



THE BRITISH GERIATRICS SOCIETY
(A Company Limited by Guarantee)
REPORT OF THE TRUSTEES
AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 March 2025

Charity registration number: 268762
Company registration number: 1189776 (England and Wales)

The British Geriatrics Society

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For the year ended 31 March 2025

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Charity Reference and Administrative Details

For the year ended 31 March 2025

CHARITY REGISTRATION NUMBER	268762
COMPANY REGISTRATION NUMBER	1189776 (England & Wales)
President	Professor Adam Gordon (demitted 15 November 2024) Professor Jugdeep Dhesi (appointed 15 November 2024)
President-Elect	Professor Jugdeep Dhesi (demitted 15 November 2024) Dr Amit Arora (appointed 15 November 2024)
Honorary Secretary	Dr Ruth Law
Honorary Treasurer	Dr Liz Lawn
Chair BGS England Council	Dr Richard Biram
Chair BGS Northern Ireland Council	Dr Jan Ritchie
Chair BGS Scotland Council	Dr Bob Caslake
Chair BGS Wales Council	Dr Karl Davis
Co-Chairs BGS Trainees Council	Dr Victoria O'Brien Dr Julianaa Raghu
Chair BGS Nurses and AHPs Council	Dr Esther Clift (demitted 15 November 2024) Lyndsey Dunn (appointed 15 November 2024)
Lay Trustee	Mr Nicholas Pahl
Lay Trustee	Ms Stephanie Harland
CHIEF EXECUTIVE OFFICER	Ms Sarah Mistry

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PRINCIPAL AND REGISTERED OFFICE	Marjory Warren House 31 St John’s Square London EC1M 4DN
AUDITOR	<i>MHA, Building 4, Foundation Park, Roxborough Way Maidenhead, SL6 3UD</i>
BANKERS	Santander UK plc 2 Triton Square, Regent’s Place, London NW1 3AN Flagstone Investment Management Ltd Clareville House, 26-27 Oxendon St, London SW1Y 4EL
INVESTMENT ADVISERS	CCLA Fund Managers Limited Senator House 85 Queen Victoria Street London EC4V 4ET

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Trustees' Report

For the year ended 31 March 2025

The Trustees are pleased to present their annual report for the year ended 31 March 2025, under the Companies Act 2006 and the Charities Act 2011, together with the audited financial statements for that year, and confirm that they comply with the requirements of the Acts and the Charities SORP (FRS 102). The report and accounts have also been prepared to fulfil the requirements for a Director's Report for the purposes of company law.

OBJECTS AND MISSION

Charitable Objects

The Society was established in 1947 to serve the healthcare needs of older people living with frailty - a large and increasing sector of the UK and world population. The Society's objects, as set out in the Memorandum of Association, are 'the relief of suffering and distress amongst the aged and infirm by the improvement of standards of medical care for such persons.'

Charitable mission

In line with the Objects, the Society's charitable mission is to improve healthcare for older people.

We pursue our Objects and mission through the objectives and activities set out in the section below.

OBJECTIVES AND ACTIVITIES, INCLUDING PUBLIC BENEFIT

Our objectives, which we refer to as our 'specific aims' are to

- Inspire students and trainees to specialise in the care of older people, and to support their education, training, clinical effectiveness and career development;
- Promote high standards of clinical quality through conferences, meetings, information, good practice guidance, and educational and training opportunities;
- Encourage the sharing of learning and best practice, both within and across relevant disciplines;
- Promote research into the healthcare of older people, facilitating access to research and opportunities to generate research;
- Act as the informed policy voice regarding educational curricula; clinical standards; research; effective commissioning practice and health policy regarding the treatment and care of older people across the UK;
- Raise awareness among healthcare professionals of the role of 'living well' in preventing disease in old age.

These long-term aims are translated through a Strategic Plan into five strategic objectives. We describe achievements later in this report under these five areas.

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Principal activities

Our aims and objectives are met through delivery of a set of activities, as follows:

- national, regional and special interest meetings to share research and clinical best practice;
- publishing approved research papers, clinical guidance and resources;
- promoting research, education and training in all aspects of healthcare for older people;
- providing expert input into the formulation of policy relevant to the care of older people.

Below, we look at each of these in turn with reference to the 'public benefit' test.

Public benefit

The Society's overall purpose is to improve healthcare for older people, chiefly by driving up standards of NHS healthcare for older people across the UK through the member services and activities described below. The ultimate beneficiaries of our work are older people with frailty and other complex health needs who benefit from improved NHS healthcare from the physicians, nursing staff and allied health professionals whose knowledge, understanding and confidence are being raised through the activities of the Society. This public benefit is accessible free of charge through NHS services for older people. Older patients are by far the largest population group using NHS services, whether in the community or in hospitals.

Almost 12 million people in the UK are currently of pensionable age and this is projected to rise to over 15 million by 2045. The fastest growing age group is the over 85 population which is projected to double by 2045. The fact that people are living longer lives is a great success story. It comes with many positive dimensions, which should be roundly celebrated, but also brings major challenges. Research published in January 2018 estimates that between 2015 and 2035, the prevalence of multi-morbidity (multiple diagnoses of chronic illness) is set to increase, with the proportion of those diagnosed with four or more illnesses almost doubling. Two thirds of those with four or more illnesses will have mental ill-health, such as depression, dementia, and other forms of cognitive impairment. Older people are more likely to have chronic conditions than any other age group – 58% of people over 60 have at least one chronic illness compared to 14% of those under 40. Around 10% of people aged over 65 and a quarter to a half of those over 85 live with frailty. Management of frailty costs UK healthcare systems £5.8 billion per year. Older people account for around 40% of all admissions to acute hospitals in the UK and occupy around two thirds of hospital beds at any one time. The NHS is currently in crisis, having experienced continued pressure since the COVID pandemic. The challenge of meeting rising demand for healthcare in an economic environment of increasing costs and workforce shortages has plagued successive governments. In this context, the role of the BGS is more vital than ever, to lobby for health and social care services to be designed to meet the needs of the ageing population and to help ensure that the right people with the right skills are in place to ensure that older people can access the care they need, where and when they need it.

As we illustrate below, the trustees have had regard to the Charity Commission's guidance on public benefit when reviewing the Society's aims and objectives, overseeing the delivery of the service activities which flow from them, and planning its future activities:

National, regional, and special interest meetings

Our meetings are explicitly intended to improve patient care. They provide demonstrable benefit by improving the knowledge and skills of geriatricians and other healthcare professionals caring for older people, whether in NHS hospitals, in primary care settings or in

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the community. Each year the Society holds two major national conferences which provide Society members and other healthcare professionals with the opportunity to share their research and clinical best practice. All submitted abstracts are subject to rigorous peer review prior to acceptance as either platform presentations or posters. The meetings provide a forum for Continuing Professional Development (CPD), which follows a five-year cycle to ensure that all pertinent clinical topics within the specialty of geriatric medicine are regularly examined. Included in the meetings are guest lectures and sessions presented by the Society's Special Interest Groups (SIGs). In addition to the national conferences, regional meetings and specialist conferences are held to address topical and/or sub-specialty issues. Some of these are undertaken through partnership working with other specialist societies and charitable organisations.

Publication of research and clinical guidance

The Society publishes best practice statements, guidance on clinical quality, tools, and resources, which are freely available on its website. This information is widely used as a source of authoritative guidance for healthcare professionals and lay people alike. Through the expertise of our 16 Special Interest Groups covering a wide range of topics related to geriatric medicine, we keep these resources up to date in order to meet the needs of our members and others with an interest in current developments and evidence on the healthcare of older people.

Healthcare professionals in the UK and across the world benefit from peer-reviewed scientific papers, which the BGS publishes in its official journal, *Age and Ageing*. The journal is published in a hybrid format by Oxford University Press, which means authors have the option of an Open Access license (free to read immediately) or a standard license (subscriber-only for 12 months, then free). Currently 51% of content is published Open Access and the rest is available online to the Society's members as part of their membership package, and also to paid subscribers. The journal is fully compliant with the Research Councils UK and the Wellcome Trust Open Access policies and belongs to major national and international Read & Publish Agreements, including the Joint Information Systems Committee (JISC), which covers most UK universities. In addition, we also grant a free access waiver to a number of key papers to allow the clinical community to have immediate free access to important work which might influence practice. *Age and Ageing* has a worldwide reputation for publishing refereed original articles and commissioned reviews on geriatric medicine and gerontology. It has become increasingly influential among geriatrics and gerontology publications.

Promotion of research, education, and training

- Providing high-quality healthcare to older people with complex health needs relies upon keeping abreast of latest evidence regarding prevention, treatment, and care, and indeed adding to that evidence base. The promotion of academic and research activity in relation to older people and the translation of findings into clinical practice is one of the Society's core aims. The Society delivers much of its education and training through scientific meetings. Following the COVID-19 pandemic, the BGS has strengthened its online offer. Our events are now all available for virtual participation, which has enabled busy healthcare professionals to have ready access to high-quality content, live and after the event.

The Society supports the education and training of those members who may not be able to afford to attend our conferences through a system of free places for our national conferences. Since 2019, we have run a Fellowship scheme with Vivensa Foundation (formerly Dunhill Medical Trust), which provides full funding for one doctoral training Fellowship per year. Applicants' research topics must be clinically relevant to the care of older people and there is a rigorous competitive process for this prestigious award. We are embarking on a further partnership with Vivensa to support undergraduates to gain

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experience of research into ageing through 6-week placements in university departments.

Providing expert input into policy relevant to the care of older people

The Society aims to provide expert input to the development of policy at a national level within the four nations of the UK. The Society provides comment, responses, and information to a variety of agencies including Government and parliamentary bodies, NHS England and its equivalents in the other nations, the Department of Health and Care in each of the four countries of the United Kingdom, the National Institute for Health and Care Excellence (NICE), the Care Quality Commission and other professional bodies. Senior officers represent the Society's positions in print and media. The Society has an active social media presence including a BGS blog, X accounts for the Society and for *Age and Ageing*, a Facebook page and LinkedIn pages.

ACHIEVEMENTS AND PERFORMANCE

Our strategic planning cycle

The BGS has adopted a fixed, three-year planning cycle. For each year of the strategic plan, strategic objectives are flowed through into annual operational plans, and from there to committee workplans and individual staff members' objectives so that Vice-Presidents and their committees and the staff team are aware of their specific contribution in achieving the organisation's strategic objectives. The annual operational plan and accompanying annual budget are presented to the Trustee Board for approval before the start of each year and reported against at quarterly Trustee Board meetings.

Strategic Plan 2023/26

BGS members approved a Strategic Plan for the three years from 1 April 2023 to 31 March 2026 at the AGM in November 2022. The Strategy set out five objectives in pursuit of the Society's mission to improve healthcare for older people.

These are:

1. Clinical quality and professional practice - To promote high standards of clinical quality in the healthcare of older people by developing knowledge and improving practice.

Intended outcome: By 2026, we will have contributed to the delivery of better healthcare for older people across all care settings by developing and sharing tools, guidance and examples which enable healthcare professionals to improve their practice.

2. Workforce - To support recruitment, retention and development initiatives that increase numbers of specialists in the care of older people and help existing staff to have the appropriate skills and support to deliver good care for older people in the right place at the right time.

Intended outcome: By 2026, we will have worked with others to address the workforce crisis by helping to increase the size and skill base of the specialist workforce delivering care for older people, and by contributing to action on the workforce needed to provide care to an ageing population.

3. Education and professional development - To support continuing professional development of those specialising and working in healthcare of older people.

Intended outcome: By 2026, we will have enhanced the BGS educational offering for

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multidisciplinary professionals working in older people's healthcare across different care settings, providing a range of meetings and learning opportunities to enable their continuing professional development.

4. Policy and communications - To influence the decisions, programmes and implementation of policymakers, commissioners, system partners and health professionals relating to older people's healthcare across the UK.

Intended outcome: By 2026, we will have increased our profile and voice, and will be successfully influencing the development, design and implementation of national and regional programmes and policy for older people's healthcare.

5. Research and evidence - To promote research into older people's health and healthcare, and the application of evidence-based knowledge to clinical practice across the continuum of care.

Intended outcome: By 2026, we will have strengthened research opportunities, skills and impact through our research community and through the reputation and reach of our journal, *Age and Ageing*.

