THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

England & Wales · Charity number 1118063

Details

Other names	THE ASSOCIATION OF COLPROCTOLOGY OF GREAT BRITAIN AND IRELAND
Status	Registered
Legal form	Charitable company
Company number	05962281
Registered	2007-02-22
Register	View on the Charity Commission register

Contact

Address	Association of Coloproctology of GB & I @ The Royal College of Surgeons of England 35-43 Li
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Website	www.acpgbi.org.uk

Activities

Objects: TO PREVENT THE SUFFERING OF PEOPLE WITH AND PREVENT OCCURRENCE OF DISEASE AND CONDITIONS OF THE LOWER GASTROINTESTINAL TRACT TO INCLUDE ALL LESIONS OF THE SMALL BOWEL, LARGE BOWEL, RECTUM ANAL CANAL AND PERIANAL REGION BY:A) ADVANCING THE SCIENCE AND PRACTICE OF COLOPROCTOLOGY FOR THE PUBLIC BENEFIT;B) PROMOTING BEST CLINICAL PRACTICE IN COLOPROCTOLOGY AMONGST MEMBERS OF THE MEDICAL AND ALLIED PROFESSIONS INCLUDING THROUGH THE ADVANCEMENT OF EDUCATION AND TRAINING;C) PROMOTING THE MOST EFFICIENT AND EFFECTIVE USE OF HEALTHCARE RESOURCES;D) PROVIDING AND DISSEMINATING INFORMATION AND ADVICE TO HEALTHCARE PROFESSIONALS AND MEMBERS OF THE PUBLIC ON MATTERS RELATING TO COLOPROCTOLOGY;E) PROMOTING THE STUDY OF AND RESEARCH INTO COLOPROCTOLOGY AND FACILITATING THE PUBLICATION OF THE USEFUL RESULTS THEREOF.

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Activities: Advance the science and practice of coloproctology; promote best clinical practice in coloproctology including the advancement of education and training; provide and disseminate information and advice to healthcare professionals and members of the public; promote the study of and research into coloproctology and facilitate the publication of the useful results thereof.

Classification

- **How:** Makes Grants To Individuals, Makes Grants To Organisations, Provides Other Finance, Provides Human Resources, Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** Other Charities Or Voluntary Bodies, The General Public/mankind

Geography

- **Area of benefit:** NOT DEFINED IN PRACTICE NATIONAL AND OVERSEAS
- Guernsey
- Ireland
- Isle Of Man
- Jersey
- Northern Ireland
- Scotland
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2024-12-31	£1,319,097	£1,424,581	£1,773,119	2
2023-12-31	£1,358,634	£1,027,550	£1,904,506	2
2022-12-31	£1,180,571	£1,018,396	£1,553,393	2
2021-12-31	£778,443	£623,502	£1,391,218	2
2020-12-31	£583,086	£655,939	£1,236,277	5

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Trustees

Name	Role	Appointed
Athur Balakrishnan Harikrishnan		2025-07-01
Baljit Singh		2023-01-01
Dorin Ziyaie		2026-03-01
Dr Karen Patricia Nugent		2021-06-01
Dr Timothy Alan Cook		2023-01-01
JONATHAN PETER BELL		2017-10-09
James Hill		2023-08-14
James Wheeler		2024-01-01
Jennifer Louise Burch		2024-01-01
Laura Hancock		2024-07-03
Maria Bentley		2018-07-27
Mrs Anne Demick		2018-07-11
Professor Howard Lewis Young FRCS ChM		2019-10-02

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THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

England & Wales - Charity number 1118063

Accounts

Charity registration number 1118063

Company registration number 05962281 (England and Wales)

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

(REFERRED TO AS ACPGBI)

ANNUAL REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2024

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(REFERRED TO AS ACPGBI)
LEGAL AND ADMINISTRATIVE INFORMATION

Trustees	Mr J Bell	
	Mrs M Bentley	
	Ms J Burch	(Appointed 1 January 2024)
	Mr T Cook	
	Dr R Davies	(Appointed 3 July 2024)
	Mrs A Demick	
	Professor J Hill	
	Mr D McArthur	
	Miss K Nugent	
	Ms L Peach	(Appointed 1 July 2024)
	Mr B Singh	
	Dr J Wheeler	(Appointed 1 January 2024)
	Mr H Young	
Secretary	Ms A Sutton	
Charity number	1118063	
Company number	05962281	
Registered office	The Royal College of Surgeons of England 35-43 Lincoln's Inn Fields London WC2A 3PE	
Auditor	Sumer Audit Piper House 4 Dukes Court Bognor Road Chichester West Sussex PO19 8FX	
Bankers	NatWest Bank Queen Square Wolverhampton WV1 1TL	
Solicitors	Steele Raymond LLP Richmond Point 43 Richmond Hill Bournemouth BH2 6LR	
Investment advisors	Ruffer LLP 80 Victoria Street London SW1E 5JL	

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(REFERRED TO AS ACPGBI)
CONTENTS

	Page
Trustees' report	1 - 31
Statement of trustees' responsibilities	32
Independent auditor's report	33 - 36
Statement of financial activities	37
Balance sheet	38
Statement of cash flows	39
Notes to the financial statements	40 - 56

The Trustees present their report together with the accounts of the Charity, Association of Coloproctology of Great Britain and Ireland (ACPGBI) for the year ending 31st December 2024.

PUBLIC BENEFIT STATEMENT

The Association of Coloproctology's (ACPGBI) activities include promoting education and research in all matters appertaining to the science, art and treatment of patients with coloproctological disease.

The objectives are to provide specialised knowledge and advanced training, education, research and scholarship in science and technology in cooperation with other bodies to its members to benefit their patients.

In addition, the ACPGBI aims to be a complete resource of knowledge and help to patients with colorectal disease, empowering and ensuring the best treatments are available to all who seek them.

The ACPGBI's mission is derived from these objectives. The Trustees of ACPGBI are responsible for defining its strategic aims and directing its Executive's activities to further these objectives. The Council has had due regard to the Charity Commission's guidance on reporting public benefit.

Strategic aims

- To promote clinical and basic research into colorectal disease of the highest quality
- To promote the best possible treatments for patients with colorectal disease
- To extend the frontiers of knowledge within and beyond existing research disciplines
- To bring together research expertise within and beyond the ACPGBI to address the scientific challenges of today and the future
- To identify, attract and develop trainee surgeons of the highest ability to provide research-led teaching and information sharing
- To offer an educational experience that empowers members to be leaders in their chosen careers and contribute to the long-term needs of society
- To engage with similar organisations around the world to understand, identify and lead emerging scientific challenges and solutions
- To maximise the social and economic value of our education and research through the transfer of both talent and technology
- To find innovative ways to extend the reach and impact of all our work
- To maintain excellence by being efficient, effective, adaptable and integrated
- To build mutually beneficial relationships with appropriate organisations in the UK and worldwide
- To anticipate, understand and shape the thinking of stakeholders and policymakers in the UK and worldwide, including those in government, academia and industry

The report on ACPGBI's activities during the year 2024, which forms a significant part of this Annual Report, provides further information on our progress and achievements against these and other objectives.

STRUCTURE, GOVERNANCE AND MANAGEMENT

The ACPGBI, established in 1990, was registered with the Charity Commissioners. The charity was an unincorporated Association (registration number 1013924) until 30th June 2007. All the assets of the former charity were transferred to the Association of Coloproctology of Great Britain and Ireland, a company limited by guarantee (company number 05962281) and registered as a charity with the Charity Commission (charity number 1118063).

The ACPGBI business, organisational structure and working practices are governed by its constitution. This document is updated yearly, and any changes are approved at the AGM. ACPGBI is led by an Executive Committee and guided by a representative Council. Administration and marketing are carried out by its Secretariat. The Executive formulates policy and considers all matters concerning the Association. All decisions are notified to Council regularly for approval. Posts for Council, chapter representatives and major positions (President, Secretary, Treasurer etc.) are advertised on the website and ballots are held where appropriate.

Along with the ACPGBI office bearers (President, Honorary Secretary and Honorary Treasurer), the Executive Committee includes chairs of the Education and Training, External Affairs, Multidisciplinary Clinical and Research and Audit committees.

The executive appointments are made as either 'Assistant' (e.g., secretary and treasurer) or in waiting / elect (e.g., President). This gives appointees sufficient time (2 years) to become thoroughly acquainted with the roles they are due to take up at the Annual Meeting.

The Board of Trustees comprises the Executive members (President, Honorary Secretary and Honorary Treasurer) and non-executive members who include medical (at least five medical trustees and ideally will include one nurse) and lay members. The medical trustees are members with previous experience in holding office in the Association, none of whom currently sit on committees of the Association. The lay members include a minimum of two patient representatives, a lawyer, a trustee from a financial background and a non-medical academic. Additional or replacement Trustees will be appointed by the Board of Trustees as they see fit, as there are no formal policies for inducting new Trustees.

ACPGBI has undergone a formal risk assessment process to help identify areas of concern and formulate suitable action plans. ACPGBI's short, medium and long-term priorities and goals are discussed in the annual strategy meetings, and appropriate action plans are finalised.

The following Trustees served the charity from 1st January 2024 to 31st December 2024.

EXECUTIVE TRUSTEES

President:

Mr Justin Davies	(appointed 03 July 2024)
Professor Jared Torkington	(resigned 03 July 2024)

Honorary Secretary:

Ms Laura Hancock	(appointed 03 July 2024)
Mr G Branagan	(resigned 03 July 2024)

Honorary Treasurer:

Mr David McArthur

Non-Executive Trustees

Mr J Bell

Mrs M Bentley

Mr T Cook (Chair)

Mrs A Demick

Prof J Hill

Miss K Nugent

Mrs J Sanders (resigned 21 October 2024)

Mr B Singh

Mr H Young

OBJECTIVES AND ACTIVITIES

Principal policies to achieve the objectives

The ACPGBI aims to achieve high standards and advance the science of coloproctology by promoting and publishing the results of research and audit. The charity also provides and disseminates information to help professionals and the public on matters concerning coloproctology. Furthermore, ACPGBI seeks to promote high ethical standards and continues to endorse high standards in training and best clinical practice through its AGM and links with all geographical regions in the UK & Ireland based on regional chapter representation.

Strategy to achieve the objectives

The Charity (ACPGBI) has grown in size and influence since its foundation. Total membership stands at around 1,650 persons, including consultant surgeons, surgeons in training, physicians, pathologists, radiologists, clinical scientists, medical students and clinical nurse specialists with interest in coloproctology.

ACPGBI is one of several specialist institutions within the broad spectrum of general surgery. It has assumed an increasingly important and influential role in the organisation of colorectal services within the United Kingdom and Ireland. ACPGBI is a direct stakeholder in the National Institute for Health and Care Excellence (NICE), contributes to health technology appraisals and is a key advisor to the Royal College of Surgeons in matters relating to coloproctology.

The strength of ACPGBI continues to be its representation throughout the UK & Ireland mediated via the regional chapter structure. Each chapter has meetings to disseminate scientific, best practices and political strategies agreed upon at Council meetings. Equally, in a democratic manner, concerns and clarifications raised at a regional level concerning central policy can be brought back to both the Council and Executive.

The administrative office is responsible for the day-to-day running of the charity and effective communication between elected officers, chapter representatives and the general membership.

Since 2014 the Association has controlled the collection of subscriptions from members through its website.

Executive meetings are held four times, and Council meetings are held three times per year in addition to an Annual General Meeting. The Trustees meet thrice a year, under the leadership of the chairperson, and oversee the activities and performance of the Association. The Annual Meeting is the flagship event of the year. It is organised by the President, and in 2024 was held in Newport and attended by nearly 1000 delegates.

Administration

The chief administrator for the Association is Mrs Adele Sutton. The day-to-day management of the Association is delegated to her. Payments to creditors need dual authorisation by Mrs Sutton and the Treasurer. Ms Nicole Taub also works in the office to oversee membership and marketing, which has helped with raising the organisation's profile via social media.

The administration of the Annual Meeting is outsourced to a conference management company.

The administrative centre of ACPGBI is located at the Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE. Since July 2017, ACPGBI has leased an office directly from the Royal College of Surgeons (RCS) located in the refurbished RCS Building. In line with Association's strategy, in May 2018, ACPGBI set up an independent payroll for our employees, and ACPGBI has its employer reference at HMRC. The website was redesigned under a new company and released in July 2021. This website (www.acpgbi.org.uk) has sections aimed for the public, patients and professionals.

ACHIEVEMENTS AND PERFORMANCE DURING THE YEAR ENDED 31ST DECEMBER 2024 GENERAL

In 2024, the ACPGBI continues to deliver successfully on its activities and strategic objectives. The Association is pleased to have maintained a high level of performance during this demanding post-covid recovery period.

The website underwent further development to make it more user-friendly for both professionals and patients / carers added several updates and new content including position statements and educational activities across the regions. The website has proved its worth as the front end of ACPGBI’s activities.

Face to face events continued following the pandemic, with a wide range of topics covered at local Chapter meetings, educational events arranged by the Dukes’ Club and other ACP-endorsed meetings. The association however made a strategic decision to maintain virtual events like the Advanced Coloproctology Course (ACC) after overwhelming feedback received requesting this format to be continued.

The executive committee and Council met in person to plan and deliver what amounted to an excellent portfolio of activities, events and meetings to the benefit of members and associates. The trustee meetings continued as virtual meetings. There was one face to face trustee meeting in Newport, Wales in July.

The Advanced Coloproctology Course (ACC) was held in March 2024 on a virtual online platform and broadcast presentations of outstanding quality to a large worldwide audience of more than 1000 registrants. This was repeated for this third consecutive year.

The Annual Meeting in July 2024 was held in Newport in a face-to-face venue attended by over 900 delegates. The meeting incorporated cutting-edge developments in management of colorectal diseases, with a strong

emphasis on patient involvement in most sessions. Unlike the previous year, the meeting made a modest loss.

The committee tasked with supporting medical students with an interest in coloproctology grew its membership and ran events aimed specifically at students. Medical students were supported if they wanted to attend the annual meeting with free registration.

Following a stringent selection process held in 2023, ACPGBI invested a further small amount of money held in the reserve accounts into the already existing Ruffer investment portfolio in August 2024, to guard against inflation.

Executive agreed the development and implementation of a formal, rolling 5-year strategy document, aimed at focussing the workstream of each of the committees, sub-committees and the organisation as a whole. This was developed at Strategy in November 2024.

The salient achievements and aspirations of the ACPGBI events and committees in 2024 are outlined below.

ACPGBI 2024 ANNUAL MEETING

The Annual Meeting was held on 1st – 3rd July 2024 in Newport in a face-to-face venue attended by 920 delegates, providing stimulating educational and networking opportunities.

For the first time in a number of years, the meeting made a loss. Despite ongoing appreciable levels of sponsorship and registration income, other factors not originally budgeted for meant that there was a loss of £49,315.54. A large factor in this loss were additional management fees paid to Integrity Events to help with the conference organisation, a mitigation put in place to cover anticipated Secretariat absence due to sick leave.

The meeting received impressive feedback, both for the educational content and the opportunity to network. The investment in educational pursuit is in line with ACPGBI's objectives and engagement with the members and professional stakeholders.

Total registered delegates	920
Paying delegates	610
Complementary delegates	310

EDUCATION & TRAINING COMMITTEE

Overview

The Education and Training Committee meets regularly with their predominant aim being to improve education and training within coloproctology. The Chair represents the views of the committee on the Executive and Council.

The Education and Training Committee oversee many educational activities as outlined below:

Advanced Coloproctology Course (ACC) 2024

The ACC was held over 2 days in March 2024 and again used Sayso Medical to deliver the event via a virtual platform following feedback from previous courses. Registration fees were kept low, with free registration for medical students and those from low- and middle-income countries (LMICs). The costs of delivering the course were covered by a combination of registration fees and generous industry support. We had over 1000 worldwide registrations and the feedback from delegates was once again excellent, reinforcing that this format is valued by ACPGBI members and non-members alike. Further metrics can be provided. There is a fine balance to cover costs of delivering the course, but the ACPGBI executive have been very supportive in seeing any costs incurred as an investment by ACPGBI in coloproctology education both in Great Britain and Ireland and worldwide.

Plans for the future – similar format for 2025, appreciating that the course may need financial support from the ACPGBI to make it as accessible as possible with a review following the Advanced Coloproctology Course 2024.

Fundamentals of Coloproctology Course

We developed and rolled out the Fundamentals of Coloproctology Course in 2023, aimed at more junior resident doctors and allied health professionals, and consisting of a one-day virtual event ("The Theory") delivered free via the Medall platform in order to allow open access to medical professionals followed by regionally delivered practical workshops ("The Practical") supported by industry educational partners. The feedback from each component of the course was excellent. Developing this further we have incorporated parts of the Fundamentals of Coloproctology – "The Theory" course into national online core surgical teaching.

Fellowships

ACPGBI continues to support fellowships in association with the Royal College of Surgeons of England.

The ACPGBI received significant industry funding from Intuitive (Intuitive Surgical) in 2023 to fund robotic fellowships via the ACPGBI. Via a competitive selection process 2 units were chosen as the training centres and 4 post CCT robotic fellows were selected following a competitive application and interview processes. The units selected were Colchester and Glasgow with fellowships running October 2024-April 2025 and April-Oct 2025.

Colorectal Focus

This is an educational session within the ACPGBI Annual Meeting which provides an update on core topics for members. The session was well attended at the 2024 meeting. The rolling programme will continue for the 2025 meeting.

ACPGBI and Duke's Club Trainer of the Year

The Trainer of the Year Award recognises excellence in training and is awarded on a yearly basis after a careful selection process involving the Education and Training committee who consider nominations.

The winner of the ACPGBI and Dukes' Club Trainer of the Year 2024 was Sarah Duff.

ACPGBI Trainee Coloproctologist of the Year

This award is designed to identify and highlight colorectal trainees nationally who have been outstanding throughout their training and have shown excellence in the areas of research and academia, leadership and education and training. This initiative provides a platform to recognise and encourage talent amongst colorectal trainees.

The ACPGBI 2024 Trainee Coloproctologist of the Year was awarded to Kat Parmar. The ACPGBI funded the winner to enrol in the Royal College of Surgeons of Edinburgh's Future Leaders' Programme.

Medical Student Membership

The medical student committee had a successful year. The ACPGBI funded a number of free places at the annual meeting, including travel bursaries. The Committee held an essay writing competition with a prize supported by the ACPGBI. They also awarded an elective bursary supported by ACPGBI. They held an event for students in Chester with the opportunity for surgical skills training and career guidance.

