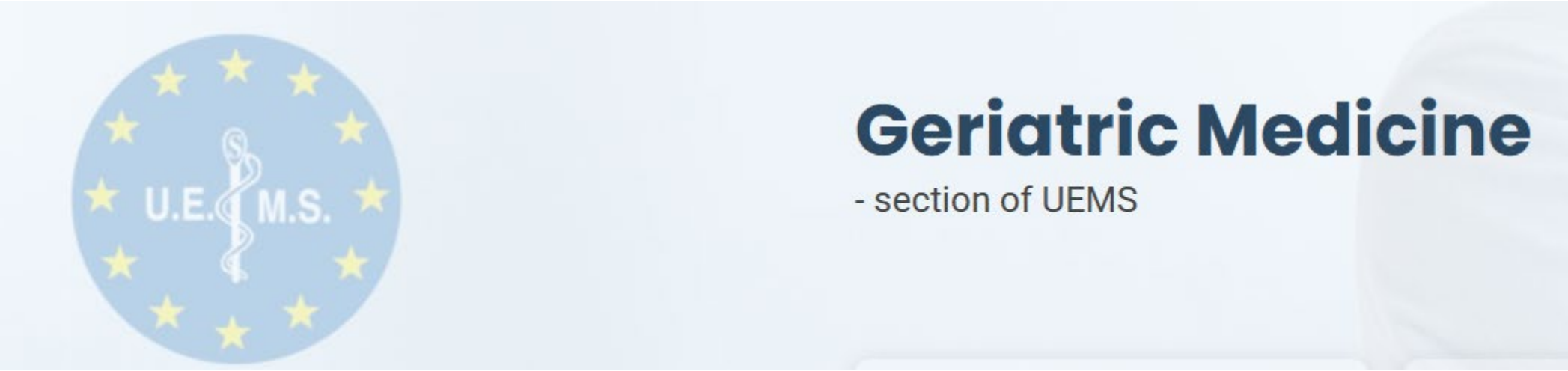
ETR for the Specialty of Geriatric Medicine – 2025 update

UEMS Autumn Council Meeting, 17-18 October 2025



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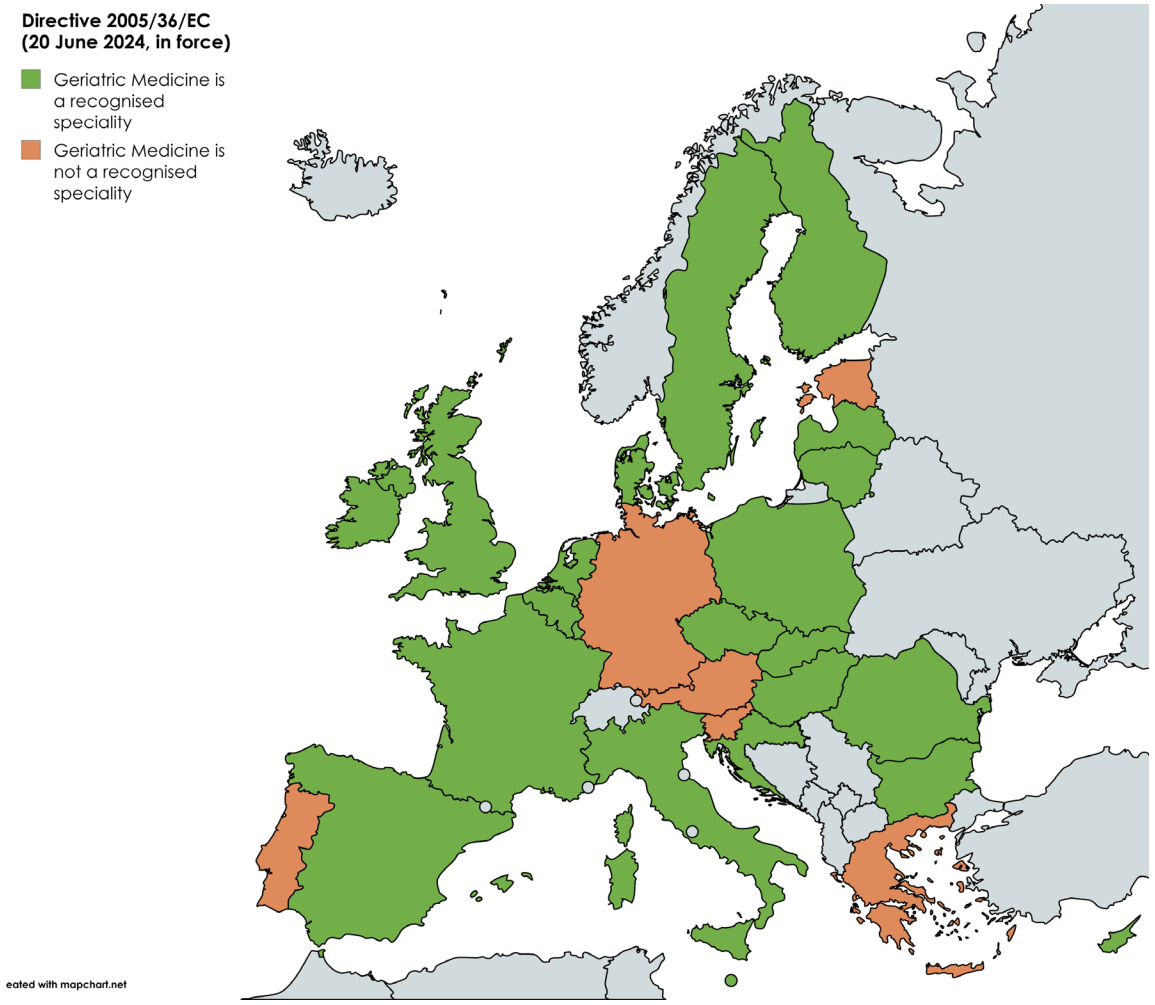
https://www.uemsgeriatricmedicine.org

