

British Geriatrics Society

Annual Report 2003/2004



Specialist Medical Society for Health in Old Age

The traditional role of the Society

Patron

His Royal Highness The Prince of Wales

UK Management Committee as of 31 March 2004

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President Elect:	Dr J R Playfer
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Meetings Secretaries:	Dr J O'Connell, Dr J Pascual and Dr M Vassallo
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For the “relief of suffering and distress amongst older people through the improvement of standards of medical care for older people...”

(an extract from the British Geriatrics Society Memorandum of Association)

Our aims today

The Society aims to set up and promote high standards of health care for older people residing at home, in hospital, and in nursing and residential care homes;
put the case for a well-funded and well-organised hospital and community care service for older people;
promote the rehabilitation of patients to their maximum ability and independence;
promote education, training and standards in geriatric medicine and in the care of older people to medical, paramedical and lay staff respectively;
promote research into age-related diseases and into the management of illness in old age; and Publicise and disseminate educational literature on caring for older people.

Achieving its aims

The Society pursues these aims through its six-monthly scientific meetings (see page 13);
the publication of international scientific journal *Age and Ageing* (see page 17);
the work of special interest groups, which serve to develop interests and research across a range of professions (see pages 14 to 16);
the contribution via the Royal Colleges to the content and structure of higher medical training in geriatrics;
the provision of grants to support medical research, medical training and for allied health professionals;
the work of its committees and individual members in offering expert advice to Government on the medical and associated care of older people (see pages 6 to 11);
and the Society's liaison with the Older People's Taskforce in England on the implementation of the National Service Framework for Older People, and similar initiatives in the Celtic regions.

Campaigning

Increasingly concerned that older people were not well served by the healthcare system – in terms of access to appropriate diagnostic and treatment facilities, transition across hospital and community, NHS and Social Services, and particularly in respect of assessment and rehabilitation prior to long-term care – the Society has, in recent years, become increasingly active in campaigning for substantial improvements in the system.

Report from the President and the Committee of Management

The year to 31 March 2004 – a year of success arising from sound foundations



Professor Robert Stout

The Trustees are pleased to present this report to you, which will demonstrate that, once again, the Society has continued to meet its founding objectives whilst at the same time making preparations that will allow us to play an integral part in the future.

2003/4 has seen the first full year of the fully devolved management structure in operation. The new United Kingdom Management Committee, consisting of 18 Trustees has met on six occasions. Independent of this, the four National Councils have met on a regular basis and reports from these respective groups can be

found later in this report. The National Councils play a most important role within the Society, liaising as they do with their respective governments, health and social authorities.

The core activities of the Society, covering the setting of standards of good practice, education and training and academic research continue apace. To achieve this, we are indebted to the Policy Committee, under the chairmanship of Dr Gill Turner, the Education and Training Committee under the chairmanship of first, Dr Steve Allen and latterly Dr Oliver Corrado, and the Academic and Research Committee, under the Chairmanship of Professor Steve Jackson. Their respective reports follow. Add to this the work of the Special Interest Groups, the highly successful scientific meetings held in Aberdeen and London, and the continuing success of Age and Ageing, under the editorship of Professor Gordon Wilcock and the efforts of first Professor Mark Castleden and latterly Dr Ian Taylor, as directors of CME then it is no idle boast to state that the Society's engine room is in good order.

Such a statement does not mean that UKMC will allow any complacency to creep

into the affairs of running the Society; we are well aware that we operate within a rapidly changing and fluid environment. The Society will continue to maintain first class relations with not only the Royal Colleges and the specialist medical committees, but also with the major charities, nursing and allied health professions and government. Indeed, it is one of the new Chief Executive's key objectives to ensure that the voice of the Society is both heard and respected in as many arenas as possible.

This year has seen the retirement of Richard Lynham after 13 years of most distinguished service as Administrative Director. His contributions have been described in detail in the Newsletter but the highlight of his time was undoubtedly the move to the Society's own premises in Marjory Warren House. Everyone within the Society hopes his retirement will be a long and happy one. In Richard's place we are delighted to welcome Alex Mair as Chief Executive. Alex has already started to make a very positive contribution to the Society and with the President Elect has been working on a new strategic plan. We wish Alex a happy and fulfilling period of office. Whilst there has been a change at the top, we are

fortunate to have retained the services of Recia Atkins, Susan Cox, Annette Guerda-Fischer and Amy Laws, a very dedicated and hard working team at Marjory Warren House.

During the year a total of £27,510 was given in grants to support research start up projects, training for allied health professionals and educational projects for medical students. The Dhole Research Fellowship continues to be jointly funded with Research into Ageing (Help the Aged). We are most grateful to the donors and sponsors, listed on page 19, for sharing the Society's objectives and supporting the Society financially. All donations received go directly and exclusively to the Grants Fund.

The Trustees commend this report to the members, confident that the underlying objectives of the Society will continue to be met, whilst remaining flexible and forward looking to the undoubted challenges that lie ahead.

Professor Robert Stout
President and Chair of the United Kingdom Management Committee

The national branches in 2003/2004



Dr David Black

England

The new England Council of the British Geriatrics Society has met four times during 2003/2004. Since its inception the council wished to:

- use all opportunities to influence the England Department of Health on matters relating to older peoples health and social care;
- to actively use the skills of the members of the England Council and
- improve communication with the wider England membership.

Progress has been made in all these areas over the first year. Council members met Professor Ian Philp, the National Director of Older Peoples Services in November and

now have scheduled regular six monthly meetings. The Chairman of the England Council has met Stephen Ladyman, Parliamentary Under Secretary of State for Community Care to discuss progress with Intermediate Care, the minister has indicated that further meetings would be welcomed. Mr Ray Wharburton from the Department of Health (DoH) attended the December meeting to discuss current action on the single assessment process. The Department of Health have consulted the Chair and England Council members on several occasions regarding policy around continuing care and reimbursement.

Members of the England Council have all been encouraged to contribute to the workings of the council, given the opportunity, for example, to attend meetings at the Department of Health with the National Director for Older People's Services. The first major document from the England Council "The Challenge of Geriatric Medicine in England" has been published following detailed support and advice from council members. This has now been sent to the Joint Geriatrics Committee of the Royal College of Physicians for discussion within the Royal College, as part of the ongoing debate on the future role of geriatricians and acute physicians in many hospitals. Council members have continued to

monitor the process of projects such as Evercare and Kaiser Permanente and a current piece of work is ongoing to identify the strengths and weaknesses of the Governments reimbursement policy, six months into its full implementation.