Optimising Rectal Cancer Outcomes (OReCO) Programme
The ACPGBI continued to support a collaboration with the Pelican Cancer Foundation to facilitate the delivery of the OReCO Programme – a national colorectal MDT workshop for colorectal Multi-disciplinary Teams in GB and Ireland. The programme commenced in early 2024 and will run until the end of 2026.

International work
The first Low and Middle Income Country travelling fellow was selected by a competitive application process and funded by ACPGBI to travel to the UK to attend 2 different centres and also to attend the 2024 annual meeting with the opportunity to give a presentation in the main auditorium.

Other work
The Education and Training Committee continues to support educational activity including collaborations with other organisations. There is an ACPGBI symposium within the ASGBI annual meeting.
The committee reviews applications and award CPD points for educational events.
The various subcommittees have organised webinars and ACPGBI has collaborated with the Royal College of Surgeons of Edinburgh to deliver a series of webinars, commencing in 2024 and continuing into 2025.
We continue to work with industry partners to help support education and training for our members.

MULTIDISCIPLINARY CLINICAL COMMITTEE (MCC)

Role of Committee

The role of the MCC has historically been to provide leadership for clinical aspects of coloproctology for the ACPGBI.

The MCC responds to requests from external organisations for information and collaboration. The MCC Chair provides guidance and support for the Chairs of the 12 Subcommittees (See below).

Whereas previously the MCC Chair had a very broad overview and responsibility for all different aspects of clinical coloproctology, the remit of the Chair evolved during 2024 to be a more supportive, leadership role for each of the subcommittee Chairs. The Chair sits on the ACPGBI Executive.
Subcommittees:
The Subcommittees have undertaken an enormous amount of activity over the last year, promoting Clinical Guidance and Education for the ACPGBI Membership.

1) Colonoscopy:

Role of Committee:

- To update colorectal surgeon colonoscopists with access to latest information and training opportunities, to upskill and maintain good / excellent KPIs in colonoscopy, to provide better and safer patient care
- To optimise surgical training in Colonoscopy to produce trained future surgeons
- To develop and maintain close strategic links with BSGE, Joint Advisory Group on GI Endoscopy and the National Endoscopy Database to enable the above aims to materialise

Goals set out for 2025

- To provide interactive up-to-date colonoscopy session in Harrogate and an excellent taster opportunity with Endovillage
- To work closely with National Endoscopy Strategy via Endoprogramme to achieve national aims of increasing BCSP endoscopists within the next 5 years, to replace the 30% drop in 5 years
- To disseminate Dukes' Training in Colonoscopy Survey to Academies and JAG nationally to address differences in access to training between surgeons and gastroenterologists
- To provide a colorectal surgical perspective when representing ACPGBI on research papers and guidelines
- To provide and support training for Dukes' members and wider endoscopists by education through webinars etc
- To highlight up to date endoscopy fellowship opportunities for surgical trainees
- To represent ACPGBI views to stakeholders and provide a conduit of information between Joint Advisory Group on GI Endoscopy (JAG) / British Society of Gastroenterology (BSG) / National Endoscopy Database (NED) and Executive / Council ACPGBI.

Activity during 2024

Close links with British Society of Gastroenterology (BSG) and Joint Advisory Group on GI Endoscopy (JAG) working on workforce data - Career Intentions of the UK Endoscopy Workforce: Results from the 2023 UK-Wide Pan-Workforce Survey. Saiu et al. submitted Frontline Gastroenterology Jan 2025. This expedited National endoscopy strategy with workforce concern, resulting in aim to increase BCSP endoscopists by arranging 30 advanced specialty training modules in colonscopy, funded by National Health Service England for 1 year, across the country in areas of greatest need. This is supported by Dukes' Club training survey submitted to Frontline Gastroenterology "A survey of the current experience of endoscopy training for colorectal surgical trainees in the United Kingdom" Siggins et al January 2025 suggesting lack of training opportunities.

This has been promoted through JAG training lead as evidence of inequality of training between surgeons and gastroenterologists and highlighted to British Society of Gastroenterology and training academies, with a view to trying to improve equity of access.

ACPGBI voice is being heard and recent recognition in multiple combined guidelines – British Society of Gastroenterology / ACPGBI FIT guidelines in suspected Colorectal Cancer; British Society of Gastroenterology / ACPGBI surveillance guideline; British Society of Gastroenterology / ACPGBI management hereditary Colorectal Cancer; new FIT / Iron Deficiency Anaemia guidance; management polyps in the elderly; KPIs in colonoscopy update; biopsies in colonoscopy.
We sit as part of NICE health tech programme on DA78 AI software to help detect colorectal polyps.

Dukes' Club Educational Webinars – Polypectomy September 2024, Highlands' training December 2024; EMR / Endoscopic Submucosal Dissection complex polyps planned for February 2025. Now offered to consultants (last viewed ~160 participants) and British Society of Gastroenterology trainees.

Support with Joint Advisory Group on GI Endoscopy (JAG) / Royal College of Physicians issue about memorandum of understanding and the need for JAG to be independent to be able to easily and unbiasedly represent surgical and other stakeholder views. As such, we may be required to financially support their case against Royal College of Physicians (RCP), however no movement in last 4 months.

Through Endovillage, promoting wider understanding of the evolution of endoscopy and the surgical opportunities with it, particularly in organ preservation and achieving R0 resections endoscopically.

Plans for the future

- Finalise and appoint Advanced Training Skills modules colonoscopy posts
- Successful National conference and great interest in Endovillage
- Publish workforce paper and training survey paper and management polyps in elderly
- Complete IDA / FIT guidance and publish
- Continue / move forward KPI in colonoscopy
- Continue to support Dukes' Club training
- Consider where ESD will be going regionally and nationally and how to provide training
- Consider how AI / Fuki can support sim endoscopy training and how we can evidence this and move this into standard for training in colonoscopy
- Support and promote ColoFIT as an adjunct to improved detection cancer / improved efficiency of diagnostic tool utilisation.

2) Inflammatory Bowel Disease (IBD)

Role of committee:
To provide leadership in the multidisciplinary care of patients with Inflammatory Bowel Disease

Goals set out for the year:

1. Education

a. Deliver an annual IBD educational meeting
b. Enhance training within subspecialist IBD surgery
c. IBD training days (Dukes') and webinars
d. Sessions at annual meeting and at the ACC.

2. Research:
   a. Help deliver any nationally funded NIHR portfolio trials in IBD surgery
   b. Deliver an IBD Cohort study with patient-level outcomes
   c. Enhance research interface with gastroenterology colleagues

3. Awareness / subspecialty importance:
   a. Ongoing pouch accreditation programme, and annual reports
   b. Disseminate outcomes from National Confidential Enquiry into Patient Outcomes (NCEPOD) study on abdominal Crohn's surgery and build upon opportunities which will emerge from this
   c. Establish and utilise sub-specialty IBD Surgery networks on a regional then national level

Activity during the year

- The annual IBD educational meeting (2024) was delivered jointly with Royal Society of Medicine with excellent feedback.
- Next Annual IBD educational meeting (2025) will be held as a joint meeting with MidOx. Programme currently under final stages of development
- IBD session at Annual Conference in Harrogate 2025 is now finalised
- Provided ongoing support for the 2 HTA-funded trials in ileo-colic Crohn's disease (MEERKAT and OCEAN) (2023-2026)
- Established collaborative event with all pouch accredited units, Harrogate 2025. Aim is to enhance collaboration, research and shared learning
- Ongoing development of an IBD Cohort Study with patient-level outcomes called PROMISE-IBD; meetings with patients complete and outcomes selected; protocol and CRFs nearly ready for ethics
- Helped with revision of IBD standards - IBD UK
- Pouch Unit accreditation – first and second stages completed; now moving into annual progress review stage which goes live Q3 2024
- Successful series of IBD webinars for trainees in collaboration with Dukes' Club
- Delivery of survey on training in IBD surgery jointly with Dukes'; being prepared for publication.

Plans for the future:

Continue to run an annual IBD educational meeting – next one planned in collaboration with MidOx, likely end of 2025 - early 2026
Pouch Accreditation will continue to roll-out, with a regular annual review of accredited centres being next
Ongoing collaboration with pouch units via pouch accreditation network

3) Emergency General Surgery (EGS)

Role of Committee:
To provide colorectal Surgeons, trainees and professions allied to medicine resources that will assist in their treatment of Emergency Patients under their care.

Goals set out for the year
Most of the members of the ACPGBI are likely to undertake Emergency on call commitments as part of their clinical role. However, Emergency General Surgery is often an overlooked part of surgical education and research with most in the colorectal sphere more interested in elective management of patients. This sub- committee aims to provide EGS representation to the ACPGBI committee, provide educational resources for the association that are relevant to emergency presentations, and undertake Emergency General Surgery relevant colorectal research in this field.

Activity during the year
In 2024 the subcommittee were involved in 3 webinar sessions:
1. Acute appendicitis. Run by ACPGBI 22nd April 2024
2. Stomas in the Emergency Room. Run by ACPGBI 3rd June 2024
3. Essentials in Colorectal Emergencies. Run by ASGBI and supported by ACPGBI 28th June 2024

These were well attended and received. Feedback was excellent for each session. The format of case-based discussion with a conversational aspect to the panel was successful.

Plans for the future
- To undertake further webinars on topics relevant to Emergency General Surgery. In order to establish topics of relevance, establishing a link with Dukes' committee to provide training for individuals that are looking to sit the FRCS in the next few years
- To provide assistance to other subcommittees who are providing education to ensure that Emergency presentations and management are appropriately represented in any resource undertaken.
- To provide an environment where emergency coloproctology research is undertaken in a collaborative manner. Specific aims in the next 2-3 years include determining which KPIs have been reported to be used in EGS, and which ones would be possible to be used in the UK EGS colorectal environment. We foresee this to potentially be a combined ACPGBI / Association of Surgeons of Great Britain and Ireland initiative but could provide a framework that would support improvements in Emergency General Surgery care for operative and non-operative management. Members of the subcommittee have been involved in a systematic review on the KPIs used in EGS, both for operative and non-operative cases.
- To explore whether the National Emergency Laparotomy Audit (NELA) calculator can be used for functional recovery of frailer, more elderly patients, as well as establishing its accuracy in the “urgent expedited” but not emergent case load.

4) Advanced Colorectal Malignancy:

The purpose of the Advanced Colorectal Malignancy Sub-Committee is to advise on the optimal management for patients with advanced pelvic colorectal cancer, to develop and support both research and education in advanced colorectal cancer, and to advise NHS England on service provision.

5) Peritoneal Disease:

The purpose of the Peritoneal Malignancy Sub-Committee is to advise on the optimal management for patients with peritoneal metastases from colorectal and appendiceal malignancy, to develop and support both research and education in peritoneal malignancy and to advise NHS England on service provision. The committee will represent and support ACPGBI members.

6) Abdominal Wall:

Role of Committee:

To increase awareness and understanding around abdominal wall defects germane to colorectal surgeons. This includes management of the open abdomen, hernia prevention, incisional and parastomal hernia diagnosis and treatment. The committee aims to improve care for patients affected by these conditions through education, engagement at ACPGBI events and through collaboration with other professional and patient groups.

Goals set out for the year:

- Session in Advanced Coloproctology Course meeting focussed on improving parastomal hernia repair, robotic abdominal wall surgery and soft tissue management
- Session at Harrogate meeting using panel discussion and clinical cases to highlight current issues in hernia surgery as it relates to colorectal surgery
- Tripartite parastomal hernia meeting involving patients and stoma care nurses to educate and improve understanding of this condition
- Completion of data collection for National Open Abdomen Audit (NOAA)

Activity during the year

- bi-monthly meetings
- separate National Open Abdomen Audit subcommittee
- publication on hernia education and training

Plans for the future

- Lobbying (with help of ACPGBI) JCHST and RCS on improving the curriculum concerning midline incisional and parastomal hernia prevention and treatment
- Publication of guidelines on management of open abdomen informed by NOAA

7) Proctology:

Role of Committee:

To improve the standard of, and maintain the quality of, proctological surgery across Great Britain and Ireland.

Goals set out for the year

- Delivery of educational webinar
- Proctology plenary session at the 2025 ACPGBI meeting
- Development of UK proctology fellowship

Activity during the year

- Two webinars were held. The first was on anal fistula and the second on haemorrhoids. Two international experts were invited to speak at each. Debate took place with the audience
- The proctology session at the ACPGBI meeting 2025 has been put together
- Plans submitted to the research and education committee for national audit on proctological practice
- Discussions underway with the ACPGBI about supporting a UK proctology fellowship
- Continued support for the Dukes' Club Proctology roadshow

Plans for the future

- At least two educational webinars per year
- Proctology session at ACPGBI meeting 2025
- UK proctology audit
- Identification of units able to support a UK proctology fellowship

8) Robotic Surgery:

Role of Committee

- Provide leadership and governance for robotic UK and Ireland colorectal practice ensuring the ACPGBI is positioned at the heart of a device agnostic UK and Ireland robotics progression
- Facilitate robotic surgical training and education to trainees and established consultants shifting it away from an industry led process
- Lead on key aspects of UK and Ireland colorectal robotic surgery including governance for clinical and economic outcomes plus supporting independent academic research

Goals set out for the year:

Training

- Expand robotic fellowship numbers / centres
- Expand number of device agonistic basic and advanced ACPGBI accredited robotic colorectal training courses
- Create / support a train the trainers course including robotic surgery
- Create an online resource for trainees in robotic surgery and education

Research

- Identify key robotic surgical research topics with current projects / sites involved to encourage collaboration / cross pollination of ideas rather than working in silos

- Create a web page listing ongoing research and contact points if keen to engage with
- Collaborate with the ACPGBI AI committee

Governance

- The ACPGBI should consider its role / responsibilities in the assessment / measuring of robotic colorectal outcomes and standards
- It should have a position on the measures in quality for robotic surgery plus work with national resources to ensure the appropriate data is collected and recorded
- Collaborate with the National Cancer Audit Collaborating Centre re future NBOCA data collection regarding robotic surgery

Activity during the year

- Robotics Clinical Advice Group meeting held at the RCS including all members of robotic committee, executive board and other chairs of relevant ACPGBI committees to discuss current issues in robotic colorectal surgery with key focus on delivering training and ensuring appropriate governance
- ACPGBI representation on the RCS England Robotics and Digital Surgery (RADAR) meetings

Training

- A position statement for trainees regarding robotic colorectal surgery has been drafted and accepted for publication in Colorectal Disease
- Continued funding for 4 ACPGBI six-month fellowships from Intuitive Surgical was obtained to be delivered at the two previously selected centres in Glasgow and Colchester. Outcomes and feedback from first cohort of fellowships has been gathered and will be presented
- ACPGBI accredited basic and advanced robotic colorectal training courses have been delivered across the UK
- Discussions with LapCo are taking place to organise an ACPGBI led Robotic Train the Trainers Course
- Collaboration with Dukes' club to identify regional access to robotic simulators

Research

- Paper accepted for publication in Journal of Robotic Surgery: "Scaling Robotic Surgery: The Role, Challenges, and Future of Robotic Proctorship in Colorectal Surgery"
- Robotic Proctor research carried out involving bringing UKI proctors together to hold a ACPGBI proctors' workshop at the Royal college of Surgeons.
- Robotics / Surgery 4.0 session has been organised for ACPGBI 2025 meeting in Harrogate including inviting international experts in robotic single port surgery, live demonstrations of robotic real time training, talks and panel discussions with industry leaders in robotics, AI and digital health.

Plans for the future

- Expand ACPGBI fellowship numbers
- Deliver robotic train the trainers course
- Expand ACPGBI accredited basic and advanced agnostic robotic colorectal training courses
- Create online robotic training portal with access to videos and training lectures for trainees

- Complete robotic proctor research
- Work with Joint Committee on Surgical Training (JCST) / Royal Colleges to help set up robotic colorectal training curriculum
- Work with ACPGBI AI / digital committee to expand research activities and projects

9) Intestinal Failure (IF)

Role of Committee

The role of the Committee is primarily to promote best surgical practice in the field of intestinal failure. This involves education of surgeons in how best to prevent this complication; education of surgeons in its management, including non-surgical management such as parenteral nutrition, and liaison with relevant sub-committees. This year we have liaised with the abdominal wall committee and the Dukes' club.

Goals set out for the year

The foremost goal for the year was to develop a document that would be an up-to-date guide for practising surgeons in the management of intestinal failure. This document was planned to be a multi-author document, with invited contributions from relevant experienced clinicians across the UK.

Other goals included:

- Greater involvement of members of the committee at surgical training meetings, so as to raise awareness of the problem and promote good practice
- Closer working with the abdominal wall subcommittee in areas of mutual clinical interest
- Development of newer methods of education, such as online learning, podcasts, rather than relying on traditional training meetings, so as to reach a larger audience

Activity during the year

- Development of document. Great progress has been made with this document, but it is not yet complete. Unfortunately, not every person who agreed to contribute has managed to do so. The committee has addressed this recently and has issued invitations to new contributors
- Surgical training events. This has been very successful. A webinar involving the Dukes' club was held and was well received. A session about intestinal failure was held at the 2024 annual Dukes' club meeting in September and generated lively debate. A plan is in place to integrate further sessions into regional surgical training days in areas of the UK
- Abdominal wall subcommittee. It is very helpful to have a member of the Intestinal Failure committee who is also on the abdominal wall subcommittee, as there is considerable overlap in the surgical management of both conditions. There has been a very good liaison between the 2 subcommittees this past year. This has led to the organisation of a meeting for trainees that involves education in both areas of practice
- Newer methods of education. This is a developing field and is very much work in progress. There has been some initial progress. Enquiries have shown that Association of Surgeons of Great Britain and Ireland Education Committee is also interested in this approach. An example of such an approach is a Podcast. Material to include has been gathered and expertise on how to develop this into a Podcast has been sought

Plans for the future

- Production of a document that will outline practical management and promote good practice on all aspects of intestinal failure, as described previously.
- Ensure intestinal failure is a part of the programme for regional surgical training days. Events are planned in 2025. We hope to expand this during 2025 and into 2026.
- Close collaboration with the abdominal wall sub-committee and with the Dukes' Club. A training day is already planned in 2025. As well as providing training for interested colorectal surgeons, this should generate evidence-based guidance to guide difficult abdominal wall closure.
- Development of learning resources will take place, such as podcasts, webinars, possibly with the involvement of ASGBI.

10) Cancer

Role of the Committee

The cancer subcommittee holds a comprehensive mandate to serve as an expert resource, addressing all facets necessary to optimise cancer care for our patient population. It aims to enhance training, education, and research opportunities in colorectal cancer, while also contributing to the strategic planning and delivery of prevention and treatment initiatives in partnership with the ACPGBI and external agencies.

