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EXECUTIVE SUMMARY

Background:

The ADVANTAGE “Managing Frailty” Joint Action aims to build a shared understanding among policy makers and stakeholders in order to develop a common European approach to the prevention and management of frailty. Task 8.1 (WP8), aims to gather evidence in the field of education/training for health professionals to promote and support prevention of frailty across the European member states. This evidence shall build the ground to develop work force capacity across European member states for the frailty prevention approach (FPA).

Methods:

To address the aim of this report, different methods were used. 1. A systematic review was conducted to identify scientific papers regarding efficacy, effectiveness and sustainability of educational/training programs teaching prevention and management of frailty. 2. A review of evidence arising from EU funded projects and best practice models described in grey literature for educational programmes on frailty prevention were searched within partners of this Joint Action and via web search. 3. Literature was screened in order to identify entrustable professional activities (EPAs) describing tasks for health professionals in the frailty prevention approach.

Recommendations for AVANTAGE:

We were not able to identify evidence on efficacy, effectiveness or sustainability of training programs for any profession involved in the prevention of frailty, neither from scientific literature nor from European Union (EU) funded projects.

We identified 11 EPAs for geriatricians and 3 for physicians describing tasks in the field of frailty prevention. No EPAs for other disciplines could be identified.

We recommend further structured funding of innovation and research for education and training of health care work force involved in the ageing process of European citizens.

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ACRONYMS

ALMA = Latin American Older Adult Medicine program.

EAMA = European Academy of Medicine of Ageing.

EPA = Entrusted Professional Activities.

EU = European Union.

EUGMS = European Geriatric Medicine Society.

FPA = Frailty Prevention Approach.

IAGG = International Association of Geriatrics and Gerontology.

JA = Joint Action.

MS = Member State.

MUG = Medizinische Universität Graz.

NHS = National Health Service.

SIG = Special Interest Group.

WHO = World Health Organization.

WP = Work Package.

WP8 = Work Package 8.

INTRODUCTION

Within its report on ageing, published in 2015, the World Health Organization (WHO) underpins the need for radical changes in education, organisation, and delivery of health care to face the ongoing demographic shifts. In 2013, recommendations of WHO- aligned with the vision of the WHO Ageing Report- on how to reshape health workforce development have been published. According to these recommendations and those from the British Geriatrics Society (2014) and NHS England (2014), all professionals involved into the care pathway of an ageing society should be well trained in prevention and treatment of geriatric conditions and preservation of individual functional capacity. This approach needs support of professional expertise of a cadre of care providers. Introduction of new workforce and extension of the roles of existing professionals to deliver the prevention and care needed for this approach is mandatory. Working in multidisciplinary teams and putting older people in the focus of individualized care pathways requires competencies which are not usually acquired by all care professionals during their undergraduate training. Nurses or other health workers can play an important role by using their skills to complement physicians in key tasks such as assessment, treatment management, self-management support, and follow-up care. New health workers may need to be trained, including designated care coordinators to oversee comprehensive and multidisciplinary care plans.

One way to capture competences and professional roles is the development of Entrusted Professional Activities (EPAs). EPAs are defined as units of professional practice, defined as tasks or responsibilities to be entrusted to the unsupervised execution by a trainee or professional once he or she has attained sufficient specific competence. EPAs differ to competences in three major points: 1. EPAs are a possibility to translate competencies into clinical practice. 2. Competencies are descriptors of health professionals, EPAs are descriptors of work and workflows. 3. EPAs usually require multiple competencies in an integrative, holistic nature. Given the nature of EPAs the prevention of geriatric syndromes also includes the Frailty Prevention Approach (FPA) in daily clinical practice.

In its recommendations WHO also clearly outlines the need for a “critical mass of specialist geriatric expertise or the availability of geriatricians” to see and treat complex cases and to develop the curricula and teaching needed to cover this vision. The WHO guidelines on transforming health professional education provide key recommendations for education reform. Dynamic and competency-based curricula and inter -as well as multi- professional education settled in vibrant and sustainable education institutions and providing supportive learning environment are key for supporting the FPA approach. According to this recommendation training should be expanded from academic centres into primary care settings and communities. Political commitment to facilitate reforms and scaling-up strategies

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of education and training of health care workforce at national, regional and local level is key to such developments.