The Strategic Plan 23/26 affirms some key principles in the way the BGS works across all professions concerned with the healthcare of older people, across the four countries of the UK and across all care settings. It sets out values that inform how we work: we aim to be person-centred, inclusive, collaborative and proactive. The Plan also sets out how we will deliver our objectives over the three-year period: through BGS members and the staff team, by increasing and diversifying our income and making our money work harder, by strengthening our governance, by modernising our infrastructure and by reviewing progress and adapting to the changing context.

24-25 Context

This has been another challenging year for the NHS across the four countries of the UK. A new Labour government won the July 2024 election. In England, the incoming Secretary of State for Health and Social Care, Wes Streeting, immediately commissioned a review of the NHS, which was led by Lord Darzi. While commenting on the impressive commitment of staff, the report's hard-hitting message was that the NHS was broken and needed significant reform. The Darzi Review set the scene for a NHS Ten Year Plan, which will be published in June 2025.

While governments across the four countries sought to strengthen care closer to home by investment in community and primary care services, there remained major problems of overcrowding in emergency departments and hospital beds. The BGS sounded the alarm again about the risk to older people's health and wellbeing of long waits on arrival in hospitals, sub-standard care and deconditioning arising from prolonged hospital stays, particularly during the prolonged period of winter pressures. 'Corridor care' appeared to be normalised, a situation highly detrimental to the most vulnerable, including older people, and far from the standard of care NHS professionals would wish to provide.

Discussion of palliative and end of life care achieved new prominence in 2024/25, thanks to the debate surrounding a Private Member's Bill on Assisted Dying, with similar moves towards possible legislation in Scotland. The BGS published an updated position statement reaffirming our opposition to assisted dying. Our statement was cited by many, though the BGS was not called to give evidence. Meanwhile the BGS President was appointed as a Commissioner for the Palliative and End of Life Care, and various BGS members spoke as witnesses. The BGS has been actively campaigning for better public and professional understanding around end of life. Nearly 70% of the 670,000 people who die in the UK each year are over 75, and the majority of these do not have specialist palliative care but are supported at the end of life by specialists

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in older people's care and generalist staff. There is a long way to go in ensuring that everyone has access to honest conversations and supportive, compassionate care at the end of life.

The BGS convened a roundtable event in June 24 for senior leaders in the NHS, Royal Colleges, charities and thinktanks, highlighting the need for a policy focus on older people as the group who use healthcare services the most, and the need for preparation for an ageing population. Sir Chris Whitty reiterated the themes from his 2023 Chief Medical Officer's report, stressing the gains that could be made in terms of healthy longevity. The BGS feels there is indeed greater recognition of the importance of meeting the complex needs of older people with frailty, dementia and long-term conditions. We have been encouraged by the plans and early implementation at national and regional level of integrated strategies which reflect the age-attuned care we described in the BGS Blueprint: Joining the Dots. Nevertheless, the workforce is thinly stretched and there are too many examples of older people suffering avoidable harms due to delays, fragmentation or duplication in parts of the system.

Against this challenging backdrop, BGS members continued to demonstrate their commitment to providing the best care they could for older people. The BGS is extremely proud of the dedication of its multidisciplinary members working in acute, primary and community care. Membership numbers continued to rise past 5300 during 2024/25, consisting of 4800 fee paying members and a further 500 retired and non-contributory members. We have seen growth in membership from all professions. The sense of community is as strong as ever, helped by a series of excellent national meetings and active contributions by more than 500 committee members and officers. The BGS has continued to be visible and assertive, with senior leaders invited to speak at key NHS meetings, party conferences and in media appearances. Strong stakeholder relationships with the Royal College of Emergency Medicine in particular have provided opportunities to highlight the need for front door frailty services and the risks to older people of long waits in emergency departments. We continue to build on the BGS Blueprint summary of what good care for older people should look like, published in March 2023, with reports on rehabilitation and proactive care. We have established a group of frontrunners from Integrated Care Systems (ICSs) in England who are implementing integrated approaches to care for older people with frailty and multimorbidity, and over the next year will be sharing learning from their experience in practical forms for the benefit of other regions across all four countries.

BGS members, and in particular honorary office bearers, namely, the trustees, deputies, Vice Presidents, Council and committee members, and the officers of our Special Interest Groups, regions, nations and journal, continue to contribute a huge amount to our mission. We are very grateful for their voluntary efforts, particularly given the other demands on them. They lead and deliver much of the detailed work carried out by the Society, and we are deeply indebted to them for finding the time and energy to contribute their expertise to improving healthcare for older people across the UK through the work of the BGS. While this is a huge asset, restrictions on study leave, study budgets and external commitments have made it even harder for them to devote time to the BGS this year. Professor Adam Gordon completed his term as BGS President in November 2024 and handed over to Professor Jugdeep Dhesi; continuing the BGS tradition of highly visible, articulate leadership speaking up for older people's care.

The BGS staff team stabilised at 16 people during 2024/25, with the extra capacity for events, digital learning, policy, marketing and finance helping to increase our output. The staff team proudly supports the BGS's membership, which stands at its highest ever level.

Geographically, BGS's principal focus is the UK, and maintaining genuine UK-wide reach remains one of our core concerns, particularly as health is a devolved responsibility and health and social care services therefore vary between England, Scotland, Wales, and Northern Ireland. We value the different perspectives of our members from across the UK and benefit from cross-country comparisons and shared learning.

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The BGS has overseas members and its website resources are accessed by health professionals from across the globe. We continue to welcome delegates from many countries to BGS events online and in-person, and to host delegations and visitors. The Editorial Board of Age and Ageing has members from all over the world, reflecting the international nature of the journal.

Performance against strategic objectives

In the rest of this section the Trustees describe achievements during 2024/25 against the Society's strategic objectives.

Objective 1: Clinical quality and professional practice - 'To promote high standards of clinical quality in the healthcare of older people by developing knowledge and improving practice'

One of the crucial roles played by the Society is to enable those working with older people to have access to information, resources, and expertise on good practice across the span of older people's healthcare needs. The Vice President for Clinical Quality oversees the Clinical Quality Committee (CQ Committee) and the Society's work in promoting high standards of clinical quality.

During 24/25, Dr Tom Bartlett (Vice President for Clinical Quality) and colleagues focused on improving the BGS's relationship with NICE. The programme leads at NICE are open to a more strategic focus on the implications of their guidelines for older people, and this has opened the door to greater involvement by the BGS at an earlier stage of developing their recommendations. Relationships with benchmarking/audit bodies such as Get It Right First Time (GIRFT) and NHS Benchmarking offer the chance for strategic influence and we continue to develop those.

The curation and re-development of our resources on Comprehensive Geriatrics Assessment (CGA) took place this year, with a view to publishing in May 2025. This should help re-establish BGS as the go-to place for resources and information on this vital tool.

The BGS has 16 Special Interest Groups (SIGs) serving as the Society's source of clinical innovation, articulating and maintaining high standards of clinical care, and disseminating specialist knowledge. Meetings of the Chairs of the SIGs, convened by our SIG lead, enable them to share challenges, successes and ideas, and highlight the range of ways in which their expertise informs BGS policy positions. It also feeds into reports and meetings from other specialties, ensuring that the different needs of older people with frailty, dementia and long-term conditions are properly reflected. During 2024/25, we held one-day conferences with the Cardiology, Falls and Bones, Movement Disorders and POPs SIGs. The Sarcopenia and Frailty Research SIG organised a series of three 3 successful webinars, with a final one due in June 2025.

For the BGS Spring Conference 2024, the Dementia and Nutrition SIGs and Bladder and Bowel SIGs organised parallel all-day sessions on the first day. For the remainder of the conference, the Medicines Optimisation, Ethics and Law, and Cardiology SIGs contributed to the sessions.

At the BGS Autumn Conference 2024, the Dementia, Delirium, and Brain Health SIG and the Movement Disorder SIG contributed to sessions.

Members of the End of Life Care SIG were highly active, responding to reports and attending external meetings on behalf of the BGS, including the Commission, an Inquiry established by the Health and Care Select Committee and NHSE events. The Ethics and Law SIG Chairs formed a committee to review and update the BGS position on Assisted Dying.

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The Community and Primary Care Group, which formed in 2022, planned and held a full day of sessions on Community Care for older people at the BGS Autumn meeting in November 2024, which has led to some excellent engagement with leaders of community initiatives.

The BGS has 90 pharmacists in membership who formed a committee and meet four times a year. This group is very active; they have contributed to BGS conference sessions, to information on the BGS website and to external reports. They collaborate with the Medicines Optimisation SIG on important issues such as deprescribing.

The CQ Committee held clinical quality sessions at the BGS national conferences. The top-marked abstracts were delivered as platform presentations. The Committee continues to promote QI practice and abstract-writing and to showcase good examples.

The BGS responded to the following **consultations**:

- 1) NICE decision aid on stable angina – stakeholder review- Cardiology SIG
- 2) ICENI (Improving care in elderly neurosurgery initiative working group) chronic subdural haematoma (cSDH) consensus guideline - Peri-Operative Care SIG
- 3) Non-ambulatory Fragility Fracture (NAFF) Pathway, GIRFT- Falls and Bones SIG.
- 4) NHSE ICB Delivering Acute Neurology Services - standards and outcomes-based acute neurology service commissioning guidance -Movement Disorder SIG
- 5) NICE draft guideline consultation - Falls: assessment and prevention in older people and people 50 and over at higher risk (update) -Falls and Bones SIG.

Objective 2: Workforce - 'To support recruitment, retention and development initiatives that increase numbers of specialists in the care of older people and help existing staff to have the appropriate skills and support to deliver good care for older people in the right place at the right time.'

Workforce pressures continue to plague the NHS and older people's healthcare. There are not enough people with the skills needed to care for an ageing population with increasingly complex needs.

Following the election of Dr Amit Arora as President Elect, Dr Claire Copeland was appointed to take over from Dr Arora as Vice President for Workforce.

In autumn 2024, we launched the #ChooseGeriatrics campaign which celebrates the variety and rewards of working in older people's healthcare. This campaign aims to address some of the challenges of recruitment, including the bottlenecks faced by trainee doctors. The campaign also tells uplifting stories of careers in geriatric medicine and shares why people chose geriatrics. We currently have 152 #ChooseGeriatrics ambassadors who have committed to sharing their stories or representing BGS at a careers fair or similar.

We have published the report from a survey of Training Programme Directors (TPDs), outlining the challenges faced in recruitment locally and solutions that TPDs have come up with. This report was presented as a poster at the BGS spring meeting in 2024.

Having been continually frustrated by the lack of data regarding nurses and allied health professionals working with older people, we requested this data from NHS England through the Freedom of Information Act. This data was provided to us and, despite having significant concerns about the quality of the data, we published a report about it, highlighting the need for more nurses and AHPs in older people's healthcare and more consistent data about them. We are keen to secure data from the other countries to strengthen our call for recruitment, retention and support of the multidisciplinary workforce caring for older people.

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There has been very little progress on the NHS Long Term Workforce Plan published in 2023. We expect a refreshed version of the plan to be published later this year.

We continue to campaign for recognition of the workforce caring for older people, who are the group who use NHS services the most. The growth of Advanced Clinical Practitioner roles, the recognition that older people's care cannot rely on specialists alone and the provision for Less than Full Time working arrangements are all examples of ways in which workforce shortages are being overcome.

Objective 3: Education and professional development - 'To support continuing professional development of those specialising and working in healthcare of older people and to influence their training and education.'

The Vice President for Education and Training oversees the BGS's education and professional development work. Dr Iain Wilkinson took over as Vice-President for Education and Training. The remit includes ensuring geriatric medicine training for doctors is delivered through the appropriate curriculum and supported by accessible learning opportunities in the form of meetings, e-learning and other resources. Our increasingly ageing population requires a larger number of geriatricians. The BGS has set out a recommended undergraduate medical school curriculum to ensure future doctors have a comprehensive understanding of older people's specific healthcare needs. While promoting the recruitment, retention and development of trainee doctors, the Education and Training Committee's remit also involves professional development for the wider multidisciplinary team.

The BGS has a reputation for delivering high-quality educational meetings. We continued these in 2024/25 as hybrid meetings, with delegates able to attend in person or online on the day. Aiming for relevant, attractive content and excellent speakers, the meetings provided clinical education, research updates and service delivery based upon a rolling Continuing Professional Development (CPD) calendar and curricula for those specialising in older people's healthcare.

