# **BGS Strategy 2026-2029:** Membership survey analysis

## Introduction

The BGS is currently in the process of developing a new strategy for the period spanning 1 April 2026 to 31 March 2029. To help inform this process, we conducted a survey of our members to gather their opinions about where we should focus our efforts over this upcoming three-year period.

The survey was conducted via SurveyMonkey and ran from 22 April to 23 June 2025. A total of 5,280 BGS members were contacted via email with a bespoke completion link, and periodic reminders were sent to those who, according to our tracking tool, had not clicked on their unique link within the email.

The survey included multiple choice, ranking and free text questions. There was a mixture of demographic questions and more detailed questions exploring respondents' thoughts about the current and future direction of the BGS.

A total of 881 people responded to our survey, equating to a response rate of slightly more than 16% of our membership. This compares to 512 respondents to our previous strategy survey conducted in 2022, which at that time represented 11% of the membership.

## Demographic breakdown

### Gender

In terms of gender, close to two thirds (65.72%) of our survey respondents identify as female, while just under a third (32.69%) identify as male. The option to select '*Non-binary*', another gender identity ('*Other*') or not to disclose gender ('*Prefer not to say*') was selected by a total of 14 respondents, making up the remaining 1.59%. This very closely reflects data held on the BGS membership database as a whole, with 65.99% of the membership describing themselves as female, 33.38% describing themselves as male, and 0.63% opting out of providing this information altogether.

### Ethnicity

Respondents were also asked about their ethnicity, with three quarters (75.71%) describing themselves as '*White'*, followed by 14.95% describing themselves as '*Asian'* or '*Asian British*'. Each of remaining categories were selected by less than 3% of respondents respectively.

While there is the option for BGS members to supply ethnicity information on their profile during sign-up or at a later stage, this information is optional and therefore it

isn't currently possible to draw an accurate picture how this compares to the overall membership.

**Nations**

The survey asked members to specify the country they work or study, as opposed to where they live. Since these might differ in some cases, it was felt that it was more important to ask about the geographical location of their work setting, as this would provide more context about the services they work within, and therefore the answers given.

The majority of respondents – nearly three quarters - stated that they work or study in England (72.11%). More than one in ten (11.11%) were based in Scotland, and fewer than one in 20 (4.98%) were based in Wales. Just 3.36% of respondents stated they worked in Northern Ireland. The remaining 8.45% selected '*Other*,' with free text responses covering countries such as Canada, Australia, Spain, the Netherlands, Ireland and Jersey.