Scientific societies, such as the European Geriatric Medicine Society (EUGMS) and the International Association of Geriatrics and Gerontology (IAGG) have long been taking account of these needs. EUGMS has established a Special Interest Group on Education and Training (SIG). Experts and stakeholders in this group work on roadmaps and frameworks facing the WHO recommendations. Within the European Academy of Medicine of Ageing (EAMA), an academy partnering with these initiatives, geriatricians are equipped with competences to guide this transformation and scaling-up process of health work force development in Europe. Similar strategies are followed in South America within the Latin American Older Adult Medicine program (ALMA). Noteworthy, that all these initiatives are driven by geriatricians.

These facts have implications for those stakeholders who design the programs of education and research, but also for professionals and for patients and their caregivers.

Therefore, the following aims were addressed by this state of the art report:

- a. Establish the evidence for educational programmes for professionals involved in the prevention and management of frailty across the European member states (MSs).
- b. Outline the current evidence of the impact of educational programs on the development of competent health care work force for the FPA.
- c. Build a list of EPAs for health professionals involved in the FPA.
- d. Develop a roadmap on how educational programs for training of health workforce in European Union (EU) MSs shall be designed.

METHODS

Peer-reviewed literature:

To identify evidence for educational programmes for health allied professionals and professional workers involved in the prevention and management of frailty, a systematic literature search was performed selecting studies that had been published in English or any other language of the work package (WP) partners.

The databases PubMed/Medline, CINAHL, Cochrane CENTRAL, Up to date and EMBASE were screened for articles published in the last 10 years. The search algorithm was: (frailty OR frail*) AND (education OR curriculum OR learning OR competence OR training) AND ("health worker" OR Health-allied OR workforce OR professional OR physician OR worker). Further, a manual search of the reference lists of the selected papers was performed to identify additional relevant articles. Papers were evaluated by two reviewers and conflicts were resolved by discussion with a third reviewer.

Grey literature:

A search was conducted on greylit.org and Google Scholar to a page depth of 12, using the keywords frailty and education.

In order to identify EU-funded projects in the field of frailty prevention and education, a search using the keywords indicators Frailty and Education/Training, Frailty and Healthcare Professionals, and Frailty and Workforce was conducted on the following databases: CORDIS (cordis.europe.eu; 97pages), CHAFEA (61 records), EIT Health (11 projects in 2017, 15 projects in 2016) and European Innovation Partnership on Active and Healthy Ageing (EIP-AHA). Further, a list with EU projects provided to the “JA ADVANTAGE” Consortium by the DG Santé was screened.

Good practices and grey literature were retrieved within the partners of the consortium through an opportunistic search. In order to evaluate these programmes, a template following recommendations for “Best Practices Evaluation” in Europe (European Commission) was adapted.

Entrustable professional activities (EPAs):

We screened the databases PubMed/Medline, CINAHL, Cochrane CENTRAL, and EMBASE to identify EPA`s for health professionals involved in the FPA. The following keywords were used: entrustable, professional and activity. Only studies reporting on EPAs developed for health professionals were included. All EPA`s out of included studies were screened by researchers having special knowledge in medical education and frailty, aiming to develop a list of EPAs especially for health professionals in the field of frailty prevention and frailty management. Conflicts and disagreements were resolved by discussion.

Alignment of data retrieved with current recommendations of WHO and activities from international scientific societies and academies:

To detect international recommendations on designing education/training programmes for health professionals working with frail elderly, we screened papers and reports developed by WHO. Only recommendations with strong recommendation are displayed. Further, programmes from international scientific societies and academies (EUGMS, IAGG, EAMA, ALMA) were screened for evidence.

RESULTS

Results of the systematic review of the scientific literature:

As seen in Figure 1 (Annex), the comprehensive search of scientific electronic databases and literature identified no relevant publications addressing the evidence and sustainability of educational programs for frailty prevention.

EU-funded projects:

Three EU-funded projects addressing education/training of healthcare professionals involved in the prevention and management of frailty were identified (see Figure 2 in Annex). The projects target three groups of individuals: professionals, patients and caregivers. Two are on-going and one is finished. A brief description of their educational parts is presented below. Due to lack of information in the projects' webpages, a critical evaluation was not possible.