In 2024/25, the main meetings we delivered were our Spring and Autumn three-day conferences plus 4 stand-alone SIG conferences. In total we ran 16 hybrid meetings, and seven online webinars for Trainees, Nurses and AHPs and wider audiences such as medical students. We also ran a dedicated event for those in early-stage careers to consider the specialty, Geriatrics 4 Juniors. We reached a total of 7687 delegates, up from 6510 registrations the previous year. As healthcare professionals' ability to attend specific days decreases with work pressures, on-demand viewing means that people continued to register and watch this content after the live events. These hybrid and virtual meetings received overwhelmingly positive feedback. While we aim to ensure the substantial BGS events offer continues to deliver an excellent delegate experience, with a hybrid format as standard for the main meetings and virtual delivery of webinars and other learning opportunities, there remain challenges. During 2024/25, access to delegates' study leave and study budgets continued to be restricted, as in previous years. BGS members and other would-be delegates reported a decrease in study budgets, and many experienced freezes or caps on spending their budget. These restrictions were also compounded by workforce pressures and industrial action in the NHS, making it harder for people to attend live on the day.

The BGS continued to offer e-learning modules, on Frailty identification and intervention, and adding two more on OncoGeriatrics and Delirium. We prepared another module, Continence in older people, for launch in late spring 2025. In partnership with NHS England, the BGS agreed to continue to provide free access to the Frailty eLearning module for all NHS and social care staff. The module now has 11,487 learners, up from 5541 last year. The completion rate as of March 2025 stood at 25%. The 2024 Perioperative care of older people e-learning module (POPs) course is being reviewed by the SIG so that it can be given a major update and relaunch with current best practice information. There are over 15,000 sign-ups to these modules and over 20,000 CPD credits have been earned.

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The BGS continued to collaborate with the Royal College of Physicians London (RCPL) on the Diploma in Geriatric Medicine (DGM), promoting this to a wider audience including nurses, allied health professionals, physician associates and other healthcare professionals. We signed a further five-year agreement on delivery of the DGM with RCPL, which is positive, though numbers remain stubbornly at the same level for the written exam year on year. We continue to collaborate with the Federation of Royal Colleges in the delivery of the Specialty Certificate Examination (SCE) in geriatric medicine. This has now moved to a nine-monthly rather than a yearly cycle. The BGS is contributing to the development of a European exam based on the UK SCE, which will see its first pilot in late April 2025.

Objective 4 Policy and communications - 'To influence the decisions, programmes and implementation of policymakers, commissioners, system partners and health professionals relating to older people's healthcare across the UK.'

During 2024/25, BGS continued to increase its voice and profile in the policy world, including meeting with more politicians and ensuring that we are represented in relevant groups and committees. Our policy work is led by the Honorary Secretary, Dr Ruth Law, supported by the Deputy Honorary Secretary. The President and President Elect are also closely involved in our policy work, representing the BGS in high-level meetings and media opportunities.

During our Spring Meeting in May 2024, the then Prime Minister announced a general election to be held in summer, earlier than previously predicted. We announced our asks of parties contesting the election during the policy breakfast the following day and then published our election manifesto the following week. We engaged with the new Government shortly after the election by attending the Labour Party conference. Our President participated in a panel discussion on end of life care with Ashley Dalton MP, one of the Secretary of State's Parliamentary Private Secretaries. We also hosted a roundtable discussion with the Royal College of Emergency Medicine and the Royal College of Psychiatrists, which was attended by Dr Zubir Ahmed MP, another Parliamentary Private Secretary. We have since followed up with Dr Ahmed and had a one-to-one meeting with him in late 2024. We also met with the Minister for Health for Scotland to discuss the BGS Blueprint, *Joining the Dots*, and other issues associated with older people's healthcare in Scotland.

In summer 2024, we hosted a private roundtable event with Professor Sir Chris Whitty and Professor Sir Steve Powis to discuss how the ambitions set out in Professor Whitty's 2023 report should be achieved, using the principles set out in *Joining the Dots*. This event brought together leaders from across health and social care to discuss how to care for the ageing population. We published a report as a result of the event and plan to host a follow-up event in autumn 2025.

Following the publication of *Joining the Dots* in 2023, in 2024 we published reports focused on two of the 'touchpoints' outlined. First, we published *Reablement, Rehabilitation, Recovery* which looks at the evidence behind rehabilitation services for older people and highlights examples of best practice. Following this, we published two reports about proactive care. One set out the evidence for proactive care in older people and the second set out how to deliver proactive care in a primary care setting.

The BGS Ethics and Law SIG convened a working group to update our position on assisted dying. The updated position statement was published in October 2024 and retained our position of being opposed to assisted dying. We have engaged in the parliamentary process around assisted dying including providing written evidence to the committees considering the

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issue in both Westminster and the Scottish Parliament. An amendment to the Westminster bill was tabled based on our written evidence. We provided a briefing to the MP concerned and the amendment was passed.

The public debate around assisted dying has skewed the debate about death and dying. We have set out to remind the public and decision makers that most people die in old age, with multiple long term conditions. Our President was appointed as a commissioner on the Palliative and End of Life Commission and we have submitted evidence to the Health and Social Care Select Committee Expert Panel considering this issue. We have also published the first of a series of key messages focusing on end of life care.

Our members continue to be under extreme pressure, especially during the winter months. We published the third version of our winter statement highlighting our concerns. This statement was supported by 23 other organisations and called on the new Government to make long term changes that would make a difference to older people. We also published 12 tips to help our members improve their services over the winter months.

The BGS's media profile continued to grow during 24/25. Over the course of the year 1,208 articles were published mentioning BGS or our journal, Age and Ageing, with key coverage including Professor Jugdeep Dhesi being interviewed on BBC Breakfast, 4 pieces in the Telegraph online, 3 pieces in The Times Online, 3 pieces in iNews as well as many pieces in Nature, The BMJ and Dove Press for Age and Ageing.

We have continued to have a high-profile X presence, with over 37.2k followers as well as growing our LinkedIn page to 3.1k and Facebook followers to 2.3k.

The following **news stories, press releases and statements** were published:

- 03.04.25 - BGS welcomes new National Clinical Director
- 02.05.24 - Professor Roy Soiza announced as new Editor-in-Chief of Age and Ageing
- 15.05.24 - BGS report finds lack of rehabilitation hinders older people's recovery from illness
- 22.05.24 - Dr Liam Barrett awarded 2024 BGS/Dunhill Medical Trust Doctoral Fellowship
- 15.06.24 - Professor Adam Gordon awarded MBE in King's Birthday Honours
- 18.06.24 - His Majesty King Charles III remains patron of the BGS
- 18.07.24 - BGS, RCPE and RCPL call on Lord Darzi to prioritise older people's care
- 22.07.24 - BGS roundtable calls for transformation of older people's care
- 29.07.24 - Dr Amit Arora, creator of world-renowned reconditioning campaigns, to become next BGS President Elect
- 01.08.24 - New Delirium elearning course
- 02.08.24 - BGS Age and Ageing increases rank in the Geriatrics and Gerontology category
- 08.08.24 - Lyndsey Dunn announced as Chair of the BGS Nurse and AHPs Council
- 27.08.24 - Joint Statement: 'Hospital at Home' not 'virtual wards'
- 29.08.24 - Dr Firdaus Hirji Adenwalla announced as winner of the Marjory Warren Lifetime Achievement Award 2024
- 30.08.24 - BGS responds to MHRA's approval of Lecanemab for early stages of Alzheimer's disease
- 03.09.24 - BGS Rising Star Awards 2024: Open for applications
- 10.09.24 - Dr Claire Copeland announced as new BGS Vice President Workforce
- 12.09.24 - BGS responds to Darzi Review
- 26.09.24 - BGS launches #ChooseGeriatrics
- 25.09.25 - Dr Iain Wilkinson announced as new BGS Vice President Education and Training
- 25.09.24 - BGS responds to reports of Ageing Well cuts

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- 15.10.24 - BGS Annual General Meeting (AGM) 2024
- 24.10.24 - BGS issues stark warning to the new government ahead of winter
- 30.10.24 - BGS publishes evidence in support of proactive care for older people
- 06.11.24 - Opportunity for healthcare professionals working with older people to apply for the Diploma in Geriatric Medicine
- 07.11.25 - New BGS Oncogeriatrics elearning course
- 08.11.24 - BGS issues updated position statement on Assisted Dying
- 14.11.24 - BGS publishes recommendations on how to deliver proactive care
- 15.11.24 - Angela Conlan wins 2024 BGS Special Medal for her creative work with older people
- 28.11.24 - BGS welcomes new President and President Elect
- 04.12.24 - Professor Ken Rockwood wins 2024 BGS President's Medal
- 13.12.24 - BGS and Dunhill Medical Trust announce Doctoral Training Fellowship for 2025
- 12.12.24 - BGS publishes #ChooseGeriatrics-themed 12 Days of Christmas
- 19.12.24 - BGS announces Rising Star Award Winners for 2024
- 01.01.25 - Joe Wicks encourages older people to get active in preparation for surgery
- 03.02.25 - BGS responds to the government's announcement of a social care commission
- 14.01.25 - Prestigious Dhole-Eddlestone Memorial Prize awarded to study on deprescribing blood pressure treatments in older adults with dementia
- 22.01.25 - BGS statement on the healthcare sector providing care in corridors
- 31.01.25 - The BGS pushes to provide oral evidence to Assisted Dying committee
- 21.02.25 - BGS condemns MRCP(UK) Part 2 results error
- 25.02.25 - BGS welcomes amendment to assisted dying bill that will safeguard older people with frailty
- 28.3.25 - BGS publishes report on workforce data for nurses and allied health professionals working in older people's healthcare

To adapt to the changing needs of our members and users, the BGS website was fully redeveloped and relaunched in February 2025. The new website offers a much more powerful and intuitive interface to help healthcare professionals to access the most relevant and current information, which was identified as an area for improvement in initial user experience research. It also includes new features such as bookmarking, a 'portals' area bringing together curated content on specific topics, and gamified profile completion to incentivise users to keep their personal information up-to-date.

This update also provides an upgrade to our content management system (CMS) from Drupal 7 to Drupal 10, allowing more secure integration with our Customer Relationship Management (CRM) database, improving the member journey and facilitating easier membership sign-up. It provides a smarter and more powerful system on which to run our online/hybrid events, poster submissions, elearning and other activities that the Society is increasingly delivering digitally.

Some of the most frequently accessed areas of the website during 24/25 include our elearning modules, our End of Life Care in Frailty resource series, the Silver Book II and our 2023 report on Front Door Frailty. New pages which have seen the highest number of visitors include our frailty language guide, written in 2024, and our recent reports on rehabilitation and proactive care.

The BGS member magazine, AGENDA, is published in hard copy format and sent to all BGS members every two months. Each issue is themed on a topic relevant to healthcare professionals working with older people, and in 24/25 these included cognitive and mental health, rehabilitation, proactive care and the charity sector. The magazine also provides updates on BGS activities, including reports, policy developments and clinical updates.

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Objective 5: Research and evidence - 'To promote research into older people's health and healthcare, and the application of evidence-based knowledge to clinical practice across the continuum of care.'

The Vice President for Research and Academic Affairs oversees the Society's work to promote, enable, support, and communicate research which can ultimately improve the care of older people. Professor Miles Witham leads this work, supported by the Research and Academic Development Committee (RADC).

BGS is in a key position to ensure that the voice of clinicians is heard in setting research agendas. In particular, the BGS Special Interest Groups (SIGs) comprise large groups of experts who can contribute insights into what questions research should address, and how these questions should be addressed. The SIGs help to answer these questions and to ensure that new research evidence about ageing and older people's care are taken up rapidly into practice. The SIGs were asked for PICO's in July 2024 and 3 were submitted. The RADC will also develop a pandemic research response strategic plan to delineate what key components of an effective research response for older people need to be in place. The nucleus of a working group is coming together for a first meeting of this group. In partnership with workforce committee colleagues, they will develop guidance and examples for the allocation of job plan time for research with older people.

The research and clinical quality committees adjudicated the abstract submissions for the BGS national meetings. In autumn 2024, we had 13 platform presentations, 10 President's round presentations and 129 posters.

Planning has been underway during 24/25 for a submitted research symposium slot at the BGS Autumn Meeting. It is hoped that this will allow showcasing of large, impactful, programmatic research which is likely to be of major interest to BGS members and is in many cases likely to change practice.

