



# Annual Report

1 APRIL 2014 – 31 MARCH 2015

## 2014-15 Annual Report

1.	President's Overview	John Livingston	2
2.	Invitation to the Annual General Meeting	Jayesh Patel	5
3.	BPNA Council serving during 2014	Jayesh Patel	6
4.	Treasurer's Report	Andrew Lux	7
 PAEDIATRIC NEUROLOGY TRAINING			
5.	National Training Advisor's Report	Alasdair Parker	13
 EDUCATION			
6.	Education Quality & Standards Committee	Helen Cross	14
7.	Scientific Meetings Committee	Evangeline Wassmer	14
8.	Distance Learning Course	Finbar O'Callaghan	15
9.	Paediatric Epilepsy Training (PET)	Helen Cross	18
10.	Neonatal Neurology (NeoNATE)	Tony Hart	22
11.	Children's Headache Training (CHaT)	Rachel Howells	23
12.	Expert to Expert		
	a. Epilepsy	Sophie Varadkar	24
	b. Movement Disorders	Martin Smith	24
13.	International Courses	Martin Kirkpatrick	25
 RESEARCH			
14.	Child Brain Research	Rob Forsyth	29
15.	British Paediatric Neurology Surveillance Unit	Richard Chin	30
16.	Clinical Effectiveness	Gayatri Vadlamini	31
 SPECIAL INTEREST GROUPS			
17.	Cerebrovascular	Karen Pysden	32
18.	British Paediatric Epilepsy Group (BPEG)	Ailsa McLellan	33
19.	Muscle	Helen Roper	33
20.	Inherited White Matter Diseases	John Livingston	34
21.	Childhood Inflammatory Disorders (UK-CID)	Ming Lim	35
22.	Trainees	Jaspal Singh	35
 MAC KEITH PRESS			
23.	MacKeith Press	Anne-Marie Halligan	38

## 1. PRESIDENT'S OVERVIEW

2015 has been a year of change and consolidation for the BPNA, our first year as the newly reconstituted BPNA charitable incorporated organisation. As a charity we have some new obligations and responsibilities. These include demonstrating how we will work to achieve our charitable objects, publication and audit of our accounts and a financial reserves policy. A further requirement is the publication of an Annual Report. This is not new for the BPNA however this year we have decided to move this to the autumn rather than the end of the year. This will serve two functions: firstly it will fit in better with the annual financial year and accounts that will be required by the Charity Commission, and secondly it will take some of the pressure off our office bearers who are often over burdened in the run up to the Annual meeting.

The BPNA is a very active organisation engaged in a wide range of programmes and initiatives both within the UK and increasingly abroad. This is managed and enabled by our highly efficient secretariat. However it is important to emphasise the voluntary and unpaid contribution that so many of our members make, in their own time, in the delivery of our objects. This is particularly so for the many educational courses that we deliver but also for the Distance Learning Course, the research and scientific committees and for all the officers and trustees.

The “governing body” of a charity is the board of trustees and the size and composition of the board is an important aspect of charity governance. Last year we made the decision that, at least in the short term, the former BPNA executive would become the trustees. This will be kept under regular review and if changes are considered necessary or desirable they will be made, subject to approval.

Another consequence of becoming a charity is demonstrating that we have a strategy in place to achieve our aims. The BPNA has held strategy meetings on an ad hoc basis over previous years however we would like to move towards a cycle whereby we outline and formally agree both short and longer term strategies. This would be reviewed every 2 to 3 years. We would like all of our members to feel involved in this and that they are able to shape the future of the BPNA. This could be done by participation in BPNA committees, direct discussion or correspondence, contribution to members’ forums on the website, and at the Annual General Meeting.

A strategy meeting was held in April 2015 and our priorities for the next few years were discussed at length. The agreed short term priorities were: to develop the international PET courses and PET India courses, to fund a research fellowship jointly with Action Medical Research and to put in place a professional support programme for members. Further details of the PET programme and the research fellowship are given elsewhere in this report.

Plans for 2015/6 include:

- Continued development of international PET courses
- Reconstitution of the research and scientific committees following the merger with CBR
- Launching of the professional support programme
- Redefining the roles of assistant secretary and secretary
- Website development including an updated “news” section

There has been universal support for the development of a professional support role within the BPNA. Earlier this year we circulated a detailed proposal to the membership. We now have a list of members who are willing to participate in this either as mentors or as part of a professional support team and members who would like to be allocated a mentor. We are having our first professional support day in November 2015 following which we hope to match mentors with mentees and to have a professional support team in place. We will be evaluating the programme from the start and will feedback to the membership after the programme has been running for a year or so. A further aspect of professional support is providing advice on job planning and job descriptions. This is something that we frequently are asked about and it is our intention to produce some written guidance during 2016.

The success of the many activities of the BPNA increasingly depends on the work of our hard working secretariat and executive director. This year we have appointed an additional member of the secretariat (Natalie Crompton) who is the Short Course Co-ordinator working on UK and international courses. We also have appointed a temporary administrative assistant to support the Short Course team. With the merger of Child Brain Research with the BPNA charity, the Research Project Manager (Katie Wilkinson) has become a BPNA employee.

The secretariat has been looking for new premises to accommodate the increased staff numbers and activities and I am pleased to say that we have now moved in to new and very suitable premises at The Coach House in Bolton.

In 2015 we have agreed policies for remuneration, sickness benefits and maternity leave and will agree a pension policy in the future.

One of the big changes in 2015 has been the merger of CBR charity with the BPNA. This has been an administrative challenge but is now complete and I would like to thank Rob Forsyth for his hard work and patience in seeing this through. The next step is the constitution of a new research sub-committee whose terms of reference have now been agreed. We hope that the new committee will be operational early in 2016. This is a time of transition for the existing research and scientific committees and I am grateful for their ongoing work and patience whilst the new structures are put in place. In the meantime CBR has been busy in continuing to support research studies and to provide seed corn funding for new projects. Most excitingly the first joint AMR-BPNA clinical research fellowship has been advertised. We are hopeful that this will be successful and will become an established research fellowship in the longer term.

Our educational activities continue to thrive and have a growing international dimension and reputation. We made a decision at the start of 2015 that we would not develop any new courses in the next few years but rather consolidate existing courses within the UK and continue to explore the provision of international PET courses. Martin Kirkpatrick gave a presentation at our strategy day about the iPET courses and PET India. It is a tribute to the course developers and teachers that there is potentially a huge demand for courses to be introduced abroad. This challenge for the BPNA is to enable this to happen without over-committing ourselves either financially or in terms of our workforce. The iPET steering committee is cognizant of this and has produced a plan for scalable growth.

The Distance Learning team have also been busy this year with the updating and re-write which is now well underway. The high quality of the course is also reflected in the increasing international demand.

The 2015 annual meeting was held in the wonderful surroundings of the Sage Gateshead. There was a first rate scientific programme with high quality original papers and an impressive line-up of local keynote speakers as well as a very stimulating MacKeith lecture from Professor Jim Barkovich. It was encouraging that this year we had 5 applicants for the MacKeith prize which was awarded jointly to Michael Absoud and Andrew Mallick. We also had a strong medical student presence and were able to award student prizes for presentation and posters.

At the 2015 RCPCH annual meeting we held a joint session with paediatric dermatology which was a stimulating mixture of invited speakers and presentations.

We have been approached by the ABN about participating in their 2016 annual meeting in Brighton which will have the theme of "The seven Ages of Man". This will provide a valuable opportunity to share knowledge and experience with our adult neurology colleagues.

One of the most important roles of the BPNA (and the first of our charitable objects), is training and education. The CSAC, which is a RCPCH committee, is responsible for training matters but works closely with the BPNA executive and members. The current membership of the CSAC is as follows: Chair (myself), two national training advisors (Alasdair Parker, Anne-Marie Childs), an advisor for quality (Cheryl Hemingway), an advisor for assessment (Mary O'Regan) and a trainee representative (Sam Amin).

This has been a challenging year for the workforce with both a shortage of trainees and an increase in unfilled consultant posts.

Unfortunately only 3 neurology grid trainees were appointed in 2014 and hopes that we could have a second round of interviews were rejected by RCPCH. It is not clear if this is a temporary aberration or a trend. However in 2015 we have taken steps to actively encourage recruitment. We have a greater number of grid programmes being offered this year and we are hopeful that we will be able to fill them all.

Recruitment to advertised consultant posts has been difficult for many centres which is a reflection both of insufficient trainees and existing consultants leaving the NHS. We are aware of several centres where the consultant workforce has decreased and of the pressures and difficulties this creates. In 2015 the CSAC has been working with colleagues, Trust managers and the RCPCH in approving job descriptions, revising job plans, recruitment to posts, and supporting services that are under pressure.

The CSAC has recognised the need to revise and update the neurology training programme and has recruited several colleagues to help with this. At the same time the RCPCH has initiated a review of speciality training programmes. The aim is for the first draft of these to be complete by early 2016. The CSAC aims to meet with all grid trainees at least once a year and again hope to do this at the Annual Trainees meeting in Birmingham in October.

The Trainee representative on CSAC and BPNA council has a particularly important role and I would like to thank Jaspal Singh as the outgoing trainee rep for his invaluable contributions over the past few years. We welcome his successor Sam Amin into the role.

In April the ACCEA announced that a 2015 CEA round would occur for England and Wales. This deadline was much shorter than previous years. A BPNA ranking committee comprising myself, Jean-Pierre Lin, Alasdair Parker, Cathy White, Gabby Chow and Arlene Wilkie as lay representative, scored and ranked submitted applications and made recommendations to the ACCEA. Results will be announced in February 2016.

It is rather astonishing to me that my term of office is almost over. It has been an enormous privilege for me to have held this responsibility. Perhaps to my own surprise, I have enjoyed it greatly and have particularly enjoyed working with my colleagues on executive, council and the secretariat and the opportunities to meet so many of our membership. I am impressed at the breadth and quality of our activities and the hard work and enthusiasm put into this by so many people. Although we are now a charity and employ a significant number of staff, we could not achieve what we do without the unremunerated work, time and devotion of many of our members. The reward for that is the quality of our achievements and the recognition that ultimately we are working towards our primary charitable object – namely to promote the health and well-being of children with neurological disorders. The evidence for that is given in this report.

I am delighted that Jean-Pierre Lin will be taking over as president in January. I am sure that the BPNA will benefit from his energy, enthusiasm and original thinking.



John Livingston  
President BPNA

## **2. INVITATION TO THE ANNUAL GENERAL MEETING**

The 2016 Annual General Meeting will take place on Thursday 28 January 2016 at 17.00 at:

Sheffield City Hall  
Barkers Pool  
Sheffield  
S1 2JA

Sheffield City Hall is in the centre of the city, opposite John Lewis and is walking distance from Sheffield train station.

Please follow the link to [City Hall's website](#) for detailed directions.

