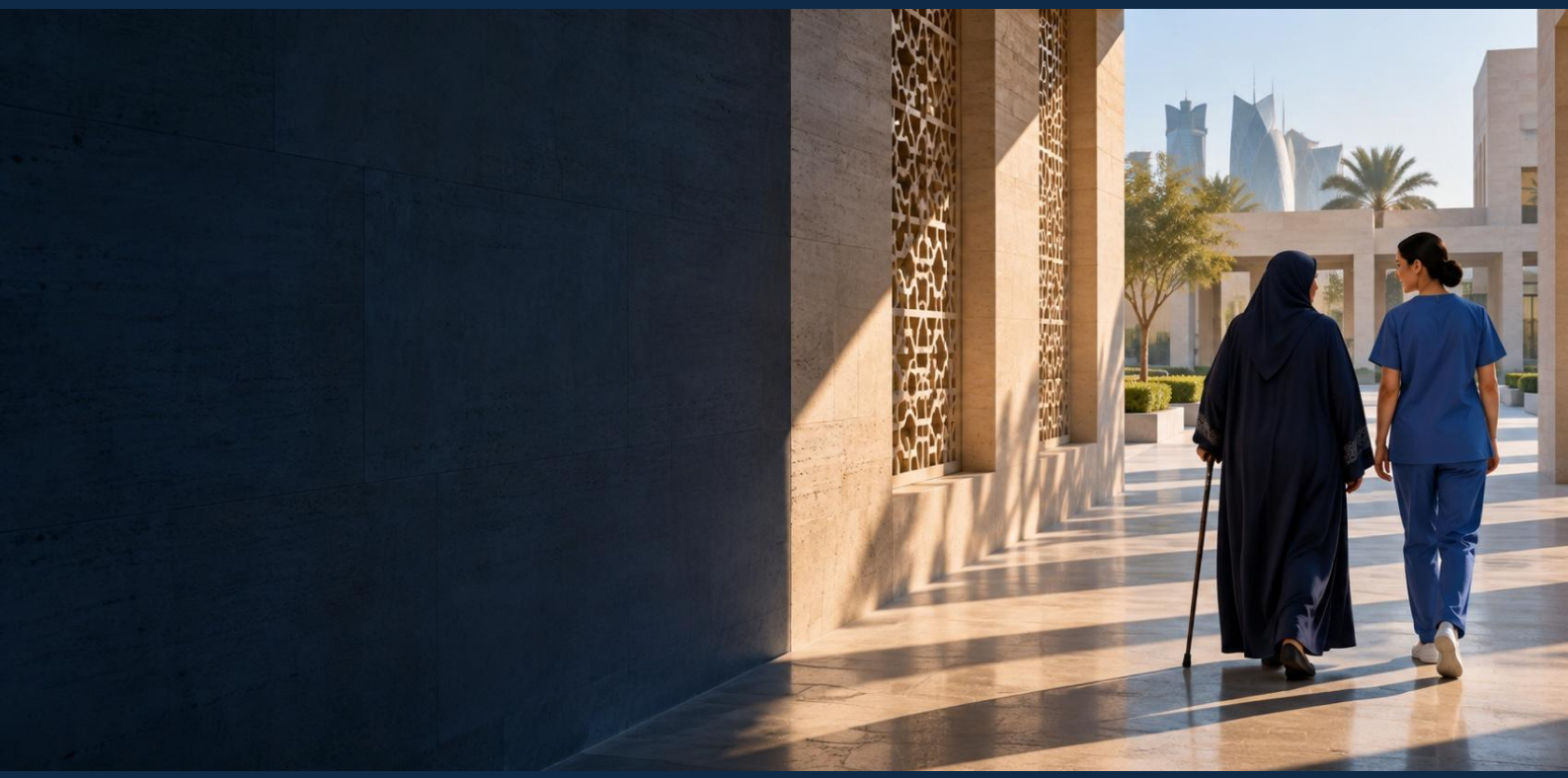
GCLS
Geneva College of Longevity Science

Curriculum review draft



Functional Longevity in Public Healthcare

How public healthcare teams help older adults maintain the abilities that matter in daily life.