The most challenging task has been to improve communication with the wider membership. An England web site has been set up where minutes of all meetings, important documents and relevant Internet links are posted. Council members have been encouraged to use e-mail to circulate discussion documents and other documents of interest and to try and get feedback to discuss at the England Council. Progress is patchy but there have been real successes in some areas of the country.

During the coming year, the main challenge for the council will be to begin to fully understand the implications for older people of the Government's push to implement more effective chronic disease management, particularly in an environment structured with foundation trusts, the choice agenda and fund flows. As with many initiatives, there are both opportunities and threats to the care of older people.

Dr David Black
Chair, England Council

Monitoring and setting standards nationally

The national branches in 2003/2004



Dr J McElroy

Northern Ireland

The Northern Ireland regional structure continues to meet on a regular basis and works well. The objective remains to make the region more pro-active in setting up local links with policy makers in order to focus on a strategy for older people.

Informal discussions have taken place with the Deputy Chief Medical Officer, but it is hoped to set up a yearly meeting with the Chief Medical Officer to facilitate the role in formulating and progressing policy locally.

We are exploring ways of linking with Age Concern and Help the Aged on a formal and informal basis with their Policy Committees. It has been difficult to interface with these groups in the past since their remit and mis-

sion is different from the medical model represented by the BGS. However it is hoped that these groups and the Northern Ireland Branch could meet jointly and inform each other of their roles.

The organisation of the Spring Meeting in 2004 in Derry/Londonderry focused significant attention on the Scientific Committee and Local Organising Committee. However, regular business continued with a joint meeting with Northern Ireland Psychiatrists of Old Age; studying the role of General Practitioners with a special interest in older people under the guidance of Dr Joe Neary, Clinical Lead Care of Older People Royal College of General Practitioners U.K. In addition, both branches considered a strategy for pharmacy in the community giving their views and input to the Senior Principal Pharmaceutical Officer from the DHSS, Northern Ireland.

Dr J McElroy
Chair, Northern Ireland Branch



Dr Ed Wilkins

Wales

The following areas represent key activities of the Cymru-Wales Council during the year.

Engaging with the processes of Government

Thank to the efforts of the Council considerable progress has been made in evolving our relationship with the Welsh Assembly Government.

The Council now has biannual meetings with the Dr Ruth Hall, Chief Medical Officer (CMO) and is now included within the Professional Advisory Structure of the Assembly. This has strengthened the role of the BGS and its Council within Wales and

this is reflected in increased contact with key members of the relevant Directorates within the Welsh Assembly Government.

National Service Framework (NSF) for Older People in Wales

There has been considerable progress in delivering the Wales version of the NSF as summarized in the newsletter recently posted on our Wales website (Eldermedcymru.com). Members of the Society are well represented on the standards sub-committees and have ensured that the "lag period" in relation to the English NSF has been used to maximum benefit in the delivery of the final product – later on this year.

Intermediate care

Intermediate care is an example of evolved NSF thinking. Standard 3 will indicate the need to develop intermediate care as a mainstream service. The Council is keen to develop on the concept of intermediate care as a mainstream service which ultimately will stand alongside acute and elective care.

Engagement with the older person needs well in advance of the decline leading to acute admission is a key area and the England DoH document Intermediate Care Moving On an important influence in our thinking.

Monitoring and setting standards across the UK

The national branches in 2003/2004

Wanless in Wales

The review of Health and Social Care in Wales as reviewed by Wanless stresses the needs for radical restructuring particularly at the interface between the Hospital and the Community. The new strategy will kindle the debate on the role of the Geriatrician at this interface. Ensuring that the evolving strategy engages does not marginalize hospital based Geriatricians will be a key challenge for the Council. Of value would be an agreed UK consensus on the roles of Intermediate Care Consultants and Community Geriatricians.

Workforce Planning in Wales

The following areas are of current interest: The need to ensure a robust system of education and training for staff grades who wish to seek entry on to the Specialist Register. Dr Sinead O'Mahony has been asked to take a lead in exploring the issues and to interface with the Specialist Training Committee.

The second area again relates to the Wanless strategy and the need to look at workforce re-structuring with the focus on the individual's need. Ensuring clinical governance agenda and the education and training needs across the disciplines. Including social care will be a key area and performance

management for staff that require new skills.

The role and training of Geriatricians in the developing interface between the hospital and the community - driven by Wanless.

The Web and openness in practice

The Chair has been particularly keen to foster openness in the use of the Geriatricians in Wales Web site [Elderlmedcymru.com]. This has included publishing some of the proceedings of our national meetings. Clearly there is need for careful reflection in publishing research but audit activity and care pathways have been posted. Unfortunately, a recent audit based on NFR instruction received somewhat contrite press interest. Further debate and experience from the other Countries would be useful in hopefully reassuring colleagues on the continuing benefits openness.

Dwarak gets a gong

Finally congratulations to Dr. Dwarak Sastry, Consultant Geriatrician at the University of Wales and a very valued member of the Society, on being awarded the OBE in recognition for his services to the medical profession.

Ed Wilkins

Chair Cymru-Wales Council

Report of the Policy Committee

Speaking up for patients



Dr Gill Turner

The role of the Policy Committee is to monitor developments in health policy across the UK; assess the effect of changes on services for older people and prepare policy statements and guidelines for health professionals where this would be beneficial.

The key activities of the committee during 2003/4 were:

Developing the BGS Compendium

It is recognized that as the BGS has continued to grow the format of its compendium needs to develop. Thus the Clinical Practice Effectiveness Committee (CPEC), a sub-committee of the Academic and Research Committee, and the BGS Education and Training Committee are best placed to provide specific aspects of the compendium's content. In addition the Committee believes

that BGS policy concerning several issues needs to be more accessible and straightforward. Thus the Policy Committee expects to re-launch the compendium together with these other committees at the end of 2004.

New items which have been added to the compendium this year are *service development guidelines for palliative care, orthogeriatric services and Parkinson's disease*, as well as *Guidelines for Nutrition in Common Clinical Situations* and *the Importance of Vision in Preventing Falls*. Work underway is currently looking at the 'Work of a geriatrician in the community', reflecting the increasing numbers of consultant posts which include this aspect of work. Members of the Policy Committee are currently working with CPEG to develop clinical guidelines for the management of pain in older people.

Policy issues

The Committee has this year continued its involvement in the department of health Emergency care agenda – although with the formation of the England council, much of this work has now fallen to national bodies to take forward with the respective departments of health.

