

RESEARCH ARTICLE

The travails of gerontology education in Malta: Challenges and possibilities

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Abstract: As in recent decades, Malta has experienced an increase in both the number of available university programs in ageing studies and graduate students, the aim of this article is to evaluate the country's efforts in ensuring a trained workforce in gerontology, geriatrics, and dementia education. While Malta punches above its weight as far as gerontology education is concerned, one also notes a number of shortcomings. The country is still devoid of a clear space for professional gerontologists to put in practice all their knowledge, and unfortunately both public and private employers are still highly unaware of the skills that professional gerontologists can bring toward the improvement of the quality of life and well-being of older persons living either in the community or long-term care. Moreover, curricula remain hindered by two key limitations. Primarily, there is a disproportionate Western bias in the choice of theories and practices in all realms of ageing studies. Second, that no full-time faculty member at the Department of Gerontology and Dementia Studies is a geriatrician, and that such faculty members all service the University on a visiting basis. In this respect, this chapter recommends three key and urgent strategies for gerontology education in Malta. These include establishing gerontology as a discipline in its own right is long overdue, founding gerontology as a *bona fide* profession, and accrediting gerontology.

Keywords: Geriatrics; Dementia studies; Ageing; Higher education; University

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1. Introduction

Some 15 years ago, Askham *et al.* (2007) anticipated that despite the increasing number and percentage of persons aged 65-plus, many of whom require community or residential care services, the demand for gerontology education will fall and that there is a strong possibility for many gerontology departments to close. True to their word, financial restraints have affected the global number of gerontology and geriatric programs, to the extent that in many countries, such programs are closing or have become stagnant (Silverstein and Fitzgerald, 2017). However, this is far from the case in Malta. Malta is a European Union (EU) Member State and at end of 2020, Malta's total population reached 516,100 persons (National Statistics Office, 2021). While 18.9% (97,418 persons) were aged 65+, the 80+, and 90+ cohorts reached 4.3% (22,183 persons) and 0.6% (3,207 persons), respectively. Such demographic trends are due, to a large extent, to the country's rising levels of life expectancy. While at the beginning of the 20th century life expectancy in Malta was around 43/46 years for men/women, life expectancy for those born in 2020 had reached 80.3 and 84.5 years for men and women, respectively (National Statistics Office, 2021). The need for old-age care and/or geriatric care in Malta, and hence, the development of gerontology education programs, will rise considerably considering that demographic projections indicate that Malta will be one of the fastest ageing countries in the EU. During the 2013–2060 period, the 65-plus/80-plus cohort will reach 28.5%/10.5% of the total population in 2060, from 17.5%/3.8% in 2013 (+11.0%/+6.7%) – thus, implying that the number of older persons

requiring communicate services to age-in-place or residing in residential long-term care will increase in the coming three decades (European Commission, 2015).

During the 2010s, Malta witnessed an exponential increase in applications from students to read for university programs in gerontology, geriatrics, and dementia care. Moreover, contrary to the situation in the United Kingdom where “employers are also decreasingly likely to allow employees the time off to study or to contribute toward the fees” (Askham, Gilhooly, Parkette, *et al.*, 2007, p. 46), the opposite has occurred in Malta as both the public and private sectors have released, and even sponsored, many of their personnel to enroll at the University’s Department of Gerontology and Dementia Studies. Comparative data on the global number of students in gerontology education are unavailable to-date. However, Silverstein and Fitzgerald (2017) pointed out that “financial constraints and a variety of other factors have affected the number of gerontology and geriatric programs available around the world” and while “in some countries, the field is flourishing in terms of educational programs and jobs for graduates... in other programs are closing, never existed or have become stagnant” (p. 1). In June 2022, the Department of Gerontology and Dementia Studies was offering four distinct programs in gerontology education – namely, the Higher Diploma in Gerontology and Geriatrics, Master of Gerontology and Geriatrics, Master of Arts in Ageing and Dementia Studies, and Doctorate. Through such academic programs, the department aims at developing and deepening interdisciplinary scientific teaching, education, and research in gerontology, geriatrics, and dementia, and is part of the Faculty for Social Well-being. Indeed, the department

...puts emphasis on didactic teaching on ageing welfare policy, dementia studies, social and biological theories of ageing, quality of life in old age, and researching ageing and later life. Spearheaded by the academic output of its academic staff, the department lies at the forefront of scholarly activity and publications, as well as European and international collaborations related to ageing, older adults, and later life. A major focus of the department is the role of the interdisciplinary team practice in geriatric and dementia care.

University of Malta, n.d.

