

BGS Strategy 2023-26 – membership survey analysis

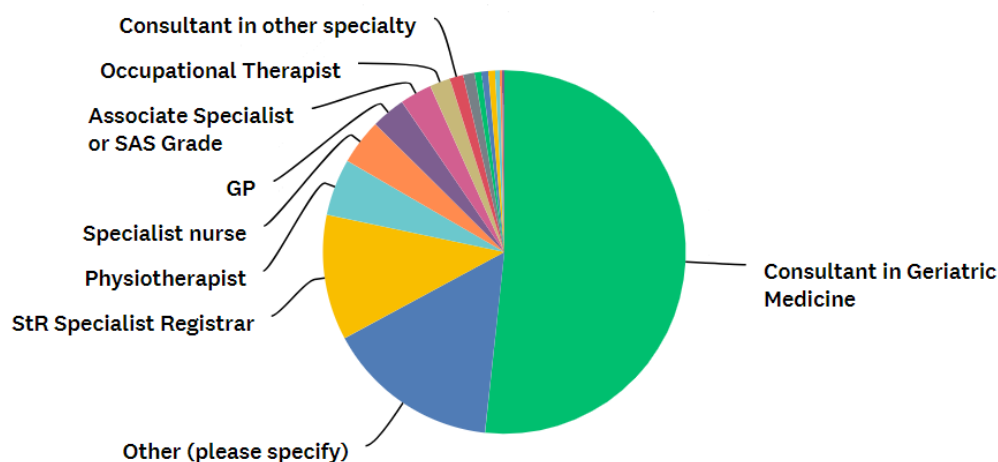
Introduction

The BGS is currently in the process of developing our new strategy for 2023-26. To help inform this process, we issued a survey to our members to gather their opinions about where we should focus our efforts over the next three years. The survey was conducted via SurveyMonkey and included questions about the individual as well as questions about the direction the Society should take. The survey included both multiple choice and free text questions and was open from 6 April to 6 June.

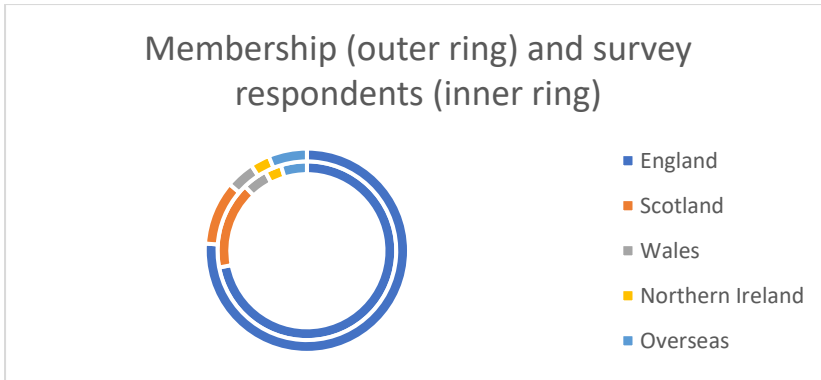
520 people responded to our survey about our next strategic plan. The first question asked whether the respondent was a BGS member and 17 people answered 'no' – these people were excluded from responding to the rest of the survey. A further ten people neglected to answer any other questions, leaving 493 people answering the bulk of the survey. This equates to 11% of our current membership. When we surveyed members on the development of our last strategic plan in 2019, 202 people responded. The number of respondents this time represents a 144% increase on last time.

Who responded?

While we had respondents from across the multidisciplinary team, just over half (51.7%) of respondents were consultants in geriatric medicine. The next largest single group was specialist registrars (11.2%), followed by physiotherapists (5.1%) and specialist nurses (4.1%). It is worth noting that 15.4% of respondents (76 people) answered 'other' to this question. Among these respondents, many identified that they were retired consultant geriatricians while others highlighted roles that had been missed from our list including pharmacist, advanced clinical practitioner, nurse consultant, advanced nurse practitioner and physician associate.



