Join us
Who we are

The British Geriatrics Society is the membership association for professionals specialising in the healthcare of older people across the UK.

Founded in 1947, we now have over 3,500 members, and we are the only society in the UK offering specialist expertise in the wide range of health care needs of older people.

Our membership is truly multidisciplinary. It includes consultant geriatricians, nurses, GPs, old age psychiatrists, allied healthcare professionals, and scientists. Everyone specialising in the healthcare of older people is welcome to join!

Special Interest Groups within the Society focus on specific conditions including Falls and Bone Health, Oncology, Community Geriatrics, Cardiovascular Disease, Movement Disorders, Diabetes and Dementia.

Regional offices cover all of the UK, providing detailed focus on local issues. Other working groups within the Society focus on clinical quality, academic research, or education and training, and there are dedicated forums for trainees and nurses.

BGS membership has been a crucial influence in my career. Our events, newsletter and journal help keep me abreast of new research evidence and innovations in services across the UK. I’ve used these to improve care for my own patients and leadership for my own service. In leadership roles within the BGS, I’ve also enjoyed our ability to raise the profile of good care for older people.

Professor David Oliver
Clinical Director, Berkshire, and Clinical Vice President of the Royal College of Physicians
The BGS promotes excellence in the healthcare of older people. We believe that care should be patient-centred, multidisciplinary, and that health, social and community care should be an integrated, seamless service.

We promote and facilitate high standards of clinical quality and research through our scientific conferences and journal, *Age and Ageing*.

We encourage the sharing of best practice and learning across disciplines, to help foster more integrated and multidisciplinary approaches. Our newsletter, website, blog and e-bulletin keep BGS members updated on the latest news and insights.

We support our members’ professional development both through the continuing professional development (CPD) content of our regular meetings, and by offering grants and prizes at different stages of our members’ careers.

We are a leading national policy voice on the care of older people, influencing the development of health care policy across the UK and ensuring the design, commissioning and delivery of age appropriate health services.

We publish best practice guidance on topics including diagnosing and treating frailty, commissioning services for care homes, and improving continence care.
Events

Major BGS conferences are held in the spring and autumn of each year. They attract hundreds of delegates and cover the latest advances in research and showcasing the best in clinical quality.

Every BGS conference has a full programme of CPD content, and recent events have featured specific sessions on community geriatrics, dementia, nutrition and end of life care.

We also run smaller and more focused events throughout the year. Several of the society’s Special Interest Groups run scientific meetings, for example on falls and bone health, cardiovascular disease and continence.

We’ve also recently produced a joint conference with the Royal College of Nursing’s Older People’s Forum and collaborated with AGILE to produce sessions aimed at physiotherapists and occupational therapists, and brought together geriatricians, GPs, directors of adult social services and Department of Health officials to look at the effective commissioning of services for older people with frailty.

Becoming a BGS member offers reduced attendance fees for all BGS events, meetings and conferences, and many other benefits.

The best thing about being part of the BGS is having the support of similar minded doctors, and access to the combined intellectual resources of the Society. Our recent work on stroke and hip fracture, and our current work on frailty, shows the success of this collaborative approach.

Dr Kwasi Debrah
Consultant Geriatrician, Watford, and Chair of BGS England Council
Age and Ageing is the international scientific journal of the BGS

Most BGS members choose to receive a print subscription to the journal as part of their membership. Subscribers will receive six issues of the journal each year and online access to our entire archive of articles dating back to 1972. Age and Ageing journal publishes peer-reviewed original articles and commissioned reviews on geriatric medicine and gerontology. It includes research and commentary on ageing and clinical, epidemiological, and psychological aspects of later life.

The journal has an international readership and is circulated to over 6,500 institutions, with over 100,000 downloads a month and a growing citation rate (an impact factor of 4.201 and ranking of 7th worldwide among 49 comparable journals).

Recent high-profile and widely cited articles include:

**Martinez 2015;44:196-204**
Systematic review: delirium can be prevented in elderly hospital inpatients.

**Stenzelius 2015 issue 5**
Rehabilitation approaches for urinary incontinence: This systematic review summarises the evidence to support a range of rehabilitation approaches for urinary incontinence. The results are very encouraging, particularly for widely applicable strategies such as general rehabilitation to improve mobility, and attention training.

**Hutchinson et al 2015 issue 3**
Older people in long-term residential care are a particularly vulnerable group: This is a report of an evaluation of outreach geriatric medical services to care-home residents, comprising a geriatrician-led multidisciplinary team. They found that the introduction of the outreach service was associated with reduced acute hospital utilisation rates.

**Jentoft et al 2014;43(6): 748-759**
Prevalence of and interventions for sarcopenia in ageing adults: a systematic review.
The BGS regularly produces publications including clinical best practice guidance, and is involved with a number of collaborative projects and pilots across the UK. Recent examples include:

**Fit for Frailty**

Launched in 2014, this two-part guidance document focuses on improving the care and treatment of older people with frailty, and was developed in close collaboration with the Royal College of General Practitioners and Age UK.

Part 1 is aimed at front-line healthcare professionals working in community and outpatient settings: social workers, ambulance crews, carers, GPs, nurses and others. Part 2 provides advice and guidance on the development, commissioning and management of services for people living with frailty in community settings.

I’m particularly proud of the BGS Commissioning Guidance for Care Homes, and the work we’ve done on identifying and managing frailty. They’re really practical useful documents, which we know have been widely read and applied. The BGS is increasingly seen as an important and powerful voice advocating for older people.