Audience	Format	Pathway	Languages
Public healthcare teams	Online, self-paced	10 modules per learner	English and Arabic

Help older adults keep doing what matters to them

When walking to the shops becomes harder, a care team needs to know what has changed and what the person wants to keep doing. Functional longevity starts there. The course teaches teams how to turn that goal into an assessment, a shared plan and a follow-up decision.

A shared starting point	Learn how to ask about daily activities and assess changes in a way colleagues can use.
Practice for your role	Physicians, nurses and clinical pharmacists each follow four modules focused on decisions they make at work.
One case across a year	Work through a fictional case from first assessment to the 12-month review. Decide together what to keep, change or follow up.

At a glance

Audience
Public healthcare teams

Format
Online, self-paced

Pathway
10 modules per learner

Languages
English and Arabic



The situation you bring

An older adult reports a change. Three professionals hold different pieces of the picture. The next colleague needs to know what to do with them.

What you'll practise

Agree on a daily activity to track, explain which findings matter and pass on a decision with a named reviewer and a time to check progress.

Every outcome leads to a decision you can practise

Use this table to see what you'll do in the course and how you'll show your reasoning.

What you'll be able to do	How you'll practise	What the exercise checks
Set a goal for daily function	Start with a daily activity the person values. Identify a way to measure it.	Can you connect the person's goal to the follow-up measure?
Explain what a finding can tell you	Compare two results and choose which could change a decision.	Can you explain the limits of the measurement and the evidence?
Make a decision in your professional role	Practise a clinical, nursing or pharmacy decision using a short case.	Can you explain what needs action and who should receive the information?
Review a team plan over time	Bring a baseline and follow-up record to the 12-month case review.	Can your team justify a change, assign it and set a review point?

Curriculum design based on the GCLS Source Pack and Course Summary. The table describes learning, not clinical results.

Try a short lesson before exploring the full course

Each lesson in the preview starts with a situation, asks you to choose a response and explains why a choice fits. The full course design adds narrated teaching and a module assessment.

1

Learn

Read a short explanation of the concept.

2

Practise

Make a choice in a fictional scenario.

3

Review

Read the reasoning behind the response.

The full-course assessment design is on the final page.

Start together, specialise, then bring the team back together

Each learner takes ten modules. The three professional tracks run in parallel, and everyone finishes with the same team case. Select a module to go to its description.

Five shared modules

1	Healthy ageing and daily function
2	Assessment and frailty
3	Ageing biomarkers
4	Digital measures and risk
5	Care planning

Four modules in one profession

Physicians

6P	Interpreting the risk profile
7P	Multimorbidity
8P	Metabolic care and medicines
9P	Discussing results

Nursing

6N	Assessment and samples
7N	Remote monitoring
8N	Coaching and adherence
9N	Coordination and escalation

Clinical pharmacy

6Ph	Medication review
7Ph	Medicines and daily function
8Ph	Supplements
9Ph	Pharmacogenomics

One shared case

10	A year in the team pathway

Follow the case from screening to the 12-month review. Apply what you learned in your track to one shared care plan.

GCLS Course Summary, course structure. Columns show the order of study.

A separate rehabilitation pathway concept is open for co-design.

Five decisions take the team from first contact to follow-up

Start with what the person wants to keep doing. At each step, record what the team knows, what remains uncertain and who will take the next action.

1

Screen and assess

Identify the daily goal and record the starting point.

2

Review risk

Bring functional, clinical and other available findings together.

3

Agree a plan

Choose priorities with the person and name the leads.

4

Monitor

Agree what to track and who will act on a change.

5

Adapt care

Review progress, burden and whether the plan still fits.