Nationally throughout the UK, there is a need to consider the role of General practitioners with a special interest in Older People (GpWSI-OP) might play working

Speaking up for patients

alongside geriatricians in delivering specialist services for older people. The Committee, together with the Primary Care and Continuing Care Special Interest Group (SIG) and in partnership with the Royal College of General Practitioners (RCGP), has been looking at the implications and training needs for such GPs. A newsletter article outlining the possibilities was written by the Chair of the Committee and the lead for older people from the RCGP.

The Committee has been campaigning on behalf of older people to the National Care Standards Commission (NCSC) who appeared to imply that home care staff working with older people would no longer need to have pre-employment 'police checks' for a period of time through their website. By the time the NCSC replied to the letters their guidance had been reversed!

Acting upon concern raised by a BGS member about the issue of inconsistency nationally about the use of monitored dosage systems for older people (e.g. Dosette boxes), the Policy Committee raised this matter with the DoH and was reassured that national guidance was to follow. This issue is now being considered by other national councils.

Working with the Cerebral Ageing and Mental health SIG, a joint document recom-

mending *Standards of Care for Older People with Mental Health problems in Care Homes* was produced.

Response to Consultation and Legislative processes

The Policy Committee has also led the BGS response to a number of consultations and legislative processes – namely the House of Commons All Party Enquiry On Elder Abuse and reimbursement legislation in England (although in future this would, of course, be considered by the England Council). In addition, the Policy Committee executed an active campaign highlighting the potential negative effects of the Patients Protection Bill and the Assisted Dying Bill which were introduced in the House of Lords. Letters from the BGS were sent to selected members of the House of Lords.

Dr Gill Turner

Chair, Policy Committee

Report of the Education and Training Committee

The Education and Training Committee's principal focus of activity continues to be the education and higher professional training of specialist registrars in Geriatric and General Internal Medicine, the consultant geriatricians of the future.

In this regard the Education and Training Committee (ETC) liaises very closely with the Specialist Advisory Committee (SAC) in Geriatric Medicine a sub-committee of the Joint Committee of Higher Medical Training (JCHMT).

However, the ETC is increasingly involved in the education and training of medical undergraduates and other medical postgraduates in Geriatric Medicine.

Specialist Registrar training in Intermediate Care and Community Geriatric Medicine

The revised curriculum for specialist registrars training in geriatric and general medicine was launched in January 2003.

Over the past year the ETC has worked very closely with the SAC to finalise a new specific primary learning objective of Intermediate Care/Community Geriatric Medicine as an update to the curriculum.

This defines the necessary knowledge, skills and attitudes which specialist registrars need to develop and acquire in order to successfully manage older people in a community

setting. This is extremely important as consultant geriatricians of the future are increasingly likely to be required to deliver care for appropriate groups of older people in settings other than hospital.

Specialist Registrar Training in Research

Specialist registrars are expected to have at least some research experience during their training. The ETC in conjunction with the Academic and Research Committee and the SAC have produced a framework facilitating specialist registrars to undertake research.

The document recommends that early in their training registrars become familiar with the basic principles of clinical research, clinical audit, ethics and literature review, and that they should have a research mentor or adviser to help them with clinical research projects.

Assessment of Specialist Registrars

The new specialist registrar curriculum differs from the previous one in that it is "competence based". A key question heavily discussed over the past year by the JCHMT, SAC and ETC has been what assessment methods can be used to ensure specialist registrars have gained the necessary knowledge and skills during their training to become a consultant of the future.

Report of the Education and Training Committee

Assessment methods are still being tested, but it is likely they will include; observed formal assessments of performance in a clinical setting by a consultant geriatrician trainer, a 360 degree feedback evaluation questionnaire and a computer based knowledge test. In collaboration with the SAC, the ETC has established a working group to look further at a computer based knowledge test.

Although still at an early stage, the group have started by identifying areas of the curriculum which would be most amenable to this type of assessment.

Modernising Medical Careers

An important policy document was published last year by the UK Health Departments setting out the principles of a major reform of postgraduate medical education and training. The proposals will affect the way all doctors train in future. The SAC and ETC have given considerable thought on how these changes might affect doctors who want to become consultant geriatricians and fed recommendations on how doctors might pursue a career in Geriatric Medicine within the new training framework back to the JCHMT. With the changing demography of society the SAC and ETC are also keen to ensure all doctors get exposure to the health problems of older people early in their careers.

Teaching Geriatric Medicine to Medical Undergraduates

It is important that medical students are taught about the ageing process and health problems of older people, so that they are better placed to deal with older people when they graduate and practice as doctors.

The ETC has revised the Society's recommended Undergraduate Curriculum in Geriatric Medicine in the light of the General Medical Council's "Tomorrow's Doctors", defining the core knowledge, skills and attitudes medical students need to acquire. The recommended curriculum has been circulated to all medical school deans.

The ETC has also undertaken a questionnaire survey of medical school deans and heads of academic departments of geriatric medicine in the UK to try and identify how geriatric medicine is currently taught in medical schools. The results of this important survey will be available later this year.

Careers Fair

The British Medical Association holds an annual career fair in London. The Society exhibited its careers stand manned by ETC members and BGS staff who gave medical students and young doctors an insight into a career in the speciality and the work of the Society.

Current Topics

The ETC are looking at the possibility of establishing training bursaries to help overseas doctors to train in Geriatric Medicine in the UK for a limited period before returning to use this experience to improve health services for older people in their own country.

The ETC are closely monitoring what impact shift patterns of work within the European Working Time Directive may have on the training and education of specialist registrars. A recent limited survey has shown that many specialist registrars have had little teaching or experience on topics relating to clinical governance. The ETC is contacting all postgraduate deans recommending that these topics are covered more specifically and comprehensively in deanery courses and training days.

Finally, I would like to thank Professor Allen for his hard work in chairing the Committee over the last two years.

Dr Oliver Corrado

Chair, Education and Training Committee



Supporting lifelong learning

Training the future geriatrician

Trainees Committee

The aim of this committee is to represent the views of around 450 trainees in geriatric medicine in the United Kingdom, to the various BGS standing committees. 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 England council, Clinical Practice and Effectiveness Committee and Specialist Advisory Committee at the Royal College of Physicians. 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 an arena for trainees to raise any concerns that they may have about their training. These concerns can then be fed back to the appropriate 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 been highlighted in the last year. Trainees are making regular contributions to the BGS newsletter, advising on how to perform research, and the research section of the website has been greatly expanded. Opportunities to meet key figures in research at the scientific meetings continue.