The BGS jointly funds PhD Fellowships with Dunhill Medical Trust (now renamed Vivensa). The BGS Board agreed to continue this funding partnership for a further 3 PhD Fellowships from 2025 onwards, with the next successful Fellow being announced at the Spring Meeting 2026.

We also agreed to collaborate with Dunhill/Vivensa on a pilot scheme for undergraduates. Host institutions such as university departments will be funded to offer six-week placements in ageing research to give students from different courses exposure to academic work focused on issues relevant to the care of older people. The scheme was announced at the BGS Spring conference 2025.

The BGS's high-impact journal, *Age and Ageing*, is published in monthly online issues, with occasional supplementary issues (including the [WHO Measurements of Health Ageing](#) supplement) and special themed collections throughout the year. The journal website and submission process offer a high-quality reader experience and a modern and attractive offering to authors.

Professor Roy Soiza succeeded Professor Rowan Harwood as Editor in Chief in June 2024 and has overseen a smooth transition. He has developed an Editorial Strategy with a focus on growth in impact and the retention of our strong reputation and standing as a society journal. The team of Associate Editors and Senior Editors, with the Deputy Editor and Editor in Chief now numbers 42. We give regular consideration to recruitment needs in order to maintain a team of this size, to ensure diversity of expertise and geographic representation, and to meet the challenges of an ever-increasing workload. Editorial processes and administration are supported by tools and training to protect against the potential risks of fraud. Regular analysis of the journal's financial position and connections with professional networks help to keep us

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abreast of changes and trends in the funding environments. Our current position as a hybrid journal remains strong and gives us access to the widest and growing number of Read and Publish (R&P) agreements for the funding of authors wishing to opt for an Open Access licence, and retaining the option of a free standard licence for authors without funding.

The editorial process continues to perform well and we benefit from a high and growing submission rate. In the period 1 April 2024 to 31 March 25, the journal received 3,150 submissions, which is a 32% increase on last year, and accepted 307 for publication, which is a 16% increase on last year. The maintenance of this low acceptance rate reflects the continued high quality of journal content. The increased output is good for income and as an indicator of good reputation, but recruitment and careful succession planning are needed to ensure sustainability of our editorial and production capacity.

The impact of the journal can be measured by the following metrics:

- Journal Impact Factor is scored annually and in 2024 rose to 7.1.
- Age and Ageing remains a high-ranking (Q1) journal and is 5/73 in the *Geriatrics and Gerontology* category and within this is the highest ranking clinical geriatrics journal.
- The usage rate in this period remains static at was 2.5 million article downloads, which is the same as recorded last year.
- Subscriptions are agreed annually, and at the end of 2024 we had 8,092 subscriptions, an increase due to new Read & Publish agreements opening in South America.
- Open Access uptake remains at 51% in the reporting period. This results in a healthy additional income stream and is a good indicator for future financial sustainability.
- Journal income, as reflected in the 2024 financial report, was £596,910. Expenditure was £143,366, resulting in profit to the BGS of £453,544 (before salary and overheads).

After a thorough consultation and benchmarking process, the 2024-27 Publishing Agreement has been finalised with OUP. The Editorial Executive developed a strategy for Open Access and potential future publishing models. We remain in a strong position as a hybrid journal and are monitoring the triggers that would indicate that it is time to transition (flip) to a fully Open Access publishing model. The new Publishing Agreement is adaptable for that eventuality.

Delivering the Strategic Plan

a. Membership

During 2024/25 we continued to surpass our 5,000 membership target and at the highest point of the year, achieved a record 5,300 members. Our membership continues to grow across all membership categories, in particular the category of membership for nurses and AHP. As a multidisciplinary Society, it is vital that we welcome all healthcare professionals involved in the care of older people come together to achieve our mission.

The expansion of the elearning courses and events has driven the growth of our membership. Existing and new members can identify the member value in our educational content and resources, and this is evident in the membership signups. Our members join the Society and usually thereafter sign up to an elearning course as these are free for members of the Society. Or they register to attend an event which is discounted to members of the Society. With the new microlearning offer in 2025, we will only see an increase in our membership, as this is another useful free member benefit.

Other than elearning and events, we have aided recruitment and retention through our #ChooseGeriatrics campaign. We have had over 150 enthusiastic members signing up to

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become ambassadors. They, along with many other members and professionals have been able to highlight the diversity and flexibility of roles across the multidisciplinary team. This helps people wishing to specialise in older people's healthcare to access the information they need to start on this journey and become part of the strong community providing high-quality care for older people. We continue to attend as many career fairs and external healthcare events as possible to reach those in their early years of study and career to provide an insight of geriatrics.

b. Inclusion and sustainability

The BGS has a sustainability policy and is a member of the UK Health Alliance on Climate Change, supporting their campaigns about sustainable healthcare and reduction of wastage. We aim to ensure the way we deliver our meetings and run the organisation is as green as possible. Professor Rowan Harwood is now our BGS Sustainability Lead, working alongside Florence Wedmore, our Trainees Council representative.

The BGS Equality, Diversity and Inclusion Group met regularly, working to develop an approach to EDI across the BGS's activities and to advocate externally against ageism which is pervasive within healthcare. Members of the EDI Group have been involved in a collaboration with RCGP which will produce a Core20Plus5 framework for older people, offering a structured approach to addressing the inequalities experienced by older people in accessing and using healthcare.

c. Overview of achievements

The BGS produced an infographic in March 2025, which gives an overview of achievements during 2024/25.

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BGS key achievements: 2024-25

#CHOOSE GERIATRICS

campaign launched, celebrating the variety and rewards of careers in older people's healthcare

6th BGS/Dunhill PhD Fellowship awarded to research project on the effect of ageing and blood thinners

Policy roundtable event attended by 25 senior decision-makers

37k followers on Twitter/X

7,687 delegates

Position on assisted dying updated.
Input to Palliative and End of Life Commission and Inquiry.

163 #Choose Geriatrics ambassadors recruited

attended BGS events and webinars

A total of 5,310

BGS members spanning all four UK nations and across the entire multidisciplinary team

67 blogs published

2.6 million Age and Ageing article downloads

Reports published on

Proactive care

Nurse & AHP workforce

Reablement, rehabilitation and recovery

BGS roundtable event

New website launched

BGS President Prof Jugdeep Dhesi appeared on BBC Breakfast talking about frailty

18k members of our Special Interest Groups (SIGs)

222

abstracts submitted for our Autumn Meeting...

...the highest number in

18 years

Highest ranking clinical geriatrics journal

126

free places awarded to enable members to attend BGS events

↑ 30%

overall membership increase over the last 5 years

↑ 55%

increase in student, FY and preceptorship year members

↑ 14%

increase in nurse and AHP members

20,000 CPD hours awarded through our elearning courses

Figures taken at highest point of 2024-25 year. Some numbers have been rounded up or down.

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FINANCIAL REVIEW

Results for the year

Total income for 2024/25 was £1,844,874 (2023/24: £1,789,463) and expenditure was £2,337,435 (2023/24: £2,064,136). The Society achieved an overall deficit before net losses on investments of £492,561 (2023/24: £274,673 deficit).

Book losses on investments were £89,145 (2023/24: £331,318 gains).

Analysis of income

	2025		2024	
	£	%	£	%
Donations	2,664	-	353	1
Membership subscriptions	658,810	36	580,308	35
Professional development & events	652,669	36	599,813	31
Age & Ageing journal	390,706	21	420,680	24
Education and research	17,456	1	58,316	1
Other	3,995	-	12,913	1
Investments	118,574	6	117,080	7
Total	1,844,874		1,789,463	

The principal funding sources for the Society remain membership subscriptions, professional development and events and the surplus arising from the Age and Ageing Journal.

The Society is pleased to have been able to increase its income from membership subscriptions by a combination of increased membership numbers and a small increase in the subscription rates from 1 January 2025. Income from professional development and events continue to be held in the hybrid online and in person format adopted in 2023.

Operational expenditure increased as events and other business activity increases and the full complement of staffing is now in place.

The Society achieved an overall deficit before net gains on investments of £492,561 (2023/24: £274,673 deficit). An analysis of the Society's deficit is due to the following reasons;

i). Staff costs are now 48% of total costs. During the year the Society made £48,476 of exceptional staff costs, see note 6 to the accounts.

ii). Designated and Restricted expenditure is applied against historic funds built up over previous years, it is the intention to reduce the level held in these funds and therefore expenditure will exceed income until this is met. To this end the Society continues to support the Dunhill/Dhole Scholarships and £170,076 (2023/24 £95,421) was committed in support of these scholarships.

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The analysis of the surpluses and deficits on the various funds which make up the Society's total deficit are as follows:

	31 March 2025	31 March 2024
	£	£
Designated (deficit)	(30,846)	(21,201)
Unrestricted (deficit)/surplus	(296,978)	(138,459)
Restricted (deficit)	(164,737)	(115,013)
Total (Deficit)	(492,561)	(274,673)

Future financial plans

In 2018/19 the trustees agreed to use the MK Dhole Income Fund for a series of three Doctoral Fellowship Scholarships jointly with Dunhill Medical Trust. In 2021/22 a second series of three Scholarships was agreed and during the year trustees increased this to four making seven scholarships in total. The Scholarship awards recognised are awarded and intended to be claimed over a three-year period. Scholarship payments are recognised in the year in which they are paid.

The total amount recognised for these Scholarships to 31 March 2025 is £356,908. The total BGS share for grants awarded to date is £725,037, leaving £368,129 to be recognised in future years.

The upgrade of the operating system of BGS website started in March 2024 and was completed in February 2025. Work to 31 March 2024 was reflected as Assets in Progress in the balance sheet where £30,320 had been capitalised (Note 10), this was transferred to Intangible Assets, 2025 Website costs, along with the further £137,404 of additions (Note 11). The work will now be amortised in line with the Society's amortisation policy over three years.

The Society continues to develop its business model to allow delivery of events via the hybrid format and to extend its E-Learning offer. Allowing for this the Society expects to have an operational deficit, before investment gains, of around £469,710 at 31 March 2026. The trustees have agreed that the Society is able to cover this potential additional cost out of reserves without impacting on delivery of the Strategic Plan.

Fundraising

The Society does not currently undertake public fundraising activities but occasionally receives donations.

Investment Policy

The Memorandum and Articles of Association give the trustees the power to invest any surplus funds not immediately required by the Society in such investments, securities, or property as they think fit. The Trustees' policy has been to balance the requirement for capital growth of the endowment investments with maximising income for the Society. Investments are reviewed annually.

The Society does not invest directly in any one individual company. All its investments are held in specialist multi-asset charity funds at CCLA and M&G investments. Both funds have ethical investment policies which seek to meet the needs of charities investing in them.

The Society held listed investments of £3,431,501 at 31 March 2025 (2024: £3,820,647). The total unrealised losses were £89,145 (2024: £331,318 gains).

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Reserves Policy

The reserves policy of the Society is to hold unrestricted reserves (excluding designated funds), to a level representing at least one year's unrestricted expenditure budgeted for the following year to ensure that it has an adequate buffer to protect against future uncertainties. Unrestricted reserves above this level, including the revaluation reserve, are available to further the Society's strategic objectives.

The Trustees review the reserves of the Society as part of the budget-setting process to ensure they still meet the needs of the organisation and are sufficient to manage risks. The review involves an assessment of the income and expenditure streams, the Society's strategic objectives and the uncertainties it faces and the level of reserves.

The Trustees have designated funds to identify those unrestricted funds which are earmarked for specific purposes and hence not freely available. The value of designated funds at 31 March 2025 was £1,191,680, (2024: £1,117,731). Included in designated funds is £944,565, (2024: £839,770) which is equal to the value of the Society's fixed assets.

The Society finished 2025 with unrestricted reserves of £3,825,918 (2024: £4,216,791) as analysed below.

	31 March 2025	31 March 2024	Increase/ (decrease)	%
	£	£	£	
Designated expenditure	1,191,680	1,117,731	(194,998)	7
Required to cover budgeted unrestricted expenditure for the following year	1,534,656	1,866,918	(332,262)	(18)
Available to further the Society's objectives	<u>1,099,582</u>	<u>1,232,142</u>	<u>260,731</u>	(10)
Total unrestricted funds	<u>3,825,918</u>	<u>4,216,791</u>	<u>266,529</u>	

Arrangements for reviewing staff salaries

The Society operates a spine point system which provides for automatic salary progression for each staff member until the top of the relevant scale is reached. Pay for all staff is reviewed every five years using an independent HR agency to benchmark BGS staff salaries with the external market and ensure the Society's pay levels are appropriate and competitive. A review was carried out in December 2021. Its recommendations were approved by Trustees and were implemented for all staff from 1 April 2022. The next review is due in 2026/27.

