

**REGISTERED CHARITY NUMBER: 1159115**

**Report of the Trustees and  
Financial Statements for the Year Ended 31 March 2025  
for  
British Paediatric Neurology Association**

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**Report of the Trustees  
for the Year Ended 31 March 2025**

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The trustees present their report with the financial statements of the charity for the year ended 31 March 2025. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

**President's Report**

The BPNA has had another very productive year and I am grateful to the secretariat, under the strong leadership of Philip Levine, and all our members and collaborators who have allowed the organisation to achieve this.

We started the year with some financial concern relating to VAT as following two external VAT reviews, commissioned by the BPNA, it was concluded that we should have been VAT registered since 2018. The secretariat have successfully recouped VAT from eligible companies meaning that the financial implications were significantly reduced. Overall, the financial position of the charity remains healthy, though the trustees continue to pay close attention to the mix of activities in order to ensure that in trying to achieve its objectives it does not lead to deterioration in the financial stability of the charity or staff burn out.

This report summarises the depth and breadth of our activities over the past year and I would like to highlight just a few of these:

- We had a strategy day and created a Vision and Mission and are developing the BPNA direction in the coming years which will include a review of how Trustees and Executive are structured
- We have started the scoping for a new website and plan to rebrand and redesign between 2025 and 2026
- The continuing growth in our membership, now sitting at 732 members
- A very successful hybrid conference in Oxford attended by 861 Delegates from 55 different counties
- Building on our PPI activities with involvement in short course writing and well received charity videos at the annual conference
- Launch of the PET Foundation course materials, which have been designed by BPNA and ESNA for specialist nurse or paediatricians with expertise in epilepsy to deliver face to face small group teaching in local non-health setting such as schools and nurseries
- Launch of French translation of PET1 in Tunisia
- Publication of a paper demonstrating outcomes from PET1 course including that 98% of PET1 delegates change their clinical practice after attending the course
- Very successful Paediatric Neurology Grid round appointing 11 trainees in highly competitive interviews meaning that recruitment has now stabilised
- Expansion of Professional Support activities to include new Grid Trainees Support Program and training sessions for senior mentors

Life does not get any easier in the NHS or academic institutions so I would again like to acknowledge the commitment and enthusiasm of the Executive, Council, SIG leads and all volunteers and BPNA members who find the time to contribute to the BPNA and of course our amazing secretariat!

We agreed that the Vision for the BPNA is 'To create a world where every child and young person with a neurological condition can access the care and support they need to reach their full potential' and this report summarises all the work we are doing together to realise this.

Dr Ailsa McLellan

BPNA President (2024 - 2027)

## **OBJECTIVES AND ACTIVITIES**

### **Objectives and aims**

The British Paediatric Neurology Association (BPNA) is a charitable incorporated organisation registered with the Charity Commission for England and Wales on 6 November 2014 with the charity number 1159115.

The charitable objectives are to promote the health and well-being of children with neurological disorders through:

- The training and education of professionals working in the field of paediatric neurosciences;
- The promotion of research into the causes, effects and treatments of neurological disorders affecting children and young people;
- The improvement of knowledge of professionals, the public and patients and their families through scientific and educational meetings; and
- The provision of professional support to members to facilitate the delivery of the above objectives and work with health service planners and providers to achieve this aim.

### **Main activities undertaken in relation to the purpose**

#### **Vision and Mission**

**BPNA Vision:** To create a world where every child and young person with a neurological condition can access the care and support they need to reach their full potential.

**BPNA Mission:** To work in partnership with other organisations in advancing the health and well-being of children and young people with neurological conditions by:

- Promoting equitable access to high-quality healthcare and resources.
- Supporting healthcare professionals nationally and internationally through training and education to improve clinical practice.
- Fostering research initiatives that empower clinicians, patients, and families.
- Championing healthy brain development through advocacy and collaboration.

Please see full details of each activity provided in 'Achievement and performance'.

1. Training the next generation of paediatric neurologists in the UK.
2. Educating professionals in the UK and internationally in the diagnosis and management of:
  - Epilepsy, through provision of Paediatric Epilepsy Training (PET) and Expert to Expert: Epilepsy courses;
  - Headaches, through provision of Children's Headache Training (CHaT) courses;
  - Neonatal neurology, through provision of (NeoNATE) courses
  - Abnormal muscle tone, through provision of the Approaching Children's Tone (ACT) courses
  - Acute neurological disorders through the newly developed course Acute
  - Children with any type of neurological condition through its comprehensive online distance learning course

## **OBJECTIVES AND ACTIVITIES**

3. Improvement of knowledge of professionals, the public and patients through the annual scientific meeting held in January.
4. Promotion of research through:
  - British Paediatric Neurology Surveillance Unit (BPNSU); and
  - Paediatric Neurology Research Fellowship.
5. Provision of professional support through:
  - Mentoring;
  - Team support;
  - Special interest groups

### **Public benefit**

The trustees have had regard to the Charity Commission's guidance on public benefit in considering activities during 2024-25. They sought to meet the public benefit of promoting the health and wellbeing of children with neurological disorders in the UK and globally through the initiatives and projects listed in the section 'Main activities undertaken in relation to the purpose'.

### **Grantmaking**

During 2024-25, the charity provided £41,666 funding in the final year of three for the third joint BPNA Action Medical Research fellowship.

### **Volunteers**

BPNA faculty in the UK and overseas directly contributed to the development and delivery of courses and distance learning. They also contribute their expertise in the other areas of the BPNA including Professional Support and Research as Chair, Council and Committee members. You can define all these people as volunteers who give their time to the BPNA as a charity. Their contribution is significant to the ongoing activities of the BPNA and the trustees wholeheartedly appreciate this commitment and thank them.

### **Fundraising**

BPNA raises funds through applying for grants and sponsorship from organisations that have the same interests. The charity has used its own staff for fundraising and not any external fundraisers.

The charity is not a member of any voluntary scheme for regulating fundraising.

All fundraising activities are monitored by the Executive Director and the charity has not received any complaints regarding its fundraising activities.

The charity doesn't come into contact with vulnerable people as it is not involved with street or door to door fundraising.

## **ACHIEVEMENTS AND PERFORMANCE**

### **Charitable activities**

#### **1. Training**

##### 1.1. Paediatric Neurology Sub-Specialty Training

The BPNA continues to have responsibility for training paediatric neurologists in the UK with BPNA members serving on the Royal College of Paediatrics and Child Health (RCPCH) College Specialist Advisory Committee (CSAC) for neurology. The committee is Chaired by the BPNA President and includes the BPNA National Training Advisor.

The GMC and RCPCH Shape of Training (SoT) plans on paediatric neurology training commenced in August 2023. Moving forward, neurology GRID trainees will commence GRID training at ST5 (rather than ST6 level as previous). It has been agreed that neurology GRID trainees will still have up to 3.5 years to meet learning objectives.

### 1.2. New curriculum

Trainees and their educational supervisors are becoming more familiar with the Level 3 neurology 'Progress' syllabus, which was launched in August 2018. The BPNA Training Guide to Neurology, published on the RCPCH website, continues to provide more specific and structured information on how to achieve the learning objectives and capabilities for Level 3 neurology (GRID) training. The CSAC has developed an Annual Progression Form which incorporates the curriculum and trainees have provided positive feedback regarding this.

### 1.3. Appointment of new grid trainees

For the 2025 paediatric neurology GRID training programme, there were 11 GRID training schemes available. Over thirty applications were received, and 22 trainees were shortlisted for interview. 16 candidates were deemed appointable, and 11 trainees accepted a GRID position. Overall, this is a huge increase in number of trainees applying to the GRID scheme. It is anticipated that there will be less GRID posts advertised in 2026-2027 as previously unfilled vacancies over the years have now been filled across the UK.

In 2020, the BPNA established a Recruitment Working Group to develop strategies to encourage junior doctors to consider a career in paediatric neurology. Various initiatives have been implemented to aid prospective trainees in making successful applications including a careers page on the BPNA website with webinars on applications and interviews and general topics in paediatric neurology. Feedback on these sessions have been very positive overall.

### 1.4. Assessment and Support for Existing Trainees

All trainees receive an annual virtual CSAC progression interview. In the past year, most trainees have been making good progress. There are challenges for some trainees to access outpatient activities in specific centres and the Neurology CSAC have been supporting the local teams to address this. A shortage of consultants in substantive posts has impacted on their ability to train in some centres.

### 1.5. Special Interest (SPIN) module in Epilepsy

The Neurology CSAC have rewritten the Special Interest (SPIN) Epilepsy curriculum in 2022 and this has now been endorsed and signed off by the RCPCH. The BPNA have supported SPIN trainees by creating a group for trainees, which is closely aligned to the neurology GRID trainees group, but with a focus on epilepsy SPIN competencies. A successful study day took place in 2025 with further annual events planned.

### 1.6. Assessment of 'Non-Grid' Training

Doctors who have not completed the UK paediatric neurology GRID training programme, but who can show they have knowledge, skills and experience equivalent to the approved curriculum, can request entry on the GMC specialty register via the Certificate of Eligibility for Specialist Registration (CESR) route, if part of their training was done overseas. The Neurology CSAC has a role in evaluating CESR applications. If the GMC approve the initial application, the Neurology CSAC will review the neurology component of their training and determine whether it is equivalent to that of a UK GRID trainee. Typically, only training in the 5 years prior to the CESR application can be considered and if successful, the applicant will be entered onto the GMC specialist register.

If a trainee cannot apply for portfolio pathway accreditation, they could previously apply to the CSAC to determine whether their training has been 'equivalent' to that of a UK GRID trainee, and obtain a letter of equivalence if successful. This route did not allow entry to the GMC subspecialty register but provided assurance to employing Trusts that the candidate's training and competencies have been reviewed by the Neurology CSAC. Unfortunately, this route is no longer available to pursue at present, unless a candidate has already commenced the process before January 2025.

### 1.7. Approval of New Posts

Job plans for all new consultant paediatric neurologist posts submitted by hospitals to the RCPCH for approval are reviewed by the Neurology CSAC. The Generic Guide to Consultant Paediatric Neurologist Job Planning, published by the BPNA in 2018, has been invaluable in supporting centres in ensuring their jobs are sustainable and will allow new consultants to meet the needs of children and young people with neurological disorders. Final approval for consultant paediatric neurology jobs is given by the RCPCH Training Services team.

## **2. Education**

210 BPNA faculty in the UK and overseas directly contributed to the development and delivery of courses during 2024-25. This demonstrates the strong motivation and engagement of faculty, and the trustees wholeheartedly appreciate this commitment to teaching and training. The BPNA short courses run either in a virtual or face-to-face setting.

### 2.1. Paediatric Epilepsy Training (PET)

PET teaches safe standard epilepsy practice to clinicians, using consensus-based, peer-reviewed, standardised materials linked to internationally recognised clinical guidelines. Introduced to improve standards of care of children with epilepsy, we aim to deliver courses throughout the UK every year. 6 x PET1 (1-day course), 6 x PET2 (2-day course) and 6 x PET3 (2-day course).

Since 2005 to 31 March 2025, 13,599 UK clinicians have attended a PET course (2024-25=783; 2023-24=697; 2022-23=726), contributing to improving the standards of diagnosis and management of children with epilepsy in the UK.

The PET1 course materials were updated by a team of international clinicians in March 2023. The updated PET1 materials were used in the UK from May 2023. The PET23 course materials were updated by a team of international clinicians in November 2023. The updated PET23 materials were used in the UK from June 2024. A Consultant Paediatrician with a special interest in epilepsy is employed for 4-hours per week to manage course development.

In February 2025, the PET Foundation course materials were launched, which have been designed by BPNA and ESNA for specialist nurse or paediatricians with expertise in epilepsy to deliver face to face small group teaching in local non-health setting such as schools and nurseries. These materials are free to access via the BPNA website.

In 2024-25, the BPNA also launched a new PET course, PET4ward, designed to support continued professional development in paediatric epilepsy. This 2-day course builds on the PET1, PET2 and PET3 courses and is aimed at healthcare professionals who wish to stay up to date with emerging and evolving topics in paediatric epilepsy. Attendance on all three PET123 courses is a prerequisite for PET4ward. Previously it was recommended that PET123 attendees repeat the series every 5 years to maintain current knowledge. PET4ward now offers a streamlined and efficient alternative by consolidating essential updates into a single convenient course.

The first PET4ward course ran in April 2024. Attendance numbers are included within overall PET course attendance specified above.

### 2.2. Children's Headache Training (CHaT)

This one-day course is delivered by paediatric neurologists and paediatricians with expertise in the management of headache. The purpose of CHaT is to improve knowledge and skills amongst health professionals who care for children and young people with headache.

CHaT was adapted for virtual delivery during the coronavirus pandemic. In 2024-25, four virtual CHaT courses were held. During 2024-25 CHaT welcomed international attendees from Australia, Germany, Hong Kong, Israel, Netherlands and Sweden.

CHaT course materials were updated by a UK team in 2024.

Since 2012, 1,827 clinicians have attended CHaT (2024-25=166; 2023-24=163; 2022-23=198; 2021-22=138).

### 2.3. Neonatal Neurology Assessment and Treatment Education (NeoNATE)

Infants born at term or prematurely are susceptible to neurological conditions whose long-term outcomes can be much improved by effective early recognition and intervention. This practical 2-day course was introduced in 2014 to provide training for paediatricians and neonatologists caring for newborn infants in district general hospitals. It is delivered by paediatric neurologists and neonatologists, and this unique course gives a complementary perspective on a wide range of neurological conditions.

NeoNATE course materials were updated by a UK team in 2024.

The NeoNATE course was not adapted for virtual delivery and no courses run during the pandemic, between 2020 - 2022. In 2024-25, NeoNATE ran two courses held in a face-to-face setting. Since 2014, 770 clinicians have attended NeoNATE (2024-25=62; 2023-24=72; 2022-23=80; 2021-22=0). During 2024-25 NeoNATE welcomed international attendees from Belgium, Hong Kong, Iraq, New Zealand and Saudi Arabia.

#### 2.4. Expert to Expert

International keynote speakers and UK faculty deliver an annual 2-day course, providing continuing professional development for Consultant Paediatric Neurologists from the UK and globally. On alternate years, the course focuses on Epilepsy or Movement Disorders.

In 2024-25, 34 people attended Expert to Expert: Epilepsy, with international attendees from Egypt (2), Hong Kong (1), Malaysia (2) and Sweden (1). The next Epilepsy course is due to take place in 2026-27.

#### 2.5. Approaching Children's Tone (ACT)

Children with abnormal muscle tone deserve prompt recognition and timely access to appropriate investigation and treatment, particularly with the availability of new therapies for neuromuscular conditions and cerebral palsy. In view of this, the BPNA developed a short course on tone management in children called 'Approaching Children's Tone' (ACT).

The ACT course was developed for virtual delivery. Since the running of the first course in 2020-21, 417 clinicians have attended ACT (2024-25=67; 2023-24=128; 2022-23=94; 2021-22=92).

#### 2.6 Acute Paediatric Neurology

It is estimated that about a third of all paediatric emergencies are neurological. We are aware of the volume of children attending emergency departments with neurological presentations, and of the anxiety this can create for the receiving paediatricians and trainees, who often feel inadequately trained in acute paediatric neurology. In view of this, the BPNA in collaboration with the Association of Paediatric Emergency Medicine developed a 1-day course called Acute Paediatric Neurology.

The Acute course was developed for virtual delivery. Since the running of the first course in 2021-22, 265 clinicians have attended Acute (2024-25=66; 2023-24=73; 2022-23=91; 2021-22=35).

#### 2.7 Movement Disorders Education (MovED)

Unusual movements in children can sometimes be difficult to describe and categorise. MovED is a 2-day course which aims to cover a broad spectrum of movement disorders that are seen in children and will place emphasis on description, diagnosis and initial management of these conditions. This newly developed course has been adapted from the previous Expert to Expert: Movement Disorders course.