This article traces the development of gerontology education in Malta in the years 1990 – 2020. This period witnessed an increase in the number of educational programs in ageing studies, and subsequently, a proliferation of students graduating in gerontology, geriatrics, and dementia studies. While the subsequent section delineates global developments in the field of gerontology education, the third part presents the emergence and consolidation of graduate programs in gerontology, geriatrics, and dementia studies. The fourth section embeds such developments in a critical commentary by highlighting the field’s successes and limitations, and the final concluding section puts forward a range of the future recommendations for policy action.

2. Gerontology Education in Malta

University programs in gerontology are most common in the United Kingdom, United States, Canada, Nordic countries, and Australia. However, gerontology programs can also be found in countries as diverse as Germany, China, Israel, Singapore, Turkey, Guatemala, Uruguay, Venezuela, Taiwan, South Africa, Mexico, and of course Malta. The range of focuses, functions, and specialties of gerontology education leads to a key query: *What are the mutual competencies in these gerontology educational programmes?* The construction of a framework of competencies for gerontology education is most advanced in the United States, where the Association for Gerontology in Higher Education (AGHE) put forward three categories of competencies:

Category I competencies represent the essential orientation to the field of gerontology, are foundational and expected to be broadly represented in Associate, Bachelors, Master’s degree, and gerontology certificate programs. Category II competencies are “interactional” competencies that capture the processes of knowing and doing across the fields of gerontology and are also expected to be broadly represented in the above types of educational programs. Category III competencies are meant to capture the most relevant skills for contexts of employment in the variety of sectors and areas that gerontologists may work, including education.

AGHE, 2014, p. 10

The Institute of Gerontology was set up in 1987 as an academic institution within the University of Malta to develop interdisciplinary teaching and research in gerontology and geriatrics. The main objective of the institute was to offer training programs to respond to the urgent demand for trained personnel in the field of ageing welfare. While the government had launched a range of community care services (such as senior centers, home help services, the Telecare service, and

domiciliary health services), institutional long-term care services, and rehabilitation and geriatric hospitals, the social and health-care professionals responsible for such services and institutions had sparse knowledge on the principles and practicalities of gerontological and geriatric care, despite many holding a graduate professional background (Formosa, 2017). To mitigate against a shortcoming, the October 1990–June 2010 period saw the Institute of Gerontology offering a Postgraduate Diploma in Gerontology and Geriatrics, and Master of Gerontology and Geriatrics, for professionals working in the field of ageing. Admission requirements included either a degree or professional qualification in social and behavioral sciences/medicine, social work, and allied health professions obtained from a university or from any other authority recognized by the University of Malta; or any other professional qualification deemed acceptable by the University of Malta, if it is accompanied by adequate work experience (at least 5 years) in the care of older persons. However, regulations also included the proviso that a candidate without the above qualifications may be admitted to the program as a mature student if he/she has an exceptional degree of experience in the field of ageing or the care of older persons and has the necessary background to profit from the program. The program of the postgraduate diploma, together with information on its number of European Credit Transfer and Accumulation System (ECTS), which is a tool of the European Higher Education Area for making studies and courses more transparent, was as follows:

Compulsory study-Units. Eight study units (four ECTS) requiring 18 and 50 h of lecturing and study hours, respectively. The eight core modules, evenly balanced in both areas of gerontology and geriatrics, covered the following areas: population aging; sociology of aging; health promotion; biology and physiology of aging; psychology of aging; research and evaluation; clinical aspects of old age; and medical and social rehabilitation.

Elective study-units. Choosing five study units (four ECTS) requiring 18 and 50 h of lecturing and study hours, respectively, from the following elective study units: social policies and strategies; medical problems; program and services: international comparison; psychogeriatrics; geriatric supportive services; social welfare with older persons; epidemiology; statistics and computing; income security for older persons; and nutrition.

Practice placements. Participants were required to have an internship of 240 h divided into four practicums of 60 h each. Practical placements of both observational and hands on type were aimed at enabling the participants to apply theoretical knowledge to practical solutions (eight ECTS).

Dissertation. Dissertation on an approved area of study chosen in consultation with a supervisor. The dissertation (15,000 words) required a sustained effort in defining the chosen area of investigation, in researching the issue at hand, in integrating the empirical data collected into a wider context of the subject, and in drawing conclusions and recommendations (30 ECTS).

Final examinations. Three final comprehensive examinations (30 ECTS)

Source: modified from van Rijsselt, Parkatti, and Troisi, 2007, p. 89 – 90

The key goal of the field placement, deemed as a learning experience, was to assist the students make an operative transition from the classroom to a practical situation. The rationale was that the theoretical knowledge obtained in the classroom will be synthesized during the field placement experience in an actual and unpredictable “real world” site. The field placement would thus provide the students with an opportunity to develop and rehearse skills related to professional goals and objectives of gerontology and foster the required proficiencies in the social and health care of older persons. Admission requirements for the Master of Gerontology and Geriatrics required an average mark of 70% or higher in the Postgraduate Diploma in Gerontology and Geriatrics (van Rijsselt, Parkatti, and Troisi, 2007). The master degree program was entirely research based. Following a successful proposal, students were required to author a 50,000-word dissertation that researched a topic of either a gerontological or geriatric concern.