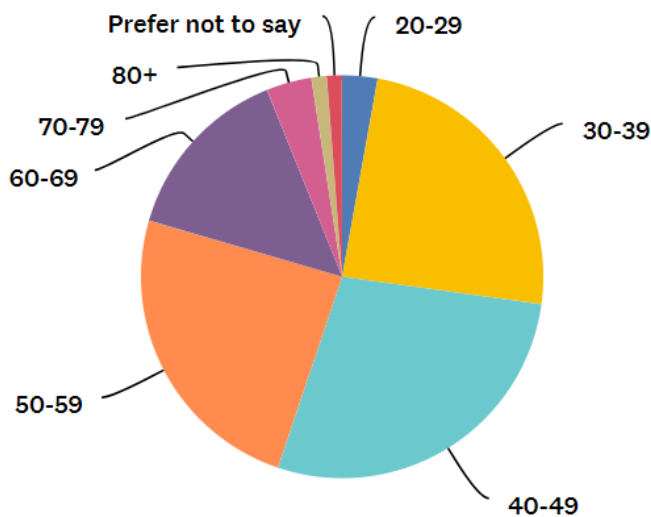
The vast majority (72%) of respondents are based in England with 15.8% based in Scotland, 4.5% in Wales and 3% in Northern Ireland. 4.7% of respondents were overseas. This roughly maps to the breakdown of nations within the BGS membership, with Scotland perhaps slightly over-represented in the survey respondents.



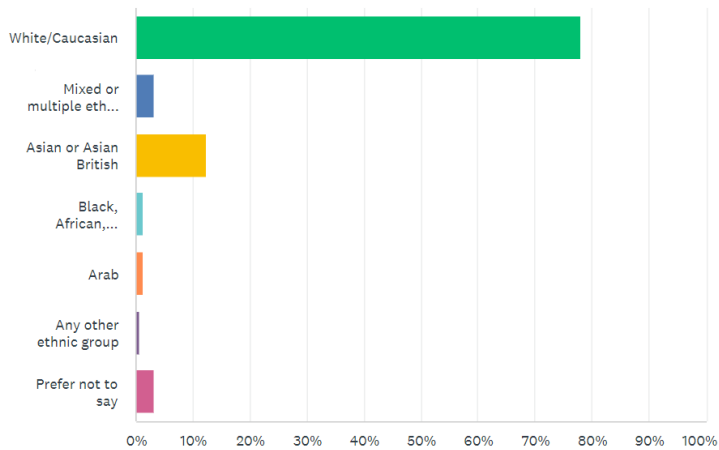
A majority of respondents (67.1%) told us that they work in an acute hospital with the next largest group (5.3%) working in primary care. It is worth noting that a significant number (18.7% or 92 people) selected 'other' and told us that they work in a range of settings including Hospital at Home or virtual ward services, universities or care homes. A significant number of people also mentioned here that they are retired.

63.3% of respondents said that they work full time. It is notable that more than a quarter (26.2%) told us that they work less than full time, indicating a willingness among members and their employers to embrace a flexible approach to work. 6.3% of respondents told us that they are retired and 1% of respondents were on parental leave when they completed the survey.

59.2% of respondents identify as female with 38.3% identifying as male and 2.4% preferring not to say. 28% of respondents told us that they are aged between 40 and 49, making this the largest age group represented. However, it is worth noting that significant numbers of respondents were in the 30-39 and 50-59 aged groups and in total more than three quarters of respondents were aged between 30 and 59.



79.1% of survey respondents told us that they are from a white or Caucasian background. The second largest ethnic group was Asian or Asian British at 12.4%.