## 2. MEMBERS OF BPNA COUNCIL SERVING DURING 2014

<b>EXECUTIVE:</b>	<b>NAME</b>	<b>TERM EXPIRES</b>
President	John Livingston	January 2016 (2017)
Past President	Venkateswaran Ramesh	January 2015
Secretary	Jayesh Patel	January 2016
Assistant Secretary	Martin Smith	January 2016
National Training Advisor	Colin Ferrie (2 <sup>nd</sup> term)	January 2015
Treasurer	Andrew Lux (2 <sup>nd</sup> term)	April 2017
Chair, Education Quality & Standards	Helen Cross	Co-opted
Chair, Distance Learning	Finbar O'Callaghan	Co-opted
Chair, Child Brain Research	Robert Forsyth	Co-opted
Executive Director	Philippa Rodie	Co-opted
<b>DEANERY ADVISERS:</b>		
East Anglia	Deepa Krishnakumar	December 2015
Mersey	Ram Kumar	December 2015
London (North)	Cheryl Hemingway	December 2014
London (South)	Elizabeth Wraige (2 <sup>nd</sup> term)	December 2014
North East	Robert McFarland	December 2015
Northern Ireland	Sandya Tirupathi	December 2015
North West	Helen Basu	December 2015
Oxford	Saleel Chandratre	December 2014
Scotland	Mary O'Regan (2 <sup>nd</sup> term)	December 2015
South West	Anirban Majumdar	December 2014
Trent	Gabby Chow	December 2015
Wales	Cathy White	December 2016
Wessex	Katharine Forrest	December 2016
West Midlands	Shakti Agrawal	December 2015
Yorkshire	Gayatri Vadlamani (2 <sup>nd</sup> term)	December 2014
<b>CO-OPTED MEMBERS:</b>		
Chair, British Paediatric Epilepsy Group	Ailsa McLellan	Co-opted
Clinical Effectiveness Co-ordinator	Gayatri Vadlamani	Co-opted
BPNSU Lead	Richard Chin	Co-opted
Editor DMCN	Peter Baxter	Co-opted
British Myology Society Representative	Helen Roper	Co-opted
British Paediatric Neurosurgical Group Rep	Dominic Thompson	Co-opted
Chair, Disability CSAC	Charlie Fairhurst	Co-opted
Neuropsychiatry Representative	Isobel Heyman	Co-opted
Chair, BPNA Scientific Meetings Committee	Evangelina Wassmer	Co-opted
PET Course Development Manager	Colin Dunkley	Co-opted
BPNA2015 Annual Conference organiser	Ki Pang	January 2015
Trainee Representative, Paediatric Neurology	Jaspal Singh	January 2015
Trainee Representative, Disability	Vacant	Co-opted

#### **4. TREASURER'S REPORT**

BPNA activities during the financial year 2014–15 reflect a very great deal of activity and structural change. The financial accounts are attached and consist of a balance sheet and a profit & loss statement. As with previous Treasurer's Reports, the relevant figures discussed in this report are rounded down to the nearest £1 unless otherwise stated, which makes them easier to refer to in the accounts.

There has been major restructuring of the BPNA during the past year. You will recall that our plan to move to another premises in 2012 identified the problem that the BPNA did not have a clear legal identity. That fact impacted also upon our ability to invest our reserves and mitigate any risks to loss of those reserves should there be any bank failure or contingency. After consultation with members, we registered BPNA Ltd as a limited liability company, but prior to trading as BPNA Ltd, we received approval at the Annual General Meeting to proceed to registration of the BPNA with the status of Charitable Incorporated Organisation (CIO). Additionally, the UKCNRC (working name Child Brain Research), the research charity established by the BPNA in 2008, merged with the BPNA.

It has been a significant challenge to change the relevant bank accounts to align with these changes and to deal with the fact that the BPNA has adopted another legal entity that has no clear credit history, and these changes are not yet complete. In parallel with these changes has been the need to migrate to different online banking systems within our current provider of banking services, Barclays Bank plc, and the incorporation into the new BPNA CIO of the former UKCNRC (Child Brain Research) charity.

We have also spent effort on clarifying the status of the BPNA with respect to any need to register value added tax (VAT) on any of our income streams. We have received advice from HM Revenue & Customs about how we should treat our income streams with respect to VAT in the context of Group 6 and Group 9 of Schedule 9 of the VAT Act 1994, and whether we meet the criteria of eligibility for a non-profit making body in the terms of that Act. The full judgment is long and rather technical but the summary conclusion is that the BPNA is exempt from the need to pay VAT whilst it continues to meet the requirements of the Act. The requirements are quite restrictive, in that they stipulate what surpluses may be used for. In light of this, the benefits of non VAT registration are being discussed and a decision will be made during 2016 whether or not to register for VAT.

There are now 12 full- or part-time members of staff employed by the Secretariat. The Secretariat staff continues to do superb work and are a fantastic asset to the BPNA. With the current changes related to the legal and business status of the BPNA, we are in the process of reviewing the arrangements that exist as part of their terms and conditions of employment. We aim to ensure that the BPNA remains an attractive and fair employer and that we fully comply with new legislation relating to the provision of pensions for employees.

Although the BPNA has a strong history of supporting research into neurological conditions that affect children – particularly through its donations to UKCNRC – it has now committed to finance a 3-year Research Training Fellowship. The funding for this fellowship is being met 50:50 by Action Medical Research and appears in our projected budgets for the next few years within our designated funds. We retain a reserves policy that aims to preserve a contingency fund of £150,000, and with a breakeven budget over the next few years the commitment to this research training fellowship would drop our reserves very close to that figure. However, we hope that the enthusiasm of

members and the generosity of donors will enable us to replenish and expand those extra reserves and facilitate the support of other creative research and training activities.

BPNA activity until the end of the financial year 2014-15 showed a net surplus for the period of £23,656 and a turnover (total income) of almost £710,731. This small surplus left the balance sheet showing reserves of £330,570.

Turnover includes a balance of £29,992 received from Child Brain Research as a result of the merger (penultimate column of Profit & Loss statement under 'Research'). Without this income, the balance sheet would have shown a net loss of £6,336. However, we had budgeted to use £45,590 from reserves, so this is a better resulting balance than had been anticipated. The £30k balance received from CBR will in effect provide funds equivalent to those required for Year 1 of the Training and Research Fellowship.

Income from subscriptions was £77,321, and therefore constituted 11% of total income. The cost of subscriptions to the DMCN journal was £33,090. Sponsorship from commercial sources was £44,100 and £12,700 lower than during the financial year 2013-14, thus continuing a trend in recent years of incrementally lower income from sponsorship. The largest source of income remains short courses, with income during the past year of £296,444 and approximately £6,570 greater than in the previous financial year. Income from the distance-learning course was £81,905 and approximately £7,000 lower than the previous year. Income from the annual conference was £101,834, and for that event there was, in addition to this income, sponsorship worth £35,300.

As before, the predominant direct costs associated with BPNA activities related to venue overheads (£233,426), travel expenses (£34,655), course materials (£31,221), and costs relating to course development (£30,925, which is £10,590 higher than last year and reflects the extra support given to developing the distance learning courses). The predominant indirect costs are those related to employment of Secretariat staff (£169,752, which is £23,480 higher than last year), printing, postage and telephone (£7,584), bank service charges (£11,142, which is appreciably larger than the previous year due to extra charges related to receiving online payments, but which we have renegotiated for 2015-16), and legal and professional fees (£2,692). Rental costs for this year were £4,800 but will rise during the coming years because the Secretariat has now moved to a larger and appreciably more appealing premises. The rent on the new premises is less, however, than that on the premises from which we moved in 2012.

Total direct costs related to running courses and conferences were £457,063 and total indirect costs associated with business activities were £215,137. Net income before depreciation was £38,530. Depreciation was £4,423, and marketing costs were £9,628.

The BPNA's turnover continues to grow and is now slightly over £710,000 and we continue, with the support of some sponsorship, to show a small surplus – this year, £38,530. In order to retain our status of being exempt from VAT registration and payments on the basis of our educational status and activities, we are required to ring-fence any surplus income from those activities. Part of our reserves are kept as a contingency fund and other reserves are earmarked for further developments with short courses in the UK and abroad, and for further development of the distance learning courses.

Following through on the intention stated at the AGM to move from becoming a not-for-profit organisation to becoming a registered charity, the BPNA is now registered as a CIO (number 1159115). As such, we are required to be clear and transparent about the intended purposes of our reserves, and these need to be demonstrably used in the pursuit of the BPNA's charitable mission. Our current reserves and their current designated allocations are shown below, along with projected estimates of remaining reserves based on the assumption of breakeven activities over the next 5 years.

#### BPNA Reserves

<b>Designated reserves</b> (allocated to a project, not ringfenced)	330,570
<b>Restricted</b> (ringfenced, to be used only for a specified purpose)	0
<b>Capital and Reserves @ 31 March 2015</b>	<b>330,570</b>
Contingency fund per BPNA financial policy	150,000
Reserves available for allocation	180,570

	2015-16	2016-17	2017-18	2018-19	2019-20
<b>Reserves available for allocation</b>	180,570	126,812	82,921	41,213	5,734
<b>Designated reserves allocated to projects</b>					
iPET Nepal	7,662	6,229	5,479	0	0
iPET Myanmar	9,096	7,662	6,229	5,479	0
iPET India	12,000				
DL Development	25,000				
Training and Research Fellowship	0	30,000	30,000	30,000	0
<b>Total designated funds allocated</b>	53,758	43,891	41,708	35,479	0
<b>Designated reserves remaining</b>	<b>126,812</b>	<b>82,921</b>	<b>41,213</b>	<b>5,734</b>	<b>5,734</b>

