

**Report of the Trustees and
Unaudited Financial Statements for the Year Ended 31 March 2022
for
British Paediatric Neurology Association**

British Paediatric Neurology Association

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for the Year Ended 31 March 2022**

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**Report of the Trustees
for the Year Ended 31 March 2022**

The trustees present their report with the financial statements of the charity for the year ended 31 March 2022. 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 continues to thrive. The two-year pandemic produces stresses for the organisation, but reorganisation and grouping has allowed evolution to even better practice.

In all areas the members, council, executive and Secretariat continued to produce a real impact that is significantly greater than one would expect from the size of our organisation.

We continue to take an active role in research, education, training and professional support locally, regionally, nationally and across the European/wider global community, with activities from New Zealand into Asia, Africa, South America, Europe and the UK.

Highlights of our success include:

- Within international training we recently launched courses in areas as disparate as South America and Australia . Our ongoing partnership with the International League Against Epilepsy and productive fundraising has allowed us to invest in regional hubs including sub-Saharan Africa, as well as starting to address the knotty question as to whether our courses make a difference and if so what is the evidence?
- Within the UK, our reconfiguration for virtual courses produced anxiety in the organisation, but feedback has been excellent. This has produced a firm rationale for both virtual and face-to-face courses in the longer term. We have also continued to develop further courses and reached out successfully to partners where the limited pool of Paediatric Neurologists can no longer support new course development.
- Distance learning continues to attract participants from across the world, with an active community of facilitators producing the highest quality materials. The synchronisation of European training with the BPNA guide, may allow further and wider integration/collaborative working with our European colleagues.
- The training team have dramatically improved applications to the Paediatric Neurology higher specialist training. This required hard work and working in several axes, including publicity and identifying barriers to application.
- The BPNA continues to invest, supervise and support a great breadth of research throughout the UK and within international collaborations. Professor Manju Kurian's excellent leadership has left the BPNA with a stellar research committee, extremely successful annual conference, active research involvement including successful appointments to the joint BPNA/AMR funded fellowships.
- Paediatric neurology had a tough pandemic, many having to reconfigure to frontline working in their later middle age, as well as continuing to run specialist services caring for highly vulnerable children. The professional support team have worked hard and produced excellent results including external reviews listening to concerns in hubs and providing practical solutions on how these can be overcome. They have produced stronger / more efficient clinical practice via our special interest groups, as well as listening to the concerns of our members as we plan the development of our organisation.
- We continue to have a large financial turnover, but despite challenges of the pandemic have continued to run at a surplus allowing us to invest this money in areas such as research and education.

It is a great privilege to be involved with our wonderful Secretariat who work tirelessly to support the executive, wider membership and the aims of the BPNA. I would like to thank the Secretariat, Executive (particularly those who stepped down last year), council, members, partner organisations, children and families who work so hard to help in the last year.

I finish this introduction with a farewell to Philippa Rodie, who worked tirelessly to develop the BPNA over the last 20 years from a small niche team supporting a limited number of clinicians, through to the international organisation it is today- reflected in the excellence above. I am glad to say that Philippa is staying with us to support a key areas including distance learning and helping us to increase the patient voice- an area that we may have neglected previously. I would like to thank her on behalf of all the members and the children we care for, for her hard work and great success.

Yours sincerely

Dr Alasdair Parker
BPNA President (2021-2024)

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 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

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 diagnosis and management of:
 - Epilepsy, through provision of Paediatric Epilepsy Training (PET) and Expert to Expert: Epilepsy courses
 - Movement disorders, through provision of Expert to Expert: Movement Disorders
 - 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
 - Children with any type of neurological condition through its comprehensive online distance learning course.
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

Report of the Trustees
for the Year Ended 31 March 2022

Public benefit

The trustees have had regard to the Charity Commission's guidance on public benefit in considering activities during 2021-22. 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'.

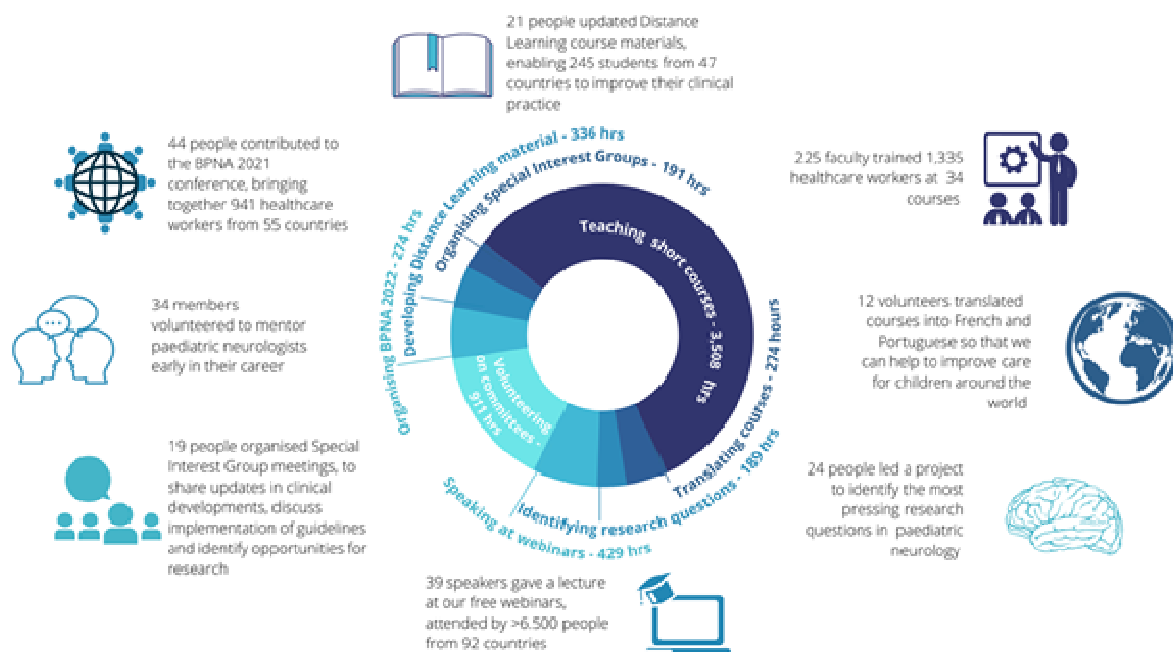
Grantmaking

During 2021-22, the charity provided £41,302 (2018 - £30,000), funding the first year for the BPNA Action Medical Research 'Research Training Fellowship'. The first fellowship was awarded to Apostolos Papandreou, who works at University College London.

ACHIEVEMENT AND PERFORMANCE

Charitable activities

During 2021-22, 402 BPNA members and friends gave more than 7,700 hours of their spare time to help BPNA to meet its charitable aims. Below are some of the ways they did so.



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.

The GMC and RCPCH Shape of Training (SoT) plans on paediatric neurology training are now finalised and will be commencing in 2023. 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 2022 paediatric neurology grid training programme, there were 15 GRID training schemes available. Over twenty applications were received, and 19 trainees were shortlisted for interview. 16 candidates were deemed appointable, and 13 trainees accepted a GRID position. The 3 trainees who did not accept a post were limited by geographical reasons and will all be reapplying to the GRID scheme in 2023. Overall, this is a huge increase in number of trainees appointed to the GRID scheme in comparison to previous years.

There has also been a change in number of attempts at GRID applications. Unlimited attempts are now being allowed, provided the trainee has had equivalent training up to the stage of entry, counting a maximum of 12 months of equivalent experience.

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 are being implemented to aid prospective trainees in making successful applications including Webinars on applications and interviews and Junior Webinars on general topics in paediatric neurology.

1.4 - Assessment and Support for Existing Trainees

There are currently 26 grid trainees in the UK. All trainees received virtual CSAC progression interviews in the last year. Most were deemed to be making good progress towards achieving their competencies despite COVID-19 challenges. 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 the ability to train in those centres. The training team has been assiduous in supporting those centres and encouraged sharing rotations with neighbouring deaneries.

1.5 - Special Interest (SPIN) module in Epilepsy

There are currently 38 SPIN trainees. The Neurology CSAC have rewritten the SPIN curriculum in 2022 and this has now been endorsed and signed off by the RCPCH.

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, then the 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 on to the GMC specialist register.

If a trainee cannot apply for CESR accreditation, they can apply to the CSAC to determine whether their training has been 'equivalent' to that of a UK GRID trainee. Given the difficulty in assessing training via the generic NHS shortlisting programme and /or during a brief interview, this is a more robust method of supporting the RCPCH representative on Advisory Appointments Committees (AAC) in ensuring that candidates applying for a consultant paediatric neurology post are suitably trained to fulfil the role. Of note, a 'Letter of Equivalence' does not allow entry on the specialist register.

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

352 BPNA faculty in the UK and overseas directly contributed to the development and delivery of courses during 2021-22. This demonstrates the strong motivation and engagement of members, and the trustees wholeheartedly appreciate this commitment to teaching and training.

The BPNA's face-to-face courses were cancelled from March 2020 due to coronavirus restrictions. However, we acted swiftly to adapt course materials and train faculty to teach virtually, with the first PET1 virtual being delivered in early June 2020. We are looking to restart face-to-face courses and conferences because whilst virtual courses have proven popular, there is still a desire for some face-to-face activity.

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.

PET1, PET2 and PET3 courses have been adapted for virtual delivery during the pandemic and all PET courses took place in a virtual setting in year 2021-22. Virtual courses have resulted in a reduced number of PET courses compared to when they ran face-to-face pre-pandemic:

- PET1 (1-day) 6 courses (2019-20=10)
- PET2 (2-days) 4 course (2019-20=6)
- PET3 (2-days) 2 courses (2019-20=6)

Since 2005 to 31 March 2022, 11,417 UK clinicians have attended a PET course (2021-22=702; 2020-21=300; 2019-20=689¹ Number reduced due to cancellation of two courses due to coronavirus restrictions), contributing to improving the standards of diagnosis and management of children with epilepsy in the UK. Feedback from virtual courses has been excellent.

The PET123 course materials were updated by a team of international clinicians in 2018. The updated materials were used in the UK from 2019. A consultant paediatrician with a special interest in epilepsy is employed for 4-hours per week to manage course development.

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 2021-22, three virtual CHaT courses were held (compared to the average 4 face-to-face courses per year), each with more attendees than would usually attend a face-to-face course. Feedback has been excellent, with many attendees preferring virtual. During 2021-22 CHaT welcomed international attendees from Cambodia, Canada, Malta, Singapore, South Africa, Sweden, Trinidad and Tobago.