Dr. Eileen Burns
Clinical Lead for Integration, Leeds, and BGS President
Commissioning for Excellence in Care Homes

Around 400,000 older people in the UK live in care homes, comprising nearly 20% of over-85s, and often have complex health and social care needs.

The British Geriatrics Society has produced guidance for commissioners who wish to develop better models of medical care for care home residents.

Integrated care for older people with frailty: innovative approaches in practice

The British Geriatrics Society and the Royal College of General Practitioners have published a joint report on Integrated Care for Older People with Frailty with the aim of sharing best practice in a range of settings. The report provides case study examples that show what an integrated health and social care system looks like in practice and the positive impact it can have.

We hope that practitioners will take ideas and inspiration from the case studies and policymakers will recognise the need to invest in general practice and geriatric medicine so that the initiatives shown in the case studies can be adopted more widely as part of normal working practice.

Providing excellent care requires clinical knowledge, but also an understanding that older people’s needs are best met using a multi-professional approach, whether you’re a therapist, doctor or nurse. The BGS’s multi-professional approach has led the way on dealing with a growing need, and is just one of many reasons why as a nurse I am proud to be a BGS member.

Cliff Kilgore
Advanced Nurse Practitioner, Bournemouth, and member of the BGS Nurses and AHPs Council
In addition to BGS members’ broad spectrum of expertise in medicine for older patients, the Society’s diverse Special Interest Groups offer scope to practice or research specific clinical and management areas.

Special Interest Groups hold their own annual scientific meetings or feature in parallel sessions at the Society’s UK meetings. They also contribute their expertise to BGS responses to government consultation documents, publish guidelines and policy statements.

- Anaemia
- Bladder and Bowel Health
- Cardiovascular Disease
- Community Geriatrics
- Dementia and Related Mental Health Disorders
- Diabetes
- Drugs and Prescribing
- Epilepsy
- Ethics and Law
- Falls and Bone Health
- Gastroenterology/Nutrition
- Movement Disorders
- Oncogeriatrics
- Pain in older people
- Proactive care of older people undergoing surgery (PoPs)
- Sarcopenia and Frailty
- Telecare and telehealth

I am proud of being part of the BGS. We’re a society that works hard to improve the care of older people, and supports and guides fellow professionals. Our current work on frailty and benchmarking is an example of our collaborative approach, and our important and powerful voice advocating for older people.

Dr Adhi Vedamurthy
Chair, BGS Wales Council
Research opportunities and continuing professional development

The BGS administers a number of grants, prizes and awards with a view to encouraging high quality research and furthering the professional development of professionals with an interest in older people’s healthcare.

These include:

- Education grants for young doctors
- Study grants for nurses and therapists
- Medical students elective project grant
- Specialist registrar travel and start up research grants
- Masters scholarship Research and travel grants for applicants from Scotland and Northern Ireland
- Awards and essay prizes granted by Special Interest Groups including Movement Disorders, Cardiovascular Health and Falls and Bone Health
- Amulree essay prize for medical and dental students
The BGS takes a leading role in policy debates on healthcare for older people, acting as a voice for our members and the specialty of geriatrics.

In our policy and influencing work we promote the need for:

- An end to the divide between health and social care
- Increased investment in health and social care for older people
- Access to comprehensive geriatric assessment, personalised care plans for treatment and follow-up for all older people with frailty, dementia, complex and multiple and long term conditions
- The building of greater capacity in intermediate care
- Staff across all care sectors to develop competencies in the management of older patients
- Measures of care to focus on what matters most to older people and their families

We respond to public consultations to inform and influence the development of healthcare policy with the aim of ensuring that the key changes that we are calling for are addressed. Over the past year we have responded to consultations from the Department of Health, England, the Scottish Government, the Welsh Assembly, and the Northern Ireland Assembly.

We have also submitted written evidence to the Health Select Committee, and the House of Lords Inquiry on the Long-Term Sustainability of the NHS. As part of our policy outreach, we also regularly meet parliamentarians and civil servants.

Media outreach is a key part of promoting and communicating our work and the work of our members. The BGS is regularly featured in both specialist and mainstream media, from local newspapers to prime-time TV.

Recent coverage includes interviews, opinion pieces and news stories in the Guardian, Telegraph, Times, HSJ, BMJ, Commissioning Monthly, BBC Breakfast and LBC Radio.

Social media also forms a crucial part of our work, follow us on Twitter @gerisoc.

It’s great to have the support of BGS to educate and inform health care professionals caring for older people. I value the access to policy papers from across the devolved nations, to help spread good practise and share our experiences from Scotland

Dr. Jennifer Burns
Former Chair, BGS Scotland Council
Joining the BGS has never been easier: you can sign up online at www.bgs.org.uk or call us on 0207 608 1369. Consultant geriatricians pay only £203 a year, which includes a subscription to *Age and Ageing* worth over £400. There are exclusive rates for nurses, trainees and students, and a discount for existing members renewing by Direct Debit.

**Benefits include:**

- Discounted attendance at all BGS meetings and conferences: most members recoup their annual subscription if they attend just one biannual conference
- Print and online subscription to *Age and Ageing*, access to regional and national committees, Special Interest Groups and Sections
- Network and career development opportunities
- Input into the Society’s national policy and media voice

Everyone specialising in the healthcare of older people is welcome to join the BGS: doctors, nurses, therapists, AHPs, general practitioners, researchers, scientists, managers, trainees and student membership is free for medical students and foundation year doctors. Examples of membership subscription rates:

- Consultants (full-time) £203
- Specialist trainees £119
- GPs and Core Medical Trainees £101
- Nurses and Allied Health Professionals (with *Age and Ageing*) £101
- Nurses and Allied Health Professionals (without *Age and Ageing*) £49

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