Andrew Lux, Bristol  
Treasurer

	Apr 2014 - Mar 2015	Conferences	Short Courses	International Short Courses	Distance Learning	Membership	EPNS	Research	Other
Ordinary Income/Expense									
Income									
EPNS	21,976.60	0.00	0.00	0.00	0.00	0.00	21,976.60	0.00	0.00
Fees	495,221.58	101,834.00	296,444.06	15,038.41	81,905.11	0.00	0.00	0.00	0.00
Interest	127.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	127.91
Miscellaneous	68,442.78	0.00	0.00	0.00	0.00	0.00	0.00	68,442.78	0.00
British Psychological Society	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Neuropsychology symposium	1,503.00	1,503.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Secretariat	2,038.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,038.05
Subscriptions	77,321.90	0.00	0.00	0.00	0.00	77,321.90	0.00	0.00	0.00
Trainees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sponsorship	44,100.00	35,300.00	5,000.00	0.00	0.00	0.00	0.00	0.00	3,800.00
<b>Total Income</b>	<b>710,731.82</b>	<b>138,637.00</b>	<b>301,444.06</b>	<b>15,038.41</b>	<b>81,905.11</b>	<b>77,321.90</b>	<b>21,976.60</b>	<b>68,442.78</b>	<b>5,965.96</b>
Direct Course Costs									
Abstract Printing	3,479.00	3,479.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Actor	7,509.80	0.00	7,509.80	0.00	0.00	0.00	0.00	0.00	0.00
Administrator	1,126.80	0.00	1,126.80	0.00	0.00	0.00	0.00	0.00	0.00
Bank Charges	453.46	0.00	453.46	0.00	0.00	0.00	0.00	0.00	0.00
BPNSU	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Committee of National Advisors	929.87	0.00	0.00	0.00	0.00	929.87	0.00	0.00	0.00
Courier	6,791.85	307.45	3,367.98	3,116.42	0.00	0.00	0.00	0.00	0.00
Course Materials	31,221.46	1,727.00	20,464.38	741.78	8,288.30	0.00	0.00	0.00	0.00
Council and Executive	14,643.01	0.00	0.00	0.00	0.00	14,643.01	0.00	0.00	0.00
Development	30,925.76	3,479.00	13,932.25	0.00	13,514.51	0.00	0.00	0.00	0.00
DMCN Journal	33,090.20	0.00	0.00	0.00	0.00	33,090.20	0.00	0.00	0.00
Education Committee	1,139.94	0.00	1,139.94	0.00	0.00	0.00	0.00	0.00	0.00
Equipment Hire	1,979.60	0.00	1,979.60	0.00	0.00	0.00	0.00	0.00	0.00
Honorarium	4,464.36	2,200.00	0.00	44.94	0.00	2,219.42	0.00	0.00	0.00
Insurance	1,049.00	1,049.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Interest Groups	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
iPet	3,356.01	0.00	3,356.01	0.00	0.00	0.00	0.00	0.00	0.00
Joint Neurosciences Council	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Miscellaneous	208.02	0.00	0.00	0.00	0.00	208.02	0.00	0.00	0.00
Neurological Alliance	672.00	0.00	0.00	0.00	0.00	672.00	0.00	0.00	0.00
Newsletters	707.00	0.00	0.00	0.00	0.00	707.00	0.00	0.00	0.00
Online Abstract	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Secretariat Recharge	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Social Programme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Steering	2,949.21	0.00	1,573.40	0.00	1,375.81	0.00	0.00	0.00	0.00
Travel	34,655.87	5,655.00	12,957.57	16,043.30	0.00	0.00	0.00	0.00	0.00
UKCNRC Costs	38,450.00	0.00	0.00	0.00	0.00	0.00	0.00	38,450.00	0.00
Venue Overheads	233,426.00	80,314.26	143,758.50	4,322.27	5,030.97	0.00	0.00	0.00	0.00
Web Development	3,835.63	0.00	2,262.50	135.00	0.00	1,438.13	0.00	0.00	0.00
<b>Total Direct Course Costs</b>	<b>457,063.85</b>	<b>98,210.71</b>	<b>213,882.19</b>	<b>24,403.71</b>	<b>28,209.59</b>	<b>53,907.65</b>	<b>0.00</b>	<b>38,450.00</b>	<b>0.00</b>
<b>Total Direct Profit</b>	<b>253,667.97</b>	<b>40,426.29</b>	<b>87,561.87</b>	<b>-9,365.30</b>	<b>53,695.52</b>	<b>23,414.25</b>	<b>21,976.60</b>	<b>29,992.78</b>	<b>5,965.96</b>
Indirect Course Costs									
Accountancy fees	4,045.18	1,092.20	1,941.69	0.00	566.33	444.97	0.00	0.00	0.00
Bad Debt	5,124.03	1,383.49	2,459.53	0.00	717.36	563.64	0.00	0.00	0.00
Bank Service Charges	11,142.25	3,008.41	5,348.28	0.00	1,559.92	1,225.65	0.00	0.00	0.00
Bookkeeping fees	1,150.00	310.50	552.00	0.00	161.00	126.50	0.00	0.00	0.00
Computer Expenses	1,586.60	373.30	867.65	0.00	193.56	152.09	0.00	0.00	0.00
Copyright Licence	658.80	177.88	316.22	0.00	92.23	72.47	0.00	0.00	0.00
Electricity and Gas	1,507.49	407.02	723.60	0.00	211.05	165.82	0.00	0.00	0.00
Employment Costs	169,752.61	39,504.10	70,229.51	0.00	24,013.13	16,094.26	18,943.74	0.00	967.87
Legal and Professional Fees	2,692.50	726.98	1,292.40	0.00	376.95	296.18	0.00	0.00	0.00
Miscellaneous	335.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	335.88
Printing, Postage and Telephone	7,584.29	1,935.89	3,643.28	212.62	1,003.80	788.70	0.00	0.00	0.00
Public Liability and Premises Insurance	852.00	230.04	408.96	0.00	119.28	93.72	0.00	0.00	0.00
Rates and Water	362.52	97.88	174.01	0.00	50.75	39.88	0.00	0.00	0.00
Recruitment costs	1,188.05	320.77	570.26	0.00	166.33	130.69	0.00	0.00	0.00
Refuse and Cleaning	324.76	87.69	155.88	0.00	45.47	35.72	0.00	0.00	0.00
Rent	4,800.00	1,296.00	2,304.00	0.00	672.00	528.00	0.00	0.00	0.00
Staff Training	2,030.58	548.26	974.68	0.00	284.28	223.36	0.00	0.00	0.00
<b>Total Indirect Course Costs</b>	<b>215,137.54</b>	<b>51,500.40</b>	<b>91,961.96</b>	<b>212.62</b>	<b>30,233.43</b>	<b>20,981.64</b>	<b>18,943.74</b>	<b>0.00</b>	<b>1,303.75</b>
<b>Net Income before Depreciation</b>	<b>38,530.43</b>	<b>-11,074.11</b>	<b>-4,400.09</b>	<b>-9,577.92</b>	<b>23,462.09</b>	<b>2,432.61</b>	<b>3,032.86</b>	<b>29,992.78</b>	<b>4,662.21</b>
Other Indirect Costs									
Depreciation	4,423.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,423.46
Donations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Loss on Disposal	821.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	821.96
Marketing	9,628.59	2,599.72	4,621.72	0.00	1,348.00	1,059.14	0.00	0.00	0.00
<b>Net Income</b>	<b>23,656.42</b>	<b>-13,673.83</b>	<b>-9,021.81</b>	<b>-9,577.92</b>	<b>22,114.09</b>	<b>1,373.46</b>	<b>3,032.86</b>	<b>29,992.78</b>	<b>-583.21</b>

Ordinary Income/Expense	Apr 2013 - Mar 2014	Short Distance				
		Conferences	Courses	Learning	Membership	Other
<b>Income</b>						
EPNS	16,113.25	0.00	0.00	0.00	0.00	16,113.25
Fees	502,677.14	124,620.20	289,873.94	88,183.00	0.00	0.00
Interest	139.83	0.00	0.00	0.00	0.00	139.83
Miscellaneous	1,783.19	0.00	0.00	840.00	0.00	943.19
British Psychological Society	10,255.00	10,255.00	0.00	0.00	0.00	0.00
Neuropsychology symposium	0.00					
Secretariat	64.85	0.00	0.00	0.00	0.00	64.85
Subscriptions	69,697.27	0.00	0.00	0.00	69,697.27	0.00
Trainees	1,560.00	0.00	1,560.00	0.00	0.00	0.00
Sponsorship	56,800.00	38,800.00	15,000.00	0.00	0.00	3,000.00
<b>Total Income</b>	<b>659,090.53</b>	<b>173,675.20</b>	<b>306,433.94</b>	<b>89,023.00</b>	<b>69,697.27</b>	<b>20,261.12</b>
<b>Direct Course Costs</b>						
Abstract Printing	3,118.00	3,118.00	0.00	0.00	0.00	0.00
Actor	5,343.76	0.00	5,343.76	0.00	0.00	0.00
Administrator	1,307.10	0.00	1,307.10	0.00	0.00	0.00
Bank Charges	771.14	0.00	0.00	0.00	0.00	771.14
BPNSU	4,126.73	0.00	0.00	0.00	4,126.73	0.00
Committee of National Advisors	86.49	0.00	0.00	0.00	86.49	0.00
Courier	7,256.73	596.47	6,547.10	113.16	0.00	0.00
Course Materials	25,094.51	4,006.49	19,406.33	1,681.69	0.00	0.00
Council and Executive	0.00					
Development	20,335.59	0.00	14,184.69	15.68	288.00	5,847.22
DMCN Journal	34,182.10	0.00	0.00	0.00	34,182.10	0.00
Education Committee	1,541.33	0.00	0.00	0.00	1,541.33	0.00
Equipment Hire	110.00	0.00	110.00	0.00	0.00	0.00
Honorarium	3,575.00	1,700.00	475.00	1,000.00	0.00	400.00
Insurance	3,254.71	1,233.29	0.00	0.00	2,021.42	0.00
Interest Groups	981.06	0.00	0.00	0.00	981.06	0.00
iPet	4,939.97	0.00	2,501.55	0.00	0.00	2,438.42
Joint Neurosciences Council	692.00	0.00	0.00	0.00	692.00	0.00
Miscellaneous	977.10	0.00	90.00	549.10	84.87	253.13
Neurological Alliance	654.00	0.00	0.00	0.00	654.00	0.00
Newsletters	685.00	0.00	0.00	0.00	685.00	0.00
Online Abstract	990.00	990.00	0.00	0.00	0.00	0.00
Secretariat Recharge	9,197.48	0.00	0.00	0.00	0.00	9,197.48
Social Programme	30,515.98	30,515.98	0.00	0.00	0.00	0.00
Steering	1,645.77	0.00	788.38	857.39	0.00	0.00
Travel	30,270.79	5,112.79	17,206.87	337.41	5,541.75	2,071.97
UKCNRC Costs	1,060.19	0.00	0.00	0.00	0.00	1,060.19
Venue Overheads	239,892.20	78,073.43	153,182.58	2,187.99	6,448.20	0.00
Web Development	6,766.00	0.00	1,080.00	2,350.00	3,336.00	0.00
<b>Total Direct Course Costs</b>	<b>439,370.73</b>	<b>125,346.45</b>	<b>222,223.36</b>	<b>9,092.42</b>	<b>60,668.95</b>	<b>22,039.55</b>
<b>Total Direct Profit</b>	<b>219,719.80</b>	<b>48,328.75</b>	<b>84,210.58</b>	<b>79,930.58</b>	<b>9,028.32</b>	<b>-1,778.43</b>
<b>Indirect Course Costs</b>						
Accountancy fees	0.00	0.00	0.00	0.00	0.00	0.00
Bad Debt	829.74	0.00	-1,191.40	2,508.98	0.00	-487.84
Bank Service Charges	6,996.98	630.47	3,480.22	1,374.19	666.29	845.81
Bookkeeping fees	0.00	0.00	0.00	0.00	0.00	0.00
Computer Expenses	610.99	55.05	303.90	120.00	58.18	73.86
Copyright Licence	643.25	57.96	319.95	126.33	61.25	77.76
Electricity and Gas	0.00	0.00	0.00	0.00	0.00	0.00
Employment Costs	146,272.63	11,858.73	65,460.20	27,586.03	12,532.31	28,835.36
Legal and Professional Fees	6,711.09	604.71	3,338.02	1,318.05	639.06	811.25
Miscellaneous	1,426.34	128.52	709.45	280.13	135.82	172.42
Printing, Postage and Telephone	9,595.27	864.60	4,772.57	1,884.49	913.71	1,159.90
Public Liability and Premises Insurance	508.80	45.85	253.07	99.93	48.45	61.50
Rates and Water	0.00	0.00	0.00	0.00	0.00	0.00
Recruitment costs	0.00	0.00	0.00	0.00	0.00	0.00
Refuse and Cleaning	0.00	0.00	0.00	0.00	0.00	0.00
Rent	7,361.45	663.32	3,661.50	1,445.77	700.99	889.87
Staff Training	857.51	77.27	426.51	168.41	81.66	103.66
<b>Total Indirect Course Costs</b>	<b>181,814.05</b>	<b>14,986.48</b>	<b>81,533.99</b>	<b>36,912.31</b>	<b>15,837.72</b>	<b>32,543.55</b>
<b>Net Income before Depreciation</b>	<b>37,905.75</b>	<b>33,342.27</b>	<b>2,676.59</b>	<b>43,018.27</b>	<b>-6,809.40</b>	<b>-34,321.98</b>
<b>Other Indirect Costs</b>						
Depreciation	4,172.44	0.00	0.00	0.00	0.00	4,172.44
Donations	28,421.46	3,421.46	0.00	0.00	0.00	25,000.00
Loss on Disposal	221.21	0.00	0.00	0.00	0.00	221.21
Marketing	6,052.90	0.00	0.00	0.00	0.00	6,052.90
<b>Net Income</b>	<b>-962.26</b>	<b>29,920.81</b>	<b>2,676.59</b>	<b>43,018.27</b>	<b>-6,809.40</b>	<b>-69,768.53</b>

