

Over the past month of studying the RCPE course I have realised how much it has changed the way I think about caring for older adults. As a physician practising in India I see older people every day but this course has given me a completely different perspective on what good geriatric care can look like.

One month into the course I have realized that Parkinson's is such a problem of such a magnitude in older people in a country like Britain!! It made me appreciate the burden of neurological disease in ageing populations and the importance of preparing our healthcare system before we face a similar situation. India may not yet be experiencing the same numbers but there is a silver deluge coming that we can already see.

I really like the concept of you telling that we have to upskill the generalist because many people if there is a hassle of traveling to reach the appropriate services they simply do not do so. That idea really resonated with me because it reflects what I see in my own practice. Many older adults struggle with mobility transportation or family support and specialist care often becomes inaccessible. Empowering general physicians with the skills to deliver evidence based geriatric care could make a tremendous difference.

The concept of Hospital at Home really piqued my interest. I found myself reading quiet a lot including articles from the Journal of Advanced Home Medicine. To even think of Hospital at Home being such a thing was really a revelation for me! It challenged my traditional understanding of where acute care should be delivered and opened my mind to innovative models that could probably be adapted in countries like India.

Another aspect that I found particularly valuable was learning about osteoporosis when to initiate treatment how aggressively to treat it and the evidence behind these decisions. These are practical lessons that I can directly apply in my clinical work.

I also went through the module on managing trauma in older people and was struck by how quickly rehabilitation and recovery need to begin,yet to finish the one on spine though. It reinforced the importance of helping older adults bounce back rather than accepting prolonged decline as inevitable.

In my practice I see people in their old age but most of them take it for granted that decline is guaranteed. One of the biggest takeaways from this course has been understanding that healthy ageing is not simply about treating disease it is about maintaining function independence and quality of life. That mindset is something I hope to share with my patients and colleagues.

There are a lot of new things I'm learning now and I hope that it will be onward and upward from here. I am grateful to the RCPE faculty for creating a course that is academically rigorous while still remaining clinically relevant. Even from thousands of

miles away in India I can already see its impact on my day to day practice and I look forward to continuing this journey in geriatric medicine.

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