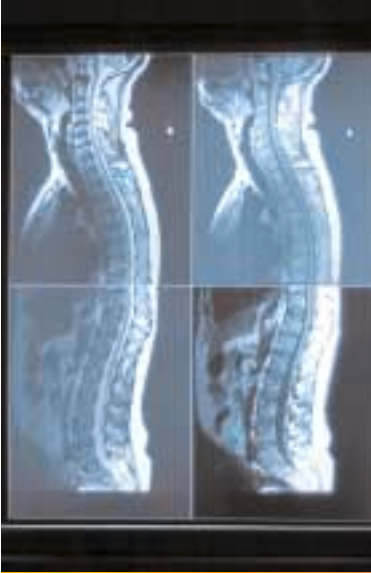


annual report

2004/2005



BRITISH GERIATRICS SOCIETY

BRITISH
GERIATRICS SOCIETY

Specialist medical society for health in old age

PATRON: HRH THE PRINCE OF WALES



adding life to years

*campaigning for a
better deal for older
people*

promoting research

*improving standards
and delivery of care*

*converting theory to
practice*

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The traditional role of the Society

For ...the relief of suffering and distress amongst the aged and infirm by the improvement of standards of care for such persons... (an extract from the Society's Memorandum of Association).

The Society is a professional association of physicians, paramedical staff and scientists. It is the only society offering specialist medical expertise in the whole range of health care needs of older people, from acute hospital care to high quality long-term care in the community. It now has over 2,000 members worldwide.

Current Aims

New legislation, government directives and developments in the health care field have changed quite rapidly in recent years. In order to keep its commentary on current aims up-to-date, the Society is publishing details on its website (www.bgs.org.uk) in preference to printing them.

Strategic Plan (2004 - 2006)

Global objectives - the authoritative voice
The British Geriatrics Society is recognised as the representative body for the specialist professional practice of geriatric medicine. We have and intend to continue to create and maintain an authoritative voice on health care and ageing with both public and politicians.

We do this by working with other charities who have age-related aims, with the media, Government, through the Associate Parliamentary Health Group, relevant professional bodies, other specialist societies, universities and medical schools, and international organisations (EUGMS, IAG).

Adding to our knowledge and understanding of our specialty

The BGS has a responsibility for adding to and improving the knowledge required to manage the health care of older people to a high standard. We do this by promoting research, education and training. Vital to this endeavour, are our standing committees, SIG's and Sections, who provide the lead on promoting research. On the external front, the BGS actively participates in academic fora with Royal Colleges, etc., while promoting a systematic approach to CPD

The charitable BGS

The BGS remains an independent charity, and closely aligned with our objective to promote knowledge through research, education and training, are our efforts to fund various grants and fellowships.

We continue to administer and provide the necessary funding for the Dhole Fellowship, currently jointly funded with Research into Ageing - the nurses and therapists study grants; medical student elective and vacation project grant; and the Specialist registrar research start-up and travel grant.

Professional and academic objectives

The BGS maintains, reviews and continues to develop a web-based compendium consisting of best practice statements and guidelines. It provides information on training and education and promotes scientific meetings and the publication of peer reviewed papers. The flagship of this activity is our scientific journal, *Age and Ageing*, which is held in high esteem world wide.

Professional and multidisciplinary activities

The BGS fosters affiliations with specialist groups of professions allied to medicine, and encourages appropriate multidisciplinary membership

STATUTORY INFORMATION

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Charity Number

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Report from the UKMC

Dr Jeremy Playfer, President of the BGS

The Trustees of the United Kingdom Management Committee (UKMC) are pleased to present this report to you, which demonstrates that once again, the Society has not only fulfilled its founding objectives but also made significant progress in new areas of activity.

Divergent national agendas

The United Kingdom Management Committee (UKMC), the Board of Trustees, plays a vital role in overseeing the work of the Society against a backdrop of continuing policy devolution among the nations of the United Kingdom. The BGS develops and advocates sensible, practical policy for improving older people's medical care, which applies across the country, regardless of divergence amongst the four nations' social and health care systems. To assist in maintaining a consistency in our objectives, our Chief Executive Alex Mair, working with both myself and our President-Elect, Professor Peter Crome, completed the task of updating our strategic review (the core of which appears above). The Strategic Plan was approved by UKMC and is generating a series of business plans for our most senior committees. These will focus the efforts of the various Committees and help us move forward in a timely and consistent manner.

The authoritative voice of geriatric medicine

One of the goals within our Strategic Plan has been to maintain and enhance the authoritative voice of the BGS for the health care of older people. To this end, the Society has made a concerted effort to respond to calls from Parliament, both the Commons and Lords, on a wide range of issues where the clinical wellbeing of the older person was involved. Among the consultations responded to was the House of Lords Assisted Dying for the Terminally Ill Bill, in which the BGS strongly resisted the Bill with its inherent risk of devaluing human life, putting vulnerable people under pressure to agree to actively ending their lives, and imposing the obligation upon physicians to participate in this action.

The BGS also responded to the Government White Paper on public health, submitted evidence to the House of Commons Health Committee on NHS Continuing Care, and also submitted evidence to the House of Lords Select Committee on the Scientific Aspects of Ageing. All these responses and submissions are available on the BGS website. Many members provided their time and expertise to ensure that the Society presented a most professional response on every occasion. I am delighted to say that we have feedback which demonstrates that the views

of the Society are not only warmly received but are also incorporated into ongoing parliamentary debates; this has greatly raised the profile of the Society and is an initiative I am keen to see continued.

The engine room of the Society is the Policy Committee which, under the chairmanship of Dr Gill Turner and Dr David Beaumont respectively, overhauled our Compendium of Best Practice, published on our website. The Compendium provides information on many aspects of best practice and is widely used as a source of authoritative guidance for professionals and lay people alike; the many volunteers who have undertaken hours of careful updating and research deserve the thanks of the whole Society for their efforts.

Training and promoting research

The Education and Training Committee, under the chairmanship of Dr Oliver Corrado and the Academic and Research Committee, under the chairmanship of Professor John Potter, have been no less active in their respective areas of expertise. Together, they have maintained the Society's reputation for professional excellence.

Add to this the tremendous success of our two scientific conferences in Derry/Londonderry and Harrogate, the Special Interest Groups and Sections, the ongoing success of our journal *Age and Ageing* under the editorship of Professor Gordon Wilcock, and the efforts of Dr Ian Taylor as Director of CPD and you will appreciate that the Society is in strong shape.

Fostering multidisciplinaryism

The Society also continues to make progress on fostering multi-disciplinaryism in our specialty. To this end, it led a multidisciplinary conference entitled, *United in Care*, held in December. We intend to repeat the exercise in December 2005.

During the year a total of ££32,859 was provided to support training for allied health professionals, educational projects and research start-up grants. The Dhole Fellowship, jointly funded with Research into Ageing (Help the Aged), has been awarded to Dr Simon Conroy. We are most grateful to our donors and sponsors, listed on page 21, for sharing the Society's objectives. All donations received go directly and exclusively to the Grants Fund.

The Trustees commend this report to the members, confident that the fundamental objectives of the Society will continue to be met, retaining our ability to respond to the undoubted changes and challenges that lie ahead.



A: The Society's National Councils



ENGLAND

Chairman: Dr David Black

The England Council of the British Geriatrics Society has two main objectives:

- ◆ Interface with and influence Department of Health (DoH) policy on older people for England.
- ◆ To listen to and inform the English body of the British Geriatrics Society through its regional meetings.

The interface with national policy of the DoH has been up at a number of levels and involved several initiatives.

- ◆ Members of the England Council have met the National Director of Older People's Services on two occasions during the year to discuss and debate areas of interest and policy development.
- ◆ Representatives from the Department of Health have attended England Council meetings to discuss progress and implementation of the Single Assessment Process.
- ◆ Council undertook a survey of geriatricians' views regarding the effectiveness of the implementation of reimbursement for delayed discharge. Council have now suggested to the DoH that reimbursement be extended to cover rehabilitation and psychiatric services for older people. The Department of Health responded positively to this correspondence.
- ◆ The Council has been supportive of the recent emphasis on chronic disease management and has promoted among its membership the report

"Clinicians, Services and Commissioning in Chronic Disease Management in the NHS - the need for co-ordinated Management Programmes", produced by a Working Party of the Royal College of Physicians of London, The Royal College of General Practitioners and the NHS Alliance. The Council is represented on a Department of Health Project, "The Leadership Development of Complex Care Teams", in thinking about improving the interface between primary and secondary care.

- ◆ The Chairman of Council met John Hutton the Health Minister, together with the President of the Royal College of Physicians, to argue the case that chronic disease management is best achieved by having better integration of primary and secondary care, and to raise concerns that payment by results weakens the emphasis on effective chronic disease management.

A major piece of work for the England Council has been the production, following a national survey, of the document: "The Challenge of Geriatric Medicine". This has been widely debated within the Society to try and give some understanding and leadership to the challenge faced by geriatricians in the current health care environment.