Since the running of the first course in 2023-24, 90 clinicians have attended MovED (2024-25=55; 2023-24=35).

#### 2.8. Distance Learning in Paediatric Neurology

##### Introduction

Distance Learning (DL) provides systematic and comprehensive learning, delivered online for trainee paediatric neurologists, paediatricians and established specialists. The course covers the whole of paediatric neurology and participants may enrol for one or more units. DL fees are differentiated by country according to the World Bank economic classification to widen access to doctors worldwide, in line with BPNA charitable aims. During 2024-25, 175 doctors enrolled from 32 countries, with 119 enrolling from high income countries and 56 from low/middle income countries. Showing how DL is a comprehensive learning resource for the international community.



Distance Learning complements BPNA short courses, providing depth and extending the knowledge gained at a one- and two-day courses. Working with respective short-course development teams, explicit links are being provided in DL units to reinforce the learning provided in the related short-courses. Thus, we encourage:

- PET attendees to study Unit 6 Epilepsy
- NeoNATE attendees to study Unit 2 Neonatal Neurology
- CHaT attendees to study Unit 12 Headache
- ACT attendees to study Unit 5 Neuromuscular and Unit 4 Central Motor Disorders
- Acute Paediatric Neurology attendees to study Unit 13 Acute Paediatric Neurology

#### Updating content

Distance Learning is hosted on the Moodle platform.

A Consultant Paediatric Neurologist is employed for 4-hours per week to direct and oversee the constant revision and rewriting process. The Distance Learning Steering Group, consisting of one/ two experts per unit, meets twice per year. In the last year Distance Learning Officers have been added to support the updates. These are trainees or early career consultants with an interest in certain units that have time to support the updates with the leads/experts of those Units.

Distance Learning development has a reserve to fund development for updating Units and paying for the external Moodle platform provider (Titus Learning) 2022-2025. A new agreement will be in place with Moodle platform provider Titus Learning from 2026 onwards.

#### Enrolments

During 2024-25, there have been 654 enrolments on distance learning units, by 175 people from 32 countries. The highest proportion of these enrolments are from the UK, 52.57% (92 of 175).

#### Acknowledgements

We are indebted to the Consultant Paediatric Neurologist volunteer tutors in the UK and globally, who give their time to tutor students through the course. We give enormous thanks to all those Consultants across the subspecialties who contribute to the course content development, including preparing and giving BPNA webinars.

#### 2.9. Webinar Lecture Series

Covid-19 led to a change in trainee's working patterns that resulted in them having restricted access to appropriate teaching. In response, the BPNA President launched a free weekly Webinar Lecture Series.

BPNA webinar lecture series was launched as a free weekly virtual learning resource for child health professionals, in particular those working in paediatric neurosciences worldwide.

The first lecture was given on 14 May 2020 and lectures have been delivered weekly up until September 2022, with a couple of short breaks for holidays. Since October 2022 the webinar lectures have been delivered on a monthly basis with focus on special interest condition topics that the BPNA Special Interest Group Chairs suggests. This would not have been possible without the generosity of BPNA members giving their time. We are grateful to them all for preparing and delivering such excellent lectures on wide range of topics and for remaining until all the questions have been answered. Recordings of lectures are available in the BPNA members' area and are also provided on the distance learning platform for enrolled students to access.

During 2024-25, the webinar lecture series has been attended by both trainees and consultants worldwide. 514 doctors and allied health professionals attended 6 BPNA monthly webinar lectures.

Since 2020, the BPNA has successfully delivered over 100 webinars. However, a gradual decline in attendance has been observed as well as increased challenges for SIG Chairs in sourcing speakers and relevant topics. As of January 2025, webinars are organised periodically and in collaboration with the BPNA Distance Learning Lead, when there is a specific topic that needs to be addressed.

However, SIG Chairs and Secretaries and BPNA members are encouraged to reach out to us if they identify topics that they feel should be presented to the BPNA community.

The webinars will be reviewed again in frequency during 2025/26.

#### 2.10. International Short-Courses

In 2005, the BPNA developed Paediatric Epilepsy Training (PET) courses to train healthcare workers to better diagnose and treat children with seizures. PET1 is now attended by almost every paediatrician in the UK and the courses have also been launched overseas, setting a gold standard for epilepsy care around the world. Outside of the UK, the programme currently runs in: Australia, Brazil, Colombia, Ghana, India, Kenya, New Zealand, Singapore, South Africa, Tanzania, Tunisia, Uganda, Zambia and Zimbabwe.

In 2022, the World Health Assembly unanimously ratified the WHO's Intersectoral Global Action Plan on epilepsy and other neurological disorders. PET contributes to strengthening the health workforce, one of the Plan's key levers for change.

We were pleased to launch the French translation of PET in Tunisia this year and are grateful to all of those who contributed to the translation of the course materials. We were also granted an extension to the grant from Global Health Partnerships (formerly THET), which has enabled the expansion of PET in Ghana and Kenya. The grant is awarded on behalf of the Department of Health and Social Care and its extension is promoting the sustainability of PET in each country.

This was the third year of BPNA's latest four-year partnership (2022-2026) with the International League Against Epilepsy (ILAE), which was formed to facilitate the roll-out of PET worldwide. The memorandum of understanding has a value of \$278,844 over that time and reflects our organisations' shared commitment to improving care for children with epilepsy.

Trustees are cognisant of the need to ensure international launch and delivery of courses is sustainable and that all courses meet our defined quality standards. The following international partners support us in these aims:

- Australia - Australia and New Zealand Child Neurology Society
- Brazil - Liga Brasileira de Epilepsia
- Colombia - Asociación Colombiana de Neurología Infantil and Universidad de Antioquia
- Ghana - Paediatric Society of Ghana
- India - Raindrops Children's Foundation
- Kenya - Kenya Paediatric Association
- New Zealand - New Zealand League Against Epilepsy
- Singapore - KK Women's and Children's Hospital
- South Africa - Paediatric Neurology Development Association of Southern Africa
- Tanzania - Paediatric Association of Tanzania
- Tunisia - Association Tunisienne pour le Développement de Épileptologie
- Uganda - Uganda Paediatric Association
- Zambia - Zambian Paediatric Association
- Zimbabwe - Paediatric Association of Zimbabwe

**Report of the Trustees  
for the Year Ended 31 March 2025**

The total number of attendees outside the UK and Republic of Ireland is 8,314 (PET1 = 6,558; PET2 = 762; PET3 = 327; iPET = 274; Trained as faculty = 362).

The table below shows totals for countries where PET was run in 2024-25.

Country	2024-25 totals			Totals since launch of PET			
	PET1	PET2	PET3	PET1	PET2	PET3	Combined
Australia	27	0	23	194	71	23	288
Brazil	140	28	-	488	28	-	540
Colombia	140	-	-	272	-	-	272
Ghana	232	-	-	543	-	-	543
India	86*	-	-	1872	-	-	1872
Kenya	307	53	21	801	131	21	953
Malawi**	36	-	-	36	-	-	36
New Zealand	44	56	0	473	289	212	762
South Africa	20	-	-	498	-	-	498
Tanzania	38	-	-	271	-	-	271
Tunisia	46	-	-	46	-	-	46
Uganda	32	-	-	202	-	-	202
Zambia	40	-	-	102	-	-	102
Zimbabwe	28	-	-	76	-	-	76
<b>TOTAL</b>	<b>1188</b>	<b>137</b>	<b>44</b>	<b>5874</b>	<b>519</b>	<b>256</b>	<b>6461</b>

\*full attendance lists have not been obtained from our partners in India.

\*\* Malawi – No formal partnership exists. Course was taught by South African and Ugandan faculty.

### 2.11. Evaluation of educational activities

BPNA's educational activities are designed to promote the health and well-being of children with neurological disorders. We are committed to evaluating them to ensure that they do so and to adapting them on an ongoing basis. After completion of any of our educational activities, learners are required to complete a feedback form to assess their level of satisfaction with the course. At PET1 courses, learners also complete a pre- and post-course quiz to assess knowledge-gain, and, six months later, a follow up survey to establish the changes that they have made to their clinical practice. These data have been analysed by a group of researchers from the BPNA and the University of Dundee and, in 2024, they were published in a paper entitled Reducing epilepsy diagnostic and treatment gaps: Standardized paediatric epilepsy training courses for health care professionals in the journal Developmental Medicine and Child Neurology. We found that 98% of PET1 delegates change their personal clinical practice after attending the course and 64% change their clinical service. 68% initiate or improve epilepsy teaching at their hospital.

We are working with the University of Manchester to further refine our evaluation methods for the PET1 course by using a clinical behavioural-change methodology to further understand the impact of the course. It is hoped that these refined evaluation tools can be adapted and applied to other BPNA short courses.

### 3. Annual Scientific Conference

Oversight of the scientific content of the annual meeting, including abstract scoring and awarding of the MacKeith Prize, rests with the Research Committee.

The 51st annual scientific meeting was hosted by Oxford and held as a hybrid event in January 2025. There were 861 delegates from 55 countries. Technology facilitated high delegate numbers (2024 Bristol=726; 2023 Edinburgh=816; 2022=941; 2021=1,134) and geographic access. Opportunities to learn were provided by 23 oral presentations and 250 posters (selected from 289 abstracts submitted); 7 keynote lectures; 4 clinical practice sessions; and 6 sponsored symposiums.

2025 Prizes were awarded to:

Dr Elizabeth Radford (University of Cambridge)	The Ronnie MacKeith Prize. Awarded to the person who has made the most significant contribution to paediatric neurology as judged by published work and who is <40 years old or within 5-years of obtaining CCT.
Dr Jonathon Holland (University of Cambridge Department of Clinical Neurosciences)	Best oral presentation by a trainee.
Dr Gayathri Varma Narendran (University Hospitals of North Midlands)	Best oral poster presentation by a trainee.
Dr Emtan Ahemad (Great Ormond Street Hospital, London)	BPNA "BAFTA" Award for Fabulous Trainee Action. Awarded to the trainee who has best contributed to service improvement which significantly impacted on their local and/or national practice or any other innovative contribution.
Ms Nandika Ramamurthy (Newcastle University)	Best medical student presentation.
Dr George Davies (University Hospitals Bristol and Weston, Bristol)	Development Medicine and Child Neurology (DMCN) Best Article by a BPNA Trainee Prize.
Dr Thomas Leyland (Royal Belfast Hospital for Sick Children)	Best online poster presentation by a trainee

#### **4. Patient and Public Involvement (PPI)**

We had 10 paediatric neurology related charities or associations attended the conference and take up a physical stand to engage with BPNA members and the other attendees.

##### Visiting stand stamp Cards

To motivate delegates attending the conference physically to visit and engage with our exhibitors, stamp cards were provided. Delegates who collected 5 stamps from charity exhibitors, had a chance to win up to 4 £50 vouchers. The aim was to open up on the opportunity for charities to engage with attendees at the conference and identify opportunities to improve the lives of children with neurological disorders. Each BPNA Conference venue has its challenges of where stand spaces can be located, and the BPNA aims for charities to have as much involvement as possible with their stand location.

Feedback was received that stamp cards had a positive benefit but there was room for improvement on engagement. The BPNA look forward to hosting the charities again at the 2025 conference.

##### Charity Videos at the sessions

The BPNA looked at ways for the Charities to get as much exposure as possible for the delegates attending.

This year the BPNA asked charities to produce a 90 second video, two of which would be played at each BPNA session. 13 Charities took the opportunity to promote their charity via a video at the start of the session and they were very well received.

### **Other activities**

#### Working Groups

A PANSPANDAS Working Group was set up to discuss and liaise with PANS PANDAS UK in producing a PANS PANDAS Working Group Statement with other colleges and groups. This was published in February 2023 and addressed the current variation across the UK in the management of patients presenting with Paediatric Acute-Onset Neuropsychiatric Syndrome (PANS) and Paediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS).

Since then a PANS PANDAS Clinical Guidelines Development Group has been set up who have been meeting of which various BPNA members have been involved in the development.

#### Drug Resistant Epilepsy Stakeholder Engagement meeting

The BPNA has been meeting yearly since 2023 with families, charities and other stakeholders to keep discussing various matter on the challenges in management of children with treatment-resistant epilepsies. The meetings happen every September with plans to have one in in 2025.

The BPNA constantly looks to expand the PPI throughout the organisation as part of the charitable aims. Request have been made for PPI representation in the special interest groups, course development and as many other activities as possible. As well as trainees should be facilitated to work with PPI and social media. We proposed increasing this area going forward.

### **5. Research**

The BPNA research committee has a remit for oversight of the annual scientific meeting as outlined above, as well as for the speciality paediatric neurology session at the annual Royal College of Paediatrics and Child Health meeting. The research committee also oversees the development of research within the organisation to the benefit of children with neurological disease.

The BPNA Research Committee is chaired by Dr Sam Amin.

Members have a wide range of clinical and scientific expertise and come from a broad range of UK and Irish Paediatric Neurology Centres. The research committee has been working to develop the agreed research strategy of the BPNA, focused on building research capacity within paediatric neurology and promoting research training within the paediatric neurology trainee community.

There is also BPNA Research Committee representation on the editorial board of Mac Keith Press for the Developmental Medicine and Child Neurology (DMCN) journal. Two Research Committee members and three other BPNA members.

#### 5.1 British Paediatric Neurology Surveillance Unit (BPNSU)

In 2006, the BPNA set up the BPNSU to target surveillance of rare neurological conditions in a cost-effective and efficient manner with the sample population being UK consultant members of the BPNA. Since 2006, 28 studies have been conducted using BPNSU.

Dr Sukhvir Wright has taken over from Prof Richard Chin as BPNSU Lead in the Research Committee.

During 2024-25, 1 project was added onto the BPNSU system (2024-25 = 1, 2022-23 = 0, 2021-22 = 1, 2020-21 =1, 2019-20=1; 2018-19=1; 2017-18=3). As of 31 March 2025 four projects were active on BPNSU system.

BPNSU fees were increased in 2020-21 to £1,200 for up to 2-years, which is still significantly less than other surveillance studies. Additional years are charged £600 per annum.

The BPNSU website has been moved inhouse since summer 2023 and has been managed by BPNA, achieving continued update for the BPNSU email list and optimisation of returns by the Membership Manager. Emails are sent out once a month for notifications of new studies.

In 2020-21, an audit of all past studies was carried out. Since 2014, there have been 15 conference abstracts and 10 peer-reviewed publications resulting from BPNSU studies. Journal publications have been in Developmental Medicine and Child Neurology, Neurology, and Lancet Child and Adolescent Health. One PhD was awarded, and one project reported 4 invited international talks in which BPNSU data were part of the presentation. There were four successful grant applications arising from BPNSU studies, with a total grant income of £1,237,949: 1 MRC Developmental Pathway Funding Scheme award, 1 NIHR/GOSH Clinical Fellowship, 1 KESS2 (Knowledge Economy Skills Scheme) Studentship, and a donation from the Alternating Hemiplegia of Childhood UK Charity. Public engagement varied from parental groups informing study design, results informing genetic counselling for families, to results being presented or planned to be presented.

In 2021-22, the BPNA reviewed barriers for applications and implemented the BPNSU Grant Award.

It was agreed by the BPNA Trustees to produce a BPNSU Grant Award for up to a 2 year study. This is equivalent to the cost of £1200 which would cover the cost of a study so as to support this charitable aim.

This grant would be eligible for a BPNA member who is otherwise a trainee or newly appointment consultant within 2 years of qualifying.

The purpose of the award is to promote research amongst junior members of the BPNA and to help create future researchers in paediatric neurology.

Recent aims has been to promote BPNSU to develop our relationship and try to collaborate with the British Paediatric Surveillance Unit (BPSU) which is part of the RCPCH. This is due to having similar objectives and is ongoing.