CHaT course materials were updated by a UK team in 2018.

Since 2012, 1,300 clinicians have attended CHaT (2021-22=138; 2020-21=117; 2019-20=137).

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.

During the pandemic, the NeoNATE course has not been adapted for virtual delivery and therefore no courses have taken place since November 2019. Face-to-face courses are due to return for this course in 2022-23.

NeoNATE course materials were updated by a UK team in 2018.

Since 2014, 556 clinicians have attended NeoNATE (2021-22=0; 2020-21=0; 2019-20=94).

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.

Expert to Expert: Movement Disorders took place virtually on 4-5 March 2021 with 48 attendees. International delegates attended from Australia, India, Iraq, Malta, New Zealand, Poland, Portugal, South Africa and Sweden.

Expert to Expert: Epilepsy is planned to take place face-to-face in Bristol, UK on the 17-18 November 2022.

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 new 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, 128 clinicians have attended ACT (2021-22=92; 2020-21=36).

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, during 2020-21 the BPNA in collaboration with the Association of Paediatric Emergency Medicine developed a new 1-day course called Acute Paediatric Neurology. The first course took place virtually on Friday 19 November 2021 with 35 attendees.

2.7 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 2021-22, doctors enrolled from 46 countries.

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

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.

During 2021-22, Unit 2 Neonatal neurology, Unit 5 Neuromuscular and Unit 7 Cerebrovascular disease, Trauma and Coma have had major updates.

Unit 13 Acute Paediatric Neurology was developed during 2021-22 to launch with the new short course. Unit 13 brings together the acute-related sections from all units: acquired brain injury, secondary causes of headache, abnormal movements, causes of abnormal gait. This unit is designed to meet the needs of Paediatric Emergency Medicine (PEM) trainees (ST3-5), Paediatricians undertaking emergency medicine rotations, PEM staff grades, Advance Care Practitioners in PEM, Adult Emergency Medicine trainees undertaking their paediatric block. The overarching goal is to improve the management of children presenting acutely with neurological symptoms and to improve their longer-term outcomes.

The course is increasingly making use of BPNA webinar lectures to lead students through complex topics, combined with other activities to ensure learning aims are achieved.

In 2021-22, £75,000 was allocated to the Distance Learning development reserve to fund development and updating 2021-2024.

Enrolments

During 2021-22, there have been 827 enrolments on distance learning units, by 243 people from 46 countries. The highest proportion of these enrolments are from the UK, 34% (278 of 827). Additionally, 229 people enrolled on 'bundles' of units, of which 101 were from high income countries and 128 from low and middle-income countries.

Acknowledgements

We are indebted to the Consultant Paediatric Neurologist volunteer tutors 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.

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2.8 - Webinar Lecture Series

Covid-19 led to a change in grid 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.

The first lecture was given on 14 May 2020 and lectures have been delivered weekly since, with a couple of short breaks for holidays. 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 2021-22, the webinar lecture series has been attended by both trainees and consultants worldwide. 6,591 doctors and allied health professionals from over 92 countries have attended 40 BPNA weekly webinar lectures.

The frequency of the Webinar Lectures will be reviewed in 2022.

2.9 - International Short-Courses

2021-22 posed challenges for the international short courses programme due to coronavirus restrictions. PET is typically rolled out in new countries through a 3-day launch programme, which takes place face-to-face. Restrictions on international travel prevented us from undertaking any of our planned launches. The pandemic also resulted in challenges for those countries where PET has already been established; travel restrictions, social distancing measures and the additional pressure on healthcare workers meant that many were unable to run courses during the year. We were pleased, however, to work with a number of countries to deliver PET courses virtually, enabling healthcare workers around the world to continue to attend courses during the pandemic. We were also pleased to be able to train some new faculty members virtually, enabling the countries we work with to run more courses. Towards the end of 2021-22, we saw countries returning to face-to-face courses, a trend that we expect to continue into 2022-23.

This was the fourth year of BPNA's four-year partnership (2018-19 - 2021-22) with the International League Against Epilepsy (ILAE), which was formed to facilitate the roll-out of PET worldwide. The initial memorandum of understanding has a value of £161,156, which has been vital to supporting the international programme throughout the pandemic. 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 BPNA also gratefully received an international grant from the Buist Fund via the University of Dundee.

The total number of attendees outside the UK and Republic of Ireland is 5,025 (PET1=3,917; PET2=431; PET3=197; iPET=274; Trained as faculty=174).

2.9.1 - Middle East & North Africa (MENA)

A trained committed faculty from Qatar, United Arab Emirates, Sudan and Egypt work together to deliver PET with support from the UK.

Middle East: Two virtual courses were run in partnership with the Ministry of Health and Prevention in Sharjah.

PET1 attendance since 2014: 171 (2021-22=15; 2020-21=0; 2019-20=0)

PET2 attendance since 2014: 133 (2021-22=14; 2020-21=0; 2019-20=0)

North Africa:

Sudan: A group of 8 attendees from Sudan joined a virtual course being run in the UK.

PET1 attendance since 2014: 297 (2021-22=8; 2020-21=0; 2019-20=0)

PET2 attendance since 2014: 109 (2021-22=0; 2020-21=0; 2019-20=0)

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2.9.2 - Sub Saharan Africa

South Africa in partnership with the Paediatric Neurology Development Association of Southern Africa. Two courses were delivered during 2021-22; one hybrid course in collaboration with other African countries and one face-to-face course in Cape Town in February 2022. Since 2015-16, the total number of PET1 attendees is 379 (2021-22=55; 2020-21=0; 2019-20=42).

Ghana in partnership with the Paediatric Society of Ghana. During 2021-22, one hybrid PET1 course was run in collaboration with other African countries, with 11 Ghanaian attendees. Since 2018, the total number of PET1 attendees is 220 (2021-22=11; 2020-21=40; 2019-20=47).

Kenya in partnership with the Kenya Paediatric Association. During 2021-22, one hybrid PET1 course was run in collaboration with other African countries, with 11 Kenyan attendees. A virtual PET2 course was also run, with 16 attendees.

PET1 attendance since 2017 = 262 (2021-22=11; 2020-21=50, 2019-20=30)

PET2 attendance since 2017 = 19 (2021-22=16; 2020-21=3)

Mozambique. During 2021-22, 8 attendees joined a virtual PET1 course being run by the team in Brazil.

Tanzania in partnership with the Paediatric Association of Tanzania. No courses were delivered during 2021-22. Since 2018, the total number of PET1 attendees is 143 (2021-22=0; 2020-21=33; 2019-20=0).

Uganda in partnership with the Uganda Paediatric Association. During 2021-22, one hybrid PET1 course was run in collaboration with other African countries, with 11 Ghanaian attendees. Since 2018, the total number of PET1 attendees is 136 (2021-22=9; 2020-21=0; 2019-20=35).

2.9.3 - Asia

India in partnership with Raindrops Children's Foundation. PET1 was launched in northern India in 2014 and southern India in 2016. Three virtual courses were held in 2021-22. Total PET1 attendees in India since 2014: 1,589 (2021-22=88; 2020-21=0; 2019-20=47).

Myanmar: PET1 was launched in Myanmar in 2014. Since then, 313 people have attended PET1 (2021-22=0; 2020-2021= 1; 2019-20=0). Courses in the country are on hold due to the current political situation.

Singapore in partnership with KK Women's and Children's Hospital. PET1 and PET2 were due to be launched in Singapore in February 2020. This was postponed, and has continued to be postponed, due to coronavirus restrictions.

2.9.4. Central & South America

Brazil in partnership with Liga Brasileira de Epilepsia. Throughout 2016, a team of 3 paediatric neurologists in São Paulo translated PET1 into Portuguese. In 2017, a UK faculty travelled to Brazil to undertake the back-translation and develop a project plan to roll-out PET1 throughout Brazil. PET1 launched in São Paulo in June 2018. During 2021-22, two virtual PET1 courses were delivered to a total of 40 attendees. Since 2018-19, PET1 has been delivered to 179 attendees (2021-22=40; 2020-21=17; 2019-20=41).

Central & South America: During 2018-19, PET1 was translated into Spanish for roll-out in Central and South America. A launch for Colombia, Chile and El Salvador planned for May 2020 was postponed due to coronavirus restrictions. The launch has been rescheduled for August 2022.

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2.9.5 - Australasia

New Zealand in partnership with the New Zealand League Against Epilepsy and the Starship Foundation. PET1 and PET2 were launched in Auckland, New Zealand in May 2017. During 2020-21, one PET1 course and 1 PET2 course were held, both face-to-face courses.

PET1 attendance since 2017: 305 (2021-22=25; 2020-21=27; 2019-20=45)

PET2 attendance since 2017: 170 (2021-22=31; 2020-21=0; 2019-20=38)

PET3 attendance since 2018: 126 (2021-22=0; 2020-21=32; 2019-20=33)

Australia in partnership with the Australia and New Zealand Child Neurology Society (ANZCNS), PET1 and PET2 were due to launch in July 2020. This was postponed due to coronavirus and rescheduled for November 2022.

2.10 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 form the basis of a research paper that we hope will be published in the coming months. We intend to refine our evaluation methods for the PET1 course during 2022-23, including exploring the barriers that healthcare professionals face when attempting to implement the knowledge that they have gained on 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 48th annual scientific meeting was hosted by Dublin and held virtually in January 2022. There were 941 delegates from 54 countries. Technology facilitated high delegate numbers (2021=1,134; 2020 Belfast=427; 2019 Liverpool=391) and geographic access. Opportunities to learn were provided by 18 oral presentations and 186 posters (selected from 217 abstracts submitted); 13 keynote lectures; 2 clinical practice sessions; and 7 sponsored symposiums.

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Prizes were awarded to:

Dr Joseph Symonds
(Royal Hospital for Children,
Glasgow and Honorary Clinical
Lecturer, Institute of Health and
Wellbeing, University of Glasgow)

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 Dora Steel & Dr Luke Perry
(Great Ormond Street Hospital,
London)

Best oral presentation by a trainee

Dr Michaela Pentony
(Dublin)

Best poster presentation by a trainee.

Dr Dimitros Champsas
(Great Ormond Street Hospital, London)

Best poster audio narrative by a trainee

Dr Jonathon Holland & Dr Eusra
Hassan
(Great Ormond Street Hospital,
London) & (Royal Manchester
Children's Hospital)

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

Miss Finola Mankel
(University College of London)

Best medical student presentation

4. Patient and Public Involvement

We were delighted that 19 paediatric neurology related charities attended the conference and took up the opportunity to have a virtual exhibition stand to engage with BPNA members and the other attendees.