In 2005, following Malta’s accession in the EU 1 year beforehand the Institute of Gerontology changed its name to the European Centre for Gerontology, and in October 2010 streamlined its graduate programs in gerontology education in line with the Bologna Agreement (Formosa, 2015). As a result, the Postgraduate Diploma and Master of Gerontology and Geriatrics were merged into one program of study – namely, the Master of Gerontology and Geriatrics. The newly formed model, which is still retained at the time of writing, comprised of the following study program:

Study-Units. Eleven study units (five ECTS) requiring 28 and 70 h of lecturing and study hours, respectively: Sociology of ageing; quality of life; biological issues in old age; health promotion; research and evaluation;

social policies, programs and services in the field of ageing; clinical conditions and health-care services in geriatrics medicine; psychological and psychogeriatric issues; social interactions in later life; pharmacological issues in later life; and gerontology: Multidisciplinary and interdisciplinary approaches.

Field placements. Participants are required to have an internship of 240 h divided into four placements of 60 h each (5 ECTS).

Dissertation. Dissertation on an approved area of study chosen in consultation with a supervisor (20,000 words) (30 ECTS).

University of Malta, n.d.

Admission requirements were modified to include either a bachelor degree obtained with at least second class honors, or a professional qualification considered by the board to be comparable to a degree, in a discipline pertaining to one of the caring professions; or a bachelor degree obtained with at least second class honors; or a professional qualification considered by the board to be comparable to a degree deemed by the board as relevant and adequate for the applicant to follow the course with profit; or a bachelor degree obtained with third class honors if applicants are also in possession of other qualifications, including relevant experience, following their first cycle degree; or in exceptional cases, a professional qualification in one of the caring professions, together with at least 5 years' experience, which together are deemed by the Admissions Board, on the advice of the Faculty Admissions Committee, to be comparable to the level of a first degree. Regulations allow students who do not wish to continue with the research component, as well those who do not achieve at least a 65% average mark in their examination results, to be awarded the postgraduate diploma.

The year 2010 also witnessed the launch of a Doctoral (PhD) program in gerontology which was juxtaposed midway the North American route for gaining a doctoral degree in gerontology and the British path for the award of a Doctor of Philosophy. While the PhD program comprised a 3-year research initiative, where students have to write a 100,000-word dissertation and originality is a key requirement, as generally found in the British path, it also included intensive and interdisciplinary doctoral training in the biological sciences, health and medical issues, psychological theories and mechanisms, public policy issues, social theories, and most importantly, methodology and research issues. To-date, titles of completed dissertations included *Implementing person-centered dementia care in a rehabilitation hospital through an appreciative inquiry approach* (Scerri, 2018) and *Moral reasoning in end-of-life decision-making for persons in end-stage dementia* (Dimech, 2019). Ongoing research emphases for doctorate study include masculinity and caregiving, gay and lesbian older persons in long-term care, Montessori activities for persons with dementia, and active ageing in long-term care.

In June 2014, the Institute of Gerontology migrated to the Faculty for Social Well-being, and another name change took place, this time to Department for Gerontology. The department continued offering the Master of Gerontology and Geriatrics, but also launched two new graduate programs: Higher Diploma in Gerontology and Geriatrics (October 2015) and the Master of Arts in Ageing and Dementia Studies (February 2016). The Higher Diploma in Gerontology and Geriatrics targets students who have completed their higher education and are looking to expand their knowledge of gerontology and geriatrics through a recognized university program. Admission requirements included the general entry requirements for entrance to university. At the time of writing, the higher diploma comprised of 19 study-units and three field placements:

Study-Units. Nineteen study units of four ECTS each requiring 18 and 50 h of lecturing and study hours, respectively. Study-units included: Key principles in social gerontology; physiological and medical issues in old age; community services for older people; biological aspects; research methods; economic and social aspects of ageing; health-care professionals in old age; theoretical issues in ageing policy; mental health issues in later life; researching ageing and later life; food and nutrition in later life; familial networks and informal care; pensions and their sustainability in Malta; social rehabilitation in later life; introduction to abuse and neglect; income security, social protection and poverty prevention; diversity and discrimination in later life; long-term services for population ageing; educational gerontology; multi-disciplinary health services for older people; and recognizing and preventing elder abuse in long-term settings. Another study-unit, legal issues in later life, comprised a two ECTS (10 h of lectures).