Goals for the Year

- Consolidate the membership of the cancer subcommittee.
- Establish and grow networks with key groups in the UK and Ireland that are shaping cancer services, research, and training.
- Support a major quality improvement initiative.
- Contribute to the ACPGBI national meeting.
- Support the ACPGBI in its interactions with national agencies, e.g., NICE and the Royal Colleges.
- Arrange an in-person cancer subcommittee meeting with speakers from key areas of interest in cancer care.

Activity During the Year

Cancer Subcommittee Structure and Function

- The cancer subcommittee was formed in June 2024 and completed its membership with the addition of a patient representative, a member from the Association of Coloproctology Nurses (ACPN), and a Dukes' committee representative by the end of 2024. Additionally, experts in radiology, pathology, clinical oncology, and medical oncology have been identified to advise the subcommittee as needed.
- A successful in-person meeting took place on 14th March 2025 in London, facilitated by ACPGBI at the Royal College of Surgeons (RCS).
- Supporting ACPGBI Functions and Networks
- Contribution to the National Bowel Cancer Audit (NBOCA) through membership of the Clinical Advisory Group, providing commentary and prioritising NBOCA recommendations for 2025.
- Membership of the Early Onset Colorectal Cancer Group – a national initiative aimed at improving understanding of the increasing incidence of colorectal cancer in young people, encouraging research, and optimising cancer treatment opportunities.

- Membership of the Cancer Services Committee, which was relaunched in 2025 under the auspices of The Association for Cancer Surgery (BASO) and is now transferred to the Royal College of Surgeons. Representation on the Cancer Services Committee will continue under the Royal College of Surgeons, and our committee will engage with the new National Committee for Cancer Services, chaired by the President of BASO. Key issues raised include concerns over robotic access and training for many cancer specialists, access to pathology and radiology expertise, and challenges in training the next generation of cancer surgeons.
- Engagement with the Digestive Disease Directive Task and Finish Group – an initiative to integrate surgical and medical gastrointestinal services into a single operational directorate within NHS trusts, which has shown to improve care and operational efficiency.
- Contribution to National Institute of Clinical Excellence (NICE) guidance reviews on:
- *Transanal TME for rectal cancer*
- *Anoscopy and laser therapy for precancerous lesions of the anus*

Organised and devised a session at the ACPGBI July meeting on rectal cancer, addressing key topics such as:

- Training for rectal cancer surgery
- Trial reports on local excision and radiotherapy for early-stage cancer treatment
- Hosting an OReCO MDT session

Quality Improvement Initiative

Cancer Subcommittee members have attended and contributed to the development of a quality improvement project focused on the optimal use and timely closure of ileostomy after anterior resection for cancer. This project is due to launch in November 2025.

Plans for the Future

- Raise the profile of the cancer subcommittee among colorectal surgeons in training through attendance at Dukes' Club events and the creation of a podcast to be distributed through the Dukes' Club
- Devise, distribute, and collate results from a questionnaire on training in rectal cancer surgery
- Investigate the reasons for poor data completeness following recent changes in NBOCA data acquisition from routinely collected NHS data, exploring methods to improve this at the trust level
- Design and promote a framework for optimising treatment for patients with Early Onset Colorectal Cancer (EOCRC), to be advanced through the EOCRC committee.

11) Guidelines Committee

Role of Committee

- To support all aspects of the development of ACPGBI guidelines within a guideline development framework. This includes:
- Selecting areas for guideline development in consultation with the membership
- Define the requirement for the topic (guideline or consensus statement, solely or in collaboration)
- Support selected guideline development (guideline development group formation, methodology)
- Review of new or existing guidelines

Goals set out for the year

The committee came into being in spring 2024 so no goals were set last year. These are our priorities:

- To develop an ACPGBI guideline development framework to set the processes that we will follow for future guideline development.
- To determine the timescale and process for the next guideline.
- To determine how future external methodological support will be obtained for guidelines and pursue in-house development of methodology knowledge.

Activity during the year

- The ACPGBI guideline development framework has been written by the committee and is now published on the guidelines committee section of the ACPGBI website.
- We have explored a number of options for future methodologists and intend to proceed with individuals on a guideline-by-guideline basis.
- We have developed a survey of the membership of their priority areas for future guideline development
- We have developed a guideline proposal form.

Plans for the future

- To launch an open call for guideline topic proposals and our survey of the membership
- We will review guideline proposals with a standardised scoring system and choose one or two projects to be taken forward in 2025-2026
- To support the chosen guideline proposal team to develop their proposal into a protocol and start their project
- One or two members of the committee will begin training as a guideline methodologist with the Inguide level 2 course
- To write a 5 year strategy document

12) Research & audit committee

The Research & Audit Committee has an established long-term strategy to:

- facilitate and promote research amongst the ACPGBI membership
- identify and develop and help to obtain funding of clinical research questions that are suitable ACPGBI-backed projects. These are typically important but difficult to answer questions that benefit from a collaborative approach
- liaise with partner organisations including BRUK
- represent ACPGBI members interests for example in the National bowel Cancer Audit project

Activities to fulfil these research aims include:

ACPGBI Joint Research / EYCN Event

This initiative was developed to target new consultants or those in their senior training years, many of whom are not in formal academic posts. The one-day programme included talks on study design, how to publish, how to broaden your impact and career paths in research. The feedback from attendees

was positive. It was funded by securing industry support as well as support from ACPGBI. It was a joint venture with EYCN designed to build not only clinical but research networks.

Research MDT

The Research MDT, first run at the AGM in Harrogate 2021, is a popular initiative for the membership. We have continued this initiative in 2025 with one successful meeting planned in May 2025 and a further one planned MDT in the autumn. The committee and invited guests provide an expert panel that includes clinician, scientist, trialist / statistician, and a patient representation. Study ideas are submitted and chosen for presentation to the expert panel to provide ideas, contacts, feedback, and connections. The feedback from researchers has been very positive.

Bowel Research App (Joint venture ACPGBI and BRUK)

The committee worked on the app during 2024 and it will be officially launched at ACPGBI Harrogate 2025. This joint venture is an app designed to highlight colorectal research studies open to recruitment. Both patients and clinicians can access the app and search for open research projects recruiting by their disease type or local area. It is an exciting initiative designed both to increase recruitment but also to allow clinicians and most importantly patients direct access to research relevant to them.

AGM Celtic Manor 2024

The Research Plenary featured results of breaking trials, updates on existing trials, updates from the Research MDT. Existing trials needing a further recruitment drive were also highlighted. Exciting results from INTACT (ICG fluorescence to prevent anastomotic leak), ACCURE (appendicectomy to induce remission in ulcerative colitis) and NEOPRISM (use of immunotherapy in colorectal cancer) among others were presented. This session also highlighted the importance of Patient and Public Involvement in colorectal research.

AGM Harrogate 2025

The Research Plenary for the 2025 AGM will feature highly anticipated trial results from the MEErKAT (Crohn's disease anastomosis technique), OCeAN (Preoperative exclusive enteral nutrition in Crohn's disease and an update on the colorectal cancer vaccine trials as well as updates on breaking trials.

ACPGBI Representation

The Chair of the Committee currently provides in-person ACPGBI representation at the following:
- ACPGBI Executive & Council Meetings
- BRUK Trustee Meetings
- BRUK Scientific Advisory Committee Meetings
- BRUK Grant Committee Meetings
- BASO abstract marking & Scientific Meeting
- NBOCAP Meetings

Bowel Research UK (BRUK)

As a trustee of BRUK, the Chair has worked to strengthen and maintain the relationship between the charity and the Association. The BRUK CEO agreed to attend an ACPGBI executive meeting twice per

year to update them and BRUK are committed to distributing at least half of their grant funding to projects with an ACPGBI member as a Principal Investigator (PI). A Memorandum of Understanding has been signed to protect this relationship in the future. This relationship has been consolidated through the Bowel Research App. ACPGBI and BRUK jointly appoint the Surgical Specialty Leads (SSLs) to the Royal College of Surgeons. This has been augmented by the appointment of five Associate SSLs who have been central to the Research and Audit committee and have been focussed on promoting colorectal research.

13) External affairs committee

Role of Committee

The External Affairs Committee of the ACPGBI is responsible for enhancing the organization's public profile and promoting the field of coloproctology among key stakeholders, including surgeons, healthcare professions, other key stakeholders including other charities and the public.
The committee ensures that all ACPGBI communication channels, such as social media and a regular newsletter, are effective and professional. Additionally, the committee oversees the website subcommittee, which manages the association's online presence. They also work towards enhanced branding of the ACPGBI.

Goals set out for the year

The main goal of the External Affairs committee is to continue the professionalisation of the branding of the ACPGBI, both to its members and external public groups and individuals, such as patients.

To enhance the branding of the ACPGBI, a multifaceted approach is recommended.

- Developing comprehensive brand guidelines will ensure consistency across all communications, defining elements such as logo usage, colour schemes, typography, and tone of voice. This uniformity reinforces brand identity and aids in recognition. This will then extent to all ACPGBI branded events such as chapter meetings.

- Up to date content such as blog posts and interviews incorporating both inspiring stories and voices of leaders in the field

- Increasing the functionality of the ACPGBI website to improve institutional memory, i.e. creating a repository within the ACPGBI website to store minutes and records from both chapter and committee meetings

Activity during the year.

- Updating of format of ACPGBI newsletter
- Co-ordinating with Light-Media (website host) to increase website functionality
- Setting up interview series (Colorectal Leading Lights) to highlight excellence, such as medical students winning Royal College of Surgeons Green Shoots award, and interview with Jim Khan around new robotic training centres
- Sub-committee focus summaries included in fortnightly newsletter
- Co-ordinating branding of events with other committees and sub-committees
- Visual representation of ACPGBI strategy for multi-platform use

Plans for the future

- Tip sheets and training for committee and chapter leads to use new functionality of ACPGBI website for holding minutes and meeting information
- Use of website to book events including holding refundable deposits via stripe
- Tendering for Branding Packs from external public relations / branding experts to create branding packs for the breadth of ACPGBI events and meetings, to include chapter meetings, regional events, promotional communication
- ACPGBI community Whatsapp group to aid in information dissemination in a multi-platform modality

14) Early years consultant network (EYCN)

Role of committee

The early years consultant network serves ACPGBI members in their transition to consultant life and through the first 5 years of practice. Its key goals are inclusivity, peer support and mentorship. It aims to promote a safe and collaborative environment for consultant and senior trainees to develop the skills necessary to flourish in their career.

Goals set out for the year

The following goals were set for the 12 months –

- Increase membership to the EYCN through events and social media
- Deliver a combination of online / face to face meetings to bring together EYCN members
- Collaborate more closely with Dukes' club to encourage senior trainees to join the EYCN
- Identify ACPGBI EYCN members from the main membership list to facilitate more targeted advertising of events and better engagement
- Continue to deliver the mentorship programme with a 5 year appraisal of where it has come
- Develop the EYCN website so that it demonstrates current activities and displays current mentors / mentees

Activity during the year.

- September 2024: EYCN session as Dukes' club weekend – 1.5 hr session which included talks by Abi Patel, Jim Tiernan and Prof Sagar. Included transition to consultant life, developing a clinical service and life hacks for a consultant. Engaging session with opportunity to promote EYCN to Dukes' club members.
- December 2024: Mentorship training session for current mentors and mentees. 13 initially signed up, 5 could not attend therefore 8 people attended. Good feedback and mentor-mentee contracts set up.
- January 2025: EYCN session at West Midlands Chapter meeting. The lifecycle of a consultant career with speakers Mr Tom Evans (EYCN Treasurer), Miss Kirsten McArdle and Mrs Sanaa Elgaddal.
- March 2025: Transitions Part 1 webinar – joint event with Dukes' club to discuss transition to consultant life and post CCT fellowships. 1 hr webinar with 40 delegates. Good feedback received.
- May 2025: EYCN and Research Committee: Connections and Collaborations event. Face to face meeting at Whittlebury Park Hotel with evening dinner and full day programme of talks. 19 delegates attended.

- During the last 12 months, there has been more collaboration with Dukes' club to see if we can encourage senior trainees to join EYCN as they transition into consultant life.
- The mailing list for EYCN and the website still need further development including putting together resources for newly appointed consultants.

Plans for the future

In the next 12 months, the following should be addressed –

- Mentorship scheme – 5 year evaluation of the scheme to understand successes and areas for improvement.
- Develop a 12 month programme with one face to face meeting and possibly 1-2 workshops where mentees can meet and new members can be invited
- Build upon website and mailing list to reach new members
- For consideration, EYCN chapter reps similar to Dukes' club who would liaise with local chapter reps to promote EYCN activity at a regional level facilitating better engagement at national events.

15) Equality, diversity and inclusion (EDI) committee

Role of committee

EDI for ACPGBI - striving to make colorectal surgery a level playing field for everyone (Mission Statement).

Through the EDI steering group, we aim to increase engagement with the wider colorectal surgical community / allied healthcare professionals and support their professional growth, simultaneously leading to growth of organisation as well. Our key objective is to support and improve equal representation and career / training progression of healthcare professionals in colorectal surgery.

16) Pelvic floor society

The Pelvic Floor Society (TPFS) was formed in 2012 and is an affiliate of ACPGBI.

With now over 500 members the membership grows year-on-year. Approximately two-thirds of members are consultants, mainly colorectal, but also from gastroenterology, gynaecology, urology, pain specialty and radiology. Nurses and Allied health professional members (physiotherapists, and clinical scientists) form the second largest group within the society. All these members have voting rights within our society, creating an inclusive membership. Non-voting members include trainees, overseas specialists and honorary members.

The 15th annual conference was held 13-15 November 2024 in Southampton and featured a preconference study day and a wide range of topical sessions delivered by National and International expects in the field of pelvic floor. The conference received excellent feedback.

TPFS continues to have adequate funds to support further educational events and course. Badged courses include Current Concepts in Faecal Incontinence Course, Cadaveric Rectal Prolapse Course, Endoanal Ultrasound course. It supports three regional sub-chapters in the Northern Pelvic Floor Group, Southern Pelvic Floor Group and Scottish Pelvic Floor Group in educational events.

Patient education is very much at the forefront of TPFS activity with the development of patient information sheets to support patient decision making and aid informed consent.

In 2024 the TPFS supported a James Lind Alliance Priority Setting Partnership in identifying research priorities for faecal incontinence in adults. This will hopefully generate future funding of investigatory studies in this field.

TPFS provides advice and support externally to NHSe, MRHA and GIRFT for mesh-related issues and has representation in the development of National governance registries for Pelvic Mesh use and Neuromodulation therapies. It runs an accreditation process for pelvic floor units defining standards required to provide optimal clinical care and forms links with other National societies involved in the management of gastroenterology and pelvic floor conditions.

17) Association of coloproctology nurses (ACPN)

The ACPN continues to be a dynamic and essential part of ACPGBI, advocating for specialist nursing, supporting day-to-day clinical practice, and promoting research and education across the profession.

At the 2024 ACPGBI Annual Meeting in Newport, ACPN delivered a strong presence with focused sessions and hands-on learning opportunities.

Monday 1 July featured an in-depth session on Research into Acute Kidney Injury (AKI) and Ileostomy, highlighting critical patient safety issues and sharing best practice.

This was followed by an interactive workshop on Exploring the Research Pillar of Practice, led by Dr Gabrielle Thorpe, Associate Professor at the University of East Anglia, inspiring nurses to engage with research in meaningful and practical ways.

ACPN also maintains a strong voice within the ACPGBI's clinical subcommittees, ensuring nursing perspectives shape policy, practice, and innovation across colorectal care.

18) Dukes' club

Role of Committee

The Dukes' Club is the official training arm of the Association of Coloproctology of Great Britain and Ireland. The society is run by elected colorectal surgery trainees to represent the views of trainees across the UK and Ireland on education and training.

Goals set out for the year

- Collaborate with ACPGBI subcommittees, national and international associations
- Focus on delivering innovative courses particularly in areas of need such as robotics and endoscopy
- Support ongoing collaborative research
- Address issues in colonoscopy training
- Address challenges in robotic training through both courses and a position statement with ACPGBI
- Deliver the Dukes' Club colorectal podcast

Activity during the year

Throughout the year we worked hard to deliver high-quality educational webinars. This year we have also organised webinars which focus on supporting colorectal trainees who are either affected by challenging personal circumstances or have found it difficult to access training opportunities.

We ran webinars on

- Dukes' Club Robotics Assisted Surgery series during latter half of 2023 into early 2024. This six-part webinar series ran successfully in January 2024 and included national and international speakers. Dukes' also collaborated with ESCP on one webinar in the series.
- Endoscopy training webinar series in Aug 2024 - gastro trainers plus colorectal trainers provided tips and tricks on advancing in colonoscopy training

Collaboration with ACPGBI for ACC

Dukes participated in ACC and were invited as faculty. The Dukes' President opened the VIVA session and facilitated with Q+A backstage

Dukes' Club ran the following courses

Proctology Roadshow. A face-to-face educational day covering the management of anorectal disorders, led by Mr Phil Tozer and supported by the ACPGBI Proctology subcommittee. The following regions have been covered: Scotland, London, East of England, Yorkshire, Midlands, Mersey. Future courses are booked for Cheltenham and Bristol

- Introduction to Robotics
- CMR introduction to Robotics
- Hugo introduction to Robotic
- Intuitive basics of RAS (at ACPGBI)

Fundamentals of Coloproctology- Practical. Our regional representatives have been integral to running the practical part of the Fundamentals of Coloproctology course. We have so far organised this course in the following regions: Sheffield, London and Mersey

- Cadaveric Abdominal Wall Reconstruction (AWR) and TME / CME Courses. We ran the AWR and TME / CME cadaveric courses at the Griffin institute at St Mark's Hospital in October 2023

- Dukes at ACPGBI 2024, Newport. At ACPGBI annual conference we organised the Fellowship village, the Dukes' Club session, and the Dukes' Club lecture. We ran a preconference Introduction to Robotics Course, sponsored by Intuitive and supported by faculty from the ACPGBI

- Dukes' Club Weekend 2024. Our annual conference took place in Leeds in September 2024. The pre-conference courses included Fundamentals of Coloproctology including both lap and open skills and an Introduction to CMR surgical. We live streamed the conference using MedAll. We had almost 200 attendees (80 in person) and all talks were highly rated. Our platinum industry sponsor during 2024 has been Ethicon and they generously supported the Dukes' Club weekend in 2024

- Dukes' at ASIT 2024. We ran the Fundamentals of Coloproctology at The Association of Surgeons in Training (ASIT) national conference in 2024. We also ran individual workshops representing colorectal surgery including the Journal Club and Battle of the specialities

- Dukes' Surveys. Surveys were completed including:
  - Training in colonoscopy
  - Training in pelvic floor surgery
  - Training in IBD and IF

Plans for future

- We intend to continue to foster new partnerships with industry to fund our educational projects so that members can enjoy educational experiences at no additional cost. We have developed strong partnerships with Ethicon, Intuitive, CMR, Medtronic, THD, CMR, Karl-Storz and Arthrex. We would like to continue to grow our portfolio by focusing on establishing long-term contracts with industry partners
- We have plans to collaborate with ESCP in 2025 with a scheduled ESCP fellowship day which will take place in February 2025. We also plan to run a workshop at the Paris Tripartite
- We would like to expand our course portfolio and have plans to run a cadaveric UGI course for colorectal trainees with the Roux group. We also want to work with industry partners to deliver the first Dukes' agnostic robotic course
- We aim to continue to work closely with ACPGBI to deliver the robotic position statement which is much needed in the current climate. We are also working with stakeholders to improve access to training. Finally, we aim to deliver the first Dukes' agnostic robotic course
- We will continue to engage with the ACP subcommittees and have plans to deliver an IF / AWR training day
- The endoscopy survey has been completed and is awaiting publication in Frontline Gastroenterology. We are also working closely with national stakeholders in endoscopy to improve the delivery of training and finally, we are aiming to deliver a basic endoscopy course in 2025
- We aim to publish both the IBD and PF surveys this year. We plan to engage with Colorectal Disease Journey to discuss building our relationship and whether there is a role for Dukes to undertake such as submitting training editorials
- The first Dukes' Colorectal Podcast has been completed and we aim to deliver across multiple stakeholders including ACPGBI and the RSM
- Finally, the Dukes' Website is being rebuilt and we aim to expand our educational repository in particular FRCS resources and the Dukes' Club Fellowship database

19) The Journal - Colorectal Disease

Colorectal Disease journal continued to perform well in 2024. Colorectal Disease journal is the flagship Journal, of the association and remains a jewel in its crown.