During the conference, the BPNA hosted the third Paediatric Neurology Charities Meeting, with 18 charities in attending. The purpose of this one-day meeting was to provide the opportunity for paediatric neurology related charities to share information about their work, learn from each other and identify opportunities to work together to improve the lives of children with neurological disorders. Several helpful links were forged between charities and BPNA special interest groups.

The BPNA plan to involve the charities more within the actual conference and look forward to hosting them again at the 2023 conference.

During 2021-22, the BPNA produced a Public Patient Involvement policy. BPNA is very grateful to Ring 20 Research & Support UK, UK Infantile Spasms Trust and Young Epilepsy for their help in developing this policy. BPNA look to expand PPI throughout the organisation during 2022-23 and onwards.

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 was chaired by Professor Manju Kurian for her final year. Dr Sam Amin became the new Chair in January 2022. 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.

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, 27 studies have been conducted using BPNSU.

During 2021-22, no project was added onto the BPNSU system (2020-21 =1, 2019-20=1; 2018-19=1). As of 31 March 2022 one project was active on BPNSU system. In view of no projects being added during 2021-22, the BPNA will review barriers to application.

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 redeveloped to provide increased efficiencies and consistency of information. 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.

The BPNSU email list is continually reviewed and updated to optimise returns.

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. His 3-year fellowship was due to commence in September 2020, however the start date has been deferred to March 2021 due to Covid-19. 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 in 2021 for commencement in Autumn 2022.

Previous AMR BPNA Research Training Fellows:

2016-19 Dr Apostolos Papandreou Beta-propeller protein-associated neurodegeneration

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5.3 - Priority Setting Project

The BPNA committed £50,000 to undertake 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.

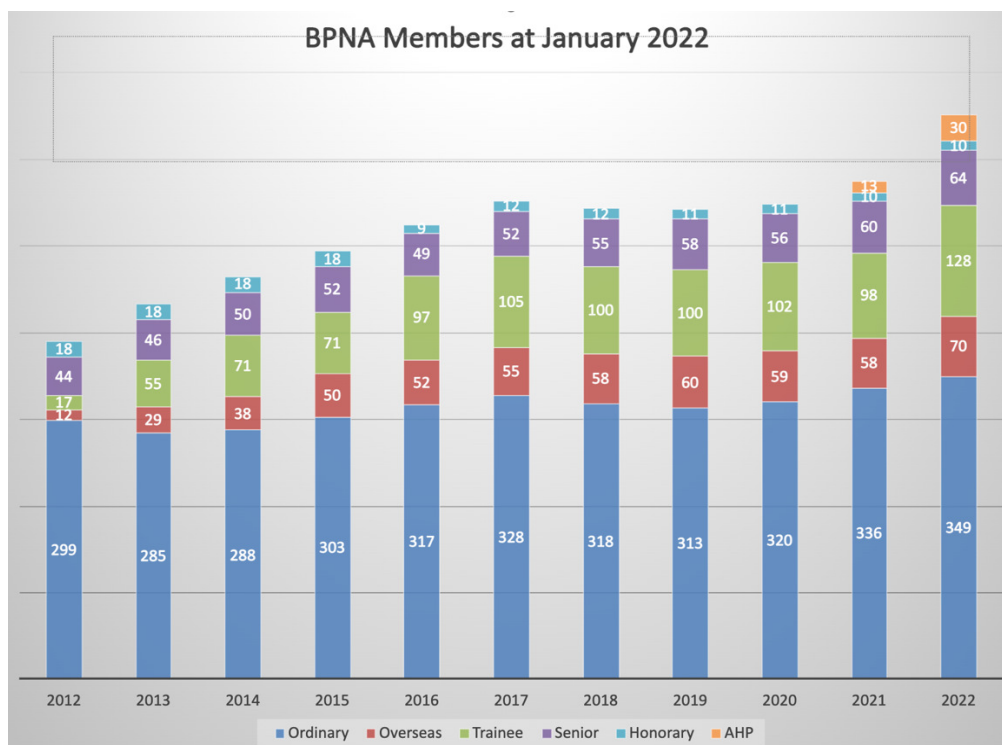
The final prioritisation workshop was held with various stakeholder groups on 30 March 2022 in London, with the objectives to finalise top 10 research questions from the final 26. These top 10 and the other 16 that did not make the top 10 will be published in a final summary document in late 2022.

6. Professional Support

Coronavirus resulted in a significant increase in demand for Professional Support: Covid-19 related clinical guidance; personal support; and meeting the needs of trainees, whose access to training were limited as an unintended consequence of the NHS response to Covid-19. To meet these needs BPNA has developed Covid-19 paediatric neurology guidance, increased mentoring capacity, provided additional resources to Special Interest Groups and additional training resources to Trainees.

6.1 - BPNA membership

Membership numbers have increased steadily during 2021-22, supported by our dedicated Membership Engagement Manager, Philip Levine. A new category of membership 'Allied Health Professional' was introduced in 2021. This category has minimal subscription fees to encourage engagement and no voting rights.



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 provide additional support through the pandemic to paediatric neurology and neurodisability GRID trainees within 12 months of CCT. As of 31 March 2022, there are 38 BPNA members volunteering as mentors (2022=38, 2021=35, 2020=26) with 37 mentees (2022=37, 2021=33, 2020=16).

Since 2020, BPNA has provided an annual training day for its mentors, delivered by an external expert. The training teaches different models of mentorship and has been very well received. This will be repeated every year.

6.3 - Special Interest Groups (SIG)

Special interest groups continue to meet regularly and the hybrid working makes it more accessible for people to join virtually.

During 2021-22, the SIG webpages were developed to enable members to refer easily to clinical trials currently recruiting and access resources.

6.3.1 - British Paediatric Epilepsy Group (BPEG)

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 June and October 2021 and March 2022. 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 and to discuss anonymised complex and educational cases.

The BPEG Chair and members have contributed to the following particular aspects of childhood epilepsy:

Cannabidiol and Cannabis-Based Medicinal Products (CBMP)

Update of the BPNA 'Guidance on the use of cannabis-based products for medicinal use in children and young people with epilepsy'. Meetings with NHS England.

Stakeholder Charities

Workshop held with stakeholder charities, organised by the BPNA to provide information about the range of treatments available for drug resistant epilepsy and to support a partnership approach.

Sodium valproate

MHRA Valproate Stakeholder Network meetings.

National/Regional Foetal Teratogen Clinic Development - NHS England.

Transition to adult services

Meeting with adult neurologists to discuss a joint approach and guidance for transition of young people to adult services.

Guidelines

NICE guidelines Epilepsies in children, young people and adults [NG217].

Advanced Life Support Group Guideline for Status Epilepticus.

Clinical Nurse specialists

The BPEG has been joined as new members by a clinical nurse specialist and Advanced Nurse Practitioner in childhood epilepsy.

Additional meetings regularly attended with contributions from BPEG:

Epilepsy 12 Audit programme.

Open UK Network Meeting.

Epilepsy Programme Board (led by RCPCH).

NHSE Epilepsy Oversight Group

6.3.2 - Cerebrovascular Special Interest Group

This group's interest is in the clinical area of neurovascular disorders, such as paediatric stroke and other vascular disorders affecting the central nervous system. The group members meet 3 times a year and has been meeting virtually during the pandemic.

The cerebrovascular SIG has been supporting paediatric neurologists and paediatricians across the country with the implementation of the RCPCH Childhood Stroke Guidelines. As a priority, the group members have been working towards development of a National Childhood Arterial Ischaemic Stroke Database. As part of this process, members have been engaging with stakeholders and charities to identify a funding stream for this project. The SIG are working to secure funding now that the required core dataset has been finalised.

The cerebrovascular SIG has also been working with the Stroke Association UK to increase awareness of the new 'Childhood Stroke Support Service'.

Members of the SIG are part of multiple national and international clinical trials, namely the CARE trial for cavernous malformations and PASTA trial for paediatric arterial ischaemic stroke.

In 2022, the SIG organised an international neurovascular meeting, involving clinicians from across the world, which was very well-attended. Feedback from this has been particularly positive.

6.3.3 - Children's Headache Network (CHaN)

CHaN has continued to be active during 2021-22 to advance the clinical management, education and research in primary and secondary childhood headache disorders. All meetings have been virtual in the past two years but there is appetite to resume F2F meetings soon.

There is now a clear structure of the roles within the CHaN network on a national level with dedicated responsibilities to members for providing clinical, research and academic updates. There is also interest in the world of paediatric migraine with newer modalities of treatment being available. The journal Archives of Disease in Childhood commissioned Drs Loh, Whitehouse et al to produce a the paper 'What's NEW in Paediatric Migraine?'

CHaN also recognises the need to develop national registries for patients with conditions like Migraine/TACs and uncommon headaches. Specialist groups within CHaN, such as Idiopathic Intracranial Hypertension group and the CHAT course development network continue to develop educational materials and guidelines and pathways so that these can be disseminated.

Aims for the next year

- Strive towards building National registries for paediatric headaches
- Closer and wider engagement with various headache charities (like The Migraine Trust/ The Brain Charity)
- Encourage wider participation in clinical trials in children with headaches

CHaN is looking forward to the next few years

6.3.4 - Fetal & Neonatal Neurology Special Interest Group

The Fetal and Neonatal Specialist Interest Group aims to fulfil the BPNA's charitable aims with a focus on the fetus and neonate. The group provides education on neonatal neurology via the BPNA NeoNATE course.

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The fetal neonatal neurology SIG has held online webinars in perinatal neurology, including international speakers. NeoNATE courses are due to be launched again in Autumn 2022. We are working with the Trainees SIG to organise a two-day teaching course on more advanced perinatal neurology. We have collaborated with BAPM on guidelines. We are working on research grant applications as a group. We are arranging the first face to face working group meetings for the new Fetal Neurology Course. We have had elections for the new chair of the SIG and, as there is a lot of work, Brigitte Vollmer and Tony Hart are co-chairing with support of a secretary. We hope this year to grow the SIG and inspire new members to take leadership roles.

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

We are pleased to announce that NHS England has commissioned HSS "National IWMD Diagnostic and Management Service (all ages)" and "IWMD registry" services. There are 3 paediatric sites and one adult site. In addition, there is a separate IWMD registry service, which will be hosted by one centre. We are still waiting for the NHSE team to publish the final decision. This is excellent news for our patients and should lead to improvements in the standard of care for these patients with IWMD in the UK. Any queries at this stage should be directed to the NHSEI commissioner Bernie Stocks berniestocks@nhs.net

The charities Alex TLC and Metabolic UK have provided valuable input in setting up these services. The national mobilisation meeting is still going on with broader participation of neurologists, metabolic team, geneticists, commissioners, and patient support group. We will have more news to share soon.