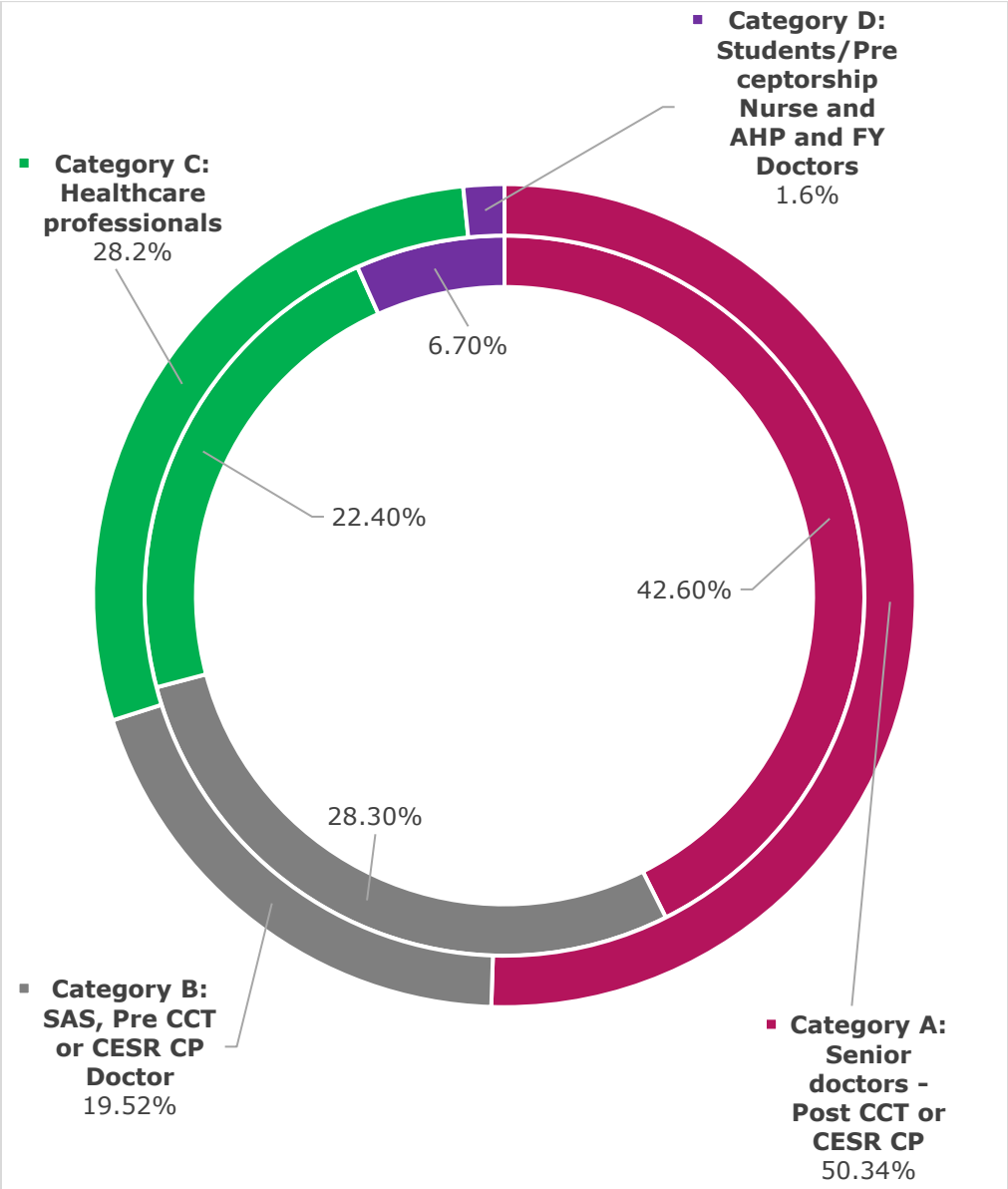
In terms of the overall BGS membership, 78.55% of members are based in England, 9.46% are located in Scotland, 5.58% are in Wales, and 2.89% are based in Northern Ireland. Overseas members make up 3.34% of the membership. Scotland and Northern Ireland were therefore was slightly over-represented, and England, Wales and Nothern Ireland slightly under-represented in responses.

## Membership category and profession breakdown

Respondents were asked which BGS membership category they fit into out of the four categories of individual memberships. More than half (50.34%) selected *Category A: Senior doctors - Post CCT or CESR CP,* with more than a quarter (28.2%) selecting *Category C: Healthcare professionals*. Close to one in five (19.52%) were in *Category B: SAS, Pre CCT or CESR CP Doctor, and* 1.6% were *Category D: Students/Preceptorship Nurse and AHP and Foundation Year Doctors.* The remaining 0.34% (three respondents) said they were not BGS members, and were therefore disqualified from the survey at this point.

The overall breakdown of membership categories across the entire BGS membership, as taken from our membership database, is shown below in relation to the survey respondents. Student members were under-represented in the survey sample (1.6% of respondents versus 6.7% of the membership), suggesting perhaps lower engagement linked to the free status of their membership. Healthcare professionals - including nurses, allied health professionals and pharmacists – were over-represented, at 28.2% compared to 22.4% of the membership. Within this category (Category C), 29.5% were Advanced Clinical Practitioners, 18.85% were Physiotherapists, 16.8% were nurses, and the remainder made up of Pharmacists and other allied health professions.