#### 5.2 Paediatric Neurology Fellowship

A partnership was established in 2015 with Action Medical Research (AMR) to jointly fund a 3-year AMR-BPNA Research Training Fellowship. Voluntary donations of members and income generated from sponsored symposia at the annual conference fund this fellowship.

The second fellowship has been awarded to Dr Michael Eyre in his project, 'Developing magnetic resonance measures of neurobiological dysfunction in early recovery from NMDAR-antibody encephalitis'. Michael will investigate if advanced MRI techniques can help predict recovery from NMDAR-antibody encephalitis in children and young people, paving the way for new treatment approaches for the condition in future.

The third fellowship was advertised and awarded to Dr Jonathon Holland, commencing in Autumn 2022. In his project; 'Multiple sclerosis: assessing nerve repair in children to find out if they could benefit from new treatments' Jonathon will aim to find out whether children with MS could benefit from potential new treatments currently being tested in adults.

A fourth Fellowship was advertised in Summer 2024 with the aim to commence in September 2025.

The fourth Fellowship was awarded to Dr Evangelia Ioannidou for the project: 'Rasmussen's encephalitis: investigating the underlying causes of this rare childhood brain inflammation to improve diagnosis and treatment'.

Previous AMR BPNA Research Training Fellows:

2016-19 Dr Apostolos Papandreou Neurodegenerative disorders with brain iron accumulation - finding new treatments.

#### 5.3 BPNA Conference

The BPNA Research Committee review, score and select submitted abstracts, sponsored symposium and the Ronnie MacKeith Prize. Mac Keith Press co support the Ronnie MacKeith Prize and also support and select the Developmental Medicine and Child Neurology (DMCN) Best Article by a BPNA Trainee Prize.

Prizes are also chosen and give by the BPNA for the Best Poster by a Trainee Prize, Best Poster Audio Narrative by a Trainee Prize, Best Oral Presentation by a Trainee Prize and Best Medical Student Presentation.

A new prize 'Best Presentation by an Allied Health Professional' has been added starting from January 2026.

This prize will be awarded to the allied health professional (specialist nurse, psychologist, neurophysiologist, physiotherapist, speech therapist, etc) with the best presentation, either poster or oral.

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5.4 Read of the month and Trainee paper of the month

As part of the BPNA Newsletter, every month, a different member of the BPNA Research Committee will choose a recently published, topical paper relevant to Paediatric Neurology, Neurodisability or Neuroscience, that they think would be of interest to the BPNA membership.

Also every month, a recent publication that has either been led by a BPNA Trainee (or where a trainee has provided significant input) will be highlighted.

6. Professional Support

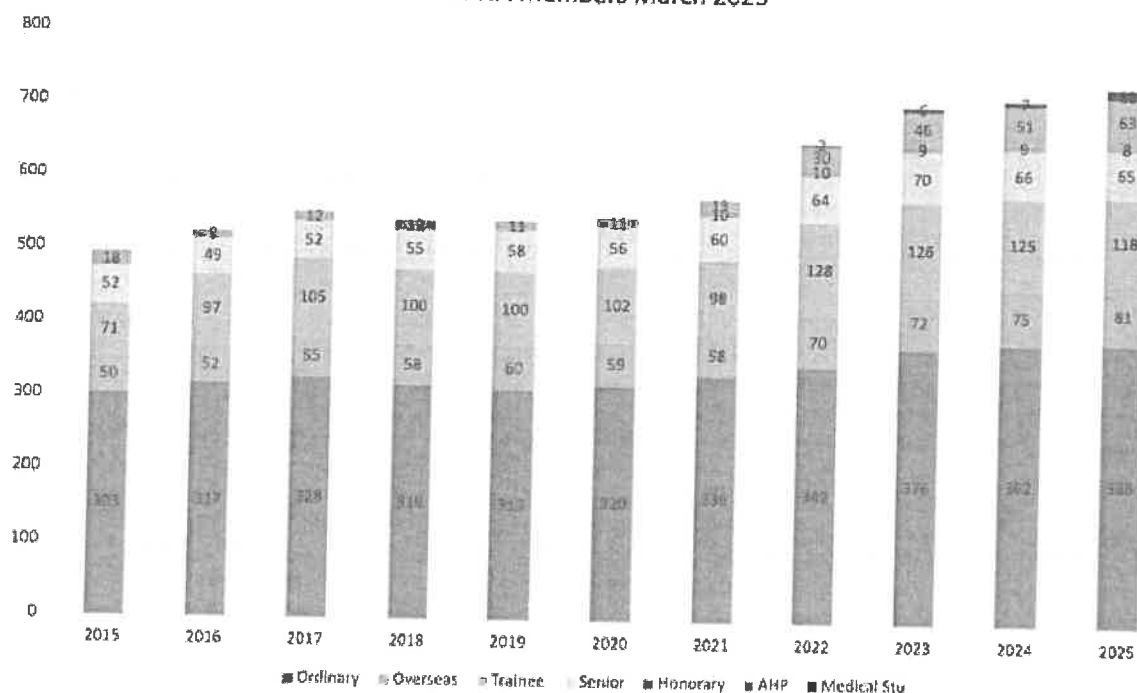
There is a high demand for Professional Support. One full time staff member (Membership Manager) oversees the department. Dealing with membership requests, mentoring capacity, organisation of meetings for Special Interest Groups and supporting Trainees with their development. The Professional Support Officer (Trustee) is responsible for the department and meets regularly with the Membership Manager and Director to make sure areas that need development are progressing including job planning, mentoring, charity involvement (PPI), Census and Paediatric Neurology recruitment.

During 2024 the BPNA New Grid Trainees Support Program was launched, where senior grid trainees or newly qualified consultants offer guidance to new grid trainees. The program is designed to offer informal peer-to-peer advice and guidance for trainees who are new to the Grid training program. The primary aim is to help trainees navigate their transition, address common concerns, and connect with a supportive network of fellow professionals.

6.1 BPNA membership

Membership numbers have increased steadily during 2024-25, supported by the Membership Manager, Katerina Roumelioti. A new category of membership 'Allied Health Professional' was introduced in recent years. This category has minimal subscription fees to encourage engagement and no voting rights. The BPNA also added Medical Student membership with £0 fee to engage with young people with an early interest in Paediatric Neurology. Criteria to be accepted is a confirmation letter from associated University that is resent each year for membership renewal.

BPNA Members March 2025



Membership numbers

Category	2025	2024	2023
Ordinary	386	382	376
Overseas	81	75	72
Trainee	118	125	126
Senior	65	66	70
Honorary	8	9	9
AHP	63	51	46
Medical Student	11	7	6
Total	732	715	705

#### 6.2 Mentoring and Team Support

In 2015-16 Trustees identified a need for members to have access to mentoring services, and it was agreed that the BPNA should contribute to fulfilling this need. The mentoring programme began in 2016.

During 2020-21 the mentoring programme was expanded to paediatric neurology and Neurodisability GRID trainees within 12 months of CCT to provide additional support through the pandemic. As of 31 March 2024, there are 42 BPNA members volunteering as mentors (2023=39) with 29 mentees (2023=50) with some mentors now taking on two mentees.

In November 2023 BPNA commissioned a Mentor Consultant to deliver a training day for mentors for a fourth time. The training taught different models of mentorship and was very well received. The aim would be to do this every year but reviewing development for both mentors and mentees and how this area can evolve.

During 2023 the mentoring programme was expanded for more senior CPNs who requested more mentors to support them through career stages, such as post moves, return from parental leave, retirement etc.

During 2024 it was decided to introduce two additional training sessions: one for mentees interested in becoming mentors, and another for senior mentors. Both sessions are scheduled to be delivered between 2025 and 2026, with the intention of making them annual events.

The mentoring and mentee program is being reviewed in as it can be developed for the workforce of the BPNA membership.



#### Invited Reviews

In support of the BPNA charitable aims, BPNA Invited Reviews offer assistance to healthcare organisations in addressing concerns and challenges relating to care for children with neurological conditions.

"The primary purpose of an invited review is to provide expert opinion and external assurance around quality of care that may lead to improvements to patient safety and service provision. Invited reviews are designed to facilitate reflection and learning." - Academy of Medical Royal Colleges 'A framework of operating principles for managing invited reviews within healthcare' (March 2022).

BPNA Invited Reviews are conducted in accordance with the principles set out in the Academy of Medical Royal Colleges (AoMRC) 'A framework of operating principles for managing invited reviews within healthcare' (March 2022).

The BPNA has produced A Guide to BPNA Invited Reviews, available on the BPNA website, which explains the structured, clear and consistent process that we follow.

<https://bpna.org.uk/?page=invited-reviews>

No Invited Reviews happened this year.

#### 6.3 Special Interest Groups (SIG)

Special Interest Groups meetings continue operating on a hybrid model makes it more accessible for people to join online or in person depending how their meeting is arranged. Face-to-face meetings during the annual conference returned in January 2024, however, due to the size of the groups' online meetings will continue to happen throughout the rest of the year, as it is easier for members to attend.

The BPNA also updated their website for each SIG page to inform about Trials and resource documents for their members.

##### 6.3.1 British Paediatric Epilepsy Group

Members of this Special Interest Group have particular expertise in childhood epilepsy. There are over 100 members which includes paediatric neurologists, paediatricians with an interest in epilepsy and clinical nurse specialists. Three meetings have been held in March and August 2023 and January 2024. The focus of the meetings has been on the development and implementation of guidelines for epilepsy in children, to share updates in audit and research in paediatric epilepsy, to explore opportunities for the professionals to network and to discuss anonymised complex and educational cases.

The BPEG (British Paediatric Epilepsy Group) Chair and members have contributed to the following particular aspects of childhood epilepsy:

### **Cannabidiol and CBMPs**

Ongoing liaison with RCPCH, NHSE and stakeholder charities on issues related to prescription of cannabis-based products for medicinal use in children and young people with epilepsy. We also have BPNA CBMP group meetings to review press and media requests about CBMPs.

### **Sodium valproate**

Since the announcement of MHRA statement on new restrictions on the prescription of sodium valproate, we have actively engaged with relevant stakeholders such as epilepsy charities, Association of British Neurologists, and OPEN-UK to discuss potential implications. In collaboration with OPEN-UK, we have written a guidance document for BPNA members on prescription of valproate. We also formed a working group to address the issue of changes to sodium valproate prescription and to support BPEG members.

### **Stakeholder Charities**

Engagement with stakeholder addressing all issues relating to care of children with epilepsy. We have had 2 positive annual meetings with stakeholders, next one scheduled in September 2025.

### **NHSE Epilepsy Oversight group**

Ongoing contribution to NHSE epilepsy oversight group and implementation of national bundles of care for patients with epilepsy as part of CYP Transformation Programme.

### **Facilitating audits and research in paediatric epilepsy**

BPEG provides the platform for colleagues from across the UK to present their research, facilitate collaboration and setting up a dedicated page on BPNA website with information on epilepsy research projects. BPEG is supporting national audits on use of specialist medications like fenfluramine and cenobamate to gather real-world data on use, efficacy and safety to inform practice.

### **Clinical Nurse specialists and paediatric neurology trainees**

BPEG have encouraged contribution of clinical nurse specialists and Advanced Nurse Practitioner in childhood epilepsy and requested for representation in the group.

BPEG have encouraged participation of paediatric neurology trainees and epilepsy SPIN trainees and requested for representation in the group.

### **Additional meetings regularly attended with contributions from BPEG:**

Epilepsy 12 Audit programme.

Open UK Network Meeting.

Epilepsy Programme Board (led by RCPCH).

RESCAS.

### 6.3.2 Cerebrovascular Special Interest Group

We continue to work alongside the Stroke association in highlighting the inequity of stroke care in some regions and improving access to treatments in a timely manner. We are forming new relationships with Cerebrovascular colleagues caring for adults and encouraging joint working particularly in acute stroke but also considering transition care. This includes liaison with BIASP and ABN. We hope to work with ALSG to work on a "brain attack" simulation and hopefully including this on the APLS pathway in due course.

The group met in the last year and discussed the findings of the "Stroke readiness survey". Colleagues are now able to advocate on behalf of their own centres by highlighting the inequity of care in their centres.

Prof Guilliams, St Louis delivered an exciting talk on use of Tenecteplase in acute stroke which was valued by colleagues.

### 6.3.3 Children's Headache Network (CHaN)

CHaN has continued to remain very active over the past year to advance the clinical management, education and research in primary and secondary childhood headache disorders.

In 2025 we resumed face to face meetings and plan to continue thrice annual meetings remotely. We provide access for CHaN members to a CHaN messaging group for sharing research and providing mutual support for anonymised clinical problems.

A clear structure of the roles within the CHaN network continues with dedicated responsibilities to members for providing clinical, research and academic updates. There is close working relationship with clinicians overseeing the 2024 update of the highly successful Children's Headache Training (CHAT) course and Headache distance learning module.

CHaN members are currently looking to develop an expert-to-expert equivalent course with BASH (British Association for the Study of Headache) and have submitted an application to the BPNA for support.

A draft guideline has been sent to members regarding the use of topiramate in headache disorders (both migraine and idiopathic intracranial hypertension) given the MHRA (Medicines & Healthcare products Regulatory Agency) recommendations.

CHaN is currently in the process of working on a guideline on prophylactic agents in the use of migraine given this change.

CHaN is currently looking to develop a Headache SPIN module but feedback from the Royal College of Paediatrics and Child Health to the National Training Advisor was that there is not a propensity to develop new modules at this time. CHaN will use this time to develop the curriculum pending the RCPCH's future ability to support the module.

The CHaN network has enabled sharing of knowledge regarding research activities such as multi-centre studies into new drug treatments for migraine. CHaN also recognises the need to develop national registries for patients with rare headache conditions to improve and harmonise care for children and young people across the UK and beyond.

#### Aims for the next year

- Ratification of topiramate guideline
- Creation of the prophylactic migraine medication and triptan guidelines
- Launch of expert-to-expert/advanced headache symposium
- Regular meetings including launch of complex case meeting
- Development of headache SPIN Module curriculum pending the RCPCH's ability to support new modules.

### 6.3.4 Fetal & Neonatal Neurology Special Interest Group

The Fetal & Neonatal Neurology Special Interest Groups has a strong educational theme, and continues to provide educational meetings twice a year in neonatal and fetal neurology. These have been delivered virtually and draw a range of health care professionals, including Allied Health Professionals, from around the UK and beyond. The next half-day education meeting is planned for October 2025.

Members of the SIG group have contributed to an update of the NeoNATE course 2024-2025; this was led by Anthony Hart, SIG-Co-Chair. We are looking to increase our teaching faculty in the coming year. Now, with the NeoNATE course update completed, we are making good progress with the BPNA Fetal Neurology course, which aims to provide educational material on fetal neurological anomalies and antenatal counselling. A preliminary programme has been produced and talks are currently being written and reviewed.

Anthony Hart has initiated and leads on a collaboration with the British Association of Perinatal Medicine (BAPM) and the first joint educational event is a one-day conference in April 2026. A preliminary programme has been drafted. If this is a successful first conference we aim to hold this annually and expand to a two-day event.

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Internationally, we have had meetings with perinatal neurology colleagues in the US, and plan to collaborate on education meetings and service recommendations, as well as building our contacts in Europe. We have published a series of reviews on brain abnormalities detected by fetal MRI and recommendations for clinical practice with the US Perinatal Consortium. We are planning to set up joint UK/US Fetal Neurology evening meetings where the focus will be on discussion of specific types of antenatally diagnosed brain abnormalities in an informal setting.

Clinically, the BPNA Executive has agreed for us to proceed with an initiative to develop patient information leaflets on a range of fetal neurological anomalies, and a working group is being created. We also intend to discuss how we can collect data on genetic diagnoses and outcomes, which would inform and improve future prognostication.