Field placements. Participants are required to have an internship of 180 h divided into three placements of 60 h each (12 ECTS).

University of Malta, n.d.

On completion of the higher diploma, graduates are expected to be able to provide higher levels of social and health-care services to older persons which, in turn, will function to improve the quality of service to older adults. Most especially, candidates will be able to meet the needs of prospective employers by being knowledgeable in embracing the roles of financial planning for older persons, engaging in case work, and assisting in the organization and administration of social and related services in community and residential care. The Master of Arts in Ageing and Dementia Studies reflected the urgent need for a trained workforce in dementia care. The objective of the degree was to reinforce and mature the understanding, skills, competencies, and attitudes of students working between the interface of ageing and dementia. The Master of Ageing and Dementia Studies was planned and developed to provide students with an in-depth, research-based knowledge of dementia, including theory, innovative and best practices, and policy issues, as well as a grounding in academic and research skills. Thus, promising to act as a catalyst for candidates' professional development with meeting the needs of both present and incoming cohorts of older persons with dementia. The program of study was as follows:

Study-Units. Eleven study units of five ECTS requiring 28 and 70 h of lecturing and study hours, respectively. Study-units included: Social policies, programs and services in the field of ageing; clinical conditions and health-care services in geriatrics medicine; ageing: Psychological and psychogeriatric issues; social interactions in later life; pharmacological issues in later life; and gerontology: Multidisciplinary and interdisciplinary approaches.

Practice placements. Participants are required to have an internship of 240 h divided into four practicums of 60 h each. (5 ECTS).

Dissertation. Dissertation on an approved area of study chosen in consultation with a supervisor (25,000 words). (30 ECTS).

University of Malta, n.d.

Table 1. Gerontology education programs offered by the University of Malta (1990 – current).

Name	Admission Requirements	Study program	
		Taught part	Research part
Postgraduate Diploma in Gerontology and Geriatrics (1990 – 2010)	Either an undergraduate degree or professional qualification in social and behavioral sciences/ medicine, social work and allied health professions; or any other professional qualification deemed acceptable by the University of Malta, if it is accompanied by adequate work experience in the care of older persons	13 study units (four ECTS each), a placement (eight ECTS), and final examinations (30 ECTS)	Long essay (20,000 words) (30 ECTS)
Master of Gerontology and Geriatrics (1990 – 2010)	Postgraduate Diploma in Gerontology and Geriatrics issued by the University of Malta	None	Dissertation (50,000 words) (60 ECTS).
Postgraduate Diploma in Gerontology and Geriatrics (2010 – current)	Either an undergraduate degree or professional qualification in social and behavioral sciences/ medicine, social work and allied health professions; or any other professional qualification deemed acceptable by the University of Malta, if it is accompanied by adequate work experience in the care of older persons	Eleven study units and one placement (five ECTS each)	None
Master of Gerontology and Geriatrics (2010 – current)	Either an undergraduate degree or professional qualification in social and behavioral sciences/ medicine, social work and allied health professions; or any other professional qualification deemed acceptable by the University of Malta, if it is accompanied by adequate work experience in the care of older persons	Eleven study units and one placement (five ECTS each)	Dissertation (20,000 words) (30 ECTS).
Higher Diploma in Gerontology and Geriatrics (2015 – current)	General entry requirements for entrance to university or being aged 23 years or over on the condition of a successful interview carried out by the members of the board of studies	19/1 study units (4/2 ECTS) and three placements (five ECTS each)	None
Master of Arts in Ageing and Dementia Studies (2016 – current)	Any undergraduate degree	10 study units and two placements (five ECTS each)	Dissertation (25,000 words) (30 ECTS).
Doctor of Philosophy (Gerontology) (2010 – current)	Any master degree	None	Dissertation (100,000 words) (30 ECTS).