What they told us – BGS activities

We provided respondents with a list of 11 BGS activities and asked them to indicate the five most important and useful to them as a member of the BGS. While there was no clear frontrunner there was some variety in responses. The following question asked respondents to rank the five activities they had chosen in order of importance. Of those who selected ‘Influencing government and NHS policy on older people’s healthcare across the UK’ as one of their five activities, nearly a quarter (23.5%) ranked this as the most important BGS activity for them. 25.8% of those who chose ‘Championing the importance of older people’s healthcare and a sustainable workforce to support it’ said that this was their number one priority. Table 1 shows both the percentage of people who selected each activity as one of their top five activities and, of that percentage, those who chose it as their number one priority.

Table 1: BGS activities as prioritised by members

BGS activity	One of top five	Number one
Influencing government and NHS policy on older people’s healthcare across the UK	64.3%	23.5%
Championing the importance of older people’s healthcare and a sustainable workforce to support it	60.3%	25.8%
Organising meetings, conferences and events for learning, collaboration and communication about older people’s healthcare	59%	20.6%
Providing tools, guidance and examples to help me improve clinical quality and keep up to date in my practice	57.1%	24.7%
Supporting my professional development with CPD-accredited learning	55.5%	33.2%
Supporting and promoting research, including through the BGS journal, Age and Ageing	43.1%	13%
Providing opportunities for me to learn about innovations and new developments, share knowledge and collaborate with my peers through national, regional, clinical and professional groups and online platforms	40.6%	14%
Offering a community for multidisciplinary professionals working in older people’s healthcare to unite around a goal of improving patient care	35.9%	17.3%
Providing expert input on older people’s healthcare to the policy, research and campaign outputs of others	31.5%	9.4%

Strengthening training curricula for trainee doctors and other healthcare professionals	30.5%	6.7%
Providing an authoritative voice on older people's healthcare in the media	22.3%	12.9%

There were considerable differences between professions within the membership as illustrated in table 2, with only two activities included in the top five of all disciplines:

- Influencing government and NHS policy on older people's healthcare across the UK.
- Organising meetings, conferences and events for learning, collaboration and communication about older people's healthcare.

Nurses and AHPs appeared to value the opportunities for learning and building community more than other professions while specialist registrars, perhaps unsurprisingly, highlighted the importance of developing the trainee curriculum.

Table 2: BGS activities as prioritised by different professions within the membership

Profession	One	Two	Three	Four	Five
Consultant in geriatric medicine	Influencing government and NHS policy on older people's healthcare across the UK.	Organising meetings, conferences, and events for learning collaboration and communication about older people's healthcare.	Championing the importance of older people's healthcare and a sustainable workforce to support it.	Supporting my professional development with CPD-accredited learning.	Providing tools, guidance and examples to help me improve clinical quality and keep up to date in my practice.
SAS or Associate Specialist grade doctors	Supporting my professional development with CPD-accredited learning.	Championing the importance of older people's healthcare and a sustainable workforce to support it.	Providing tools, guidance and examples to help me improve clinical quality and keep up to date in my practice.	Organising meetings, conferences, and events for learning collaboration and communication about older people's healthcare.	Influencing government and NHS policy on older people's healthcare across the UK.
Nurses and AHPs	Providing tools, guidance and examples to help me improve clinical quality and keep up to date in my practice.	Offering a community for multidisciplinary professionals working in older people's healthcare to unite around a goal of	Providing opportunities for me to learn about innovations and new developments, share knowledge and	Influencing government and NHS policy on older people's healthcare across the UK.	Championing the importance of older people's healthcare and a sustainable workforce to support it.

		improving patient care.	collaborate with my peers through national, regional, clinical and professional groups and online platforms		
Specialist registrars	Organising meetings, conferences, and events for learning collaboration and communication about older people's healthcare.	Supporting my professional development with CPD-accredited learning.	Influencing government and NHS policy on older people's healthcare across the UK.	Providing tools, guidance and examples to help me improve clinical quality and keep up to date in my practice.	Strengthening training curricula for trainee doctors and other healthcare professionals
GP / GP trainees	Organising meetings, conferences, and events for learning collaboration and communication about older people's healthcare.	Championing the importance of older people's healthcare and a sustainable workforce to support it.	Influencing government and NHS policy on older people's healthcare across the UK.	Offering a community for multidisciplinary professionals working in older people's healthcare to unite around a goal of improving patient care.	Providing tools, guidance and examples to help me improve clinical quality and keep up to date in my practice.