Members of the SIG remain research active in a range of areas, including MRI appearances and neuro-development outcomes following neonatal hypoxic ischaemic encephalopathy, families' views on antenatal counselling, and a new proforma for the neurological examination of the unwell newborn baby. A survey on practice of muscle tone regulation management in infants is currently underway.

There are some changes in SIG roles: Anthony Hart will complete his second term as co-chair and a call has gone out for interested colleagues for this position. Tony will stay on in the role as a senior mentor to the SIG. Brigitte Vollmer has completed her first term as co-chair and has expressed interest in a second term. Rajesh Karuvattil has completed his first term as secretary and would be happy to continue for a second term. We are pleased that two senior trainees, Hassan Shakeel, Paediatric Neurology trainee in Glasgow, and Fadi Maghrabia, Neonatal trainee in Sheffield, will join as Trainee Representatives.

6.3.5. Inherited White Matter Disorders (Leukodystrophies) special interest group

Dr Lydia Green took over from Dr Rahul Singh as Chair of the Special Interest Group.

New National Service for Inherited White Matter Disorders (IWMD) clinical registry

NHS England has recently commissioned a new highly specialised service for Inherited White Matter Disorders (IWMDs) and also a separate National IMWD clinical registry to support this.

NHSE has commissioned 3 paediatric and 4 adult centres to provide the IWMD service. NHSE has also contracted with Evelina London Children's Hospital which is part of Guy's and St Thomas' NHS Foundation Trust, to host the National IMWD clinical registry.

A core element of the registry is the management of an online secure database that contains information about people of all ages with suspected or confirmed IWMD. We aim to use this registry to support the provision of direct patient treatment and care and improvements to clinical care. This will help us to: understand the incidence and prevalence of IWMD in our population, improve our understanding of the natural history of various IWMDs, measure the impact of living with an IWMD for patients and carers and create more awareness of these conditions.

This registry is unique as this is both clinician and patient driven. The primary aim of this registry is for clinical purposes; however, this registry will certainly provide important data for future research for patients within the field of IWMDs.

The registry will work very closely with 3 other paediatric IWMD clinical service centres (Leeds/Manchester- Led by Professor John Livingston/Dr Dipak Ram, Birmingham - led by Professor Evangeline Wassmer and Dr Amitav Parida and London (GSTT and Great Ormond Street) led by Dr Rahul Singh/Dr Cheryl Hemingway) and the adult centre (London, Queen Square Hospital-led by Dr David Lynch) in collaboration with units in the north and Midlands.

A formal launch of the IWMD registry service will take place later in the year. The registry is in the pilot phase now and we expect this will be live soon.

A formal launch of the IWMD registry service will take place later in the year. The registry is in the pilot phase now and we expect this will be live soon.

We would accept referrals from patients, parents or carers, clinicians involved with the IWMD patients, and from neurologists, paediatric neurologists, geneticists, metabolic physicians, geneticists, paediatricians or any local clinicians involved in the diagnosis or treatment of IWMDs.

Referrals will also be accepted from fetal medicine teams, when there is a strong family history of an IWMD and we will also facilitate rapid diagnosis for conditions where there is a treatment option (e.g. Metachromatic Leukodystrophy).

The charities Alex TLC ([www.alextlc.org](http://www.alextlc.org)) and Metabolic Support UK ([www.metabolicsupportuk.org](http://www.metabolicsupportuk.org)) have been closely involved in the development of this registry, will continue to support the registry and will be an integral part of the IWMD registry steering and development committee. We plan that the new service will be fully operational in the coming months.

In the meantime, if you wish to request further information please contact: [gst-tr-IWMDR@NHS.Net](mailto:gst-tr-IWMDR@NHS.Net)

#### 6.3.6. British Paediatric Movement Disorder Special Interest Group

The last year represents my final year as SIG chair, and the final year for Raj Lodh as secretary for the group. I would like to personally thank Raj for all of his support and guidance during our 6 years in post, and also to thank the membership for their support (and indulgence!) during this time.

It has been both pleasure and a genuine privilege to serve as Chair of this group, representing as you do the broad spectrum of clinical activity in the field of movement and motor disorders, from cutting edges of advanced gene discovery and advanced therapy development through to system level service design and delivery for children with neurodisability. I am a better clinician now through the experience of this role.

In the 2024-2025 year the SIG has remained active and successful. In addition to regular virtual meetings, the SIG held a well-attended meeting at the Oxford Conference, focused on developing further research work in line with BPNA PSP.

Education will remain a major focus of the MDSIG. This year has seen the continuing success of the MovEd course, delivered by an expert faculty led by Dr Lucinda Carr. We thank the faculty for all of their hard work producing such an excellent educational resource. The ACT course has continued to run with similarly excellent feedback, with leadership of the course now transitioning from Dr Paul Eunson to Dr Katherine Martin. The SIG would like to thank Paul for his visionary leadership in the development and delivery of the ACT course, providing as it does a uniquely strong voice for parents and carers in the BPNA short course catalogue. Professor Manju Kurian has now been appointed as Course lead for the Expert-to-Expert Movement Disorder Course due to launch in late 2026. I'm sure the SIG will agree that there is no better BPNA member better positioned than Manju to drive this course forward. A priority for the coming year is the overdue re-write of Unit 4 of the Distance learning course.

Work has continued on Guideline Development. Consensus guidance on referral of children and young people for consideration of neurosurgical interventions has now been completed, and will be circulated later this year. Work on Consensus Standards on Medication Use in management of Childhood Dystonia project has not progressed at quite the speed hoped, but momentum is due to rebuild in later 2025. Finally, a joint project has been initiated with the Paediatric Critical Care Society (PCCS) which will launch in mid-2025, focussed on improving the recognition and management of dystonia in children and young people in the critical care environment.

The SIG has now completed a large audit across several centres on the use of transdermal clonidine patches and is supporting the development of guidance for the use of patches. This work was presented at the BPNA Conference in January 2025, and will soon be submitted for publication.

Work with transition has progressed, jointly with the ABN. This work has focussed on identifying examples of the types of conditions/children who would usually be transitioned from Paediatric Neurology Care to General Practise, Local Adult Neurology services, or to specialist Adult Neurology services.

I am delighted to announce that from May 2025 the SIG will be chaired by Dr Ram Kumar, with Dr Claire Lundy stepping into the Secretary role. We thank them both for taken on these positions and have no doubt that they will continue to grow the SIG and develop its offer to BPNA members and work to the benefit of Children and Young People with Movement Disorders.

#### 6.3.7. Muscle Interest Group

The muscle SIG works closely with the neuromuscular charities, in particular the Muscular Dystrophy UK (MDUK), Action Duchenne, Duchenne UK, SMA UK, DMD HUB. These partnerships have helped accelerate research - funding research fellow posts, access to clinical trials, improved staffing at peripheral sites for trial set up, helped coordinate regional neuromuscular networks and upskilling events and supported meetings to improve standards of care and data collection and dissemination. The centre of excellence audits took place in 2023 and were awarded to centres in 2024; 24 centre awards in total; 16 to those with clinical excellence with research, 3 with clinical excellence and 6 pursuing awards in clinical excellence +/- research.

This year key involvements have been the announcement of 2 DMD therapies in December 2024; Vamorolone, a dissociate steroid was approved by NICE and NHSE (10th December 2024), an available for delivery to patients from April 17th 2025, as well as Givinostat, an HDAC inhibitor that has MHRA approval (20th December 2024) and part of an EAP, with NICE and NHSE committee set for July 2025. This has required increased input and organisation from trusts to deliver these drugs with some trusts struggling to meet this requirement, however Duchenne UK have been lobbying to help resolve this and most trusts are now on board with this, however this is still a 'learning curve' and we are therefore having regular 'teams' meetings to discuss cases and scenarios via the neuromuscular network.

There have been a number of webinars hosted by both pharma and Duchenne UK for Vamorolone, especially discussing switching from one steroid to Vamorolone, as well as benefits and potential risks.

Involvement continues with SMA UK and MDUK in helping to continue the delivery of the MDT in SMA, including Zolgensma, risdiplam and nusinersen following approval by NICE and NHSE on 8 March 2021. Work continues to be focused on working towards newborn screening which will change the prognosis and outcomes for the children with SMA type 1. There is now more research looking into the emerging phenotypes of the new SMA type 1 children post DMT and also improved collaboration with Adult SMA Reach.

All the SMA children have been followed up and various webinars and meetings have been held with European colleagues on side effects and problems associated with gene therapy, as well as physiotherapy forums, spinal forums with both orthopaedic and orthotists, and a pharma sponsored forum meeting face to face planned in June 2025.

From the NorthStar group; Work has been continuing particularly following the Vamorolone and Givinostat announcements and approval by NICE and EAP respectively, both non-mutation specific drugs for DMD. The annual Northstar meeting is planned and adhoc northstar meetings have been held during the year.

HUB DMD; has continued close working with clinicians to enable trial readiness and liaison with the pharma companies to look at what is needed per site to continue trials. Trials are now continuing and further set up of sites for new studies have commenced.

As a SIG we have continued in 2024 and 2025 to meet regularly virtually and full day face to face muscle interest group meeting planned for 20th June 2025. Both paediatric and adult NorthStar meetings (DMD) and paediatric and adult SMA REACH meetings (SMA) have continued virtually this last 12 months, especially developing the adult SMA REACH, British Myology society was face to face as was the Translational research meeting UK and World muscle society meeting in Prague 2024. The muscle interest group has met 4 times in total 2 fully virtually and 2 meetings face to face (part of BMS and standalone day in June 2025) for case discussions and topic led presentations over the last 12 months.

The RDCN (rare diseases collaborative networks) accredited the Juvenile Myasthenia (JMG) Gravis group in 2023 and this continues to be hosted by the designated providers, Oxford specialist service, and this group to have virtual meetings for difficult cases with JMG. GOSH has this year also been appointed as a designated provider.

The charities also sponsor, the muscle group's main annual meetings such as the British Myology society, Translational research meeting UK, Northstar and SMA REACH meetings within the UK. The meetings also receive unrestricted educational grants from pharmaceutical companies. We work together with the clinicians on various patient initiatives; patient leaflets, e-learning modules, patient days, children's transition days and camps; and support the various neuromuscular teams in their individual areas; such as NM networks, local educational meetings and trial set ups.

Lastly, we are working with colleagues both trainees and consultants to take a closer look at training and how we can increase opportunities and interest in training in Neuromuscular disorders. Last year we appointed Dr Alison Skippen as MIG trainee representative and this year Dr Lipi Shekhar is the trainee rep and has already looked at initiating a distance learning bundle on neuromuscular topics (as indicated by the trainees) and started a teaching group with a few other trainees and are planning to organise a Neuromuscular Study Day for all GRID trainees later in the year (Autumn 2025).

#### **Fundraising activities**

##### **6.3.8 Neurocutaneous Special Interest Group**

This group's interest is in the clinical area of neurocutaneous syndromes, such as Neurofibromatosis, Tuberous Sclerosis Complex and Sturge Weber Syndrome. This is a relatively new group with the first term of the exec ending soon. All the exec is continuing for a second term until August 2028. We are meeting twice a year which are a mix of virtual, hybrid and had an in-person meeting during the BPNA conference this year.

The neurocutaneous SIG has been supporting paediatric neurologists and paediatricians across the country with information about the different syndromes. Members have been involved in supporting and giving information to stakeholders and to families at support days hosted by charities. We have arranged a working group to discuss education and are supporting a study day being set up in London as a pilot following this discussion.

As a group we are keen to discuss and share information about upcoming research and new treatments. We are keen to hear from leading experts from across the UK to share knowledge and experience.

##### **6.3.9 Trainees' Special Interest Group**

The BPNA Trainees' Special Interest Group (SIG) is open to all BPNA trainee members and individuals interested in paediatric neurology. This includes Paediatric Neurology and Neurodisability Subspecialty Trainees (previously GRID), SPIN Epilepsy Trainees, Paediatric Trainees, and others interested in Paediatric Neurology. Currently, the Trainee SIG has 110 members. To better reflect the diverse expertise within the group, the committee has expanded this year to include two Early Year Careers Representatives- Dr Kaylita Chantiluke and Dr Laura Chapman as well as an International Medical Graduate Representative, Dr Megha Raghavan. We look forward to their valuable contributions.

The Trainee SIG convenes twice a year- once during the BPNA Annual Conference in January and again at the two day BPNA Trainees Meeting in May. The 2025 May meeting will focus on Paediatric Neuro-oncology and Neuropsychiatry, areas identified as challenging to cover from the Paediatric Neurology Subspecialty Trainee annual survey. The two day event feature expert speakers, including a patient led session with a young person affected by Functional Neurological Disorder (FND), and interactive small group discussions on the psychiatric assessment in the neurology clinic, as well as communicating and managing FND. The Stuart Green Memorial Lecture will be delivered by Dr Jean-Pierre Lin, Consultant Paediatric Neurologist at Evelina London Children's Hospital. There will be a carers' session led by Dr Dipak Ram, Consultant Paediatric Neurologist, Manchester Hospital and CSAC National Training Advisor on Consultant Applications. This year, 32 physical attendees and 18 virtual attendees attended. We are very grateful to all the speakers who generously donated their time. Recordings of these sessions are available in the BPNA Trainees' SIG section of the BPNA website.

Following the January meeting, members emphasised the need for regional paediatric neurology subspecialty teaching days. In response, a teaching working group was established, organising four virtual teaching days so far- covering history taking, examination techniques and key aspects of functional anatomy in May; neuropsychiatry in June and neuromuscular topics schedules for August and October. Due to the success of these sessions, plans are underway to adopt a centre-based approach to enhance sustainability.

Along the theme of teaching, two Distance Learning Groups focused on Paediatric Neuro-oncology and Neurovascular have run this year. Many sessions were supported by consultants who volunteered their time to supervise and facilitate the weekly meetings.

## ACHIEVEMENTS AND PERFORMANCE

A key role of the trainee SIG is its involvement with the BPNA Recruitment working group, which aims to improve recruitment into paediatric neurology specialty training. We continue to run annual pre-application and interview webinars for Neurology and Neurodisability applicants. These webinars have been well-received by both applicants and CSAC interviewers, with recordings available on the BPNA website in the careers section.

Building on last year's initiatives we coordinated the second student event in collaboration with the Neurology and Neurosurgery Interest Group (NANSIG), who have a presence across all medical school nationally. The online Saturday morning session attracted over 50 medical students and foundation doctors and received excellent feedback. Topics included 'Pathways to Paediatric Neurology', 'A Day in life of Paediatric Neurology Registrar and Consultant' and 'Breaking Myths in Paediatric Neurology'.

Overall, it has been a successful year for the BPNA Trainee SIG, marked by significant growth and organisational changes. I would like to thank Dr Audrey Soo for her dedicated role as Chair and wish her the best as a Consultant Paediatric Neurologist.

### 6.3.10. UK-Childhood Inflammatory Demyelination

This group's interest is in the clinical area of acquired inflammatory white matter diseases (such as paediatric onset Multiple Sclerosis, MOGAD and AQP4 antibody driven disorders and the autoimmune mediated encephalitides) as well as other less common inflammatory brain conditions.

The past 12 months has continued to be busy. We have met every 2 months virtually, on the 3rd Friday of every 2nd month, as a group. The meetings have been chaired by Paed Neurologist Cheryl Hemingway with administrative support provided by the BPNA and hosted on the BPNA Zoom platform. Clinical administrative support has been provided by GOSH PA team. The 6 meetings have been well attended, with around 40- 50 individuals joining, with both national and international representation. The meeting format has continued as before, with the first hour consisting of updates and formal presentations, bringing everyone up to date with new treatments and ongoing research, with the presentations recorded and made available on the BPNA website. The next 3 hours discussing clinical cases. We have discussed on average 10-12 clinical cases per meeting. The meeting has been excellently supported by expert neuroinflammatory colleagues from around UK and has had expert neuroradiology from Great Ormond Street, and we thank particularly Dr Kshitij Mankad and Dr Asthik Biswas for their time.