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.

Dr Sally Briggs

Chair, Trainees' Committee

Report of the Academic and Research and Clinical Practice Effectiveness Committees



Professor Stephen Jackson

The last twelve months have seen continued development of the Society's Academic and Research agenda including the publication of the Academic and Research Strategy on the web site ([www.bgs.org.uk/publication/BGS Academic and Research Strategy Final Version.rtf](http://www.bgs.org.uk/publication/BGS%20Academic%20and%20Research%20Strategy%20Final%20Version.rtf)).

Academic and Research Strategy

The major activity over the last twelve months has been the development of the Society's Academic and Research Strategy. Consultation was achieved with in-depth discussion groups.

Following the production of a draft strategy, detailed email comments were requested and received from members from all four national societies.

The next phase of this work is the implementation.

Research Training

Working with the Education and Training Committee, guidelines have been agreed for SpR research training.

The guidelines will be implemented within the NHS regions by the Specialty Training Committees. Wherever possible, SpRs will be allocated a research advisor. It is anticipated that, at the very least, SpRs will all receive training in research methodology.

The most recent Research Methodology workshop, jointly run by the Society and Research into Ageing, was held in Glasgow in November 2003 under the local leadership of Professor David Stott. It is encouraging that research methodology training is increasingly being provided by Trust Research and Development Departments.

SpR Grants

The Committee has undertaken a review of the SpR Start-up Grant scheme and identified areas within the process in need of modernisation.

The Committee will be reporting on this review and its plans for travel grants to enable SpRs to learn research techniques by visiting other centres.

Clinical Practice and Evaluation

The Clinical Practice Effectiveness Committee, a sub-committee, has continued to co-ordinate contributions to the National Institute for Clinical Excellence (NICE), and drive national audit and guideline activity within the Society.

Clinical Practice abstract submissions and posters have been managed directly by the sub-committee this year. Although these abstracts are not published in *Age and Ageing*, they have proved a popular addition to the meetings.

The Scientific Meetings

The committee has continued its policy of rigorous peer review of submitted abstracts together with peer review of posters within the poster sessions and of oral presentations during the relevant sessions.

In addition, there continues to be competition for the best poster and best oral presentations.

Professor Stephen Jackson

Chair, Academic and Research Committee



Dr Jonathan Potter

Clinical Practice Effectiveness Committee (CPEC)

The Committee aims to enhance the standards of care for older people by promoting clinical effectiveness within the Society. The objectives to meet this aim include:

- contribute to and develop clinical guidelines,
- to promote multi-centre audit, and
- to enhance training in clinical effectiveness to promulgate best practice within the Society

Contribute to and develop clinical guidelines

The committee has facilitated the contribu-

Report of the Academic and Research and Clinical Practice Effectiveness Committees

tion of BGS members to the National Institute of Clinical Excellence (NICE) programme of guidelines and health technology appraisals.

Such work is potentially of great significance as these publications will play an important part in determining the standard approach to treatment throughout England and Wales. It is very important therefore that the medical needs of older people are properly represented. Many members of the Society have given much time to comment on draft publications and proposed scope for these publications. The Society has been successful in particular in ensuring good representation with regard to the national clinical guidelines on Cardiac Failure, Parkinson's Disease, Falls and Osteoporosis.

The Society has contributed as an affiliated specialist Society to the database of clinical guidelines developed by the Royal College of Physicians Clinical Effectiveness Forum. Members of the forum – including the Society, evaluate all guidelines developed by specialist societies according to the internationally accepted criteria. Details of the guidelines and their RCP evaluation are available via the Royal College of Physicians' website.

The Society has made a strategic decision to support the development of in-house guidelines. The methodology for such guide-

line development has been developed by CPEC and approved by the Academic and Research Committee. The UKMC (UK Management Committee) has made a financial commitment to underwrite the development and well as establish a specific clinical effectiveness fund to receive donations from outside bodies. Three guidelines are currently in the process of development; *The detection and management of delirium*, *The assessment of pain in older people* (in collaboration with the Pain Society) and *The management of depression in patients with acquired brain injury* (in conjunction with the British Society for Rehabilitation Medicine).

To promote multi-centre audit

Over the past year the Society has completed a multi-centre audit involving 11 centres into the appropriate use of bisphosphonates (medication used for strengthening the bones) in older people on steroid treatment. The study demonstrated great variability in bone strengthening treatment ranging from 32 per cent to 92 per cent appropriate usage. Such studies demonstrate the need to improve the quality of care within the NHS by driving up the standards of care and reducing the variation in care around the country.

Subsequent to the audit, national guidelines for the management of steroid induced

osteoporosis have been published. The aim of CPEC is to repeat the audit to determine whether standards have improved since the guidelines have been published. Funding is currently being sought.

Proposals for further audits have been sought and suggestions include: thromboprophylaxis in atrial fibrillation (blood thinning treatment in people with irregular heart rhythm), management of chronic kidney disease, the use of hospital bed rails.

Promoting training in clinical effectiveness

The CPEC considers the promotion of clinical effectiveness within the trainee curriculum as important. A questionnaire has been piloted amongst trainees in three regions to determine their experience. While there is good exposure to training in critical appraisal skills there was a striking lack of exposure to issues of clinical governance – the process by which an organisation monitors and delivers high quality services.

The findings of the survey have been referred to the ETC so that a plan for improving trainee exposure to these elements of clinical practice can be developed.

Promulgating best practice within the Society

The CPEC has been active in developing the

“Clinical Practice” element of the Spring and Autumn Society meetings. There are an increasing number of abstract submissions for this element of the meeting with topics including audits, literature searches, databases and practice innovation. The intention of the Committee is that this section should become a forum for the exchange of experience and the promotion of innovative approaches to the medical care for older people.

Dr Jonathan Potter,
Chair, CPEC

Supporting lifelong learning

Continuing Medical Education (CME)/Continuing Professional Development (CPD)

Firstly, I would like to thank Prof. Mark Castleden for his help, advice and previous hard work as CME Director. I use the word 'previous' as Mark has retired! CME Director sounds a grand name for what is necessary for the normal day to day work of a Geriatrician – updating old skills and knowledge (wisdom does require knowledge, age itself is not a teacher). A teaching and research environment greatly facilitate this (often through younger colleagues!) and must remain foundational to the Society. At the very core itself is meeting the needs and improving the lives of the older people we work with, so the new five year CME programme for 2007-12 highlights each of the 'Giants of Geriatrics'.