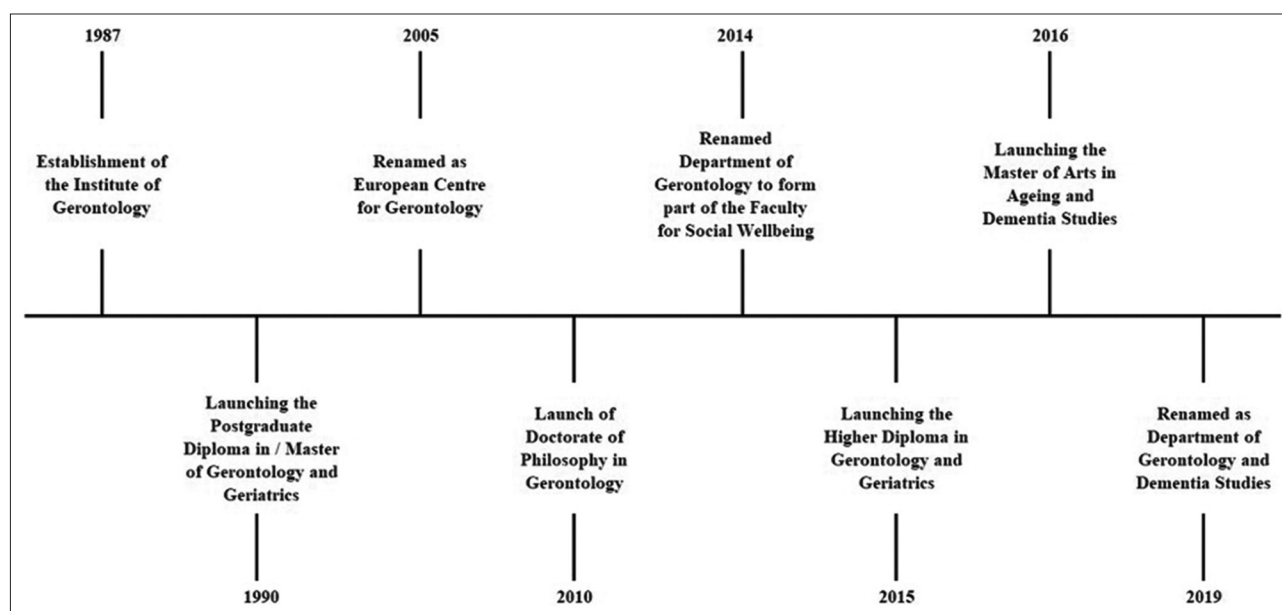


Figure 1. Time of developments in gerontology education, University of Malta, Malta (1987 – current).

Admission criteria included the same qualifications require for entry in the Master of Gerontology and Geriatrics *except* the proviso where a professional qualification in one of the caring professions, together with at least 5 years' experience, is deemed to be comparable to the level of a first degree which was dropped. The Master Degree of Ageing and Dementia Studies makes a valuable contribution to the development of dementia care knowledge, research, and practice is designed in a way to promote collaboration between disciplines of nursing, medicine, occupational therapy, social work, and other professionals working with persons living with dementia and their families/significant others. Table 1 provides a summary of admissions requirements and study programs for each degree.

A comparative analysis of Malta's gerontology education to what is available in other countries finds that programs tend to focus substantially on demographic trends and policy frameworks of the geographical context they are located in, and that Malta's programs tick all the boxes as far as classroom lectures, practice placements and research dissertations are concerned. While other programs tend to miss on either practice placements or research dissertations as is the case in Mexico, or even both as is the case in Scotland, some programs also focus more deeply on issues that are of a major interest in the region such as gerontology accreditation in North America, assistive technology in Asia, and informal care in Europe.

In March 2019, the department experienced another name change, from "Department of Gerontology" to the "Department of Gerontology and Dementia Studies" so as to reflect the additional focus of dementia studies in its vision and objectives. Figure 1 illustrates a timeline highlighting the major changes/additions, name changes, degree offerings, and historical moments in Malta's travails in gerontology education. Indeed, while in 2016, the government tasked the department to plan, coordinate, and implement a 14-h training program to all nurses in the public sector and working with older persons, one resident academic collaborates with the university to organize biannual training programs on dementia care for informal caregivers.

3. Possibilities and Challenges of Gerontology Education in Malta

The Department of Gerontology and Dementia Studies survived and even thrived in a period where many gerontological department and graduate programs closed down. A case in point is the European Master's Program in Gerontology which was disbanded by VU-University Amsterdam in 2010 due to the fact that getting the program accredited was a costly exercise, especially in the context of the then worldwide financial crisis (Aartsen, 2011). Following Hertz *et al.*'s (2007) typology, the focus of the Department of Gerontology and Dementia Studies is mainly in the education of undergraduate and graduate students, and continuing education for both aspiring and working professionals, in gerontology, geriatrics, and dementia care. While its function is to ensure that all tiers in Malta's workforce are trained in these areas, its unique tripartite specialties include policy making, gerontology services, and dementia care. The Maltese situation is thus more similar to the United States context than the European one considering the range of more specialized degrees and certificate programs in ageing studies.