There was not a significant difference in priorities by nation, although those BGS members based outside of the UK had different priorities to those based within the UK. Members based outside of the UK valued the role of the BGS in supporting and promoting research more than UK-based members did.

Table 3: BGS activities as prioritised by members in different nations

Country	One	Two	Three	Four	Five
England	Influencing government and NHS policy on older people's healthcare across the UK.	Championing the importance of older people's healthcare and a sustainable workforce to support it.	Organising meetings, conferences and events for learning, collaboration and communication about older	Providing tools, guidance and examples to help me improve clinical quality and keep up to date in my practice.	Supporting my professional development with CPD-accredited learning.

			people's healthcare.		
Northern Ireland	Organising meetings, conferences and events for learning, collaboration and communication about older people's healthcare.	Influencing government and NHS policy on older people's healthcare across the UK.	Providing tools, guidance and examples to help me improve clinical quality and keep up to date in my practice.	Championing the importance of older people's healthcare and a sustainable workforce to support it.	Supporting my professional development with CPD-accredited learning.
Wales	Providing tools, guidance and examples to help me improve clinical quality and keep up to date in my practice.	Organising meetings, conferences and events for learning, collaboration and communication about older people's healthcare.	Championing the importance of older people's healthcare and a sustainable workforce to support it.	Providing opportunities for me to learn about innovations and new developments, share knowledge and collaborate with my peers through national, regional, clinical and professional groups and online platforms	Influencing government and NHS policy on older people's healthcare across the UK.
Scotland	Influencing government and NHS policy on older people's healthcare across the UK.	Championing the importance of older people's healthcare and a sustainable workforce to support it.	Organising meetings, conferences and events for learning, collaboration and communication about older people's healthcare.	Supporting my professional development with CPD-accredited learning.	Providing tools, guidance and examples to help me improve clinical quality and keep up to date in my practice.
Overseas	Supporting and promoting research, including through the BGS journal,	Providing tools, guidance and examples to help me improve clinical quality and keep up to	Supporting my professional development with CPD-accredited learning.	Championing the importance of older people's healthcare and a sustainable	Providing opportunities for me to learn about innovations and new developments,

	Age and Ageing.	date in my practice.		workforce to support it.	share knowledge and collaborate with my peers through national, regional, clinical and professional groups and online platforms
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Members were given the opportunity to comment on their responses to this question and 79 respondents provided further detail in the free-text box.

Many of these respondents stated that they found it difficult to choose five activities and to prioritise them as they see them as of equal importance. Some respondents acknowledged that they had answered this on a **personal level** but could see wider priorities were important as well.

'I couldn't do without the BGS for my CPD, but we absolutely need to get HCOP [healthcare for older people] prioritised and publicised. Medical students need to know that they will be looking after mainly older people almost irrespective of specialty, before they apply to medical school. The workforce needs to be correspondingly adjusted and the public need a better understanding of frailty outcomes and the relative risks and benefits of acute care for this patient group.' - Consultant in non-geriatric specialty, England

'I think that the policy / political input of the BGS is most important at a societal level – the voice of the Society in advocating and championing the care of older people is really important. As an individual the CPD and learning is definitely most important.' - Consultant geriatrician, Scotland

Several respondents commented on the changing nature of older people's healthcare and the role the BGS has in **promoting the specialty** and ensuring that the **future workforce is fit for purpose**.