While the highlights of each year are the Spring and Autumn Scientific meetings, only a certain proportion of CME can be included in these meetings, the remainder of the curriculum needs to be covered by regional and local meetings - the new Specialist Registrar (SpR) curriculum has provided guidance in this respect. In the Colleges, the term 'CME' has now been replaced by CPD. CME focused too much on the educational aspect of medicine, CPD implies the need for updating knowledge, skills and attitudes. Not only is the range of activities we undertake increasing, encompassing management and educational training, information technology and audit skills, networking, but the range itself can change considerably during a career. Therefore, 'today's professional environment demands that CPD should be a properly managed system.' As part of 'managed CPD', not only will we have a personal development plan (informed by job review, clinical governance, revalidation, 360° appraisal.....), but CPD itself must be recognised and meet certain standards (e.g., educationally effective, based on research and development, targeted on need – including national service objectives). The CPD department of the Royal Colleges is working on this and will delegate an element of CPD recognition to the Society – i.e., to the CPD Director - the Chair of the Education and Training Committee will kindly deputise when required.

Despite rules and regulations the good clinician has always been one who practiced CPD, so let us use the opportunities CPD gives to become better physicians, or, dare I say it, Geriatricians.

Ref 1. The Good CPD Guide, a practical guide to managed CPD. 1999. Ed Grant J, Chambers E, Jackson G. ISBN 1 873207 96 4.

Dr Ian Taylor
Director of CME/CPD

Research and lifelong learning

Details of the UK scientific meetings

Spring meeting 2003, Aberdeen

450 of the Society's members attended the 2003 Spring meeting. The meeting opened with Professor Stuart Ralston enlightening us on the Genetics of Osteoporosis.

Subsequently there were parallel clinical updates on depression and on the management of COPD. Following platform research presentations, Professor Ian Philp gave us his candid Reflections on Geriatric Medicine and Government. The first day was rounded off with a sponsored symposium on primary prevention of stroke. The second day began with a sponsored symposium on secondary stroke prevention. The SIGs held parallel sessions on healthy ageing, medical ethics, Diabetes and cerebral ageing. Professor Gordon Lowe gave a keynote lecture on secondary vascular prevention and there were further clinical updates on medical ophthalmology and carcinoma of prostate. The guest lecture was from Sir Graeme Calto, who in his View from the GMC stressed the importance of communication skills.

The meeting was interspersed with 20 research platform presentations and 76 posters were displayed. The Saturday morning Multidisciplinary Day rounded off the meeting with sessions on seating, posture and spasticity, and on community care.



Professor Stout and Dr Smith, Spring meeting 2003



Session at Autumn 2003 meeting

Autumn Meeting 2003, London

The meeting opened with a half day symposium entitled Educating for the Future. This included presentations on the changes in Undergraduate and Postgraduate education which will impact upon training in geriatric medicine.

The Society's Marjory Warren lecture was given by Professor Tom Kirkwood (Newcastle) who gave a fascinating talk on Biogerontology and Geriatrics: a shared bridge to the future.

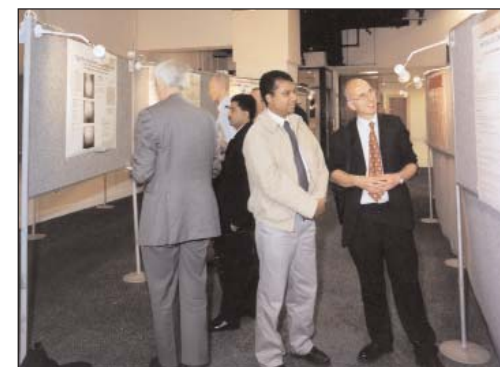
The Trevor Howell lecture for visiting speakers was delivered by Professor Ken Rockwood (Halifax, Novo Scotia). His presentation called Frailty and It's Complex Management: The Joy of Geriatrics was extremely well received by the delegates.

The parallel sessions included clinical updates on syncope and disorders of balance, clinical research, emergency care (A&E), gynaecological problems, chronic leg ulcers, vascular disease, medicolegal issues and movement disorders. The SIGs and Sections provided parallel sessions on gastroenterology and clinical nutrition, drugs and prescribing and new technology in elderly care. Members of the Society gave 16 platform presentations on their research and there were 65 research posters on display, together with 22 posters on clinical practice

evaluation. The meeting was supported by sponsored symposia on Parkinson's disease, secondary stroke prevention, hypertension, chronic obstructive pulmonary disease (COPD) and coronary artery disease. The conference dinner was held at the Novotel, London West, the venue for the meeting. A highly amusing after dinner speech was delivered by Professor James Drife.

Dr Juanita Pascual and Dr Janice O'Connell

Spring and Autumn Meeting Secretaries



Poster assessment at Autumn 2003 meeting

The Special Interest Groups and Sections

There are 13 groups and sections. Their role is to provide specialist knowledge related to their respective spheres of interest. The only difference between Special Interest Groups (SIGs) and Sections is in accounting terms. Sections have accounting systems and a more formal structure to enable them to attract sponsorship. We quote from the activities of four sections and three SIGs as an example of the work carried out during 2003/2004.

Cardiovascular Section

The section covers not only cardiac problems but also stroke (cerebro-vascular disease). As problems with both the cardiac and cerebral vascular circulations can result in falls, a joint meeting is planned with the Falls Group. It is important to reach the correct diagnosis in subjects who fall and there are many other neurological and mechanical problems leading to falls. The important activity in 2003 was a joint meeting with the Diabetes SIG. The benefit to risk ratio is not known for the treatment of diabetes over the age of 75 when the patient has no symptoms. A diabetic of any age has to be treated if the diabetes is producing problems but otherwise the expected benefits are a reduction in vascular events and the risks are of hypoglycaemia (low blood sugar) and

other drug related adverse events.

The meeting decided on a Diabetes SIG/Cardiovascular Section multicentre controlled trial of active treatment over the age of 75 and planning for this is now at an advanced stage. At the meeting SpRs presented their work and a prize was given to the best oral presentation. The section members continue with lifelong learning and the pragmatic research activity will determine what is best for patients. The section plans for their research to inform patients and in this context the officers continue to give evidence to NICE on cardiovascular matters.