Members of Council have also had several meetings with the Healthcare Commission, including representation on their expert advisory group, which is currently undertaking an in depth review of the implementation of the National Service Framework for Older People.



NORTHERN IRELAND

Dr Maeve Rea

The main event occupying the BGS Northern Ireland (BGSNI) Council during 2004-5 was the organisation and the running of the BGS Spring meeting in Derry/Londonderry in April 2004. All who attended thought it was a most successful meeting, both in terms of the academic content and its venue. We thank particularly, Dr Peter Passmore (Senior Lecturer Queen's University, Belfast) and his team for their work in setting up and organising a useful, varied and interesting range of topics and speakers, all of which were, well received. The venue for the BGS was split between the beautifully restored Victorian St Columb's theatre and music hall and the state of the art Millenium Centre and was literally on the walls of the historic city of Derry. It was through the vision of our two consultant geriatricians in Derry, Drs Ailbe Beirne and Joe McElroy, that the Spring Meeting was hosted in Derry/Londonderry during the Presidentship of

Professor Bob Stout. They even managed most of the weather!

In Autumn 2004 Prof Bob Stout passed the reins of President of BGS to Dr Jeremy Playfer. During his two year Presidentship, we felt privileged to be such a close part of BGS in London, since Bob gave us regular updates on business and policy there at our BGSNI Council meetings. As a group we would wish to thank Dr Joe McElroy for his hard work and constancy as Chairman of BGSNI Council (2001-5). He has overseen our local BGS group become devolved into the BGSNI Council as part of the new BGS devolved structure and has expertly time managed our BGSNI meetings with a menu of business, CPD and social events. He has also taken the 180 mile round trip to Belfast Airport, over the Glenshane Pass, for a 6:20 flight departure to London

more times than he wishes to count. Dr Maeve Rea took over as Chairman of the BGSNI Council in 2005 and after some delay, the Secretary's role has been taken over by Dr Eileen Byrne.

We wish to congratulate Dr Ian Taylor, one of our Consultants, in his important new post as BGS Director of CPD. BGSNI Council already benefits from his expertise in our curriculum training, but hopes that he can lead us through the changes and challenges which lie ahead.

During 2004-5, BGS NI Council had successful educational meetings with content including new policy-related issues such as 'pharmacy in the community' and 'GPs with special interest in elderly people', speaker updates on evidence-based medicine and some research-based presentations. Drs Rea and Taggart, both members of the BGS Policy Committee, met with the Chief Medical Officer (CMO) of Northern Ireland, Dr Henrietta Campbell and Deputy CMO, Dr Ian Carson, in order to update and progress policy with respect to older people in Northern Ireland.



SCOTLAND

Professor Marion McMurdo

2004/5 has been a busy year for BGS members in Scotland. Individuals have been actively contributing on a range of issues affecting older people including the development of NHS QIS Standards for Older People's Services, working with representatives of local authorities to develop and implement the Joint Futures agenda as it affects older people, developing Managed Clinical Networks, developing multi-agency falls prevention and intervention programmes, contributing to the development of the National Hip Fracture Audit Programmes and to the Scottish Executive Whole System approach to healthcare planning.

The new BGS (Scotland) Council office bearers elected in May 2004 are:

Chair: Professor Marion McMurdo
Deputy Chair: Dr Willie Primrose
Secretary: Dr Brendan Martin
Assistant Secretary/Treasurer: Dr David Stewart

In February 2004 we had a productive meeting with Dr Mac Armstrong, Chief Medical Officer in Scotland, when we focussed on Manpower (funding of and recruitment to geriatricians' posts) and the future direction of the specialty. This led to a series of subsequent meetings with Dr Mairi Scott, Chair of the Royal College of General Practitioners in Scotland, June Andrews, Head of the Change and Innovation of the Scottish Executive, and with Dr Colin Hunter, Acting Chair of National Education for Scotland (NES), respectively. This series of meetings has raised the profile of the specialty in Scotland and has helped to put the care of older people at the centre of the healthcare agenda.

Council members met with 2 MSPs, viz, Ms Christine Graham who chairs the Scottish Health Committee, and Mr Alex Neil, who has produced a consultation paper proposal to create a Commissioner for Older People in Scotland. BGS (Scotland) has joined an ad hoc Committee to help draft the parliamentary Bill. It has also joined a cross party Parliamentary Advisory Group with an interest in older people. The group has representation from Age Concern, Help the Aged, the STUC, and the Convention of Scottish Local Authorities.

The Council of BGS (Scotland) has been able to influence health strategy through Dr Brian Williams

(past President of the BGS), and now Special Adviser to the Chief Medical Officer. The challenges being faced by the specialty through developments such as the European working time directive, the new consultant contract, and modernising medical careers, have been brought to the attention of the CMO via Dr Williams.

The Council of BGS Scotland has responded to the consultation paper, "Dying with Dignity" by Jeremy Purvis MSP. The response was based on the BGS UK response to Lord Joffe's Bill, "Assisted Dying for the Terminally Ill".

We have had two very successful scientific meetings. In May 2004, there was a joint meeting with North of England colleagues held in Easterbook Hall, Crichton Campus, Dumfries, and hosted by Dr George Rhind. At that meeting we heard a presentation by Dr Colin Currie on the NHS Quality Improvement Scotland report on the acute care of older people. There were also entertaining updates on topics in rheumatology by Dr Mike McMann, and the management of renal disease by Dr Chris Isles. The Autumn meeting was held in November at the Royal College of Physicians and Surgeons of Glasgow. It was hosted by Dr Jennifer Burns and colleagues at Glasgow Royal Infirmary. Guest speakers included Professor David Stott who spoke about new insights into cognitive decline and Mr Steve Kendrick from the Information and Statistics Division of the Common Services Agency, NHS Scotland. Steve spoke on health and wellbeing of older people in Scotland with insights from national data.

Our trainees, led by Drs Alisdair MacLulich and Adam Bowman had another successful meeting at Dunblane Hydro in December.

BGS (Scotland) looks forward to the coming year with Scientific meetings scheduled in Inverness May 2005, Perth November 2005, and a joint meeting with colleagues from Northern Ireland in Spring 2006. BGS (Scotland) will also host the national Council Study Day on 14 June 2005 in Edinburgh.

I hope these few paragraphs give you a flavour of the strong and vibrant specialty in Scotland. Further information can be found in Newsletters and minutes of meetings published on the BGS (Scotland) website www.bgs-scotland.org.uk.





CYMRU/WALES

Dr Ed Wilkins

During the year there has been progress in inter-relationships between the devolved Government of Wales and the BGS Council. It is of interest to note that Wales has retained its national Medical Advisory structure (in contrast to some of the other nations). This takes expression through the Welsh Medical Committee, which is the key advisory group and has statutory powers which include the right to engage with the First Minister. In response to the devolved structures of the BGS the Council in Wales now also acts as the Specialty Advisory Group [SAG] for the Welsh Medical Committee. The role of the SAG is still evolving. It is the intention of the Central Welsh Medical Committee to devolve some of its powers to the Specialty Advisory Groups and this will allow the Council in this capacity to directly influence BGS organisations in Wales. Initially, this is likely to take expression through newsletters and communications, but the ultimate goal is for geriatricians in Wales to be much more pro-active in engaging with health and social care issues emerging at Government level.

National Partnership Forum for Older People

Wales is unique in that it now has an Older Persons' Strategy, which covers all elements of care and wellbeing of the older person. Some of the recommendations from this strategy were that an Older Persons' Forum be established. It held its first meeting at the beginning of the year, and a second meeting in Llandudno, North Wales. Two of the BGS members in Wales, Dr Praveed Khanna and Dr Ed Wilkins have

been appointed to sit on the Forum, representing the Clinical Professions and Trusts respectively. It is indeed an interesting experience with very broad representation, the majority of the Forum choosing its membership from either older people or from committees representing older persons' organisations. The Forum is potentially a very powerful organisation in that it reports to a Welsh Assembly Government Cabinet sub-committee, chaired by the First Minister. The Forum's remit will address issues from social needs to housing, to health prevention and health maintenance.

A Health Commissioner for Wales

Another interesting development, which is unique to the devolved Government in Wales, is the proposal to appoint a Commissioner for Older People, recently presented to and accepted by Westminster and now written into Statute. The role and influence of this post is now out for consultation and it will be of particular interest to see whether the Commissioner's remit will extend to Welsh residents who are treated in England or abroad within the European Economic Community.

Finally, this report will be my 'swan song' as Chair of the Wales Council. This has been a rewarding and exciting period and I'm particularly pleased to have been involved in the restructuring of the UK BGS in response to the requirements of devolution. I would like to thank colleagues at UK level and within Wales for their considerable support, and would make particular mention of Tony White who has been superb in his role as Secretary to the Cymru Wales Council.