'The BGS should be the 'go to' organisation to comment on healthcare issues given that the majority of NHS patients are older people living with multimorbidity and geriatric syndromes. It should work with the RCP to give clear policy direction and dispel the myth (sadly often perpetuated by geriatricians) that geriatricians are interested in cups of tea and knitting as opposed to quality evidence based cost effective compassionate healthcare for a complex patient population.' - Consultant geriatrician, England

'Geriatric medicine in NI [Northern Ireland] has been shown limited respect by Department of Health, Public Health Agency, Trust management and non-geriatric colleagues. I have rarely felt less valued than in the last 3 years.' - Consultant geriatrician, Northern Ireland

'Recruiting more doctors and making geriatric medicine more attractive for students and trainees should be a priority as they are the consultants and workforce of tomorrow.' – StR Specialist Registrar, England

'The BGS must take the lead in pushing training and development of all health professionals in geriatric medicine.' – Consultant geriatrician, England

Several respondents highlighted the role that BGS can play in **influencing the NHS and government** and ensuring that older people’s healthcare has the resource it needs to cater to the ageing population.

‘Healthcare needs of older people in increasing. The BGS needs to advocate for increasing allocation of resources to the NHS.’ - SAS Doctor, Scotland

‘I would be keen that the BGS influences NHS England so that quality care for older patients is accountable at trust level.’ - Consultant geriatrician, England

‘BGS is in the best position to advocate for older people (and geriatrics workforce) who have previously been ignored by government. They have a role in highlighting social injustice and putting pressure on the government to sort it out.’ - SAS doctor, England

Several respondents picked up on the need for a **sustainable workforce** and particularly identified the pressure that the workforce is currently under and the impact of the COVID-19 pandemic on those caring for older people.

‘Older people’s healthcare is under huge pressure so I have prioritised those activities which will support the workforce and contribute to the development of sustainable services for older adults.’ – Consultant geriatrician, Scotland

‘As we hopefully come out of the pandemic, the single most important thing is to protect the welfare and working conditions of the MOE [medicine of elderly] workforce, who have shouldered a huge burden during the last 2 years. No innovations, no ‘working smarter’, no expectation of doing more, but time for proper recovery, because we’ve had none.’ – Consultant geriatrician, Scotland

Respondents were positive and grateful for the opportunities within BGS to **network and build communities**.

‘I feel BGS has a key role in creating community and professional forum space for all HCPs working with older adults on a national basis.’ – Specialist Registrar, Northern Ireland

‘The BGS makes me feel part of a wider team which has been an important morale boost to me since I was a trainee.’ – Consultant geriatrician, England

What they told us – impact and influence

We next asked respondents to select the five areas where they think the BGS can have the most influence and impact from a list of 11 options. Again, there was no clear frontrunner but variety emerged when members were asked to rank the activities. While nearly 60% of respondents chose ‘Building skills and knowledge of specialists and the wider healthcare workforce through training curricula and better understanding of frailty’ in their top five, of those, only 16% ranked it as their number one area. Conversely, 55% ranked ‘seeking to ensure the needs of older people are reflected in the post-Covid recovery and reform of NHS services’ in their top five and of these, nearly 45% ranked it as number one. Table 4 shows the both the percentage of people who selected each priority area as one of their top five and, of that percentage, those who chose it as their number one priority area.

Table 4: Areas where BGS members believe we can have the greatest impact

BGS activity	One of top five	Number one
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Building skills and knowledge of specialists and the wider healthcare workforce through training curricula and better understanding of frailty	59.9%	16%
Strengthening the evidence base on geriatric medicine through the generation and uptake of high-quality research	59.5%	21.1%
Influencing the design of NHS programmes and services	58.1%	24.4%
Campaigning on key issues affecting older people's healthcare such as workforce	57.7%	11.1%
Seeking to ensure the needs of older people are reflected in the post-Covid recovery and reform of NHS services	55.2%	44.9%
Encouraging trainee doctors, nurses and other health professionals to specialise in the healthcare of older people	50.9%	25.9%
Improving tools, resources and information about clinical practice associated with older people's healthcare	43%	8.5%
Delivering topical high-quality meetings and events	36%	14.4%
Working with others to reduce avoidable diseases and conditions of older age through prevention/early action programmes	30%	13.6%
Increasing the public profile and credibility of the BGS, through policy commentary, social media and wider media	26.6%	14.7%
Further developing the BGS as a strong and diverse multidisciplinary community united by a common goal	23.2%	10.7%