Directive 2005/36/EC: Mutual recognition of specialities

http://data.europa.eu/eli/dir/2005/36/2024-06-20



Significant variation in training and recognition across Europe

Country	Geriatrics
	Minimum duration of training: 4 years
	Denomination
Belgique/België/Belgien	Gériatrie/Geriatrie
България	Гериатрична медицина
Česko	Geriatrie
Danmark	Intern medicin: geriatric
Deutschland	
Eesti	
Ελλάς	
España	Geriatría
France	Gériatrie
Hrvatska	Gerijatrija
Ireland	Geriatric medicine
Italia	Geriatria
Κύπρος	Γηριατρική
Latvija	Geriatrs
Lietuva	Geriatrija
Luxembourg	Gériatrie
Magyarország	Geriátria
Malta	Ġerjatrija
Nederland	Klinische geriatrie
Österreich	
Polska	Geriatria
Portugal	
România	Geriatrie și gerontologie
Slovenija	
Slovensko	Geriatria
Suomi/Finland	Geriatria/Geriatri
Sverige	Geriatrik
United Kingdom	Geriatric medicine

COST CA21122
PROGRAMMING

PROGRAMMING • COST ACTION CA21122

PROmoting GeRiAtric Medicine in countries where it is still eMergING

425
ACTION PARTICIPANTS

45
COUNTRIES INVOLVED

OUR AMBITION

Identify a **pragmatic set of possibilities** for continuous professional education in Geriatric Medicine (GM), that will be globally **endorsed,** to propose to **stakeholders** and **policymakers** across Europe, to facilitate or trigger **change at each national level** towards a minimum but substantial **integration of principles of Geriatric Medicine** in the attitudes and practices of practitioners and would eventually prepare the ground for **more extended changes** in countries where Geriatric Medicine is still emerging.

https://cost-programming.eu/

ETR for the Specialty of Geriatric Medicine – 2025 update

- The previous version of the ETR for the Specialty of Geriatric Medicine was approved at the UEMS Council meeting on 17 October 2020: https://www.uems.eu/european-training-requirements

- The 2025 revision of the ETR was initiated following the UEMS Geriatric Medicine Section meeting, held both in-person and online in Valencia, Spain, on **21 September 2024**.