We are also moving into the advanced therapy and gene therapies era, and these new services will be able to support upcoming advance therapies. We will keep you posted.

For wider BPNA members, if you have patients with IWMD, suspected or confirmed, or undiagnosed, please keep a list of them and share it with us. We aim to capture as much information as possible through our IWMD registry service. Once this service is live, there will be a need for broader training. The primary aim of this registry is to improve the clinical care of these patients, but this will also be our opportunity to understand the incidence and prevalence of IWMD in our population; to understand the natural history of many of these conditions; and provide valuable insights to further paediatric neurological research. We are very optimistic, and we will need participation from wider BPNA team members. A formal launch of the service is planned for the Autumn; however, we are now able to communicate that the service is in operation in order that potential referrers may refer into the service.

Listed below is a sample of ongoing trials:

1. To evaluate the safety and efficacy of ION373 in Alexander's Disease, this is a phase 1-3, Double-Blind, Randomized, Placebo-Controlled Study to Evaluate the Efficacy, Safety, Pharmacokinetics and Pharmacodynamics of Intrathecal Administered N373 in a patient with Alexander disease. The PI for this study is Dr Yael Hacohen, with Dr Hemingway as the second PI (GOSH).
2. Libmeldy gene therapy for Metachromatic leukodystrophy - Manchester team, approved by NICE for treatment of MLD- started at Manchester.
3. AGS-RTI Study (NCT04731103) and GOSH are one of the UK's 4 recruiting centres (21IR03). (GOSH, Birmingham, Manchester and Edinburgh) Dr Hemingway is co-PI at GOSH.
4. 16HM04 - MLD 071- PI: Anupama Chakrapani (GOSH) [Enzyme replacement therapy for Metachromatic Leukodystrophy]
5. 15IC18 - CCALD treated with LentiD - PI: Adrian Thrasher (GOSH) [Long-term follow-up for Childhood Cerebral Adrenoleukodystrophy (CCALD) patients given Lenti-D]
6. 18IC21 - Lenti-D ALD 104 - PI: Robert Chiesa (GOSH) [Interventional Safety of Lenti-D drug after myeloablative conditioning with busulfan and fludarabine in boys Cerebral AdrenoLeukodystrophy (CALD)]
7. MNGIE TEETPIM study being led by Bridget Bax at St George's Hospital - PI: Prof. Shamima Rahman (GOSH)
8. PTC MIT-E trial for mitochondrial epilepsy. Patients with IWMD caused by mitochondrial disease genes (mtDNA or nuclear-encoded) are eligible. PI: Prof. Shamima Rahman (GOSH) Both neurology/metabolic to lead/ specialist opinion from mitochondrial experts - and update the registry.
9. "Trial of Guanabenz in Vanishing White Matter Disease": VU University Medical Center Amsterdam- recruitment has started, and patients from the UK are eligible for recruitment and will need liaising with the team directly.

Ongoing discussions:

Cholesterol supplementation in children with Pelizaeus Merzbacher Disease": seeking to collaborate with the Centre at Goettingen, aiming to collaborate in their ongoing study "Ketogenic diet ameliorates axonal defects and promotes myelination in PMD"- ongoing discussion, not adapted yet.

Gene Therapy in Canavan's Disease" - rAAV-Olig001-ASPA gene therapy for Treatment of Children with Typical Canavan Disease (CAN-GT) - Ongoing discussion.

Due to the ongoing mobilisation work, we could not organise our national IWMD clinical meetings this year. However, we aim to start this early next year, intending to have 4 national IWMD clinical meetings hosted by 4 IWMD centres (3 paediatrics and 1 adult).

Once again, a big thanks to John Livingston, Bernie Stocks, BPNA, and everyone who has worked relentlessly to make this dream come true.

6.3.6 - British Paediatric Movement Disorder Special Interest Group

In keeping with other colleagues, much of the work of members of the MDSIG this year has been around the recovery from the disruption to the services we have been able to offer children and young people with movement disorders due to the covid19 pandemic. This has been a stimulus for much forced changes to service delivery, and whilst a return to more Face-to-face appointments has been welcome, the increased access to and normalisation of virtual appointments does offer some advantages (particularly for children and families for whom travel can be a challenge).

The SIG has continued to meet virtually 4 times a year. These evening meetings have been well attended and will continue for this year - though one meeting will be replaced by a Face-to-face meeting, the first since 2019 for the SIG.

Members of the SIG have continued to support the roll out of the successful Approach to Childhood Tone (ACT) course, which ran twice in a virtual format in this financial year with positive feedback from attendees. A decision was made to further develop the Movement Disorder courses offered by the BPNA, and the coming year will see the development of a more "entry level" Movement Disorder course, the re-writing of Unit 4 of the Distance Learning Course and reformatting of the longer standing Movement Disorder course to match the format of the Expert-to-Expert Epilepsy course.

Members of the SIG remain active in a wide range of research activities. The SIG produced a publication this year examining Intrathecal Baclofen use in children with motor disorders, which was published in Archives of Disease in Childhood, ensuring visibility for our paediatric colleagues. Data has also been collected on Transdermal clonidine patch use which we hope to share with colleagues at the 2023 BPNA conference.

Medication challenges have required input from the SIG this year. Firstly, for a second year in a row, supplies of transdermal clonidine patches were limited, necessitating unfortunately for some children a conversion back to enteral. The SIG has worked with pharmacy colleagues to identify and secure sources of the patches, which are currently available for children and young people. Secondly, a response was required to recommendations from the MHRA in October 2021 around the use of Chloral Hydrate. The MDSIG led the BPNA response to this guidance in collaboration with a number of stake holder groups:

<http://nppg.org.uk/wp-content/uploads/2021/12/NPPG-Position-Statement-Chloral-Dystonia-V1.pdf>.

With the support of the SIG, Dan Lumsden and Raj Lodh will continue for a second term in their respective roles as Chair and Secretary of the group. Priorities identified for the coming year include:

Better engagement with AHP members, ensuring meaningful PPI engagement for the activities of the group, development of clinical resources to support colleagues (e.g., templated for acute dystonia management plans) and encouraging engagement of trainees in the working of the group and with movement disorders education.

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 and supported meetings to improve standards of care and data collection and dissemination.

This year key involvements have been with SMA UK and MDUK in helping to implement the gene therapy programme in SMA, Zolgensma, following approval by NICE and NHSE on 8 March 2021. The last 12 months have been focused on identifying all patients eligible, both those that are incident cases and naive to treatments and those that have had some form of treatment in the past. The infusion sites have now been established and the national MDT running for approx. 12 months.

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.

From the Northstar group; Ataluren MAA -now extended to January 2023.

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. Many require MRI both muscle and cardiac and therefore work looking at which sites can offer this has been useful. Trials are now continuing and further set up of sites for new studies have commenced.

Following on from the 'Gene therapy ready' study day; looking at all the institutions in the UK and what was needed to deliver gene therapy safely, this resulted in Pfizer DMD gene therapy trials starting in the UK 2021 in Newcastle, however this has been halted at present globally.

As a SIG we have continued in 2021 and 2022 to meet regularly virtually, but also had a small face to face MIG in March 2022 (and hybrid virtual); both paediatric and adult northstar meetings (DMD) and paediatric and adult SMA REACH meetings (SMA) have been virtual this last 12 months, especially developing the adult SMA REACH, British Myology society, Translational research meeting UK (all virtual) and World muscle society meeting (virtual). The muscle interest group has met 4 times in total 2 fully virtually and the last 2 meetings hybrid with some face to face for case discussions and topic led presentations over the last 12 months.

The charities also sponsor, along with pharma companies, 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.

6.3.8 - Trainees' Special Interest Group

The BPNA trainees' special interest group (SIG) is a group for all BPNA trainee members and those interested in paediatric neurology training in the UK. Currently there are 128 members of the SIG, including paediatric neurology Grid trainees, paediatric trainees of different grades and other trainees interested in paediatric neurology. The group meets twice a year, once at the BPNA conference in January and once at a 2-day educational trainees' meeting normally held in May. In May 2021 the meeting covered Paediatric Movement Disorders (held virtually). The event was well attended, and we thank the speakers for their time. Recordings of selected sessions are available to watch in the BPNA Trainees' SIG area of the BPNA website.

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The SIG also contributes towards the work of the BPNA Recruitment working group aiming to improve recruitment to paediatric neurology Grid training. The first two in a series of webinars aimed at junior paediatric trainees were held in September 2021 and March 2022; these will run every 3-4 months and cover the basics of a topic within paediatric neurology and also career advice for those interested in applying to paediatric neurology training in future. The SIG has also run successful webinars for those applying to paediatric neurology Grid training over the past two years, including those aimed at both the written applications and interviews for Grid. The recordings of these are freely available in the careers section of the BPNA website. The results of these efforts have seen an improvement in the 2022 recruitment to paediatric neurology Grid training, whereby 13 Grid trainees are due to start training in August/September 2022.

The results of the 2021 paediatric neurology Grid training annual survey were presented at a RCPCH CSAC meeting with an anonymous summary of results also sent round all training centres. Issues highlighted as of particular concern to training include insufficient time spent in training within paediatric neurology and gaining experience of acting up as a consultant towards the end of training. The CSAC have worked on these issues where possible and are working with the RCPCH to provide trainees with a guide on acting up as a consultant. The 2022 annual training survey has recently closed and the anonymised results will be analysed, presented and distributed to the CSAC and training centres over the next couple of months.

The group also continues to work successfully with the BPNA Distance Learning leads and authors to run virtual study groups, whereby participants work through the modules together, meeting weekly using the BPNA Trainees' Zoom account. The groups are open to all trainees and recent groups included Grid trainees, epilepsy Spin trainees, trainees from abroad, and recently qualified consultants completing units to complete Spin accreditation. Three groups ran over February to August 2021, working through the epilepsy, neuromuscular and cerebrovascular/trauma/coma units; and four groups ran at the beginning of 2022 covering the epilepsy, neonatal, headache and neuroinflammation/infection units. These groups have very kindly been supported by consultants offering their time to supervise and facilitate the groups during their weekly meetings.

Other highlights from the work of the SIG include regular weekly bulletins highlighting webinars relevant to paediatric neurology training, including the ongoing sharing of sessions between centres; and a project evaluating the usefulness of out of hours training for paediatric neurology Grid trainees. This was accepted as a poster presentation at the January 2022 BPNA conference and will also be presented at the June 2022 RCPCH annual conference. Trainees have also contributed a 'Paper of the Month' to the weekly BPNA bulletin, which highlights research and publications by trainees.

