

Ageism

Sept 2025

This paper has been prepared by the LCARM group to contribute to the RCGP's Equality, Diversity and Inclusion (EDI) Action Plan. It aims to raise awareness of ageism and its relevance to general practice, encouraging reflection and action among GPs not only in their clinical roles but also in their personal and professional lives. By highlighting key issues and sharing insights from our community.

Background

Age is a protected characteristic. As for any protected characteristic, age can be a source of conscious or unconscious bias - and this can occur at many levels;

- Institutional / organisational – embedded into structures such as laws and contracts
- Cultural – in societal assumptions and shared values
- Interpersonal – influencing how one person reacts and behaves towards another
- Self perception – when an individual internalises negative messages.

For RCGP members, there are three reasons why we want to put this issue on the agenda:

- We need to maximise the potential of our own workforce, and ensure that negative factors do not lead people to leave roles that they could continue to fulfil productively. We aim to address examples of flexible working, addressing bureaucratic barriers, and active bystander inputs to address discriminatory attitudes and behaviours.
- Age is the only protected characteristic (PC) that exists for all of us throughout our lifetime, and it can intersect with other PCs at any stage. For older GPs, ageing is associated with the significant transition for GPs into retirement, with the potential impact of a change in our identity. For younger GPs, age can be used as a barrier to career developments. We need to be alert to these issues, and maximise the opportunities for all.
- Transitions are a universal experience – in this context, preparation for transitions can help to maximise options and minimise negativity, so this is another focus of our work.
- We also need to be aware of risks of ageism for our patients. Our own perceptions of workload demand can interface with negativity towards complex patient requirements, which are increasingly common in the older population; and many older people can be vulnerable to both internalised and societal biases.

Examples of ageism Whether reading this as an individual, or in preparation for a discussion with colleagues, it is always timely to reflect on *any examples or concerns you have about*

ageism – bearing in mind that this can be conscious or unconscious, and can be personal, professional or systemic.

Colleagues have already raised the following issues:

- We do have positive examples of older and younger GPs having satisfying careers, and sharing their experiences and enthusiasms effectively – but these rely on supportive environments, both contractually and attitudinally
- We need to make sure that the challenges of workload do not lead to negativity about caring for older people, particularly with multimorbidity
- We need to show positive images of ageing, and also champion resources which can encourage fitness and support belief in retaining it (for example, seated exercise classes, walking groups...)
- Language used can be important. For example, ‘older people’ or ‘my senior colleague’ are words that people find more positive than ‘the elderly’, or ‘the old doctor’.
- We need to think ahead about work changes that may benefit us as we move into the last phase of our career. RCGP could share examples of successful models of reduced sessions; altered scope of work; or an enhancement of nonclinical roles, such as teaching
- We have well established RCGP training in active bystander interventions which include some examples of age – related issues
- We need to examine our own hopes and fears, and build awareness of the emotional and psychological factors that mark and can support us in transitions
- There are networks that we can use to discuss this with other colleagues and people in the same space. This is part of the role of LCARM and RCGP Faculties, but some people also draw on other groups.

Action to address concerns

At national level, through LCARM and the EDI work of the RCGP, we already aim to

- Address specific issues raised with us, using our professional networks. For example, inconsistency of rules for some teaching roles with medical students led to a national survey with the Teaching Leads of the Society for Academic Primary Care (SAPC), which gave evidence that was used to increase consistency and member opportunities to teach .
- Champion and draw together data and guidance for effective mechanisms to allow GPs to work as long as they wish to and are able to do so. This includes some of the discussions about the flexibility and value of appraisal, and the revalidation cycle: also potential need to interface with the BMA on legal issues, and positive models of contracts and employment.

- Facilitate more in-depth learning – hence need for plans for web based resources, and how to use these for webinars and learning discussions.
- Continue to ensure that all RCGP EDI initiatives include age – related issues, and get relevant representation within RCGP structures.

We welcome feedback, questions, and inputs – you do not have to be a member of the LCARM community to help us learn, and to provide support for our members. Please email advocates@rcgp.org.uk

Published evidence

We have identified some relevant documents which show the impacts of ageing on the population, and also factors that can support ‘healthy’ ageing. Some explore examples of ageism, its potential solutions, and how to challenge negative stereotypes.

Workforce

BMA Report 2019 – Supporting An Ageing Medical Workforce.

(<https://www.bma.org.uk/media/2073/bma-ageing-medical-workforce-report-feb-2019.pdf>)

BMA Working in the Peri – Retirement 2020 (also on BMA Website; this is directed at hospital consultants, but has some relevant parallels for GPs to consider)

Population Health

C.M.O. Annual Report 2023 – Health in an Ageing Society

<https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2023-health-in-an-ageing-society>)

Ageism - and ways to avoid it

Kings Fund – Age discrimination in health and social care

(https://assets.kingsfund.org.uk/f/256914/x/5b298bd06a/age_discrimination_health_social_care_2000.pdf).

Centre for Better Ageing – 3 documents: (1) The State of Ageing (2) Ageism – What’s the Harm? (3) Reframing Ageing (<https://ageing-better.org.uk/>).

Transitions

Many references – one example is <https://www.firstpsychology.co.uk/files/transitions-booklet.pdf> which shows that retirement is only one of many transitions we can learn from.

Shiner A, Watson J, Doohan N, **Howe A.** Learning or leaving? An international qualitative study of factors affecting the resilience of female family doctors. BJGP Open. 2020

<https://bjgpopen.org/content/4/1/bjgpopen20x101017> had findings that may also be relevant.”

