minister Dzulkefly Ahmad hit the gong to officially declare the world congress open.

The 1st World Congress of Falls and Postural Stability (WCFPS) saw more than 300 local and foreign participants comprising researchers, clinicians, healthcare professionals and service providers in the disciplines of falls, balance, exercise and fractures met at the KL Convention Centre from 4-6 December, last year.

The congress was opened by Health Minister Dzulkefly Ahmad, who said more needs to be done to prevent falls among the elderly, the second leading cause of accidental or unintentional injury deaths worldwide.

The minister reckoned that there is urgency in fall prevention efforts.

Professor Philip Poi Jun Hua, president of Malaysia Society of Geriatrics Malaysia (MSGM) said the first World Congress should address and highlight the important issues raised by research which offer young researchers an excellent opportunity to hear, meet and collaborate with the current leaders of the field.

The recognition of Asia being the biggest and fastest growing aging demographic has made the World Congress of Falls and Postural Stability set in Kuala Lumpur as strategically relevant and timely, he said.

“We hope that by bringing together all interested parties on the areas of fall prevention and the maintenance of postural stability, we are able to accelerate efforts world-wide to address these important areas which affect the independence and well-being of our older population,” said Prof Tan Maw Pin, the organising chair of the congress.

This Congress brings together not just healthcare professionals and research sciences, but the term “inclusive” to a new level by involving individuals in from business, policy-making, engineering, architecture, quantity surveyors, town-planning, computer science and the list goes on.

“With the accumulation of world-renowned experts on our soil, we hope to obtain the limelight that is required for regional governments to truly take notice of falls prevention as well as other issues associated with population ageing,” she said.

WCFPS 2019 concluded with positive feedback from participants.



Organising chairperson of the 1st World Congress on Falls and Postural Stability Prof Tan Maw Pin delivers her speech at the congress.



Participants in one of the sessions of the 1st World Congress on Falls and Postural Stability held at the Kuala Lumpur Convention Centre from 4-6 December 2019.



Participants in one of the sessions of the 1st World Congress on Falls and Postural Stability held at the Kuala Lumpur Convention Centre from 4-6 December 2019.



A group photo with Health Minister Dzulkefly Ahmad who launched the 1st World Congress on Falls and Postural Stability held at the Kuala Lumpur Convention Centre from 4-6 December 2019.