6.3.9 - 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, MOG and AQP4 antibody driven disorders, the autoimmune mediated encephalitides) as well as other inflammatory brain conditions.

The past 12 months has continued to be a busy time for the paediatric neurology acquired and inflammatory white matter group. We have continued to meet regularly, as before, every 2 months. The meetings have all been virtual and hosted by the BPNA on Zoom. They 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, and the next 3 hours discussing clinical cases. We have discussed on average 8 to 10 cases per meeting. The meeting has been excellently supported by expert neuroinflammatory colleagues around UK and has had expert neuroradiology from Great Ormond Street, and we thank particularly Dr Kshitij Mankad for his time for this.

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We have as before kept the format standard as follows:

- 3rd Friday of every 2nd month
- Time: 1-5pm
- Video-conferencing via Zoom
- First 60-90 minutes involves updates on research/new medications/clinical challenges then #
- Brief comfort break
- Next 90 minutes discussion of clinical cases with radiology review and formulation of a suggested investigation and/or treatment plan

The meetings have all been expertly documented by our trainees in neuroinflammation, and I would particularly like to thank Dr Eyre, Dr Abdel-Mannan and Dr Perry.

We have in the meeting had a number of excellent presentations including updates on the interferonopathies from Prof Yanick Crow, update on novel approaches to remyelination from Professor Coles, summary of the MAGNIMS radiological recommendations for MS diagnosis from Dr Kshitiji Mankad, a fascinating update on HLH from Dr Worth and Parida and an excellent OMS workshop on diagnosis and management co-ordinated by Dr Lim. We have also had fascinating research updates on seizures in auto-immune encephalitis from Dr Wright, updates from Dr Eyre on his research using 7T MRI in encephalitis.

We have also discussed consensus statements on NMDAR, PANS/PANDAS and guidelines for MS investigations. We have also continued to work on patient information sheets and MS and other disease modifying drug guidelines.

The next 12 months dates we are due to meet as follows:

18 November 2022
20 January 2023
17 March 2023
19 May 2023
21 July 2023
15 September 2023

With the support from the BPNA, Dr Dipak Ram has hosted educational training days for healthcare professionals on Neuroinflammation every 6 months. Again, we are grateful to Dr Ram for his hard work in arranging these excellent meetings.

6.3.10 - UK Neurorehabilitation Special Interest Group

The paediatric neurorehabilitation SIG is a multidisciplinary group supported by representatives from England, Scotland, Wales and Northern Ireland. We aim to:

- Share good practice
- Develop an equitable paediatric neurorehabilitation service nationally
- Support research and improve the evidence base in paediatric neurorehabilitation for acquired CNS injury.
- Link with other groups (third sector) and parents / users affected by acquired brain injury

The SIG continues to be Chaired by Dr Peta Sharples. During the last year Peta offered to continue for another term and the SIG supported this. Similarly, Dr Jane Williams current Secretary offered her services for one more term which was accepted.

The SIG has continual updates from the Paediatric Neuroscience Clinical Reference Group whose agenda amongst other things is focussed on paediatric neurorehabilitation and its equitable delivery and service specification at the present.

Our meetings at present continue to be virtual but have attendances of 50- 60 - with all centres being represented. We gain from our multidisciplinary perspective.

Meetings

Cardiff March 2021 (Host) - theme services for CYP with acquired spinal cord injury - Stoke Mandeville colleagues shared their service and management of children with acute spinal cord injury. All our tertiary units inc. Wales and N Ireland also described their service and current experience. We then heard about the current national transformation project on spinal cord injury. This review to date is not completed.

Liverpool Dec 2021 (Host) - theme being assessment of prolonged disorders of consciousness with presentations from Liverpool, Oxford and The Children's Trust colleagues. A study is being set up from the Bristol team led by Archana Murugan on this subject. We also heard from the Southampton team relating to their process of supporting CYP with mild and moderate brain injury.

We are planning to explore further developments of the group eg case discussion (anonymised). Our next meeting will be hosted by Kings College Hospital - date to be announced.

Fundraising activities

6.4 - 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. The following is a brief summary of the important consultations during 2021-22:

1. Fenfluramine for treating seizures associated with Dravet syndrome. Technology appraisal guidance [NICE TA808]. Published 8 July 2022.
2. Epilepsies in children, young people and adults. [NICE NG217]. Published 27 April 2022.
3. Meningitis (bacterial) and meningococcal septicaemia in under 16s: recognition, diagnosis and management [GID-NG10149 to update CG102]. Expected publication date: 7 December 2022.
4. NHS England consultation. Stroke thrombectomy service for acute ischaemic stroke. [Service specification 1868]. Published 4 March 2020.
5. Headaches in over 12s: diagnosis and management. [NICE CG150]. Updated 12 May 2021.
6. Risdiplam for treating spinal muscular atrophy in children and adults. Technology appraisal guidance [NICE TA755]. Published 16 December 2021.
7. Ganaxolone for treating seizures caused by CDKL5 deficiency disorder in people 2 years and over [ID3988]. Expected publication date: to be confirmed.
8. Olipudase alfa for treating acid sphingomyelinase deficiency (Niemann Pick disease type B and AB) [ID3913]. Expected publication date: 24 July 2023.

Internal and external factors

The trustees maintain a risk register. 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.

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FINANCIAL REVIEW

Financial position

The balance sheet position shows net current assets of £801,489 (2021 - £676,594), resulting from a significant increase in the cash at bank to £872,695 (2021 - £797,980). This has been accompanied by an increase in debtors to £36,933 (2021 - £36,008) and decrease in creditors to £123,823 (2021 - £173,741).

At the year end the charity has unrestricted freely available current reserves of £801,489 (2021 - £666,594) which excludes tangible fixed assets of £7,903 (2021 - £9,550). Given the charity's current levels of expenditure this would allow for approximately just over fifteen months (2021 - fifteen 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 £729,064 (2021 - £724,379). This increase has arisen mainly from the increase in short courses to £189,455 (2021 - £82,111). This is directly attributable to courses starting back up after the coronavirus restrictions.

Donations and legacies have decreased in the year to £320,491 (2021 - £351,105). In particular the charity had less grant funding in the year amounting to £39,919 (2021 - £128,970), sponsors of its annual conference symposiums generating funds of £77,000 (2021 - £60,000), and generating annual conference sponsorship income of £33,000 (2021 - £42,000). See "Note 4 Donations and Legacies" 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 cash balances amounting to £872,695 (2021 - £797,980) 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.

Reserves policy

The total funds held at the year end were £809,392 (2021 - £686,144) and of which £Nil (2021 - £10,000) 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.

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.

A substantial proportion of the reserves in the balance sheet are represented by the cash at bank and in hand totalling £872,695 (2021 - £797,980) 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.

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 2021-22 the trustees kept the unrestricted contingency fund to £180,000 (2021 - £180,000) 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 six month's Secretariat salaries plus one-year London office rent. This policy is reviewed every 12-months.

FINANCIAL REVIEW

Funds in deficit

There were no funds in deficit as at the financial reporting date or the comparative financial reporting date.

FUTURE PLANS

During 2021-22 emphasis on increasing recruitment to paediatric neurology will continue. The Acute Paediatric Neurology course, developed in collaboration with the Association of Paediatric Emergency Medicine, will launch.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing document

The BPNA is governed by its constitution, approved on 3 December 2014, and amended at the AGM on 23 January 2019.

Method of appointment of trustees

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

Organisational structure and decision-making

The trustees meet five times per year (January, April, June, September, November) when strategic decisions and business matters are discussed. Monthly telephone conferences are also held.

Council is a larger body that meets twice per year (January and June). 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.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Members of BPNA Council Serving During 2021-22

<u>Executive</u>	<u>Name</u>	<u>Term Expires</u>
President	Dr Alasdair Parker	January 2024
Treasurer	Dr Sandeep Jayawant (2nd term)	April 2023
Secretary	Dr Andrew Mallick	January 2022
Professional Support Officer	From January 2022 Dr Dan Lumsden	January 2025
National Training Advisor	Dr Ailsa McLellan (2nd Term)	January 2025
Chair, Education Quality & Standards	Dr Dipak Ram	January 2024
Chair, Distance Learning	Dr Michael Griffiths (2nd Term)	January 2025
Chair, Research	Dr Louise Hartley (2nd term)	January 2023
	Prof Manju Kurian	January 2022
	From January 2022 Dr Sam Amin	January 2025
Chair, International Education	Prof Martin Kirkpatrick (2nd Term)	January 2025

Paediatric Neurology Centres

	<u>Representative</u>	<u>3-year term</u>
Belfast	Dr Sandya Tirupathi (2nd term)	December 2022
Dundee	Dr Alice Jollands	December 2024
Edinburgh	Dr Kenneth McWilliam (2nd Term)	December 2024
Glassgow	Dr Iain Horrocks (2nd Term)	December 2024
Newcastle-upon-Tyne	Dr Anna Basu (2nd term)	December 2023
Liverpool	Dr Ram Kumar (Co-opted)	December 2022
Manchester	Dr Gary McCullagh (2nd term)	December 2022
Preston	Dr Christian De Goede (2nd Term)	December 2024
Leeds	Dr Helen McCullagh (2nd term)	December 2022
Sheffield	Dr Archana Deskurkar (2nd Term)	December 2024
Nottingham	Dr Manish Prasad (2nd term)	December 2022
Leicester	Dr Nahin Hussain (2nd Term)	December 2024
Birmingham	Dr Ratna Kumar (2nd term)	December 2023
Cambridge	Dr Manali Chitre (2nd term)	December 2022
Oxford	Dr Sithara Ramdas (2nd Term)	December 2024
Bristol	Dr Sam Amin (2nd term)	December 2023
Swansea	Dr Cathy White (2nd term)	December 2022
Cardiff	Dr Johann te Water Naude	December 2022
Southampton	Dr Georgina Bird-Lieberman	December 2022
London: Great Ormand Street Hospital	Dr Sanjay Bhate (2nd Term)	December 2024
London: Chelsea & Westminster Hospital	Dr Naila Ismayilova (2nd Term)	December 2024
London: Imperial College NHS Trust	Dr Sushil Beri (2nd Term)	December 2024
London: The Royal London	Dr Louise Hartley (2nd Term)	December 2024
London: Evelina London Children's Hospital	Dr Dan Lumsden	December 2024
London: St George's Hospital	Dr Antonia Clarke (2nd Term)	December 2024