**Membership category breakdown: Survey respondents (outer circle) versus overall BGS membership (inner circle)**



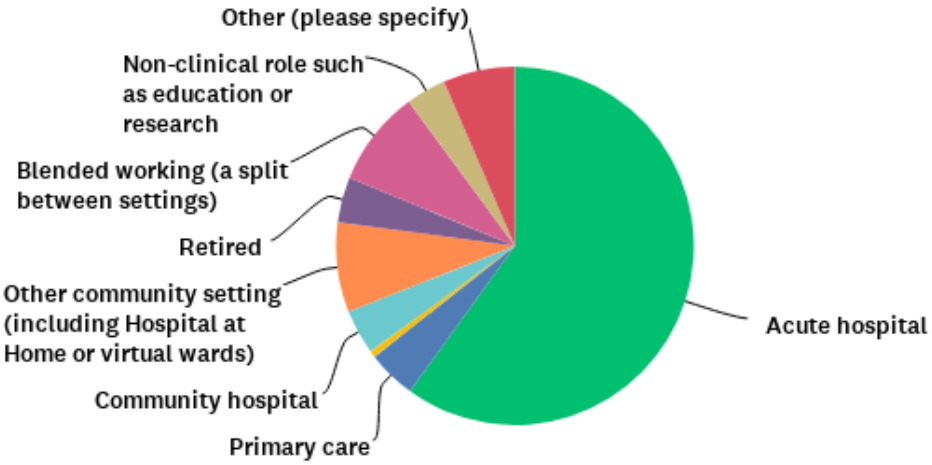

## Workplace settings and working patterns

The survey asked members to specify their workplace setting from a predefined list. Of these, the most common setting was an acute hospital, representing 60% of respondents. This was followed by '*Blended working (a split between settings)*' and '*Other community setting (including Hospital at Home or virtual wards)*' each with just over 8% of responses. This highlights the cross-cutting nature of clinical settings among BGS members and the breadth of services where experts in older people's

healthcare provide care and input. The '*Other'* field listed settings such as mental health/psychiatric services (five responses), hospice and government services.

The next question asked about working patterns or situations. More than two thirds (64.47%) work full time, and a quarter (25.93%) work less than full time. The remainder were retired (3.59%), worked on a locum/bank/agency basis, were studying, or on parental/career leave.

**Responses to 'Where do you usually work?'**




## What they told us – BGS Activities

Respondents were presented with a list of 11 current BGS activities and asked to select the five most important and useful things to them as a member of the Society. The top five most selected activities from this list overall were related to the areas of clinical quality, CPD, policy and events. The chart below shows the frequency with which each of the activities were selected as one of the respondents' top five.

**Most important BGS activities: Full list ordered by total selections**

| | |
|---|---|
| b) Providing tools, guidance and examples to help me improve clinical quality and keep up to date in my practice | 568 |
| a) Supporting my professional development with CPD-accredited learning | 566 |

| | |
|---|---|
| g) Influencing government and NHS policy on older people's healthcare across the UK | 526 |
| d) Organising meetings, conferences and events for learning, collaboration and information about older people's healthcare | 499 |
| c) Supporting and promoting research, including through the BGS journal, Age and Ageing | 366 |
| h) Championing a sustainable workforce to deliver care for older people now and in the future | 347 |
| j) Influencing other organisations to ensure older people's interests are represented in their policy, campaigns, clinical guidance and communications | 308 |
| e) Providing national, regional, clinical and professional groups and online platforms so that I can share knowledge, learn about new developments and collaborate with my peers | 274 |
| f) Strengthening training curricula and career pathways for trainee doctors and other health professionals | 267 |
| k) Providing an authoritative and expert voice on older people's healthcare in the media | 265 |
| i) Offering a safe supportive space for the multidisciplinary community of older people's healthcare professionals | 179 |

The top two most-selected, with very little between them, were '*Providing tools, guidance and examples to help me improve clinical quality and keep up to date in my practice'* and '*Supporting my professional development with CPD-accredited learning'.* These were followed by '*Influencing government and NHS policy on older people's healthcare across the UK',* which was selected 40 fewer times than the number two activity; and '*Organising meetings, conferences and events for learning, collaboration and information about older people's healthcare'* a further 27 selections behind this. The fifth and sixth selections (research and workforce) trail some way behind these. At the bottom of the list, '*Offering a safe supportive space for the multidisciplinary community of older people's healthcare professionals'* was selected the fewest times, with just 179 people including this in their top five.