	<b>31 Mar 15</b>	<b>31 Mar 14</b>
<b>ASSETS</b>		
Fixed Assets	13,270.05	12,517.23
Current Assets		
Trade debtors	33,048.09	57,003.70
Prepayments & accrued income	6,993.84	11,056.93
Other debtors	1,269.73	0.00
Cash at bank and in hand		
Bank Conference Account (9745)	0.00	0.00
Bank Current Account (2061)	45,000.00	44,293.20
Bank Current Account (9725)	15,057.67	0.00
Bank Tracker Account (4087)	0.00	0.00
Bank Tracker Account (2084)	323,240.75	304,654.80
Petty Cash	1,460.58	376.97
Total Cash at bank and in hand	<u>384,759.00</u>	<u>349,324.97</u>
Total Current Assets	426,070.66	417,385.60
 Total Assets	 439,340.71	 429,902.83
Current Liabilities		
Other Current Liabilities		
Accruals	17,000.00	550.00
British Psychological Society Accrual	0.00	3,421.46
Monies received in advance	65,337.60	57,558.00
Trade creditors	22,016.13	57,062.05
Paye/National Insurance	4,416.17	3,747.02
Wages control	0.00	649.91
Total Other Current Liabilities	<u>108,769.90</u>	<u>122,988.44</u>
Total Current Liabilities	108,769.90	122,988.44
 NET CURRENT ASSETS	 <u>317,300.76</u>	 <u>294,397.16</u>
 TOTAL ASSETS LESS CURRENT LIABILITIES	 <u>330,570.81</u>	 <u>306,914.39</u>
 NET ASSETS	 <u><u>330,570.81</u></u>	 <u><u>306,914.39</u></u>
Capital and Reserves		
Retained Earnings	306,914.39	308,026.65
Profit for the Period	23,656.42	-1,112.26
	<u><u>330,570.81</u></u>	<u><u>306,914.39</u></u>

## **5. NATIONAL TRAINING ADVISOR'S REPORT**

It has been an eventful year for training!

Firstly, as in last year's report, we are undergoing a major curriculum review which we hope will both modernize the training for doctors within our specialty as well as use this valuable time more efficiently. Particular areas that we are keen to optimize would include examples such as genetic investigation / next generation sequencing, neuroimaging, and neuroimmunology. These are by no means exclusive, virtually all areas of our specialty have changed dramatically – it is a really exciting time! The CSAC are working hard to put together the best program, engaging our expert colleagues from different specialties in the UK.

Recruitment to the grid round was extremely poor last year. We wanted a minimum 9 in post and finally appointed 3. Key problems seem to be trainees unaware of the process and in particular, of how early they have to put together their Curriculum Vitae, as well as a shortage of centres offering posts while local deaneries badge these as “unavailable”. We have been doing a lot of work both with local deaneries and nationally, to make sure that more centres are able to offer jobs. One step in this direction would be to promote super deaneries eg Pan-Thames, allowing individual centres to “borrow” a post from a neighbouring deanery for 6-12 months to cover a surplus number of trainees. This has been warmly received, as it gives the opportunity for trainees to learn in more than one centre eg trainees could gain exposure to CESS when this does not occur in their home deanery.

My thanks to the colleagues who have helped us put together a number of programs for career advice in Paediatric Neurology, targeting would-be doctors from the first years of medical school, all the way through to ST4. These initiatives include BPNA stands, information leaflets, publications as well as encouraging deanery representatives to attend regional career fairs.

An area around which we have had quite a lot of discussion is the START assessments. At present the college is proposing a ‘one size fits all’, but the CSAC have considered whether this is sufficient and/or helpful within paediatric neuroscience? At present the question is unanswered, but this is a good example of one of the areas that we have been considering in our development program.

It has become clear that the role of the Deanery Lead for Paediatric Neurology is critical in both developing and maintaining the quality of training programs, as well as encouraging interested trainees to become part of our community eg the supervision of the expanding number of trainees gaining SPIN epilepsy competency. This was specifically addressed at the last council meeting.

In summary, we hope that we will continue to improve recruitment to our specialty, launch a new, improved curriculum and draw on the undoubted expertise across the country in terms of sub-specialty advice as well as inspiration for those considering a career in paediatric neurology.

Alasdair Parker, Cambridge  
National Training Advisor

## EDUCATION

### 6. Education Quality & Standards Committee

One area in which the BPNA has really moved forward has been education. Over the years we have seen the success and development of the Distance learning, as well as the PET courses. More recently we have seen expansion of the PET course, both nationally and internationally but also continued development of two further courses in headache and neonatal neurology. As we expand, both with regard to the availability of individuals to update the courses, faculty, and administration, we recognise that oversight of both ongoing quality and expansion is required.

The Education Committee has met twice this year and overall there has been success in bringing the oversight of the courses under one umbrella. There has been a degree of renaming; PET1 and 2 are as before, however PET 3 is what was previously day 3 & 4 of the PET2 course. The advanced previously named PET3 is now Expert to Expert: Epilepsy, and is to be held every two years alternating with Expert to Expert: Movement Disorders course. PET foundation is to target knowledge of epilepsy towards school professionals. Finally international PET has expanded considerably with great success. There is further demand from further countries with potential collaboration with other international organisations. Further expansion requires careful strategic planning to ensure the appropriate resource is considered.

J Helen Cross, London  
Chair, Education Quality & Training Committee

### 7. Scientific Meetings Committee

The neurology symposium of the RCPCH spring 2015 meeting in Birmingham was jointly run with the British Society of Paediatric Dermatology, "The skin signposting central nervous system disorders". Besides abstracts, guest lectures included:

1. Skin and neurocutaneous disorders
2. Skin and inflammatory CNS disease
3. CNS abnormalities associated with congenital melanocytic naevi
4. Skin and vascular CNS disease, Sturge Weber Syndrome

The annual BPNA 2015 conference highlighted excellent ongoing research in the UK and was an inspiring learning experience, thanks to the contributions of the members. The annual Ronnie MacKeith Prize was awarded to Dr Michael Absoud and Dr Andrew Mallick, both who have made a significant contribution to paediatric neurology.

Members of the 2014 committee: Richard Chin, Helen Cross, Archana Desurkar, Karen Horridge, Phil Jardine, Bobby McFarland, Finbar O'Callaghan, Evangeline Wassmer (Chair).

Evangeline Wassmer, Birmingham  
Chair, Scientific Meetings Committee

## 8. DISTANCE LEARNING COURSE

Distance Learning has had a successful 2014-15. In particular it has continued to expand into overseas markets and has a healthy financial situation that contributes significantly to BPNA finances. It has run successful study days both in October 2014 and January 2015.



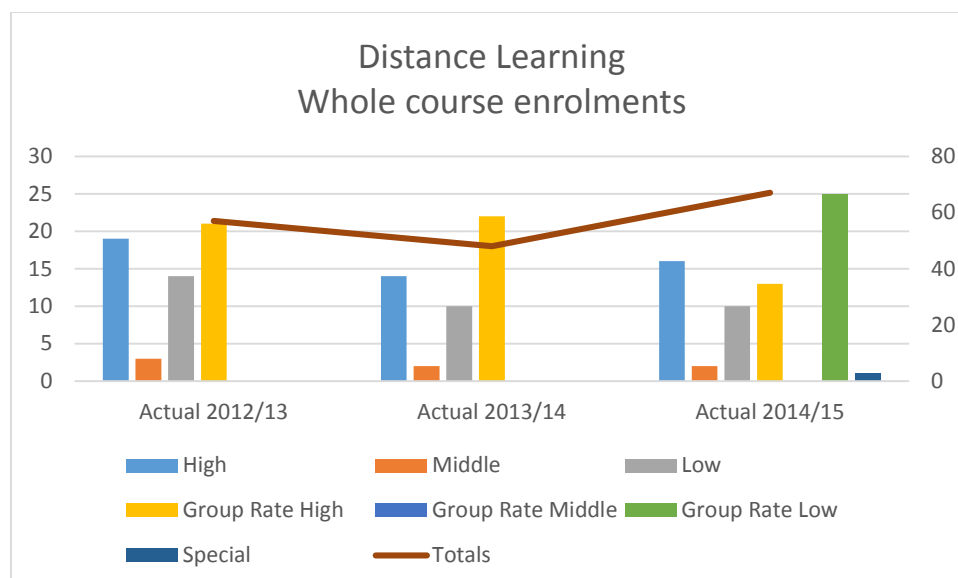
Challenges for the coming 2-years include the institution of a robust re-writing schedule and process, the introduction of appropriate assessments and international accreditation by partner organisations worldwide. The appointment of Louise Hartley, Consultant Paediatric Neurologist in Cardiff, as the DL Content Manager 1PA per week, has been hugely beneficial in managing the updating of course materials.

### Enrolments

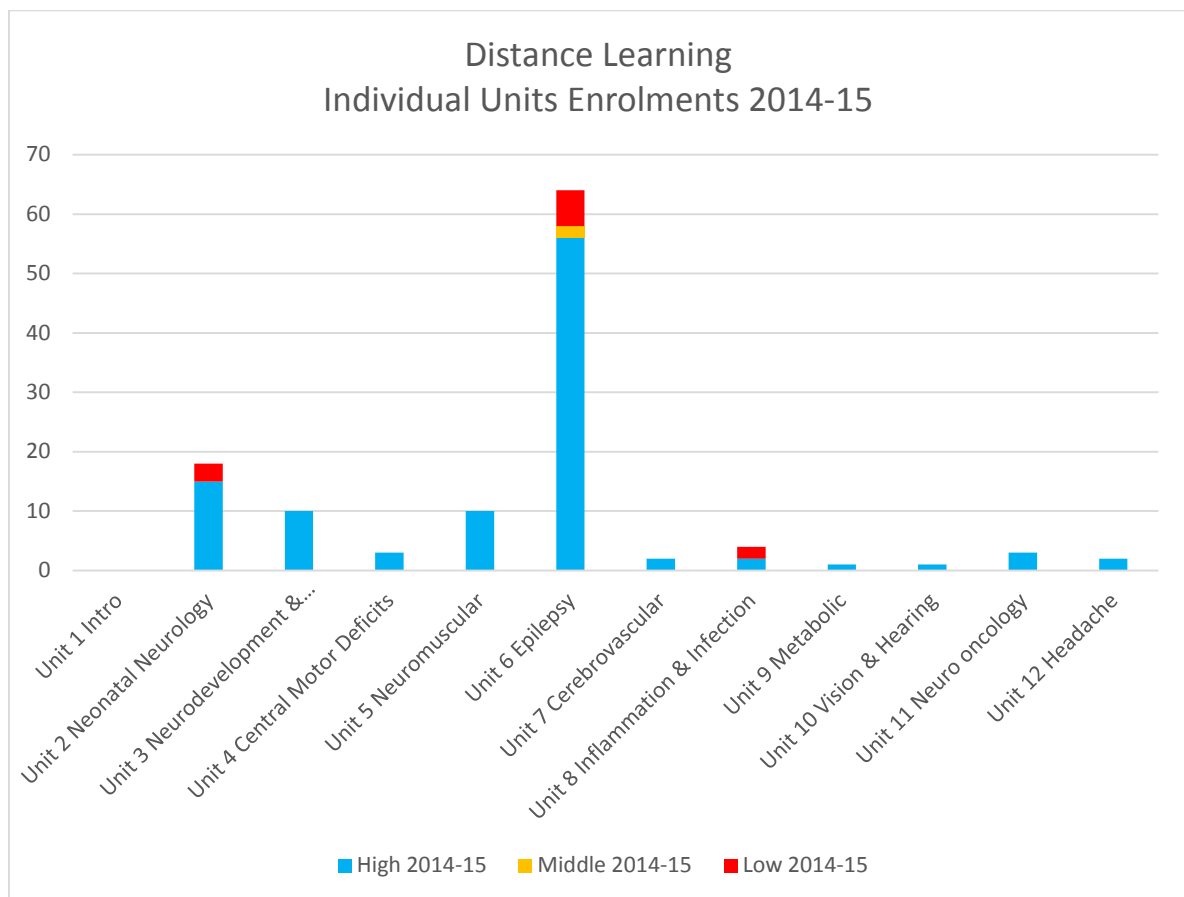
The course continues to have increasing enrolments from ever more countries: since 2010-11 we have had enrolments from doctors in 57 countries. Formal DL study groups are operating in many countries, with an increasing number of countries choosing to link the course with their national training, with the national association part funding fees.