How the three professions share the work

Stage	Physician	Nursing	Clinical pharmacy
Baseline	Review history	Lead functional assessment	Reconcile products
Stratification	Lead hypothesis	Confirm measurement quality	Flag medicine contributions
Intervention	Agree priorities	Plan home activities	Review evidence and interactions
Monitoring	Receive escalations	Coordinate observations and alerts	Review exposure and adverse events
Adaptive care	Convene review	Compare function and patient reports	Revisit benefit and burden

In the teaching case, the team considers five intervention components: exercise, nutrition, cognitive training, supplements, and metabolic and pharmacological optimisation. Local teams confirm responsibilities and referral routes.

GCLS Source Pack, care model and Module 10. The table is a proposed division of responsibilities for the teaching case.

See the physiotherapy and occupational therapy handovers in the shared case.

The evidence determines what you can say about a finding

The GCLS clinical reasoning framework asks what would change a decision. Separate a possible contributor from a coincidental result, explain uncertainty, and account for the person and the population studied.

1

Measure

Record the starting point, modifiable risks and safety checks.

2

Optimise

Address priorities and treatment burden. Review stability before considering escalation.

3

Enhance selectively

Check the GCLS criteria, physician review and required approvals.

Four evidence tiers used in the course

Tier	Evidence	How to describe it
1. Demonstrated	Controlled human trials with clinical or functional outcomes in a comparable population.	Name the demonstrated outcome and its limits.
2. Plausible or translational	Mechanistic rationale with limited, indirect or surrogate human evidence.	Explain that clinical benefit remains uncertain.
3. Preclinical	Cell or animal evidence.	Describe as investigational, within approved research.
4. Hypothetical	Conceptual or marketing association.	The framework permits no claim at this tier.

GCLS Source Pack, clinical reasoning, claims tiers and Measure–Optimise–Enhance. These are course evidence labels.

Start with what the person wants to keep doing

1 Healthy ageing and functional longevity

Healthy ageing includes being able to do the things that matter to you. In this module, you'll learn to ask about a daily activity, understand what makes it harder, and turn the answer into a goal the team can follow. The module then asks how public services can make prevention and functional assessment available at population scale.

What you'll study

1. the WHO model of healthy ageing (intrinsic capacity, functional ability, environment)
2. the Decade of Healthy Ageing
3. geroscience and the hallmarks of ageing as shared drivers of chronic disease
4. healthspan versus lifespan
5. the global demographic and disease burden
6. why health systems must shift towards prevention, and why longevity medicine has to move from small private centres into public institutions to make that shift
7. how functional longevity differs from commercial longevity medicine

What you'll produce

Write a service brief naming the population, a meaningful functional outcome and the public team that could measure it.

Where you'll use this

In Module 2, you'll choose a way to measure the ability you identified. In the final team case, you'll revisit your service brief to decide how a clinic could track that outcome across its population.

2 Assessing intrinsic capacity and frailty

Intrinsic capacity is the sum of a person's physical and mental capacities. Frailty describes greater vulnerability to a stressor. Learn what a first screen for changes in areas such as movement, hearing or memory can tell you, and when to ask for a fuller assessment.

What you'll study

1. ICOPE step 1 screening and step 2 assessment across locomotion, vitality, cognition, psychological capacity, vision and hearing
2. SPPB, gait speed, grip strength, chair stand
3. frailty phenotype, frailty index and Clinical Frailty Scale
4. sarcopenia definition
5. geriatric syndromes
6. what each finding triggers

What you'll produce

For each area you screen, list a measure, a finding that may need further assessment and the colleague who would review it.

Where you'll use this

In the nursing track, you'll practise taking measurements consistently. The physician track brings them together with other findings. Everyone uses them to review change in the final case.

Curriculum source: GCLS Source Pack, module briefs and mandatory teaching topics. The companion crosswalk identifies each source clause.

Decide when a measurement should change care

3 Biomarkers of ageing

Biomarkers are measurable signs of what is happening in the body. Learn how routine tests and newer biological-age estimates differ, what limits their interpretation, and when a result might change a decision about care.