Returning back to Askham *et al.* (2007) predictions, it suffices to state that while the department included only six students in 2007, this figure reached 51 in 2020. Alumni statistics show that the period October 1990–April 2022 hosted as much as 224 Maltese and 132 international students (356 in total). Such fruitful developments were not the result of coincidence or good fortune but followed detailed policy planning to ensure that the country has a sufficient and trained workforce to meet the social and health-care needs of the unprecedented increase of older persons in Malta. All the department’s degree programs are of 90 ECTS and were designed to be as flexible and modular as possible, so that students can cease their studies at the end of any semester and then rejoin in the future years. The academic content of the degree programs was planned and formulated to follow a “progressive academic learning concept” (Russell, 1990), with their special focus starting with basic gerontological knowledge, such as theories, concepts and research, and introducing academic and social debates on relevant gerontological issues, and then going on to the accumulation of academic knowledge, competencies, and skills. To authenticate the quality of its programs and to ensure that academic standards are maintained, especially in consideration that the University of Malta is the only university in the country, the department engages the services of a number of international external examiners for a maximum period of 3 years. Moreover, the department collaborates closely with a number of foreign universities, as well as the World Health Organization and United Nations’ organizations, in particular with the International Institute on Ageing, United Nations - Malta. While some degree programs are available full-time, such as the Higher Diploma and Master of Gerontology and Geriatrics, the Masters of Arts in Ageing and Dementia Studies and the Doctorate are available on a part-time basis. Hence, the department has the potential to meet the academic needs and interests of both regular students interested in graduating in ageing studies as well as working professionals. The presence of the multi-national student body also serves to provide added value and attraction to the degree programs. As reported in the United States context, it is

...useful to engage international students in class discussions to learn about diverse aging process in other cultural settings. This exchange also occurs at the student level where international students share aging experiences in their cultures with [local] students, thus building a comparative perspective and a more globalized knowledge base for the field.

Mwangi, Yamashita, Ewen, *et al.*, 2012, p. 213

The appeal of the Department of Gerontology and Dementia Studies is also partly the result of effective lobbying and marketing tactics on behalf of its resident academics. Stratagems included a televised 14-session series on the impact of ageing and dementia on individuals and caregivers, the publication of information booklets on dementia and how to care for a relative with dementia, producing a street-theatre production on dementia across a number of villages and towns across Malta, and coordinating extensive training in dementia management and care for all nurses working with people with dementia in public care homes and geriatric institutions. Such efforts culminated in successfully lobbying the Junior Ministry for Active Ageing to issue six scholarships for personnel in the public service to read for a Masters of Arts in Ageing and Dementia Studies. At the same time, the department was intrinsically involved in the planning and writing of key policies and program initiatives documents on active ageing, dementia care, and care homes for older persons. On one hand, the *National Strategic Policy for Active Ageing* (Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing, 2013), *National Dementia Strategy* (*ibid.*, 2015a), and the *National Minimum Standards for Care Homes for Older Persons* (*ibid.*, 2015b) were all spearheaded by resident academics within the Department (Scerri, 2015; Formosa, 2018). The launch of these three policy directions was instrumental in leading a number of workers in the field of ageing, especially those working in care homes and geriatric institutions, to enroll in a graduate program in either gerontology and geriatrics or dementia care. It is noteworthy that the strategic objectives for the section on workforce development included the following items related to gerontology education:

- a. In collaboration with the University of Malta and the Malta College of Arts, Science, and Technology (MCAST) develops study units on the medical, social, psychological, and economic aspects of dementia for students undergoing health and social care training programs. An interdisciplinary team approach will be fostered and emphasized using appropriate teaching methodologies.
- b. Provide patient-centered dementia care training to all health-care professionals caring for individuals with dementia. This will include continuous professional development programs for skills updating.
- c. Provide a training program for caregivers. This may form part of a yearly program organized by professionals in the dementia field. Various aspects of dementia care including patient-caregiver relationship, stress management, and communication will be included in the study.
- d. Support accredited information technology platforms that facilitate online dementia training for health-care professionals and caregivers.

- e. Provide training opportunities in the optimal delivery of palliative care to health and social care professionals working with individuals with dementia.
- f. Ensure that curricula at all levels of training are coherent to develop a well-trained multidisciplinary workforce.
- g. Ensure that all dementia training programs delivered outside the University of Malta and the Malta College of Arts, Science, and Technology (MCAST) (and other recognized institutions) are fully accredited and classified within the Malta Qualification Framework.

Parliamentary Secretariat for Rights of Persons
with Disability and Active Ageing, 2015a, p. 71

Indeed, it is valuable that public entities, non-governmental organizations and private companies engaged in ageing welfare trust that the provision of such policies and standards cannot be rightfully attained in the absence of a learned and trained workforce. On the other hand, faculty members were instrumental in advising the government in the conceptualization, organization, and long-term implementation of program initiatives such as the Dementia Helpline, the University of the Fourth Age, and Dementia Intervention Team (Formosa, 2019).