The meetings have all been expertly minuted, copies of the minutes sent to the referrer, and a copy kept on the GOSH EPR. A face to face meeting hosted by Manchester.

In May 2024 Manchester hosted the UKCNID/NHS England HSS (Highly Specialised Service) paediatric onset MS meeting. Attendees included Paediatric Neurologists, trainees in neuroinflammation, specialist nurses and researchers. Ongoing projects, finance issues and service updates were discussed.

As we go forward, into 2025, we will continue to meet every 2 months, with the next face to face meeting planned for June 2025 hosted by Oxford.

### 6.3.11. UK Neurorehabilitation Special Interest Group

Dr Peta Sharples remained Chair of this group until February 2025 when this was handed over to Dr David McCormick. During the course of the last year three SIG meetings have been held.

**September 2024:** A hybrid meeting was held in Glasgow immediately preceding the International Paediatric Brain Injury Society (IPBIS) meeting. There were a number of academic presentations at this meeting including:

- Paediatric TBI and Youth Offending: Risk factor or misnomer? (Professor Liam Dorris)
- Vitamin D levels and body composition in children completing the neurorehabilitation pathway at King's College Hospital (Dr David McCormick)
- Occupational therapy and early therapy for ABI in PICU (Mr Ethan Rebert)



## **ACHIEVEMENTS AND PERFORMANCE**

**February 2025:** This was my first meeting as Chair and Dr Anurag Saxena took over as secretary from Dr Jane Williams. At this virtual meeting:

- We had feedback from Mr Anthony Prudhoe of NHS England on the paediatric neurorehabilitation service specification review and the ongoing national survey of these services. Mr Prudhoe described a range of models in place across the country with both different commissioning and pathway models. Whilst he acknowledged that minimum standards were necessary, there was no one model emerging, and he communicated that there were no new funds forthcoming from the NHS with regard to paediatric neurorehabilitation services. He undertook an extended question and answer session with members from units around the UK, with a common theme becoming clear of practitioners having difficulty engaging commissioners in discussions about future development of services. It was acknowledged that the lack of designated beds for paediatric neurorehabilitation patients in many centres were adversely affecting the ability to implement good care. Mr Prudhoe advised that the national survey was ongoing and that he would report back to the SIG.

- Dr Anurag Saxena discussed data from the BPNA workforce documents and the draught service specification for paediatric neurorehabilitation. He noted that most paediatric neurorehabilitation centres are co-located with the regional paediatric neuroscience centres and that whilst there was broad geographical representation of these centres in the UK there was lengthy travel for some families to their nearest unit.

- I led discussions on the structure of the special interest group going forward, and a decision was made to have representation from most disciplines involved in paediatric neurorehabilitation on a core/working group for the SIG to include: physiotherapy, occupational therapy, speech and language therapy, neuropsychology, specialist nursing, and voluntary sector representation. It was agreed that Dr Peta Sharples would transition to the research lead and Dr Jane Williams to the transition lead for the SIG. The suggestion was that SIG members put themselves forward for these posts in the coming weeks.

**June 2025:** A third SIG meeting was held on 27th June as another virtual meeting. This was intended to follow a second feedback session on the national survey of paediatric neurorehabilitation services by Anthony Prudhoe, but he had to cancel this meeting at the last minute due to other demands. He made clear in correspondence that there is still a process of needing to report this survey and make recommendations to NHS England by the 24th September 2025, and committed to presenting these findings in a separate meeting in the not too distant future. Other matters addressed at this meeting:

- Now that she has left clinical practice, Dr Jane Williams is stepping down as transition lead and Dr Denise Crozier was nominated and approved in this role. A number of names were put forward for other new roles in the core/working group (as outlined in the February meeting), with essentially all filled, and following discussion additional roles of a representative spinal cord injury link worker and a representative from both Children's Brain Injury Trust and Back Up were agreed.

- Dr Peta Sharples presented on a proposed research programme. She has secured NIHR funding for a 3½ year PhD studentship looking at modelling for prognostication following acquired brain injury using a standardised set of assessment tools. This follows on from work discussed in a meeting held in November 2023 with SIG members. The proposal is that a limited number of assessment tools of children and young people with ABI are agreed and implemented on a weekly basis, that there is central data collection over a two year period, and that this data is then used for developing a model both to prognosticate following ABI and to inform therapeutic interventions. The SIG were very much in support of this proposal and await multi-centre ethics approval in this regard in addition to the outcomes of the planned July 16th meeting setting the agreed assessment tool portfolio.

## ACHIEVEMENTS AND PERFORMANCE

- Further discussions were held regarding the SIG meeting programme on an annual basis. It was ratified that we would have two virtual meetings per year and one hybrid meeting, inclusive of both face to face and virtual attendees, and that this meeting would be a full day academic meeting. This is now proposed for October or November 2025, site yet to be determined. A number of potential topics were discussed for this meeting including: family systemic grief following brain injuries to children; persistent disorders of consciousness and interventions for these; aetiologies of acquired brain injury and their implications for neurorehabilitation programmes, especially stroke; post-traumatic amnesia and its management. A programme will be worked up over the coming months and third party sponsorship sought in order to support the conference to avoid significant cost to attendees.

Overall, the last 12 months has been a successful period for the paediatric neurorehabilitation SIG with a successful transition to new leadership and effective meetings joined by enthusiastic participants. There has been a broadening of representation in SIG key roles, not only from medical colleagues but also allied health professionals and other disciplines working in the field, and we have exciting plans going forward both for coming academic meetings and UK wide research projects.

### 7. Clinical Governance

BPNA has been consulted by NHS NICE to comment on guidelines and quality standards and by NHS England to comment on the new drug treatments. If you would like more information about which of these the BPNA have contributed please contact the Director.

### Internal and external factors

#### Risk management

The trustees have assessed the major strategic, business, and operational risks to which the Association is exposed and are satisfied that systems and procedures are in place to monitor and control those risks to mitigate any impact they might have on the Association. A risk register is maintained and updated regularly.

#### Principal risks and uncertainties

We have currently identified the following factors as being the main risks to the BPNA:

- Pressure from NHS Trusts on BPNA members to increase the number of clinics/patients and limit other activities. This has the potential to impact on the voluntary time given by BPNA members to lecture, tutor and mentor at short-courses, distance-learning, and mentoring. Our consultant members have remained robust and enthusiastic in this support, and we hope that this will remain the case, but it is clear that the BPNA would be unable to continue in delivering education without this generously donated time. This is being monitored by Education, Quality & Standards committee and Professional Support Committee with the aim to start a faculty retention working group this year to research and review the risks.
- Reputation in being associated with unprofessional or unethical or even criminal activities in the UK/abroad due to disengagement about hot topic issues. This can be highlighted in recent years on cannabis-based medicinal products (CBMPs) and Paediatric Acute-Onset Neuropsychiatric Syndrome (PANS) and Paediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS). The BPNA has worked hard in engaging with such issues and producing their own or collaboration with other professional colleges to produce working statements. Similar issues will no doubt arise in the future and the BPNA must engage with those groups to be seen as professional and supportive while not putting more pressure on the BPNA members and wider medical professionals in the paediatric neurology community.

## FINANCIAL REVIEW

### Financial position

The balance sheet position shows net current assets of £907,436 (2024 - £942,510), resulting from a decrease in the cash at bank to £1,002,347 (2024 - £1,053,537). This has been accompanied by an increase in debtors to £110,040 (2024 - £65,203), and decrease in creditors to £205,890 (2024 - £185,253).

At the year end the charity has unrestricted freely available current reserves of £866,101 (2024 - £764,459) which excludes tangible fixed assets of £20,083 (2024 - £21,243). Given the charity's current levels of expenditure this would allow for approximately just over seven months (2024 - seven months) of trading without further freely available reserves becoming available.

**Principle funding sources**

The BPNA raises funds mainly through payments received for its educational activities, which include short-courses, annual conference, online distance-learning course; membership subscriptions; and sponsorship. We have also raised money through the voluntary contributions of members.

Total incoming resources for the year have increased to £1,278,107 (2024 - £1,227,881). This increase has arisen mainly from the increase in short course sponsorship to £40,250 (2024 - £14,750) and the increase in UCB sponsorship to £15,000 (2024 - £nil).

Donations and legacies have decreased in the year to £359,015 (2024 - £411,123). Sponsors of its annual conference symposiums generating funds of £66,000 (2024 - £66,000), and generating annual conference sponsorship income of £128,130 (2024 - £110,500). See "Note 4 Donations and Legacies" and "Note 6 Income from Charitable Activities" within the notes to the financial statements for a detailed breakdown of income received in the year.

**Investment policy and objectives**

The policy of the BPNA is to invest its reserves in the further development of its charitable aims.

The BPNA has also committed reserves to the sustainability and further development of both the distance learning and short courses.

As a result of recent financial performance, derived from additional incoming resources, the current level of reserves the BPNA holds as cash balances amounting to £1,002,347 (2024 - £1,053,537) and is exploring investment opportunities for the reserves. Any interest earned will be utilised for research projects and other activities in line with the BPNA charitable objectives.

It has been agreed that the BPNA Website and brand needs investment and a certain percentage of the BPNA reserves will be invested into the development of the Website update project.

**Reserves policy**

The total funds held at the year end were £921,524 (2024 - £963,753) and of which £35,340 (2024 - £178,051) is maintained within restricted funds for their detailed purposes as described in the notes to the financial statements. Further details of restricted funds are included within the notes to the financial statements.

The BPNA implemented two external VAT reviews due to our large income and making sure we are compliant with HMRC. It was confirmed that we should have been historically VAT registered. The BPNA are now VAT registered and the charity was able to recoup historical VAT since 1 January 2018 from companies that should have been invoiced VAT. With that, it is still to be confirmed the penalty the BPNA need to pay to HMRC. It should not be any more than £6,000 from the latest letter received by HMRC. This means there will be no loss incurred by the BPNA for the historical VAT needed to be paid to HMRC and what was recouped back from companies.

Overall, the financial position of the charity remains healthy, though the trustees continue to pay close attention to the mix of activities in order to ensure that in trying to achieve its objectives it does not lead to deterioration in the financial stability of the charity or staff burn out.

A substantial proportion of the reserves in the balance sheet are represented by the cash at bank and in hand totalling £1,002,347 (2024 - £1,053,537) in order to facilitate the continued activities of the charity by holding highly liquid assets.

The trustees regularly review the finances, budgets, and cash flows to aid effective stewardship of the charity.

## **FINANCIAL REVIEW**

The trustees recognise that the level of reserves fluctuates during periods of investment by the charity and ensure an adequate reserve is maintained. To this end, in 2023-24 the trustees increased an unrestricted contingency fund to £250,000 which is held in order to mitigate the risk of liquidity concerns. The trustees have agreed the level of funds held in this account based on the equivalent of five month's Secretariat salaries plus major overheads including office rentals. This policy is reviewed every 12-months.

### **Funds in deficit**

PET1 International update had a deficit as at the financial reporting date or the comparative financial reporting date.

## **FUTURE PLANS**

During 2025-26 recruitment to paediatric neurology will continue but trainee places have been filled to capacity in recent years. Relationships with other associations and colleges will continue to develop (RCPCH & Association of British Neurologists).

The BPNA Strategy day happened in September 2024 in line with the new BPNA President taking up their position which will inform the direction the BPNA should go operationally and the final document should be produced by the end of the 2025/26 year.

PET1 will be launched in Singapore in 2025 with plans to launch in both the Caribbean and Mexico soon afterwards. The Acute and ACT courses will undergo a revision in June and September 2025.

## **STRUCTURE, GOVERNANCE AND MANAGEMENT**

### **Governing document**

The BPNA is governed by its constitution, approved at an extraordinary general meeting on 3 December 2014 and updated at the Annual General Meeting held on 23 January 2019.

### **Method of appointment of trustees**

The management of the Association is the responsibility of the trustees who are elected by BPNA members and appointed under the terms of the Constitution.

When a new Trustee is appointed a procedure is followed under BPNA policies which includes Trustee eligibility declaration, sending a copy of 'The Essential Trustee' guide, Conflicts of Interest policy and Declaration of interest form. They are also offered training.

### **Organisational structure and decision-making**

The trustees meet four times per year (usually January, June, September, November) when more in depth strategic decisions and business matters are discussed. Monthly Zoom meetings are also held.

Council is a larger body that meets twice per year (January and May/June/July). During 2018-19, Council was expanded to include representation from every UK paediatric neurology tertiary centre and the Chairs of the special interest groups together with the representatives co-opted from related organisations.

The purpose of Council is to ensure a good exchange of information and ideas related to the care of children and young people with neurological conditions and paediatric neurology education and training between Centres and other key organisations. Please see list of BPNA Council members below:

## STRUCTURE, GOVERNANCE AND MANAGEMENT

### Members of BPNA Council Serving During 2024-25

<u>Executive</u>	<u>Name</u>	<u>Term Expires</u>
President	Dr Ailsa McLellan	January 2027
Secretary	Dr Daniel Lumsden	January 2028
Chair, Research	Dr Sam Amin	January 2028
Chair, Education Quality & Standards	Dr Manali Chitre	January 2027
Chair, International Education	Dr Jane Hassell	January 2028
Executive Director, BPNA	Mr Philip Levine	
Treasurer	Dr Santosh Mordekar	January 2026
Professional Support Officer	Dr Manish Prasad	January 2026
National Training Advisor	Dr Dipak Ram	January 2027

<u>Paediatric Neurology Centres</u>	<u>Representative</u>	<u>3-year term</u>
Aberdeen	Dr Elma Stephen	January 2027
Belfast	Dr Sandya Tirupathi	January 2028
Birmingham	Dr Annapurna Sudarsanam	January 2027
Bristol	Dr Andrew Mallick	January 2027
Cambridge	Dr Deepa Krishnakumar	January 2026
Cardiff	Dr Johann te Water Naude	January 2026
Dundee	Dr Alice Jollands	January 2026
Edinburgh	Dr Krishnaraya KamathTallur	January 2028
Glasgow	Dr Sarah Abernethy	January 2026
Leeds	Dr Lydia Green	January 2026
Leicester	Dr Nahin Hussain	January 2026
Liverpool	Dr Rajesh Karuvattil	January 2027
Manchester	Dr Siobhan West	January 2026
Newcastle-upon-Tyne	Dr Anna Basu	January 2027
Nottingham	Dr Singaravadevelu Velmurugan	January 2027
Oxford	Dr Nadine McCrea	January 2028
Preston	Dr Christian De Goede	January 2026
Sheffield	Dr Min Tsui Ong	January 2028
Southampton	Dr Jaspal Singh	January 2028
London: Great Ormond Street Hospital	Dr Jane Hassell	January 2028
London: Chelsea & Westminster Hospital	Dr Naila Ismayilova	January 2028
London: St Mary's Hospital	Dr Sushil Beri	Co-opted
London: The Royal London	Dr Michael Yoong	January 2028
London: Evelina London Children's Hospital	Dr Daniel Lumsden	January 2028
London: St George's Hospital	Dr Luigi D'Argenzio	January 2028

<u>Special Interest Groups</u>	<u>Chair</u>	<u>3-year term</u>
British Paediatric Epilepsy Group	Dr Suresh Pujar	June 2025
Cerebrovascular	Dr Jaspal Singh	February 2026
Children's Headache Network	Dr Michael Taylor	January 2028
Fetal & Neonatal Neurology	Dr Anthony Hart (Co-Chair 2nd Term)	May 2025
Fetal & Neonatal Neurology	Dr Brigitte Vollmer (Co-Chair)	May 2025
The Genetic White Matter Disorders	Dr Lydia Green	July 2027
British Paediatric Movement Disorders	Dr Ram Kumar	May 2028
Muscle Interest Group	Dr Tracey Willis (2nd Term)	May 2025
UK Neurorehabilitation	Dr David McCormick	January 2027
UK-Childhood Neuro-Inflammatory Disorders	Dr Cheryl Hemmingway	May 2025
Neurocutaneous	Dr Sam Amin (Co-Chair)	August 2025
Neurocutaneous	Dr Sarah Aylett (Co-Chair)	August 2025
RCPCH SPIN Epilepsy Trainees	Dr Manali Chitre (Chair)	August 2025

## British Paediatric Neurology Association

### Report of the Trustees for the Year Ended 31 March 2025

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#### STRUCTURE, GOVERNANCE AND MANAGEMENT

Trainees' Chair	Dr Audrey Soo	June 2026
Trainees' Deputy Chair	Dr Abigail Lazenbury	June 2026
<u>Co-opted</u>	<u>Representative</u>	
Editor, DMCN	Dr Bernard Dan	Co-opted
British Paediatric Neurosurgical Group	Dr Pasquale Gallo	Co-opted
Chair, Neurodisability CSAC & BACD Rep	Dr Jill Cadwgan	Co-opted
Paediatric Neurosciences CRG	Dr Anita Devlin	Co-opted
Neuropsychiatry Representative	Dr Ashley Liew	Co-opted
Short Course Development Manager	Dr Colin Dunkley	Co-opted
Lead of Distance Learning	Dr Louise Hartley	Co-opted
Lead for International Programme Development and Evaluation	Prof Martin Kirkpatrick	Co-opted
	Prof Andreas Brunklaus & Dr Joseph Symonds	
BPNA 2026 Glasgow Organiser	Symonds	January 2026
President, Association of British Neurologists	Dr Richard Davenport	Co-opted
Trainee Rep, Neurodisability	To be confirmed	January 2027

#### Key management remuneration

Total remuneration paid to key management personnel during the financial year included wages and salaries amounting to £72,885 (2022 - £85,853) and contributions to defined contribution pension schemes of £3,338 (2022 - £3,907).