What you'll study

1. routine clinical biomarkers with prognostic value in older adults
2. inflammatory and metabolic markers
3. epigenetic clocks by generation (Horvath, PhenoAge, GrimAge, DunedinPACE)
4. proteomic and multi-omic clocks
5. analytical validity versus clinical utility
6. population bias
7. age-stratified ranges
8. what a biological age result can and cannot support

What you'll produce

Compare two results that point in different directions. For each, explain the test's limits, who it was studied in, what claim it can support and what decision it might change.

Where you'll use this

The physician track uses these results alongside the rest of the clinical picture, then practises explaining their uncertainty to the person.

Decision to practise

When two clocks disagree, which result could change a decision, and what would you tell the person about the other?

4 Digital biomarkers and AI risk stratification

A wearable can record activity between visits, and a risk model can use data to flag who may need a closer look. Learn how to check a signal for gaps, judge whether a model applies to the people you serve, and decide when a clinician should review it.

What you'll study

1. types of digital biomarkers (physiological, mobility, cognitive and behavioural, environmental)
2. common sensor types
3. data quality and missing data
4. how risk models and digital twins are built
5. reading a risk score critically (calibration, validation population, false alarms)
6. human oversight
7. privacy and data governance under local law

What you'll produce

Prepare a short note for the clinician reviewing an alert. Identify missing data, who the risk model was tested on and what the team still needs to know.

Where you'll use this

The nursing track practises checking alerts with people at home. The physician track decides how much weight to give those observations when assessing risk.

Curriculum source: GCLS Source Pack, module briefs and mandatory teaching topics. The companion crosswalk identifies each source clause.

Build a plan the team can review

Use the five components to consider what fits a functional goal, who will act and what the team should check.

5 The multimodal intervention model

A plan for keeping a daily ability can draw on exercise, nutrition, cognitive training, supplements and review of metabolic care and medicines. Learn to weigh the evidence for each component, agree what fits the person's goal and decide how to review progress.

What you'll study

1. the five components (exercise, nutrition, cognitive training, supplements, metabolic and pharmacological optimisation) with evidence for each in older adults
2. multidomain trial evidence
3. exercise prescription for frailty and sarcopenia
4. protein and energy needs
5. falls prevention
6. adaptive care by response
7. who on the team delivers what

What you'll produce

Draft a five-row plan with an evidence tier, role, functional goal and review decision for each component.

Where you'll use this

Each profession takes a different part of the plan into its track. Physicians review intended uses, nurses work through what fits at home, and pharmacists assess supplement claims. You'll bring the parts together in the final case.

Decision to practise

For one functional goal, assign each component to a team member and identify which observation would prompt a change.

Five components, one goal for daily function

Exercise
Plan for movement.

Nutrition
Review food and energy needs.

Cognitive training
Consider an appropriate activity.

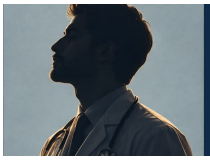
Supplements
Review evidence and burden.

Metabolic and pharmacological optimisation
Review disease care and medicines.

Read across the components. Agree who will review each relevant part and what change would prompt an adjustment.

Curriculum source: GCLS Source Pack, module briefs and mandatory teaching topics. The companion crosswalk identifies each source clause.

Physicians turn a set of findings into priorities



Bring the clinical history, functional assessment and medicine review together before choosing what needs attention first.

6P Interpreting the integrated risk profile

Changes in walking, test results and a medicine history can point in different directions. Learn to bring them together into a clinical explanation you can test, then set a priority and identify what the team needs to confirm.

What you'll study

1. combining functional, digital, biological and clinical findings into one documented hypothesis
2. classifying findings as causal, contributory, associated or incidental
3. ranking and bounding priorities
4. deciding what not to act on
5. when to confirm a result before acting

What you'll produce

Write a short explanation the team can test. Rank the concerns, identify a result that needs confirmation and explain why one finding can wait.

Where you'll use this

In the next module, you'll test your ranking against competing health conditions and the person's priorities.