To protect the value of salaries from erosion due to inflation, a discretionary universal cost of living percentage increase may be awarded from the beginning of each new financial year on 1 April and the spine points adjusted accordingly.

Volunteers

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The Society is reliant on the unpaid efforts of many of its members to achieve its objectives. These volunteers serve in many capacities (for example, as trustees, as officers of our regional committees, nation committees and Special Interest Groups; on internal committees and external working parties; as expert spokespeople, and as advisers on policy matters). They provide countless hours of work in furthering the charitable objectives of the Society without remuneration, and we are grateful and indebted to them for their tireless work. It is problematic to attribute an economic value for this important contribution to the Society's mission and it is therefore not included in the statement of financial activities.

Risk management

The Trustees are aware of their responsibility to ensure that the major risks to which the charity is exposed are identified and to establish systems to manage those risks. The Trustees have a policy on risk management and have procedures in place to mitigate risks. The task of identifying and monitoring the mitigation of the risks faced by the Society is delegated to the Finance and General Purposes Committee (Finance Committee). The Finance Committee reviews the risk register every other meeting. The Trustees consider the recommendations from Finance Committee meetings, and review the full risk register once a year.

The risk register identifies and assesses both internal and external business risks and has been continually refined since then. Forty risks have been identified, clustered under the following headings:

- Governance and management
- Income
- Services and impact
- Resource management
- Financial strategy and management
- Reputational risk
- Regulatory and legal obligations

Under a rolling review process, the Finance Committee considered key sections of the risk register at every other meeting during the year. Internal control risks are mitigated by planning, systems of authorisation, budgeting, employment of suitably qualified staff, and established processes to support and manage the performance of staff members. External risks are identified by staff, officers and trustees, and assessed at staff, Finance Committee and Trustee Board meetings as appropriate, and major risks are also addressed in the Society's periodic Strategic Reviews. The Trustees are satisfied that the major risks identified have been adequately mitigated where necessary and that the Society has systems and procedures in place that are appropriate to the Society's size and nature of operations.

The most significant risks during 2024/25 continued to relate to the pressure on the NHS workforce, making it more challenging for our members to engage with the BGS, attend educational meetings or take up roles within the Society. We sought to mitigate these risks by continuing to evolve our events offer to enable flexible participation in the major meetings online or on-demand, and by creating shorter education products such as microlearning which deliver CPD. The staff team provides as much support as it can to minimise the administrative load on committee and Board officers. Nevertheless it continues to be important to ensure we are not overloading senior officers, and that we have succession planning and effective workload distribution in place. This is particularly so with the policy and political changes that bring competition for resources and a constant need to remind decision-makers that older people use healthcare services the most.

The development of our new website was much delayed, which put a strain on the staff team, even though fortunately we were able to continue using the old website throughout this long

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period. We have learned lessons about third party project management, tight specifications and penalty clauses. In the early part of the year, there continued to be reputational risks through our association with the Royal College of Physicians (London), though the furor surrounding physician associates gradually died down. Finally, the risks to the BGS business model of transitioning our journal to being fully open access have been delayed for another year, after careful analysis of the opportunities and challenges.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing Document

The Society is governed by its Memorandum and Articles of Association. The Memorandum and Articles of Association were adopted on 7 November 1974, and the Articles were last amended on 24 November 2017. During the course of 2023, we updated the Articles to provide greater clarity on trustee roles and terms of office, on digital communications and various other minor aspects that needed modernising. This process was undertaken with the assistance of the BGS lawyers, and the revised Articles were approved by BGS members at the AGM in November 2023. The trustees are indemnified up to £25,000 of losses they cause the Society through their actions as Trustees. This cover is provided in the Society's Charity Combined insurance policy and it is not practical to identify a separate charge for this cover.

Governing Body

The Trustees are the governing body of the Society and the directors of the limited company. They comprise the President, President-Elect, Honorary Secretary, Honorary Treasurer, Chairs of the national Councils for England, Northern Ireland, Scotland and Wales, Chair of the Trainees Council, Chair of the Nurses and Allied Health Professionals Council, and two lay trustees who bring broader business planning expertise. The Trustees meet four times a year, including a full day facilitated workshop to explore long-term planning issues. The Trustees are familiar with the Charity Governance Code, and observe the principles of good governance set out in that document and in the BGS Board terms of reference.

The Society's committees include Finance and General Purposes Committee; Policy and Communications Committee; Education and Training Committee and its sub-committee for Meetings and Events; Workforce Committee; Clinical Quality Committee; Research and Academic Development Committee, and the *Age and Ageing* Editorial Board and its Executive Committee. There are also committees for the Trainees Council, Nurses and AHPs Council, four nation councils, Healthcare in the Community Group, SIGs and England regions.

The current trustees are shown on page 2 above. The directors of the wholly owned subsidiary company, BGS (Trading) Limited, who served during the year were Dr Elizabeth Lawn, Dr Divya Tiwari, and Dr Ruth Law.

Trustee recruitment and appointment

The President, Honorary Secretary and Honorary Treasurer are Society members who succeed automatically to their roles having previously been nominated and elected by the membership as President-Elect, Deputy Honorary Secretary and Deputy Honorary Treasurer respectively. They each serve a 2-year term with the exception of the Honorary Treasurer who serves for 3 years in order to ensure continuity. Chairs of National Councils are ex officio members of the Trustee Board appointed by the relevant nation. The Chairs of the Trainees Council and the Nurses and Allied Health Professionals Council are also ex officio and appointed by their Councils. The two lay trustees are recruited externally through an open process and serve for up to two 2-year terms. During 2024/25 we held an election for a new President Elect, which was won by Dr Amit Arora.

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Our Trustee Induction and Training policy guides the orientation process for new trustees. New trustees receive a comprehensive induction pack and meet with key officers and staff to acquaint them with the Society's policies and practice, its aims and activities, management and governance, and also what is expected of them under charity law and company law. All trustees give their time voluntarily and receive no benefits from the Society. Any expenses reclaimed from the Society are disclosed in note 6.

A register of directors' interests is maintained and updated annually, and declarations of any potential conflicts of interest are required at the commencement of each Trustee Board meeting. Any trustee/director with a potential conflict of interest with a particular topic within a meeting declares it and takes no further part in the discussion or vote on that topic.

Group Structure

The Society has a wholly owned, non-charitable trading subsidiary, BGS (Trading) Limited, a company incorporated in England and Wales (No. 2013195). BGS (Trading) Limited accounts for the income and expenditure from scientific conferences and exhibitions. The subsidiary covenants its taxable profit at each year-end to the Society. Further details of BGS (Trading) Limited's financial results for the year ended 31 March 2025 can be found in note 13.

REFERENCE AND ADMINISTRATIVE DETAILS

The name of the charity is the British Geriatrics Society, and it is frequently abbreviated as the BGS. The Society is a registered charity (No 268762) and is constituted as a company (No. 1189776) limited by guarantee. The trustees/directors, professional advisers and principal and registered office are set out on pages 2 - 3 above.

RESPONSIBILITIES OF THE TRUSTEES

The Trustees are required by law to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Society and of its results for that period. In preparing those financial statements, the Trustees have undertaken, and will continue to undertake the following:

- selected suitable accounting policies and then applied them consistently.
- made judgements and estimates that are reasonable and prudent.
- prepared the financial statements on a going concern basis unless it is inappropriate to assume that the Society will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the Society and to enable them to ensure that the financial statements comply with the Companies Act 2006 and Charities Act 2011. The Trustees are satisfied that they have met, and they will continue to meet their responsibilities for safeguarding the assets of the Society and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. They can provide assurance that:

- the Society is operating efficiently and effectively.
- its assets are safeguarded against unauthorised use or disposition.

The British Geriatrics Society

Trustees' Report

For the year ended 31 March 2025

- proper records are maintained, and financial information used within the Society or for publication is reliable.
- the Society complies with its Memorandum and Articles of Association.
- the Society has actively pursued all of its objectives and policies throughout the year.

STATEMENT OF DISCLOSURE OF INFORMATION TO AUDITORS

The Trustees, who are the directors of the Society, who held office at the date of approval of this Annual Report, confirm that:

- so far as they are aware, there is no relevant audit information, information needed by the Society's auditors in connection with preparing their report, of which the Society's auditors are unaware; and
- they have taken all the steps that they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the Society's auditors are aware of that information.

AUDITOR

The auditor, MHA, previously traded through the legal entity Macintyre Hudson LLP. In response to regulatory changes, MacIntyre Hudson LLP ceased to hold an audit registration with the engagement transitioning to MHA Audit Services LLP.

The auditor MHA will be proposed for re-appointment in accordance with Section 485 of the Companies Act 2006.

SMALL COMPANY RULES

This report has been prepared in accordance with the special provisions relating to companies subject to the small companies regime within Part 15 of the Companies Act 2006.

It was approved by the Board of Directors and Trustees on 23 October 2025 and signed on its behalf:



Professor Jugdeep Dhesi
President of the Society, Chair of the Directors and the Trustee Board

Independent auditor's report**to the members of****The British Geriatrics Society**

Opinion

We have audited the financial statements of The British Geriatrics Society (the 'parent charitable company') and its subsidiaries (the 'group') for the year ended 31 March 2025 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 March 2025 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities Act 2011

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the group financial statements section of our report. We are independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on The British Geriatrics Society's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the trustees' annual report, other than the group financial statements and our auditor's report thereon. Our opinion on the group financial statements does not cover

Independent auditor's report

to the members of

The British Geriatrics Society

the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the group financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the group financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the trustees' annual report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- The trustees' annual report, has been prepared in accordance with applicable legal requirements

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the group and the parent charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report,

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and Charities Act 2011 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- The parent charitable company financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Independent auditor's report

to the members of

The British Geriatrics Society

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees (who are also the directors of the parent charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group's and the parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an Auditor's Report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- Enquiry of management around actual and potential litigation and claims;
- Performing audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias;
- Reviewing minutes of meetings of those charged with governance;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with laws and regulations.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Independent auditor's report

to the members of

The British Geriatrics Society

Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Carina Ralfs

Carina Ralfs Msci (Hons) PhD FCA (Senior statutory auditor)
for and on behalf of

MHA

Maidenhead, United Kingdom

Date: November 5, 2025

MHA is the trading name of MHA Audit Services LLP, a limited liability partnership in England and Wales (registered number OC455542)

The British Geriatrics Society
Consolidated statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2025

	Note	Unrestricted £	Restricted £	Endowment £	2025 Total £	Unrestricted £	Restricted £	Endowment £	2024 Total £
Income from:									
Donations and legacies		2,664	-	-	2,664	353			353
Charitable activities									
Membership Subscriptions		658,810	-	-	658,810	580,308			580,308
Professional Development & Events fees		628,996	23,673	-	652,669	599,813			599,813
Age & Ageing Journal		390,706	-	-	390,706	420,680			420,680
Education & Research		17,456	-	-	17,456	58,316			58,316
Other		3,995	-	-	3,995	12,913			12,913
Investments	2	101,793	16,781	-	118,574	100,624	16,456		117,080
		<u>1,804,420</u>	<u>40,454</u>	<u>-</u>	<u>1,844,874</u>	<u>1,773,007</u>	<u>16,456</u>	<u>-</u>	<u>1,789,463</u>
Expenditure on:									
Charitable activities									
Membership Services	3a	185,309	-	-	185,309	207,353			207,353
Professional Development & Events	3a	917,271	32,814	-	950,085	849,410	37,594		887,004
Digital & Print Publications	3a	185,558	-	-	185,558	216,275			216,275
Education & Research	3a	303,362	172,377	-	475,739	337,100	93,875		430,975
Policy Influencing & Communications	3a	540,744	-	-	540,744	322,529			322,529
Total expenditure		<u>2,132,244</u>	<u>205,191</u>	<u>-</u>	<u>2,337,435</u>	<u>1,932,667</u>	<u>131,469</u>	<u>-</u>	<u>2,064,136</u>
Net income / (expenditure) before net gains / (losses) on investments		(327,824)	(164,737)	-	(492,561)	(159,660)	(115,013)	-	(274,673)
Net gains / (losses) on investments		(63,049)	(18,127)	(7,969)	(89,145)	256,689	44,022	30,607	331,318
Net income / (expenditure) for the year	5	(390,873)	(182,864)	(7,969)	(581,706)	97,029	(70,991)	30,607	56,645
Transfers between funds		-	-	-	-	(9,602)	9,602	-	-
Net income / (expenditure) before other recognised gains and losses		(390,873)	(182,864)	(7,969)	(581,706)	87,427	(61,389)	30,607	56,645
Net movement in funds		(390,873)	(182,864)	(7,969)	(581,706)	87,427	(61,389)	30,607	56,645
Reconciliation of funds:									
Total funds brought forward		<u>4,216,791</u>	<u>644,852</u>	<u>342,134</u>	<u>5,203,777</u>	<u>4,129,364</u>	<u>706,241</u>	<u>311,527</u>	<u>5,147,132</u>
Total funds carried forward		<u>3,825,918</u>	<u>461,988</u>	<u>334,165</u>	<u>4,622,071</u>	<u>4,216,791</u>	<u>644,852</u>	<u>342,134</u>	<u>5,203,777</u>

The notes on pages 34 onwards form part of these financial statements.