The current editor of the journal has a strategic plan for the journal with collaboration with the Association. The publishing agreement between ACPGBI and Wiley for the journal was renewed in December 2022.

There was a requirement for an Interim Editor in Chief during 2024 to cover illness, which was covered by one of the Junior Editors.

The total journal income for 2024 was £554,704, an increase from £521,505 in 2023.

Institutional subscription revenue declined from £145,482 in 2023 to £132,716 in 2024, continuing the long-term trend driven by the market forces toward open access.

Member revenue increased slightly in 2024, due to the fee for 2023 from the Spanish Association of Coloproctology (AECP) being invoiced in 2024. The AECP agreed to pay 50% of the 2023 fee (£10,000) and this appears in the 2024 account. However, they have decided not to continue their subscription, so this revenue line will decrease in 2025.

Open access revenue increased from £192,137 in 2023 to £264,630 in 2024. More of the journal's output is now covered by Transformational Agreements, with 96.5% of the OA revenue coming from TAs in 2024. Although the number of OA-eligible articles published in the journal decreased slightly (197 in 2023 moving to 191 in 2024), the number of OA articles increased from 90 to 109. In order to continue this growth in OA revenue, and continue to offset the decrease in subscription revenue, recommendations were put in plans in place to increase the number of good quality articles published in the journal.

Income from journal rights decreased from £78,608 in 2023 to £61,615 in 2024, while pay-per-view increased slightly. These revenue lines are expected to vary year on year as they are constituted by specific one-time agreements and transactions, but we do anticipate a long-term decline as increasing numbers of articles are available in an open access model.
This is the first year that our new contract terms have come into effect. The profit share has changed to a royalty arrangement of 30% of all revenues, except the ACPGBI member fees.
The total profit share to the ACPGBI was £152,844 in 2024, down from £176,590.

The journal is officially recognised by Index Medicus and is listed on Medline. The journal's 2-year Impact Factor stands at 2.9 for 2024, down from 3.4 for 2023.

20) ACPGBI Patient Liaison Group (PLG)

Role of Group
The Patient Liaison Group represents the perspective of the lived experience of patients who have been treated for bowel and pelvic diseases, including cancer, inflammatory bowel disease. fistulae and functional bowel disorders. Together with the ACPGBI, the PLG is committed to improving the experience and outcomes of all patients with colorectal disease by pursuing constructive dialogue between clinicians and patients.
The PLG is entirely voluntary and unpaid, meeting bi-monthly via Zoom. Members have considerable lived experience both as patients with colorectal disease and also in patient support groups:

Goals set out for the year

- Attendance at ACPGBI Council meetings
- Membership of ACPGBI committees which set standards of care

- Involvement in the Annual Meeting
- Preparing guidelines and other documents, by invitation to other groups
- Participating in relevant PPI activities
- Conclude the recruiting campaign for new PLG members
- Actively encourage engagement with researchers to consider patient led research

Activity during the year

ACPGBI 2024

- Attendance to the annual meeting in Newport
- Venue allowed far greater interaction with other delegates leading to greater collaboration
- PLG felt there was fair patient representation and focus in sessions

PLG members

Six new members joined the PLG bringing a wider range of experience, diversity and skills to the group. Bob Arnott sadly passed away and is greatly missed from the PLG.

The following are a list of activities in 2024 by members either directly or non-directly related to PLG. Members have often been drawn to the PLG through these activities or may be invited to participate via the PLG so there are not clear boundaries:

- Joint ACPGBI and BSG "Innovations in IBD Practice" seminar at RSM (Royal Society of Medicine) Sept 2024. 'A life saved has to be lived – make that stoma a good one, please'. Presentation and attendance
- Robotic Webinar for RCS England Sept. 2024. Panel member discussing patient perspectives
- RCS England Robotics and Digital Surgery (RADAR) Network, Nov 2024. Panel member
- Stomas in the Emergency room webinar, June 2024. Panel member
- 'When it all goes wrong' CoSMoS course. Consultation Skills that Matter for Surgeons, RCSEd. Faculty Member
- UK Cohort study to Investigate the prevention of Parastomal HERnia (CIPHER). Study Steering Committee
- Pragmatic randomized controlled trial of Seton removal to CURE perianal fistulating Crohn's disease (SECURE-CD). Working party pre-application and supporting letter from PLG
- Patient Reported OutcoMes after Inflammatory bowel disease SurgEry – the PROMISE study. Chair of Patient Panel
- Point-of-care lymphatic system imaging for sensitive, earlier detection of colorectal cancer. Pre-application working party and letter of support from PLG
- Perineal hernia study. Working group member
- BMJ 1000 words on shared decision making (awaiting publication)
- East midland cancer alliance (EMCA) (ECAG) for colorectal cancer
- National Bowel Cancer Audit (NBOCA). Clinical Advisory Group Members
- Preliminary discussion for the IBD committee on project around "It's all about the language"
- ACPGBI Annual Meeting Organising Committee. Member
- Administrator for enterocutaneous fistulae (ECF) group on social media

- W8 Buddy. Warwickshire University. Patient representative
- BRUK article. Lauraine's Story: Life with an Enterocutaneous Fistula
- JLA Faecal Incontinence workshop
- Bowel Cancer screening PhD project at Uni of Southampton
- Reviewing / updating patient leaflets - Bowel Cancer UK
- Leading local stoma support group
- Leading local bowel cancer support group
- Bowel cancer awareness talks and media contributions
- Promotion of PPI in other settings
- Building of social media presence
- Requests for nominations for various research groups etc outside of ACPGBI
- Plans for the future
- Representing the interests of patients at all levels update work of the ACPGBI
- Continue to facilitate patient representation across the range of ACPGBI committees
- Build on relationships with ACPGBI members and relevant outside organisations to encourage collaboration
- Leading the patient and carer activities of the National Bowel Cancer Audit (NBOCA)
- To be involved in local chapter meetings where appropriate – we currently have PLG members in the following chapter areas: Wessex, Oxford, South East Thames, Scotland, South Wales, Republic of Ireland, South Western.

FINANCIAL REVIEW

Financial results 1st January to 31st December 2024

The income to ACPGBI was primarily from direct membership subscriptions and from the Annual General Meeting. Additionally, ACPGBI received a small amount of interest on deposited reserves. Additional income was derived from the Pelvic Floor Society and the Dukes' Club. ACPGBI also received revenue from a profit share arrangement with Wiley, the publisher of the journal Colorectal Disease. The Trustees are confident that all tax liabilities have been recognised and administered.

Expenditure relates to the running costs of the Association, the expenses of running the Annual Meeting and the cost of providing Colorectal Disease to Ordinary Surgical Members and wages and salaries.

Total income from all sources for the period ending 31st December 2024 was £1,319,097. The total expenditure in the period ending 31st December 2024 was £1,399,648. Our investments made a net loss of £25,903. The net expenditure in the period ending 31st December 2024 was £106,454. The total funds on 31st December 2024 in all accounts held by the Association were £1,798,052.

Cash book management using Xero on online platform for seamless and integrated cash flow accounting started in January 2023, and continued into 2024 in this manner. Prior to this, records were maintained on MS Excel sheets.

The annual ACPGBI strategy meeting was held 21 and 22 November 2024. The financial strategy for the next financial year was discussed and debated. Plans were made for distribution of funds to support the educational and research priorities of the Association.

Risk analysis

ACPGBI recognises the financial risks inherent with the funding of the Annual Meeting. The Annual Meeting's financial success depends on the number of delegate registrations, exhibition income and sponsorship, which may vary from year to year.

Currently, the estimated funds required for hosting an Annual Meeting are in the region of £550,000. For this reason, the ACPGBI retains funds of over £550,000 to cover the costs of an Annual Meeting, which may fail due to factors outside the Association's control. Although ACPGBI takes out routine insurance in this respect, including anti-terrorism cover, this would not protect against the general financial reserves and running costs of ACPGBI. In the post-pandemic environment, no insurance policy will cover the loss of capital or revenue from a cancellation or disruption due to a pandemic. The incorporation of ACPGBI has removed the personal financial risk born by the Trustees.

The adoption of virtual meeting platforms enabled the Association to run educational events in the pandemic environment, albeit at a considerable additional expense. In 2024, as in 2022 and 2023, the association decided to keep the advanced coloproctology course (ACC) as a virtual event and the annual meeting as a face-to-face event. The registrations in all events were appreciable and substantial and were worth all the extra effort to organise these events.

We have noticed a reduced appetite for sponsoring online virtual events by the industry. The changes in the post-pandemic landscape that affect meetings and events will be closely monitored, and appropriate measures will be adopted to mitigate the loss of revenue from such matters.

In the latter half of 2022, inflation gradually increased and this started affecting the costs of running events moving into 2023 and 2024.

Whilst building up the capital reserve, the investment policy of ACPGBI remains to maintain the current accounts at zero at the end of each working day with automatic transfer of any reserves through the business reserve account for the two main accounts, namely the general account and the Annual Meeting account. The policy prior to 2023 has been to keep the Association's resources in risk-free accounts, rather than invest in other ways, which might bring a higher rate of return, but would carry a risk which could result in a loss of capital and jeopardise both the charity's funds and the Trustees. However, due to inflationary pressures, a decision was made to explore investment options to mitigate losses, and during 2023 the association made its first investment (outlined below).

ACPGBI is incorporated as a charity, and appropriate funds can be disbursed without personal financial risk to its Trustees.

Investment Policy

It was evident that over the years, the Association has accumulated surplus cash balances in the two accounts totalling about £800-1000K. The current nominal interest rate earned by the two accounts is 0.01%, which is well below prevailing inflation rates. The rising inflation in the latter half of 2022 exaggerated this depreciation and loss of value in such accounts.

The net loss over successive years perpetrated a substantial loss of value for the accumulated capital. This net loss was deemed a substandard and unacceptable value to the members' subscriptions and did not stand in good stead for the Association's long-term worth. Depreciation of the reserve cash reduces the capacity of the Association to weather the losses in challenging times such as those imposed by unexpected global occurrences such as the Covid-19 pandemic.

The Honorary Treasurer proposed a framework to mitigate the depreciation of the Association's surplus cash reserves. Initial enquiries led to a series of deliberations which revealed how similar professional associations manage their excess funds. The case for safe investment of surplus funds was discussed in the ACPGBI executive meeting on 20/09/2021. With the concurrence of the Executive and the Trustees, an effort to explore safe investment was undertaken by a team of Trustees. A series of virtual meetings with potential stakeholders were conducted.

Ten financial organisations were contacted with request for proposals (RFP). Six of the ten responded, of which four were shortlisted based on stringent criteria for more detailed discussions. A dedicated virtual presentation meeting with them was attended by key trustees and executives on 5th July 2022. Further deliberations based on company profile, charitable and overall assets under management, environmental and social governance, risk management, access to funds at short notice and assurance on capital preservation were some of the categories analysed for each of the providers. The final choice of Ruffer was ratified in December 2022. The ACPGBI's investment policy statement (IPS) was drafted in December 2022 and debated elaborately with the stakeholder and the ACPGBI panel before it was finalised in early 2023.

Following agreement at Executive, Council and by the Trustees, a first investment of £500,000 was made into an investment fund with Ruffer in August 2023. There is an intention to continue to add to this fund annually, where funds held by the ACPGBI permit, in order that reserves for the Association do no lose value relative to inflation, whilst recognising the charitable aims of the Association and its role in supporting research, education, training, and its other strategic roles. On this basis, £25,000 further monies were deposited in the Ruffer account in July 2024.

Future Financial Strategy

The plans, priorities and actions for the next 12 months are outlined below under principal strategic themes.

Operations:

- Balance income and outgoings within the principal business account
- Fund future initiatives based on the annual strategy plan using profits from the Annual Meeting and theagreed capital allocation
- Maintain cost centres for identified entities (ACC, EYCN, EDI) to make them self sufficient
- Ensure profitability and sustainability of our organisation's events

Revenue stream:

- Retain current membership base
- Attract new members through reduced subscription rates for the first year
- Offer membership benefits, offers and discounts with industry partnership
- Make it expensive for non-members to attend the Annual Meeting. It will be cheaper to become a member of ACPGBI

Investments:

Continue to transfer funds into the investment portfolio based around the investment strategy to protect cash reserve from inflationary loss

Funding fellowships:

- Continue to fund two Dukes' Club travelling fellowships
- Continue to fund the South African Fellow together with the American, Australasian and European Fellows (there is a reciprocal arrangement with the Americans and Australasians)
- Partner with industry to fund new robotic fellowships

Regional activity and initiatives:

Continue limited (max £1,000 per year) funding to facilitate Chapters to run meetings during the year

Annual Meeting:

- Continue to provide 50 free places at the Annual Meeting to nurse members
- Continue to allow medical students free registration for the Annual Meeting and reimburse their travelling expenses if they are presenting at the conference, but not their accommodation costs

Industry partnership:

Meet key players to discuss and plan collaboration details

Colorectal disease:

Colorectal Disease strategy and financial planning meeting with Wiley

Staff:

- Provide annual appraisal and salary scale review for our staff
- Explore restructuring staff activities and job configuration to support our organisation's functioning to improve outcomes, satisfaction and cost-effectiveness

TRUSTEES' RESPONSIBILITIES

The Board of Trustees were set up to add oversight to the governance of ACPGBI, separate from the Executive.

The Trustees (who are also directors of The Association of Coloproctology of Great Britain and Ireland for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year, which give an accurate and fair view of the charitable company's state of affairs and the incoming resources and application of resources, including the income and expenditure of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charities SORP.
- Make judgements and estimates that are reasonable and prudent.
- State whether UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.

- Prepare the financial statements on a going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps to prevent and detect fraud and other irregularities.

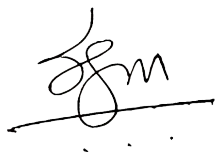
In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware.
- The Trustees have taken all steps they ought to have taken to make themselves aware of any relevant audit information and establish that the auditor is aware of that information.

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

Report of the trustees, incorporating a strategic report, approved by order of the board of trustees, as the company directors, and signed on the board's behalf.

Approved by the Trustees and signed on their behalf by



Sushil Maslekar

Honorary Treasurer, Association of Coloproctology of Great Britain & Ireland

Dated 29th September 2025

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(REFERRED TO AS ACPGBI)
INDEPENDENT AUDITOR'S REPORT

TO THE TRUSTEES OF THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

Opinion

We have audited the financial statements of The Association of Coloproctology of Great Britain and Ireland (the 'charity') for the year ended 31 December 2024 which comprise the statement of financial activities, the balance sheet, the statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2024 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

The other information comprises the information included in the annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the trustees' report for the financial year for which the financial statements are prepared, which includes the directors' report prepared for the purposes of company law, is consistent with the financial statements; and
- the directors' report included within the trustees' report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charity and its environment obtained in the course of the audit, we have not identified material misstatements in the directors' report included within the trustees' report.

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

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

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities, the trustees, who are also the directors of the charity for the purpose of company law, are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

Identification and assessment of irregularities including fraud

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

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

· Obtaining an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a direct effect on the financial statements and operations;

· Obtaining an understanding of the charity's policies and procedures on fraud risks, including knowledge of any actual, suspected or alleged fraud;

· Discussing among the engagement team how and where fraud might occur in the financial statements and any potential indicators of fraud through our knowledge and understanding of the company and our sector-specific experience.

As a result of these procedures, we considered the opportunities and incentives that may exist within the association for fraud. We are also required to perform specific procedures to respond to the risk of management override. As a result of performing the above, we identified the following areas as those most likely to have an impact on the financial statements: health & safety and employment law, as well as compliance with the UK Companies and Charities Acts.

In addition to the above, our procedures to respond to risks identified included the following:

· Making enquiries of management about any known or suspected instances of non-compliance with laws and regulations and fraud;

· Reviewing minutes of meetings of the board and senior management.

· Reading correspondence with regulators

· Challenging assumptions and judgements made by management in their significant accounting estimates; and

· Auditing the risk of management override of controls, including through testing journal entries and other adjustments for appropriateness.

Due to the inherent limitations of an audit, there is an unavoidable risk that some material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK). For instance, the further removed non-compliance is from the events and transactions reflected in the financial statements, the less likely the auditor is to become aware of it or to recognise the non-compliance.