Special Interest Groups

	<u>Chair</u>	<u>3-year term</u>
British Paediatric Epilepsy Group	Dr Sarah Aylett	May 2022
Cerebrovascular	Dr Dipak Ram	May 2022
Children's Headache Network	Dr Gautam Ambegaonkar	January 2025
Fetal & Neonatal Neurology	Dr Anthony Hart	May 2022
Inherited White Matter Disorders	Dr Rahul Singh	July 2023
British Paediatric Movement Disorders	Dr Daniel Lumsden	May 2022
Muscle Interest Group	Dr Tracey Willis	May 2022
UK Neurorehabilitation	Dr Peta Sharples	February 2024
UK-Childhood Inflammatory Demyelination	Dr Cheryl Hemmingway	May 2022
Trainees' Chair	Dr Mark Atherton	July 2022

British Paediatric Neurology Association

Report of the Trustees for the Year Ended 31 March 2022

STRUCTURE, GOVERNANCE AND MANAGEMENT

Trainees' Deputy Chair	Dr Eusra Hassan	July 2022
<u>Co-opted</u>	<u>Representative</u>	
Editor DMCN	Dr Bernard Dan	Co-opted
British Paediatric Neurosurgical Group Chair, Disability CSAC	Mr Guirish Solanki	Co-opted
Paediatric Neurosciences CRG	Dr Katherine Martin	Co-opted
Neuropsychiatry	Dr Anita Devlin	Co-opted
PET Course Development Manager	Dr Ashley Liew	Co-opted
Trainee Rep, Neurodisability	Dr Colin Dunkley	Co-opted
BPNA 2023 Edinburgh Organising Team	Dr James Hammond	January 2023
	Dr Kathleen Gorman	January 2023

Key management remuneration

Total remuneration paid to key management personnel during the financial year included wages and salaries amounting to £77,587 (2021 - £77,897) and contributions to defined contribution pension schemes of £3,907 (2021 - £3,271).

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 in order to mitigate any impact they might have on the Association. A risk register is maintained and updated regularly.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered Charity number

1159115

Principal address

2 St Andrews Place
Regent's Park
London
NW1 4LB

Trustees

Dr L Hartley
Dr S Jayawant
Professor M Kirkpatrick
Dr M J Griffiths
Professor M Kurian (resigned January 2022)
Dr A McLellan
Dr A Mallick (resigned January 2022)
Dr A Parker
Dr D Ram
Dr S Amin (appointed January 2022)
Dr D Lumsden (appointed January 2022)

Independent Examiner

Jonathan Ward ACA FCCA
ICAEW and ACCA
HSA & Co
Chartered Accountants
Lewis House
Great Chesterford Court
Great Chesterford
Essex
CB10 1PF

British Paediatric Neurology Association


**Report of the Trustees
for the Year Ended 31 March 2022**

REFERENCE AND ADMINISTRATIVE DETAILS

Bankers

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

Approved by order of the board of trustees on 30/11/2022 and signed on its behalf by:



.....
Dr S Jayawant - Trustee

Independent Examiner's Report to the Trustees of British Paediatric Neurology Association

Independent examiner's report to the trustees of British Paediatric Neurology Association

I report to the charity trustees on my examination of the accounts of British Paediatric Neurology Association (the Trust) for the year ended 31 March 2022.

Responsibilities and basis of report

As the charity trustees of the Trust you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the Trust's accounts carried out under section 145 of the Act and in carrying out my examination I have followed all applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

Since your charity's gross income exceeded £250,000 your examiner must be a member of a listed body. I can confirm that I am qualified to undertake the examination because I am a registered member of ICAEW and ACCA which is one of the listed bodies.

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the Trust as required by section 130 of the Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.



Jonathan Ward ACA FCCA
ICAEW and ACCA
HSA & Co
Lewis House
Great Chesterford Court
Great Chesterford
Essex
CB10 1PF

Date: 20.12.2022

British Paediatric Neurology Association

**Statement of Financial Activities
for the Year Ended 31 March 2022**

	Notes	Unrestricted funds £	Restricted funds £	2022 Total funds £	2021 Total funds £
INCOME AND ENDOWMENTS FROM					
Donations and legacies	4	280,572	39,919	320,491	351,105
Charitable activities					
Annual conference		59,400	-	59,400	62,660
Short courses		189,455	-	189,455	82,111
Distance learning courses		93,276	-	93,276	132,528
International short courses		13,147	-	13,147	5,780
Research		-	-	-	2,400
EPNS recharges		50,567	-	50,567	50,207
Professional support		1,703	-	1,703	36,420
Investment income	5	<u>1,025</u>	<u>-</u>	<u>1,025</u>	<u>1,168</u>
Total		<u>689,145</u>	<u>39,919</u>	<u>729,064</u>	<u>724,379</u>
EXPENDITURE ON					
Raising funds	7	-	-	-	250
Charitable activities					
Annual conference	8	85,930	-	85,930	79,942
Short courses		108,535	5,460	113,995	95,969
Distance learning courses		79,057	-	79,057	92,466
International short courses		29,594	44,583	74,177	52,329
Research		76,538	-	76,538	19,408
Membership and professional support		95,988	-	95,988	93,433
EPNS recharges		48,036	-	48,036	46,925
Governance Costs		<u>32,095</u>	<u>-</u>	<u>32,095</u>	<u>39,502</u>
Total		<u>555,773</u>	<u>50,043</u>	<u>605,816</u>	<u>520,224</u>
NET INCOME/(EXPENDITURE)		133,372	(10,124)	123,248	204,155
Transfers between funds	18	<u>(124)</u>	<u>124</u>	<u>-</u>	<u>-</u>
Net movement in funds		133,248	(10,000)	123,248	204,155
RECONCILIATION OF FUNDS					
Total funds brought forward		676,144	10,000	686,144	481,989
TOTAL FUNDS CARRIED FORWARD		<u>809,392</u>	<u>-</u>	<u>809,392</u>	<u>686,144</u>

CONTINUING OPERATIONS

All income and expenditure has arisen from continuing activities.

The notes form part of these financial statements

British Paediatric Neurology Association

**Balance Sheet
31 March 2022**

	Notes	Unrestricted funds £	Restricted funds £	2022 Total funds £	2021 Total funds £
FIXED ASSETS					
Tangible assets	13	7,903	-	7,903	9,550
CURRENT ASSETS					
Stocks	14	15,684	-	15,684	16,347
Debtors	15	36,933	-	36,933	36,008
Cash at bank and in hand		<u>872,695</u>	<u>-</u>	<u>872,695</u>	<u>797,980</u>
		925,312	-	925,312	850,335
CREDITORS					
Amounts falling due within one year	16	(123,823)	-	(123,823)	(173,741)
		<u>801,489</u>	<u>-</u>	<u>801,489</u>	<u>676,594</u>
NET CURRENT ASSETS					
		<u>801,489</u>	<u>-</u>	<u>801,489</u>	<u>676,594</u>
TOTAL ASSETS LESS CURRENT LIABILITIES					
		<u>809,392</u>	<u>-</u>	<u>809,392</u>	<u>686,144</u>
NET ASSETS					
		<u><u>809,392</u></u>	<u><u>-</u></u>	<u><u>809,392</u></u>	<u><u>686,144</u></u>
FUNDS					
	18				
Unrestricted funds				809,392	676,144
Restricted funds				<u>-</u>	<u>10,000</u>
TOTAL FUNDS					
				<u><u>809,392</u></u>	<u><u>686,144</u></u>

The financial statements were approved by the Board of Trustees and authorised for issue on 30/11/2022 and were signed on its behalf by:


S Jayawant - Trustee

British Paediatric Neurology Association

**Cash Flow Statement
for the Year Ended 31 March 2022**

	Notes	2022 £	2021 £
Cash flows from operating activities			
Cash generated from operations	1	<u>75,617</u>	<u>284,364</u>
Net cash provided by operating activities		<u>75,617</u>	<u>284,364</u>
Cash flows from investing activities			
Purchase of tangible fixed assets		(1,927)	(170)
Interest received		<u>1,025</u>	<u>1,168</u>
Net cash (used in)/provided by investing activities		<u>(902)</u>	<u>998</u>
		<hr/>	<hr/>
Change in cash and cash equivalents in the reporting period		74,715	285,362
Cash and cash equivalents at the beginning of the reporting period		<u>797,980</u>	<u>512,618</u>
Cash and cash equivalents at the end of the reporting period		<u><u>872,695</u></u>	<u><u>797,980</u></u>

The notes form part of these financial statements

Notes to the Cash Flow Statement
for the Year Ended 31 March 2022

1. RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2022 £	2021 £
Net income for the reporting period (as per the Statement of Financial Activities)	123,248	204,155
Adjustments for:		
Depreciation charges	2,636	3,188
Loss on disposal of fixed assets	938	-
Interest received	(1,025)	(1,168)
Decrease in stocks	663	-
(Increase)/decrease in debtors	(925)	36,625
(Decrease)/increase in creditors	<u>(49,918)</u>	<u>41,564</u>
Net cash provided by operations	<u><u>75,617</u></u>	<u><u>284,364</u></u>

2. ANALYSIS OF CHANGES IN NET FUNDS

	At 1/4/21 £	Cash flow £	At 31/3/22 £
Net cash			
Cash at bank and in hand	<u>797,980</u>	<u>74,715</u>	<u>872,695</u>
	<u>797,980</u>	<u>74,715</u>	<u>872,695</u>
Total	<u><u>797,980</u></u>	<u><u>74,715</u></u>	<u><u>872,695</u></u>

1. PRESENTATION CURRENCY

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, particularly in the light of the impact of the COVID-19 pandemic which occurred before these financial statements were approved and is explained in more detail in the trustees report. 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.

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.

2. ACCOUNTING POLICIES - continued

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.

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.

Hire purchase and leasing commitments

Rentals paid under operating leases are charged to the Statement of Financial Activities on a straight line basis over the period of the lease.

2. ACCOUNTING POLICIES - continued

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.