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 18a to the financial statements.

The British Geriatrics Society**Balance sheets**

Company no. 1189776

As at 31 March 2025

		The group		Society	
		2025	2024	2025	2024
	Note	£	£	£	£
Fixed assets:					
Tangible assets	10	786,161	839,770	772,500	839,770
Intangible assets	11	158,406	–	158,406	–
Investments	12	3,431,501	3,820,647	3,431,601	3,820,747
		4,376,068	4,660,417	4,362,507	4,660,517
Current assets:					
Debtors	15	312,482	315,382	440,506	252,075
Short term deposits		98,512	505,908	98,512	505,908
Cash at bank and in hand		623,568	354,939	467,739	289,667
		1,034,562	1,176,229	1,006,757	1,047,650
Creditors: amounts falling due within one year	16	(788,559)	(632,869)	(624,763)	(504,494)
Net current assets / (liabilities)		246,003	543,360	381,994	543,156
Total net assets / (liabilities)		4,622,071	5,203,777	4,744,501	5,203,673
Funds:					
Permanent Endowment	18a	334,165	342,134	334,165	342,134
Restricted funds	18a	461,988	644,852	461,988	644,852
Unrestricted income funds:					
Designated funds	18a	1,191,680	1,117,731	1,191,680	1,117,731
Revaluation reserve	18a	205,337	205,337	205,337	205,337
General funds	18a	2,428,901	2,893,723	2,551,331	2,893,619
Total unrestricted funds		3,825,918	4,216,791	3,948,348	4,216,687
Total Charity Funds		4,622,071	5,203,777	4,744,501	5,203,673

The financial statements which have been prepared in accordance with the special provisions relating to companies subject to the small companies regime within Part 15 of the Companies Act 2006 , were approved and authorised for issue by the Board on 23 October 2025 and signed on their behalf by



Professor Jugdeep Dhesi
President of the Society, Chair of the Directors and the Trustee Board

The notes on pages 34 onwards form part of these financial statements
The gross income and result for the year for the Society is given in note 14 to the accounts.

The British Geriatrics Society**Consolidated statement of cash flows****For the year ended 31 March 2025**

	Note	2025 £	£	2024 £	£
Cash flows from operating activities					
Net (expenditure)/ income for the reporting period (as per the statement of financial activities)		(581,706)		56,645	
Depreciation charges		48,242		39,099	
Ammortisation		9,318			
(Gains)/losses on investments		89,145		(331,318)	
Loss on disposal of fixed assets		3,906			
Dividends, interest and rent from investments		(118,574)		(117,080)	
(Increase)/Decrease in short term deposits		407,396		(90,908)	
(Increase)/Decrease in debtors		2,900		16,312	
Increase/(Decrease) in creditors		155,690		(119,924)	
Net cash provided by / (used in) operating activities			16,317		(547,174)
Cash flows from investing activities:					
Dividends, interest and rents from investments		118,574		117,080	
Proceeds from the sale of investments		300,000		200,000	
Purchase of investments		-		-	
Proceeds from the sale of fixed assets		-		-	
Purchase of fixed assets		1,462		(86,227)	
Purchase of intangible assets		(167,724)			
Net cash (used in) /provided by investing activities			252,312		230,853
Change in cash and cash equivalents in the year			268,629		(316,321)
Cash and cash equivalents at the beginning of the year			354,939		671,260
Change in cash and cash equivalents due to exchange rate movements			-		-
Cash and cash equivalents at the end of the year			623,568		354,939

Analysis of cash and cash equivalents and of net debt

	At 1 April 2024 £	Cash flows £	Other non- cash changes £	At 31 March 2025 £
Cash at bank and in hand	354,939	268,629	-	623,568
a Total cash and cash equivalents	354,939	268,629	-	623,568

The British Geriatrics Society**Notes to the financial statements****For the year ended 31 March 2025**

1 Accounting policies**a) Statutory information**

The British Geriatrics Society is a charitable company limited by guarantee and is incorporated in England. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity. The address of the registered office is given in the charity information on page 3 of these financial statements. The nature of the charity's operations and principal activities are detailed in the Trustees Report on page 5.

The registered office address and principal place of business is Marjory Warren House 31 St John's Square, London, EC1M 4DN.

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) – (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note. The presentation currency is GBP rounded to the nearest pound.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiary BGS (Trading) Limited on a line by line basis. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern. The Trustees are aware that the group continues to make losses in line with the strategy to expand the group's activities. They are monitoring the spending down of reserves and have strategic plans to generate further income to come to a break even position.

e) Estimation uncertainty

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

f) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

Legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

g) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

h) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

i) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

The British Geriatrics Society**Notes to the financial statements****For the year ended 31 March 2025**

1 Accounting policies (continued)

Expenditure on charitable activities includes the costs of delivering services, exhibitions and other educational activities undertaken to further the purposes of the charity and their associated support costs.

Other expenditure represents those items not falling into any other heading.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

j) Grants payable

Grants payable are made to third parties in furtherance of the charity's objects. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty about either the timing of the grant or the amount of grant payable.

k) Allocation of support costs

Support costs are costs related to those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include back office costs, finance, personnel, payroll and governance costs which support the Society's programmes and activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The basis on which support costs have been allocated are set out in notes 3a and 3b.

l) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

m) Tangible fixed assets and intangible assets

Items of equipment are capitalised to fixed assets where the purchase price exceeds £500. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Where fixed assets have been revalued, any excess between the revalued amount and the historic cost of the asset will be shown as a revaluation reserve in the balance sheet.

Where the assets used are intangible and are used to generate income and support the group's activities then expenditure over £5,000 are amortised over their estimated useful life.

Assets in Development is expenditure on assets that are being built and yet to be brought into use. No depreciation is charged against these assets until they are in use. The amount of £30,320 in Assets in Development at the beginning of the year relates to the costs of building the new website, this was brought into use in February 2025 and this amount was transferred to intangible asset costs.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

▪ Fixtures and Fittings	10 years
▪ Office Equipment	5 years
▪ Computer Equipment	3 years

Depreciation is not charged on the freehold property since it has an indefinitely long useful life and is maintained to a high standard.

Amortisation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The amortisation rate in use are as follows:

▪ Website	3 years
-----------	---------

n) Listed investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains/(losses) on investments" in the statement of financial activities. The charity does not acquire put options, derivatives or other complex financial instruments.

o) Investments in subsidiaries

Investments in subsidiaries are at cost.

p) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

q) Short term deposits

Short term deposits includes cash balances that are invested in accounts with a maturity date of between 3 and 12 months.

r) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

The British Geriatrics Society**Notes to the financial statements****For the year ended 31 March 2025**

1 Accounting policies (continued)**s) Creditors and provisions**

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

t) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

u) Pensions

The Society operates a scheme to contribute a defined amount to individual employees' pension schemes and the pension charge represents the amount payable by the Society to the various schemes in respect of the year. Pension costs are allocated to the Group's activities on the basis of staff time spend on those activities. Staff costs are only allocated to unrestricted funds as the conditions of the restricted funds held do not permit overheads to be charged to those funds.

v) Severance pay

Severance pay is based on the employee's contractual rights at the point of termination of employment. In addition, any unpaid leave and a reasonable amount for loss of office is offered, this is settled on a case by case basis.

2 Income from investments

	Unrestricted £	Restricted £	2025 Total £	Unrestricted £	Restricted £	2024 Total £
Income from listed investments	74,241	16,781	91,022	72,803	16,456	89,259
Interest receivable on cash deposits	27,552	–	27,552	27,821	–	27,821
	<u>101,793</u>	<u>16,781</u>	<u>118,574</u>	<u>100,624</u>	<u>16,456</u>	<u>117,080</u>

The British Geriatrics Society

Notes to the financial statements

For the year ended 31 March 2025

3a Analysis of expenditure (current year)

	Charitable activities						2025 Total £	2024 Total £
	Membership Services £	Professional Development & Events £	Digital & Print Publications £	Education & Research £	Policy Influencing & Communications £	Operational Support £		
Staff costs (Note 6)	107,864	260,496	109,607	79,444	292,690	263,726	1,113,827	988,900
Membership costs	2,703	-	-	-	-	-	2,703	3,620
Event costs	-	503,649	-	-	-	-	503,649	521,736
E Learning	-	-	-	21,421	-	-	21,421	24,853
Grants, Fellowships, Awards & Prizes	-	-	-	202,763	-	-	202,763	109,453
Newsletters & Publications	-	-	-	54,207	-	-	54,207	63,945
Age & Ageing	-	-	-	62,856	-	-	62,856	65,814
BGS commissioned research	-	-	-	-	19,021	-	19,021	5,313
Communications	-	-	-	-	26,222	-	26,222	23,692
Website development & support	-	-	-	-	-	-	-	-
Trustee and other committee meeting costs	-	-	-	-	-	15,582	15,582	19,603
Premises costs	-	-	-	-	-	36,201	36,201	19,462
Office costs	-	-	-	-	-	131,005	131,005	101,328
ICT costs	-	-	-	-	-	86,512	86,512	77,318
Depreciation	-	5,435	-	-	-	42,807	48,242	39,099
Amortisation	-	-	-	-	-	9,318	9,318	-
Bad debt provision	-	-	-	-	-	-	-	-
Loss on disposal	-	-	-	-	-	3,906	3,906	-
Governance & Support costs	110,567	769,580	109,607	420,691	337,933	589,057	2,337,435	2,064,136
	74,742	180,505	75,951	55,048	202,811	(589,057)		
Total expenditure 2025	185,309	950,085	185,558	475,739	540,744	-	2,337,435	
Total expenditure 2024	207,353	887,004	216,275	430,975	322,529	-	2,064,136	

3b Governance and support costs

	2025	2024	2025	2024
	Support costs £	Support costs £	Governance costs £	Governance costs £
Salary costs	239,991	253,586	23,735	41,281
Trustee and other committee meeting costs	-	-	15,582	19,603
Premises costs	36,201	19,462	-	-
Office costs	116,155	85,788	-	15,540
ICT costs	86,512	77,318	-	-
Depreciation	42,807	39,099	-	-
Amortisation	9,318	-	-	-
Loss on disposal	3,906	-	-	-
	534,890	475,253	54,167	76,424

The British Geriatrics Society

Notes to the financial statements

For the year ended 31 March 2025

3c Analysis of expenditure (previous year)

	Charitable activities						2024 Total £
	Membership Services £	Professional Development & Events £	Digital & Print Publications £	Education & Research £	Influencing & Communications £	Operational Support £	
Staff costs (Note 6)	113,507	203,505	120,495	92,992	163,534	294,867	988,900
Membership costs	3,620	-	-	-	-	-	3,620
Event costs	-	521,736	-	-	-	-	521,736
E Learning	-	-	-	24,853	-	-	24,853
Grants, Fellowships, Awards & Prizes	-	-	-	109,453	-	-	109,453
Newsletters & Publications	-	-	-	63,945	-	-	63,945
Age & Ageing	-	-	-	65,814	-	-	65,814
BGS commissioned research	-	-	-	-	5,313	-	5,313
Communications	-	-	-	-	23,692	-	23,692
Website development & support	-	-	-	-	-	-	-
Trustee and other committee meeting costs	-	-	-	-	-	19,603	19,603
Premises costs	-	-	-	-	-	19,462	19,462
Office costs	-	-	-	-	-	101,328	101,328
ICT costs	-	-	-	-	-	77,318	77,318
Depreciation	-	-	-	-	-	39,099	39,099
	117,127	725,241	120,495	357,057	192,539	551,677	2,064,136
Governance & Support costs	90,225	161,763	95,781	73,918	129,990	(551,677)	-
Total expenditure 2024	207,352	887,004	216,276	430,975	322,529	-	2,064,136

The British Geriatrics Society**Notes to the financial statements****For the year ended 31 March 2025****4 Analysis of grants and prizes**

	Grants to individuals £	Grants to individuals – restricted £	2025 £	Grants to individuals £	Grants to individuals – restricted £	2024 £
Cost						
Doctoral Fellowship Scholarship	–	170,077	170,077	–	95,422	95,422
Specialist Registrar Research Start Up Grants	–	–	–	(3,437)	–	(3,437)
BGS Conference Grants	27,036	–	27,036	10,539	–	10,539
Awards and prizes	3,200	2,450	5,650	4,229	2,700	6,929
	<u>30,236</u>	<u>172,527</u>	<u>202,763</u>	<u>11,331</u>	<u>98,122</u>	<u>109,453</u>

The Society has taken advantage of the exemption under Section 16.11 of the Charities SORP to withhold details of individual grant recipients. No support costs are allocated to grant making activities as these are not permitted per the terms of the funds.