Professor Chris Bulpitt
Chair

Cerebral Ageing and Mental Health SIG

The main purposes of the SIG are to support research, encourage multidisciplinary learning and to provide advice. The Cerebral Ageing and Mental Health SIG has continued to be active but without funding. In March 2003, in collaboration with the BGS Primary Care and Continuing Care SIG, we participated in the Faculty's residential meeting in London facilitating a workshop on

Geriatrician and Old Age Psychiatrist involvement in care homes. Noeleen Devaney, with help from colleagues in both SIGs, has then redrafted the Royal College of Psychiatrists (RCPsychiatrists) Position statement on specialist medical input to residential and nursing home residents. This document has been referred to the Policy Committee and is awaiting ratification by the Executive Committee of the RCPsychiatrists. A similar workshop is planned for the residential meeting in Liverpool, March 2004. The importance of this work, in terms of developing policy in collaboration with outside organizations (RCPsychiatrists, RCGP, RCN), led to our SIG being established as one of two that report directly to the Policy Committee. In April 2003, we provided a parallel session at the Society's Spring Meeting in Aberdeen. This focused on the 1921 and 1936 Scottish dementia cohort studies. Unfortunately an attempt to provide a third stand alone meeting on Mental and Physical Health Problems in Prisons failed due to inadequate delegate numbers. Members of the SIG committee have provided (or continue to provide) guidance to the Society on responding to NICE guideline developments: - anxiety and panic attacks; self-harm; obsessive compulsive disorder; bipolar disorder; post-traumatic stress disorder

and dholinesterase inhibitors in moderate and severe dementia.

The Society is represented by Dr Forsyth on the RCPsychiatrists Faculty of Old Age Psychiatry Working Group on Old Age Liaison Psychiatry. Members of the SIG are also working with CPEC to develop guidelines on delirium.

Dr Duncan Forsyth
Chair

Falls and Bone Health Section

The aim of the section is to improve the management of older people who fall by promoting research, evidence based practice and first class service development. Our membership is multidisciplinary, reflecting clinical practice.

The past year has been a busy and successful one for the section. The 4th annual Falls and Postural Stability Conference was held in September in Kensington Town Hall with 400 delegates from the Netherlands, Australia and New Zealand, as well as the UK. The multidisciplinary audience, as is so often the case, gave the day a lively buzz of enthusiasm, and there was a great deal of networking, in addition to a series of top

The Special Interest Groups and Sections

notch scientific presentations on dizziness, the link between falls and fractures, and the thorny issue of the preventability of falls in older people living in institutional care. In a novel initiative, the Section has published a document applying the evidence on falls prevention, and describing the elements of a comprehensive falls and bone health service (Age and Ageing 2003;32:494-496). This document provides a template for the shape of an integrated service, and has been so well received that a further paper on behalf of the Section is planned. Our members have been busy responding to requests for contributions to NICE developments on both fall prevention and osteoporosis, and the SIGN guidelines on osteoporosis and imminently due for publication. We have contributed to the planning and delivery of a highly successful course for Specialist Registrars across medical specialties on Osteoporosis and Bone Disease. This appears likely to become an annual event. Our links with the National Osteoporosis Society and Help the Aged have been strengthened during the past twelve months, and remain of mutual interest and benefit.

Professor Marion E T McMurdo
Chair

Gastroenterology/Clinical Nutrition SIG

The purpose of the SIG is to increase awareness of gastrointestinal problems in older people. The main activity of this group is to hold annual scientific meetings primarily designed for education purposes. The group has 70 members who are multidisciplinary, including doctors, nurses, dietitians etc. The annual scientific meeting was held in June 2003 and presentations included *A Rheumatologist's perspective, A General Practitioner's perspective, A Gastroenterologist's perspective, NSAIDs ulcer prevention and treatment, Age related changes in circadian rhythm of gut hormones, Changes in the circadian rhythm of cytoprotective trefoil protein TFF2 with age, Videoconferencing for upper GI cancer care and remote centres, A multidisciplinary approach to maintain weight loss, A helping hand – do feeding co-ordinators make a difference?, Faecal incontinence, Ischaemic colitis and An unusual case of perforated DU*. The group also held a very successful parallel session at the Autumn 2003 meeting where presentations included *Fatty liver, Refeeding syndrome and non-cardiac chest pain*. The group was also active in making presentations at various NICE meetings, including comments on the first draft of the guideline on the management of dyspepsia, comment-

ing on the draft scope of the guideline on enteral and parenteral nutrition and making a presentation on the scope for the guideline on the management of and prevention of obesity.

Dr Nadim Haboubi,
Secretary

Parkinson's Disease Section (PD Section)

The objectives of the PD Section are to provide education.

- promote multidisciplinary working,
- encourage the development of PD services and
- support research.

Educational activities in the past year have included our annual 'Science to Practice' meeting held at the Royal College of Physicians in London, an inaugural annual Section conference and the PD Masterclass. The focus of the Science to Practice meeting is on multidisciplinary team working in Parkinson's disease and related conditions and attracts delegates from a variety of backgrounds including nurses and Allied Health Professionals. The themes of this year's meeting included psychology and palliative care. The first of what is planned to be an annual meeting for members of the

Section was held in February at the Forest of Arden. The programme covered advances in the management of Parkinson's throughout the spectrum from diagnosis to palliative care. Plans for a second meeting are already under way. The PD Masterclass is aimed at senior doctors starting an interest PD, providing education about the management of the condition as well as clinical audit and service development. Three courses have now been completed. Demand for places remains high and further courses are planned for 2004. A major study of depression in PD continues to be developed in collaboration with colleagues from neurology and psychiatry. Other areas of collaborative research include the PD MED trial.

Dr David Stewart
Chair

Primary and Secondary Care SIG

The objectives of the SIG are to support research and the development and promotion of measures for the provision of, and improvement of access to, medical and related services for older people. Over the last year we have extended our links with primary care through our collaborative work on General Practitioners with a special

The Special Interest Groups and Sections



interest in older people (GPSWIs). We have defined what role specialists in Old Age Psychiatry and Geriatric Medicine should provide to frail older people in care homes through our work with the British Geriatrics Society Cerebral Ageing and Mental Health SIG.

We have also set up links with the World Health Organisation (WHO).

We have held discussion meetings at both the Spring and Autumn meetings which have helped us consolidate our ideas. We have also contributed to workshops held by the Royal College of General Practitioners in York and London on GPSWIs. This resulted in the publication of Department of Health guidance on *Guidelines for the appointment of General Practitioners with a special interest in the delivery of clinical services: care of older people*

(<http://www.dh.gov.uk/assetRoot/04/08/28/69/04082869.pdf>).