Course fees are differentiated according to the World Bank economic classification of the country to enable doctors from low income countries to access paediatric neurology training.

Students may enrol for the whole course, or register just for individual units. In 2014-15, a total of 67 doctors enrolled for the whole course. This is an increase on the previous year, mainly due to a large group enrolment from Nigeria.



Individual unit enrolments continue to increase year on year. Encouragingly the enrolments across the range of units is increasing and is no longer restricted to the Epilepsy unit. The aim in 2015-16 is to increase individual unit enrolments across all units.



### Course Materials

The success of the course will ultimately depend upon the continued relevance of the educational materials to trainees and paediatric neurologists in an ever-changing clinical context. Re-writing of materials is a major challenge for the DL course. To facilitate this task, we appointed a DL Content Manager and, following agreement by Executive, have appointed paid editors for each Unit. Our target was for the course to be fully revised by December 2014 and we are nearing completion for most units.

We will be introducing a new standalone 'Headache' unit in late 2015. Headache was originally part of the Epilepsy unit but it has now been taken out and is being completely rewritten. This will be an ideal follow on from those attending the 1-day Children's Headache Training who wish to learn more.

In 2016 we will be introducing a new Unit 3 'Neurodevelopment & Neuropsychiatry'. This combines the existing Unit 3 Development & Learning and Unit 12 Psychiatry to produce completely revised

and updated unit of approximately 60 hours study time. This unit will be an excellent learning resource for Community Paediatricians.

**Study Days**

Four study days were held in 2014-15. In October 2014, we focussed on Neurodevelopment & Neuropsychiatry. In January 2015, we focussed on Unit 9: Metabolic, nutritional and systemic disease and Unit 2: Neonatal Neurology. All student days received enthusiastic feedback.

In a new initiative, to make study day lectures available to the majority of our students, who are outside the UK, we have made videos of the study day lectures available to enrolled students to stream from the DL website.

**Distance Learning Website**

We have invested in updating the look and functionality of the DL website for students and tutors this year. We have received many positive comments about its new look and ease of use.

**Assessments**

The DL Steering Group agrees that the introduction of assessment to the course was desirable. It is acknowledged that this is a substantial task. The plan is for there to be a two-day meeting reviewing the course and looking at the best way to apply assessment after the completion of re-writing course material. The aim is to introduce assessment in 2016.

**Steering Group**

Sam Amin (Trainee Rep)  
Anne-Marie Childs (Leeds)  
Louise Hartley (Content Manager, Cardiff)  
Deborah Murdoch Eaton (Sheffield)  
Richard Newton (Manchester)  
Finbar O'Callaghan (Chair, UCL & GOSH, London)  
Ros Quinlivan (GOSH, London)  
Philippa Rodie (BPNA)  
Cathy White (Swansea)

Finbar O'Callaghan, London  
Chair, Distance Learning steering committee

## 9. Paediatric Epilepsy Training (PET)

PET courses provide specific training for a range of different health professionals diagnosing and managing children with epilepsies. It is vital that children with epilepsy are looked after by services with appropriate resources and expertise. Over the last 10 years, BPNA PET courses have played an important part in improving care for children and young people with epilepsies. At 31 March 2015, 6,158 paediatricians, trainees, nurses, neurophysiologists and other specialists in the UK had attended a PET course since their inception.



There was an average of 6 members of faculty at each of the 24 PET courses held in 2014-15 in the UK (a total of ~1,600 hours), each generously gives their time without remuneration. Each faculty is made up of Consultant Paediatric Neurologists, Consultant Paediatricians with an expertise in epilepsy and Specialist Epilepsy Nurses.

The BPNA online system has been enhanced in 2014-15 to enable faculty members to download a Certificate of Contribution. This shows the courses you have taught at each year and the role you undertook. We hope this will be useful in your appraisal.

The PET development team will be updating PET123 courses, to reflect feedback from attendees, faculty members and changes in guidelines and new research, for use from September 2015 onwards. We recommended all those managing children with epilepsy repeat PET2 and 3 every 5 years.

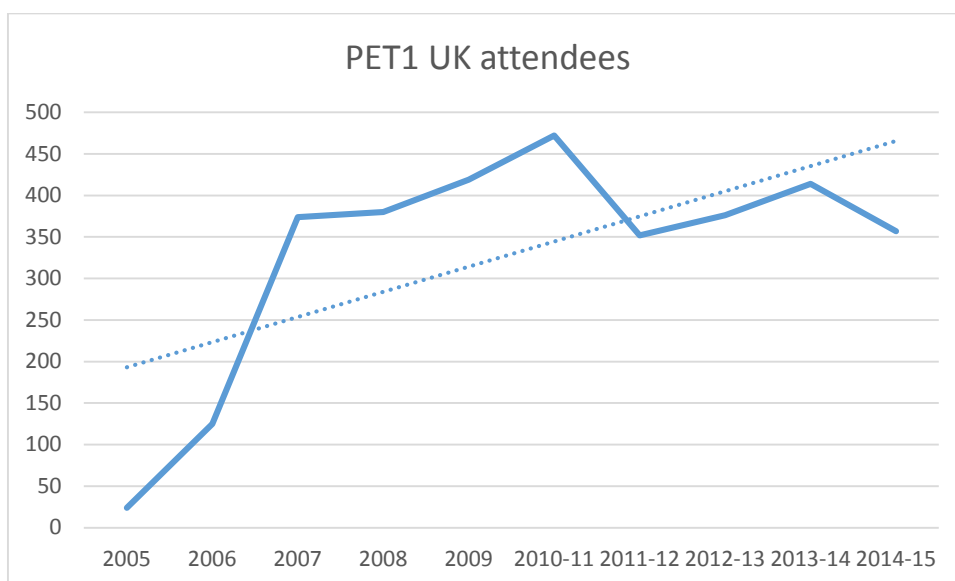
### **PET1**

The first PET1 course ran in 2005. Since then, 3,293<sup>1</sup> have attended PET1 in the UK. Attendance is steady with an average of ~35 attendees at each of the 10 courses run in 2014-15 around the UK. We currently have 104 active PET1 faculty members in the UK.

We plan to continue to run 10 PET1 courses in the UK per year for the foreseeable future.

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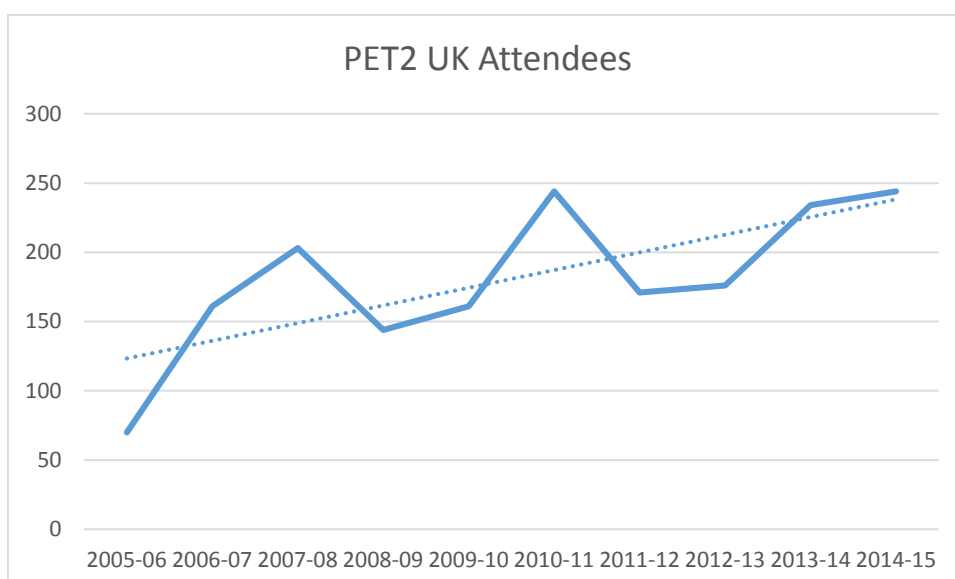
<sup>1</sup> At 31 March 2015



## PET2

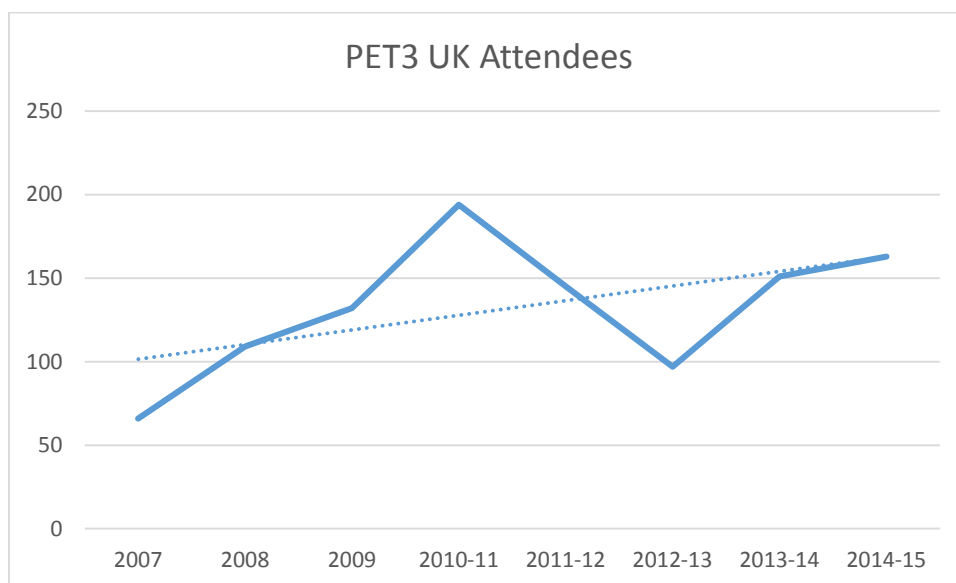
The first PET2 course ran in 2005. Since then, 1,808<sup>1</sup> have attended PET2 in the UK. Attendance is steady with an average of ~35 attendees at each of 7 courses run in 2014-15. We currently have 56 active PET2 faculty members in the UK.

PET2 and PET3 courses are run in parallel to minimise costs. We plan to continue running 6 PET2 & PET3 courses in the UK per year for the foreseeable future.