Staff Grade Physicians and Specialist Associates

Chairman : Dr Sue Morgan

The objectives for the staff grade physicians and specialist Associates (SAS) subgroup are:

- ◆ To maintain an up to date register of all SAS doctors working within elderly care medicine.
- ◆ To provide support and assistance to members to fulfil their Continuing Professional Development.
- ◆ To act as a link to other specialist groups in order to facilitate involvement in audit and research.
- ◆ To maintain links with and offer support to the BMA and RCP on matters such as revalidation, remuneration, working conditions, entry to the specialist registrar programme and career progression.

This year the group has developed a written constitution and the first wave of a survey has been sent out and collated in order to create a database of SAS doctors who work within elderly care. It is also collecting information on the problems SAS doctors have on obtaining study leave, funding, external CPD and attendance at BGS meetings. A second wave of the questionnaire has been planned to capture doctors identified from the first wave. A regular column has been established in the BGS newsletter to raise the profile of the group and to inform SAS doctors of developments within the Society relevant to them. Contact has been made with the conference organisers to try to influence the scientific programme of the BGS meetings to ensure their relevance to our grade. A seat on the English and Wales Councils of the BGS has been allocated for SAS members. This will enable SAS concerns to be heard at a national level.



Training the future geriatricians

Chairman of the Education and Training Committee : Dr Oliver Corrado

The Education and Training Committee (ETC) is involved in all aspects of training and education in geriatric medicine of medical undergraduates and postgraduates and recently the ETC extended its role to the education in geriatric medicine of other health professionals.

The ETC liaises very closely with the Specialist Advisory Committee (SAC) in Geriatric Medicine and meets four times a year. Meetings are scheduled to follow SAC meetings, enabling the Education and Training Committee to be kept up to date and consulted on issues relating to Higher Training in Geriatric Medicine.

Modernising Medical Careers

Modernising Medical Careers (MMC) aims to improve patient care by delivering a modernised career structure for doctors through a major reform of postgraduate medical education.

A key strand of MMC is a 2 year period of Foundation training which commences on 1st August 2005. A Foundation curriculum has been produced which defines the necessary knowledge, skills and attitudes Foundation trainees should acquire, and these young doctors will need to demonstrate their competence against defined standards. Trainees will have a standardised portfolio and will also undertake specific assessments during their period of training.

Whilst Foundation training requirements are clear, the arrangements for training post Foundation in medical specialties (including Geriatric Medicine) are not.

Over the past year the ETC has been liaising with the SAC and through them the Joint Committee of Higher Training and other medical specialties on training career pathways in Acute, General (Internal) and Geriatric Medicine. The ETC and SAC are very keen to ensure trainees in Geriatric Medicine get a good, broad grounding in medical specialties and acute patient management, but also are able to receive high quality sub-specialty training in core geriatric medicine and rehabilitation without undue service pressures in acute medicine encroaching on their ability to take advantage of these training opportunities.



Assessment of Specialist Registrars in Geriatric Medicine

All SpRs in medical specialties will undergo assessments of their competence from Autumn 2005. This year two methods of assessment Multi-Source (360 degree) Feedback and Directly Observed

Procedural Skills (DOPS) will be introduced, followed by Mini-Clinical Examinations (Mini-CEXs) next year.

Geriatric Medicine is also one of 5 pilot medical specialties developing a knowledge test for SpRs. A small working group consisting of SAC and ETC members, capably co-ordinated by Prof Steve Allen are developing a bank of best-of-five questions in Geriatric Medicine with the intention of piloting an examination in Spring 2006. Members of the working group have received training in question setting. Assuming the pilot is successful it is anticipated SpRs in future would take an examination in year 2 or 3 of their training.

British Geriatrics Society Compendium

The Policy Committee has successfully co-ordinated a major review and update of the BGS Compendium, which is available online on the BGS website.

The ETC has revised the documents relating to training and education, including recommendations for educating medical undergraduates in Geriatric Medicine and a recommended reading list incorporating other types of educational material.

Teaching Geriatric Medicine in UK Medical Schools

It is vitally important that medical students are taught about human ageing and the health needs of older people, so that they are well prepared to treat and manage an increasingly ageing population when they qualify as doctors.

Professor Peter Crome on behalf of the Education and Training Committee has undertaken an extremely important questionnaire survey on the teaching of human ageing and Geriatric Medicine in UK medical schools.

Questionnaires were sent to Deans of medical schools, ETC members and Heads of Academic Departments of Geriatric Medicine. The survey identified that geriatric medicine was taught in most (91% of respondents) but not all medical schools, and generally not taught as a separate subject, but linked to others such as general medicine and psychiatry. A similar survey undertaken in 1986 found that Geriatric Medicine was taught in all medical schools.

The survey also showed that Geriatric Medicine is taught by a variety of health professionals, in a variety of settings and at different stages of the curriculum, and the majority of medical schools include Geriatric Medicine in examinations. 82% of the medical schools which responded taught human ageing in their curriculum, invariably combined with other subjects



(such as social sciences and psychiatry) rather than taught separately.

The results of the survey have been circulated to all medical school deans, drawing attention to the importance of teaching geriatric medicine and human ageing to doctors of the future, given that all doctors (except those in paediatrics and obstetrics) will increasingly have to deal with older people, and also promoting the BGS's recommended undergraduate curriculum.

Prof Crome and his registrar Lisa Bartram are in the process of producing a paper based on the results of the survey which will be submitted for publication soon.

Training Specialist Registrars in Clinical Governance

The ETC in conjunction with the BGS Clinical Practice Effectiveness Committee (CPEC) have been keen to ensure Specialist Registrars in Geriatric Medicine (and other medical specialties) receive training in Clinical Governance.

Clinical Governance is part of the Generic Curriculum for all SpRs training in medical specialties. However a questionnaire survey co-ordinated by two SpRs (Jessica Beavan and Sally Briggs) and Chris Turnbull of SpRs in 5 deaneries and those attending the SpR meeting at the BGS Autumn meeting 2004 established that the majority of SpRs in Geriatric Medicine had received very limited teaching in Clinical Governance. Although most SpRs knew how to undertake a literature review, critically appraise a scientific paper and had participated in medical audit, many had no understanding of risk assessment and management, investigating critical incidents and independent review panels.

The results of this important survey have been circulated to all UK postgraduate deans and Chairs of Specialty Training Committees with the recommendation that relevant courses and regional training days in Geriatric and General (Internal) Medicine incorporate teaching in clinical governance and also that SpRs shadow clinical managers for a period of their training to better understand how governance relates to clinical practice.

The survey has received positive feedback and has been accepted for publication in the Education Section of the British Journal of Hospital Medicine.

"Why Geriatrics" Survey

Sally Briggs, one of the ETC SpR representatives has undertaken a questionnaire survey on behalf of the ETC of why doctors chose Geriatric Medicine as a career. This survey has been re-launched as it had a poor response last year. I am pleased to report we have had a much better response this time and Sally is currently analysing the data.

Sub-specialty Training in Stroke Medicine

All SpRs have to undertake training in stroke medicine as part of their training in Geriatric Medicine, however

some can now pursue formal sub-specialty training in stroke medicine. The sub-specialty SAC in Stroke Medicine have defined the necessary knowledge, skills and attitudes trainees need to acquire in acute stroke and stroke rehabilitation and prevention. This training is available to SpRs with a training number in Geriatric Medicine, Neurology, Medical Rehabilitation, Clinical Pharmacology Cardiology and General Medicine.

Over the past year the Stroke sub-SAC has been liaising with SACs, training centres and deaneries to approve stroke training programmes and centres. Regrettably apart from Scotland, no additional funding has to date been made available in the UK to support training in stroke, with specialties having to second trainees from their parent specialty to stroke training posts.

The BGS Strategic Review and ETC Business Plan

A BGS Strategic Review presentation paper was discussed at the National Council Study Day in July 2004. Central to the Strategic Review process is the creation of a BGS Business Plan with the expectation that all BGS Committees will produce a business plan defining the committee's key objectives, resource requirements and targets for the coming year.

The ETC has been actively engaged in producing its business plan which is virtually complete.

Recognising there is a significant overlap in some items of business of BGS standing committees, in particular the ETC, Academic and Research and Policy committees, the chairs of these committees have agreed to meet at least once a year to discuss items of common interest, and ensure the BGS has a consistent approach to key areas.

BGS Study Grants

The BGS allocates study grants to Nurses and Therapists (up to a maximum of £200 per grant) to enable these health professionals to attend conferences relating to ageing and geriatric medicine.

Bids for these grants are evaluated and adjudicated by the BGS office who report to the ETC. In the last financial year 38 such grants were awarded to nurses and 23 to therapists. The office has received many letters of gratitude from recipients who would otherwise be denied from receiving this education as they struggle to get financial support from trusts and other bodies.

In addition the BGS awards Study and Elective Grants (of up to £500) to medical students to enable these doctors of the future to pursue projects related to the health of older people. Bids are evaluated by the ETC Chair and last year 8 were awarded. Students travelled to a variety of destinations including New Zealand, Trinidad and South Africa for their elective projects.