5 Net income / (expenditure) for the year

This is stated after charging / (crediting):

	2025 £	2024 £
Depreciation of tangible fixed assets	48,242	39,099
Auditor's remuneration (excluding VAT):		
Audit	14,850	15,540
Corporation tax costs	500	1,320
	<u>63,592</u>	<u>55,959</u>

6 Analysis of staff costs, trustees' and key management personnel remuneration and expenses

Staff costs were as follows:

	2025 £	2024 £
Salaries and wages	871,815	817,341
Social security costs	95,117	82,502
Employer's contribution to defined contribution pension schemes	98,419	89,057
Redundancy costs	48,476	–
	<u>1,113,827</u>	<u>988,900</u>

Redundancy costs relate to the contractual costs and compensation for loss of office awarded to employees upon termination of their employment. The accounting policy relating to severance costs is detailed in note 1.v) to the accounts.

One employee earned between £110,000 and £120,000 (2024: none), no employees earned between £90,000 and £100,000 (2024: one), no employees earned between £80,000 and £90,000 (2024: one), one employee earned between £70,000 and £80,000 (2024: none), and six employees earned between £60,000 and £70,000 (2024 two).

The total employee benefits (including pension contributions and employer's national insurance) of the 3 key management personnel were £317,545 (2024: £237,715).

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2024: £nil). No charity trustee received payment for professional or other services supplied to the charity (2024: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £8,388 (2024: £5,642) incurred by 14 (2024: 6) members relating to attendance at meetings of the trustees.

The British Geriatrics Society

Notes to the financial statements

For the year ended 31 March 2025

7 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 15.5 (2024: 14).

Staff are split across the activities of the charitable company as follows (full time equivalent basis):

	2025 No.	2024 No.
Membership Services	2.50	3
Professional Development & Events	4.00	3
Digital & Print Publications	1.00	1
Education & Research	1.00	1
Policy Influencing & Communications	3.00	3
Operational Support	4.00	3
	15.50	14

8 Related party transactions

There are no related party transactions other than those which took place with the trading subsidiary (BGS Trading Limited), these have been fully disclosed in Note 13. The balance outstanding due from BGS Trading at the year end was £318,121 (2024: £109,655).

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties.

9 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary BGS Trading Limited gift aids available profits to the parent charity. Its charge to corporation tax in the year was: nil.

10 Tangible fixed assets

The Group/ Charity	Assets in development £	Freehold property £	Fixtures and fittings £	Computer equipment £	Total £
Cost					
At 1 April 2024	30,320	700,000	87,166	428,791	1,246,277
Additions in year	-	-	20,076	8,782	28,858
Transfers in year	(30,320)	-	-	-	-
Disposals in year	-	-	-	(119,290)	(119,290)
At 31st March 2025	-	700,000	107,242	318,283	1,125,525
Depreciation					
At 1 April 2024	-	-	40,854	365,655	406,509
Charge for the year	-	-	12,831	35,411	48,242
Eliminated on disposal	-	-	-	(115,387)	(115,387)
At 31st March 2025	-	-	53,685	285,679	339,364
Net book value					
At 31st March 2025	-	700,000	53,557	32,604	786,161
At 1 April 2024	30,320	700,000	46,312	63,136	839,768

All of the above assets are used for charitable purposes.

The British Geriatrics Society

Notes to the financial statements

For the year ended 31 March 2025

11 Intangible assets

The Group/Charity	2025 Website £	Total £
Cost		
At 1 April 2024	-	-
Additions in year	137,404	137,404
Transfers in year	30,320	30,320
Disposals in year	-	-
At 31st March 2025	167,724	167,724
Ammortisation		
At 1 April 2024	-	-
Charge for the year	9,318	9,318
Eliminated on disposal	-	-
At 31st March 2025	9,318	9,318
Net book value		
At 31 March 2025	158,406	158,406
At 31 March 2024	-	-

The transfer of £30,320 from Assets in Development in Fixed Assets relate to the building of the new website. The website was brought into use in February 2025 and this amount was transferred to the cost of Intangible Assets.

12 Listed investments

	The group 2025 £	2024 £	Society 2025 £	2024 £
Fair value at the start of the year	3,820,646	3,689,328	3,820,646	3,689,328
Additions at cost	-	-	-	-
Disposal proceeds	(300,000)	(200,000)	(300,000)	(200,000)
Net gain / (loss) on change in fair value	(89,145)	331,318	(89,145)	331,318
	3,431,501	3,820,646	3,431,501	3,820,646
Investment in Subsidiary	-	-	100	100
Fair value at the end of the year	3,431,501	3,820,646	3,431,601	3,820,746
Historic cost at the end of the year	3,091,335	3,391,335	3,091,335	3,391,335
Investments comprise:				
	The group 2025 £	2024 £	Society 2025 £	2024 £
UK Common investment funds	3,431,501	3,820,646	3,431,501	3,820,646
Investment in Subsidiary	-	-	100	100
	3,431,501	3,820,646	3,431,601	3,820,746

The British Geriatrics Society**Notes to the financial statements****For the year ended 31 March 2025****13 Subsidiary undertaking**

The charity owns the whole of the issued ordinary share capital of BGS (Trading) Limited, a company registered in England. The company number is 02013195. The registered office address is Marjory Warren House, 31 St John's Square, London EC1M 4DN.

The subsidiary is used for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are distributed under Gift Aid to the parent charity.

The trustees Dr Elizabeth Lawn and Dr Divya Tiwari are also directors of the subsidiary.

A summary of the results of the subsidiary is shown below:

	2025 £	2024 £
Turnover	669,319	593,371
Turnover from sales to parent undertaking	-	-
Cost of sales	(468,735)	(482,461)
Cost of sales related to purchases from parent undertaking	-	-
Gross profit/(loss)	200,584	110,910
Administrative expenses	(323,117)	(995)
Management charge payable to parent undertaking	-	(102,886)
Profit/(loss) on ordinary activities before interest and taxation	(122,533)	7,029
Interest receivable and similar income	-	-
Profit / (loss) on ordinary activities before taxation	(122,533)	7,029
Taxation on profit on ordinary activities	-	-
Profit / (loss) for the financial year	(122,533)	7,029
Retained earnings		
Total retained earnings brought forward	-	-
Profit / (loss) for the financial year	(122,533)	7,029
Distribution under Gift Aid to parent charity	-	(7,029)
Total retained earnings carried forward	(122,533)	-
The aggregate of the assets, liabilities and reserves was:		
Assets	203	203
Liabilities	-	-
Reserves	203	203

Amounts owed to/from the parent undertaking are shown in note 15.

14 Parent charity

The parent charity's gross income and the results for the year are disclosed as follows:

	2025 £	2024 £
Gross income	1,483,903	1,305,747
Result for the year	(459,172)	56,645

15 Debtors

	The group 2025 £	2024 £	Society 2025 £	2024 £
Trade debtors	24,042	61,475	1,055	1,055
Other debtors	7,726	7,383	7,489	7,383
Prepayments and accrued income	280,714	246,524	115,554	134,250
Amount due from subsidiary	-	-	316,408	109,387
	312,482	315,382	440,506	252,075

All debtors are due within the year.

The British Geriatrics Society

Notes to the financial statements

For the year ended 31 March 2025

16 Creditors: amounts falling due within one year

	The group 2025 £	2024 £	Society 2025 £	2024 £
Trade creditors	47,805	16,827	39,403	11,372
Taxation and social security	45,384	40,450	18,761	22,043
Other creditors	10,917	10,833	-	-
Accruals	103,941	39,870	114,858	50,703
Deferred income	580,512	524,889	451,741	420,376
	<u>788,559</u>	<u>632,869</u>	<u>624,763</u>	<u>504,494</u>

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Deferred income comprises subscription and event income relating to 2025/6 received in advance.

	The group 2025 £	2024 £	The charity 2025 £	2024 £
Balance at the beginning of the year	524,889	558,750	420,376	424,162
Amount released to income in the year	(524,889)	(558,750)	(420,376)	(424,162)
Amount deferred in the year	580,512	524,889	451,741	420,376
Balance at the end of the year	<u>580,512</u>	<u>524,889</u>	<u>451,741</u>	<u>420,376</u>

The British Geriatrics Society

Notes to the financial statements

For the year ended 31 March 2025

18a Fund reconciliation (current year)

	At 1 April 2024 £	Income £	Expenditure £	Transfers £	Investment gains/loss £	At 31 March 2025 £
(a) Permanent Endowment MK Dhole Bequest	342,134	-	-	-	(7,969)	334,165
Restricted funds:						
(b) MK Dhole Income Fund:	431,865	14,864	(171,077)		(15,257)	260,395
(c) Bulpitt	75,488	1,917	(1,200)	-	(2,870)	73,335
(d) Rising Star fund (formerly Jim George Memorial fund)	14,000	-	(250)	-	-	13,750
(e) Research into Ageing	31,188	-	-	-	-	31,188
(f) Frailty in Acute Settings Restricted Fund Frailty Module	16,709	-	-	-	-	16,709
	-	-	-	-	-	-
Total research funds	569,250	16,781	(172,527)	-	(18,127)	395,377
Devolved nations						
(g) Scotland	46,390	7,962	(11,190)	-	-	43,162
Northern Ireland	-	-	(589)	-	-	(589)
Wales	29,212	15,711	(20,885)	-	-	24,038
Total devolved nations	75,602	23,673	(32,664)	-	-	66,611
Total restricted funds	644,852	40,454	(205,191)	-	(18,127)	461,988
Unrestricted funds:						
Designated funds:						
(i) Fixed Asset fund	839,770			104,795	-	944,565
(j) Designated SIG Grant fund	76,088	-	-		-	76,088
(k) Total Designated grant funds	47,137	-	(30,846)			16,291
(l) Healthcare in Care Homes fund	-	-	-		-	-
(m) BGS Development fund	154,736	-	-	-	-	154,736
Total designated funds	1,117,731	-	(30,846)	104,795	-	1,191,680
(n) Revaluation reserve	205,337	-	-		-	205,337
General funds	2,893,620	1,804,420	(2,101,398)	(104,795)	(63,049)	2,428,798
Non-charitable trading funds						
(o) Charitable Trading fund	103	-	-	-	-	103
Total unrestricted funds	4,216,791	1,804,420	(2,132,244)	-	(63,049)	3,825,918
Total funds	5,203,777	1,844,874	(2,337,435)	-	(89,145)	4,622,071

The British Geriatrics Society

Notes to the financial statements

For the year ended 31 March 2025

18a Fund reconciliation (current year continued)

(a) The Dhole Permanent Endowment Fund

The Permanent Endowment Fund relates to the Dr MK Dhole bequest which was provided to enable any investment income arising on the bequest to be applied for the provision of an award for the most deserving published work of medical research appertaining to the needs of aged people. Any remainder income is to be used for the provision, endowment and financing of scholarships, fellowships and lectureships of all kinds connected with research in the field of geriatric medicine.