Through the auspices of the Cerebral Ageing and Mental Health SIG, our collaboration with the Faculty of Old Age Psychiatry has resulted in a *Joint Position statement on Specialist Medical Input to Residential and Nursing Home residents*. This will shortly be added to the BGS compendium. We have also contributed to two workshops on specialist care in care Homes facili-



tated by the other BGS SIG and the Faculty of Old Age Psychiatry which was reported in the June 2004 BGS newsletter.

Anyone wishing to join can do so by e-mailing me Jacqeline.Morris@ukgateway.net.

Dr Jackie Morris
Chair

Respiratory Section

The aims and objectives of the Section are the promotion of expertise and high quality care for elderly patients with respiratory disease, to provide a forum for the presentation and discussion of clinical innovation, service development, audit and research and to promote links with other medical societies sharing a similar interest.

There has been significant progress in raising the profile of lung disease in older people in the last year. The NICE chronic obstructive pulmonary disease (COPD) guidelines have recently been published in Thorax. The guidelines were produced following extensive consultation, and the Section was well represented by Dr Martin Connolly, who also sat on the advisory committee. Implementation of these guidelines should mean that respiratory diseases in older people will be increasingly actively assessed and treated, both in primary and

secondary care. Elsewhere, a British Lung Foundation survey (2004) also revealed that pulmonary rehabilitation is now available in half of all hospitals, which is a major improvement although much more remains to be done.

The Respiratory section, founded in 1994, has a dual focus in education and research. Several members are research active, and the section has fostered these relationships. Currently the section is developing a website that all BGS members can access, which will provide a gateway to other areas of expertise (bgs-respiratory.org.uk). In the last 12 months the section has established a new committee, and relaunched itself. However membership remains relatively small. Nevertheless the section continues to be involved in providing the Society with relevant education, including the main BGS meetings and symposia are planned for Autumn 2004, and Spring 2005.

Anyone wishing to join the section can do so by emailing me chris.dyer@ruh-bath.swest.nhs.uk

Dr Chris Dyer
Chair

Age and Ageing

Age and Ageing has gone from strength to strength in serving the needs of those who care for older people. The Associate Editor team is working well and has contributed to our increase of efficiency.

Turnaround Times and Efficiency

During the period under review the average time from submission to final decision for manuscripts is 44.6 days. This is a significant improvement in our turnaround from last year where the average was 103 days. There has been an increase in efficiency throughout the editorial process with Manuscript Central now totally implemented. It has proved to be an excellent online file administration system which allows users access outside our editorial office hours.

Publishing Ahead of Print

We are pushing ahead with the new system of publishing accepted and proofread papers on the website, prior to the production of the paper journal. Authors will no longer have to wait up to 4-6 months for their assigned issue of the journal to go to print in order to see their paper published. Manuscripts can be cited as published as soon as they have been uploaded and issued a DOI number.

Submission and Rejection Rates

During the period under review our rejection rate has sadly had to increase to 88 percent. Age and Ageing received 511 articles from 43 Countries in this period. This represents an increase in submissions of 15 percent from the same period last year and this has led to the higher rejection rate.

Professor Gordon Wilcock

Editor

Treasurer's report

Financial Aims

I am delighted to report that, whilst continuing to remain self-sufficient and provide funds for our core charitable objectives, the Society was able to make the final payments on the mortgage well ahead of schedule. This means that the Society now owns Marjory Warren House outright and will in future be able to devote more resources to charitable activities. Such a policy will be pursued in line with the Society's existing reserves policy of having sufficient funds available to meet future uncertainties.

What you do not see in the accounts

A continuing key role of the Society is to act as a source of advice to government departments and agencies and to act as an advocate, in respect of the provision of healthcare, for the increasing population of frail older people. This service is carried out by office holders and individual members of the Society, who give their time free of charge.

What the accounts do tell us

The Society's UK scientific meetings and its medical journal accounted for 72% of income and 57% of expenditure, a considerable net improvement over the previous year. Membership subscriptions accounted for 24% of income, providing a useful element of stability to the Society, given the inevitable uncertainties surrounding sponsorship and changes within the world of publishing. The Society's budgets, at the beginning of the year, are based on minimum assumptions as to potential operating income such as the outcome of the scientific meetings, with additional expenditure only being allowed once income is secured. Management and administrative costs have fallen by 5%, which demonstrates continued good housekeeping for which all at Marjory Warren House are to be thanked. The staff are continually looking for ways in which to utilise the improved IT facilities to the full; one excellent example is the introduction of the on-line submission of abstracts – the hard work put in during the year will reap benefits in the future.

Grants and prizes

I am pleased to report that expenditure on grants, awards and prizes has increased by 17% to £27,510. £60,000 was transferred into the grants and donations fund during the year, ensuring that we will be able to meet our ongoing obligations. Our partnership with Research into Ageing continues, and it is hoped that 2004 will see a fellowship awarded, entitled the Dhole Research Fellowship.

Our thanks

We are most grateful for the donations and legacies received; all this income is allocated immediately to a restricted account from which research and training grants are paid. We are again grateful to the pharmaceutical industry's support and endorsement of our objectives, in particular its support of our scientific meetings through sponsorship and participation in the trade exhibitions. The Society is also indebted to our many professional partners for facilitating the work of the Society. All are listed on page 19.

The final result?

The bottom line is that the Society achieved a surplus of £174,300, after taking into account all movements in investments, a result which will stand us in good stead for the future.

Margot Gosney

Treasurer

Our thanks

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
Dr RE Irvine Estate

Prince Zaiger Trust
GM Morrison Charitable Trust

Sponsorship

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

Alma Place Partnership
Aventis Pharma Ltd
Bristol-Myers Squibb Pharmaceuticals Ltd
Glaxo Smith Kline Ltd
Medi UK Ltd
Merck Sharp & Dohme Ltd
Orion Pharma Ltd
Proctor & Gamble Pharmaceuticals UK Ltd
Scanmed Medical Instruments
Smart Medical
The Jacobs & Parrott Partnership Ltd

Amersham Health
Bayer plc
Britannia Pharmaceuticals Ltd
Ipsen Ltd
Medical Education Partnership Ltd
Napp Pharmaceuticals
Pfizer Ltd
Rosemount Pharmaceuticals
Servier laboratories Ltd
Syner-Med (Pharmaceuticals) Ltd
Win Health Ltd

AstraZenica UK Ltd
Boehringer Ingelheim Ltd
Eli Lilly & Co
Lundbeck Ltd
Medistox Ltd
Norgine Ltd
Remploy Healthcare
Sanofi Synthelabo Ltd
Shire Pharmaceuticals Ltd
Takeda UK Ltd
Wisepress

Services

Juliet Brereton, Sophie Moseley and Jacinta Scannel and colleagues (Hampton Medical Conferences Ltd)
David Medcalf and colleagues (Greene & Greene, Solicitors)
Tom Delaney and colleagues (Magellan Medical Communications)*
Helen Allchorn and colleagues (Manor Creative)
Alison Sargent, Sargent & Co (Auditors)

*The Society is greatly indebted to Magellan Medical Communications for their advice on PR, given free of charge.