#### Pay and remuneration of key management personnel

Permanent staff have yearly appraisals with aims to achieve for the year and are given opportunities to develop themselves with training that the BPNA covers the cost towards. If staff achieve all their objectives they will get a grade increase (between 2% & 4%) until they reach the top band of their pay grade.

BPNA staff positions and pay are reviewed annually and are benchmarked within the recruitment market and similar organisations.

#### REFERENCE AND ADMINISTRATIVE DETAILS

##### Registered Charity number

1159115

##### Principal address

BPNA Education and Accounts Office  
Suite M2  
Atria Spa Road  
Bolton  
BL1 4AG

##### Trustees

Dr A McLellan  
Dr D Ram  
Dr S Amin  
Dr D Lumsden  
Dr M Prasad  
Dr S Mordekar  
Dr M Chitre  
Dr J Hassell (appointed 9 January 2025)  
Professor M Kirkpatrick (stepped down 9 January 2025)

**Report of the Trustees  
for the Year Ended 31 March 2025**

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**REFERENCE AND ADMINISTRATIVE DETAILS**

**Auditor**

Donnelly Bentley Ltd  
70 Chorley New Road  
Bolton  
BL1 4BY

**Bankers**

Barclays Bank PLC  
15 Bene't Street  
Cambridge  
CB2 3PZ

**TRUSTEES' RESPONSIBILITY STATEMENT**

The trustees are responsible for preparing the Report of the Trustees and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) including Financial Reporting Standard 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland".


Charity law requires the trustees to prepare financial statements for each financial year. Under that law, the trustees have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law).

Under charity law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charity for that period. In preparing those financial statements, the trustees are required to

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Charities Act 2011 and The Charity (Accounts and Reports) Regulations 2008. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Approved by order of the board of trustees on ..... 4 December 2025 ..... and signed on its behalf by:



.....  
Dr S Mordekar - Trustee

### **Opinion**

We have audited the financial statements of British Paediatric Neurology Association (the 'charity') for the year ended 31 March 2025 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2025 and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

### **Basis for opinion**

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

### **Conclusions relating to going concern**

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

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

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

### **Other information**

The trustees are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our Report of the Independent Auditor thereon.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### **Matters on which we are required to report by exception**

We have nothing to report in respect of the following matters where the Charities (Accounts and Reports) Regulations 2008 requires us to report to you if, in our opinion:

- the information given in the Report of the Trustees is inconsistent in any material respect with the financial statements; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.



**Responsibilities of trustees**

As explained more fully in the Trustees' Responsibilities Statement, the trustees are responsible for the preparation of the financial statements which give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

**Our responsibilities for the audit of the financial statements**

We have been appointed as auditor under Section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

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

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

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

We obtained an understanding of the legal and regulatory framework applicable to the charity and the sector in which it operates and considered the risk of non-compliance with applicable laws or regulations.

We determined that the following laws and regulations were most significant: the Charities Act 2011 and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland issued in October 2019. We designed audit procedures to respond to the risk, recognizing that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment, for example, forgery or intentional misrepresentations, or through collusion

We obtained an understanding of how the charity is complying with those legal and regulatory frameworks by making enquiries of the management. We corroborated our enquiries through our review of board minutes.

Our tests also included agreeing the financial statements disclosures to underlying supporting documentation. There are inherent limitations in the audit procedures described above and, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we would become aware of it. We did not identify any key audit matters relating to irregularities, including fraud.

We also addressed the risk of management override of internal controls, including testing journals and evaluating whether there was evidence of bias by the trustees that represented a risk of material misstatement due to fraud.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our Report of the Independent Auditor.

**Report of the Independent Auditor to the Trustees of  
British Paediatric Neurology Association**

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**Use of our report**

This report is made solely to the charity's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

DonnellyBentley Ltd

DonnellyBentley Ltd  
70 Chorley New Road  
Bolton  
BL1 4BY

Date: 4 December 2025

DonnellyBentley Ltd is eligible for appointment as auditor of the charity by virtue of its eligibility for appointment as auditor of a company under section 1212 of the Companies Act 2006.

**British Paediatric Neurology Association**

**Statement of Financial Activities  
for the Year Ended 31 March 2025**

		Unrestricted funds £	Restricted funds £	2025 Total funds £	2024 Total funds £
	Notes				
<b>INCOME AND ENDOWMENTS FROM</b>					
Donations and legacies	4	183,582	175,433	359,015	411,123
<b>Charitable activities</b>					
Annual conference	6	313,678	-	313,678	294,950
Short courses		380,843	-	380,843	288,591
Distance learning courses		63,155	-	63,155	67,281
International short courses		16,151	-	16,151	3,469
Research		720	-	720	1,200
Membership and professional support		121,910	-	121,910	117,784
Conferences, courses and recharges		-	-	-	11,670
Professional support		6,641	-	6,641	5,499
Support costs		1,200	-	1,200	3,810
Investment income	5	14,794	-	14,794	12,388
<b>Total</b>		<u>1,102,674</u>	<u>175,433</u>	<u>1,278,107</u>	<u>1,217,765</u>
<b>EXPENDITURE ON</b>					
<b>Charitable activities</b>					
Annual conference	7	284,531	-	284,531	338,310
Short courses		341,010	-	341,010	260,287
Distance learning courses		50,112	-	50,112	96,972
International short courses		122,476	204,633	327,109	184,219
Research		62,354	-	62,354	105,449
Membership and professional support		134,365	-	134,365	135,500
Support costs		(78,571)	113,512	34,941	11,224
Governance costs		85,223	-	85,223	43,918
Invited Reviews		691	-	691	10,771
<b>Total</b>		<u>1,002,191</u>	<u>318,145</u>	<u>1,320,336</u>	<u>1,186,650</u>
<b>NET INCOME/(EXPENDITURE)</b>		100,483	(142,712)	(42,229)	31,115
<b>RECONCILIATION OF FUNDS</b>					
Total funds brought forward		785,702	178,051	963,753	932,638
<b>TOTAL FUNDS CARRIED FORWARD</b>		<u>886,185</u>	<u>35,339</u>	<u>921,524</u>	<u>963,753</u>

The notes form part of these financial statements

Statement of Financial Activities  
for the Year Ended 31 March 2025

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**CONTINUING OPERATIONS**

All income and expenditure has arisen from continuing activities.

**RESTRICTED INCOME AND EXPENDITURE**

**Comparatives for income and expenditure**

All income and expenditure in 2024 was unrestricted apart from:

	£
<b>Donations and legacies income</b>	
International League Against Epilepsy (ILAE)	78,282
THET grant	159,502
GW / Jazz Pharma	23,338
<b>Charitable activities expenditure</b>	
Short courses	111,320

**British Paediatric Neurology Association**

**Balance Sheet  
31 March 2025**

	Notes	Unrestricted funds £	Restricted funds £	2025 Total funds £	2024 Total funds £
<b>FIXED ASSETS</b>					
Tangible assets	12	20,083	-	20,083	21,243
<b>CURRENT ASSETS</b>					
Stocks	13	939	-	939	9,023
Debtors	14	110,040	-	110,040	65,203
Cash at bank and in hand		<u>967,007</u>	<u>35,340</u>	<u>1,002,347</u>	<u>1,053,537</u>
		1,077,986	35,340	1,113,326	1,127,763
<b>CREDITORS</b>					
Amounts falling due within one year	15	(205,890)	-	(205,890)	(185,253)
<b>NET CURRENT ASSETS</b>		<u>872,096</u>	<u>35,340</u>	<u>907,436</u>	<u>942,510</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		892,179	35,340	927,519	963,753
<b>PROVISIONS FOR LIABILITIES</b>	17	(5,995)	-	(5,995)	-
<b>NET ASSETS</b>		<u>886,184</u>	<u>35,340</u>	<u>921,524</u>	<u>963,753</u>
<b>FUNDS</b>	18				
Unrestricted funds				886,184	785,702
Restricted funds				<u>35,340</u>	<u>178,051</u>
<b>TOTAL FUNDS</b>				<u>921,524</u>	<u>963,753</u>

The financial statements were approved by the Board of Trustees and authorised for issue on  
4 December 2025 and were signed on its behalf by:



Dr S Mordekar - Trustee

The notes form part of these financial statements

**British Paediatric Neurology Association**

**Cash Flow Statement  
for the Year Ended 31 March 2025**

	Notes	2025 £	2024 £
<b>Cash flows from operating activities</b>			
Cash generated from operations	1	(64,971)	78,588
Provision		<u>5,995</u>	<u>-</u>
Net cash (used in)/provided by operating activities		<u>(58,976)</u>	<u>78,588</u>
<b>Cash flows from investing activities</b>			
Purchase of tangible fixed assets		(7,591)	(18,610)
Sale of tangible fixed assets		583	36
Interest received		<u>14,794</u>	<u>12,388</u>
Net cash provided by/(used in) investing activities		<u>7,786</u>	<u>(6,186)</u>
<b>Change in cash and cash equivalents in the reporting period</b>		<u>(51,190)</u>	<u>72,402</u>
<b>Cash and cash equivalents at the beginning of the reporting period</b>		<u>1,053,537</u>	<u>981,135</u>
<b>Cash and cash equivalents at the end of the reporting period</b>		<u><u>1,002,347</u></u>	<u><u>1,053,537</u></u>

The notes form part of these financial statements

Notes to the Cash Flow Statement  
for the Year Ended 31 March 2025

1. RECONCILIATION OF NET (EXPENDITURE)/INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2025 £	2024 £
Net (expenditure)/income for the reporting period (as per the Statement of Financial Activities)	(42,229)	31,115
Adjustments for:		
Depreciation charges	6,696	7,081
Loss on disposal of fixed assets	1,472	652
Interest received	(14,794)	(12,388)
Decrease in stocks	8,084	2,038
Increase in debtors	(44,837)	(25,152)
Increase in creditors	<u>20,637</u>	<u>75,242</u>
Net cash (used in)/provided by operations	<u>(64,971)</u>	<u>78,588</u>

2. ANALYSIS OF CHANGES IN NET FUNDS

	At 1/4/24 £	Cash flow £	At 31/3/25 £
Net cash			
Cash at bank and in hand	<u>1,053,537</u>	<u>(51,190)</u>	<u>1,002,347</u>
	<u>1,053,537</u>	<u>(51,190)</u>	<u>1,002,347</u>
Total	<u>1,053,537</u>	<u>(51,190)</u>	<u>1,002,347</u>

The notes form part of these financial statements

**1. STATUTORY INFORMATION**

British Paediatric Neurology Association is a charitable incorporated organisation registered with the Charity Commission for England and Wales. The registered charity number is 1159115 and the principal address is 2 St Andrews Place, Regents Park, London, NW1 4LB.

The charitable incorporated organisation constitutes a public benefit entity as defined by FRS 102.

The presentation currency of the financial statements is the Pound Sterling (£).

**2. ACCOUNTING POLICIES**

**Basis of preparing the financial statements**

The financial statements of the charity, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Charities Act 2011. The financial statements have been prepared under the historical cost convention.

**Going concern**

The Trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charity to continue as a going concern. The trustees have made this assessment for a period of at least one year from the date of approval of the financial statements. In particular the trustees have considered the charities forecasts and projections and have taken account of pressures on income. After making enquiries the trustees have concluded that there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future.

As such the charity can expect to be able to meet its liabilities as they fall due in the period of at least 12 months from the date of approval of these accounts. However, there can be no certainty in relation to these matters.

On this basis the Trustees have concluded that the charity is a going concern. The financial statements do not include any adjustments that would result from the charity not being able to meet its liabilities as they fall due.

**Income**

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

**Income from grants and donations**

Donations and grants are recognised when they have been communicated and received in writing with notification of both the amount and settlement date. In the event that a donation or grant is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period.

**Income from membership subscriptions**

Membership subscriptions are initially recognised in the period that the member pays the subscription to the charity. Membership subscriptions received in the year relating to the period after the reporting date are recognised as deferred income.

**Income from sponsorship agreements**

Sponsorship income is initially recognised when invoiced in line with the terms of the sponsorship agreement. Income received or invoiced in the year relating to the period after the reporting date are recognised as deferred income.



## 2. ACCOUNTING POLICIES - continued

### Income

#### Income from conferences

Income in relation to conferences is initially recognised in the period in which the attendee pays the attendance fee. Income received for conferences taking place after the reporting date are recognised as deferred income.

#### Income from courses

Income in relation to courses is initially recognised at the point which the attendee has booked and paid for their attendance on the course. Income received for courses taking place after the reporting date are recognised as deferred income.

#### Income from EPNS recharges

Income in relation to EPNS recharges is initially recognised at the point which the EPNS is invoiced for the costs incurred by BPNA. Income not invoiced as at the reporting date is recognised as accrued income within the financial statements.

### Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Grants offered subject to conditions which have not been met at the balance sheet date are noted as a commitment but not accrued as expenditure.

### Tangible fixed assets

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Plant and machinery	- 25% on reducing balance
Fixtures and fittings	- 25% on reducing balance

The tangible fixed assets of the charity are reviewed by the charity's executive director and the trustees for impairment on a regular basis and during the preparation of the financial statements.

### Stocks

Stocks are valued at the lower of cost and net realisable value, after making due allowance for obsolete and slow moving items.

### Taxation

The charity is exempt from tax on its charitable activities.

### Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

**2. ACCOUNTING POLICIES - continued**

**Debtors and creditors receivable / payable within one year**

Debtors and creditors with no stated interest rate and receivable / payable within one year are recorded at transaction price. Any losses arising from impairment are recognised in expenditure.

**Foreign currencies**

Assets and liabilities in foreign currencies are translated into sterling at the rates of exchange ruling at the balance sheet date. Transactions in foreign currencies are translated into sterling at the rate of exchange ruling at the date of transaction. Exchange differences are taken into account in arriving at the operating result.