## PET3

The first PET3 course ran in 2007. Since then, 1,057<sup>1</sup> have attended PET3 in the UK. Average attendance at each of the 7 courses run in 2014-15 was 23 per course. We currently have 47 active PET3 faculty members in the UK.



A key aim in 2015-16 is to increase attendance levels at each PET3 through clearer communication with Consultant Paediatricians managing children with epilepsy about the contents of PET3:

- PET3 is not more difficult than PET2! PET2 relates to epilepsies in infants and young children. PET3 relates to epilepsies in older children and adolescents.
- If you are managing children of all ages, we strongly recommend that you attend BOTH PET2 and PET3.

## PET EEG

The PET EEG course has been specifically developed for Consultant Paediatricians and trainees with the aim of teaching when you should request an EEG; when an EEG is urgent; what type of EEG to request; and when to repeat an EEG. Demand for the course has been low. We encourage paediatricians to explore the course programme and consider if it would be useful to you or your trainees.



PET Foundation has been devised to provide high quality standardized education materials that support care and education planning for children with epilepsies and associated difficulties. The online modules have been developed for specialist epilepsy nurses to use with small groups of teachers, nursery nurses, parents etc, and have been developed in partnership with the Epilepsy Specialist Nurse Association (ESNA).

The modules include videos of children having different types of seizure in a school. The videos have very kindly been provided by Epilepsy Action. Each video forms part of a narrative and case study that encourages discussion regarding individualised needs and planning.

There will be a nominal subscription fee to access the materials and it is hoped that epilepsy nurses will also enjoy access to the Train the Trainers course to enhance their educational skills.

We anticipate PET Foundation launching in the near future. This project is funded by the BPNA.

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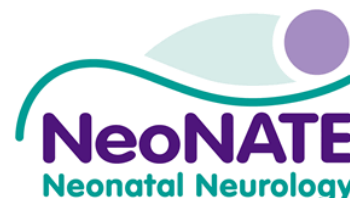
We are delighted that neonatal seizures diagnosis is being taught in the BPNA NeoNATE course and strongly encourage all those covering neonatal wards to attend this excellent course.

On behalf of the BPNA, I would like to extend my thanks to all the faculty members and development team members who continue to give their time, energy, enthusiasm and expertise so generously.

Helen J Cross, London  
Chair, PET Committee

**10. NeoNATE**

The BPNA NeoNATE course was launched in Sheffield in July 2014, and has subsequently run in Southampton. Courses are planned for Manchester and Cambridge in 2015-16.



The course provides practical, hands-on neonatal neurology education for a number of specialities. We have had paediatric neurologists, neonatologists, general paediatricians and their trainees, advanced neonatal nurse practitioners, and neurophysiologists attend, including international delegates from the Middle East, South Africa and New Zealand who had flown to attend the course.

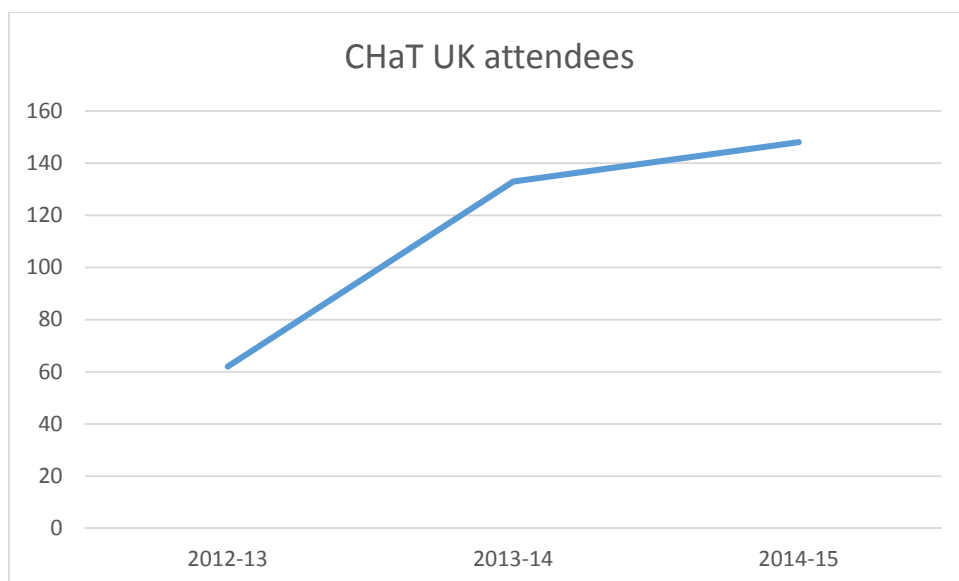
One of the aims of the course is to foster working relationships between the specialities of paediatric neurology and neonatologist, and the working group consists of consultant neurologists, neonatologists, paediatricians, an ANNP, a neuroradiologist and a neurophysiologist. Topics covered included seizures, neonatal encephalopathy, EEG and aEEG, floppy infants, preterm brain injury, perinatal stroke and neonatal examination. We are seeing that these relationships are gradually being built, and the delegates value the different experiences and knowledge of those in their small groups.

The feedback scored the course highly. We are working on a revision to the course at the end of 2015 to improve it further. We are currently running two courses a year, each of which are fully booked and there is a demand to launch the course internationally. As a result, we are training up and expanding our teaching faculty so that the course can continue to grow from strength to strength.

Tony Hart, Sheffield  
Chair, NeoNATE

# 11. Children's Headache Training (CHaT)

CHAT1 was launched in 2012 and we provided 4 courses during 2014-15 in centres reaching from stunning Stirling (Scotland) to darkest Devon. By 31 March 2015, 343 people had attended CHaT.



Other than a few minor revisions in 2013 CHAT1 essentially remains the same as when it was conceived: a one-day face-to-face course intended to consolidate clinicians' skills in diagnosing and managing headache, the commonest neurological condition encountered in childhood and adolescence. Most of the attendees continue to be general paediatricians, the key target audience.

Feedback remains nearly universally good to excellent, mainly because the messages are simple and focussed on clinicians' needs – when to investigate for secondary headache and how to manage primary headache. We're now working on making the pre-course material more interactive ready for a big print-off in 2015.

Thank you to those of you who have signed up to teach CHAT1 and have attended the Train the Trainer course to do so. We now have enough trained faculty for each CHAT1 trainer to do it just once a year. Supported by the slick BPNA Secretariat team we're going to continue to run the courses once a quarter carefully spread out across the UK so that the travelling distances are minimised, and only in venues where the food is good. Judging by feedback the latter feature is very important!

So how about CHAT2? At the moment this has been put on a medium-high shelf to focus instead on a distance learning unit on headache. This 18-24 hour Unit will take the readership through CHAT1 material and into more tricky areas of primary headache and some secondary headache including IIH. It should be ready in late 2015.

Rachel Howells, Exeter  
Chair, Children's Headache Training

## 12. Expert-To-Expert

### **Epilepsy**

Rebranding of PET3 as Expert-to-Expert: Epilepsy was well received. An extremely successful course was delivered on 20-21 March 2014 in Windsor with a programme and invited speakers reflecting feedback from the PET3 survey and with the specific introduction of an extremely popular hot-topics session. The 32 course attendees were all consultant paediatric neurologist and clinical neurophysiologists. Overall feedback was very good indeed with regard to content, structure, relevance, effectiveness, and CPD.

The organising committee for the next course will continue to be Alasdair Parker, Andrea Whitney and Sophia Varadkar (Chair). Sophia Varadkar will stand down after the next course.

The next course will take place in Bristol on 22-23 October 2015. The curriculum/rolling programme will be reviewed after the next course to reflect the move to 2-yearly delivery.

Sophia Varadkar, London  
Chair, Expert to Expert: Epilepsy

### **Movement Disorder**

The BPNA movement disorder course has been rebranded as Expert to Expert: Movement Disorders and ran for the third time in Birmingham in October 2014. As before this was a largely practical 2-days of interactive lectures and workshops covering the assessment, diagnosis and treatment of the range of Paediatric movement disorders.

The previous faculty of Lucinda Carr, Mary King, Manju Kurian, JP Lin, Anirban Majumdar, Alasdair Parker, and Martin Smith were retained, with the addition of Tammy Hedderly and Santosh Mordekar. The course was full with 42 delegates including about 30% from continental Europe and further afield. Feedback was excellent with all lectures and workshops rated an average of between 8 and 9 out of 10, with several delegates scoring all the presentations a perfect 10!

The next course will be in 2016.

Martin Smith, Birmingham  
Chair, Expert to Expert: Movement Disorders

### 13. International Courses

BPNA International courses has had an exciting year. There are now three main strands to our work: firstly we have a model of “satellite” PET courses run in Dubai and Qatar which are identical to our UK-based courses and using UK faculty trainers. Secondly is a “resource-poor country” PET course developed taking some of the resource issues into account. This is a re-designed adaptation of PET1 and PET2 and we have run very successful courses in Nepal and Myanmar this year, with an in built ‘train the trainers’ component to develop local faculty. Third is a partnership model that we have launched in India and Sudan - more of this below.

For all international courses the BPNA retains the intellectual property of the courses and has a clear role in the quality assurance of the courses. Sustainability remains an absolute key priority.

We have many more “notes of interest” from other countries and clearly we cannot do everything! We hope that there will be a continuing dialogue with the BPNA Executive and the membership to develop the strategic direction for iPET. Philippa Rodie and myself are in the midst of discussions with the ILAE to explore how we might work together on professionals’ education in childhood epilepsies – and achieve even some tiny progress to bring epilepsy “Out of the Shadows” ([http://www.who.int/mental\\_health/management/globalepilepsycampaign/en/](http://www.who.int/mental_health/management/globalepilepsycampaign/en/)).

**India (Ahmedabad, November 2014)** - PET 1,2 and 3 courses; initial 5-year programme, launch funded by the BPNA, courses are otherwise self funding.

At the invitation of BPNA members working in India, a UK team, led by past BPNA president Venkateswaran Ramesh (Newcastle), travelled to pilot PET1 in north-west India. The launch took place in Ahmedabad in November 2014. The aim of the 3-day programme was to train Indian paediatric neurologists to deliver PET1 courses locally, to a consistently high standard, with the BPNA ethos. Each centre lead brought a group of 6-8 paediatric neurologists to the launch to experience the course, consider its appropriateness and relevance to Indian paediatricians and train to deliver PET.

Four cities were selected to take part in this pilot. The cities were selected on the basis that they had a long standing BPNA member with a long term commitment to delivering PET1, and that the cities are relatively (!) geographically close to each other, so that faculty members can teach at each others courses and support each other, as we do in the UK.

Ahmedabad	Lead: Siddharth Shah (ex Bristol) & Nitish Vora (ex GOSH)
Delhi	Lead: Rakesh Jain (ex Oxford)
Jaipur	Lead: Vivek Jain (ex Dundee)
Mumbai	Lead: Pradnya Gadgil (ex GOSH)



Back row: Venkatewaran Ramesh (Past President), Siddharth Shah (PET Ahmedabad lead), Pradnya Gadgil (PET Mumbai lead), Martin Kirkpatrick (Chair, International Courses)  
Front row: Nitish Vora (PET Ahmedabad lead), Vivek Jain (PET Jaipur lead), Rakesh Jain (PET Delhi lead), Philippa Rodie (Executive Director)

On Friday, 26 Consultant Paediatric Neurologists from Ahmedabad, Jaipur, Mumbai and Delhi observed PET1 and on Saturday they attended the Train the Trainer course, just as faculty members in the UK do. On Sunday, the newly trained faculty members delivered two parallel PET1 courses to 60 local Ahmedabad paediatricians. The feedback was excellent.