Again there were considerable differences between the professions within the membership. There were no priority areas that every membership group included in their top five. Every group except for SAS or Associate Specialist grade doctors prioritised 'influencing the design of NHS programmes and services' and nurses and AHPs were the only group who didn't prioritise 'seeking to ensure the needs of older people are reflected in the post-Covid recovery and reform of NHS services.'

Table 5: Priority areas as ranked by professions within the BGS membership.

Profession	One	Two	Three	Four	Five
Consultant in geriatric medicine	Campaigning on key issues affecting older people's healthcare such as workforce.	Strengthening the evidence base on geriatric medicine through the generation and uptake of high-quality research.	Building skills and knowledge of specialists and the wider healthcare workforce through training curricula and better understanding of frailty.	Influencing the design of NHS programmes and services.	Seeking to ensure the needs of older people are reflected in the post-Covid recovery and reform of NHS services.
SAS or Associate Specialist grade doctors	Seeking to ensure the needs of older people are reflected in the post-Covid recovery and	Improving tools, resources and information about clinical practice associated with	Campaigning on key issues affecting older people's healthcare such as workforce.	Encouraging trainee doctors, nurses and other health professionals to specialise in the healthcare	Strengthening the evidence base on geriatric medicine through the generation and uptake of

	reform of NHS services.	older people's healthcare.		of older people.	high-quality research.
Nurses and AHPs	Building skills and knowledge of specialists and the wider healthcare workforce through training curricula and better understanding of frailty.	Strengthening the evidence base on geriatric medicine through the generation and uptake of high-quality research.	Influencing the design of NHS programmes and services.	Improving tools, resources and information about clinical practice associated with older people's healthcare.	Campaigning on key issues affecting older people's healthcare such as workforce.
Specialist registrars	Seeking to ensure the needs of older people are reflected in the post-Covid recovery and reform of NHS services.	Influencing the design of NHS programmes and services.	Encouraging trainee doctors, nurses and other health professionals to specialise in the healthcare of older people.	Strengthening the evidence base on geriatric medicine through the generation and uptake of high-quality research.	Building skills and knowledge of specialists and the wider healthcare workforce through training curricula and better understanding of frailty.
GP / GP trainees	Building skills and knowledge of specialists and the wider healthcare workforce through training curricula and better understanding of frailty.	Influencing the design of NHS programmes and services.	Improving tools, resources and information about clinical practice associated with older people's healthcare.	Delivering topical high-quality meetings and events.	Seeking to ensure the needs of older people are reflected in the post-Covid recovery and reform of NHS services.

Again there were similarities in priority areas between members from different nations although overseas members prioritised different areas to those from the four UK nations. While members from each of the UK nations prioritised 'campaigning on key issues affecting older people's healthcare such as workforce' and 'Seeking to ensure the needs of older people are reflected in the post-Covid recovery and reform of NHS services', neither of these priority areas were highlighted by overseas members.

Table 6: BGS priority areas as ranked by members from different nations.