- At that time, the **ETR Review Committee** was constituted:

ETR 2025 Review Committee	Role/Country of Representation
Román Romero Ortuño	Chair of the ETR Review Committee (Ireland)
Jūratė Macijauskienė	Section President (Lithuania)
Marianne van Iersel	Section President-Elect (Netherlands)
Maria Nuotio	Member (Finland)
Helgi Kolk	Member (Estonia)
Eva Topinková	Member (Czech Republic)
Didier Schoevaerdts	Member (Belgium)
Maria Victoria Farré Mercadé	Member (Spain)
Christophe Graf	Member (Switzerland)
Santiago Cotobal Rodeles	Member, European Junior Doctors (Spain)
Mark Anthony Vassallo	Member (Malta)
Michael Vassallo	Member (UK)
Dieter Lütje	Member (Germany)

2025 ETR in the Specialty of Geriatric Medicine: timeline

Since formation of ETR Review Committee on 21 September 2024

23 October 2024:

The ETR Review Committee held its first meeting

14 February 2025:

The ETR Review Committee completed the drafting phase

9 April 2025:

The draft document was approved by the full Geriatric Medicine Section of the UEMS

8 May 2025:

EAMA endorsement obtained

9 May 2025:

EuGMS endorsement

30 May / 15 September 2025:

IAGG / EICA endorsements

The draft document and its endorsements were submitted to UEMS on **1 June 2025**.

Following the internal review process, minor revisions were sent on 19 August.

The final version, for consideration at the Autumn Meeting of the UEMS Council, was approved by the UEMS Geriatric Medicine Section at its meeting on **27 September**.

The 2025 revision clarifies and modernises the definitions of Geriatric Medicine and the Geriatrician

Feature	2020 ETR Version	2025 ETR Revision (Novelty)
Geriatric Medicine	Focused on older people's care and the management of multimorbidity.	**Formally defined** as a specialty covering *acute, chronic, rehabilitative, preventive and end-of-life care* in older adults living with **frailty and multimorbidity**, requiring a **holistic approach**.
Geriatrician	Specialist in the care of older people, delivering Comprehensive Geriatric Assessment (CGA).	**Formally defined** as a doctor trained to assess and manage older adults' *medical, psychological and social needs*.
Core Practice (CGA)	Diagnostic process assessing medical, psychological, and functional capability.	**Defined as the geriatrician's primary expertise** — a *multi-dimensional and multi-disciplinary* process that is evidenced to improve outcomes.
Age Focus	Deals with older people, often with non-specific presentations.	States that geriatrics is **not age-defined**, but most patients are **65+**, with geriatric syndromes most common in those **80+**.

The 2025 ETR continues to embrace **inclusive, evidence-based terminology** that promotes **awareness of ageism** and encourages respectful references to "older adults" and "older people" (rather than "the elderly") in healthcare.

Principles of the 2025 Revision of the Geriatric Medicine ETR

- Based on the **European Postgraduate Curriculum (2019)**, developed using the Delphi technique, and incorporates scientific and pedagogical advances since its publication.
- Aligned with current international frameworks, such as the **WHO Decade of Healthy Ageing (2021 to 2030)**.
- Maintains the recommendation of a **minimum of 5 years** of postgraduate training, although Directive 2005/36/EC establishes a minimum duration of training of 4 years.
- Retains defined **criteria for trainers and training centres**.

Age and Ageing 2019; **48:** 291–299
doi: 10.1093/ageing/afy173
Published electronically 13 November 2018

QUALITATIVE RESEARCH

European postgraduate curriculum in geriatric medicine developed using an international modified Delphi technique

Regina Roller-Wirnsberger[1], Tahir Masud[2], Michael Vassallo[3], Martina Zöbl[1], Raphael Reiter[4], Nele Van Den Noortgate[5], Jean Petermans[6], Ignat Petrov[7], Eva Topinkova[8], Karen Andersen-Ranberg[9], Kai Saks[10], Maria Nuotio[11,12], Sylvie Bonin-Guillaume[13], Dieter Lüttje[14], Elizabeth Mestheneos[15], Bela Szekacs[16], Anna Björg Jonsdottir[17], Desmond O'Neill[18], Antonio Cherubini[19], Jurate Macijauskiene[20], Jean-Claude Leners[21], Anthony Fiorini[22], Marianne van Iersel[23], Anette Hylen Ranhoff[24], Tomasz Kostka[25], Sofia Duque[26], Gabriel Ioan Prada[27], Mladen Davidovic[28], Stefan Krajcik[29], Marko Kolsek[30], Jesus Mateos del Nozal[31], Anne W. Ekdahl[32,33], Thomas Münzer[34], Sumru Savas[35], Paul Knight[36], Adam Gordon[37], Katrin Singler[38,39]

https://doi.org/10.1093/ageing/afy173

Basic ETR Structure (2025 Revision)