Workforce Review and Surveys

The ETC is fortunate to receive a regular report from Dr Alistair Main, Chair of the BGS Workforce Group who liaises with national workforce planning groups. The ETC undertakes an annual survey of SpR

numbers, recruitment and vacancies and consultant appointments which helps inform Alistair for national discussions. Like all medical specialties, Geriatric Medicine had an expansion of SpR training numbers to meet European Time Working Directives and make rotas and shifts compliant. ETC surveys have indicated that within the UK there are currently some unfilled Geriatric Medicine training numbers, but there is every indication that recruitment to these numbers is steadily progressing.

Alistair is currently liaising with the ETC and BGS Office to produce an up to date database of consultants and trainees in Geriatric Medicine similar to ones utilised by other societies such as the British Society of Gastroenterologists.

European Union of Medical Specialists (EUMS)

The ETC is fortunate to receive a regular update from Dr Ian Hastie, President of the Geriatrics Section of EUMS on training in Geriatric Medicine in Europe as there are major differences in the status of the specialty in different countries.

Deputy Chair

I am pleased to report that Dr Rhian Morse, from the

University Hospital of Wales, Cardiff has been elected deputy chair of the ETC and will take over as Chair of the ETC from me next year. Rhian has a wealth of experience in training having been the STC Chair in Geriatric Medicine for South Wales.

Following Peter Crome's article in the BGS Newsletter on teaching geriatric medicine to undergraduates, a number of colleagues expressed interest in the suggestion of a BGS Special Interest Group in Education. This was originally proposed about 2 years ago but there was little interest then by the BGS membership. However a number of geriatricians are now involved in training and education as deans, associate deans, MMC leads and Clinical Tutors and it is likely that a SIG in Education would now receive much greater support. A further survey of BGS members is planned later in the year.

Finally on behalf of the ETC I would like to thank Dr Nicki Colledge who has recently demitted from office as SAC Secretary. Nicki is a former Chair of the ETC, and in her role as SAC Secretary for the past 3 years presented a regular report to the ETC, Nicki has an enviable ability to come hotfoot from SAC meetings to present an excellent and clear summary of SAC business.

Trainees Committee

Chairman : Dr Sally Briggs; Vice Chairman : Dr Phyo Myint

The aim of the Trainees Committee is to represent the views of around 450 Geriatric Medicine trainees in the United Kingdom, to the various BGS standing committees and National Councils. Seven committee members (elected at the Autumn 2003 scientific meeting) provide representation to the UKMC, Education and Training, Academic and Research, Policy and Finance Committees, as well as sitting on the National Councils, Clinical Practice and Effectiveness Committee and Specialist Advisory Committee at the Royal College of Physicians.

At the Autumn meeting Dr Owen David (Trainees Representative, Education and Training Committee) stood down as he was about to become a consultant. He was replaced by Dr David Hargroves for the second year of this committee's tenure following a vote by the trainees present.

The trainees committee meets twice a year with trainees at the scientific meetings. The aim of these meetings is to inform trainees about national developments and provide a forum for trainees to raise any concerns that they may have about their training. These concerns can then be fed back to the appropriate committee. We feel it is important that, wherever possible, we present to the standing committees, a collective view, rather than that of the individual sitting on the committee.

Good Communication

The trainees section of the BGS website has been redesigned to bring the information up to date and to improve communication between the committee and

trainees. Regular email contact occurs between the committee and regional representatives.

Research

The importance of research for trainees has once more been highlighted in the last year. Initiatives include:

- ◆ Focussing on successful researchers through regular features of "Why I went into research", written by research active SpRs in the BGS Newsletter. This was highlighted in BGS evidence to the House of Lords Select Committee on the Scientific Aspects of Ageing (September 2004) www.bgs.org.uk/Publications/Position%20Papers/psn_aspects_ageing.htm
- ◆ Publication of trainees research survey in the BGS Newsletter and on the website. Trainees and Research - results of BGS trainees' survey Witham M, Myint PK, MacLulich A. BGS Newsletter. 2004 Sept: 35-6
- ◆ Setting up a research website under the trainees section in main BGS website
- ◆ Advertising the BGS Trainees website nationally by publication of an "How to" article in BMJ Career Focus Developing a research website for trainees MacLulich AMJ, Witham MD, Myint PK BMJ Career Focus. 2005 March 5; 330 (7490): 98
- ◆ Conducting a National Postal Survey on Academic Geriatric Medicine Departments (information obtained to be published on the trainees research guidance webpage)

We continue to provide "meet the researchers" surgeries at most Scientific Meetings, to enable prospective and current researchers to discuss problems and queries with a professor and a research active Specialist Registrar

Knowledge Assessment

As a speciality, Geriatric Medicine is involved in the pilots of introducing knowledge and competency assessment of doctors. This committee has been involved in helping to develop this process, so that trainees' views are clearly represented.

Modernising Medical Careers

As the structure of training of junior doctors is undergoing a period of extensive change, the committee has been involved in discussions over how this will affect future trainees in Geriatric Medicine and

highlighted it as an important career choice that all doctors training in hospital medicine should have some exposure to.

In a further attempt to raise the profile of Geriatric Medicine as a speciality, the Chair of the Trainees Committee (Dr Sally Briggs) contributed to an article in The Times newspaper about the attractions of working in Geriatric Medicine.

Clinical Governance

Two of the committee members have conducted a survey of trainees' experiences of clinical governance training. The results of this have been fed back to the Specialist Advisory Committee and Education and Training Committee and resulted in recommendations with regard to this core training need being made to the training advisors in each deanery.



The Authoritative Voice of Geriatric Medicine

Policy Committee

Chairman: Dr Dave Beaumont

The main functions of the Policy Committee are firstly to develop, review and maintain a series of statements, guidance notes and documents which set out how services for older people should be provided; secondly to liaise with outside bodies regarding issues of concern to the health of older people and finally, on request, to provide comment, responses and information to a variety of agencies including Government, the Department of Health in each of the four countries of the United Kingdom, and other professional bodies.



Activities of the Committee

Over the last two years the Committee, led by my predecessor Dr Gill Turner, has carried out an extensive review and update of the Society's library of policy statements, known as the Compendium. This work is now largely complete, and the updated documents have been added to the revised British Geriatrics Society website. In addition, collaborations with the Education and Training Committee and Clinical Practice Evaluation Committee have developed sections of the Compendium concerned with curricula for medical students and trainees and a section on the website for clinical guidelines (relating to individual patients) in addition to the normal range of service guidelines. On behalf of the Committee, Dr Gill Turner and the President gave evidence to the House of Lords regarding the proposed Assisted Dying Bill which appears to have significantly influenced the course of this legislation. This document proved controversial within the Society and a diverse range of opinions were expressed.

New Compendium Documents

In the course of the review many existing documents were brought up to date, including Acute Care of Older People, Rehabilitation of Older People, Collaboration between Geriatricians and Psychiatrists of Old Age, Assessment of Older People for Continuing Care and Abuse of Older People. Of particular interest are new documents commissioned for the first time including Palliative Care, Health Promotion and Preventative Care, Intermediate Care, Copying Letters to Patients, and the Specialist Health Needs of Older People Outside an Acute Hospital Setting. This document reflects the increasing involvement of Geriatricians in working with older people in the Community.

Position Statements

Later in the year the Committee responded to requests from the House of Commons Health committee for comment on the Public Health White Paper "Choosing Health" and the difficult topic of "NHS Continuing Care". These responses may be viewed on the website, along with evidence submitted to the Royal College of Physicians of London working party on "Maintaining Professional Values in Medicine" which proved a challenging and thought provoking piece of work.

Modus Operandi

During the second half of the year the Committee changed its method of working to allow time at each meeting for detailed discussion of particular topics in the speciality of Geriatric Medicine. So far, topics covered have included Abuse of Older People, NHS Continuing Care, and What is Core Geriatrics? These

discussions have facilitated the production of new position statements and compendium documents and provided an opportunity to raise awareness of these topics inside the Society and also outside. In line with other standing committees, the Policy Committee now has a business plan to align its activities with the strategic plan for the Society which is reviewed at each meeting. The Committee was pleased to elect Dr Jackie Morris to the role of Deputy Chair. She will assume the Chair in October 2005.

Acknowledgements

On behalf of the Society I would like to thank Dr Gill Turner for her outstanding work on the Compendium revision over several years, and the acclaimed response to the "Assisted Dying Bill". I would also like to thank Alex Mair and the team at Marjory Warren House and Recia Atkins for their support and guidance, together with colleagues on Policy Committee.

Academic and Research Committee

Chairman: Prof John Potter

It has become increasingly clear over recent years that academic medicine in general, and geriatrics in particular, is in a fairly perilous state in the United Kingdom. The Academic and Research (A&R) Committee recognises the value of academic geriatrics and the benefits that research in general brings to older people, but appreciates the relatively poor funding and resource opportunities that exist in the UK, particularly at more junior levels. The Committee has therefore spent much of the last twelve months in trying to forge new initiatives and improve the opportunities and support for these areas within the BGS, not least by implementing the Academic and Research Strategy (as set out and published in February 2004. (www.bgs.org.uk/Publications/Reference%20Material/ref10_anresearchstrategy.htm).



recipient of this award, funded in conjunction with Research into Ageing, is Dr Simon Conroy of Nottingham who is looking at falls in older people.