Purposes of restricted funds

- (b) The M K Dhole Income Fund is a restricted fund that receives the income from the Dhole Permanent Endowment Fund. It is used to fund the annual Dhole-Eddlestone Memorial Prize of £1,000 for a paper published in Age and Ageing during the previous calendar year. From 2020/21 it has also been used to fund the Joint Dunhill Medical Trust BGS Doctoral Training Fellowship Scholarship. (Note 21). The total awarded by 31 March 2025 but not paid was £353,972 (31 March 2024: £690,113).
- (c) The Bulpitt Fund is used to fund up to two essay prizes of £400 each awarded every year by the Cardiovascular Section. Three prizes were awarded in 2024/25 (2023/2024: Two).
- (d) The Rising Star fund (formerly The Jim George Memorial fund) was originally established using a donation received in memory of Jim George. The fund is used to fund two annual winners of the BGS Rising Star Awards. £250 was awarded in 2024/25 (2023/24: £750).
- (e) Research into Ageing Fund – funds research which informs and influences the ageing research agenda to make it clinically relevant and meaningful to the lives of older people.
- (f) The Frailty in Acute Settings Fund was established using money donated by a member who wishes to be consulted before significant spending is made. It was used to support the Frailsafe project, now complete. There was no movement on this fund in 2024/25 (2023/24: Nil).
- (g) The Special Interest Groups (SIG's) are restricted in so far as they are to be used by the relevant SIG for charitable purposes in the particular special interest field. Funds from SIGs which are no longer active are transferred into the designated grants fund; None was transferred in 2023/24 (2022/23 £76,598). From 1 April 2023 it was agreed with SIG chairs that SIG income and expenditure for events will be processed through the general fund in the same way as the main conferences. Remaining SIG reserves were transferred on 31 March 2023 to a new designated account "SIG grants" and will be protected for SIG grants for five years as agreed.
- (h) The devolved nation funds are restricted in so far as they are to be used by the relevant devolved nation for charitable purposes.
- (i) The English regions funds are restricted in so far as they are to be used by the BGS English regions for charitable purposes. From 1 April 2023 English region income and expenditure for events will be processed through the general fund in the same way as the main conferences. Remaining English region reserves were transferred on 31 March 2023 to the designated grants fund and will be protected for grants for five years as agreed.

Purposes of designated funds

- (j) The Fixed Asset Fund, was designated to assist in identifying those funds that are not free funds. It represents the net book value of tangible assets and includes Marjory Warren House, the Society's registered office.
- (k) The designated SIGs grants fund was established on 31 March 2023 by designating surplus SIG reserves of £ 76,598. It funds grants, prizes and awards related to a SIG. The overall aim of the fund is to give grants to enable participation, learning and development, whilst prizes and awards recognise and reward contribution, expertise or achievement; The rejuvenated SIG's grants, prizes and awards programme was relaunched in 2023/24. Nil was spent in 2024/25 (2023/2024 £510).
- (l) The Total designated grants fund was established to fund grants, prizes and awards. The overall aim of grants is to enable participation, learning and development, whilst prizes and awards recognise and reward contribution, expertise or achievement. The Society's grants, prizes and awards programme was relaunched in 2022/23. In 2024/25 £30,846 was spent from this fund (2023/24 ££15,378).
- (m) Healthcare in Care Homes funds. This was a three year project beginning in April 2022 on the delivery of healthcare in care homes, building on the Society's publication, Ambitions for Change. It was a cross-organisational project ranging from influencing policy decisions to workforce and curriculum development to promoting BGS membership to care home staff. The project completed early in 2024 and the balance of funds has been transferred to general funds.
- (n) The BGS development fund was established for future projects, such as further development of the BGS website, eLearning and other "cloud" resources to support members. An additional £150,000 was designated by Trustees in October 2022 to fund an upgrade and further development of BGS website.
- (o) The charitable trading fund is the general fund of the trading company.

The British Geriatrics Society

Notes to the financial statements

For the year ended 31 March 2025

18b Fund reconciliation (prior year)

	At 2 April 2023 £	Income £	Expenditure £	Transfers £	Investment gains/loss £	At 31 March 2024 £
(a) Permanent Endowment						
MK Dhole Bequest	311,527			-	30,607	342,134
Restricted funds:						
(b) MK Dhole Income	475,741	14,576	(96,422)		37,970	431,865
(c) Bulpitt	68,356	1,880	(800)		6,052	75,488
(e) Rising Star fund (formerly Jim George Memorial fund)	14,750	-	(750)			14,000
(f) Research into Ageing	27,241	-	3,947			31,188
(g) Frailty in Acute Settings Restricted	16,709	-	-			16,709
Total research funds	602,797	16,456	(94,025)	-	44,022	569,250
(h) Devolved nations						
Scotland	50,620	-	(4,230)	-	-	46,390
Northern Ireland	5,821	-	(15,423)	9,602	-	-
Wales	47,003	-	(17,791)	-	-	29,212
Total devolved nations	103,444	-	(37,444)	9,602	-	75,602
Total restricted funds	706,241	16,456	(131,469)	9,602	44,022	644,852
Unrestricted funds:						
Designated funds:						
(k) Fixed Asset fund	792,641	-		47,129	-	839,770
(l) Designated SIG Grant fund	76,598	-	(510)	-	-	76,088
(m) Designated Grants fund	62,515	-	(15,378)	-	-	47,137
(n) Healthcare in Care Homes fund	269,703	-	(5,313)	(264,390)	-	-
(o) BGS Development fund	154,736	-	-	-	-	154,736
Total designated funds	1,356,193	-	(21,201)	(217,261)	-	1,117,731
(p) Revaluation reserve	205,337	-	-		-	205,337
General funds	2,567,731	1,773,007	(1,911,466)	207,659	256,689	2,893,620
Non-charitable trading funds						
(q) Charitable Trading fund	103	-	-	-	-	103
Total unrestricted funds	4,129,364	1,773,007	(1,932,667)	(9,602)	256,689	4,216,791
Total funds	5,147,132	1,789,463	(2,064,136)	-	331,318	5,203,777

The British Geriatrics Society**Notes to the financial statements****For the year ended 31 March 2025**

18b Fund reconciliation (current year continued)**(a) The Dhole Permanent Endowment Fund**

The Permanent Endowment Fund relates to the Dr MK Dhole bequest which was provided to enable any investment income arising on the bequest to be applied for the provision of an award for the most deserving published work of medical research appertaining to the needs of aged people. Any remainder income is to be used for the provision, endowment and financing of scholarships, fellowships and lectureships of all kinds connected with research in the field of geriatric medicine.

Purposes of restricted funds

- (b) The M K Dhole Income Fund is a restricted fund that receives the income from the Dhole Permanent Endowment Fund. It is used to fund the annual Dhole–Eddlestone Memorial Prize of £1,000 for a paper published in Age and Ageing during the previous calendar year. From 2020/21 it has also been used to fund the Joint Dunhill Medical Trust BGS Doctoral Training Fellowship Scholarship. (Note 21). The total awarded by 31 March 2025 but not paid was £368,129, (31 March 2024: £690,113).
- (c) The Bulpitt Fund is used to fund up to two essay prizes of £400 each awarded every year by the Cardiovascular Section. Two prizes were awarded in 2023/24 (2022/23: £800).
- (d) The Rising Star fund (formerly The Jim George Memorial fund) was originally established using a donation received in memory of Jim George. The fund has received two donations during the year: £5,000 from the family of Jin George and £10,000 from the family of Dr John Dall. The fund is used to fund two annual winners of the BGS Rising Star Awards. £750 was awarded in 2023/24 (2022/23: £500).
- (e) Research into Ageing Fund – funds research which informs and influences the ageing research agenda to make it clinically relevant and meaningful to the lives of older people.
- (f) The Frailty in Acute Settings Fund was established using money donated by a member who wishes to be consulted before significant spending is made. It was used to support the Frailsafe project, now complete. There was no movement on this fund in 2023/24 (2022/23 Nil).
- (g) The Special Interest Groups (SIG's) are restricted in so far as they are to be used by the relevant SIG for charitable purposes in the particular special interest field. Funds from SIGs which are no longer active are transferred into the designated grants fund. From 1 April 2023 it has been agreed with SIG chairs that SIG income and expenditure for events will be processed through the general fund in the same way as the main conferences. Remaining SIG reserves were transferred on 31 March 2023 to a new designated account "SIG grants".
- (h) The devolved nation funds are restricted in so far as they are to be used by the relevant devolved nation for charitable purposes.
- (i) The English regions funds are restricted in so far as they are to be used by the BGS English regions for charitable purposes. From 1 April 2023 English region income and expenditure for events will be processed through the general fund in the same way as the main conferences. Remaining English region reserves were transferred on 31 March 2023 to the designated grants fund and will be protected for grants for five years as agreed.

Purposes of designated funds

- (j) The Fixed Asset Fund, was designated to assist in identifying those funds that are not free funds. It represents the net book value of tangible assets and includes Marjory Warren House, the Society's registered office.
- (k) The designated SIGs grants fund was established on 31 March 2023 by designating surplus SIG reserves of £ 76,598 as explained in note (h) above. It fund grants, prizes and awards related to a SIG. The overall aim of the fund is to give grants to enable participation, learning and development, whilst prizes and awards recognise and reward contribution, expertise or achievement.
- (l) The designated grants fund was established to fund grants, prizes and awards. The overall aim of grants is to enable participation, learning and development, whilst prizes and awards recognise and reward contribution, expertise or achievement.
- (m) Healthcare in Care Homes funds. This is a three year project beginning in April 2022 on the delivery of healthcare in care homes, building on the Society's publication, Ambitions for Change. It will be a cross-organisational project ranging from influencing policy decisions to workforce and curriculum development to promoting BGS membership to care home staff.
- (n) The BGS development fund was established for future projects, such as further development of the BGS website, eLearning and other "cloud" resources to support members. An additional £150,000 was designated by Trustees in October 2022 to fund an upgrade and further development of BGS website.
- (o) The revaluation reserve fund represents the accumulated unrealised gain net of losses on the Society's listed general investments. In the prior year all investments held at CCLA in accumulation and income units of the COIF Charities Investment Fund were sold and proceeds were immediately used to purchase equivalent COIF Charities Ethical Investment Fund units. As a result, the revaluation reserve relating to CCLA units was realised and the balance of £1,055,921 transferred into general funds.
- (p) The charitable trading fund is the general fund of the trading company.

The British Geriatrics Society**Notes to the financial statements****For the year ended 31 March 2025****19a Analysis of net assets between Funds (current year)**

	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Endowment Funds £	Total £
Fixed Assets	–	786,161	–	–	786,161
Intangible Assets	158,406	–	–	–	158,406
Investments	2,285,912	405,519	405,905	334,165	3,431,501
Cash & short term deposits	665,997	–	56,083	–	722,080
Other current assets / liabilities	(476,077)	–	–	–	(476,077)
Total	2,634,238	1,191,680	461,988	334,165	4,622,071

19b Analysis of net assets between Funds (prior year)

	Unrestricted Funds £	Designated Funds £	Restricted Funds £	Endowment Funds £	Total £
Fixed Assets	–	839,770	–	–	839,770
Investments	2,525,700	546,908	405,905	342,134	3,820,647
Cash	625,847	–	235,000	–	860,847
Other current assets / liabilities	(317,487)	–	–	–	(317,487)
Total	2,834,060	1,386,678	640,905	342,134	5,203,777

20 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

21 Doctoral Fellowship Scholarships

BGS and Dunhill Medical Trust agreed to share equally the costs of one Doctoral Fellowship Scholarship annually for a period of up to three years starting in 2019/20. All three fellowships have now been awarded with a total commitment to BGS of £276,946 of which £85,897 remains at 31 March 2025. Each fellowship is held at an appropriate UK research institution.

BGS and Dunhill Medical Trust agreed a second series of three Doctoral Fellowship Scholarships starting in 2022/23. The total cost to BGS will not exceed £450,000. In March 2023 BGS and Dunhill Medical Trust agreed to fund an additional scholarship in this series, which could bring the maximum commitment to £600,000, although the 2024 award was cancelled as the applicant secured other funding. To date £149,050 has been paid of these grants leaving a year end commitment balance of £282,232.

Total remaining commitments are shown in the table below.

	Committed for first series £	Committed for second series £	Total Commitment £
Within one year	26,765	27,522	54,287
Over one year	59,132	254,710	313,842
	85,897	282,232	368,129