7P Multimorbidity and geriatric syndromes

Multimorbidity means living with more than one condition. Problems such as falls or changes in memory can cut across diagnoses. Practise deciding what deserves attention first when several conditions, safety concerns and the person's own priorities compete.

What you'll study

1. falls, urinary incontinence, delirium, sarcopenia, cognitive decline and pressure ulcers as shared-risk syndromes
2. diabetes and hypertension targets in frail older adults
3. patient-priority-directed care
4. when longevity goals must give way to disease management

What you'll produce

Compare two competing priorities in a vignette and document the patient goal, referral decision and deferred optimisation.

Where you'll use this

You'll take the agreed priorities into the next module to decide what needs attention in the medicine review.

Curriculum source: GCLS Source Pack, module briefs and mandatory teaching topics. The companion crosswalk identifies each source clause.

Physicians explain the evidence and agree on care

8P Metabolic and pharmacological optimisation

Medicines can have an established role in treating a condition and a separate, less certain claim about ageing. Learn to assess those claims by intended use and decide what the team would monitor or review with the pharmacist.

What you'll study

1. treating established cardiometabolic risk first
2. deprescribing as optimisation
3. the evidence on metformin, GLP-1 receptor agonists, SGLT2 inhibitors, rapalogs and senolytics, graded by indication
4. why use for disease and use for ageing are different claims
5. working with the pharmacist
6. stop rules and monitoring

What you'll produce

Create an indication-by-evidence table; identify the pharmacist's review question, monitoring owner and stop decision.

Where you'll use this

The next module uses these distinctions to explain choices during consent. In the final case, the team reviews both benefit and burden.

Decision to practise

Compare the claim for an established indication with the claim for ageing. What evidence and stopping rule would you record for each?

9P Communicating results and shared decisions

Patients and families may hear a risk estimate or a biological-age result and wonder what it means for daily life. Practise explaining what is known in ordinary language, asking what the person wants and agreeing what happens next.

What you'll study

1. explaining risk in absolute numbers
2. presenting biological age without alarm or false reassurance
3. goal-setting around what matters to the patient
4. shared decision-making with older adults and families, including cultures where families share medical decisions
5. documenting consent that scales with uncertainty

What you'll produce

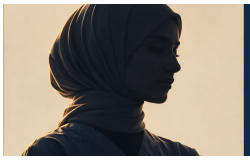
Write a short explanation of absolute risk and a consent note recording uncertainty and the person's preferred goal.

Where you'll use this

In the final case, nursing and pharmacy use the goal you agreed on to decide what to ask about at follow-up.

Curriculum source: GCLS Source Pack, module briefs and mandatory teaching topics. The companion crosswalk identifies each source clause.

Nurses connect observations from the clinic and home



Make measurements colleagues can compare and bring home observations into the next review.

6N Running assessment protocols and sample collection

When two observations differ, the team needs to know whether the person changed or the way you measured did. Learn how to record functional assessments and sample context so colleagues can interpret the results and compare them at follow-up.

What you'll study

1. administering ICOPE screening, SPPB, grip and gait tests in a standard way
2. reducing measurement error
3. recording results
4. pre-analytical rules for blood and biobank samples
5. consent and patient comfort

What you'll produce

Review a fictional assessment record. Check whether measurements were taken consistently, consent and comfort were addressed, and samples were handled according to local standards. Flag anything that needs repeating.

Where you'll use this

The next module takes the same care with measurement into the home, where device use can vary between visits.

7N Remote monitoring and wearables in practice

Home monitoring can show what happens between visits. You'll practise helping people use their devices, checking gaps or alerts with them, and deciding which observations should reach the team.

What you'll study

1. setting up monitoring devices
2. helping older adults wear and charge them
3. recognising poor-quality data
4. responding to alerts such as falls or low SpO2
5. avoiding alarm fatigue
6. privacy in the home

What you'll produce

Triage example alerts and write a handover explaining signal quality, privacy considerations and escalation ownership.

Where you'll use this

You'll use the coaching module to ask about barriers to device use and the coordination module to practise passing on alerts that need review.