4. DONATIONS AND LEGACIES

	2022	2021
	£	£
Donations	42,561	9,087
Grants	39,919	128,970
BPNA members subscriptions	104,090	94,446
Gift aid	-	963
Membership donations	11,850	12,200
Annual conference symposium sponsorship	77,000	60,000
Annual conference sponsorship	33,000	42,000
Short course sponsorship	10,500	3,000
Miscellaneous income	<u>1,571</u>	<u>439</u>
	<u>320,491</u>	<u>351,105</u>

Notes to the Financial Statements - continued
for the Year Ended 31 March 2022**4. DONATIONS AND LEGACIES - continued**

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

	2022 £	2021 £
International League Against Epilepsy (ILAE)	39,919	39,242
Furlough income	-	14,260
Charities Aid Foundation	-	65,468
Educational Grant GW Parham for Colombia PET Launch	-	10,000
	<u>39,919</u>	<u>128,970</u>

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

Company name	Course sponsorship £	Conference sponsorship £	Symposia sponsorship £	2022 Totals £	2021 Totals £
Avexis	-	-	-		19,000
Biocodex	-	3,000	11,000	14,000	13,000
Biogen	-	3,000	11,000	14,000	13,000
Biomarin	-	3,000	11,000	14,000	13,000
Desitin	10,500	3,000	-	13,500	6,000
GW Pharma	-	-	11,000	11,000	13,000
Neuraxpharm UK	-	3,000	-	3,000	-
Nightwatch	-	-	-	-	3,000
Novartis	-	3,000	11,000	14,000	-
Orion Pharma	-	3,000	-	3,000	-
Proveca	-	3,000	-	3,000	3,000
Roche	-	3,000	11,000	14,000	3,000
Sarepta	-	-	-	-	3,000
UCB Pharma	-	-	-	-	3,000
Vitaflo	-	3,000	-	3,000	-
Zogenix	-	3,000	11,000	14,000	13,000
Total Sponsorship	10,500	33,000	77,000	120,500	105,000

5. INVESTMENT INCOME

	2022 £	2021 £
Deposit account interest	<u>1,025</u>	<u>1,168</u>

Notes to the Financial Statements - continued
for the Year Ended 31 March 2022

6. INCOME FROM CHARITABLE ACTIVITIES

	Annual conference £	Short courses £	Distance learning courses £	International short courses £
Conferences and symposiums	59,400	-	-	-
Short courses	-	189,455	-	-
International short courses	-	-	-	13,147
Distance learning	-	-	93,276	-
EPNS recharges	-	-	-	-
Professional support	-	-	-	-
BPNSU fee income	-	-	-	-
	<u>59,400</u>	<u>189,455</u>	<u>93,276</u>	<u>13,147</u>
	EPNS recharges £	Professional support £	2022 Total activities £	2021 Total activities £
Conferences and symposiums	-	-	59,400	62,660
Short courses	-	-	189,455	82,111
International short courses	-	-	13,147	5,780
Distance learning	-	-	93,276	132,528
EPNS recharges	50,567	-	50,567	50,207
Professional support	-	1,703	1,703	36,420
BPNSU fee income	-	-	-	2,400
	<u>50,567</u>	<u>1,703</u>	<u>407,548</u>	<u>372,106</u>

7. RAISING FUNDS

Raising donations and legacies

	2022 £	2021 £
Charity web hosting	-	70
JustGiving fees	-	180
	<u>-</u>	<u>250</u>

8. CHARITABLE ACTIVITIES COSTS

	Direct Costs £	Grant funding of activities (see note 9) £	Support costs (see note 10) £	Totals £
Annual conference	29,103	-	56,827	85,930
Short courses	26,308	-	87,687	113,995
Distance learning courses	(1,700)	-	80,757	79,057
International short courses	2,690	-	71,487	74,177
Research	17,641	41,302	17,595	76,538
Membership and professional support	43,833	-	52,155	95,988
EPNS recharges	46,822	-	1,214	48,036
Governance Costs	<u>2,563</u>	-	<u>29,532</u>	<u>32,095</u>
	<u>167,260</u>	<u>41,302</u>	<u>397,254</u>	<u>605,816</u>

9. GRANTS PAYABLE

	2022 £	2021 £
Year 1 of 3 joint research training fellowship with AMR	<u>41,302</u>	<u>-</u>

10. SUPPORT COSTS

	Management £	Finance £	Information technology £
Annual conference	-	206	759
Short courses	-	431	4,271
Distance learning courses	11,822	94	1,695
International short courses	-	38	865
Research	-	28	478
Membership and professional support	-	103	1,009
EPNS recharges	-	38	94
Governance Costs	<u>9,590</u>	-	-
	<u>21,412</u>	<u>938</u>	<u>9,171</u>

Notes to the Financial Statements - continued
for the Year Ended 31 March 2022

10. SUPPORT COSTS - continued

	Human resources £	Other £	Governance costs £	Totals £
Annual conference	39,925	14,089	1,848	56,827
Short courses	55,518	23,015	4,452	87,687
Distance learning courses	60,210	6,096	840	80,757
International short courses	64,839	5,409	336	71,487
Research	16,957	132	-	17,595
Membership and professional support	41,543	8,576	924	52,155
EPNS recharges	1,021	61	-	1,214
Governance Costs	10,047	9,895	-	29,532
	<u>290,060</u>	<u>67,273</u>	<u>8,400</u>	<u>397,254</u>

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

	Annual conference £	Short courses £	Distance learning courses £	International short courses £	Research £
Trustees' remuneration etc	-	-	11,822	-	-
Trustee training and strategy	-	-	-	-	-
Loss on sale of tangible fixed assets	206	431	94	38	28
Software subscriptions	-	2,228	1,266	658	354
Computer repairs	187	559	4	8	-
Website hosting	-	290	165	86	46
Website development	54	110	24	19	7
Depreciation of tangible fixed assets	518	1,084	236	94	71
Employment costs	29,711	39,041	50,746	56,260	14,200
Social security	2,938	3,058	4,417	4,808	1,277
Pensions	1,665	1,681	2,494	2,750	714
Staff costs	423	886	193	77	58
Staff training	1,252	2,620	570	228	171
Recruitment costs	3,936	8,232	1,790	716	537
Rental costs	-	-	-	-	-
Business rates	128	396	58	-	-
Water rates	51	155	23	-	-
Gas and electric	48	147	22	-	-
Waste	120	369	54	-	-
Telephone	309	799	140	-	-
Office insurance	276	577	126	50	38
Data protection costs	-	-	-	-	-
Legal fees	1,071	2,580	487	195	-
Marketing	172	305	66	27	20
Office repairs and renewals	574	1,773	-	-	-
Photocopier	(130)	(202)	(30)	(74)	(62)
Carried forward	43,509	67,119	74,767	65,940	17,459

Notes to the Financial Statements - continued
for the Year Ended 31 March 2022

10. SUPPORT COSTS - continued

	Annual conference £	Short courses £	Distance learning courses £	International short courses £	Research £
Brought forward	43,509	67,119	74,767	65,940	17,459
Postage	7	19	3	-	-
Printing and stationery	62	791	26	-	-
Credit card charges	1,678	4,042	763	305	-
Bank charges	210	506	95	38	-
Bad Debt	-	19	-	-	-
Miscellaneous	-	-	-	-	-
Computer and internet	-	-	-	-	-
Staff welfare	-	-	-	-	-
Copyright licence	244	591	112	45	-
London Office Expenses	135	-	-	152	128
London Rent	6,835	3,106	3,106	4,660	-
Bolton Rent	2,237	6,913	1,017	-	-
Depreciation of tangible fixed assets	62	129	28	11	8
Auditors' remuneration for non audit work	1,848	4,452	840	336	-
	<u>56,827</u>	<u>87,687</u>	<u>80,757</u>	<u>71,487</u>	<u>17,595</u>
				2022	2021
	Membership and professional support £	EPNS recharges £	Governance Costs £	Total activities £	Total activities £
Trustees' remuneration etc	-	-	-	11,822	11,780
Trustee training and strategy	-	-	9,590	9,590	-
Loss on sale of tangible fixed assets	103	38	-	938	-
Software subscriptions	557	-	-	5,063	5,661
Computer repairs	94	-	-	852	469
Website hosting	73	-	-	660	276
Website development	26	-	-	240	3,817
Depreciation of tangible fixed assets	259	94	-	2,356	2,739
Employment costs	34,191	-	9,022	233,171	214,787
Social security	2,902	-	641	20,041	16,708
Pensions	1,643	-	384	11,331	8,203
Staff costs	212	77	-	1,926	(17)
Staff training	627	228	-	5,696	6,130
Recruitment costs	1,968	716	-	17,895	-
Rental costs	-	-	-	-	37,892
Business rates	-	-	-	582	819
Water rates	-	-	-	229	456
Carried forward	42,655	1,153	19,637	322,392	309,720

Notes to the Financial Statements - continued
for the Year Ended 31 March 2022

10. SUPPORT COSTS - continued

				2022	2021
	Membership and professional support £	EPNS recharges £	Governance Costs £	Total activities £	Total activities £
Brought forward	42,655	1,153	19,637	322,392	309,720
Gas and electric	-	-	-	217	791
Waste	-	-	-	543	473
Telephone	154	-	-	1,402	1,319
Office insurance	138	50	-	1,255	1,374
Data protection costs	-	-	-	-	385
Legal fees	535	-	2,750	7,618	-
Marketing	73	-	-	663	300
Office repairs and renewals	261	-	-	2,608	211
Photocopier	(95)	-	-	(593)	1,115
Postage	4	-	-	33	189
Printing and stationery	-	-	-	879	549
Credit card charges	839	-	-	7,627	6,721
Bank charges	105	-	-	954	883
Bad Debt	-	-	-	19	(52)
Miscellaneous	-	-	-	-	(228)
Computer and internet	-	-	-	-	3,864
Staff welfare	-	-	-	-	480
Copyright licence	123	-	-	1,115	730
London Office Expenses	195	-	-	610	-
London Rent	6,213	-	7,145	31,065	-
Bolton Rent	-	-	-	10,167	-
Depreciation of tangible fixed assets	31	11	-	280	449
Auditors' remuneration for non audit work	924	-	-	8,400	9,045
	<u>52,155</u>	<u>1,214</u>	<u>29,532</u>	<u>397,254</u>	<u>338,318</u>

11. TRUSTEES' REMUNERATION AND BENEFITS

	2022	2021
	£	£
Trustees' salaries	11,199	11,199
Trustees' social security	325	333
Trustees' pension contributions to money purchase schemes	298	248
	<u>11,822</u>	<u>11,780</u>

Remuneration paid to the trustees noted above was paid to Dr L Hartley for services rendered in relation to the development and provision of distance courses.