Respondents were then invited to rank the five activities selected in the previous answer in order of importance. They were presented only with the five selections they had made previously; anything outside their original top five was not available to rank.

The below table shows all activities in the order of the mean value of their ranking (a lower value indicates a higher mean ranking as respondents were asked to list from 1 to 5, where 1 is most important).

**Most important BGS activities: Mean ranking of top five activities**
*(ranked 1-5 of previous choices by respondents; 1 = most important, 5 = least important)*

| **Answer choice** | **Mean ranking** |
|---|---|
| a) Supporting my professional development with CPD-accredited learning | 2.31 |
| b) Providing tools, guidance and examples to help me improve clinical quality and keep up to date in my practice | 2.44 |
| g) Influencing government and NHS policy on older people's healthcare across the UK | 2.76 |
| d) Organising meetings, conferences and events for learning, collaboration and information about older people's healthcare | 2.9 |
| h) Championing a sustainable workforce to deliver care for older people now and in the future | 3.11 |
| f) Strengthening training curricula and career pathways for trainee doctors and other health professionals | 3.16 |
| c) Supporting and promoting research, including through the BGS journal, Age and Ageing | 3.22 |
| e) Providing national, regional, clinical and professional groups and online platforms so that I can share knowledge, learn about new developments and collaborate with my peers | 3.37 |
| i) Offering a safe supportive space for the multidisciplinary community of older people's healthcare professionals | 3.69 |
| j) Influencing other organisations to ensure older people's interests are represented in their policy, campaigns, clinical guidance and communications | 3.77 |
| k) Providing an authoritative and expert voice on older people's healthcare in the media | 3.93 |

Once again, CPD, clinical quality, policy influencing, and conferences/events emerged in the top four. However a change in order of the subsequent rankings suggests that out of those who selected these activities in their initial top five, a significant number did not consider them to be their top priority.

In particular, research – which appeared as the fifth most-selected activity in respondents' top five – was ranked on average at 3.22, placing it seventh in the overall weighted ranking. Looking in more depth at those who placed this as their number one, job titles such as Professor, Clinical Academic, Researcher and PhD

student, and non-clinical workplace settings were all prominent. The below free text quotes were supplied by respondents who placed research at number one.

*"The links across all disciplines through a strong research community is crucial to the future care and understanding of the needs of older people."*
*- Social Worker/PHD Student, Northern Ireland*

*"Again personally I think that increasing the evidence base and building the skills and knowledge of the workforce is most important. However, ensuring that the needs of older people is at the forefront of the minds of those who don't work in this specialty is also very important."* *- Academic Researcher, England*

The activity around strengthening training curricula and career pathways was placed at number nine in terms of total top five selections, but weighted at 3.16 when ranked within selections, placing it in sixth in this subsequent list. Drilling down further into the results, 36 respondents placed this as their number one activity. Of these, more than half (19) were trainees or medical students themselves, with the majority of the remaining respondents being Consultant Geriatricians.

*"As a trainee I want to get the most out of my training and ensure I am prepared for consultant life. With the ageing population, and the difficulties the NHS is facing, we need to be flexible in how our workforce can deal with this in the future."*
*- StR specialist Registrar in geriatric medicine, Wales*

*"Future first, current next"*
*- Consultant in other specialty, England*

*"Significant regional variations in training in geriatric medicine, many medical students do not consider it as an appealing career choice. BGS has a huge role in supporting the geriatricians of the future and ensuring high quality training across the board, not just for doctors but for AHPs as well."*
*- StR specialist Registrar in geriatric medicine, Northern Ireland*

While these questions pressed respondents to provide decisive preference and priority for BGS activities, the free text fields indicate that, for a large number of members, the separation of these activities is not clear-cut. Respondents were keen to point out that in a real-world situation, many of them overlap or affect other areas, and it was difficult to meaningfully rank them.