- ◆ We continue to support and encourage SpR's who are contemplating a period of research by providing open forum discussions with senior BGS researchers to help and advise on all aspects of research. Further research methodology training days are being run on a biannual basis.
- ◆ The BGS is providing an increasing number of SpR Start-Up and Travel grants; ten were funded to the value of over £16,000 in the last year.
- ◆ The A & R Committee is pleased to note the continuing high number and quality of abstracts submitted to the national scientific meetings. Prizes are awarded for the best oral and poster presentations by presenters at non-consultant level and are regarded as highly prestigious rewards.
- ◆ The Committee now provides a service for reviewing junior researchers' grant applications, if desired, before submission to the medical charities, to try and ensure high quality submissions.
- ◆ The Committee realises that it is also important to encourage medical students who will be the researchers and academics of the future into the field of geriatric medicine. This is being achieved by providing funding for electives and vocation project grants in the field of elderly medicine as well as

Implementing the Strategy - Encouraging research

◆ The A & R Committee hopes to encourage young investigators into research in geriatric medicine by providing an additional research bursary, so that the BGS now jointly funds two Dhole research fellowships, each for up to 3 years duration. The most recent

awarding the Amulree Prize for the best essay by a medical student on a geriatric theme.

◆ The UK Association of Professors now has representation on the A & R Committee to help foster these academic links and research within the Society, and a senior lecturers group is also being developed to provide mentoring to those who will hopefully take up future Chairs.

Highlighting Research needs within the BGS

The Committee continues to identify specific areas within the field of geriatric medicine where important gaps in our research knowledge exist by liaising with the various Special Interest Groups within the BGS. These areas are being collated and submitted to the Health Technology Assessment Programme on behalf of the BGS to hopefully stimulate the provision of future funding. The Committee is also identifying areas of research in which BGS members are playing a significant role to highlight the strong background we

currently have in age-related basic and clinical research. The main arena for dissemination of this knowledge are the two national scientific meetings, with very successful meetings being held last Spring in Derry and in Harrogate in the Autumn. Our thanks go to all the local and national organisers.

We also continue to forge links with other research societies and bodies interested in ageing such as Research into Ageing and the British Association of Stroke Physicians. Hopefully the newly set up Strategic Promotion of Ageing Research Capacity of which the BGS is a member, will help foster still closer co-operation between basic and clinical scientists. This need for closer co-operation has been highlighted following the recent BGS submission to the House of Lords Select Committee on Science and Technology.

Finally the A & R Committee would like to thank the previous Chairman, Professor Steve Jackson, who retired as Chair of the Committee in April 2004 for his very valuable contribution, and also to welcome Dr John Gladman who has taken over as vice-chair.



Continuing Professional Development (CPD)*

Director of CPD : Dr Ian Taylor

CPD has always been part of good professional practice. Doctors have always recognised their responsibility to maintain skills, knowledge and competence in their practice and, where indicated, to do their best to acquire new skills and increase their knowledge base by reading scientific and clinical journals and participating in a range of other learning activities. This is what patient centred CPD is all about.

While 2007 marks the commencement of the new CPD (formerly Continuing Medical Education - CME) programme, there have been some developments since the last annual report. Firstly, the CME Journal in Geriatric Medicine (Rila Publications) has been recognised as the Society's primary CME Journal. This is now edited by Dr Duncan Forsyth and contains specially commissioned BGS approved articles. I would like to thank Professor Steve Allen for his able editorship of this journal and commissioning of articles and wish Duncan well in taking over Steve's role.

Secondly, with the increasing complexity of what is required for CPD, information on CPD has been integrated into the main BGS web site. I would like to thank Recia Atkins for taking my gleanings and translating them into something easily recognisable and navigable.

Centrally, our management of CPD for geriatricians is overseen by the Federation of the Royal Colleges' CPD Department. Each year, this department has a training day for sub-specialty CPD directors. The likelihood is that over the years, there will be a

greater in depth look at how doctors organise, carry out and assess their CPD needs. With this, and revalidation in mind, I would urge geriatricians to ensure that comments on the effectiveness and usefulness of any CPD item are entered into their 'CME' diary.

CPD is firmly linked to clinical governance, and doctors must demonstrate that CPD is being actively maintained. CPD forms part of the appraisal process, and is a central pillar of revalidation and license to practise. Currently the previously agreed processes for revalidation are being reviewed, and we await the Chief Medical Officer's decisions following Dame Janet Smith's recommendations.

*CPD is patient centred.

◆ CPD is a process which enables individual health professionals, teams, and the organisations in which they work, to meet the current and future needs of patients

◆ CPD is a core process which drives quality through clinical effectiveness, clinical progress and clinical governance.

◆ CPD engages the person in continual reflection, self evaluation and learning.

◆ CPD should be experienced positively by individuals as:

- nurturing and sustaining motivation
- being intellectually stimulating
- responding to personal, patient, departmental, provider and organisational need
- increasing professional satisfaction





A: The Society's scientific meetings

AUTUMN MEETING (HARROGATE, YORKSHIRE)

Autumn Meetings Secretary : Dr Janice O'Connell

The Society's first Autumn meeting to be held outside London opened with a half-day symposium called "Future Models of Geriatric Care". This included presentations on Managed Care Programmes, Community Hospitals, The Single Assessment Process and the Role of Geriatricians in Delivering Acute Hospital Care. It was a very successful symposium, generating a great deal of debate amongst the delegates who attended.

The Society's Marjory Warren guest lecture was delivered by Professor Alistair Burns, who shared with us his optimism about the development of future treatments for Alzheimer's disease.

The Trevor Howell lecture for visiting speakers was given by Professor W S Aronow (USA) who spoke about his long experience of treating cardiovascular disease in older people.

The parallel sessions included topics as varied as Elder Abuse, Hospital Acquired Infections, Delirium, Palliative Care, Alcohol Related Disorders and Obesity. The SIGs and Sections provided parallel sessions on Cardiology, Respiratory Disease and Primary and

Continuing Care. BGS members gave 17 platform presentations on their research and there were 78 research posters on display, together with 22 on clinical practice evaluation. The conference was supported by sponsored symposia on Probiotics, Stroke Prevention, COPD, Parkinson's Disease and Angiotensin II Receptor Antagonists.

The conference dinner was held at the Majestic Hotel in Harrogate. A very amusing after dinner speech was given by Dr Colm O'Mahony.

The Society's move to Harrogate proved popular with the majority of members who attended the conference. The Harrogate International Centre was an excellent setting for the meeting. Moreover, the use of a less expensive venue outside London resulted in a healthy saving for the BGS of around £10,000.



SPRING MEETING (DERRY/LONDONDERRY, NORTHERN IRELAND)

Spring Meetings Secretary : Dr Juanita Pascual

The Society's Spring Meeting 2004 was held in Derry/Londonderry and was well attended by members from throughout the UK, as well as many from Ireland and further afield. The venues, St Columb's Theatre and the Derry Millennium Forum, proved to be excellent, and the meeting was ably organised by Northern Ireland's Spring Meeting Committee.

The content of the meeting covered a wide range of clinical and scientific interests. There were three guest lectures: from the US, Professor W Hazzard detailed his pioneering work in the development of geriatric services. Professor T McGleenan gave a critical overview of the legal issues around end-of-life decisions and capacity and Professor T Kirkwood spoke on Cheyne, Stokes and Adams, giving a historical perspective on medical life in 18th/19th Century Dublin.

The parallel sessions included clinical updates on renal medicine, eye movements, myeloproliferative disorders and colorectal cancer. The SIG sessions featured Drugs and Prescribing, Bladder and Bowel Health, and a joint session between Falls and Bone Health and Cardiovascular Medicine.

There were a total of 118 research presentations - 22 platform presentation and 96 posters. The meeting also included sponsored symposia on Stroke Prevention, Parkinson's Disease, Hypertension and Management of Fragility Fractures. The meeting concluded on Saturday with a well-received Multidisciplinary Day on Stroke, organised jointly with the Northern Ireland Multidisciplinary Association for Stroke Teams.

In all, this was a highly successful meeting and gave many of our members their first opportunity to visit and experience the wonderful hospitality of Northern Ireland.



Age and Ageing - the Society's scientific journal

Editor : Prof Gordon Wilcock

Age and Ageing is the official journal of the British Geriatrics Society, publishing refereed original articles and commissioned reviews on geriatric medicine and gerontology. Its range includes research on ageing and the clinical, epidemiological and psychological aspects of later life.

I am delighted to report that two distinguished colleagues have joined the Associate Editorial team of Age and Ageing. Professor Chakravarthi Rajkumar has taken on the task of overseeing papers on subjects in the cardiovascular field, and Dr Roger Francis is relieving Dr David Oliver of the bone health issues, allowing David to continue concentrating on falls and similar subjects.