**Figure 1: Members of UK and Indian faculty in Ahmedabad, November 2014**

We would like to thank the Indian leads for all their pre launch commitment and hard work – it would not have been possible without you. We would also like to thank all the Indian faculty members for giving up your time and travelling to Ahmedabad with an open mind about PET1, sharing your thoughts and ideas and demonstrating your expertise and enthusiasm to deliver PET in India. We would also like to thank the PET India development team, led by Viraj Sanghi (Mumbai), for adapting PET1 for use in India from April 2015. We wish the 4 new faculty teams good luck in delivering PET1 in 2015.

The progress of courses in north west India will be monitored and if successful, further roll out will be considered.

**Myanmar (Yangon, November 2014)** - iPET course 5-year programme commenced 2014, funded by BPNA. Local lead Kyaw Linn (Kanti Children's Hospital, Yangon), UK link Cheryl Hemingway (Great Ormond Street Hospital, London).

Links have been developed with Myanmar following Dr Kyaw Linn's attendance at the BPNA 2013 conference as a guest of the President. Kyaw Linn applied for Yangon Children's Hospital to become a PET centre and the BPNA agreed to fund delivery of the iPET 5-year programme.

A team of 5, led by Cheryl Hemingway, travelled to Yangon in November 2014 to deliver PET1 to local paediatricians and to train local faculty members. The programme was:

- Day 1 PET1 delivered by UK faculty (30 paediatricians attended)
- Day 2 Train the Trainer delivered to new faculty members
- Day 3 PET1 delivered jointly by new local faculty members and UK faculty (24 paediatricians attended)

It is planned to deliver iPET in Myanmar for the next 4 years, with an ever decreasing UK faculty, depending increasingly on trained local faculty. It is hoped to deliver iPET in other cities in Myanmar, possibly Mandalay. The next course is planned for February 2016.

We would like to extend our warm thanks to Kyaw Linn for his commitment and support, without which this would not have been possible.

**Sudan (Khartoum, January 2015)** - PET123 course 5-year programme commenced 2015, funded by Sadagaat Charity. Local lead Maha Elseed (University of Khartoum), UK link Alice Jollands (Dundee). We were delighted to be invited by BPNA members in Sudan to deliver PET1 in Khartoum in January 2015. The Sudanese charity Sadagaat, agreed to fund a 5-year programme to run PET courses annually. The course was delivered by an experienced faculty with Sudanese heritage now working in the Gulf States, 2 UK faculty members and Inaam Masoud and Ahlam Ahmed Hamed, who observed and attended Train the Trainer in India in order to teach. Members of the ILAE paediatric commission, Jo Wilmshurst and Patrick van Bogaert, who were in Khartoum to speak at the joint Sudan-ILAE conference, observed the course together with local paediatricians Maha Elseed (ex Newcastle), Haydar Babikir and Ibrahim Ibrahim. All plan to teach in the future after attending Train the Trainer.



**Figure 2: Maha Elseed, Ahlam Ahmed Hamed, Inaam Masoud (PET Sudan leads, Khartoum , January 2015)**

48 consultant paediatricians from Khartoum attended PET1, with a similar number on a waiting list for a place. It was agreed to run PET1 and PET2 in early 2016 in Khartoum.

We would like to give our heartfelt thanks for the generous hospitality provided by the Sadagaat charity and Sudanese faculty members. We would also like to thank the medical students who provided excellent administrative support at the course: Wisal Yassin Ahmed Ali, Marwa Tageisir Seed, Elia Adil Nabih Azir, Ahmed Mahgoub Sharif El Tohami, Ruwa Azhari Fadl Elseed Mohamed and Mohamed Sala Eldin Mohamed. We wish you all well in your final exams and good luck for the future!

**Qatar (Doha, March 2015)** - PET123 courses, 5-year programme, self funding courses.

Following previous successful PET1 and 2 courses in Dubai and Doha, a team travelled from the UK to join local faculty to deliver PET3 and EEG in Doha, Qatar in March 2015. 48 paediatricians and trainees attended PET3 and 32 attended PET EEG, from throughout the Middle Eastern and north African regions. We are grateful to Hamed Hospital, Doha for their sponsorship of this course. It has been agreed to deliver one course each year alternating between UAE and Qatar.

**Nepal** - iPET course 5-year programme commenced 2013, funded by the BPNA. Local lead Ajit Rayamahji (Kanti Children's Hospital, Kathmandu), UK link Rachel Kneen (Liverpool).

Unfortunately the 2014-15 course (year 3 of 5) was delayed with a date being fixed just as the earthquake struck in April 2015. As efforts were concentrated in Nepal on recovering from the devastating disaster, the PET course was left in abeyance. The date of the next course has now been fixed for March 2016.

Martin Kirkpatrick, Dundee  
Chair, PET International

## RESEARCH

### 14. Child Brain Research

The UK Children Neurological Campaign (charity number 1124250) was set up by BPNA members in 2008. When it was agreed that the BPNA should itself become a registered charity the UKCNRC Trustees unanimously voted to merge UKCNRC with the BPNA. As of 31 March 2015 the UKCNRC's assets have been transferred to the BPNA although formal winding up of the UKCNRC company and registration of the merger with the Charity Commission is pending finalisation of accounts and other administrative matters with accountants. We hope to have this completed by October 2015. UKCNRC uses "Child Brain Research" as what the Charity Commission calls a working name and we will transfer this working name to the BPNA. We hope that CBR will be a valuable public-facing identity and "brand" for the BPNA.



2014/15 was a relatively successful year in terms of external fundraising and saw progress in raising awareness of Child Brain Research amongst our patients, their families and other supporters. There

is an immense support and generosity for our work in this community. As well as employing a Research Support Co-ordinator (Katie Wilkinson) on a part time basis we have been able to raise and award over £20,000 in small grants to promising research ideas from the paediatric neurology and related communities. Work in this area has been slightly in abeyance in 2015 until the merger is completed. CBR finances are relatively healthy and we continue to make some ambitious but realistic targets for ourselves in terms of funding of pilot research projects.

The merger allows some consolidation of previously somewhat arbitrarily separately “badged” activities which will be helpful. We anticipate this will be reflected in consolidation of several committees including the Research Support Panel, BPNSU committee and others.

The other major development has been the agreement between the BPNA and Action Medical Research (AMR) that we will joint fund a Research Training Fellowship. AMRs Research Training Fellowships are very highly regarded and competitive. Extending capacity to allow the training of more research-active paediatric neurologists (the “professors of tomorrow”) is one of the best investments we can make in the future of paediatric neurology as a discipline. We are committed to supporting one Research Training Fellow in 2016-19.

I will be standing down at the 2016 AGM and we will be advertising the Research Representative vacancy for Exec in the usual manner this autumn.

Rob Forsyth, Newcastle  
Chair, Child Brain Research

## 15. BRITISH PAEDIATRIC NEUROLOGY SURVEILLANCE UNIT (BPNSU)

The past year has been a relatively quiet year in the number of studies being carried out through the BPNSU; two compared to a maximum of 10 in previous years. Applications for further studies are most welcome. Six publications have arisen at an average impact factor of 10.03 (see below), reflecting the high quality studies that can be achieved through the BPNSU.

- a) Parr JR, Andrew MJ, Finnis M, Beeson D, Vincent A, Jayawant S. Arch Dis Child. (2014) How common is childhood myasthenia? The UK incidence and prevalence of autoimmune and congenital myasthenia. Arch Dis Child. Jun;99(6):539-42.
- b) Mallick AA, Ganesan V, Kirkham FJ, Fallon P, Hedderly T, McShane T, Parker AP, Wassmer E, Wraige E, Amin S, Edwards HB, Tilling K, O'Callaghan FJ. (2014) Childhood arterial ischaemic stroke incidence, presenting features, and risk factors: a prospective population-based study. Lancet Neurol. Jan;13(1):35-43.
- c) McTague A, Appleton R, Avula S, Cross JH, King MD, Jacques TS, Bhate S, Cronin A, Curran A, Desurkar A, Farrell MA, Hughes E, Jefferson R, Lascelles K, Livingston J, Meyer E, McLellan A, Poduri A, Scheffer IE, Spinty S, Kurian MA, Kneen R. (2013) Migrating partial seizures of infancy: expansion of the electroclinical, radiological and pathological disease spectrum. Brain. May;136 (Pt 5):1578-91.

- d) Grady JP, Campbell G, Ratnaike T, Blakely EL, Falkous G, Nesbitt V, Schaefer AM, McNally RJ, Gorman GS, Taylor RW, Turnbull DM, McFarland R. (2014) Disease progression in patients with single, large-scale mitochondrial DNA deletions. *Brain*. Feb; 137(Pt 2):323-34.
- e) Nesbitt V, Pitceathly RD, Turnbull DM, Taylor RW, Sweeney MG, Mudanohwo EE, Rahman S, Hanna MG, McFarland R. (2013) The UK MRC Mitochondrial Disease Patient Cohort Study: clinical phenotypes associated with the m.3243A>G mutation--implications for diagnosis and management. *J Neurol Neurosurg Psychiatry*. Aug; 84(8):936-8.
- f) Goenka A, Michael BD, Ledger E, Hart IJ, Absoud M, Chow G, Lilleker J, Lunn M, McKee D, Peake D, Pysden K, Roberts M, Carrol ED, Lim M, Avula S, Solomon T, Kneen R. (2014) Neurological manifestations of influenza infection in children and adults: results of a National British Surveillance Study. *Clin Infect Dis*. 58(6):775-84.

As part of the restructuring process of the BPNA becoming a charity, it is proposed that the BPNSU will become a part of Child Brain Research which will become the official research arm of the BPNA. As developments arise, the information will be available on the Child Brain Research/BPNSU websites.

BPNSU Core Group Members:

Dr Richard Chin (Chair)  
 Dr Rachel Kneen  
 Dr Paul Eunson  
 Dr Neti Gayatri  
 Dr Vijeya Ganesan

Richard Chin (Edinburgh)  
 Chair, BPNSU

## 16. CLINICAL EFFECTIVENESS

We have been consulted to comment on guidelines and quality standards and the following is a brief summary of what I considered important to inform membership about. Epilepsy 12 is not included below as the information can be found elsewhere.

### 1. Quality standards

NICE sought comments on draft quality standard for head injury May 2014. Children (<16 years of age) were excluded from community rehabilitation issues and this has been objected to strongly. This quality standard was published in October 2014.

### 2. NICE guidelines

Scoping exercise for the guideline being developed on Cerebral palsy commenced in July 2014. The final scope was published in November 2014 and this guideline is due publication in November 2016. We reviewed and provided comments on the scope of this guideline and will be involved in its further development.

We are also stakeholders in the development of the guideline, the management of a child with decreased consciousness being updated by RCPCH together with University of Nottingham. The draft version of the updated guideline has been reviewed and comments were provided. We had to highlight the need for involvement of a paediatric neurologist when no diagnosis has been reached following initial investigations.

Many thanks to all of you who responded to the requests to review quality standards or guidelines with timely contribution, especially to Dr Leena Mewasingh, Dr Forsyth, Dr Te Water Naude, Dr Willoughby who greatly assisted with the above. I look forward to working with you all in the new year.

(Please note the change in my name, representing only a 20 year delay in changing it! My new email address is [gayatri.vadlamani@nhs.net](mailto:gayatri.vadlamani@nhs.net)).