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

Use of our report

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

Jordan Abbott BSc ACA (Senior Statutory Auditor)
for and on behalf of Sumer Audit .....
Chartered Accountants
Statutory Auditor
Chichester

Sumer Audit is the trading name of Sumer Auditco Limited

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(REFERRED TO AS ACPGBI)
STATEMENT OF FINANCIAL ACTIVITIES
INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 DECEMBER 2024

	Notes	Unrestricted funds 2024 £	Restricted funds 2024 £	Total 2024 £	Unrestricted funds 2023 £	Restricted funds 2023 £	Total 2023 £
Income from:							
Donations and legacies	**3**	2,000	-	2,000	-	-	-
Charitable activities							-
Education	**4**	224,572	3,000	227,572	186,435	-	186,435
Annual General Meeting	**4**	646,555	-	646,555	717,221	-	717,221
Publication Income	**4**	163,389	-	163,389	176,590	-	176,590
Other trading activities	**5**	264,265	-	264,265	276,250	-	276,250
Investments	**6**	15,316	-	15,316	2,138	-	2,138
Total income		1,316,097	3,000	1,319,097	1,358,634	-	1,358,634
Charitable activities							
Education	**7**	647,829	1,646	649,475	454,212	-	454,212
Annual General Meeting	**7**	724,243	-	724,243	518,101	-	518,101
Publication Income	**7**	50,863	-	50,863	55,237	-	55,237
Total charitable expenditure		1,422,935	1,646	1,424,581	1,027,550	-	1,027,550
Total expenditure		1,422,935	1,646	1,424,581	1,027,550	-	1,027,550
Net gains/(losses) on investments	**12**	(25,903)	-	(25,903)	4,574	-	4,574
Net income/(expenditure) and movement in funds		(132,741)	1,354	(131,387)	335,658	-	335,658
Reconciliation of funds:							
Fund balances at 1 January 2024							
As originally reported		*1,895,974*	*8,532*	*1,904,506*	*1,544,861*	*8,532*	*1,553,393*
Prior year adjustment		-	-	-	*15,455*	-	*15,455*
As restated		1,895,974	8,532	1,904,506	1,560,316	8,532	1,568,848
Fund balances at 31 December 2024		1,763,233	9,886	1,773,119	1,895,974	8,532	1,904,506

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

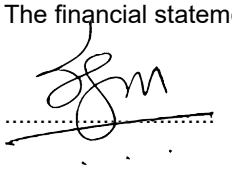
THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(REFERRED TO AS ACPGBI)
BALANCE SHEET

AS AT 31 DECEMBER 2024

	Notes	2024 £	2024 £	2023 £	2023 £
Fixed assets					
Intangible assets	**14**		26,820		53,159
Tangible assets	**15**		867		1,289
Investments	**16**		521,125		506,712
			548,812		561,160
Current assets					
Stocks	**17**	15,891		17,113	
Debtors	**18**	348,404		381,332	
Cash at bank and in hand		899,500		1,014,552	
		1,263,795		1,412,997	
Creditors: amounts falling due within one year	**19**	39,488		69,651	
Net current assets			1,224,307		1,343,346
Total assets less current liabilities			1,773,119		1,904,506
The funds of the charity					
Restricted income funds	**21**		9,886		8,532
Unrestricted funds			1,763,233		1,895,974
			1,773,119		1,904,506

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime.

The financial statements were approved by the trustees on .....29th September 2025.....



Sushil Maslekar, ACPGBI Treasurer

Trustee

Company registration number 05962281 (England and Wales)

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(REFERRED TO AS ACPGBI)
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2024

	Notes	2024 £	2024 £	2023 £	2023 £
Cash flows from operating activities					
Cash (absorbed by)/generated from operations	**24**		(85,821)		375,299
Investing activities					
Purchase of intangible assets		(4,231)		(21,920)	
Purchase of investments		(40,316)		(502,138)	
Investment income received		15,316		2,138	
Net cash used in investing activities			(29,231)		(521,920)
Net cash used in financing activities			-		-
Net decrease in cash and cash equivalents			(115,052)		(146,621)
Cash and cash equivalents at beginning of year			1,014,552		1,161,173
Cash and cash equivalents at end of year			899,500		1,014,552

1 Accounting policies

Charity information

The Association of Coloproctology of Great Britain and Ireland is a private company limited by guarantee incorporated in England and Wales. The registered office is The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London, WC2A 3PE.

1.1 Accounting convention

The financial statements have been prepared in accordance with the charity's Memorandum and Articles of Association, the Companies Act 2006, FRS 102 “The Financial Reporting Standard applicable in the UK and Republic of Ireland” (“FRS 102”) and the Charities SORP "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). The charity is a Public Benefit Entity as defined by FRS 102.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention, modified to include the revaluation of certain financial instruments at fair value. The principal accounting policies adopted are set out below.

1.2 Going concern

At the time of approving the financial statements, the trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

1.3 Charitable funds

Unrestricted funds are available for use at the discretion of the trustees in furtherance of their charitable objectives.

Restricted funds are subject to specific conditions by donors or grantors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the financial statements.

1.4 Income

Income is recognised when the charity is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably, and it is probable that income will be received.

Cash donations are recognised on receipt. Other donations are recognised once the charity has been notified of the donation, unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Legacies are recognised on receipt or otherwise if the charity has been notified of an impending distribution, the amount is known, and receipt is expected. If the amount is not known, the legacy is treated as a contingent asset.

1 Accounting policies **(Continued)**

1.5 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, 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 classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges are allocated on the portion of the asset's use.

1.6 Intangible fixed assets other than goodwill

Intangible assets acquired separately from a business are recognised at cost and are subsequently measured at cost less accumulated amortisation and accumulated impairment losses.

Amortisation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Computer software and website	33% straight line

1.7 Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Fixtures and fittings	15% reducing balance
Computers	25% reducing balance
Chain of Office	20% straight line

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is recognised in the statement of financial activities.

1.8 Fixed asset investments

Fixed asset investments are initially measured at transaction price excluding transaction costs, and are subsequently measured at fair value at each reporting date. Changes in fair value are recognised in net income/(expenditure) for the year. Transaction costs are expensed as incurred.

1.9 Impairment of fixed assets

At each reporting end date, the charity reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

1.10 Stocks

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

1 Accounting policies **(Continued)**

1.11 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.12 Financial instruments

The charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the charity's balance sheet when the charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Basic financial liabilities

Basic financial liabilities, including creditors and bank loans are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities

Financial liabilities are derecognised when the charity's contractual obligations expire or are discharged or cancelled.

1.13 Employee benefits

The costs of short-term employee benefits are recognised as a liability and an expense.

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the charity is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

1 Accounting policies **(Continued)**

1.14 Retirement benefits

The company is a Participating Employer in SAUL. The actuarial valuation applies to SAUL as a whole and does not identify surpluses or deficits applicable to individual employers. As a whole, the market value of SAUL's assets at 31 March 2023 was £3,096 million representing 105% of the liabilities.

It is not possible to identify an individual Employer's share of the underlying assets and liabilities of SAUL. The company accounts for its participation in SAUL as if it were a defined contribution scheme and pension costs are based on the amounts actually paid (i.e. cash amounts) in accordance with paragraphs 28.11 of FRS 102.

As there was a Technical Provisions surplus at 31 March 2023, no deficit contributions were required following the 2023 valuation and there is no defined benefit liability (i.e. the present value of any deficit contributions due to SAUL) to be recognised by the company.

2 Critical accounting estimates and judgements

In the application of the charity's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

3 Income from donations and legacies

	Unrestricted funds 2024 £	Unrestricted funds 2023 £
Grants receivable for core activities	2,000	-

4 Income from charitable activities

	Unrestricted funds 2024 £	Restricted funds 2024 £	Total 2024 £	Unrestricted funds 2023 £	Restricted funds 2023 £	Total 2023 £
Education						
Pelvic Floor Society	57,155	-	57,155	70,309	-	70,309
Advanced Coloproctology course (previously motorway course)	74,314	-	74,314	36,184	-	36,184
Dukes' Club	73,319	-	73,319	52,142	-	52,142
Performance related grants	-	3,000	3,000	-	-	-
Other meetings	19,784	-	19,784	27,800	-	27,800
Annual General Meeting						
Annual General and other meetings	646,555	-	646,555	717,221	-	717,221
Publication Income						
Publication income	163,389	-	163,389	176,590	-	176,590
	1,034,516	3,000	1,037,516	1,080,246	-	1,080,246

5 Income from other trading activities

	Unrestricted funds 2024 £	Unrestricted funds 2023 £
Subscriptions	250,037	262,508
Interest receivable	14,228	13,742
Other trading activities	264,265	276,250

6 Income from investments

	Unrestricted funds 2024 £	Unrestricted funds 2023 £
Income from listed investments	15,286	1,784
Interest receivable	30	354
	15,316	2,138

7 Expenditure on charitable activities

	Education	Annual General Meeting	Publication Income	Total	Education	Annual General Meeting	Publication Income	Total
	2024	2024	2024	2024	2023	2023	2023	2023
	£	£	£	£	£	£	£	£
Direct costs								
Pelvic Floor Society	70,847	-	-	70,847	47,381	-	-	47,381
Dukes Club	78,582	-	-	78,582	51,571	-	-	51,571
Chapter meetings	25,561	-	-	25,561	18,293	-	-	18,293
Travel fellowship	11,291	-	-	11,291	10,446	-	-	10,446
Other meetings	4,151	-	-	4,151	7,080	-	-	7,080
AGM and other meetings	-	724,243	-	724,243	-	518,101	-	518,101
Subscription to journal	-	-	50,863	50,863	-	-	55,237	55,237
Advanced Coloproctology course (previously motorway course)	39,972	-	-	39,972	91,303	-	-	91,303
Software and app development	19,200	-	-	19,200	-	-	-	-
	249,604	724,243	50,863	1,024,710	226,074	518,101	55,237	799,412
Grant funding of activities (see note 8)	89,607	-	-	89,607	20,377	-	-	20,377
Share of support and governance costs (see note 9)								
Support	256,194	-	-	256,194	190,450	-	-	190,450
Governance	54,070	-	-	54,070	17,311	-	-	17,311
	649,475	724,243	50,863	1,424,581	454,212	518,101	55,237	1,027,550
Analysis by fund								
Unrestricted funds	647,829	724,243	50,863	1,422,935	454,212	518,101	55,237	1,027,550
Restricted funds	1,646	-	-	1,646	-	-	-	-
	649,475	724,243	50,863	1,424,581	454,212	518,101	55,237	1,027,550

7 Expenditure on charitable activities **(Continued)**

8 Grants payable

	Education 2024 £	Education 2023 £
Grants to institutions:		
RCS funding - Surgical Speciality Leads	20,000	1,727
RCS Education funding - Future Leaders programme	7,670	-
NHS Glasgow - Robotic Fellowship	40,000	-
Bowel Research UK - Colorectal research	18,000	18,650
Pelican Cancer Foundation - OReCO Scotland ACPGBI Chapter meeting	1,100	-
	86,770	20,377
Grants to individuals	2,837	-
	89,607	20,377

9 Support costs allocated to activities

	2024 £	2023 £
Staff costs	105,806	104,147
Depreciation	30,992	18,008
Administrative services and rent	54,914	14,256
Printing, postage and stationery	1,358	3,428
Telephone and conference calls	-	2,166
Computer maintenance, software and equipment	3,297	8,480
Bank and credit card charges	5,639	820
Subscriptions	688	5,992
Insurance	7,406	8,084
Website and database expenses	8,691	3,987
Payroll, VAT services and legal and professional fees	34,517	19,014
Bad debts and other costs	2,886	2,068
Governance costs	54,070	17,311
	310,264	207,761
Analysed between:		
Education	310,264	207,761

9 Support costs allocated to activities **(Continued)**

Governance costs comprise:	**2024** **£**	**2023** **£**
Audit fees	6,695	6,500
Auditors' fees for non-audit work	2,250	-
Accountancy and legal fees	1,379	6,500
Meetings and travel	43,746	4,311
	54,070	17,311

10 Trustees

None of the trustees (or any persons connected with them) received any remuneration during the year, but 3 of them were reimbursed a total of £1,885 travelling expenses (2023 - 4 were reimbursed £2,419).

11 Employees

The average monthly number of employees during the year was:

	2024 **Number**	**2023** **Number**
Administration	2	2

Employment costs	**2024** **£**	**2023** **£**
Wages and salaries	84,627	82,760
Social security costs	4,068	3,949
Other pension costs	17,111	17,438
	105,806	104,147

There were no employees whose annual remuneration was more than £60,000.

Remuneration of key management personnel
There was no Key management personnel remuneration during this year or last year.

12 Gains and losses on investments

Gains/(losses) arising on:	**Unrestricted funds 2024** **£**	**Unrestricted funds 2023** **£**
Revaluation of investments	(25,903)	4,574

13 Taxation

The charity is exempt from taxation on its activities because all its income is applied for charitable purposes.

14 Intangible fixed assets

	Computer software and website
	£
Cost	
At 1 January 2024	89,595
Additions - separately acquired	4,231
At 31 December 2024	93,826
Amortisation and impairment	
At 1 January 2024	36,436
Amortisation charged for the year	30,570
At 31 December 2024	67,006
Carrying amount	
At 31 December 2024	26,820
At 31 December 2023	53,159

15 Tangible fixed assets

	Fixtures and fittings	Computers	Chain of Office	Total
	£	£	£	£
Cost				
At 1 January 2024	2,329	889	4,064	7,282
At 31 December 2024	2,329	889	4,064	7,282
Depreciation and impairment				
At 1 January 2024	2,171	706	3,116	5,993
Depreciation charged in the year	24	46	352	422
At 31 December 2024	2,195	752	3,468	6,415
Carrying amount				
At 31 December 2024	134	137	596	867
At 31 December 2023	158	183	948	1,289

16 Fixed asset investments

	Listed investments £
Cost or valuation	
At 1 January 2024	506,712
Additions	40,316
Valuation changes	(25,903)
At 31 December 2024	521,125
Carrying amount	
At 31 December 2024	521,125
At 31 December 2023	506,712

Fixed asset investments revalued

The investments are included at market value at the balance sheet date. Their historical cost at the balance sheet date is £542,454 (2023 - £502,138).

17 Stocks

	2024 £	2023 £
Presidential Badges	15,891	17,113

18 Debtors

	2024 £	2023 £
Amounts falling due within one year:		
Trade debtors	1,271	21,500
Other debtors	170,267	176,590
Accrued income	26,530	33,133
Prepayments	150,336	150,109
	348,404	381,332

19 Creditors: amounts falling due within one year

	2024	2023
	£	£
Other taxation and social security	-	12,331
Trade creditors	6,855	13,956
Other creditors	607	299
Accruals and deferred income	32,026	43,065
	39,488	69,651

20 Retirement benefit schemes

The company participates in the Superannuation Arrangements of the University of London ("SAUL"), which is a centralised defined benefit scheme within the United Kingdom and was contracted out of the Second State Pension (prior to April 2016).

SAUL is an independently-managed pension scheme for the non-academic staff of over 50 colleges and institutions with links to higher education.

Pension benefits accrued within SAUL currently build up on a Career Average Revalued Earnings ("CARE") basis.

The company is not expected to be liable to SAUL for any other current participating employer's obligations under the Rules of SAUL, but in the event of an insolvency of any participating employer within SAUL, an amount of any pension shortfall (which cannot otherwise be recovered) in respect of that employer, may be spread across the remaining participating employers and reflected in the next actuarial valuation.

Funding Policy

SAUL's statutory funding objective is to have sufficient and appropriate assets to meet the costs incurred by the Trustee in paying SAUL's benefits as they fall due (the "Technical Provisions"). The Trustee adopts assumptions which, taken as a whole, are intended to be sufficiently prudent for pensions and benefits already in payment to continue to be paid and for the commitments which arise from Members' accrued pension rights to be met.

The Technical Provisions assumptions include appropriate margins to allow for the possibility of events turning out worse than expected. However, the funding method and assumptions do not completely remove the risk that the Technical Provisions could be insufficient to provide benefits in the future.

A formal actuarial valuation of SAUL is carried out every three years by a professionally qualified and independent actuary. The last actuarial valuation was carried out with an effective date of 31 March 2023. Informal reviews of SAUL's position, reflecting changes in market conditions, cash flow information and new accrual of benefits, are carried out between formal valuations.

The funding principles were agreed by the Trustee and employers in June 2024 and will be reviewed again at SAUL's next formal valuation in 2026.

At the 31 March 2023 valuation SAUL was 105% funded on its Technical Provisions basis. As SAUL was in surplus on its Technical Provisions basis, no deficit contributions were required. The Trustee and the Employers have agreed that the ongoing Employers' contributions will fall from a rate of 21% of CARE Salaries to 19% of CARE Salaries from 1 September 2024.

The total cost of pension contributions on behalf of employees of the company during the year was £17,111 (2023 - £17,438).

21 Restricted funds

The restricted funds of the charity comprise the unexpended balances of donations and grants held on trust subject to specific conditions by donors as to how they may be used.

	At 1 January 2024	Incoming resources	Resources expended	At 31 December 2024
	£	£	£	£
Laparoscopic Colorectal Surgery Bursaries	7,532	-	-	7,532
Scottish Chapter	1,000	-	-	1,000
EYCN Sponsorship - Education event	-	3,000	(1,646)	1,354
	8,532	3,000	(1,646)	9,886

Previous year:	At 1 January 2023	Incoming resources	Resources expended	At 31 December 2023
	£	£	£	£
Laparoscopic Colorectal Surgery Bursaries	7,532	-	-	7,532
Scottish Chapter	1,000	-	-	1,000
	8,532	-	-	8,532

Covidien historically provided an educational grant of £25,000 to provide travelling bursaries for consultants and colorectal surgeons in training that are members of the ACPGBI to obtain experience of laparoscopic colorectal surgery in the UK and Europe. During 2024, £nil of these bursaries were utilised. £7,532 remains available.

The Scottish Chapter restricted fund relates to a donation received for the benefit of the Scottish Chapter. £1,000 remains available.

The Early Years Consultant Network (EYCN) fund is specifically for ACPGBI members in their transition to consultant life and through the first five years of practice. £1,354 remains available.

22 Analysis of net assets between funds

	Unrestricted funds 2024	Restricted funds 2024	Total 2024
	£	£	£
Fund balances at 31 December 2024 are represented by:			
Intangible fixed assets	26,820	-	26,820
Tangible assets	867	-	867
Investments	521,125	-	521,125
Current assets/(liabilities)	1,214,421	9,886	1,224,307
	1,763,233	9,886	1,773,119

	Unrestricted funds 2023	Restricted funds 2023	Total 2023
	£	£	£
Fund balances at 31 December 2023 are represented by:			
Intangible fixed assets	53,159	-	53,159
Tangible assets	1,289	-	1,289
Investments	506,712	-	506,712
Current assets/(liabilities)	1,334,814	8,532	1,343,346
	1,895,974	8,532	1,904,506

23 Related party transactions

There were no disclosable related party transactions during the year (2023 - none).