*"I found this hard to rank as they are all valuable factors to my practice."*
*- Advanced Clinical Practitioner (Physiotherapist), Scotland*

*"As a current trainee, career development and learning are key priorities at present, but in attending events and engaging with other BGS roles I am more and more aware of the wider impact of BGS on policy influence and advocating for the, potentially, vulnerable groups whom we work with on a daily basis to ensure their voices are heard."*

*- StR specialist Registrar in geriatric medicine, Wales*

*"Older peoples needs come first. As well as championing the government, we need to educate and empower the public. Then we need to support the workforce and then focus on research for providing the best care."*

*- Consultant in Geriatric Medicine, England*

## What they told us – Impact and influence in the future

In the next section, respondents were presented with a list of 13 potential activity areas and asked to pick the five where they believed the BGS could have the most impact and influence going forward. These results yielded a closely but clearly ordered list, with the most-selected option being *Strengthening the evidence base on geriatric medicine through the generation, publication and uptake of high-quality research,* selected by 487 respondents in their top five impact areas. The area of *Influencing the design of NHS programmes and services at national, regional and local levels* was selected 448 times, and a further six areas (see table below) were all also selected more than 300 times to appear in respondents' top five.

Some thematic differences emerged through the answers to this question when compared to the previous round of questions. While tools and guidance around clinical quality were highly rated in the earlier question, in this question, the answer *Tools, resources and information about clinical practice associated with older people's healthcare* appears at number eight in the list. Conversely, in earlier questions, evidence and research were not among the most highly valued BGS activities, yet *Strengthening the evidence base on geriatric medicine through the generation, publication and uptake of high-quality research* appears in the top five in this question.

**Impact and influence: Full list ranked by total selections**

| | |
|---|---|
| b) Strengthening the evidence base on geriatric medicine through the generation, publication and uptake of high-quality research | 487 |
| e) Influencing the design of NHS programmes and services at national, regional and local levels | 448 |

| | |
|---|---|
| c) Building skills and knowledge of specialists and the wider workforce by developing relevant elearning courses and qualifications | 396 |
| j) Advocating for the needs of current and future older people in the reform and planning of NHS services | 390 |
| a) Encouraging trainee doctors, nurses and other health professionals to specialise in the healthcare of older people | 362 |
| i) Campaigning on key issues affecting older people's healthcare such as a sustainable workforce and better end of life care | 340 |
| d) Delivering topical high-quality national and regional meetings and events | 319 |
| f) Improving tools, resources and information about clinical practice associated with older people's healthcare | 302 |
| g) Influencing regional commissioning of frailty-attuned integrated services for older people | 286 |
| l) Influencing the understanding of older people's healthcare by other specialties | 246 |
| k) Working with others to reduce avoidable diseases and conditions of older age through prevention/early action programmes | 162 |
| h) Increasing the public profile and credibility of the BGS, through policy commentary, social media and wider media | 116 |
| m) Attracting more healthcare professionals to join the BGS community | 56 |

As with the previous round of questions, respondents were then asked to rank their top five answers from the preceding question in order of importance. The below chart shows all impact areas in the order of the mean value of their ranking, where a lower value indicates higher overall perceived importance. A mean ranking has been used to indicate how each priority has been ranked relative to other priorities, regardless of how many times they were selected in the top five.

The top five ranked areas are all closely weighted, suggesting little variance in the perceived prioritisation of these areas. This closeness of ranking continues down the rest of the list, with those ranked 7-11 falling particularly close together in terms of their mean ranking.

At the bottom of the list, in both this question and the previous question asking people to select five areas, *Attracting more healthcare professionals to join the BGS community* appears last. Of the 56 people who selected this among their top five, only one respondent ranked it first.