I am particularly grateful to the

Associate Editors for their hard work. This involves not only assigning referees to papers and then reviewing the referees' feedback, but also contributing ideas to improve the editorial process, the nature of material accepted by Age and Ageing, and suggestions for editorials and commentaries etc.

The journal continues to benefit from the increased efficiency of the electronic system, Manuscript Central. Turnaround time for manuscripts under review continues to fall, with an average of six weeks from submission to final decision. Much of the credit for this goes, of course, to the Editorial Team, i.e. the Associate Editors and referees, together with the input of Katy Ladbrook, Editorial Assistant. The number of manuscripts has



increased, with a total of 624 submissions, i.e. 22% more than last year.

The changes that we have made to the journal format, e.g. papers following on from each other rather than starting on a fresh page, has created space for additional material, and last year we were able to accept 23% of the papers submitted.





B: Special Interest Groups and Sections

CARDIOVASCULAR

Chairman: Prof C Bulpitt

The Cardiovascular Section's Annual Meeting was held in Droitwich this year and was attended by 67 members. The main theme of the first day was heart failure. As the new guidelines of NICE are being implemented this provided an ideal opportunity to update ourselves on the latest developments in this field.

As usual we had a session devoted to SpRs. There were 5 excellent presentations and a prize was awarded to the best paper. The winner was Dr Man Pin Tan from Sunderland. This provides SpRs with a great opportunity to present their research in a friendly environment. The second day included updates on stroke medicine and a number of hot topics relating to management of stroke were discussed. Being updated on the latest research in heart failure and stroke helps us to improve the care of elderly patients with these problems, which accounts for a significant number of elderly admissions to Accident & Emergency. Thanks go to LA Medica who organised the meeting so well. Feedback from attendees was very complimentary.

Having recently retired from active practice, I would like to welcome Professor C Rajkumar as my successor in the Chair. He and other colleagues are planning to establish a Travel Scholarship which will most appropriately be called the 'BUS' (Bulpitt Undergraduate Scholarship.) I'm sure you will hear more about that next year.

CEREBRAL AGEING & MENTAL HEALTH

Chairman: Dr D Forsyth

The Cerebral Ageing and Mental Health SIG continues to thrive and at last has found a sponsor! We are grateful to Shire Pharmaceuticals for their support.

Members of the SIG are currently involved with the BGS Delirium Guidelines Working Party and the

Royal College of Psychiatrists Working Party to revise CR69 (The care of Older People with mental Illness). Spring 2005 saw the launch of 'Who cares wins' by the Faculty of Old Age Psychiatry. Members of the SIG have made a substantial contribution to the development of this important document which I commend to anyone who needs to build a case for old age liaison psychiatry in their Trust.

With Shire's assistance SIG members are developing a consensus document on the involvement of geriatricians in dementia care. We anticipate that this document will be ready for distribution later this year.

Unfortunately, the SIG's annual involvement in the Faculty of Old Age Psychiatry's residential meeting did not materialise this year due to snow preventing Duncan Forsyth getting to Amsterdam for the workshop that he was meant to run.

The SIG committee continue to input to the BGS and Royal College of Psychiatrists responses to NICE consultation documents: most noticeably the current review of anti-dementia drugs and Social Value Judgements.

This is my last report as chair of the SIG. John Starr has been proposed as my successor. Many will recall that John has previously been SIG's secretary, a post currently held by Roger Bullock. The remainder of the committee are: John Holmes (Meetings secretary), Jim George (Treasurer), Clare Wai (Nursing representative), Alasdair MacLulich (Trainee representative).

Alasdair is about to take up a research post at consultant level and so the SIG needs a replacement trainee representative. Alasdair has made an outstanding contribution to the SIG and recently represented both SIG and BGS at the NIMHE meeting in Birmingham. Here is his report on that meeting: 'This national meeting was attended by health professionals from psychiatry, nursing, management and social work, and officials from the Department of Health. Speakers included Dr Andy Barker, a

consultant psychiatrist and adviser to the Department of Health on old age psychiatry, and Prof Susan Benbow of the Royal College of Psychiatrists. The theme of the meeting was looking at ways in which older people's mental health could be improved across services. One of the most prominent themes was the poor standards of identification and management of psychiatric disorders in older people in acute general hospitals. Two thirds of inpatients in acute hospitals are over 65, and half of these have psychiatric diagnoses, in particular dementia, delirium and depression. It was recognised that though there certainly has to be an increase in the provision of liaison psychiatrists and specialist nurses to meet this need, an improvement in the identification and management of these common conditions by non specialists working in acute hospitals is absolutely essential. Various methods of making this change were discussed, in particular collaborating with the Royal College of Physicians and the British Geriatrics Society to encourage improvements in this area amongst acute physicians. Medical education was also raised as an important area in which older people's mental health should be framed as an issue for all doctors who work with older people as opposed to psychiatrists and mental health services. Future national meetings will examine practical methods of implementing some of these ideas.'

I would like to take this opportunity to thank Alasdair for his outstanding contribution to the SIG, I hope that he will continue as an active member in one way or another. I would also like to express my thanks to other committee members for their support throughout my chairmanship. I wish the SIG well and hope to continue to play an active role outside of the committee structure. I am confident that the present and future committee members will continue to seek ways of bringing Old Age Psychiatrists and Geriatricians together in educational and research fora and would welcome any suggestions of ways to achieve this.



DIABETES IN THE ELDERLY

Chairman: Dr Simon Crosson

Under the auspices of the EUGMS Prof Alan Sinclair and European colleagues have produced a comprehensive set of guidelines, available from the web (www.eugms.org/academic/guidelines.jsp); these not only summarise current knowledge, but also give areas for further study.

A Diabetes in the very elderly trial was initiated by Profs Bulpitt and Rajkumar and has been modified by members of the group, particularly Prof Sinclair. The aim is to compare outcomes (beneficial & harmful) from more intensive versus less intensive blood glucose control. We now have MREC approval and we hope to begin the study early Autumn 2005.

The Universities of Salford (Dr P Baker), and Warwick (Prof AJ Sinclair) will be running a meeting on diabetes in care homes in September 2005. Several members of the group will present at that meeting.

FALLS AND BONE HEALTH

Chairman: Dr F C Martin

The falls and bone health section has had a busy year and now has a membership of 180 with a strong representation from nurses, Allied Health Professionals, voluntary organisations and overseas colleagues.

The primary objective of the section is to draw together, identify and co-ordinate expertise and interest in the field of falls and bone health amongst members of the Society.

A further objective is to support lifelong learning. The section organises an annual Falls conference. The 5th International conference on Falls and Postural Stability was held in September 2004. The conference was very successful, attracting over 400 delegates from a range of disciplines and backgrounds. Members of the section, on behalf of the BGS, are working with the British Orthopaedic Association to develop joint teaching in orthogeriatrics for SpRs in

orthopaedics and geriatric medicine.

The Section also seeks to speaking up for patients. Section members are involved at many levels in national campaigns and organisations, among others, the *National Osteoporosis Society*; the *Healthy Communities Collaborative*; and *Invest in Your Bones*.

With a view to improving clinical care for older people, the Section, through its members of the BGS provides input to Government Initiatives including:

- ◆ NICE- Falls: the assessment and prevention of falls in older people
- ◆ NICE- technology appraisal of secondary prevention of fragility fractures.
- ◆ NHSIA- falls dataset working group
- ◆ HTA advisory group who, in the last year have produced a leaflet "Staying Steady" - information and advice for older people and have commissioned research, "Older people's views of falls prevention advice"

Members of the section represent the BGS in joint initiatives with other national bodies, namely the BGS/ Royal College of Ophthalmologists joint statement on "Vision and Falls"; and the BGS/British Orthopaedic Association joint initiative to develop a national hip fracture database. The section also represents the BGS in national audit activity and are helping set up the Health Commission funded "National audit on the organisation of services for falls and bone health for older people", organised via the RCP CEEU.

In support of the BGS objective to promote research, the national Falls Conference includes poster presentations of Falls related research. Submission of abstracts is open to all and encouraged.

GASTROENTEROLOGY AND CLINICAL NUTRITION

Secretary: Dr N Haboubi

The Annual Teaching Day for the SIG was held on 11 June 2004 in South Wales. The programme was very educational, including a lecture on Acute Liver Failure and one on Capsule Endoscopy. GI imaging on older people was given by a

radiologist. The morning session was ended by a lecture given by Dr Hudson from Newcastle on the management of non-variceal GI bleeds. This was followed by our AGM. The afternoon session was composed of a talk entitled, "Elderly Patient with Cancer - do they get a fair deal?", "Non-compliance with a Gluten Free Diet"; "Home Enteral Nutrition"; "The Management of Functional Bowel Disorders - a Nurse Led Clinic". The meeting was concluded by a lecture on iron deficiency anaemia in the elderly. The whole meeting was sponsored by Astra Zeneca.

Formal presentations were made by a member of the SIG, commenting on the NICE guidelines on Dyspepsia. Also, another presentation was made on NICE guidelines on the Prevention and Management of Obesity. The secretary was selected as an Expert Peer Reviewer on the Prevent and Management of Obesity guidelines for NICE.