Country	One	Two	Three	Four	Five
England	Influencing the design of NHS programmes and services.	Building skills and knowledge of specialists and the wider healthcare workforce through training curricula and better understanding of frailty.	Campaigning on key issues affecting older people's healthcare such as workforce.	Strengthening the evidence base on geriatric medicine through the generation and uptake of high-quality research.	Seeking to ensure the needs of older people are reflected in the post-Covid recovery and reform of NHS services.
Northern Ireland	Seeking to ensure the needs of older people are reflected in the post-Covid recovery and reform of NHS services.	Campaigning on key issues affecting older people's healthcare such as workforce.	Encouraging trainee doctors, nurses and other health professionals to specialise in the healthcare of older people.	Strengthening the evidence base on geriatric medicine through the generation and uptake of high-quality research.	Building skills and knowledge of specialists and the wider healthcare workforce through training curricula and better understanding of frailty.
Wales	Seeking to ensure the needs of older people are reflected in the post-Covid recovery and reform of NHS services.	Influencing the design of NHS programmes and services.	Building skills and knowledge of specialists and the wider healthcare workforce through training curricula and better understanding of frailty.	Campaigning on key issues affecting older people's healthcare such as workforce.	Encouraging trainee doctors, nurses and other health professionals to specialise in the healthcare of older people.
Scotland	Strengthening the evidence base on geriatric medicine through the generation and uptake of high-quality research.	Seeking to ensure the needs of older people are reflected in the post-Covid recovery and reform of NHS services.	Campaigning on key issues affecting older people's healthcare such as workforce.	Encouraging trainee doctors, nurses and other health professionals to specialise in the healthcare of older people.	Building skills and knowledge of specialists and the wider healthcare workforce through training curricula and better understanding of frailty.

Overseas	Strengthening the evidence base on geriatric medicine through the generation and uptake of high-quality research.	Building skills and knowledge of specialists and the wider healthcare workforce through training curricula and better understanding of frailty.	Encouraging trainee doctors, nurses and other health professionals to specialise in the healthcare of older people.	Improving tools, resources and information about clinical practice associated with older people's healthcare.	Working with others to reduce avoidable diseases and conditions of older age through prevention / early action programmes.
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Once again, respondents were given the opportunity to provide free-text comments and 61 people chose to do this. Many members again commented that they found it difficult to select just five of the available options or to rank the ones that they had selected as they view them to be of equal importance.

Again, some respondents commented on the conflict they felt between activities that they value for their **personal benefit and those that they feel are important for the Society** and our mission of 'improving healthcare for older people.'

'There is a personal goal vs societal goal difference here – as an individual I value the learning and CPD but the political voice is important for society.' – Consultant geriatrician, Scotland

Several respondents commented on the potential role of the BGS to expand our remit beyond healthcare and to consider **social care** as a core priority.

'It's very disappointing to see the focus only on NHS Services instead of health and social care – we can't recruit, are rarely consulted and social care is where the bulk of older people are. Please reconsider. So when you talk about 'redesign' and 'campaigning', please remember home care and care homes and social care in general.' – Care home manager, Scotland

'It is not so much the health workforce the BGS should campaign for but the social care workforce as well.' – Executive Medical Director, England

Two respondents took this point slightly further, highlighting the specific issues of **delayed discharge** from hospital due to a lack of availability of homecare.

'Due to the non availability of rehabilitation services, the elderly are going to care homes who might be able to go to their usual place of residence. Can BGS influence this?' – Consultant geriatrician, England

'It has been a disgrace to the NHS for 50 years, that it has not found a way of dealing with delays to discharge of people who are desperate to get home.' – Consultant geriatricians, England

Several respondents stated a view that BGS should expand its focus into **public health**, reflecting the country's changing demographics.

'The BGS needs to bring more clinicians from different parts of public health into its fold to reflect changing demographics over the next 20 years.' – Consultant geriatrician, England

Some respondents highlighted the value of **collaboration** and working in partnership with others, particularly within the charity sector to ensure a strong voice in campaigning work.

'Campaigning alongside other organisations such as Age UK and others to ensure that older people get good quality, effective and safe care in the health and social care system must be the crux.' – Consultant geriatrician, Scotland

There were some comments in the survey about the **multidisciplinary** nature of the BGS membership. Some respondents suggested that BGS could help to improve the image of **nursing** older people while others suggested that our **AHP** membership should be encouraged to play a larger role.

