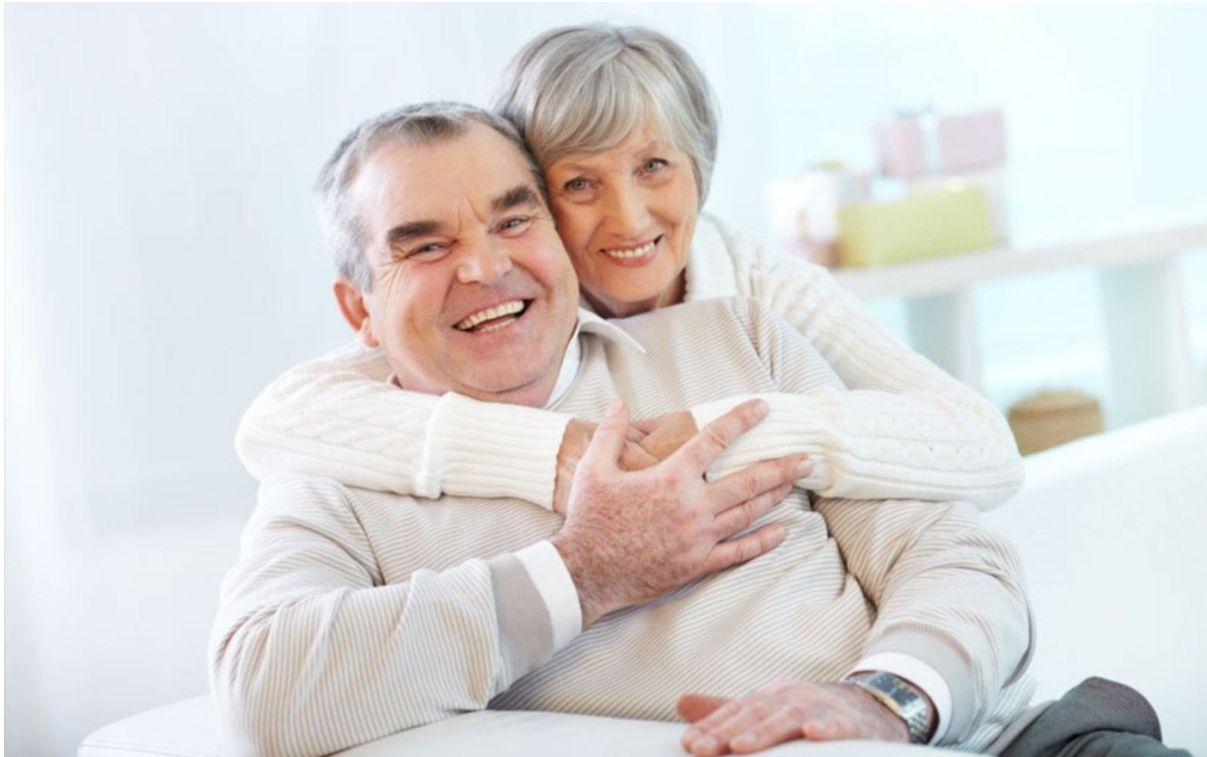


## Only 1 in 7 seniors age healthily: Group calls for national upskilling of GPs in geriatric care

By Nor Ain Mohamed Radhi  
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**Pic for illustration purposes only-Credit: Freepik**

**KUALA LUMPUR:** The Malaysian Medical Association (MMA) has called on the government to urgently implement a dedicated, structured and properly funded national programme to upskill general practitioners (GPs) in geriatric and elderly care.

This follows findings from the National Health and Morbidity Survey (NHMS) 2025, which paint a sobering picture of ageing in Malaysia, with only one in seven seniors ageing healthily, one in five living

alone and one in three caregivers is overwhelmed.

Its president, Datuk Dr R. Thirunavukarasu said the doctors are seeing elderly patients, with multiple chronic conditions, early frailty, declining mobility and cognitive impairment, daily in clinics nationwide. He said Malaysia does not need to rely solely on expanding hospital capacity to address the needs of an ageing population.

"We already have a strong, underutilised foundation, nearly 10,000 GPs embedded within communities nationwide.

"GPs are the most accessible point of care for most Malaysians. They are located within neighbourhoods, maintain long-standing relationships with patients and understand family contexts in ways that larger institutions cannot replicate."

However, Dr Thirunavukarasu said elderly care requires a different level of expertise. "It involves managing multiple chronic conditions, identifying early frailty, screening for cognitive decline, coordinating care, and making appropriate referral decisions.

"At present, many GPs have not been provided with the structured training, tools or support needed to deliver comprehensive geriatric care consistently.

"As such, the programme must go beyond short-term initiatives. It should include clear competency standards, sustained

training pathways and formal recognition of geriatric care within general practice."

He added, in parallel, a sustainable funding model for primary-level geriatric services must be established.

"Elderly care is time-intensive and complex. GPs must be adequately reimbursed through structured mechanisms such as capitation, case-based payments or targeted subsidies.

"In addition, there is a need to provide meaningful support for caregivers, including financial aid and respite services.

"Our seniors deserve more than fragmented solutions. They deserve a system designed around their realities, one that brings care closer to where they live."

Dr Thirunavukarasu said that when elderly patients can be managed effectively at community clinics, they receive care that is closer to home, more personalised and more dignified while reducing congestion in public hospitals.