* Significant new content

I. TRAINING REQUIREMENTS FOR TRAINEES

1. **Content of training and learning outcomes**

Theoretical knowledge

1. *Biology of ageing and basic science**
2. *Comprehensive geriatric assessment (CGA)*
3. *Multimorbidity and Geriatric Syndromes**
4. *Presentations of Acute and Chronic Diseases*
5. *Drug Therapy**
6. *Rehabilitation*
7. *Integrated Care and Specific Clinical Pathways**
8. *Ethical and Legal Issues*
9. *Policy and Management*
10. *Health Promotion* *
11. *Evidence-Based Geriatric Medicine**

Practical and clinical skills

Professionalism

Competency levels*

2. **Organisation of training**

Schedule of training

Logbook / Training Portfolio

Assessment, evaluation and Entrusted Professional Activities*

Assessment tools*

Assessment process

Remedial actions

End of training assessment

Governance

II. TRAINING REQUIREMENTS FOR TRAINERS

1. **Process for recognition as trainer**

Requested qualification and experience

Core competencies for trainers

2. **Quality management for trainers**

III. TRAINING REQUIREMENTS FOR TRAINING INSTITUTIONS

1. **Process for recognition as training centre**

Requirement on staff and clinical activities

Supports to trainees

Requirement on equipment, accommodation

2. **Quality management within training institutions**

Accreditation

Clinical governance

Workforce planning

Regular report

External auditing

Transparency of training programmes

Structure for coordination of training

Framework of approval – how are they approved

Key Educational Differences and Novelties (2025 Revision)

Feature	2020 ETR Version	2025 ETR Revision (Novelty)
Framework	Primarily outcome-focused curriculum. Mentions professional competence as the judicious use of knowledge and skills.	**Recommends the use of the abbreviated CanMEDS competency framework** (Professional, Communicator, Collaborator, Leader, Health Advocate, Scholar, Medical Expert).
Entrustable Professional Activities (EPA)	Lists 12 EPAs. Sets required competence levels (Level 4 for all 12, Level 5 for 8).	**Expands EPAs** and provides a non-exhaustive list of 15 specific clinical and 2 non-clinical EPAs. **CGA is identified as the core or "stem"** upon which clinical EPAs are built.
EPA Description	Does not include detailed descriptions of specific EPAs (Knowledge, Skills, Attitudes).	**Includes full, detailed descriptions of four example EPAs** (CGA, Comprehensive Medication Review, Delirium, Teaching), defining required knowledge, skills, attitudes/behaviours, and assessment indicators for each.
Competency Levels	Defines levels of competence, from "Has observed" to "Can teach others“, without detailed descriptions	Defines **5 revised levels of competence** (Level 1: Observed to Level 5: Expertly Performs Without Assistance/Teaches Others). **Level 4 (independence)** is explicitly defined as the minimum standard for completion of specialty training, while **Level 5 represents the ideal** benchmark. A clear, objective, and nationally agreed procedure is required to determine progression from Level 3 to Level 4.

What's new in the ETR 2025 (highlights)

Further development of **EPAs** as a key tool for assessing competencies.

Inclusion of knowledge on **biology of ageing**; and encouragement of **research** opportunities (e.g. out-of-programme) to strengthen both the quantity and quality of scientific evidence.

Knowledge of **evidence-based tools** for **frailty**, **falls**, **appropriate prescribing** (e.g. STOPP/START, STOPPFrail, STOPPFall), among others

Inclusion of specific **tools** to assess trainees' **communication** with patients, family members, and caregivers in real clinical settings.

Introduction of **new liaison subspecialties**, with increased emphasis on **cross-cutting use of CGA** across clinical settings.

Incorporation of new content on **integrated care** and continuity of care, including the use of shared digital platforms.

