

GPs and geriatricians have discrete and complementary roles in the delivery of care for older people with frailty

(Reply to Yonder: frailty, gestational diabetes, shared cancer care, and Positive Health)

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With great interest we saw our research featuring in recent Yonder [1]. We conducted a qualitative study to explore the training needs of primary health care (PHC) professionals in Greece in identifying and managing frailty [2]. Our purpose was to define elements of a training programme in frailty for GPs and other PHC professionals, rather than to develop a frailty service. We delivered a short training course for PHC professionals aiming to increase awareness of frailty in a country where geriatric medicine (GM) does not exist as a specialty and training opportunities regarding the needs of older people are scarce [3]. We conducted this research from a primary care perspective, and aimed to convey messages directly originating from the responses of study participants.

Although this was not listed as one of the research findings, we agree that the development of a GM training pathway is essential to the delivery of care for older people. The role of geriatricians is unique and cannot be fulfilled by GPs or other specialists, as it requires dedicated specialist training and years of focussed clinical experience [4]. Not only do we recognise the urgent need to have qualified geriatricians in countries such as Greece, but also amongst the group of authors of aforementioned papers there are people who are actively working with the European Geriatric Medicine Society (EuGMS) towards this direction. The Working Group on the Development of Geriatric Medicine in Greece pursue the recognition of GM qualifications of Greek doctors who have trained abroad, the development of services for older people involving allied health professionals to form multidisciplinary teams, and the introduction of a GM training pathway for medical doctors in Greece.

However, when the above aims are fulfilled, the role of GPs and primary care teams will still remain critical. Even in countries with fully established GM there are not enough geriatricians to meet the demand. GPs hold a pivotal role, having a longitudinal interaction with patients allowing them to deliver person-centred, holistic care. Equally important is

having the infrastructure to signpost to the appropriate services, including referral to a geriatrician when indicated.

References

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