24 Cash generated from operations

	2024	2023
	£	£
(Deficit)/surpus for the year	(131,387)	335,658
Adjustments for:		
Investment income recognised in statement of financial activities	(15,316)	(2,138)
Fair value gains and losses on investments	25,903	(4,574)
Amortisation and impairment of intangible assets	30,570	17,919
Depreciation and impairment of tangible fixed assets	422	89
Movements in working capital:		
Decrease/(increase) in stocks	1,222	(17,113)
Decrease in debtors	32,928	79,493
(Decrease) in creditors	(30,163)	(34,035)
Cash (absorbed by)/generated from operations	(85,821)	375,299

25 Analysis of changes in net funds

The charity had no material debt during the year.

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

England & Wales - Charity number 1118063

Accounts

REGISTERED COMPANY NUMBER: 05962281 (England and Wales)
REGISTERED CHARITY NUMBER: 1118063

REPORT OF THE TRUSTEES AND

FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2023

FOR

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND (Referred to as ACPGBI)

Sumer Auditco Limited
Statutory Auditor
Piper House
4 Dukes Court
Bognor Road
Chichester
PO19 8FX

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

CONTENTS OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2023

	Page
Report of the Trustees	1 to 22
Report of the Independent Auditors	23 to 26
Statement of Financial Activities	27
Balance Sheet	28
Cash Flow Statement	29
Notes to the Cash Flow Statement	30
Notes to the Financial Statements	31 to 40
Detailed Statement of Financial Activities	41 to 42

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 DECEMBER 2023

The Trustees present their report together with the accounts of the Charity, Association of Coloproctology of Great Britain and Ireland (ACPGBI) for the year ending 31st December 2023.

PUBLIC BENEFIT STATEMENT

The Association of Coloproctology's (ACPGBI) activities include promoting education and research in all matters appertaining to the science, art and treatment of patients with coloproctological disease.

The objectives are to provide specialised knowledge and advanced training, education, research and scholarship in science and technology in cooperation with other bodies to its members to benefit their patients.

In addition, the ACPGBI aims to be a complete resource of knowledge and help to patients with colorectal disease, empowering and ensuring the best treatments are available to all who seek them.

The ACPGBI's mission is derived from these objectives. The Trustees of ACPGBI are responsible for defining its strategic aims and directing its Executive's activities to further these objectives. The Council has had due regard to the Charity Commission's guidance on reporting public benefit.

Strategic aims

- To promote clinical and basic research into colorectal disease of the highest quality
- To promote the best possible treatments for patients with colorectal disease
- To extend the frontiers of knowledge within and beyond existing research disciplines
- To bring together research expertise within and beyond the ACPGBI to address the scientific challenges of today and the future
- To identify, attract and develop trainee surgeons of the highest ability to provide research-led teaching and information sharing
- To offer an educational experience that empowers members to be leaders in their chosen careers and contribute to the long-term needs of society
- To engage with similar organisations around the world to understand, identify and lead emerging scientific challenges and solutions
- To maximise the social and economic value of our education and research through the transfer of both talent and technology
- To find innovative ways to extend the reach and impact of all our work
- To maintain excellence by being efficient, effective, adaptable and integrated
- To build mutually beneficial relationships with appropriate organisations in the UK and worldwide
- To anticipate, understand and shape the thinking of stakeholders and policymakers in the UK and worldwide, including those in government, academia and industry

The report on ACPGBI's activities during the year 2023, which forms a significant part of this Annual Report, provides further information on our progress and achievements against these and other objectives.

STRUCTURE, GOVERNANCE AND MANAGEMENT

The ACPGBI, established in 1990, was registered with the Charity Commissioners. The charity was an unincorporated Association (registration number 1013924) until 30th June 2007. All the assets of the former charity were transferred to the Association of Coloproctology of Great Britain and Ireland, a company limited by guarantee (company number 05962281) and registered as a charity with the Charity Commission (charity number 1118063).

The ACPGBI business, organisational structure and working practices are governed by its constitution. This document is updated yearly, and any changes are approved at the AGM. ACPGBI is led by an Executive Committee and guided by a representative Council. Administration and marketing are carried out by its Secretariat. The Executive formulates policy and considers all matters concerning the Association. All decisions are notified to Council regularly for approval. Posts for Council, chapter representatives and major positions (President, Secretary, Treasurer etc.) are advertised on the website and ballots are held where appropriate.

Along with the ACPGBI office bearers (President, Honorary Secretary and Honorary Treasurer), the Executive Committee includes chairs of the Education and Training, External Affairs, Multidisciplinary Clinical and Research and Audit committees.

The executive appointments are made as either 'Assistant' (e.g., secretary and treasurer) or in waiting/elect (e.g., President). This gives appointees sufficient time (2 years) to become thoroughly acquainted with the roles they are due to take up at the Annual Meeting.

The Board of Trustees comprises the Executive members (President, Honorary Secretary and Honorary Treasurer) and non-executive members who include medical (at least five medical trustees and ideally will include one nurse) and lay members. The medical trustees are members with previous experience in holding office in the Association, none of whom currently sit on committees of the Association. The lay members would include a minimum of two patient representatives, a lawyer, a trustee from a financial background and a non-medical academic. Additional or replacement Trustees will be appointed by the Board of Trustees as they see fit, as there are no formal policies for inducting new Trustees.

ACPGBI has undergone a formal risk assessment process to help identify areas of concern and formulate suitable action plans. ACPGBI's short, medium and long-term priorities and goals are discussed in the annual strategy meetings, and appropriate action plans are finalised.

The following Trustees served the charity from 1st January 2023 to 31st December 2023.

Executive Trustees

President:

Professor Jared Torkington	(appointed 05 July 2023)
Mr Charles Maxwell-Armstrong	(resigned 05 July 2023)

Honorary Secretary:

Mr G Branagan

Honorary Treasurer:

Mr David McArthur	(appointed 05 July 2023)
Mr Athur Harikrishnan	(resigned 05 July 2023)

Non-Executive Trustees

Mr J Bell	
Mrs M Bentley	
Ms J Bradbury	(resigned 25 April 2023)
Mr T Cook	(appointed 01 January 2023)
Mrs A Demick	
Prof J Hill	(appointed 14 August 2023)
Miss K Nugent	
Mr P Rowbottom	(resigned 15 March 2023)
Mrs J Sanders	
Mr N Scott	(resigned 05 July 2023)
Mr B Singh	(appointed 01 January 2023)
Mr G Williams (Chair)	
Prof Smith	(appointed 26 April 2023 & resigned 16 August 2024)
Dr Thorpe	(appointed 14 August 2023 & resigned 11 September 2023)
Mr H Young	

OBJECTIVES AND ACTIVITIES

Principal policies to achieve the objectives

The ACPGBI aims to achieve high standards and advance the science of coloproctology by promoting and publishing the results of research and audit. The charity also provides and disseminates information to help professionals and the public on matters concerning coloproctology. Furthermore, ACPGBI seeks to promote high ethical standards and continues to endorse high standards in training and best clinical practice through its AGM and links with all geographical regions in the UK & Ireland based on regional chapter representation.

Strategy to achieve the objectives

The Charity (ACPGBI) has grown in size and influence since its foundation. Total membership stands at around 1,200 persons, including consultant surgeons, surgeons in training, physicians, pathologists, radiologists, clinical scientists, medical students and clinical nurse specialists with interest in coloproctology.

ACPGBI is one of several specialist institutions within the broad spectrum of general surgery. It has assumed an increasingly important and influential role in the organisation of colorectal services within the United Kingdom and Ireland. ACPGBI is a direct stakeholder in the National Institute for Health and Care Excellence (NICE), contributes to health technology appraisals and is a key advisor to the Royal College of Surgeons in matters relating to coloproctology.

The strength of ACPGBI continues to be its representation throughout the UK & Ireland mediated via the regional chapter structure. Each chapter has meetings to disseminate scientific, best practices and political strategies agreed upon at Council meetings. Equally, in a democratic manner, concerns and clarifications raised at a regional level concerning central policy can be brought back to both the Council and Executive.

The administrative office is responsible for the day-to-day running of the charity and effective communication between elected officers, chapter representatives and the general membership.

Since 2014 the Association has controlled the collection of subscriptions from members through its website.

Executive meetings are held four times, and Council meetings are held three times per year in addition to an Annual General Meeting. The Trustees meet thrice a year, under the leadership of the chairperson, and oversee the activities and performance of the Association. The Annual Meeting is the flagship event of the year. It is organised by the President, and in 2023 was held in Manchester and attended by nearly 1000 delegates.

Administration

The chief administrator for the Association is Mrs A Sutton. The day-to-day management of the Association is delegated to her. Payments to creditors need dual authorisation by Mrs Sutton and the Treasurer. Ms N Taub also works in the office to oversee membership and marketing, which has helped with raising the organisation's profile via social media.

The administration of the Annual Meeting is outsourced to a conference management company. In addition, Mrs Adele Sutton organises the Annual Meeting's commercial exhibition and speaker management.

The administrative centre of ACPGBI is located at the Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE. Since July 2017, ACPGBI has leased an office directly from the Royal College of Surgeons (RCS) located in the refurbished RCS Building. In line with Association's strategy, in May 2018, ACPGBI set up an independent payroll for our employees, and ACPGBI has its employer reference at HMRC. The website was redesigned under a new company and released in July 2021. This website (www.acpgbi.org.uk) has sections aimed for the public, patients and professionals.

ACHIEVEMENTS AND PERFORMANCE DURING THE YEAR ENDED 31ST DECEMBER 2023

GENERAL

In 2023, the ACPGBI continues to deliver successfully on its activities and strategic objectives. The Association is pleased to have maintained a high level of performance during this demanding post-covid recovery period.

The website underwent further development to make it more user-friendly for both professionals and patients / carers added several updates and new content including position statements and educational activities across the regions. The website has proved its worth as the front end of ACPGBI's activities.

Face to face events continued following the pandemic, with a wide range of topics covered at local Chapter meetings, educational events arranged by the Dukes' Club and other ACP-endorsed meetings. The association however made a strategic decision to maintain virtual events like the advanced coloproctology course (ACC) after overwhelming feedback received requesting this format to be continued.

The executive committee and Council met in person to plan and deliver what amounted to an excellent portfolio of activities, events and meetings to the benefit of members and associates. The trustee meetings continued as virtual meetings.

The Advanced Coloproctology Course (ACC) was held in March 2023 on a virtual online platform and broadcast presentations of outstanding quality to a large worldwide audience of more than 1000 registrants. This was repeated for this third consecutive year.

The Annual Meeting in July 2023 was held in Manchester in a face-to-face venue attended by almost 1000 delegates. The meeting incorporated cutting-edge developments in management of colorectal diseases, with a strong emphasis on patient involvement in the majority of sessions. As per the previous year, the meeting made a modest surplus.

The committee tasked with supporting medical students with an interest in coloproctology grew its membership and ran events aimed specifically at students. Medical students were supported if they wanted to attend the annual meeting with free registration.

Following a stringent selection process, ACPGBI invested a proportion of the money held in the reserve accounts with Ruffer, with the intention of guarding against inflation.

Executive agreed the development and implementation of a formal, rolling 5-year strategy document, aimed a focussing the workstream of each of the sub-committees and the organisation as a whole. This will be produced in 2024.

The salient achievements and aspirations of the ACPGBI events and committees in 2023 are outlined below.

ACPGBI 2023 ANNUAL MEETING

The Annual Meeting was held on 3rd – 5th July 2023 in Manchester in a face-to-face venue attended by almost 1000 delegates, providing stimulating educational and networking opportunities.

As per previous meetings, an appreciable level of sponsorship and registrations more than balanced the overall reconciliation, and the meeting made a surplus of £37,002. The impressive feedback as outlined below indicated that the investment in educational pursuit in line with ACPGBI's objectives and engagement with the members and professional stakeholders was worth effort.

	2023	2022
Total registered delegates	**995**	906
Paying delegates	**680**	682
Complementary delegates	**315**	224

EDUCATION & TRAINING COMMITTEE

Overview

The Education and Training Committee meets regularly with their predominant aim being to improve education and training within coloproctology. The Chair represents the views of the committee on the Executive and Council.

The Education and Training Committee oversee many educational activities as outlined below:

Advanced Coloproctology Course (ACC) 2023

The ACC was held over 2 days in March 2023 and again used Sayso Medical to deliver the event via a virtual platform following feedback from previous courses. Registration fees were kept low, with free registration for medical students and those from low and middle income countries (LMICs). The costs of delivering the course were covered by a combination of registration fees and generous industry support. We had over 1000 worldwide registrations and the feedback from delegates was excellent, reinforcing that this format is valued by ACPGBI members and non-members alike. There is a fine balance to cover costs of delivering the course but the ACPGBI executive have been very supportive in seeing any costs incurred as an investment by ACPGBI in coloproctology education both in Great Britain and Ireland and worldwide.

Plans for the future – plans for similar format for 2024, appreciating that the course may need financial support from the ACPGBI to make it as accessible as possible.

Fundamentals of Coloproctology Course

There was an aim to have a “Basic Coloproctology Course”, aimed at more junior colorectal surgeons and AHP, organised by the ACPGBI. The Dukes’ Club were keen to support a Basic Coloproctology Course and so there has been a collaborative approach between the ACPGBI and the Dukes’ Club.

We developed and rolled out the Fundamentals of Coloproctology Course in 2023, consisting of a one day virtual event (“The Theory”) delivered free via the Medall platform in order to allow open access to medical professionals followed by regionally delivered practical workshops (“The Practical”) supported by industry educational partners. The feedback from each component of the course has been excellent and there are plans to incorporate aspects of the “Fundamentals of Coloproctology – The Theory” in to national core surgical teaching in 2024.

Fellowships

ACPGBI continues to support fellowships in association with the Royal College of Surgeons of England.

Previously the ACPGBI had funded the RCSE accreditation process for a small number of fellowships following competitive application and these were for renewal in 2023. It was the decision of the executive not to renew funding as it was felt that the individual units would be able to support their own ongoing accreditation.

The ACPGBI received significant industry funding from Intuitive (Intuitive Surgical) to fund robotic fellowships via the ACPGBI. Details around selection of training units and fellows were finalised and adverts for expressions of interest from units went out at the end of 2023 with the aim of selecting units and appointing trainees in 2024.

Colorectal Focus

This is an educational session within the ACPGBI Annual Meeting which provides an update on core topics for members. The session was well attended at the 2023 meeting. The rolling programme will continue for the 2024 meeting.

ACPGBI and Duke’s Club Trainer of the Year

The Trainer of the Year Award recognises excellence in training and is awarded on a yearly basis after a careful selection process involving the Education and Training committee who consider nominations.

The winner of the ACPGBI and Dukes’ Club Trainer of the Year 2023 was Jim Khan.

ACPGBI Trainee Coloproctologist of the Year

This award is designed to identify and highlight colorectal trainees nationally who have been outstanding throughout their training and have shown excellence in the areas of research and academia, leadership and education and training. This initiative provides a platform to recognise and encourage talent amongst colorectal trainees.

The ACPGBI 2023 Trainee Coloproctologist of the Year was awarded jointly to Jennifer Law and Mohammed Rabie. The ACPGBI funded the winners to enrol in the Royal College of Surgeons of Edinburgh's Future Leaders' Programme.

Medical Student Membership

The medical student committee had a successful year. The ACPGBI funded a number of free places at the annual meeting, including travel bursaries. The Committee held an essay writing competition with a prize supported by the ACPGBI. They held an event for students in Nottingham with the opportunity for surgical skills training and career guidance. The committee were successful in an application to the Royal College of Surgeons of England for a Grassroots in Surgery award in order to support delivering workshops to widen participation in surgery.

Plans for 2024 include an elective prize funded by ACPGBI.

Optimising Rectal Cancer Outcomes (OReCO) Programme

The ACPGBI began a collaboration with the Pelican Cancer Foundation to support the delivery of the OReCO Programme – a national colorectal MDT workshop for colorectal MDTs in GB and Ireland. The programme was planned to commence in early 2024 and run until the end of 2026.

International work

The ACPGBI appointed a new International Representative in 2023. The Education and Training committee has worked to support international initiatives:

- Invited to speak at the meeting of the Nigerian Society for Colorectal Disorders, sharing access to the Fundamentals of Coloproctology and Advanced Coloproctology Courses.
- Delivered a virtual workshop on stoma care in association with the Nigerian Society for Colorectal Disorders
- A team of doctors, including ACPGBI surgeons, travelled to Ukraine to deliver two laparoscopic courses – one basic laparoscopic skills course and one advanced laparoscopic course. There was also a Women in Surgery networking event. The courses received great feedback and Ukrainian media attention with a visit from the Ukrainian health minister. A prize was awarded to allow a Ukrainian surgeon to attend the ACPGBI annual meeting in 2024.

Further initiatives for 2024 include developing a travelling fellow award for those from LMICs to apply to travel to the UK to attend 2 different centres and also to attend the annual meeting.

Other work

The Education and Training Committee continues to support educational activity including collaborations with other organisations. There is an ACPGBI symposium within both the ASGBI and BSG annual meetings.

We review applications and award Continuing Professional Development (CPD) points for educational events.

We have a dedicated ACPGBI Education and Training account on Twitter with over 1.5K followers.

We continue to work with industry partners to help support education and training for our members.

Plans for 2024 include further developing social media educational resources and engagement and exploring further collaborations.

MULTIDISCIPLINARY CLINICAL COMMITTEE (MCC)

Role of Committee

- The role of the MCC has historically been to provide leadership for clinical aspects of Coloproctology for the ACPGBI
- The MCC responds to requests from external organisations for information and collaboration. The MCC Chair provides guidance and support for the Chairs of the 10 Subcommittees (See below).
- Whereas previously the MCC Chair had a very broad overview and responsibility for all different aspects of clinical coloproctology, the remit of the Chair evolved during 2023 to be a more supportive, leadership role for each of the subcommittee Chairs. There is a plan to have a deputy MCC Chair from 2024.

Subcommittees:

The Subcommittees have undertaken an enormous amount of activity over the last year, promoting Clinical Guidance and Education for the ACPGBI Membership.