Gayatri Vadlamani, Leeds  
Clinical Effectiveness Co-ordinator

## **SPECIAL INTEREST GROUPS**

### **17. CEREBROVASCULAR SPECIAL INTEREST GROUP**

The cerebrovascular SIG met in May in London and October in Cambridge this year. Many thanks to Sanjay Bhate and Manali Chitre for organising these interesting and worthwhile meetings. Their Consultant Neuroradiology colleagues helpfully took us through the imaging. A number of cases were discussed and minutes from both meeting have been circulated and are also available from the BPNA members' area. We also had some excellent talks on the DDD study, young adult stroke and cerebral vasculitis.

There will be a cerebrovascular SIG meeting at the BPNA Conference in Newcastle on Wednesday 21 January and I look forward to seeing you there. I hope we can discuss at this meeting what you want to get from the SIG and how this can be best achieved. It will be an opportunity to discuss any research that you may be involved in, please let me know beforehand if you would like a slot for this. I also hope we may have time to discuss a few cases but it would help if you could let me know in advance and also let me know how you propose to demonstrate the neuroradiology. At the SIG meetings we normally have the benefit of a helpful neuroradiologist but I am not sure if this will be possible in Newcastle.

The next meeting of the SIG will be planned for April/May time in Leeds and I hope to have a date for you when we meet in January. If anybody is keen to hold the meeting in the second half of the year please let me know.

Karen Pysden, Leeds  
Chair, Cerebrovascular Special Interest Group

**18. BRITISH PAEDIATRIC EPILEPSY GROUP**

BPEG held 2 meetings during the period 1 April 2014- 31 March 2015, in Newcastle (at BPNA annual meeting), and Nottingham. The meetings are an opportunity to discuss complex cases, research, PET courses, service developments and collaborative audit. In addition we have guest speakers, addressing the group on topical issues in paediatric epilepsy. Recent guest speakers included Dr Ros Kandler speaking about safety in videotelemetry units and Mr Andras Kemeny discussing Gamma knife surgery in children.

The autumn meeting in 2014 was tied in with the ILAE annual meeting in Nottingham as an opportunity to network more closely with the ILAE, which we plan to do again in 2015. Kerry Jeavons, ST8 in Paediatrics who has recently completed the RCPCH SPIN module in Epilepsy has written a comprehensive review of the ILAE meeting, which is published in the 2014 BPNA annual report. The Spring meeting in 2015 (April 2015) will be tied in with RCPCH annual conference. BPEG continues to evolve and is looking at ways to link in with established epilepsy networks across the UK.

BPNA members are very welcome to join the group. Meetings in 2015-16 will be held on 28 April 2015 (during the RCPCH conference in Birmingham), 23 September in London (linked in with the ILAE British Chapter Annual meeting) and 28 January 2016 (at BPNA Annual conference in Sheffield). Dates for further meetings in 2016 will be circulated soon - let us know if you would like to be added to the email circulation list.

Please feel free to contact either myself ([ailsa.mclellan@luht.scot.nhs.uk](mailto:ailsa.mclellan@luht.scot.nhs.uk)) or Archana Desurkar ([archana.desurkar@sch.nhs.uk](mailto:archana.desurkar@sch.nhs.uk)) if you wish further details.

Ailsa McLellan (Edinburgh)  
Chair of BPEG

**19. MUSCLE INTEREST GROUP**

The Muscle Interest Group met in Leeds in May 2014, hosted by Karen Pysden. A range of clinical cases were discussed by the group with suggestions for potential diagnosis or future investigations.

The NorthStar clinical neuromuscular network meeting was held in April in London. The North Star assessment has now been validated in boys from 3.5 years and we aim to register all boys at diagnosis. Behavioural assessment is not captured by the NSAA and the use of SDQ and SCDC questionnaires was discussed. The network is to set and monitor outcome measures and potential measures were discussed. We explored potential ways to embed networks/databases as NHS funded activity. Current trials and forthcoming trials in DMD were discussed.

The 6<sup>th</sup> annual meeting of the British Myology Society was held in Oxford in September and included a MIG session where adult and paediatric solved and unsolved cases were discussed. The BMS has established a training day in neuromuscular conditions; this year the focus was on adults but next year the will be a paediatric training day, aimed at general paediatric and paediatric neurology trainees. Commissioning of neuromuscular services was discussed at the BMS – this continues to be difficult with variation across the country. Neuromuscular services are currently commissioned only within a neurosciences contract. The Muscular Dystrophy Campaign continues to work with regional

groups and NHS England in a DH-funded project “Bridging the Gap” to identify and improve gaps in service provision.

Please contact me if you would like to be included in the circulation list to attend future meetings.

Helen Roper, Birmingham  
[helen.roper@heartofengland.nhs.uk](mailto:helen.roper@heartofengland.nhs.uk)

## **20. INHERITED WHITE MATTER DISEASES INTEREST GROUP**

The first meeting took place on 3 October 2014 in Leeds alongside the Neurogenetic Club meeting. Although there were smaller numbers present than for some of the previous Neurogenetics Club meetings there was a good mix of geneticists, neurologists and neuroradiologists. The objects of the group were discussed and agreed and we currently have around 25 people who have expressed an interest. We devoted the afternoon session to discussing difficult diagnostic problems. Ming Lim presented a proposal for a trial of a cholesterol rich diet in Pelizaeus Merzbacher disease. The idea was supported in principle and discussions are ongoing.

An important role for this group will be to discuss undiagnosed or difficult cases and the need for formal minute keeping and documentation was acknowledged. This will be developed further, hopefully before the next meeting. It was agreed that for the moment we would continue to hold meetings jointly with the Neurogenetics Club. The next meeting will be in London (St Georges) on 20 March 2015. It is recognised that as the group evolves there may be a need for separate meetings to be held.

We are awaiting a decision from NHS England on whether national commissioning for a rare Leukodystrophy service will be approved. This is currently being considered by the Clinical Priorities Advisory Group (CPAG) of NHS England. In the meantime we will press on with the development of this interest group and if national commissioning does go ahead we will have a head start for the development of a more formal national MDT.

If you are interested in participating please get in touch.

Ming Lim, Evangeline Wassmer, Cheryl Hemingway, John Livingston  
[jh.livingston@nhs.net](mailto:jh.livingston@nhs.net)

**UK-CID (childhood inflammatory disorders) Study Group**

This clinical and research study group continues to develop and now comprises of numerous multicentre collaborative projects, led by various members of the group.

PUDDLs has now moved to the phase where the study team are evaluating the 1st year data from the 2XX recruited patients and we await some preliminary data in the months to come.

Some completed/completing projects include:-

- Multi-centre review of safety and utility of plasmapheresis (Dr Eyre and Dr Hemingway)
- Multi-centre review of safety and utility of IVIG (Dr Mayer and Dr Kneen)
- Multicentre study on the clinical and radiologic characterisation of children with MOG antibodies and relapsing demyelination (Dr Hacohen and Dr Lim)
- Some new projects include:-
- UK-CID guidelines on management and investigation of CNS inflammation (Dr Gadian and Dr Lim)
- Review of efficacy of relapse prevention in children with NMO (Dr Absoud and Dr Hemingway)
- Establishing service standards for paediatric MS based on a quasi DELPHI consensus (Dr Gadian and Dr Wassmer)

Collectively, the group has been working hard with the IPMSSG to develop investigative programmes to evaluate genetic and environmental influences in childhood demyelination; and will continue to submit larger scale grant applications, having been unsuccessful on two EU and international applications. Alas gut microbiome has also hit inflammation and more of that to come! Finally, the group meeting (4 times a year) also serves as a forum to discuss complex diagnostic and management cases. We are looking for more cases from all, and more ideas of projects from all.

Ming Lim, Michael Absoud, Evangeline Wassmer and Cheryl Hemingway  
On behalf of UKCID

**22. TRAINEES' GROUP**

It has been a great pleasure to join the BPNA and represent the trainees. I would like to congratulate my predecessor, Jaspal Singh for getting his CCT, and wish him all the best.

The annual trainees' teaching day will be slightly different in 2015-16. Dr Santosh Mordekar and Dr Evangeline Wassmer are kindly organising it. It will be in October, over two days rather than the traditional one day of teaching. This was voted for in the last trainees' survey which was conducted by Jaspal. We may have to go back to one day next year, if this pilot trial is unsuccessful. As usual, the meeting will be at Birmingham Marriott Hotel, but unusually, the entire weekend will be given over to a single topic: Metabolic, Nutrition and Systemic disease, and will be based around the distance learning unit 9. Trainees will be asked to do some preparatory work and also to make a short presentation. At the Distance Learning steering committee meeting, we agreed that the trainees can then complete and receive the award for unit 9 of the distance learning at a reduced cost. Dr Alasdair Parker, the training advisor, will be conducting progress interviews for grid trainees during the meeting. The pharmaceutical company Actelion will sponsor the meeting, and Diane Rodie will facilitate it.

I am in the process of drafting a response to policymakers regarding the 'Shape of Training' review. I will be asking the UK government to pause the implementation of the Shape of Training recommendations until a full engagement with stakeholders, and consultation with relevant professional bodies, such as the BPNA, has occurred. It was suggested by some trainees, that a combined response is likely to carry more weight than responses from any group alone. I have therefore contacted the representatives of other paediatric sub-specialities to see if they would like to join us on this. I am waiting to hear back from them.

I have also recently attended the BPNA distance learning steering committee meeting. I would like to thank those of you who made suggestions and gave feedback on the BPNA DL course.

I also attended the neurology CSAC meeting at the college. One of the main points that was discussed at this meeting was START (Specialty Trainee Assessment of Readiness for Tenure), which is primarily an assessment of clinical decision making and Level 3 competencies, not assessed elsewhere. It was suggested by the college that all the scenarios at the START assessment need to be more generic and should not be too knowledge-based. We argued that, if the questions were generic, then they would no longer be of relevance to completion of specialist training for sub specialities, and would not be fit for purpose. The assessment should be a meaningful review of subspecialty knowledge and competence. The college also suggests that START should be formative, and not a summative assessment. There are some other issues with the way START is run and John Livingston is communicating these concerns with the other speciality CSAC chairs to create some debate at the next college meeting.

As you all know, there have been difficulties in recruitment in recent years. We are planning on taking some action in order to try to attract good trainees to paediatric neurology. These include: improving information for trainees on the BPNA website, having a regular stand at the RCPCH conference (Andrew Mallick has created a series of leaflets for medical students and junior doctors) and having stands at deanery trainees' meetings.

Very exciting news! A joint research training fellowship award from Action Medical Research with the British Paediatric Neurology Association has been advertised this year. Funding is available for this prestigious research training award for three years for any trainee who wants research in paediatric neurology.


Sam Amin  
Trainee Representative

## 23. MACKEITH PRESS

This year has seen a number of exciting developments on *Developmental Medicine and Child Neurology*. The journal has continued to attract a high number of quality submissions, and we were very pleased at the announcement that our impact factor increased to **3.292** this year.

The app (for iPhone and iPad) for the journal was launched in January 2014, and has proved to be very popular, with over 1500 registered users by August. The app is free to all for information about the journal, including abstracts. All subscribers (including BPNA members) can access their full content, and download articles and issues for viewing off-line, as well as other features.

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**Compatibility:** Requires iOS 5.1

**Screenshots** iPhone | iPad

The programme of virtual issues continues to highlight excellent content in the journal, focusing on specific themes:



In October 2014 our flagship cerebral palsy title was launched, and is being very well received. In addition, we have published a new title in the ICNA book series.



Ann-Marie Halligan  
Managing Director, Mac Keith Press