However, this is not the same as saying that there is no space for improvement or any shortcomings in gerontology education in Malta. The fact that the University of Malta offers specific degrees in ageing studies implies that its social and health-care workforce – being in either social work, nursing, or oral health to mention some – is not well versed in gerontological and geriatric issues. Due to its microstate status, Malta focuses much more on on-the-job training for people working with seniors and starts people sooner in positions that, comparably, in other high-income countries would require a specialization in gerontology either at Bachelor or Master levels. In fact, most students who enroll to read for such studies are already working in the field of ageing, and hence, would have acquired their responsibility before any specialty training. Although the curriculum of the department's programs was set by local and international experts in ageing studies and also includes external evaluations, it remains hindered by two key limitations. One inadequacy is the disproportionate American and Anglo biases in the choice of theories and practices in all realms of ageing studies. There is little, if any, debate on the manner that established paradigms – such as active ageing, successful ageing and productive ageing – are located in cross-cultural spaces. While there are studies that highlight the role played by culture in ageing positively, such research is not listed in the reading lists of gerontology study-units, with hardly any mention of how geriatric and dementia care is hinged on the value system of the inquirer of cultural constructs or their social construction of reality” (Bowling, 1993, p. 449). Since all paradigms in ageing studies are value-laden and culturally constructed concepts, it is unfortunate that students are not required to problematize the imbued cultural hegemony.

Indeed, gerontology education requires an impetus to “elicit understandings of how [paradigms] are conceptualized by people in different cultural contexts,” requiring “a framework that is capable of identifying and explaining the relationships between cultural values and understandings of the two concepts by people in diverse groups,” and shedding “light on the intracultural variations, including both differences and similarities, among people in the same culture” (Tam, 2014, p. 889). Unfortunately, despite a sharp focus on the political economy of ageing, feminist gerontology, and gay and lesbian ageing, a cross-cultural component is not a strong point in the department's curricula. A second failing refers to the fact that no full-time faculty member at the Department of Gerontology and Dementia Studies is a geriatrician, and that such faculty members all work on a visiting basis (Formosa and Galea, 2020). Despite the fact that the Maltese population is ageing rapidly, there has been a slow development of geriatrics in academia, so that the teaching of geriatrics, especially at an undergraduate level, seems to have emerged as simply an afterthought. In the context of a looming geriatrician shortage, the “geriatrician” of the primary care workforce to prepare for an ageing population is especially warranted (Friedman, Gillespie, Medina-Walpole, *et al.*, 2013). Such a state of affairs leads to two urgent necessities:

- (1) The need to train a growing number of health-care professionals in the care of older patients in the community and in the different types of elder care facilities. A greater number of coordinated programs are needed based on previous successful experiences...
- (2) The need to attract young fellows with academic potential to enter the discipline of geriatrics. Preclinical exposure to elders living within the community or in institutions appears to enhance the motivation of young medical students to become geriatricians...

Michel and Cha, 2015, p. 1010

The lack of fulltime geriatricians as faculty members also implies that clinical training experiences a lack of facilities and infrastructure, in that lecturing and clinical placement hours have to be adopted to the geriatricians' availability rather than the other way around, and it is not uncommon that students arrive to the patient's bedside in big groups. This not only serves to hinge negatively on satisfaction of the older patients at the hospital but is ineffective as far as the

students' educational experience is concerned. In this respect, the department's track record in collaborating with other medical societies – such as rehabilitation, oncogeriatrics, and swallowing disorders to mention some – is not a favorable one. Moreover, the absence of full-time academic posts in geriatrics has led to a lack of departmental discussion as to what should be the basic knowledge, attitudes, and skills that students in gerontology education should have developed and possessed throughout studies. In 2000, a committee of the American Geriatrics Society (2000) highlighted that the strategies for teaching geriatrics may change according to the resources available at each institution, material, and human. It also proposed that students have contact with healthy as well as frail older patients to avoid developing an inaccurate stereotype of older persons as being considered synonymous for ill persons. Unfortunately, such recommendations are still to be implemented in the department's geriatric curriculum.

4. Conclusions

Given the global trends in population ageing, one can never overemphasize the need for a workforce of professionals trained in gerontology, geriatrics, and dementia care. Although each geographical region and continent has certainly its own special quandaries, “each country [require] people with adequate knowledge and skills to care for its older population and to create opportunities for older adults to prosper in later life and continue to make valuable contributions to their communities” (Silverstein and Fitzgerald, 2017, p. 1). Hence, it is not surprising that over the past decade, it has become more common to witness calls for occupational positions, issued by both welfare service agencies and universities, noting a preference for a qualification in gerontology or a related field to ageing studies. This does not, however, mean that gerontology has become a well-established career path, and a Masters or Doctorate in Gerontology still does not guarantee its holder a smooth entry in either ageing services, gerontological care and rehabilitation, or academia. The key challenge facing holders of academic qualifications in gerontology is competition from more traditional disciplines, since those completing more traditional programs tend to be more identified with their main disciplines, which have many more members, and larger organizations to serve the membership. At the same time, the development of broad-spectrum master degrees and doctorates, such as in public health, also put gerontology education on the back foot since such programs are more attractive to potential candidates as they promise potential employment in a wide range of fields ranging from pediatrics to geriatrics. Overcoming such a state of affairs, requires three strategies – namely, establishing gerontology as a discipline in its own right, founding gerontology as a *bona fide* profession, and accrediting gerontology to mitigate against the fact that gerontology graduates are at a serious competitive disadvantage compared with graduates from programs that hold a licensure agreement – strategies that are elaborated upon in the final parts of this article.