1) Colonoscopy:

During 2023:

- Continued growth of association of ACPGBI with other key stakeholders with respect to changes in colonoscopy.
- Chair sits on BSGE committee; has represented ACP on National Endoscopy Workforce survey. Best
- response rate ever, with results showing significant workforce >55, with 30% retirement within 5 years. Will be presented at ACP Cardiff with suggestions for developments; ensure workforce lead BSG identifies suggested development opportunities across whole spectrum of clinical endoscopists (AHP, surgeons and physicians). In reality,colonoscopy in colorectal surgeons is a significant development opportunity for ACP members. The skill set of colorectal surgeons fit well with the growing demand for endotherapeutic options for management of complex colorectal polyps.
- Participation in review of recommended activity per endoscopy list, aiming to maintain excellence without
- compromising capacity too much. Working with BSGE/ACP to optimise biopsies in colorectal conditions.
- Joined up approach to Academies, with enormous development training opportunities for upskilling
- consultant workforce with 2-day centre-led training colonoscopy trainers and upskilling courses for colonoscopists; plus immersion courses significantly increasing for trainees; increasing earlier access to courses and dedicated training lists, with greater opportunity for surgical registrar trainees.
- Linkage between offering of fellowships signposting trainees between BSG website and ACP website; application for trainee fellowships put through BSGE with wording altered to recognise that jobs are not specific to physicians, and surgeons can apply.
- 1st ever Endovillage at National ACP Manchester, offering simulated endoscopic training opportunity for trainees and consultants; plus 2 hour ESD advanced training session for senior endoscopists. Excellent feedback from participants.
- Well received session at ACP Manchester 2023 on management of Early Rectal Cancer, including excellent input from local Christies Oncologist and Radiologist; plus MDT from national experts.
- National Endoscopy Database (NED) rolling out nationally from pilot to standard use. Colonoscopy committee meeting with NED to address concerns about data security, accuracy and individual support access.
- Post Colonoscopy Colorectal Cancer Audit will present 2nd year data at ACP Cardiff 2024, supporting how to reduce missing CRC, the patients and areas greatest at risk. Presented at regional academies.

Research:

- Joint Paper on KPIs in Colonoscopy (BSG/ACP) Planned completion Oct 2024

- Webinar 6/11/23 Non-polyp pathology and management of colonic stricture with stent, excellent attendance and feedback. Second Webinar on Sigmoid volvulus and PEC planned

Development

- Continue the development of ACPGBI presence and involvement nationally in all significant colonoscopy developments
- Continue to support JAG/Academy development of endoscopy upskilling and training. Watch what will happen with funding that stops nationally with Academies and PCCRC this year.

2) Inflammatory Bowel Disease: (IBD)

To provide leadership in the multidisciplinary care of patients with Inflammatory Bowel Disease

Goals set out for the year

1] Education:

- Deliver an annual IBD educational meeting
- Enhance training within subspecialist IBD surgery
- IBD fellowships
- IBD training days (Dukes)
- Sessions at annual meeting and at ACC

2] Research:

- Help deliver any nationally funded NIHR portfolio trials in IBD surgery
- Help disseminate and deliver the perianal Crohn's HTA commissioned project once funded
- Deliver an IBD Cohort study with patient-level outcomes
- Enhance research interface with gastroenterology colleagues

3] Awareness / subspecialty importance:

- Roll out and administer pouch accreditation programme
- Disseminate outcomes from NCEPOD study on abdominal Crohn's surgery and build upon opportunities which will emerge on the back of this
- Establish and utilise sub-specialty IBD Surgery networks on a regional then national level

Activity during the year

- The annual IBD educational meeting (2023) was delivered: 'IBD Midlands' in Birmingham on 20th November 2023. Good attendance (n = 104) and excellent feedback.
- Next Annual IBD educational meeting (2024) will be held as a joint meeting with RSM in London on Friday 13th September 2024. Programme currently under final stages of development.
- Joint Emergency Surgery-IBD session at Annual Conference in Newport 2024 is now finalised.

- We have provided ongoing support for the 2 HTA-funded trials in ileo-colic Crohn's disease (MEERKAT and OCEAN) (2023-2026)
- Members are helping with the perianal Crohn's HTA commissioned project when awarded (2024 onwards)
- We have enhanced our research and education interface with BSG – and have excellent and active gastroenterologist committee members in Dr Rachel Cooney
- We are still developing and IBD Cohort Study with patient-level outcomes called PROMISE-IBD meetings with patients complete and outcomes selected; protocol and CRFs nearly ready for ethics
- We helped disseminate outcomes and promote interaction with recommendations contained within NCEPOD report on abdominal Crohn's surgery
- Pouch Unit accreditation – first and second stages completed; now moving into annual progress review stage which goes live Q3 2024
- New Getting it Right First Time (GIRFT) IBD workstream – new relationship via Mark Cheetham which we are involved in

Plans for the future

- *A new sub-committee chair will take over in July 2024*
- *We will continue run an annual IBD educational meeting – in fact the next one is already in hand – as a joint meeting between RSM Coloproctology Section and ACPGBI IBD sub-committee at RSM London on 13th September 2024*
- *Pouch Accreditation will continue to roll-out, with a regular annual review of accredited centres being next*
- *More and more IBD-specific surgeons are being appointed across the country. Creating a national network of such surgeons will likely be a sensible next step in the coming year or two*

3) Emergency General Surgery:

Activity during 2023:

- Development of KPI's for Emergency Colorectal Surgery
- EGS Session at ACPGBI Annual Meeting, Manchester 2023
- Collaboration with RCS and Specialty Associations regarding training in EGS Surgery and future recognition of EGS as a subspecialty

4) Advanced Colorectal Malignancy):

Activity During 2023:

- Virtual Travelling Fellowship commenced
- Implementation of National Complex Cancer MDT
- Input into Specialist Service Commissioning (UKPEN)
- Plenary session ACPGBI Annual Meeting 2023

5) Peritoneal Disease:

Activity During 2023:

- Regular UK Peritoneal meetings
- Curriculum development with Dukes club
- CRS and HIPEC outcome papers from National registry database completed.
- Ongoing liaison with commissioning process for CPM in England (Dundee, Dublin, support new unit in Cardiff)

6) Abdominal Wall:

Role of Committee

To educate and inform members of the Association about best practice in abdominal wall surgery and management, including but not limited to open abdomen, hernia, hernia prevention and stoma creation

Goals set out for the year

- *Publications on parastomal hernia descriptors and closure of the midline laparotomy wound best practice.*
- *Lobbying the intercollegiate Basic Surgical Skills committee on education for laparotomy closure and hernia prevention.*
- *Rolling out the International Open Abdomen Audit to Ireland, Europe and Australia.*

Activity during the year

- *National Open Abdomen Audit (NOAA)-opened to recruitment in Sept 2023. Has 280 cases recorded from 80+ sites-aim for >600 making it the largest UK audit of OA. Due to close in 2025*
- *International Open Abdomen Audit (iNOAA)-Launched in Europe at ESCP Sept 2023. 20 sites registered. Now expanding into Republic of Ireland. Awaiting Australia and New Zealand after signing off by General Surgeons of Australia*
- *CLAMSS-closure of midline laparotomy wound survey-Awaiting submission to Colorectal Disease.*
- *Parastomal hernia descriptor set-submitted for publication*
- *Parastomal hernia management Delphi-awaiting write up*
- *Basic surgical skills course changes-awaiting intercollegiate committee to get back to us (slow going)*
- *Principles of Abdominal Wall Surgery (PAWS)-course for early years trainees on closure of abdomen, management of open abdomen, simple hernia surgery and creation of stoma. Currently on hold.*
- *Standardisation of training courses with British Hernia Society-ongoing registration and badging of courses*

Plans for the future

- Complete national and international audits
- Promote more education on parastomal hernia including session at 2025 ACPGBI AGM
- Parastomal hernia public and surgeon engagement event (2025)

7) Proctology:

Activity During 2023:

- Delivery of Proctology Training Events (Combined On-line and Deanery Based Practical)
- Plenary Session ACPGBI Annual Meeting 2023

8) Robotic Surgery:

Activity During 2023:

- Funding confirmed for ACPGBI-badged Fellowships, to be commenced in 2024
- 4 Robotic Surgery Webinars
- ACPGBI Robotic Surgery Clinical Advisory Group established to provide Executive input and leadership
- UK membership survey of current use of Robotic Colorectal Surgery and Training

9) Intestinal Failure:

Activity During 2023:

- Development of standardised outcomes measures for IF surgery
- Development of proposal for IF Training Fellowships
- Plenary Session at ACPGBI Annual Meeting 2023 – Acute Severe Intestinal Failure for the Colorectal Surgeon – How to Get out of Trouble

10) Clinical Governance

- Due to no activity in preceding years, the Clinical Governance committee was disbanded.

RESEARCH & AUDIT COMMITTEE

Research Strategy

The Research & Audit Committee has an established long-term strategy to i) support members in conducting research and ii) identify, develop and help fund clinical research questions that are suitable ACPGBI-backed projects. These are typically important but difficult to answer questions that benefit from a national approach, either as large prospective audits or controlled studies. We have agreement from the ACPGBI Executive, BRUK and both the Birmingham and Sheffield Clinical Trials Units for support in achieving these aims. The Research MDT and the Joint Research/EYCN initiative are designed to facilitate these aims.

Research MDT

The Research MDT, first run at the AGM in Harrogate 2021, is a popular initiative for the membership. The Committee and invited guests provide an expert panel that includes clinician, scientist, trialist/statistician, and patient representation. Study ideas are submitted and chosen for presentation to the expert panel to provide ideas, contacts, feedback, and connections. Ten studies have been presented over five Research MDTs, with three of these chosen for further development as official ACPGBI studies. These are:

1. **RESOLVE:** A prospective study evaluating the management of sigmoid volvulus - *funding secured for PPI event, study funding application due.*
2. **NOAA:** A national prospective audit of the management of the open abdomen – *funded by CRUK, currently recruiting.*
3. **ISAR1:** A randomised controlled trial of surveillance vs colectomy for R1 polyp cancers – *receiving ACPGBI support with design, infrastructure support and funding application.*

ACPGBI Joint Research/EYCN Event

This new initiative was developed as a result of time pressures on the Research Plenary at the AGMs and ongoing requests from members for support in research endeavours, particularly for the 'hobbyist' NHS surgeon with a research interest but little or no official time to conduct it. The one-day programme included talks on study design, how to publish, finding a supervisor/research fellow, finding time to conduct efficient research, and managing time pressures/stressors. The feedback from attendees was universally positive and plans are in place to run it again next year. It was funded by securing industry support.

AGM Manchester 2023

The Research Plenary in Manchester featured results of breaking trials, updates on existing trials, updates from the Research MDT and an update on the ACP/BRUK Research App. Existing trials needing a further recruitment drive were also highlighted.

AGM Celtic Manor 2024

The Research Plenary for the 2024 AGM will feature highly anticipated breaking results from the INTACT (fluorescence-based evaluation of anastomoses) and ALLEGRO (IV lidocaine infusion) NIHR randomised controlled trials, trial updates from ongoing studies and a presentation of the best proposal from the most recent Research MDT.

ACPGBI Representation

The Chair of the Committee currently provides in-person ACPGBI representation at the following:

- ACPGBI Executive & Council Meetings
- BRUK Trustee Meetings
- BRUK Scientific Advisory Committee Meetings
- BRUK Grant Committee Meetings
- BASO abstract marking & Scientific Meeting
- RCS Cancer Services Committee
- NBOCAP Meetings
- SARS abstract marking & Scientific Meeting

Bowel Research UK

As a trustee of BRUK, the Chair has worked to strengthen and maintain the relationship between the charity and the Association. The BRUK CEO and/or Chair have agreed to attend an ACPGBI exec meeting twice per year to update them and BRUK are committed to distributing at least half of their grant funding to projects with an ACPGBI member as a PI. A Memorandum of Understanding between the two charities is currently being drafted to protect this relationship in the future.

EXTERNAL AFFAIRS COMMITTEE

Role of Committee

The External Affairs Committee works to keep members updated, promote ACPGBI's profile and external facing image. This includes developing relationships with other organizations, managing the website and digital presence, and overseeing communication strategies. We collaborate closely with other committees, the executive and disseminate the activity of the ACPGBI with our members, wider surgical and healthcare community and the public.

Goals set out for the year

- Enhance ACPGBI's online presence through website improvements and a revamped communication strategy.
- Integrate Dukes' Club website and functionalities into the ACPGBI platform.
- Develop a digital transformation strategy to improve member engagement and achieve a unified online brand identity.
    - Establish a master calendar for events and courses to improve communication and collaboration across the organization.

Activity during the year

- **Website Enhancement:**
  - Identified website shortcomings (incomplete sections, stock photos, missing features).
  - Initiated discussions on integrating Dukes' Club website with ACPGBI.
  - Explored potential of ACPGBI's committee module for chapter and regional group communication.
- **Digital Transformation:**
  - Defined goals for a unified online presence and improved membership experience.
  - Liaised with other committees to develop a comprehensive digital strategy (ongoing).
  - Established a working group to create brand guidelines (ongoing).
- **Digital Communication:**
  - Provided recommendations for newsletter improvements, including member segmentation and medical student spotlights (partially implemented by Digital Communication "Newsletter" Group).
  - Proposed revamping the news section as a regularly updated blog with integrated content for social media and member emails (ongoing).

Plans for the future

- Finalize the digital transformation strategy in collaboration with other committees.
- Implement brand guidelines for consistent online presentation.
- Continue discussions on Dukes' Club website integration.
- Develop and launch a new ACPGBI blog to enhance communication and member engagement.
- Refine the newsletter strategy based on member feedback and data analysis.
- Explore incorporating sub-committee spotlights within the blog or other communication channels.

EARLY YEARS CONSULTANT NETWORK (EYCN)

Role of committee:
To establish and maintain a mentorship programme for early years consultants
To offer peer support to those consultants within their first 5 years of service

Activity during the year:
1. Webinar series – April 2023
2. Mentor recruitment October 2023
3. ACP conference session- Manchester 2023
4. Welcome packs for new consultants (Ethicon)

EQUALITY, DIVERSITY AND INCLUSION (EDI) COMMITTEE
Role of Committee
EDI for ACPGBI - striving to make colorectal surgery a level playing field for everyone (Mission Statement).
Through the EDI steering group, we aim to increase engagement with the wider colorectal surgical community/allied healthcare professionals and support their professional growth, simultaneously leading to growth of organisation as well. Our key objective is to support and improve equal representation and career/ training progression of healthcare professionals in colorectal surgery.

Goals set out for the year

- Speciality and Associate Specialist (SAS) strategy for ACPGBI
- Wider collaboration with other surgical societies
- Increase awareness and bring to light EDI issues relevant to surgery through webinars

- Representation and active involvement of EDI steering group at ACPGBI at other relevant fora.

Activity during the year

- SAS strategy formulated and discussed with the wider council – led by the SAS initiative committee
- ACPGBI membership demographic project completed
- Barriers to academic progression in Colorectal Surgery now being undertaken as an international project, in collaboration with European Society of Coloproctology (ESCP)
- SAS session this year is being undertaken in collaboration with The Royal College of Surgeons of England (RCS) and the Academy of the Royal Colleges (AoMRC)
- Continued partnership with Dukes Club, ASGBI and RCS England

Plans for the future

- *The main aim for the next 12 months is to work on developing the EDI section on the ACPGBI website, particularly for the LTFT trainees and SAS workforce.*
- *Complete the academia and demographic project with ESCP and publish in a peer reviewed journal (Data collection is complete – we are at the manuscript writing stage)*
- *Continued collaborative efforts with our surgical societies*
- *At least two webinars this year (topics to be decided by the new EDI committee)*
- *Election to the new EDI committee*

PELVIC FLOOR SOCIETY

- The Pelvic Floor Society (TPFS) was formed in 2012 and is an affiliate of ACPGBI.
- The membership numbers grow year on year, with approximately two thirds consultants, mainly colorectal, but also from gastroenterology, gynaecology, urology, pain specialty and radiology. Allied health professional members (nurses, physiotherapists, and clinical scientists) form the second largest group within the society. All these members have voting rights within our society, creating an inclusive membership. We have approximately 20 non-voting members, made up of trainees, overseas specialists and honorary members.
- The 14th annual conference was held 15-17 November 2023 in Belfast, featured a wide range of topical sessions, and received excellent feedback.
- TPFS continues to have adequate funds to support further educational events and course.
- TPFS provides advice and support externally for mesh-related issues.

ASSOCIATION OF COLOPROCTOLOGY NURSES (ACPN)

- The Association of Coloproctology Nurses continues play an active role in the ACPGBI, supporting its members in their daily clinical roles, and promoting research and training through its activities.
- The 2023 Annual General Meeting of the ACPN took place on Tuesday 4 July 2023 at the Annual Meeting of the ACPGBI in Manchester.
- There were ACPN sessions on low anterior resection syndrome and mentoring at the 2023 National meeting.
- The ACPN continues to provide nursing input to the clinical subcommittees.

DUKES' CLUB

Role of Committee

The Dukes' Club is the official training arm of the Association of Coloproctology of Great Britain and Ireland. The society is run by elected colorectal surgery trainees to represent the views of trainees across the UK and Ireland on education and training.

Goals set out for the year

- Develop new, and maintain established simulation courses
- Collaborate with ACPGBI subcommittees, national and international associations
- Support ongoing collaborative research
- Update and survey access to endoscopy training
- Develop the colorectal podcast

Activity during the year

Throughout the year we worked hard to deliver high-quality educational webinars. This year we have also organised webinars which focus on supporting colorectal trainees who are either affected by challenging personal circumstances or have found it difficult to access training opportunities.

We ran webinars on:

- Parents in Surgery
- Endoscopy training academy updates – England and Wales
- Endoscopy training updates- Scotland
- Fundamentals of IBD surgery
- The basics of radiology and surgery for pelvic side wall disease
- How to prevent an abdominal catastrophe
- Robotic pelvic exenteration
- We developed the Dukes' Club robotics assisted surgery series during latter half of 2023. This six part webinar series ran successfully in January 2024 and included national and international speakers. We also collaborated with ESCP on one webinar in the series.

Collaboration with ACPGBI: Fundamentals of Coloproctology- The Theory

We collaborated with the Education and training committee to run the Fundamentals of Coloproctology webinar which included 18 talks on various topics covering experience of colorectal surgery in clinics, theatre and ward rounds.

Collaboration with ACPGBI: Fundamentals of intestinal stoma care
We collaborated with the Nigerian society of colorectal disease and ACPGBI to deliver this webinar on intestinal stoma are for health care practitioners

We ran the following courses:

Proctology Roadshow
The Proctology Roadshow is a face-to-face educational day covering the management of anorectal disorders, led by Mr Phil Tozer and supported by the ACPGBI Proctology subcommittee.
The following regions have been covered: Scotland, London, East of England, Yorkshire, and the Midlands. We have courses booked for the future in the Peninsula deanery.