Trustees' expenses

	2022	2021
	£	£
Trustees' expenses	-	6,425
	<u>-</u>	<u>6,425</u>

Notes to the Financial Statements - continued
for the Year Ended 31 March 2022

11. TRUSTEES' REMUNERATION AND BENEFITS - continued

Within the expenses noted above are expenses paid to the following trustees in respect of direct charitable activity costs ie travel expenses teaching at courses, undertaken on behalf of the charity in the year:

	2022	2021
	£	£
Dr L Hartley	-	31
Dr S Jayawant	-	-
Prof M Kirkpatrick	-	2,694
Dr A Parker	-	-
Dr A McLellan	-	3,700
Dr M Griffiths	-	-
	<u>-</u>	<u>-</u>
	<u>-</u>	<u>6,425</u>

Within the expenses noted above are expenses paid to the following trustees in respect of support costs undertaken on behalf of the charity in the year:

	2022	2021
	£	£
Dr L Hartley	-	-
Prof M Kirkpatrick	-	-
Prof F O'Callaghan	-	-
Dr A Parker	-	-
Dr A Mallick	-	-
Dr A McLellan	-	-
Prof M Kurian	-	-
Dr A Childs	-	-
	<u>-</u>	<u>-</u>
	<u>-</u>	<u>-</u>

12. STAFF COSTS

	2022	2021
	£	£
Wages and salaries	292,098	274,778
Social security costs	24,723	21,406
Pension schemes	<u>13,680</u>	<u>10,160</u>
Total	<u>330,501</u>	<u>306,344</u>

Included within creditors as at the reporting date is £1,563 (2021 - £1,550) in relation to unpaid pension contributions.

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

	2022	2021
Management	4	4
Support staff	<u>6</u>	<u>6</u>
	<u>10</u>	<u>10</u>

Notes to the Financial Statements - continued
for the Year Ended 31 March 2022**12. STAFF COSTS - continued**

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:

£60,000 - £70,000	2022 <u>1</u>	2021 <u>1</u>
Total employees	<u><u>1</u></u>	<u><u>1</u></u>

13. TANGIBLE FIXED ASSETS

	Plant and machinery £	Fixtures and fittings £	Totals £
COST			
At 1 April 2021	28,795	4,785	33,580
Additions	1,927	-	1,927
Disposals	<u>(3,995)</u>	<u>(1,464)</u>	<u>(5,459)</u>
At 31 March 2022	<u>26,727</u>	<u>3,321</u>	<u>30,048</u>
DEPRECIATION			
At 1 April 2021	20,595	3,435	24,030
Charge for year	2,356	280	2,636
Eliminated on disposal	<u>(3,286)</u>	<u>(1,235)</u>	<u>(4,521)</u>
At 31 March 2022	<u>19,665</u>	<u>2,480</u>	<u>22,145</u>
NET BOOK VALUE			
At 31 March 2022	<u>7,062</u>	<u>841</u>	<u>7,903</u>
At 31 March 2021	<u>8,200</u>	<u>1,350</u>	<u>9,550</u>

14. STOCKS

	2022	2021
	£	£
Stocks	<u>15,684</u>	<u>16,347</u>

Notes to the Financial Statements - continued
for the Year Ended 31 March 2022

15. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2022	2021
	£	£
Trade debtors	19,471	27,131
Other debtors	-	348
Prepayments and accrued income	<u>17,462</u>	<u>8,529</u>
	<u>36,933</u>	<u>36,008</u>

16. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2022	2021
	£	£
Trade creditors	26,466	13,062
Other creditors	1,897	1,550
Deferred income	78,393	135,311
Accrued expenses	<u>17,067</u>	<u>23,818</u>
	<u>123,823</u>	<u>173,741</u>

The deferred income balance above includes income relating to training courses amounting to £74,388 (2021 - £60,892), membership subscriptions received in advance amounting to £4,005 (2021 - £74,419).

17. LEASING AGREEMENTS

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

	2022	2021
	£	£
Within one year	23,355	33,333
Between one and five years	<u>23,355</u>	-
	<u>46,710</u>	<u>33,333</u>

During 2019-20 the BPNA established a London office at 2 St Andrews Place, Regent's Park, London, on the Royal College of Physicians campus.

During the year the charity incurred expenditure under cancellable and non-cancellable operating lease agreements relating to office rental amounting to £41,232 (2021 - £37,892).

Notes to the Financial Statements - continued
for the Year Ended 31 March 2022

18. MOVEMENT IN FUNDS

	At 1/4/21 £	Net movement in funds £	Transfers between funds £	At 31/3/22 £
Unrestricted funds				
General fund	352,714	111,160	(192,180)	271,694
Contingency fund	180,000	-	-	180,000
Research training fellowship fund	101,513	29,698	22,393	153,604
Priority Setting Project	9,200	(9,461)	10,000	9,739
Acute Neurology course development	10,937	-	(10,937)	-
Fetal Neurology course development	12,130	-	-	12,130
International Faculty Education Fund	2,400	200	3,000	5,600
Kenya Fellowship Travel Fund	1,000	-	-	1,000
Fellow Travel Bursary Fund	6,100	225	-	6,325
Kenya PET Fund	150	(150)	-	-
DL dev fund	-	1,700	75,000	76,700
PET update course development	-	-	30,000	30,000
PET Hot Topics course development	-	-	12,600	12,600
Impact & Evaluation officer	-	-	50,000	50,000
	676,144	133,372	(124)	809,392
Restricted funds				
Development of virtual Instructor Training Day and PET1 virtual Colombia	10,000	(10,124)	124	-
TOTAL FUNDS	<u>686,144</u>	<u>123,248</u>	<u>-</u>	<u>809,392</u>

18. MOVEMENT IN FUNDS - continued

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

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	617,720	(506,560)	111,160
Research training fellowship fund	71,000	(41,302)	29,698
Priority Setting Project	-	(9,461)	(9,461)
International Faculty Education Fund	200	-	200
Fellow Travel Bursary Fund	225	-	225
Kenya PET Fund	-	(150)	(150)
DL dev fund	-	1,700	1,700
	<u>689,145</u>	<u>(555,773)</u>	<u>133,372</u>
Restricted funds			
ILAE grant fund	39,919	(39,919)	-
Development of virtual Instructor Training Day and PET1 virtual Colombia	-	(10,124)	(10,124)
	<u>39,919</u>	<u>(50,043)</u>	<u>(10,124)</u>
TOTAL FUNDS	<u>729,064</u>	<u>(605,816)</u>	<u>123,248</u>

Notes to the Financial Statements - continued
for the Year Ended 31 March 2022

18. MOVEMENT IN FUNDS - continued

Comparatives for movement in funds

	At 1/4/20 £	Net movement in funds £	Transfers between funds £	At 31/3/21 £
Unrestricted funds				
General fund	150,660	174,708	27,346	352,714
Contingency fund	180,000	-	-	180,000
Distance learning development fund	8,117	(9,649)	1,532	-
Research training fellowship fund	58,350	45,793	(2,630)	101,513
Priority Setting Project	49,246	(10,618)	(29,428)	9,200
Acute Neurology course development	11,773	(836)	-	10,937
Fetal Neurology course development	12,230	(100)	-	12,130
International Faculty Education Fund	-	4,440	(2,040)	2,400
Kenya Fellowship Travel Fund	-	-	1,000	1,000
Fellow Travel Bursary Fund	-	2,030	4,070	6,100
Kenya PET Fund	-	-	150	150
	470,376	205,768	-	676,144
Restricted funds				
Development of Approaching Children's Tone course	11,613	(11,613)	-	-
Development of virtual Instructor Training Day and PET1 virtual Colombia	-	10,000	-	10,000
	11,613	(1,613)	-	10,000
TOTAL FUNDS	<u>481,989</u>	<u>204,155</u>	<u>-</u>	<u>686,144</u>

Notes to the Financial Statements - continued
for the Year Ended 31 March 2022

18. MOVEMENT IN FUNDS - continued

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

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	557,407	(382,699)	174,708
Distance learning development fund	-	(9,649)	(9,649)
Research training fellowship fund	45,793	-	45,793
Priority Setting Project	-	(10,618)	(10,618)
Acute Neurology course development	(1)	(835)	(836)
Fetal Neurology course development	-	(100)	(100)
International Faculty Education Fund	4,440	-	4,440
Fellow Travel Bursary Fund	<u>2,030</u>	<u>-</u>	<u>2,030</u>
	609,669	(403,901)	205,768
Restricted funds			
ILAE grant fund			
	39,242	(39,242)	-
Development of Approaching Children's Tone course CAF (Charities Aid Foundation)	-	(11,613)	(11,613)
	65,468	(65,468)	-
Development of virtual Instructor Training Day and PET1 virtual Colombia	<u>10,000</u>	<u>-</u>	<u>10,000</u>
	<u>114,710</u>	<u>(116,323)</u>	<u>(1,613)</u>
TOTAL FUNDS	<u><u>724,379</u></u>	<u><u>(520,224)</u></u>	<u><u>204,155</u></u>

Contingency fund

The contingency fund is held to support the staffing cost of running the BPNA Secretariat for a period of approximately six months (2021 - six months) should there be any contingency that might lead to a significant reduction in BPNA operational activities, this equates to £180,000 (2021 - £180,000).

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.

Approaching Children's Tone (ACT) Course Development

The ACT course development fund is a restricted fund set up by the trustees to fund development a new 2-day course designed to teach paediatricians and allied health professionals to recognise abnormal tone in children, so that they will ensure timely referral to specialists and access to appropriate investigations and treatment. Funding has been provided through educational grants.

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.

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.

International League Against Epilepsy (ILAE) grant fund

This fund represents the residual grant funding received from the ILAE, less expenditure incurred, that has restrictions placed upon it for the performance of delivering and developing international PET courses as agreed in a memorandum of understanding between the two organisations. The performance of these objectives are expected to take place between the period of 2018 to 2021 for which the organisations shall share the budgeted expenditure incurred by BPNA.

Priority Setting Project

The BPNA has committed significant resources to undertaking a research priority setting project in paediatric neurology, facilitated by the James Lind Alliance. This project will run from 2019-20. Priority Setting Partnerships enable clinicians, patients and carers to work together to identify and prioritise evidence uncertainties that could be answered by research. The outcome of the project will be a top 10 list of jointly agreed research priorities, which are publicised widely, and other uncertainties are recorded and available for research and research funders to access.

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.

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.

Kenya Travel Fellowship 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.

Fellow travel bursary fund

Bursary fund for UK trainees and fellows

PET1 Update Course 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.

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.

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.

18. MOVEMENT IN FUNDS - continued

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.

There have been no transfers between restricted funds and unrestricted funds in the current or prior year.

19. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31 March 2022 or the year ended 31 March 2021, except for the transactions with the trustees and remuneration paid to key management personnel as disclosed earlier in these notes.

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.