Efforts were made also and during the year to affiliate with the British Society of Gastroenterology and British Association of Parenteral and Enteral Nutrition.

The membership of the group has now increased to around 80. They look forward to the next meeting in Newcastle, in June 2005.

The Group will also be participating in the Autumn BGS meeting in Harrogate by having a symposium on Irritable Bowel Syndrome.

MEDICAL ETHICS SIG

Chairman: Dr K Le Ball

This has been a quiet year for the group, as we did not hold parallel meetings either at the Londonderry or Harrogate BGS meeting. Attempts were made to hold a joint meeting with the psychogeriatric SIG but unfortunately this was cancelled due to lack of interest.

We will, however be hosting a a parallel session at the Spring BGS meeting in Birmingham where we will explore two important issues - firstly a debate on the universal introduction of Clinical Ethics Committees (CECs) within Trusts and secondly, the pressing issue of artificial nutrition and hydration

PRIMARY AND CONTINUING CARE

Chairman: Dr J Morris

The BGS Primary and Continuing Care Special Interest Group was founded in 2001 with the merger of the Care Home and the Health Promotion and Preventive care Special Interest Groups. We have contributed to the BGS Policy committee responses to Health select committee on NHS continuing care.

The Primary and Continuing Care SIG has been active in producing responses to Government Health initiatives, as well as a series of guidelines. The SIG has been responsible for virtually all policy documents on the primary and secondary care interface.

Over the last year we have concentrated on the management of long term conditions.

We held a well attended meeting at the BGS Autumn meeting at Harrogate. Richard Smith spoke on the management of chronic disease in older people from the perspective of the United health group. At the end of October we held a meeting in association with the RSM section on "Chronic disease management in older people." In January we held a workshop on "Management of long term conditions in older people".

The results of this have been published on the BGS website.

In collaboration with the Mental Health and Ageing SIG, a consensus statement on the management of dementia is being produced.

It has been a great pleasure chairing this special interest group and I know that I am handing over the SIG to 2 innovative co-chairs.

I am particularly grateful to Willie Primrose, Tony Luxton, Recia Atkins and Richard Lynham for all their help over the last few years.

(ANH) in end stage dementia.

During the year the SIG was asked by the Society to comment on the Assisted Dying for the Terminally Ill Bill. In future the SIG wishes to develop its role in providing comment on a wider range of ethical issues presented to the Society.

Whilst not flush with cash, our accounts are in positive balance. Dr Jane Liddle, who has given excellent service as secretary, and I have now both come to the end of our term of office. The future is bright and I am pleased that Dr Martin Vernon Consultant Geriatrician, South Manchester University Hospitals Trust has been elected to take over as Chair of the SIG. It is intended to raise the profile of the SIG with national meetings which focus on key areas of ethical difficulty in the treatment of older people.

PARKINSON'S DISEASE

Chairman: Dr F C Martin

The aims of the Parkinson s Disease Section is to:

- ◆ Identify and co-ordinate interest and expertise in PD
- ◆ Provide a forum for innovation and service development.
- ◆ Development of email database of over 200 members and website discussion forum.
- ◆ Fund an essay competition for medical students to stimulate early interest in PD.
- ◆ Explore more formal links with neurologists.
- ◆ Clarify committee membership and succession of officers.

The Parkinson s Disease Academy completed its 5th masterclass with a total of 100 graduating. The course was cited as a model of good practice by the Department of Health. We would like to acknowledge the unrestricted educational grant from Boehringer-Ingelheim.

The Annual update meeting for geriatricians in February 2005 held in Forest of Arden was attended by 75 delegates. The evaluation indicated 98% met educational needs. We acknowledge the unrestricted educational grant from Glaxo-Smith-Klein.

The 9th "Science to Practice" Multidisciplinary Care in PD meeting, hosted in collaboration with the Parkinson s Disease Society at the Royal College of Physicians in June 2004 was well attended. The meeting focused on mobility and visuospatial problems, palliative care and end of life decisions.

In terms of our objective to speak up for patients, we provided expert advice on PD in the elderly to the Society and other bodies. The Section represented the Society and the needs of older people at the NICE PD Guidelines Development Group. The Guidelines will be open to public consultation in August 2005.

In fulfillment of our objective to co-ordinate development of collaborative research focussing on the needs of the elderly, a large multi-centre project studying depression submitted to the MRC and PDS awaits responses.





Clinical Practice and Effectiveness Committee

Chairman : Dr Jonathan Potter

The committee aims to enhance the standards of care for older people by promoting clinical effectiveness within the Society by:

- ◆ Contributing to and developing clinical guidelines
- ◆ Carrying out multi-centre audit
- ◆ Promoting training and experience in clinical effectiveness
- ◆ Promulgating best clinical practice within the Society

Clinical Guidelines

1. National Institute of Clinical Excellence (NICE)
Over the past year members have represented the Society on national guidelines working groups including: Parkinson's disease, Falls, Osteoporosis, Epilepsy, Dementia, Anaemia in Renal Disease and Atrial Fibrillation.
2. Royal College of Physicians, London (RCPL)
The Society has contributed to the Royal College of Physicians of London database of clinical guidelines. Details of the guidelines and their RCPL evaluations are available on the RCPL web site.
3. British Geriatrics Society
The CPEC has continued work on three "in house" guidelines developed according to agreed methodology.
 - a. **The management of depression in patients with acquired brain injury**

The guideline has been developed in conjunction with the British Society of Rehabilitation Medicine. It has been published in "Clinical Medicine" in May 2005.

b. The detection and management of delirium

The guideline update is due for completion in November 2005 and publication in "Clinical Medicine" is planned.

c. The assessment of pain in older people

The guideline is being developed with "The Pain Society" and is due for completion in January 2006.

Multi-centre Audit

The Society is developing an audit of the management of chronic kidney disease in older people. The CPEC has coordinated the involvement of Sections of the Society in national audits - Continence and Falls - being carried out by the Clinical Effectiveness and Evaluation Unit of the Royal College of Physicians.

Promulgation of Clinical Effectiveness

The Clinical Effectiveness section of the Spring and Autumn Scientific Meetings has been developed with selected abstracts being published in Age and Ageing and the John Brocklehurst Prize for clinical effectiveness being introduced.



F: The promotion of professional education and training - the Society's grants & awards

Research - the Dhole Bequest

By a co-funding arrangement with Research into Ageing, the Society uses a generous bequest of Dr M K Dhole, a past member of the Society, to fund an annual bursary of £25,000 per annum (paid over 2 - 3 years). In November 2004, the bursary was awarded to Dr Simon Conroy of Nottingham for a research project relating to falls in older people.

Specialist Registrar Start-up Grant

The Specialist Registrar Start-up and Travel Grant programme provides immediate financial assistance of up to £2000 to support research projects, which may not yet be developed sufficiently to warrant support from research councils, or visits to centres of excellence which may otherwise not be funded. The programme provides grants to enable young geriatricians to follow through ideas at relatively short notice, to enable advantage to be taken of unique or rare opportunities, and to provide short-term assistance to speculative and innovative research that may be at an early stage. £16,208 was awarded in 2004-05.

Young Doctor's Education Grant

The Society offers grants, originated through a bequest from Mrs Esther Hepher, a member of the public, to junior doctors to finance their attendance at BGS Scientific Meetings. Assistance of up to £200 is provided if the health authority is unable to provide financial support. £200 was awarded in 2004-05.

Nurses' Study Grant

The Society offers a number of grants of up to £200 to trained nurses (and nurses in training), with an expressed special interest in the care of the elderly to attend conferences, seminars and meetings of an innovative nature which will enhance their understanding and appreciation of the needs of elderly patients. £4986 was awarded last year.

Amulree Essay Prize

Since 1986 the Society has encouraged medical and dental undergraduates to take an early interest in medicine for older people. To this end, the Society promotes an annual essay competition on any subject pertinent to ageing from a medical, biological or sociological aspect. The Amulree Prize is now fiercely contested with many entries every year, each of a high standard. The prize in the year 2004 is worth £500.

Medical Students' Elective and Vacation Grant

This grant of up to £500, is designed to encourage medical students to develop an early interest in the health and care of older people. It provides undergraduates with an opportunity to study a relevant initiative in age research or in the provision of health care complementary to their taught curriculum.

£5,547 was awarded in 2004-05, to support a wide range of projects.

Therapists' Study Grant

Since 1994 the Society has provided funds of up to £200 to enable qualified physiotherapists, speech and language therapists, occupational therapists and therapists in training with an expressed special interest in older patients, to enjoy the same opportunities as nurses (see Nurses Study Grant). £2,916 was awarded last year.

Treasurer's report



2004/05 – A Year Of Exceptional Performance

I am delighted to report that 2004/05 has been another highly successful year in financial terms. This means that the Society is in a position to not only continue its primary charitable objectives but to expand them.