Curriculum source: GCLS Source Pack, module briefs and mandatory teaching topics. The companion crosswalk identifies each source clause.

Nurses support daily care and act on emerging concerns

8N Behaviour change, adherence and coaching

A plan can sound manageable in clinic and prove hard to follow at home. Learn to ask what gets in the way and help the person choose a step that fits their routine, family support and preferences.

What you'll study

1. motivational interviewing
2. the COM-B model
3. supporting exercise, nutrition and cognitive programmes at home
4. involving family members and domestic helpers
5. culturally appropriate advice on diet, religious fasting and activity in different settings

What you'll produce

Script a coaching exchange linking one COM-B barrier to a chosen activity, family support and a review question.

Where you'll use this

The coordination module shows how to share barriers the person still needs help with. The final case asks whether the agreed plan fits the person's daily life.

9N Care coordination and escalation

When a concern needs someone else's attention, a useful handover says what changed, what action is needed and who will take it. Learn to recognise when to escalate, choose the local referral route and confirm that the request reached the right person.

What you'll study

1. red flags that need same-day physician review
2. referral routes inside the institution
3. structured handover (SBAR)
4. coordinating with pharmacist and physiotherapist
5. documenting changes to the plan

What you'll produce

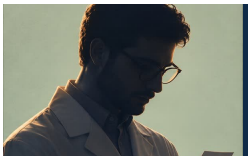
Deliver an SBAR handover specifying urgency, named recipient, referral route and follow-up responsibility.

Where you'll use this

In the final case, you'll check that the referral reached the right person and that their response made it back into the shared plan.

Curriculum source: GCLS Source Pack, module briefs and mandatory teaching topics. The companion crosswalk identifies each source clause.

Pharmacists bring medicine use into the functional assessment



Ask what the person actually takes and whether it could contribute to changes the team is seeing.

6Ph Polypharmacy and deprescribing

Taking several medicines can make it harder to see which ones still serve the person's goals. Learn to assemble an accurate list, discuss benefits and burdens, and prepare a team review of where reducing or stopping a medicine might be appropriate.

What you'll study

1. structured medication review in older adults
2. STOPP/START and Beers criteria
3. deprescribing process and patient barriers
4. time-to-benefit versus life expectancy
5. documenting and following up changes

What you'll produce

Prepare a structured review with a proposed priority, rationale, patient concern and follow-up owner.

Where you'll use this

Next, you'll examine whether medicines might be contributing to a change in daily ability. Physicians review the reasons for prescribing in their own track.

Decision to practise

Which proposed change warrants a conversation about time to benefit? Record the person's preference and who will review the change.

7Ph Medicines and functional decline

Changes in walking, attention or appetite can raise a question about medicine use. Learn how to investigate a possible contribution and explain what evidence the team still needs before deciding what to do.

What you'll study

1. drug effects on each domain of intrinsic capacity
2. fall-risk-increasing drugs
3. anticholinergic burden and cognition
4. drugs affecting continence, appetite and muscle
5. renal dosing in older adults

What you'll produce

Map a functional change to plausible medicine contributors, renal considerations and observations needed for review.

Where you'll use this

In the final case, you'll compare your explanation with nursing observations and what the team learns at follow-up.

Decision to practise

A fall coincides with a change in medicine use. What supports a contribution from the medicine, and what should the team check before attributing causation?

Curriculum source: GCLS Source Pack, module briefs and mandatory teaching topics. The companion crosswalk identifies each source clause.

Pharmacists test whether evidence should change a recommendation

8Ph Supplements and nutraceuticals

People may take supplements for energy, strength or healthy ageing. Learn to ask what they actually take, assess whether the evidence supports the intended benefit, and bring quality, interactions and burden into the review.

What you'll study

1. evidence for common supplements in older adults (vitamin D, omega-3, protein, creatine, B12, NAD precursors and others) graded by claims tier
2. negative trials
3. product quality and contamination
4. supplement–drug interactions
5. how to take a full supplement history

What you'll produce

Make a complete list of supplements. For each, record the evidence for the intended benefit, what is still uncertain and a question about possible interactions.