**Mean ranking of top five areas of impact and influence**
*(ranked 1-5 of previous choices by respondents; 1 = most important, 5 = least important)*

| Answer choice | Mean ranking |
|---|---|
| b) Strengthening the evidence base on geriatric medicine through the generation, publication and uptake of high-quality research | 2.45 |
| a) Encouraging trainee doctors, nurses and other health professionals to specialise in the healthcare of older people | 2.5 |
| e) Influencing the design of NHS programmes and services at national, regional and local levels | 2.76 |
| j) Advocating for the needs of current and future older people in the reform and planning of NHS services | 2.78 |
| c) Building skills and knowledge of specialists and the wider workforce by developing relevant elearning courses and qualifications | 2.81 |
| d) Delivering topical high-quality national and regional meetings and events | 3.07 |
| f) Improving tools, resources and information about clinical practice associated with older people's healthcare | 3.25 |
| g) Influencing regional commissioning of frailty-attuned integrated services for older people | 3.27 |
| k) Working with others to reduce avoidable diseases and conditions of older age through prevention/early action programmes | 3.32 |
| i) Campaigning on key issues affecting older people's healthcare such as a sustainable workforce and better end of life care | 3.47 |
| h) Increasing the public profile and credibility of the BGS, through policy commentary, social media and wider media | 3.47 |
| l) Influencing the understanding of older people's healthcare by other specialties | 3.75 |
| m) Attracting more healthcare professionals to join the BGS community | 4.45 |

With the mean ranking of the majority of these 13 areas being so close, the free text field inviting participants to explain their answers provides some further insight into the priority themes, and some context to these.

Many respondents emphasised that robust research and evidence are fundamental to supporting all other initiatives, and evidence was seen as important in influencing policy and service design and delivery, as well as driving clinical quality.

*"Evidence is essential to influence decision makers and to focus efforts on effective care/services rather than doing what we've always done."*
*- StR specialist Registrar in geriatric medicine, Scotland*

*"Evidence will underpin all else."*
*- Advanced Clinical Practitioner, England*

*"If we have a more robust evidence base the credibility of the specialty is enhanced and will attract a broader workforce, as well as the interest of policy makers."* *- Consultant in Geriatric Medicine, England*

*"Frailty is for everyone and there will never be enough geriatricians. By strengthening the workforce skills, knowledge and education on older peoples care will allow for better care. There is a real need to for a high quality evidence base to drive this forward and improve our standing academically in the medical profession."*
- Consultant in Geriatric Medicine, England

Training and upskilling the existing and future workforce was also a concern. Respondents highlighted the importance of attracting people to the specialty and making geriatric medicine more appealing, especially to early careers professionals and students. Responses also indicated a desire for further support for multidisciplinary training, including AHPs and non-geriatric medical specialists.

*"Encouraging a specialist workforce is essential – older people's care is everyone's business, and all professionals should understand good care."*
*- Dementia Care Manager, England*

*"Whilst campaigning on factors affecting care of older people in the NHS including developing a sustainable workforce, it is vital that the BGS also champions upskilling of other professionals to deliver safe & effective care to frail older people through provision of learning platforms, courses, tools and useful resources."*
*- Consultant in Geriatric Medicine, Wales*

*"Very hard to put in an order as all so important. I just want to see as much impact as possible and I think a lot of this is likely to happen at national level and with regional commissioning, and training the wider workforce in the basics is fundamental to caring for the numbers of older people."*
*- Consultant in Geriatric Medicine, England*

A number of responses called for greater influence on NHS reforms, commissioning, and national policy. BGS was seen as having a role in providing a strong voice at local, regional, and national levels. In terms of service design and delivery, respondents highlighted the role of integrated, holistic care models, suggesting BGS could take a lead in supporting broader NHS transformation.