FACET (<https://waru.org.uk/cms/projects/facet/facet-mooc/>)

Leading country: UK. Time of execution: 2016-2018 (ongoing). Education is an integral pillar of the FACET activities. A free two week online course was developed for people working with older adults, including professionals working in community care, residential care, nurses, general practitioners, social care and occupational health. The aim of this course is to improve the awareness about frailty, functional ability and well-being of the elderly and provide professionals with knowledge in screening and assessing frailty. Further, participants will gain knowledge about how to prevent, reverse or slow down frailty.

SUNFRAIL (<http://www.sunfrail.eu/>)

Leading country: Italy. Time of execution: May 2015- (ongoing). The overall aim is to improve the identification, prevention and management of frailty and care of multimorbidity in community dwelling individuals (over 65) of loco-regional settings of EU countries. The educational part wants to elaborate innovative educational programmes for academic healthcare staff. The aim is to fill the gaps with standard training programmes, matching and improving them against the needs of the increasing future ageing population. SUNFRAIL is developing a multiprofessional education toolkit for health professionals involved in the prevention and management of frailty. An evaluation report is expected soon.

PERSILAA (<https://persilaa.com/>)

Leading country: The Netherlands. Time of execution: 2013-2016. The general aim of the educational part was the assessment of training needs in order to implement the novel e-

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Health services provided by PERSILAA through adoption by all involved end-users. The training provided an added value in stimulating socialization opportunities for older adults that reached beyond the scope of the project that also ignited intergenerational activities. Both participating regions (Campania in Italy and Enschede in the Netherlands) used an education tool kit – Train the Trainer-, a common methodology, which differed in the extent due to the different health and ICT gaps of the local contexts.

Good practices:

A total of 22 programmes for continuous education/training of health professionals on frailty were identified in five MSs. Twelve programmes were detected due to contacts of partners in the Joint Action (JA) consortium and another ten were gathered via web search. Eight programmes identified are running in the UK, five in France, four in Spain, two in Switzerland and one each in Ireland, Greece and Lithuania. The programs identified ranged from short online courses to specialized master programmes. The majority of the programmes (n=14) have a multidisciplinary approach, the remaining ones are monodisciplinary, e.g. for nurses, physiotherapists or general practitioners. Programs are listed in Table 1 in the Annex. It seems important to outline that France and Ireland follow a national education strategy in the field of frailty and frailty prevention. French programs outlined in Table 1 are all part of this national approach. In some countries, the concept of frailty is part of undergraduate education in health professionals (e.g. doctors, nurses, physiotherapists). Four examples are shown in Table 2 in Annex. Due to the lack of information provided, a critical evaluation of under- and postgraduate good practice models was technically not possible.

Entrustable professional activities (EPAs):

Following the search strategy 12 articles, including 169 EPAs for physicians, nurses and pharmacists were identified. After screening, 58 EPA's were signalled as essential. 14 of these 58 EPAs follow a structure recommended by ten Cate (2005, 2013) and were included (Table 3 in Annex).

Alignment of data retrieved with current recommendations of WHO and activities from international scientific societies and academies:

The WHO recommendations (2013) are grounded on low quality of evidence and weak strength of the recommendations. Only two out of eleven recommendations are presented with strong recommendation.

The first one addresses learning strategies involving simulation methods in the education of health professionals (recommendation #5). Key considerations to do so is the availability of experienced staff, space and equipment and the seamless integration in curricula to develop

priority competencies based upon older peoples' care needs. This approach may help to develop EPAs for as many as possible professionals. The EAMA trains attendees to consider, integrate and evaluate effectiveness of simulation training methods within its curriculum.

The second and strong recommendation addresses accreditation of programmes (recommendation #10). National governments should introduce accreditation of health professionals' education where it does not exist and strengthen it where it does. This must be done on standards and supported by legislation. The process should be done transparently and accreditation should be evaluated periodically.

All recommendations for an educational roadmap to support the FPA are outlined in Table 4 in the Annex. The first three recommendations are based upon the evidence gathered in task 8.1, the last two of them are also results of the work in task 8.1 but also reflected in the WHO recommendations.