'Nursing older people has for a very long time been seen as the poor relation of nursing specialities. Nurses who positively choose this as a career choice are often seen as not being very dynamic or even that they choose older adult nursing because they are not good enough for anything else. I have fought this view for most of my career and am now trying to influence the nurses of the future to make positive choices about this as a career pathway which offers interest, variety, diversity and is so far from the old fashioned views as it can be. I think the BGS can help to achieve this through offering events specifically aimed at students, supporting career developing and making the specialty appear dynamic and exciting to the wider healthcare professions.' – Lecturer in nursing, England

'The Society could benefit from a wider participation. Our teams and important professional relationships in the workplace are often AHPs, this should be reflected in our membership.' – Consultant geriatrician, Wales

Several respondents highlighted the shortfall in the **older people's healthcare workforce** and the importance of training all healthcare professionals in **frailty** and other issues around older people's healthcare.

'We can never hope to have sufficient numbers of geriatricians unless all doctors become geriatricians so we must ensure the basic skills of our specialty are core to all training curricula (just as diabetologists cannot cope with all Type II diabetes and so expect all primary and secondary care physicians to have basic skills for managing this patient group).' – Consultant geriatrician, England

'Everyone will need to be a geriatrician given demographic trends and service use. Clearly demonstrating, articulating and advocating for geriatricians is essential.' – Consultant geriatrician, Northern Ireland

'Workforce is key. Educating non geriatricians/GPs about frailty is incredibly important and this is what knits GPs together with geriatricians, we both get it.' – GP, England

One respondent took this point further, suggesting that given the workforce challenges, BGS should be helping to determine what should be considered the **responsibility of the older people's healthcare workforce**.

'There are simply not enough geriatricians / nurses / AHPs working in the field of geriatric medicine and there never will be. Therefore I feel the BGS should determine a position on what the priorities should be. Many geriatricians are being moved to cover acute medicine and general medicine at the expense of being able to focus on core geriatric medicine issues.' – Consultant geriatrician, England

Several respondents commented on the importance of building BGS's **profile in the media** and ensuring we have a range of voices in our public profile.

'BGS should be a voice and champion, build on profile and social media presence.' – Consultant geriatrician, England

'BGS should have a higher public profile than it does. It needs to develop some media communicators (not just the president).' – Consultant geriatrician, England

Several respondents commented on the potential to **include older people** in our work and in the work that we influence, particularly in the wake of the COVID-19 pandemic.

'Essential to involve older people in co-design of services and needs – including prevention.' – Pharmacist, England

'Older people have been greatly affected by COVID-19 and will continue to do so, and for that reason we need guidance targeted toward older people, not just the clinical stuff but how we can keep this population as independent as possible.' – Pharmacist, England

Some respondents raised concerns about the **language** used, both to describe the organisation and sub-specialties within older people's healthcare.

'Why do we call ourselves the BGS? This has never created a positive image. For the umpteenth time this needs revisiting and at a stroke would enhance our influence.' – Consultant geriatrician, England

'Please can we get away from the term 'Geriatric medicine research'. It is a narrow term and doesn't include the depth and breadth of older age research and excludes clinical academics from professions other than medicine. This is a further blocker to our inclusion. Applied research in older people's health and social care is a more appropriate term.' – Consultant nurse, England

The importance of good quality **research and evidence** and the translation of this to inform policy and practice was also highlighted as a priority for the organisation.

'We need BGS supported research priorities which reflect MDT and patient needs. By working collaboratively we can do great things.' – Physiotherapist, England

'We need to generate the evidence for WHAT WORKS, to persuade the government and public to get on board with that and support teams to understand and deliver it. The BGS has great history on this, eg, CGA, ortho geris, POPS, Hospital at Home.' – Consultant geriatrician, England