Where you'll use this

The shared care-planning module introduces supplements as one part of a wider plan. In the final case, you'll review their combined burden with the full medicine list.

Decision to practise

For one supplement, separate the evidence for the intended use from product quality and interaction concerns. What enters the handover?

9Ph Pharmacogenomics and precision prescribing

Pharmacogenomics looks at how genetic differences can affect a person's response to medicines. Learn when a result and applicable guidance could inform a prescribing decision, and what to consider before recommending further testing.

What you'll study

1. actionable gene–drug pairs (CYP2C19, CYP2D6, SLCO1B1 and others)
2. CPIC guidelines
3. pre-emptive panel testing
4. relevance to polypharmacy in older adults
5. how allele frequencies differ between populations and what national genome programmes add
6. limits and costs of testing

What you'll produce

Compare a targeted testing question with a panel proposal; identify the actionable pair, decision, cost and remaining uncertainty.

Where you'll use this

In the final case, you'll explain which findings could change a prescribing decision and whether testing fits the service's resources.

Curriculum source: GCLS Source Pack, module briefs and mandatory teaching topics. The companion crosswalk identifies each source clause.

The whole team reviews one case over twelve months

Your team will bring the pieces together in one shared plan. The case conference is on the next page.

10 The functional longevity pathway in practice

Follow one fictional patient from her first assessment to the 12-month review. Use what you've learned to agree on an everyday goal, share observations across the three professions, and decide what to continue or change at follow-up. Revisit your Module 1 service brief to test whether a public clinic can staff the pathway, close referrals and track results.

What you'll study

1. the five-stage pathway and who leads each stage
2. referral, escalation and handover rules between physician, nurse and pharmacist
3. outcome measures (intrinsic capacity, SPPB, PROMs, adverse events)
4. quality indicators
5. how to set up and scale the pathway in a public hospital, a primary care network or a national programme
6. one worked case followed from screening to 12-month review, showing each profession's role at every step

What you'll produce

Submit a 12-month team case and service rollout plan showing stage leads, handovers, five-component review, outcome measures and a named owner for quality review. Include the physiotherapy and occupational therapy handovers in the case record.

Where you'll use this

The proposed final assessment uses the case you've followed and a second patient to see how you apply the same reasoning in a new situation. The final page sets out the decision for faculty.

Decision to practise

At month 12, which observations support continuing, adapting or stopping part of the plan? Name the reviewer for the next observation.

Follow the case from baseline to month 12

1

Baseline

Agree on a daily goal and record how the person is doing.

2

During follow-up

Record observations, concerns and the next reviewer.

3

Month 12

Compare with baseline and explain what to continue or change.

The review is an exercise in interpreting change. The case does not assume that function improves.

Curriculum source: GCLS Source Pack, module briefs and mandatory teaching topics. The companion crosswalk identifies each source clause.

Show what rehabilitation adds from baseline to month 12

The fictional patient is 77 and has type 2 diabetes, hypertension and knee osteoarthritis. She takes eight regular medicines and three supplements, walks slowly and fell once in the past year. Ask what she wants to keep doing independently. Use her answer to set one goal the whole team can follow.



Physiotherapy and occupational therapy in the shared case

Care stage	Physiotherapy (PT)	Occupational therapy (OT)	What the team hands over
Screen and assess	Describe her walking and transfers and ask what makes getting around harder.	Ask which everyday task she wants to keep doing. Observe task demands and the help she uses in her usual setting.	Nursing shares the screen and the patient's goal. Record the mobility and task baselines together.
Review risk	Explain what the movement assessment clarifies and which mobility concern still needs review.	Describe task, environmental or support barriers and what remains uncertain.	Use the local referral route. Name the receiver and the question for the physician, nurse or pharmacist.
Agree a plan	Agree the walking or transfer practice that serves her goal.	Design practice around her chosen task. Agree any changes to the routine, environment or support.	Agree one plan with her. Record who delivers each part and what nursing and pharmacy will follow up.
Monitor and progress	Deliver the movement practice and review how to progress it using observed function.	Practise the task with her. Review which adaptations help and which support still fits.	Nursing shares day-to-day changes. Bring new clinical or medicine concerns to the named reviewer.
Adapt at month 12	Compare mobility with baseline and explain what to continue or change.	Compare how independently she performs the chosen task and what help she still needs.	Agree what changes and who follows up. Confirm receipt and the next review point.