The field's most pressing objective is to establish gerontology as a discipline in its own right, something that is surely long overdue. The field has long been in a rapid stage of development and the discussion on gerontology's evolution and future cannot be postponed any longer. Admittedly, the tension between traditional disciplinary perspectives and the multidimensional issues in ageing on one hand, and structural barriers that impeded interdisciplinary knowledge development and translation on the other, have hindered gerontology's development as an integrative discipline. However, in recent years, one has witnessed the development of unique social, psychological, and biological theories (Bengston and Settersten, 2016); specialist research methodology focusing on longitudinal life course data through distinctive strategies such as event history analysis and hierarchical linear modelling (Weil, 2017); and formal organizations that promote professional socialization and information dissemination (Formosa, 2021). For instance, the International Association of Gerontology and Geriatrics now includes as much as 84 members amid increasing degree programs and specialized publications from 72 different countries with a combined membership of more than 50,000 professionals and students (International Association of Gerontology and Geriatrics, n.d.).

A second key issue is related to the journey of gerontology education concerns the varied efforts by scholars to establish gerontology as a *bona fide* profession. There is no doubt that specialists with qualifications in gerontology education have the appropriate training and skills to become employed professionals in the field. After all, “the knowledge and competencies gained through gerontology education and training is unique, specialized, and distinguishable from that of other disciplines and professions [so] they should be brought together under a professional framework” (Pianosi and Payne, 2014, p. 835). It is only professionals that can affect the quality of care for older people because only they hold advanced proficiencies and academic preparation. Moreover, it is professional bodies that positively affect the public's perceptions and expectations about standards of care, particularly in contrast to other social and health-care providers who have not had enough training in gerontology. This absence of a professional status for gerontology is a key reason whereby students steer away from pursuing studies in ageing since “agencies that provide services for the aged do not require an academic background in aging studies for employment” (Maiden, Horowitz, and Howe, 2005, p. 5). One

can mitigate against this quandary if gerontology academics associate more effectively with prospective employers and professional organizations, to clarify the skills and competencies that graduates in gerontology, geriatrics, and dementia care possess, so that gerontology degree recipients can expect to receive consideration in hiring decisions.

One key obstacle in professionalizing gerontology is that most graduates in gerontology education remain intimately and steadfastly connected with their primary professional roles and occupations. As it was argued,

...many of those working in the social and health services and health-care field are subject to more developed, registered professions such as social work and nursing. These practitioners have developed and firmly implemented competencies, knowledge, defined occupational roles, and professional practices to serve more generic or generalized segments of the population's needs. Some of these professions have (recently) developed subspecialties in an effort to incorporate aging specific concepts and, to some degree, gerontological knowledge and competencies (e.g., social work and nursing).

Pianosi and Payne, 2014, p. 835

The final challenge for gerontology education is that of accrediting gerontology so as to mitigate against the just mentioned reason that gerontology graduates are at a serious competitive disadvantage compared with graduates from programs that receive licensure, such as social work, nurses, and counselors. Accrediting gerontology is a first step for achieving certification. To push the professionalization of gerontologists forward, a formalized accreditation system needs to be created. This system would inform the public as to the roles and competencies that professional gerontologists possess, while also acting as the liaison between potential clients, academic education or training of gerontologists, and the practical and professional roles, they work within and the public. Indeed, not only

...professionalizing gerontology has the potential to not only legitimize the value of gerontological knowledge, education, and competencies but [also] to ... standardize, monitor, evaluate, and potentially regulate those calling themselves gerontologists. This would undoubtedly result in an enhanced quality of life for older individuals and an aging society. Providing educated, knowledgeable, and monitored professionals to the field of aging would be gerontology's main goal.

Pianosi and Payne, 2014, p. 835

Indeed, only by reacting and resolving the above-mentioned quandaries can professional gerontologists provide ageing societies with highly educated and accountable individuals that would provide high quality services to older adults in a wide variety of settings and roles.

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Conflict of Interest

The author has no conflicts of interest to declare.

Ethics Statement

Not applicable as this study involves theoretical work and commentary.

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