We are recommending the attainment of the **EGeMSE** as a standard of knowledge and as part of the overall certification requirements for the specialty of Geriatric Medicine in European countries.

European Geriatric Medicine Specialty Exam (EGeMSE)

The first pilot was launched on **23 April 2025**, with good participation from European countries.

The EGeMSE is an **optional knowledge-based** exam, open to doctors in training or specialists from any country. It is conducted **online** (in English) and consists of two three-hour tests, each with 100 questions. Successful candidates are awarded the title “ESE (Geriatric Medicine)”.

The examination fee is €800

The next sittings will take place on 4 February* and 21 October 2026.

In some countries, EGeMSE has already been approved by the national competent authorities as counting towards specialty certification.

***Applications open 15 October 2025 on** https://www.egemse.org/

Further Information: https://www.uemsgeriatricmedicine.org/

UEMS Geriatric Medicine Section

European Geriatric Medicine Specialty Exam - EGeMSE

WHEN 4th February, 2026
21st October, 2026

What is the EGeMSE

The EGeMSE is optional addition to national exams and training requirements offering the possibility to be recognised in geriatric medicine knowledge.

Who can take the EGeMSE

Entry requires submission of evidence of a primary medical qualification. EU or non EU specialty trainees or specialists (of any specialty) are eligible to sit the examination. Proof of English proficiency is not required.

How the EGeMSE is taken

- The EGeMSE is a two-paper theoretical knowledge test in English, delivered via an online platform using Remote Online Proctoring (it can be taken from home or a quiet office).
- Each of the two papers lasts 3 hours and consists of 100 ‘best-of-five’ questions.

Result

- All candidates who pass are entitled to use the post-nominal designation ‘ESE (Geriatric Medicine)’.
- The role of the EGeMSE in the completion of specialist training, if any, is determined by the competent authorities in each country.

How to register

https://www.egemse.org/

Payment

The fee is €800, payable by the candidates. Candidates may be able to explore partial or full funding from their national organisations.

SUPPORT Information on existing preparation materials for the exam and sample questions: https://www.egemse.org/

Co-organised by British Geriatrics Society Improving healthcare for older people

Supported by EuGMS European Geriatric Medicine Society *Fostering geriatric medicine across Europe*

ETR 2025: Comments Received (by 19 July) and Responses / minor Revisions incorporated and submitted (on 19 August)

Feedback Area	Key Revisions / Responses
Structure & Definitions	Added **glossary** and **list of abbreviations**. Clarified the distinction between **syllabus vs. curriculum**. Expanded **non-technical skills** (e.g. situational awareness, decision-making) under Professionalism. Defined **competency levels and EPAs**, and distinguished **formative vs. summative** assessments.
Imaging Skills	Added a new section under Practical & Clinical Skills defining imaging interpretation, emphasising **collaboration with radiologists**.
Diagnostic Imaging in Cognitive Disorders	Revised the dementia section to specify CT vs. MRI indications, key MRI sequences, and PET. Highlighted the **role of neuroradiologists and interdisciplinary collaboration**.
Laboratory Medicine	Added guidance on the appropriate use and limitations of laboratory and point-of-care tests, incorporating **input from laboratory medicine specialists**.
Clinical Pharmacology	Revised the EPA on medication review to include **collaboration with pharmacologists** and pharmacists.
Pain & Rehabilitation Medicine (PRM)	Strengthened expectations for **consulting PRM specialists**. Added reference to the **WHO International Classification of Functioning, Disability and Health** (ICF).

Conclusions

- The **2025 ETR revision** promotes **inclusive, contemporary, and evidence-based** terminology and content in Geriatric Medicine.
- Provides a **comprehensive, forward-looking framework** that advances harmonisation and excellence — **fit for purpose for the next five years**.
- Highlights **new opportunities for collaboration** with other specialties to optimise care for older adults across all healthcare settings.

We would like to **thank everyone** involved in the 2025 ETR revision process and **kindly request your vote of approval**. The Geriatric Medicine Section remains open to **dialogue** and is committed to fostering **collaboration** with all relevant specialties to **advance the care of older adults across Europe and beyond**.

https://www.uemsgeriatricmedicine.org