These are suggested roles for the teaching case. Faculty and local teams would confirm responsibilities, measures and escalation thresholds.

Make one record from baseline to review

Bring the baseline assessment, history and reconciled medicine list. At month 12, compare intrinsic capacity, SPPB and patient-reported outcomes with baseline. Review adverse events and burden. Record changes in function and independence, the next decision, its owner and review date.

Test delivery in a public service

Specify staffing, referral routes, monitoring, who reviews adverse events and a quality indicator. Consider who could be excluded by device access before scaling. Use a fictional worksheet.

GCLS Source Pack, Module 10 worked case. Rehabilitation roles are proposed from reviewer feedback forwarded on 28 November 2026. Image for illustration.

Explore a fourth pathway for rehabilitation

Proposal for co-design and academic review. A dedicated pathway could help rehabilitation professionals assess daily function, design and progress interventions, and review independence with the public healthcare team.

The current course map counts ten modules per learner across three existing pathways. The rehabilitation concept sits outside that count and is open for review.

1. Agree the scope

Draft objectives for PT and OT around one goal for daily function. Cover mobility, everyday activities, cognition in the context of a task, and meaningful participation. Decide which decisions are shared and which need profession-specific teaching.

2. Design handovers with the existing tracks

Decide who contributes at screening, who receives a referral and who confirms the follow-up. Work through a clinical concern with physicians, daily observations with nursing and a medicine-related concern with pharmacy.

3. Ask faculty to specify what can be taught

Review professional scope, referral routes and capacity in public services. Ask local reviewers how their frameworks are used and which elements may transfer. Faculty would select measures, thresholds and escalation criteria, and review the wording in both languages.

Examples raised by the reviewer for discussion

Function First | Functional Vital Signs | Prevent–Move–Think–Connect–Thrive

Proposed assessment format

A simulated case conference and a short written handover. Faculty would confirm the format and review criteria.

Agree a functional goal	Give and receive a handover	Explain a follow-up decision
Use the Module 10 case to prepare one goal and describe what each profession contributes at baseline.	Explain what PT and OT would plan, deliver and progress. Name the recipient, the question and the next review point.	Compare a fictional follow-up with baseline. Justify a change or continuation using function, independence and the person's priorities.

Discussion inputs: GCLS Course Summary (future physiotherapy track) and rehabilitation feedback forwarded on 28 November 2026.

Try a lesson and see how the course checks your reasoning

The free preview gives you a short case and a decision to make before you explore the full curriculum.

1. **Try the case**
   Read the scenario and compare your choice with the explanation. Open the course preview

2. **Explore your professional track**
   Use the course map to review the shared modules and what you'll practise in your specialty. View the course map

Full-course requirements for faculty review

Teaching time and materials

Each module specifies at least 60 minutes of narrated teaching and about 40–50 self-contained content slides. Plan 80–150 words of explanation or a table per slide, with a clear heading and citations. Use verified Vancouver references and DOIs when available.

Module checks

At least 15 multiple-choice questions per module, with one correct answer and three plausible alternatives. At least half are clinical scenarios. Each key has a sourced rationale. The module pass mark is 70%.

Final case and review status

The proposed final assessment combines the shared worked case with a second patient. Faculty review will confirm the exam design, local scope and bilingual terminology. Professional development arrangements are pending by country and profession.

GCLS Source Pack and Course Summary, 12 November 2026. Academic review edition.