Despite the fact that none of the results obtained in our search can support these recommendations on grounds of evidence of its effectiveness, they seem to serve like an umbrella to develop quality-based training programmes following the PDCA cycle (Plan-do-check-act). The existing continuous professional educational programme of EAMA is following these recommendations. It is evaluated according to Kirkpatrick's programme evaluation criteria (1967). Data were presented recently at a symposium the Annual Meeting of EUGMS (www.eugms.org) in Nice 2017. Furthermore, every single life educational event of EAMA is accredited by the European Accreditation Council for Continuing Medical Education **at least for medical doctors**.

CONCLUSION

It was the aim of this task 8.1 in WP8 to evaluate the evidence of models for education and training of professionals involved in the FPA. There are on-going EU-funded projects including educational components which will provide evidence based data and might offer potential to fill the gap in training for frailty detection and management. Another strength lies within the collection of best practice models detected in the JA ADVANTAGE MSs. Models from Spain and Ireland are promising and may be seen as hallmark for future recommendations within participants MSs.

EPAs could only be identified for geriatricians and physicians.

A strong weakness detected, however, is the scientific evidence for all the programmes listed. Literature on scientific evidence for educational programmes in frailty prevention and management is scarce. Another strong limitation is that some information on good practices and EU-funded projects is not provided in English. This is a restriction on transparency.

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This document should be considered both on its strengths and limitations. It is based on a wide search of recently published peer-reviewed and grey literature, as well as good practices from EU funded projects. However, despite intense efforts, this summary may lack information and therefore still not be comprehensive.

Main recommendations for education and training/ Framework for a future roadmap:

- Members of the JA ADVANTAGE should support the recommendations recently launched by WHO (2013) in the FPA. Core elements of a roadmap for health work development for a FPA are outlined in Table 4.
- Every education/training programme in the field of frailty prevention and management should be evaluated in a transparent way for its multidimensional efficacy and should be accredited following the criteria of European Accreditation Council for Continuing Medical Education) (http://uems.eanm.org/fileadmin/user_upload/pdf/EACCMEGuideforProviders.pdf)
- To facilitate information transfer on best practice models of education and training, all EU funded projects and national grey literature in the field should provide accessible information in English language on their platforms.
- More local, national and European projects for education/training of the workforce, covering WHO recommendations for programme development, need to be funded.
- EPAs should be developed within the FPA to outline the multidisciplinary but coordinated approach for all disciplines involved in the FPA.

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ANNEX

Figure 1: Flowchart of peer-reviewed study selection for the education task (based on PRISMA 2009 Flow Diagram)