"The BGS should use its influence and voice to guide the government in planning care and services for older people."
– Physiotherapist, England

"We need to advocate for the people we treat and care for - particularly as NHS reform continues - not least as they will be a sizeable part of the population. As part of this we need to advocate for the needs of future older people and design services that they want to use."
- Consultant in Geriatric Medicine, England

"We must influence service design and commissioning and do that based on sound evidence." – Medical Director, England

"I think trying to influence policy makers about the importance of good health and social care services for older persons, via prevention and action programmes, will go a long way to addressing future challenges."
- Consultant in Geriatric Medicine, England

The notion of ageing and age-related medicine being misunderstood and misrepresented was another theme. Respondents expressed concern that geriatric medicine is undervalued compared to other specialties. Comments alluded to a need to change the narrative around ageing and frailty, and to increase awareness of the complexity and value of geriatric medicine and older people's healthcare as a whole.

"Geriatric medicine is looked down on by other specialties... they do not have the knowledge or respect for what we are able to provide our Older People." - Senior Lecturer in Nursing, England

"I think public education on older people's healthcare issues is key to raising awareness."
- Consultant in Geriatric Medicine, Scotland

A significant number focused on preventative approaches, public health initiatives or lifestyle interventions to reduce frailty and multimorbidity in older age. Prevention was often framed as more cost-effective and impactful long-term.

*"Prevention is better than cure. Major changes in demographics show the need for planning both infrastructure and staffing."*

- Consultant in Geriatric Medicine, England

*"Prevention is key and fostering better understanding of our specialty's strengths is really important."*
- Consultant in Geriatric Medicine, Scotland

*"Preventative evidence based research influencing better ageing and disease prevention as a priority, then campaigning and implementation of policy, then recruitment."*
- Consultant in Geriatric Medicine, Scotland

In terms of activities that BGS can deliver directly, national and regional BGS meetings were valued for professional development and networking. Respondents also highlighted the need for more practical tools, clinical guidelines, and e-learning resources to support daily practice.

*"High quality national and regional meetings will in turn help to recruit to the specialty and strengthen the evidence base."*
- Senior Lecturer, Wales

*"We need to keep older people on the map and that means engaging with media, having events, making guidelines and statements."*
- Consultant in Geriatric Medicine, England

*"High quality national and regional meetings are essential to the profile of the specialty nationally and internationally, training and development of existing practitioners and attracting new recruits. More could be done to develop tools and resources to support best practice and the accreditation of the wider workforce."*
- Specialist Doctor, Wales

## Free text comments

In the final section of the survey, members were invited to share free text responses to the question '*Is there anything else you'd like to tell us about the BGS or its future direction?'* Among these, there were many positive and complimentary comments about the work of BGS and the value of membership.

*"I love being a member of the BGS. It feels exciting at the moment and that the BGS is becoming more influential. I would like us to continue this."*
- Pharmacist, England

*"A huge well done on the work so far. The clarity of recent publications has improved (e.g. Joining the dots), the Covid response, and the advocacy for patients and the specialty is terrific."*
- Clinical Director, England

*"It is a great organisation doing good work on remarkably small resources."*
- GP, England

*"BGS already does fantastic work to advocate for older people. The in-person conference attendance creates a real buzz and sense of community."*
- Internal medicine trainee, England

*"Conferences are very informative and help to enhance clinical skills."*
*- Associate specialist/SAS Grade doctor, England*

*"Keep up with good work. Continue with BGS conferences and regional meetings which provide good platform for discussion, development and presentations."*
*- Consultant in Geriatric Medicine, England*

*"I think the BGS is doing well through Agenda and conferences to make the field of elderly care feel exciting, welcoming and rewarding to the people it reaches." -*
*Retired Consultant Old Age Psychiatrist, England*

Many comments alluded more generally to issues faced by members, their patients and their services, rather than specifically relating to the role of BGS as a professional Society; however, it can be inferred that there are reasonable steps BGS could take to help address these issues or support members to overcome them. Themes emerging from these free text comments can be divided broadly into the following areas:

- Out-of-hospital, pre-hospital, community and social care
- Online and in-person conferences, elearning and CPD
- External and international relations
- Inclusive multidisciplinary support
- Guidance, examples and quality
- Policy, influence and advocacy
- Commissioning and service provision
- Visibility, public profile and awareness
- Workforce, training and recruitment

A total of 249 comments were submitted, and these are grouped thematically in Appendix 1.