Certificate in Geriatric Medicine & Diploma in Geriatric Medicine

Curriculum

This curriculum applies to the Certificate in Geriatric Medicine (CGM) knowledge-based assessment (KBA) and the Diploma in Geriatric Medicine (DGM) clinical examination from 1 January 2027[1].

The CGM KBA is a 200 question, multiple choice (best of five) examination. It is split into four papers, each containing 50 questions and each lasting 90 minutes. The DGM clinical examination is a four-station objective structured clinical examination (OSCE).

The curriculum is designed to equip candidates to deliver person-centred, high-quality care for older people living with multiple long-term conditions, including frailty and dementia. Emphasis is placed on synthesising understanding of the manifestation and course of age-associated impairments, with knowledge of health and social care across the UK, to enable appropriate, individualised management and referral.

It supports healthcare professionals in balancing risks and benefits, applying a realistic medicine approach, and understand the specific vulnerabilities of older people in the health system, such as the risk of deconditioning from prolonged hospital stays.

A. Gerontology – The Science of Geriatric Practice

1. Epidemiology & Demography

- Age structure and trends (UK and worldwide)
- Social deprivation, health inequalities, and their impact on ageing and ill-health
- Population health approaches, including the use of the Electronic Frailty Index for proactive identification of frailty in local populations
- Global ageing, urbanisation, and climate change effects.

2. Clinical Physiology & Biochemistry

- Normal ageing processes and organ system changes
- Impact on pharmacokinetics and pharmacodynamics (including relevant guidelines for management) and tools to help in the management of polypharmacy

3. Frailty Concepts

- Definition: “older people living with frailty”
- Assessment tools, population-level identification and a life course approach to frailty
- Overlap and interaction of frailty with multiple long-term conditions
- Frailty liaison/intervention
- Health promotion:

[1] The November 2026 DGM clinical examination will be the last examination to follow the February 2025 syllabus.

- benefits of healthy ageing; including nutrition, exercise, smoking cessation and alcohol intake
- limits of prevention of disease and disability in later life
- techniques for disease prevention and maintenance of active healthy ageing in older persons
- techniques of risk reduction for relevant syndromes (e.g. stroke, falls, fragility fractures)

4. **Medico-Legal & Social Issues**
   - Capacity and safeguarding (including elder abuse and Deprivation of Liberty Safeguards)
   - Advance care planning, shared decision-making and legal frameworks
   - Social processes and social models of care
   - Social prescribing and community resources

B. Clinical Geriatric Practice – The Specialty of Geriatric Medicine

1. **Older People Living with (Multiple) Long-Term Conditions (including Frailty and Dementia)**
   - Recognition of multimorbidity as the norm, with significant overlap between long-term conditions, frailty, and dementia
   - Interactions between conditions in diagnosis, treatment, and medicines management
   - Structured approach to polypharmacy, de-prescribing, and medicines optimisation

2. **The Giants of Geriatric Practice (Frailty Syndromes)**
   - Immobility, instability (falls), incontinence and impaired cognition (delirium, dementia, depression, anxiety)
   - Iatrogenesis, sarcopenia and nutrition/malnutrition (including oral health)
   - Dementia separated from anxiety and depression

3. **Clinical Medicine of Old Age – Specialty Differences**
   - How presentations differ from younger adults in each specialty
   - Atypical presentations, rapid progression to multi-organ dysfunction, iatrogenesis as a presenting feature
   - General medicine in older people

4. **Holistic and Comprehensive Geriatric Assessment**
   - Multidimensional assessment (physical, psychological, social and functional)
   - Rehabilitation principles and multidisciplinary approaches
   - Ceilings of care, resuscitation, palliative and end of life care, advance care planning, shared decision-making and communication with patients
   - Weighing risks and benefits for older people, applying a holistic approach

5. **Communication and Administration**
   - Conversations with families, carers, and the wider multidisciplinary team
   - Accurate, comprehensive record keeping and notation
   - Community practice and holistic care
   - Applicability to all four UK nations, with emphasis on integrated care systems (ICS), virtual wards and new models in community and primary care

6. **Subspecialty Practice**
   - Perioperative Geriatric Medicine
   - Oncogeriatrics
   - Community Geriatric Medicine
   - Tissue viability

7. **Digital Health and Innovation**
   - Expanded coverage of telemedicine, remote monitoring and the role of AI in supporting decision-making

C. Additional Key Themes

1. **Cultural Competence & Health Inequalities**
   - Inclusive practice and attention to social determinants

2. **Environmental Factors**
   - Acknowledgement of climate change, urbanisation and global ageing trends