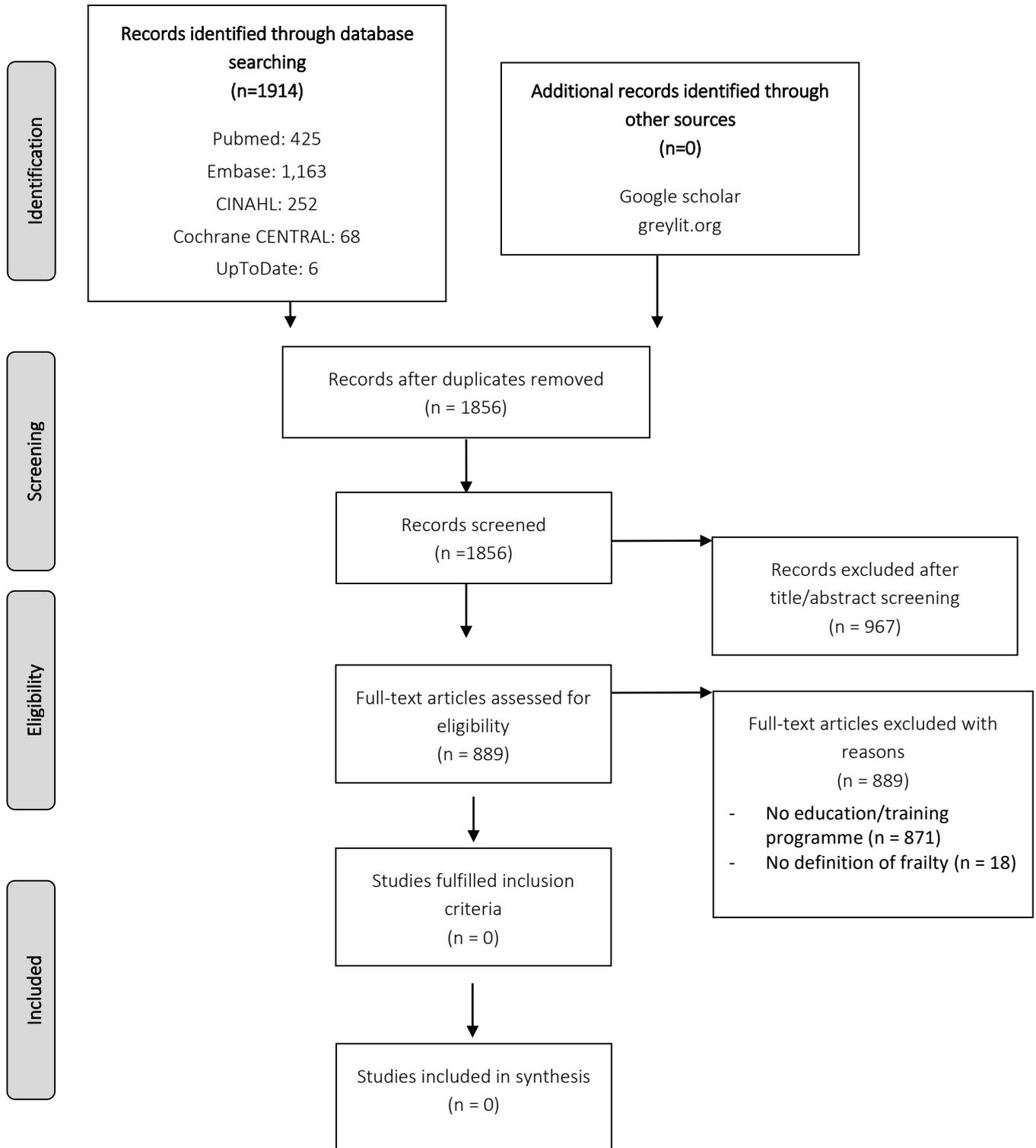
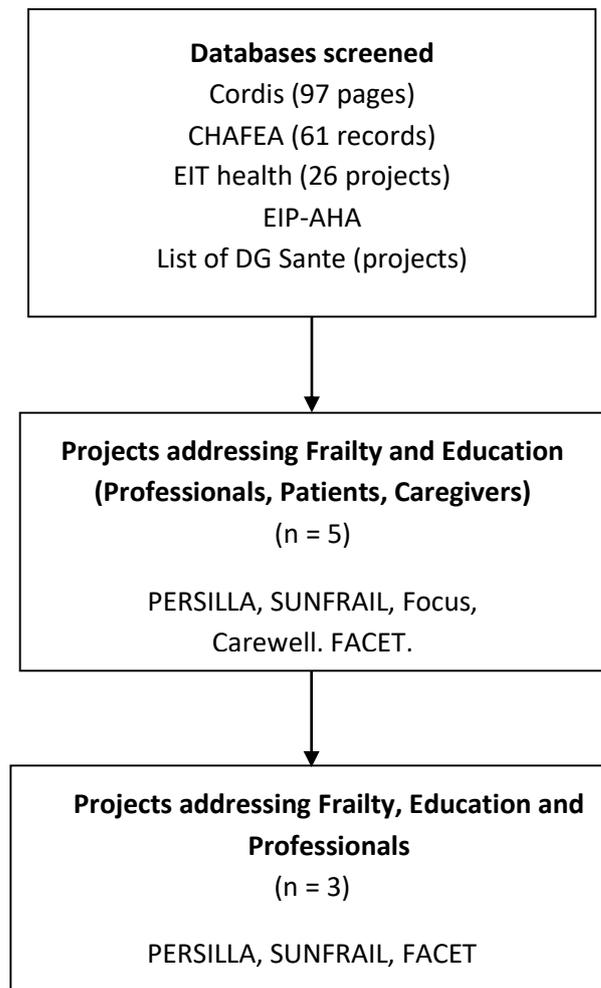


Figure 2: Flowchart of selection of EU-funded projects for the education task



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Table 1: Good Practices on Educational/Training Programmes on Frailty (continuous professional education)