**Pension costs and other post-retirement benefits**

The charity operates a defined contribution pension scheme. Contributions payable to the charity's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

**Financial instruments**

A financial asset or a financial liability is recognised only when the entity becomes a party to the contractual provisions of the instruments.

Basic financial instruments are initially recognised at the transaction price, unless the arrangement constitutes, in effect, a financing transaction, where it is recognised at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Debt instruments are subsequently measured at amortised cost.

Other financial instruments are initially recognised at fair value, unless payment for an asset is deferred beyond normal business terms or financed at a rate of interest that is not a market rate, in which case the asset is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument. Financial assets that are measured at cost or amortised cost are reviewed for objective evidence of impairment at the end of each reporting date. If there is objective evidence of impairment, an impairment loss is recognised in profit or loss immediately.

Any reversals of impairment are recognised in profit or loss immediately, to the extent that the reversal does not result in a carrying amount of the financial asset that exceeds what the carrying amount would have been had the impairment not previously been recognised.

**3. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY**

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the balance sheet date and the amounts reported for revenues and expenses during the year. The nature of estimation means that actual outcomes may however differ from those original estimates.

The trustees do not deem there to be any judgements, apart from those otherwise disclosed in the accounting policies or notes to the financial statements, which require highlighting to the readers as a result of having had a critical effect on amounts recognised in the financial statements.

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2025

## 4. DONATIONS AND LEGACIES

	2025	2024
	£	£
Donations	142	23,660
Grants	209,505	242,718
Membership donations	10,800	11,200
Annual conference sponsorship	74,432	110,500
Short course sponsorship	40,250	14,750
Trainee sponsorship	7,500	7,500
UCB Sponsorship	15,000	-
Miscellaneous income	1,386	795
	<u>359,015</u>	<u>411,123</u>

Grants received, included in the above, are as follows:

	2025	2024
	£	£
International League Against Epilepsy (ILAE)	57,664	54,878
Department for International Development (DFID) via the Tropical Health and Education Trust (THET)	114,525	156,300
Pet Grant	-	5,000
BAND & ROW Foundations Grant	-	26,540
Tunisia Launch	12,316	-
Livanova Support	25,000	-
	<u>209,505</u>	<u>242,718</u>

Sponsorships received, included in the above, are as follows:

Company name	Conference sponsorship £	Course sponsorship £	2025 Totals £	2024 Totals £
Acadia	6,000	-	6,000	-
Alexion	7,500	-	7,500	6,000
Biocodex	6,000	-	6,000	7,500
Biogen	7,500	-	7,500	7,500
Desitin	6,000	33,250	39,250	19,750
Egetis	-	-	-	6,000
Neuraxpharm UK	7,500	-	7,500	6,000
Immedica	6,000	-	6,000	2,000
Novartis	7,500	1,000	8,500	7,500
Nutricia	6,000	-	6,000	6,000
Orchard	6,000	-	6,000	7,500
Proveca	6,000	-	6,000	2,000
PTC	6,000	-	6,000	6,000
Roche	6,000	-	6,000	8,500
Sarepta	7,500	-	7,500	7,500
UCB Pharma	13,500	3,000	16,500	13,500
Veriton	-	-	-	6,000
Vitaflor	6,000	-	6,000	6,000
Young Epilepsy	1,500	-	1,500	-

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2025

## 4. DONATIONS AND LEGACIES - continued

Childrens Trust	1,500	-	1,500	-
Mackeith prize	500	-	500	-
ITF Pharma	6,000	-	6,000	-
Santhera	6,000	-	6,000	-
Epilepsy Research	1,500	-	1,500	-
Ring 20	130	-	130	-
Livanova	-	3,000	3,000	-
Total Sponsorship	<u>128,130</u>	<u>40,250</u>	<u>168,380</u>	<u>125,250</u>

## 5. INVESTMENT INCOME

	2025	2024
	£	£
Deposit account interest	<u>14,794</u>	<u>12,388</u>

## 6. INCOME FROM CHARITABLE ACTIVITIES

	Annual conference £	Short courses £	Distance learning courses £	International short courses £	Research £
Annual conference	247,678	-	-	-	-
Short courses	-	380,843	-	-	-
International short courses	-	-	-	16,151	-
Distance learning	-	-	63,155	-	-
BPNSU fee income	-	-	-	-	720
Trainee fees	-	-	-	-	-
BPNA membership subscriptions	-	-	-	-	-
Annual conference symposium sponsorship	66,000	-	-	-	-
External room hire	-	-	-	-	-
	<u>313,678</u>	<u>380,843</u>	<u>63,155</u>	<u>16,151</u>	<u>720</u>
				2025	2024
	Membership and professional support £	Professional support £	Support costs £	Total activities £	Total activities £
Annual conference	-	-	-	247,678	243,080
Short courses	-	-	-	380,843	288,591
International short courses	-	-	-	16,151	3,469
Distance learning	-	-	-	63,155	67,281
BPNSU fee income	-	-	-	720	1,200
Trainee fees	-	6,641	-	6,641	5,499
Carried forward	-	6,641	-	715,188	609,120

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2025

## 6. INCOME FROM CHARITABLE ACTIVITIES - continued

				2025	2024
	Membership and professional support	Professional support	Support costs	Total activities	Total activities
	£	£	£	£	£
Brought forward	-	6,641	-	715,188	609,120
BPNA membership subscriptions	121,910	-	-	121,910	117,784
Annual conference symposium sponsorship	-	-	-	66,000	66,000
External room hire	-	-	1,200	1,200	1,350
	<u>121,910</u>	<u>6,641</u>	<u>1,200</u>	<u>904,298</u>	<u>794,254</u>

Sponsorships received, included in the above, are as follows:

Company name	Symposia sponsorship £	2025 Totals £	2024 Totals £
Biocodex	-	-	11,000
Biogen	11,000	11,000	-
Desitin	11,000	11,000	11,000
GW/Jazz Pharma	11,000	11,000	-
ITF Pharma	-	-	11,000
Novartis	11,000	11,000	11,000
Immedica	11,000	11,000	-
Roche	11,000	11,000	11,000
UCB Pharma	-	-	11,000
Total Sponsorship	<u>66,000</u>	<u>66,000</u>	<u>66,000</u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2025**7. CHARITABLE ACTIVITIES COSTS**

	Direct Costs £	Grant funding of activities (see note 8) £	Support costs (see note 9) £	Totals £
Annual conference	193,427	-	91,104	284,531
Short courses	213,993	-	127,017	341,010
Distance learning courses	17,930	-	32,182	50,112
International short courses	200,664	-	126,445	327,109
Research	2,469	41,666	18,219	62,354
Membership and professional support	80,085	-	54,280	134,365
Support costs	(78,571)	-	113,512	34,941
Governance costs	49,008	-	36,512	85,223
Invited Reviews	691	-	-	691
	<u>679,696</u>	<u>41,666</u>	<u>598,974</u>	<u>1,320,336</u>

**8. GRANTS PAYABLE**

	2025 £	2024 £
Research	<u>41,666</u>	<u>82,969</u>

The total grants paid to institutions during the year was as follows:

	2025 £	2024 £
Year 2 of 3 joint research training fellowship with Action Medical Research	-	41,667
Year 3 of 3 joint research training fellowship with Action Medical Research	<u>41,666</u>	<u>41,302</u>
	<u>41,666</u>	<u>82,969</u>

**9. SUPPORT COSTS**

	Finance £	Information technology £	Human resources £
Annual conference	282	8,382	61,401
Short courses	394	11,686	85,604
Distance learning courses	100	2,960	21,687
International short courses	393	11,635	85,220
Research	57	1,676	12,281
Membership and professional support	169	4,994	36,582
Support costs	-	-	113,512
Governance costs	<u>77</u>	<u>2,284</u>	<u>16,722</u>
	<u>1,472</u>	<u>43,617</u>	<u>433,009</u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2025

## 9. SUPPORT COSTS - continued

	Other £	Governance costs £	Totals £
Annual conference	19,508	1,531	98,888
Short courses	27,196	2,137	137,870
Distance learning courses	6,893	542	34,931
International short courses	27,070	2,127	137,249
Research	3,899	306	19,776
Membership and professional support	11,621	914	58,918
Support costs	-	-	113,512
Governance costs	<u>5,314</u>	<u>11,818</u>	<u>38,335</u>
	<u>101,501</u>	<u>19,375</u>	<u>598,974</u>

Support costs, included in the above, are as follows:

	Annual conference £	Short courses £	Distance learning courses £	International short courses £	Research £
Loss on sale of tangible fixed assets	282	394	100	393	57
Software subscriptions	1,515	2,113	535	2,103	303
Computer repairs	152	211	53	210	30
Website hosting	117	162	41	162	23
Website development	5,359	7,472	1,893	7,439	1,072
Computer upgrades	96	134	34	133	19
Depreciation of tangible fixed assets	1,143	1,594	404	1,588	229
Employment costs	48,271	67,301	17,051	66,999	9,655
Social security	5,989	8,350	2,115	8,312	1,198
Pensions	3,971	5,535	1,402	5,510	794
Staff costs	775	1,079	273	1,075	155
Staff training & welfare	2,316	3,229	818	3,214	463
Recruitment costs	79	110	28	110	16
Business rates	174	243	62	242	35
Gas and electric	89	124	31	123	18
Telephone	853	1,190	302	1,185	171
Office insurance	32	44	11	44	6
Data protection costs	8	9	2	9	1
Health and safety costs	35	50	13	50	7
Legal fees	38	54	14	54	8
Marketing	2,342	3,265	827	3,250	468
Office repairs and renewals	228	317	80	315	45
Photocopier	128	180	46	179	26
Printing and stationery	245	342	87	341	49
Indemnity insurance	1,349	1,883	477	1,874	270
Credit card charges	2,506	3,493	885	3,477	501
Bank charges	<u>130</u>	<u>182</u>	<u>46</u>	<u>181</u>	<u>26</u>
Carried forward	78,222	109,060	27,630	108,572	15,645

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2025

## 9. SUPPORT COSTS - continued

	Annual conference £	Short courses £	Distance learning courses £	International short courses £	Research £
Brought forward	78,222	109,060	27,630	108,572	15,645
Bad debt expense	28	39	10	38	5
Refuse and cleaning	73	101	26	100	14
Computer and internet	111	154	39	153	22
Staff welfare	108	150	38	149	22
Copyright licence	155	215	55	214	31
London Rent	6,340	8,841	2,240	8,801	1,268
Bolton Rent	2,558	3,566	903	3,549	511
Meeting costs	341	476	121	474	68
VAT penalty provision	1,153	1,606	407	1,599	230
Consultancy	214	298	76	297	43
Professional fees	127	175	44	174	25
Depreciation of tangible fixed assets	143	199	51	198	29
Auditors' remuneration	-	-	-	-	-
Auditors' remuneration for non audit work	85	121	31	120	17
Accountancy and legal fees	1,446	2,016	511	2,007	289
	<u>91,104</u>	<u>127,017</u>	<u>32,182</u>	<u>126,445</u>	<u>18,219</u>
				2025	2024
	Membership and professional support	Support costs	Governance costs	Total activities	Total activities
	£	£	£	£	£
Loss on sale of tangible fixed assets	169	-	77	1,472	652
Software subscriptions	903	-	413	7,885	9,446
Computer repairs	90	-	41	787	1,486
Website hosting	69	-	32	606	540
Website development	3,193	-	1,460	27,888	6,625
Computer upgrades	57	-	26	499	284
Depreciation of tangible fixed assets	682	-	312	5,952	6,931
Employment costs	28,761	113,512	13,146	364,696	353,618
Social security	3,568	-	1,631	31,163	29,887
Pensions	2,365	-	1,081	20,658	21,053
Staff costs	461	-	211	4,029	2,269
Staff training & welfare	1,380	-	631	12,051	13,237
Recruitment costs	47	-	22	412	2,017
Business rates	104	-	48	908	195
Gas and electric	53	-	24	462	245
Telephone	509	-	233	4,443	4,079
Office insurance	19	-	9	165	2,290
Carried forward	42,430	113,512	19,397	484,076	454,854



Notes to the Financial Statements - continued  
for the Year Ended 31 March 2025

## 9. SUPPORT COSTS - continued

				2025	2024
	Membership and professional support	Support costs	Governance costs	Total activities	Total activities
	£	£	£	£	£
Brought forward	42,430	113,512	19,397	484,076	454,854
Data protection costs	4	-	2	35	239
Health and safety costs	21	-	10	186	8
Legal fees	23	-	11	202	4,254
Marketing	1,395	-	638	12,185	16,700
Office repairs and renewals	135	-	62	1,182	608
Photocopier	77	-	35	671	127
Printing and stationery	146	-	67	1,277	952
Indemnity insurance	805	-	368	7,026	-
Credit card charges	1,493	-	682	13,037	8,964
Bank charges	78	-	36	679	1,027
Bad debt expense	16	-	7	143	(66)
Refuse and cleaning	43	-	20	377	48
Computer and internet	66	-	30	575	901
Staff welfare	64	-	29	560	5,055
Copyright licence	92	-	42	804	730
London Rent	3,778	-	1,727	32,995	37,512
Bolton Rent	1,524	-	696	13,307	10,055
Meeting costs	203	-	93	1,776	2,181
VAT penalty provision	686	-	314	5,995	-
Consultancy	127	-	58	1,113	-
Professional fees	75	-	34	654	9,807
Depreciation of tangible fixed assets	85	-	39	744	150
Auditors' remuneration	-	-	9,000	9,000	10,800
Auditors' remuneration for non audit work	52	-	24	450	-
Accountancy and legal fees	862	-	2,794	9,925	5,167
	<u>54,280</u>	<u>113,512</u>	<u>36,215</u>	<u>598,974</u>	<u>570,073</u>

## 10. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 March 2025 nor for the year ended 31 March 2024.

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2025**10. TRUSTEES' REMUNERATION AND BENEFITS - continued****Trustees' expenses**

Within the expenses noted above are expenses paid to the following trustees in respect of direct charitable activity costs i.e. travel expenses teaching at UK and/or International courses, undertaken on behalf of the charity in the year:

	2025 £	2024 £
Prof M Kirkpatrick	7,548	14,153
Dr A Parker	-	564
Dr A McLellan	3,503	4,425
Dr M Griffiths	-	636
Dr S Mordekar	1,636	658
Dr D Ram	1,693	709
Dr S Amin	1,800	1,623
Dr M Prasad	1,447	720
Dr Lumsden	459	-
Dr M Chitre	2,428	149
	<u>20,514</u>	<u>23,637</u>

During the year, in addition to the above, amounts totalling £5,227 (2024 - £4,434) related to executive meeting expenses that were paid on behalf of all trustees.

**11. STAFF COSTS**

	2025 £	2024 £
Wages and salaries	363,043	356,738
Social security costs	31,163	29,887
Pension schemes	20,658	21,053
Total	<u>408,257</u>	<u>407,607</u>

The average monthly number of employees during the year was as follows:

	2025	2024
Management	4	4
Support staff	7	7
	<u>11</u>	<u>11</u>

The number of employees receiving gross remuneration, inclusive of the value of benefits-in-kind, greater than £60,000 per annum and to whom retirement benefits are accruing under defined contribution pension schemes were:

	2025	2024
£60,000 - £70,000	<u>1</u>	<u>1</u>
Total employees	<u>1</u>	<u>1</u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2025**11. STAFF COSTS - continued**

Total remuneration paid to key management personnel during the financial year included wages and salaries amounting to £184,746 (2024 - £161,792) and contributions to defined contribution pension schemes of £10,285 (2024 - £10,055).