Summarised financial statement for the year ended 31 March 2004

INCOME AND EXPENDITURE ACCOUNT

	Restricted funds (£)	Unrestricted funds (£)	Total 2004 (£)	Total 2003 (£)
Incoming resources				
Subscriptions	1,740	255,329	257,069	242,648
Donations and covenants	10,708	-	10,708	18,711
Investment income	16,262	11,322	27,584	26,748
Conferences, exhibitions and commercial sponsorship	64,862	574,141	639,003	665,974
Age and Ageing	-	132,895	132,895	163,012
Other income	4,343	5,957	10,300	12,367
Total incoming resources	<u>97,915</u>	<u>979,644</u>	<u>1,077,559</u>	<u>1,129,460</u>
Resources expended				
Exhibitions and journals ¹	50,627	463,750	514,377	638,745
Fundraising and publicity ²	-	594	594	4,869
Charitable expenditure ³	41,038	225,176	266,214	260,452
Management and administration ⁴	-	115,215	115,215	120,794
Total resources expended	<u>91,665</u>	<u>804,735</u>	<u>896,400</u>	<u>1,024,860</u>
Net surplus				
Net incoming resources	6,250	174,909	181,159	104,600
Transfer between funds	<u>60,000</u>	<u>(60,000)</u>	-	-
Net movement in funds	<u>66,250</u>	<u>114,909</u>	<u>181,159</u>	<u>104,600</u>

Summarised financial statement as at 31 March 2004

	Permanent endowment (£)	Restricted income (£)	Unrestricted income (£)	Total 2004 (£)	Total 2003 (£)
Statement of other recognised gains					
Net movement in funds	-	66,250	114,909	181,159	104,600
Unrealised investment (loss)/gain for year	<u>(6,859)</u>	<u>-</u>	<u>-</u>	<u>(6,859)</u>	<u>6,957</u>
Net movement in funds for the year	<u>(6,859)</u>	<u>66,250</u>	<u>114,909</u>	<u>174,300</u>	<u>111,557</u>
Total funds brought forward	<u>191,599</u>	<u>258,901</u>	<u>698,027</u>	<u>1,148,527</u>	<u>1,036,970</u>
Total funds carried forward	<u>184,740</u>	<u>325,151</u>	<u>812,936</u>	<u>1,322,827</u>	<u>1,148,527</u>

N.B. None of the charity's activities was acquired or discontinued during the year.

Auditors' statement to the Directors of the British Geriatrics Society

We have examined the summarised financial statements on pages 20 to 23.

Respective responsibilities of directors and auditors

The summary financial statement is the responsibility of directors. Our responsibility is to report you or your opinion as to whether the statement is consistent with the full financial statement and the director's 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 20 to 23 is consistent with the full financial statements and directors' report of the British Geriatrics Society for the year ended 31 March 2004 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 statement as at 31 March 2004

Notes 1 to 4 to the financial statement for the year ended 31 March 2004

	2004 (£)	2003 (£)
¹ Exhibitions and journals		
Conferences and exhibition costs	452,034	581,037
Age and Ageing Journal	60,257	55,667
Audit and accountancy	2,040	1,690
Other miscellaneous costs	<u>46</u>	<u>351</u>
Total	<u>514,377</u>	<u>638,745</u>
² Fundraising and publicity		
Annual report costs	<u>594</u>	<u>4,689</u>
³ Charitable expenditure		
Grants, awards and prizes	27,510	23,548
Academic and Research, Policy and Training committees' expenses	26,595	31,578
Regional and SIG meeting expenses	14,777	3,026
Information and education	34,811	38,602
Premises and office costs	37,054	45,904
Staff costs	122,156	113,849
Other miscellaneous costs	<u>3,311</u>	<u>3,945</u>
Total	<u>266,214</u>	<u>260,452</u>
⁴ Administrative expenditure		
Premises and office costs	19,088	23,646
Staff costs	73,851	68,238
Audit and accountancy	4,863	5,261
Management Committee (UKMC) expenses	8,763	10,087
Other administrative costs	<u>8,650</u>	<u>13,562</u>
Total	<u>115,215</u>	<u>120,794</u>

Summarised financial statement as at 31 March 2004

Consolidated balance sheet as at 31 March 2004

	2004 (£)	2004 (£)	2003 (£)	2003 (£)
Fixed assets				
Tangible assets		733,966		734,827
Investment – Dhole bequest		<u>307,616</u>		<u>298,213</u>
Total for year		1,041,582		1,033,040
Current assets				
Debtors	159,846		125,445	
Cash at bank and in hand	<u>617,081</u>		<u>543,976</u>	
Total for year	776,927		669,421	
Creditors: amounts falling due within one year	<u>(495,682)</u>		<u>(472,348)</u>	
Net current assets		<u>281,245</u>		<u>197,073</u>
Total assets less current liabilities		1,322,827		1,230,113
Creditors: amounts falling due after one year		-		(81,586)
Net assets		<u>1,322,827</u>		<u>1,148,527</u>
Accumulated funds				
Other charitable funds	78,867		697,924	
Charitable trading fund	103		103	
Designated funds	<u>733,966</u>		<u>-</u>	
Total unrestricted funds		812,936		698,027
Permanent endowment		184,740		191,599
Restricted income funds		<u>325,151</u>		<u>258,901</u>
Members' funds		<u>1,322,827</u>		<u>1,148,527</u>

STATUTORY INFORMATION

Registered Office

British Geriatrics Society
Marjory Warren House
31 St John's Square
London EC1M 4DN

Company Number: 1189776 (England and Wales)

Charity Number: 268762

Auditors

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Chartered Accountants and Registered Auditors
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Selsdon
Surrey CR2 8SZ

Bankers

Royal Bank of Scotland

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