Name	Country	Organisation	Disciplines	Online	Duration	Link
Education Module – Frailty	UK	NHS Camden	Healthcare Professionals	✓	No time standard	https://gps.camdenccg.nhs.uk/education-module-frailty
Frailty360 Online Learning	UK	Frailty toolkit	Healthcare Professionals	✓	No time standard	http://www.frailtytoolkit.org/frailty360/
Frailty Training Events	UK	Fusion48	Multidisciplinary teams		2 hours – 1 day	http://www.fusion48.net/frailty/frailty-training
Lecture: Frailty syndrome in the elderly therapy	Lithuania	Klaipeda University, Faculty of health science	Students in Physiotherapy and occupational therapy		2 hours	http://www.lsmuni.lt/en/structure/medical-academy-/faculty-of-nursing-/clinical-departments/department-of-rehabilitation.html
Frailty Project - Workshops	UK	Frailty Project	Healthcare Professionals		2-3 hours	http://www.frailtyproject.com/workshops
Frailty for Healthcare Professionals	UK	St. Wilfrid's Hospice	Healthcare Professionals		6 hours	https://stwh.co.uk/education/frailty-for-healthcare-professionals/
Detection and management of frailty and falls in older people	Spain	Ministry of Health	Physicians and Nurses	✓	30 hours	http://slideplayer.es/slide/10400575/

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Frailty screening in older people	France	Fmc-action	General practitioners, Geriatricians		1 day	https://www.fmcaction.org/formation.php?idf=6315
Frailty Syndrome in Elderly	Switzerland	Careum Weiterbildung	Nurses, Nursing teachers		1 day	https://www.careum-weiterbildung.ch/angebot/kurse/detail.php?id=8991
Caring for frail elder persons	Switzerland	Swiss Nursing association, Bern	Nurses		1 day	http://www.sbk-be.ch/dienstleistungen/weiterbildung/kurse/weiterbildungsangebot.html?tx_datapool_pi1%5Bdetail%5D=245&cHash=2dc85e4a975796e65fc78124d774c591
Frailty identification	France	MG Form	General practitioners		2 days	http://www.mgform.org/index.php/programme/session/liste
Frailty risks screening in community-dwelling older people	France	Anais formation	Nurses		2 days	http://www.anaisformation.com/360-31-ehpad-et-ch-formation-en-intra-accueil-soin-prevention-urgences-evaluation
Early screening and management in the elderly	France	CEVAK and INK	Physiotherapists		2 days	http://www.cevak.net/
Metabolic syndrome and frailty	Spain	The Spanish Society of Geriatric Medicine and The Spanish Society of	Residents of geriatrics and cardiology		2 days	Not available

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		Endocrinology and Nutrition				
Cardiac failure in the elderly	Spain	The Spanish Society of Geriatric Medicine and The Spanish Society of Cardiology	Residents of geriatrics and endocrinology		2 days	Not available
Postgraduate Certificate in Acute Care of the Older Person with Frailty	UK	Oxford Brookes University	Healthcare Professionals		1 year	https://www.brookes.ac.uk/courses/postgraduate/postgraduate-certificate-in-acute-care-of-the-older-person-with-frailty/
Medical Science (Frailty and Integrated Care)	UK	Keele University	Clinicians		2 years (part time)	https://www.keele.ac.uk/pgtcourses/medicallsciencEFRailtyandintegratedcare/
Postgraduate program of study entitled "Management of Aging and Chronic Diseases".	Greece	The Hellenic Open University, in partnership with the Medical Department of the University of Thessaly	Doctors, Nurses, Occupational Therapists, Speech Therapists, Social Workers, Sociologists, Health Visitors,		2 years	https://www.eap.gr/en/spoudes-sto-eap-2/2015-07-28-13-02-43/plirofories/odigos-spoudwn