**12. TANGIBLE FIXED ASSETS**

	Plant and machinery £	Fixtures and fittings £	Totals £
<b>COST</b>			
At 1 April 2024	45,359	3,057	48,416
Additions	4,723	2,868	7,591
Disposals	<u>(8,821)</u>	<u>(1,490)</u>	<u>(10,311)</u>
At 31 March 2025	<u>41,261</u>	<u>4,435</u>	<u>45,696</u>
<b>DEPRECIATION</b>			
At 1 April 2024	24,566	2,607	27,173
Charge for year	5,952	744	6,696
Eliminated on disposal	<u>(7,110)</u>	<u>(1,146)</u>	<u>(8,256)</u>
At 31 March 2025	<u>23,408</u>	<u>2,205</u>	<u>25,613</u>
<b>NET BOOK VALUE</b>			
At 31 March 2025	<u>17,853</u>	<u>2,230</u>	<u>20,083</u>
At 31 March 2024	<u>20,793</u>	<u>450</u>	<u>21,243</u>

**13. STOCKS**

	2025 £	2024 £
Stocks	<u>939</u>	<u>9,023</u>

**14. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	2025 £	2024 £
Trade debtors	41,125	21,660
Other debtors	13,701	-
Prepayments and accrued income	<u>55,214</u>	<u>43,543</u>
	<u>110,040</u>	<u>65,203</u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2025**15. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	2025	2024
	£	£
Trade creditors	80,315	59,830
Social security and other taxes	-	14,002
VAT	2,121	-
Other creditors	2,613	154
Deferred income	88,670	84,301
Accrued expenses	<u>32,171</u>	<u>26,966</u>
	<u>205,890</u>	<u>185,253</u>

The deferred income balance above includes income relating to training courses amounting to £88,540 (2024 - £84,171) and membership subscriptions received in advance amounting to £130 (2024 - £130).

**16. LEASING AGREEMENTS**

Minimum lease payments under non-cancellable operating leases fall due as follows:

	2025	2024
	£	£
Within one year	6,807	16,534
Between one and five years	<u>-</u>	<u>3,578</u>
	<u>6,807</u>	<u>20,112</u>

During the year the charity incurred expenditure under cancellable and non-cancellable operating lease agreements relating to office rental amounting to £46,302 (2024 - £47,567).

**17. PROVISIONS FOR LIABILITIES**

	2025	2024
	£	£
Provisions	<u>5,995</u>	<u>-</u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2025**18. MOVEMENT IN FUNDS**

	At 1/4/24 £	Net movement in funds £	Transfers between funds £	At 31/3/25 £
<b>Unrestricted funds</b>				
General fund	163,430	169,721	65,243	398,394
Contingency fund	250,000	-	-	250,000
Research training fellowship fund	96,679	(41,667)	(55,012)	-
Fetal Neurology course development	10,448	-	-	10,448
Kenya Fellowship Travel Fund	1,000	(1,000)	-	-
Distance Learning Development Fund	55,145	(6,060)	-	49,085
Impact & Evaluation consultancy	49,000	(9,780)	-	39,220
International face to face launch	60,000	-	-	60,000
Website Upgrade	100,000	-	(20,963)	79,037
CHaT course update	-	(7,200)	7,200	-
NeoNate course update	-	(3,532)	3,532	-
	<u>785,702</u>	<u>100,482</u>	<u>-</u>	<u>886,184</u>
<b>Restricted funds</b>				
ILAE grant fund	-	198	-	198
THET grant fund	149,261	(135,142)	-	14,119
Zambia Launch	11,470	(7,767)	-	3,703
International faculty education & fellow travel bursary fund	<u>17,320</u>	<u>-</u>	<u>-</u>	<u>17,320</u>
	<u>178,051</u>	<u>(142,711)</u>	<u>-</u>	<u>35,340</u>
<b>TOTAL FUNDS</b>	<u>963,753</u>	<u>(42,229)</u>	<u>-</u>	<u>921,524</u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2025

## 18. MOVEMENT IN FUNDS - continued

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
<b>Unrestricted funds</b>			
General fund	1,068,603	(898,882)	169,721
Research training fellowship fund	-	(41,667)	(41,667)
Kenya Fellowship Travel Fund	-	(1,000)	(1,000)
Distance Learning Development Fund	-	(6,060)	(6,060)
Impact & Evaluation consultancy	-	(9,780)	(9,780)
CHaT course update	-	(7,200)	(7,200)
NeoNate course update	-	(3,532)	(3,532)
Distance Learning THET Grant	9,072	(9,072)	-
Livanova International Grant	25,000	(25,000)	-
	<u>1,102,674</u>	<u>(1,002,192)</u>	<u>59,977</u>
<b>Restricted funds</b>			
ILAE grant fund			
	69,980	(69,782)	198
THET grant fund	105,453	(240,595)	(135,142)
Zambia Launch	-	(7,767)	(7,767)
	<u>175,433</u>	<u>(318,144)</u>	<u>(142,711)</u>
<b>TOTAL FUNDS</b>	<u><u>1,278,107</u></u>	<u><u>(1,320,336)</u></u>	<u><u>(42,229)</u></u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2025

## 18. MOVEMENT IN FUNDS - continued

## Comparatives for movement in funds

	At 1/4/23 £	Net movement in funds £	Transfers between funds £	At 31/3/24 £
<b>Unrestricted funds</b>				
General fund	348,574	15,462	(200,606)	163,430
Contingency fund	180,000	-	70,000	250,000
Research training fellowship fund	179,648	(82,969)	-	96,679
Fetal Neurology course development	10,730	(282)	-	10,448
International Faculty Education Fund	10,195	-	(10,195)	-
Kenya Fellowship Travel Fund	1,000	-	-	1,000
Fellow Travel Bursary Fund	7,125	-	(7,125)	-
Distance Learning Development Fund	67,825	(12,680)	-	55,145
PET Update Course Development				
	25,143	(18,418)	(6,725)	-
PET Hot Topics course development	17,600	(7,858)	(9,742)	-
Impact & Evaluation consultancy	50,000	(1,000)	-	49,000
Movement Disorders course development	21,722	(1,119)	(20,603)	-
PET 2/3 International Update	-	(9,823)	9,823	-
International face to face launch	-	-	60,000	60,000
Website Upgrade	-	-	100,000	100,000
	919,562	(118,687)	(15,173)	785,702
<b>Restricted funds</b>				
THET grant fund	-	149,261	-	149,261
Colombia Launch	13,076	(10,929)	(2,147)	-
Zambia Launch	-	11,470	-	11,470
International faculty education & fellow travel bursary fund	-	-	17,320	17,320
	13,076	149,802	15,173	178,051
<b>TOTAL FUNDS</b>	<u>932,638</u>	<u>31,115</u>	<u>-</u>	<u>963,753</u>

Notes to the Financial Statements - continued  
for the Year Ended 31 March 2025**18. MOVEMENT IN FUNDS - continued**

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
<b>Unrestricted funds</b>			
General fund	956,643	(941,181)	15,462
Research training fellowship fund	-	(82,969)	(82,969)
Fetal Neurology course development	-	(282)	(282)
Distance Learning Development Fund	-	(12,680)	(12,680)
PET Update Course Development	-	(18,418)	(18,418)
PET Hot Topics course development	-	(7,858)	(7,858)
Impact & Evaluation consultancy	-	(1,000)	(1,000)
Movement Disorders course development	-	(1,119)	(1,119)
PET 2/3 International Update	-	(9,823)	(9,823)
	956,643	(1,075,330)	(118,687)
<b>Restricted funds</b>			
ILAE grant fund			
	54,877	(54,877)	-
THET grant fund	159,504	(10,243)	149,261
Colombia Launch	(3,204)	(7,725)	(10,929)
Zambia Launch	49,945	(38,475)	11,470
	261,122	(111,320)	149,802
<b>TOTAL FUNDS</b>	<b>1,217,765</b>	<b>(1,186,650)</b>	<b>31,115</b>

Contingency fund

The contingency fund is held to support the staffing cost of running the BPNA Secretariat for a period of approximately six months (2024 - six months) should there be any contingency that might lead to a significant reduction in BPNA operational activities, this equates to £250,000 (2024 - £250,000).

Research Training Fellowship Fund

The Research Training Fellowship funds trainee clinicians to complete a research degree (eg PhD) in the field of clinical neurology and/or neuroscience, including neurodisability and neurodevelopment. Fellowship applicants are pre-doctoral trainee clinicians who either already hold a UK or Irish specialist training post in Paediatric Neurology or are planning to apply for a specialist training post in Paediatric Neurology or Neurodisability after completion of their PhD. Both the proposed application and fellowship applicant must meet the BPNA charitable aims.

Income to this fund is from members' donations and the income from sponsored symposia at the BPNA annual conference.

Since 2015, the BPNA has partnered with Action Medical Research to fund a joint Research Training Fellowship award. Applications for this joint award are considered in open competition through the Action Medical Research peer review system.



**18. MOVEMENT IN FUNDS - continued**

Fetal Neurology Course Development

The Fetal Neurology course development fund is a designated fund set up by the Trustees to fund development of a course designed to improve training for anyone involved in caring and counselling a family whose fetus has a neurological abnormality. This funding is provided from transfers from the general fund.

Kenya Fellowship Travel Fund

In 2019, the BPNA and Kenyan Paediatric Association established a fellowship for UK paediatric neurologists to go to work in Kenya for a short period. The KPA will pay the UK clinician's salary. This fund is to cover the cost of their return travel expenses.

Distance Learning Development Fund

The distance learning development fund is a designated fund set up by the trustees in order to preserve the anticipated level of funding incurred for distance learning course development in the foreseeable future. This funding is provided from transfers from the general fund.

Impact & Evaluation Officer

The BPNA has been running courses since 2005. This money is to fund an Impact and Evaluation Officer to report on the full impact of BPNA courses.

International face to face launch

This fund underwrites the cost of international PET launches, enabling organisational arrangements to be made while external funding is sought to cover the costs of the launches.

Website upgrade

This fund has been put aside for the update of the BPNA website. There will be consultancy who will research into the BPNA website's needs and also a brand redesign.

CHaT course update

The CHaT course was last updated in 2018. This money will fund the bringing together of a development team to update the CHaT course materials to reflect feedback, updates in research and guidance.

NeoNate course update

The NeoNATE course was last updated in 2018. This money will fund the bringing together of a development team to update the NeoNATE course materials to reflect feedback, updates in research and guidance.

International League Against Epilepsy (ILAE) grant fund

The BPNA and ILAE share a commitment to improving care for children with epilepsy. In 2005, the BPNA developed Paediatric Epilepsy Training (PET) courses to train healthcare workers to better diagnose and treat children with seizures. PET1 is now attended by almost every paediatrician in the UK and the courses have also been launched overseas, setting a gold standard for epilepsy care around the world. Outside of the UK, the programme currently runs in: Brazil, Ghana, India, Kenya, Myanmar, New Zealand, South Africa, Sudan, Tanzania and Uganda.

PET aligns with the ILAE's Education Council's aim to teach competency in the diagnosis and clinical management of epilepsy, with a focus on non-specialists i.e. paediatricians. It forms part of the portfolio of educational activities that the ILAE aims to develop. It also supports Goal 2 of the ILAE's Strategy 2030: Support health professionals worldwide to enhance their knowledge and skills in the prevention, diagnosis, treatment and care of epilepsy.

The BPNA and the ILAE first signed a partnership agreement in 2018, committing to build on the success of the Paediatric Epilepsy Training courses developed by the BPNA.

The ILAE has agreed to cover 40% of staff costs in the BPNA's International Education team (3 staff members) from April 2022 to March 2026. This equates to a total of \$278,844 over that time.

**18. MOVEMENT IN FUNDS - continued**

THET grant fund

The BPNA was awarded a grant by Global Health Partnerships (formerly Tropical Health and Education Trust) to take PET to rural regions of Ghana and Kenya.

Zambia launch

PET was launched in Zambia in 2023, with funding from generous donors. These funds represent the underspend against the original budget and we now have permission to use them for other PET activities in Sub-Saharan Africa.

International Faculty Education Fund

To enable Low and middle income country (LMIC) BPNA course faculty to benefit from BPNA education by funding registration fees. The aim is to support faculty to pay for courses that they would otherwise be unable to afford. BPNA Education includes: face-to-face courses and conferences held in the UK, virtual courses or conferences and enrolment on distance learning units. It does not fund travel or accommodation.

Fellow travel bursary fund

Bursary fund for UK trainees and fellows.

Acute Neurology

The Acute Neurology course development fund is a designated fund set up by the Trustees to fund development of a new 1-day course designed to teach paediatric emergency medicine staff, paediatricians and trainees to recognise acute neurological conditions and manage appropriately. This funding is provided from transfers from the general fund.

Priority Setting Project

The BPNA committed £50,000 to undertaking a research priority setting project (PSP) in paediatric neurology, facilitated by the James Lind Alliance. This partnership aims to shape future research on paediatric neurological conditions by bringing together patients, their parents and carers and health care professionals to identify and prioritise unanswered research questions around treatments, therapies or procedures. The outcome of the project will be a list of the top 10 jointly agreed research priorities. These priorities will then be promoted to research funding organisations to influence future research.

The PSP commenced October 2019, aiming to complete September 2020, however due to Covid-19, the project was extended to 31 March 2022. During 2020-21, a survey was promoted to clinicians, patients and carers to complete online. The responses were analysed filtered, and a second survey was sent out in 2021-22. It asked them to identify their top research priorities in paediatric neurology from a list of 44 questions. These responses were analysed and filtered and produced a top 26 final list of unanswered questions.

The final prioritisation workshop was held with various stakeholder groups on 30 March 2022 in London, with the objectives to finalise top 10 research questions from the final 26.

The top 10 and the other 16 that did not make the top 10 were published in a final summary document in November 2022 as 'Top Ten UK research priorities for interventions in childhood neurological disorders' and was well received.

The aim now would be looking into how some of these questions can be researched with the support of the BPNA and interested stakeholders.

A Pre-conference Trainees' research network meeting happened at the BPNA2023 Conference with discussion about the AMR Fellowship and Priority Setting Project results, chaired by Dr Sam Amin (Chair of Research) & Dr Robert Spaul (Trainees Rep). Dr Sam Amin will continue to have development meetings throughout the next year.

PET1 Development

PET1 was last updated in January 2018. This money will fund the bringing together of an international development team to update PET1 course materials to reflect feedback, updates in research and guidance.

**18. MOVEMENT IN FUNDS - continued**

PET Hot Topics Course development

To fund development of a new course designed for those who attended PET2 and 3 more than 3-years ago.

Movement Disorders course development (MovED)

MovED is a 2-day course being developed by Consultant Paediatric Neurologists and Paediatricians in Neurodisability. It will run as a stand alone course, but will develop themes from the Approaching Children's Tone (ACT) course.

This course aims to cover a broad spectrum of movement disorders that are seen in children and will place emphasis on description, diagnosis and initial management of these conditions.

Columbia Launch Fund

In partnership with the University of Antioquia and ASCONI, the Colombian Child Neurology Society, BPNA launched PET1 in Colombia in August 2022.

The Buist Foundation, ILAE South America Region and Jazz Pharmaceuticals have contributed to the Columbia Launch Fund.

LivaNova Fund

To support the international PET programme in 2025.

**Transfers between funds**

The transfers between designated funds and the general fund have been undertaken in order to ensure a suitable level of reserves has been designated as at the reporting date for the purposes of the funds listed.

During the year, there were no transfers to or from restricted funds (2024 - a transfer from the Colombia Launch restricted fund to the General fund of £2,147).

**19. RELATED PARTY DISCLOSURES**

There were no related party transactions for the year ended 31 March 2025, nor for the year ended 31 March 2024.

**20. ULTIMATE CONTROLLING PARTY**

The trustees consider there not to be one ultimate controlling party of the British Paediatric Neurology Association in the current or prior year.