The Whole Picture

We have seen welcome increases in income from a variety of sources. Both scientific conferences, in Derry and Harrogate, comfortably exceeded budgeted expectations. In addition our journal, *Age and Ageing*, contributed significantly more in terms of income, from both subscriptions and advertising. Income from both investments and membership subscriptions also out performed their respective budgets. Lastly, but by no means least, we were informed towards the end of the financial year that the Society will be a beneficiary from the estate of the late Dr M A Kuck, a former member. The financial statements have been adjusted to take account of an interim distribution.

Whilst increases in income are always welcome, so too are falls in expenditure. Production and staff costs involved with *Age and Ageing* have fallen as have staff costs overall, though the latter resulted from two posts being vacant for some time throughout the year. Office costs generally associated with maintaining Marjory Warren House have fallen, as have the committee expenses and costs surrounding information and education, thanks to greater exploitation of our website.

We cannot of course, always expect income to rise and expenses to fall, though I can assure you that both I and the Finance Committee will do all in our power to ensure that the tremendous progress made in the recent past does not allow any complacency to set in. Together with our very dedicated and cost-conscious staff at head office, I am confident this will be the case.

“Thank you”

Not for the first time, we must acknowledge the contribution that the pharmaceutical industry plays in supporting not only the main scientific conferences but also many smaller events which our SIG's and Sections hold during the year; together with legacies and donations received, they contribute a most valuable source of income which enables us to concentrate on our charitable objectives. You will find a list of our professional partners on page 21.

On behalf of the Finance Committee I fully commend the summarised financial statements to you.

Professor Margot Gosney
Treasurer

Our thanks



The following companies contributed to the commercial exhibitions at the scientific meetings, sponsored satellite symposia and several parallel sessions

Alliance Pharmaceuticals
Alma Place Partnership
Ambrose West Curtis Ltd
Amersham Health
Blackwell Publishing
Boehringer Ingelheim Ltd
Bristol-Myers Squibb Pharmaceuticals Ltd
Britannia Pharmaceuticals Ltd
Eli Lilly & Co
GE Healthcare
Glaxo Smith Kline Ltd
Ipsen Ltd
Janssen-Cilag Ltd
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Servier Laboratories Ltd
Shire Pharmaceuticals Ltd
Smart Medical
Solvay Healthcare Ltd
Strakan Pharmaceuticals
Sudler & Hennessey
UCB Pharma
Win Health Ltd
Wisepress
Workhouse

Voluntary Services

The Society gratefully acknowledges the advice of Dr Rebecca Dunn in assessing the future of the Society's library of books and publications



Donations and legacies

The Society gratefully acknowledges the donations and legacies received from the following generous benefactors to fund our grants programme:

Andrew Anderson Trust
Donald Forrester Trust
Prince Zaiger Trust
GM Morrison Charitable Trust



Services

Juliet Brereton, Sophie Moseley, Jo Prendergast, Jacinta Scannell and colleagues (Hampton Medical Conferences) Ltd

David Medcalf and colleagues (Greene & Greene Solicitors)

Helen Allchorn and colleagues (Manor Creative)

Sargent & Co (Auditors)

SUMMARISED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2005

		Restricted funds (£)	Unrestricted funds (£)	Total 2005 (£)	Total 2004 (£)
INCOMING RESOURCES	SUBSCRIPTIONS	1,735	264,481	266,216	257,069
	COVENANTS, LEGACIES AND DONATIONS	42,445	51,028	93,473	10,708
	INVESTMENT INCOME	18,082	20,277	38,359	27,584
	CONFERENCES, EXHIBITIONS & COMMERCIAL SPONSORSHIP	96,301	545,148	641,449	639,003
	AGE & AGEING	0	190,977	190,977	132,895
	OTHER INCOME	0	5,039	5,039	10,300
	TOTAL INCOMING RESOURCES	158,563	1,076,950	1,235,513	1,077,559
RESOURCES EXPENDED	EXHIBITIONS AND JOURNALS ¹	81,723	419,188	500,911	514,377
	FUND RAISING AND PUBLICITY ²	0	2,843	2,843	594
	CHARITABLE EXPENDITURE ³	68,269	216,659	284,928	266,214
	MANAGEMENT & ADMIN ⁴	0	110,579	110,579	115,215
	TOTAL RESOURCES EXPENDED	149,992	749,269	899,261	896,400
NET SURPLUS	NET INCOMING RESOURCES BEFORE TRANSFERS	8,571	327,681	336,252	181,159
	TRANSFER BETWEEN FUNDS	50,000	(50,000)	0	0
	NET MOVEMENT IN FUNDS	58,571	277,681	336,252	181,159

SUMMARISED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2005
STATEMENT OF OTHER RECOGNISED GAINS

		Permanent Endowment (£)	Restricted income (£)	Unrestricted income (£)	Total 2005	Total 2004
					(£)	(£)
STATEMENT OF OTHER RECOGNISED GAINS	NET MOVEMENT IN FUND FOR YEAR	0	58,571	277,681	336,252	181,159
	UNREALISED INVESTMENT LOSS FOR YEAR	(2,333)	0	0	(2,333)	(6,859)
	NET MOVEMENT IN FUNDS FOR THE YEAR	(2,333)	58,571	277,681	333,919	174,300
	TOTAL FUNDS BROUGHT FORWARD	184,740	325,151	812,936	1,322,827	1,148,527
	TOTAL FUNDS CARRIED FORWARD	182,407	383,722	1,090,617	1,656,746	1,322,827

Notes 1 - 4* to the financial statements for the year ended 31 March 2005

1 Exhibitions and Journals	2005 (£)	2004 (£)
Conference and Exhibition Costs	445,016	452,034
Age and Ageing Journal	53,239	60,257
Other miscellaneous costs	506	46
Audit and accounting	2,150	2,040
Total	500,911	514,377

2 Fundraising and publicity	2005 (£)	2004 (£)
Annual Report costs	2,843	594

3 Charitable expenditure	2005 (£)	2004 (£)
Grants, awards and prizes	33,232	27,510
Scientific, Medical, Policy and Training Committee expenses	26,658	26,595
Regional and SIG meeting expenses	36,237	14,777
Information and education	33,046	34,811
Premises and office costs	36,218	37,054
Staff costs	113,389	122,156
Other miscellaneous costs	6,148	3,311
Total	284,928	266,214

4 Administrative expenditure	2005 (£)	2004 (£)
Premises and office costs	19,502	19,088
Staff costs	70,176	73,851
Audit and accountancy	3,450	4,863
Management Committee expenses	10,519	8,763
Other administrative costs	6,932	8,650
Total	110,579	115,215

AUDITORS' STATEMENT TO THE DIRECTORS OF THE BRITISH GERIATRICS SOCIETY

We have examined the summarised financial statements on pages 22 to 24.

Respective responsibilities of directors and auditors

The summary financial statement is the responsibility of directors. Our responsibility is to report to you our opinion as to whether the statements are consistent with the full financial statement and the directors report.

Basis of opinion

We conducted our audit in accordance with the United Kingdom Audit Standards issued by the Auditing Practices Board. The audit of the summary financial statements comprises an assessment of whether the statement contains all the information necessary to ensure consistency with the full financial statements and directors' report and of whether the detailed information required by law has been properly extracted from those documents and included in the summary statements.

Our report on the charity's full financial statements includes information on the responsibility of directors and auditors relating to the preparation and audit of financial statements and on the basis of our opinion on the financial statements.

Opinion

In our opinion, the summarised financial statements on pages 22 to 24 is consistent with the full financial statements and directors' report of the British Geriatrics Society for the year ended 31 March 2005 and complies with the requirements of the Companies Act 1985, and regulations made there-under, applicable to summary financial statements.

Sargent & Co

Chartered Accountants and Registered Auditors
11 Suffield Close
South Croydon
Surrey CR2 8SZ

SUMMARISED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2005

	2005 (£)	2004 (£)	
FIXED ASSETS	TANGIBLE ASSETS	730,992	733,966
	INVESTMENTS - DHOLE BEQUEST	323,578	307,616
	TOTAL FOR YEAR	1,054,570	1,041,582
CURRENT ASSETS	DEBTORS	509,536	159,846
	BANK BALANCES	908,741	617,081
	TOTAL	1,418,277	776,927
	CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR	(816,101)	(495,682)
	NET CURRENT ASSETS	602,176	281,245
	NET ASSETS	1,656,746	1,322,827
ACCUMULATED FUNDS	UNRESTRICTED FUNDS	359,522	78,867
	CHARITABLE TRADING FUND	103	103
	DESIGNATED FUNDS	730,992	733,966
	PERMANENT ENDOWMENT	182,407	184,740
	RESTRICTED INCOME FUNDS	383,722	325,151
	TOTAL	1,656,746	1,322,827

A copy of the complete audited accounts is available on request from the Society (tel: +44 (020) 7608 1369 or email: accountant@bgs.org.uk).



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Dr Jeremy Playfer



President Elect:
Prof Peter Crome



Treasurer:
Dr Ian Sturgess

Deputy Treasurer:
Prof Margot Gosney



Meetings Secretaries
Dr Juanita Pascual

Dr Janice O Connell



Deputy Secretary
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