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			Physiotherapists, Psychologists, Lawyers, Dentists etc.			
MSc Specialist Practice Frail Older Adults for Health and Social Care	UK	University of Lincoln	Nurses		3 years (part time)	http://www.lincoln.ac.uk/home/course/nursppms/
National Frailty Education Programme	Ireland	Health Service Executive, Royal College of Physicians of Ireland	Healthcare Professionals		Long-term Strategy	http://www.hse.ie/eng/about/Who/ONMSD/NMPDU/NMPDUGL/Frailty_conference_presentation_6.pdf
Frailty training programs	France	Training organizations registered by the national agency for health professional training	GPs, physiotherapists, nurses, geriatricians, nursery auxiliaries, occupational therapists		Part of National strategy	http://solidarites-sante.gouv.fr/
Training Program for Health Care Professionals on	Spain		Physicians		Not yet started	https://ec.europa.eu/eip/ageing/commitments-tracker/a3/training-program-health-care-professionals-

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detecting pre-frailty and recognizing the initial steps of frailty in primary care.						detecting-pre-frailty-and_en
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Table 2: Good Practices on Educational/Training Programmes on Frailty (undergraduate)

Name of the programme	Country	Organisation	Disciplines	Short description
Course of Clinical and Geriatric Medicine	Italy	University of Parma	Students in Medicine, Nursing and Physiotherapy Volunteers	Elective Teaching Activity on "Frailty Syndrome in older persons"
Degree in Medicine and Surgery - Integrated course of Clinical Medicine	Italy	University of Naples Federico II	Students in Medicine and Surgery	Definition of frailty and complexity in the elderly patient
Degree in Nursing School - Integrated course of Methodology and Assistance of elderly patient on the territory	Italy	University of Naples Federico II	Nursing Students	Definition of frailty and complexity in the elderly patient. Comprehensive Geriatric Evaluation. Geriatric Services Network
Lecture: Frailty syndrome in the elderly	Lithuania	Lithuanian University of Health Sciences	Nursing students	Part of the course "Nursing and Rehabilitation systems". The lecture focuses on frailty definition, prevalence, pathogenesis, relevance for clinical use, intervention and prevention.

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Table 3: Entrusted Professional Activities (EPAs) for Geriatricians and Physicians in Frailty

(Leipzig et al. 2014, Hauer et al. 2013)

EPA title	Discipline
Provide patient centered care that optimizes function and/or well-being	Geriatrician
Prioritize 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	Geriatrician
Assist patients and families in clarifying goals of care and making care decisions	Geriatrician
Prevent, diagnose, and manage geriatric syndromes	Geriatrician
Provide comprehensive medication review to maximize benefit and minimize number of medications and adverse events	Geriatrician
Coordinate health care and healthcare transitions for older adults with multiple chronic conditions and multiple providers	Geriatrician
Provide geriatrics consultation and co-management	Geriatrician
Skilfully facilitate a family meeting	Geriatrician
Collaborate and work effectively as a leader or member of an inter-professional healthcare team	Geriatrician
Teach the principles of geriatrics care and aging-related healthcare issues to professionals, patients, families, healthcare providers, and others in the community	Geriatrician
Collaborate and work effectively in quality improvement and other systems-based initiatives to assure patient safety and improve outcomes for older adults	Geriatrician
Inpatient “Discharge”	Physician
Family Meeting	Physician
Resident recognizes signs/symptoms of delirium and makes appropriate management recommendations	Physician

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Table 4: Core elements of a roadmap for health work force development for the Frailty Prevention Approach aligned with recommendations of WHO. The first three recommendations are based upon the evidence gathered in task 8.1, the last two of them are also results of the work in task 8.1, but also reflected in the WHO recommendations:

Core elements of a roadmap for health work force development for the FPA
<ul style="list-style-type: none"> • Design a faculty development programme addressing changing needs of older people and with a strong focus on preservation of functional capacity.
<ul style="list-style-type: none"> • Design curricula aimed at preparing health care professionals to work in a multidisciplinary, integrated and individualized care approach between different settings
<ul style="list-style-type: none"> • Health professionals' education and training institutions should consider using streamlined educational pathways, or ladder programmes, for the advancement of practising health professionals in a life-long learning approach.
<ul style="list-style-type: none"> • Health professionals' education and training institutions should consider implementing Inter-professional (IPE), multi-professional (MPE) and in-service education in both undergraduate and postgraduate programmes relevant to health care needs in all settings using simulation settings.
<ul style="list-style-type: none"> • National governments should introduce accreditation of health professionals' education where it does not exist and strengthen it where it where it does exist.