Introduction to Robotics:
- *CMR introduction to Robotics*
- *Hugo introduction to Robotics*

Fundamentals of Coloproctology- Practical
Our regional representatives have been integral to running the practical part of the Fundamentals of Coloproctology course. We have so far organised this course in the following regions: Sheffield, London and Mersey.

Cadaveric Abdominal Wall Reconstruction (AWR) and TME/CME Courses
We ran the AWR and TME/CME cadaveric courses at the Griffin institute at St Mark's Hospital in September 2023.

ACPGBI conference Dukes' Programme
At ACPGBI annual conference we organised the Fellowship village, the Dukes' Club session, and the Dukes' Club lecture. We ran a preconference Introduction to Robotics Course, sponsored by Intuitive and supported by faculty from the ACPGBI.

Dukes' Club Weekend 2023
Our annual conference took place in London in September 2023. The pre-conference courses included Fundamentals of Coloproctology and the Proctology roadshow. We live streamed the conference for the first time using MedAll. We had almost 200 attendees (80 in person) and all talks were highly rated. Our platinum industry sponsor during 2023 has been Ethicon and they generously supported the Dukes' Club weekend in 2023.

Dukes' Colorectal Masterclass for medical students
The Dukes' Club organised its first ever colorectal masterclass for medical students in October 2023.

Dukes' at ASIT 2023
We ran a laparoscopic skills course at The Association of Surgeons in Training (ASIT) national conference in 2023.

EGS and Trauma Symposium 2023
The EGS and trauma symposium was held on 1-3rd December 2023. This event was hosted the Moynihan Academy and involved The Dukes' Club, Roux Group, and ASiT. The event was attended by more than 500 delegates virtually.

Plans for the future

We intend to continue to foster new partnerships with industry to fund our educational projects so that members can enjoy educational experiences at no additional cost. We have developed strong partnerships with Ethicon, THD, CMR, SurgEase, Karl-Storz, and Medtronic. We would like to continue to grow our portfolio by focusing on establishing long-term contracts with industry partners.

We are in the process of developing the colorectal podcast and will be releasing recorded talks in due course.

We surveyed trainees on their experience of Endoscopy training. We will be publishing the report shortly.

We intend to build our repository of educational material on Robotics in colorectal surgery.

We are working on developing a 'Fellowships in colorectal surgery' database for trainees to use.

THE JOURNAL- COLORECTAL DISEASE

Colorectal Disease journal continued to perform well in 2023. Colorectal Disease journal is the flagship organ of the association and remains a jewel in its crown.

The current editor of the journal has a strategic plan for the journal with collaboration with the association. The publishing agreement between the ACPGBI and Wiley for Colorectal Disease journal was renewed in December 2022.

The total shared profit for 2023 was £353,180, with a net royalty payable to ACPGBI of £176,590. This royalty was 11% lower than the 2022 figure of £198,762.

The journal is officially recognised by Index Medicus and is listed on Medline. The journal's 2-year Impact Factor stands at 3.4 for 2023, down from 3.917 for 2021.

ACPGBI PATIENT LIAISON GROUP (PLG)

Role of Group

The Patient Liaison Group represents the perspective of the lived experience of patients who have been treated for bowel disease, including cancer, inflammatory bowel diseases and functional bowel disorders. Together with the ACPGBI, the PLG is committed to improving the experience and outcomes of all patients with colorectal disease by pursuing constructive dialogue between clinicians and patients.
The PLG is entirely voluntary and unpaid, meeting monthly via Zoom. Members have considerable lived experience both as patients with colorectal disease and also in patient support groups.

Goals set out for the year

- Attendance at ACPGBI Council meetings
- Membership of ACPGBI committees which set standards of care
- Involvement in the Annual Meeting
- Preparing guidelines and other documents, by invitation to other groups
- Participating in relevant PPI activities
- Begin a recruiting campaign for new PLG members

Activity during the year

ACPGBI 2023

After a successful, but poorly attended PLG session in 2022, PLG made the decision to encourage patient involvement in all sessions at ACPGBI 2023 rather than have a stand-alone session. This could be a speaker, Chair, panel member of video from a patient.

We were pleased that ACPGBI 2023 seemed to have much more patient involvement and emphasis in each session than previous conferences and we feel that was due, in part, to the PLG's continued presence within various sub-committees and regular attendance at Council meetings.

We were pleased to be asked to chair various sessions throughout conference and also to see that two patients, not currently members of the PLG, had been asked to speak at sessions. It was noted how well these personal accounts and reflections were appreciated by delegates and so the importance of patient involvement was underlined.

Recruitment of new faces to PLG

We have been acutely aware that the make-up of the PLG has not changed and a couple of members have demitted from the group to concentrate on new ventures. Towards the end of 2023 we set in train a social media campaign inviting representatives to join us. It is important that we continue to increase our diversity of lived experience and background so that as large a cross-section of patients as possible can be represented within ACPGBI. We also need to increase our numbers so that we can spread the load of representation both on sub-committees and representation at conference and in PPI. We hope to be able to report soon that new members have joined us.

The following are a list of activities in 2023 by members, either directly or non-directly related to PLG, but we try and fly the flag wherever we can. Members have often been drawn to the PLG through these activities or may be invited to participate via the PLG so there are not clear boundaries

- Acute Presentation of Colorectal cancer - an international snapshot (APOLLO) study. Patient representative
- Integrated Technologies for Improved Polyp Surveillance (INCISE). PPI representative
- UK Cohort study to Investigate the prevention of Parastomal Hernia (CIPHER). Study Steering Committee
- Reduction Of Surgical Site Infection using a Novel Intervention (ROSSINI 2). Trial Steering Committee
- An international multicentre randomised controlled trial to assess the effect of Appendectomy on the Clinical Course of Ulcerative colitis (AUCCURE 2). Trial Steering Committee
- A multicentre, randomised controlled trial of Laparoscopic versus Open Colorectal Surgery in the Acute Setting (LaCeS2). Trial Management Committee
- Development of a Patient Reported Outcome Measure for Gastrointestinal Recovery (PRO-digi).Steering Group
- East midland cancer alliance (ECAG) for colorectal cancer
- The National Gastro-Intestinal Cancer Audit Programme (GICAP). Board member
- National Bowel Cancer Audit (NBOCA). Clinical Advisory Group Members and Chair of their Patient and Carer Panel
- Emergency General Surgery webinar panel member.
- Reviewing/updating patient leaflets - Bowel Cancer UK
- Leading local stoma support group
- Leading local bowel cancer support group
- Bowel cancer awareness talks
- Promotion of PPI in other settings
- Building of social media presence
- Requests for nominations for various research groups etc outside of ACPGBI

Plans for the future

- Representing the interests of patients at all levels update work of the ACPGBI
- Continue to facilitate patient representation across the range of ACPGBI committees
- Build on relationships with ACPGBI members and relevant outside organisations to Encourage collaboration
- Leading the patient and carer activities of the National Bowel Cancer Audit (NBOCA).

FINANCIAL REVIEW

Financial results 1st January to 31st December 2023

The income to ACPGBI was primarily from direct membership subscriptions and from the Annual General Meeting. Additionally, ACPGBI received a small amount of interest on deposited reserves. Additional income was derived from the Pelvic Floor Society and the Dukes' Club. ACPGBI also received revenue from a profit share arrangement with Wiley, the publisher of the journal Colorectal Disease. The Trustees are confident that all tax liabilities have been recognised and administered.

Expenditure relates to the running costs of the Association, the expenses of running the Annual Meeting and the cost of providing Colorectal Disease to Ordinary Surgical Members and wages and salaries.

Total income from all sources for the period ending 31st December 2023 was £1,358,634. The total expenditure in the period ending 31st December 2023 was £1,027,550. Our investments made a net gain of £ 4,574. The net income in the period ending 31st December 2023 was £335,685. The total funds on 31st December 2023 in all accounts held by the Association were £1,904,506.

Cash book management using Xero on online platform for seamless and integrated cash flow accounting started in January 2023. Prior to this, records were maintained on MS Excel sheets.

The annual ACPGBI strategy meeting was held 02 and 03 November 2023. The financial strategy for the next financial year was discussed and debated. Plans were made for distribution of funds to support the educational and research priorities of the Association.

Risk analysis

ACPGBI recognises the financial risks inherent with the funding of the Annual Meeting. The Annual Meeting's financial success depends on the number of delegate registrations, exhibition income and sponsorship, which may vary from year to year.

Currently, the estimated funds required for hosting an Annual Meeting are in the region of £450,000. For this reason, the ACPGBI retains funds of over £450,000 to cover the costs of an Annual Meeting, which may fail due to factors outside the Association's control. Although ACPGBI takes out routine insurance in this respect, including anti-terrorism cover, this would not protect against the general financial reserves and running costs of ACPGBI. In the post-pandemic environment, no insurance policy will cover the loss of capital or revenue from a cancellation or disruption due to a pandemic. The incorporation of ACPGBI has removed the personal financial risk born by the Trustees.

The adoption of virtual meeting platforms enabled the Association to run educational events in the pandemic environment, albeit at a considerable additional expense. In 2023, as in 2022, the association decided to keep the advanced coloproctology course (ACC) as a virtual event and the annual meeting as a face-to-face event. The registrations in all events were appreciable and substantial and were worth all the extra effort to organise these events.

We have noticed a reduced appetite for sponsoring online virtual events by the industry. The changes in the post-pandemic landscape that affect meetings and events will be closely monitored, and appropriate measures will be adopted to mitigate the loss of revenue from such matters.

In the latter half of 2022, inflation gradually increased and this started affecting the costs of running events moving into 2023.

Whilst building up the capital reserve, the investment policy of ACPGBI remains to maintain the current accounts at zero at the end of each working day with automatic transfer of any reserves through the business reserve account for the two main accounts, namely the general account and the Annual Meeting account. The policy prior to 2023 has been to keep the Association's resources in risk-free accounts, rather than invest in other ways, which might bring a higher rate of return, but would carry a risk which could result in a loss of capital and jeopardise both the charity's funds and the Trustees. However, due to inflationary pressures, a decision was made to explore investment options to mitigate losses, and during 2023 the association made its first investment (outlined below).

ACPGBI is incorporated as a charity, and appropriate funds can be disbursed without personal financial risk to its Trustees.

Investment Policy

It was evident that over the years, the Association has accumulated surplus cash balances in the two accounts totalling about 800-1000K. The current nominal interest rate earned by the two accounts is 0.01%, which is well below prevailing inflation rates. The rising inflation in the latter half of 2022 exaggerated this depreciation and loss of value in such accounts.
The net loss over successive years perpetrated a substantial loss of value for the accumulated capital. This net loss was deemed a substandard and unacceptable value to the members' subscriptions and did not stand in good stead for the Association's long-term worth. Depreciation of the reserve cash reduces the capacity of the Association to weather the losses in challenging times such as those imposed by unexpected global occurrences such as the Covid-19 pandemic.

The Honorary Treasurer proposed a framework to mitigate the depreciation of the Association's surplus cash reserves. Initial enquiries led to a series of deliberations which revealed how similar professional associations manage their excess funds. The case for safe investment of surplus funds was discussed in the ACPGBI executive meeting on 20/09/2021. With the concurrence of the Executive and the Trustees, an effort to explore safe investment was undertaken by a team of Trustees. A series of virtual meetings with potential stakeholders were conducted.

Ten financial organisations were contacted with request for proposals (RFP). Six of the ten responded, of which four were shortlisted based on stringent criteria for more detailed discussions. A dedicated virtual presentation meeting with them was attended by key trustees and executives on 5th July 2022. Further deliberations based on company profile, charitable and overall assets under management, environmental and social governance, risk management, access to funds at short notice and assurance on capital preservation were some of the categories analysed for each of the providers. The final choice of Ruffer was ratified in December 2022. The ACPGBI's investment policy statement (IPS) was drafted in December 2022 and debated elaborately with the stakeholder and the ACPGBI panel before it was finalised in early 2023.

Following agreement at Executive, Council and by the Trustees, a first investment of £500,000 was made into an investment fund with Ruffer in August 2023. There is an intention to continue to add to this fund annually, where funds held by the ACPGBI, permit in order that reserves for the Association do no lose value relative to inflation, whilst recognising the charitable aims of the Association and its role in supporting research, education, training, and its other strategic roles.

Future Financial Strategy

The plans, priorities and actions for the next 12 months are outlined below under principal strategic themes.

Operations

- Balance income and outgoings within the principal business account
- Fund future initiatives based on the annual strategy plan using profits from the Annual Meeting and the agreed capital allocation
- Maintain cost centres for identified entities (ACC, EYCN, EDI) to make them self Sufficient
- Ensure profitability and sustainability of our organisation's events

Revenue stream

- Retain current membership base
- Attract new members through reduced subscription rates for the first year
- Offer membership benefits, offers and discounts with industry partnership
- Make it expensive for non-members to attend the Annual Meeting. It will be cheaper to become a member of ACPGBI

Investments

- Continue to transfer funds into the investment portfolio based around the investment strategy to protect cash reserve from inflationary loss

Funding fellowships

- Continue to fund two Dukes' Club travelling fellowships
- Continue to fund the South African Fellow together with the American, Australasian and European Fellows (there is a reciprocal arrangement with the Americans and Australasians)
- Partner with industry to fund new robotic fellowships

Regional activity and initiatives

- Continue limited (max £1,000 per year) funding to facilitate Chapters to run meetings during the year

Annual Meeting

- Continue to provide 50 free places at the Annual Meeting to nurse members
- Continue to allow medical students free registration for the Annual Meeting and reimburse their travelling expenses if they are presenting at the conference, but not their accommodation costs

Industry partnership

- Meet key players to discuss and plan collaboration details

Colorectal disease

- Colorectal Disease strategy and financial planning meeting with Wiley

Staff

- Provide annual appraisal and salary scale review for our staff
- Explore restructuring staff activities and job configuration to support our organisation's functioning to improve outcomes, satisfaction and cost-effectiveness

TRUSTEES' RESPONSIBILITIES

The Board of Trustees were set up to add oversight to the governance of ACPGBI, separate from the Executive.

The Trustees (who are also directors of The Association of Coloproctology of Great Britain and Ireland for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year, which give an accurate and fair view of the charitable company's state of affairs and the incoming resources and application of resources, including the income and expenditure of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charities SORP.
- Make judgements and estimates that are reasonable and prudent.
- State whether UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on a going concern basis unless it is inappropriate to presume that The charitable company will continue in operation.

The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps to prevent and detect fraud and other irregularities.

In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware; and
- The Trustees have taken all steps they ought to have taken to make themselves aware of any relevant audit information and establish that the auditor is aware of that information.

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

Report of the trustees, incorporating a strategic report, approved by order of the board of trustees, as the company directors, and signed on the board's behalf.

Approved by the Trustees and signed on their behalf by

David McArthur
Honorary Treasurer
Association of Coloproctology of Great Britain and Ireland

Dated 4/Feb /2025

REPORT OF THE INDEPENDENT AUDITORS TO THE TRUSTEES OF THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

Opinion

We have audited the financial statements of The Association of Coloproctology of Great Britain and Ireland (the 'charity') for the year ended 31 December 2023 which comprise the Statement of financial activities, the balance sheet, the cash flow statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards including Financial Reporting Standard 102 *he Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2023 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

The other information comprises the information included in the annual report other than the financial statements and our auditor's report thereon. The Trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the trustees' report of the Trustees for the financial year for which the financial statements are prepared, which includes the directors' report prepared for the purpose of company law, is consistent with the financial requirements and
- the directors' report included within the trustees report has been prepared in accordance with applicable legal requirements

Matters on which we are required to report by exception
In the light of the knowledge and understanding of the charity and its environment obtained in the course of the audit, we have not identified material misstatements in the directors' report included within the trustees report.

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

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

Responsibilities of trustees
As explained more fully in the statement of trustees' responsibilities, the trustees, who are also the directors of the charity for the purposes of company law are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

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

Identification and assessment of irregularities including fraud

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

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- Obtaining an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a direct effect on the financial statements and operations;
- Obtaining an understanding of the charity's policies and procedures on fraud risks, including knowledge of any actual, suspected or alleged fraud; and
- Discussing among the engagement team how and where fraud might occur in the financial statements and any potential indicators of fraud through our knowledge and understanding of the charity and our sector-specific experience.

As a result of these procedures, we considered the opportunities and incentives that may exist within the charity for fraud. We are also required to perform specific procedures to respond to the risk of management override. As a result of performing the above, we identified the following areas as those most likely to have an impact on the financial statements: employment law, and compliance with the UK Companies Act and Charities Act.

In addition to the above, our procedures to respond to risks identified included the following:

- Making enquiries of management, about any known or suspected instances of non-compliance with laws and regulations and fraud;
- Reviewing minutes of meetings of the board and senior management;
- Reading correspondence with regulators;
- Challenging assumptions and judgements made by management in their significant accounting estimates; and
- Auditing the risk of management override of controls, including through testing journal entries and other adjustments for appropriateness.

Due to the inherent limitations of an audit, there is an unavoidable risk that some material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK). For instance, the further removed non-compliance is from the events and transactions reflected in the financial statements, the less likely the auditor is to become aware of it or to recognise the non-compliance.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at:https:// www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor’s report.

Use of our report

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

Jordan Abbott BSc ACA (Senior Statutory Auditor)
for and on behalf of Sumer Audit 10/02/2025

Chartered Accountants
Statutory Auditor

Piper House
4 Dukes Court
Bognor Road
Chichester
PO19 8FX

Sumer Audit is a trading name of Sumer Auditco Limited

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 DECEMBER 2023

	Notes	Unrestricted fund	Restricted funds	**2023 Total funds**	*2022 Total funds as restated*
		£	£	**£**	£
INCOME AND ENDOWMENTS FROM					
Charitable activities	6				
Education		**186,435**	**-**	**186,435**	*218,082*
Annual General Meeting		**717,221**	**-**	**717,221**	*481,037*
Publication Income		**176,590**	**-**	**176,590**	*198,762*
Other trading activities	4	**276,250**	**-**	**276,250**	*298,145*
Investment income	5	**2,138**	**-**	**2,138**	-
Total		**1,358,634**	**-**	**1,358,634**	*1,196,026*
EXPENDITURE ON					
Charitable activities	7				
Education		**155,148**	**-**	**155,148**	*135,808*
Provision of Publications		**55,237**	**-**	**55,237**	*62,748*
Governance Costs		**207,761**	**-**	**207,761**	*223,496*
Annual General Meeting		**609,404**	**-**	**609,404**	*596,344*
Total		**1,027,550**	**-**	**1,027,550**	*1,018,396*
Net gains on investments		**4,574**	**-**	**4,574**	-
NET INCOME		**335,658**	**-**	**335,658**	*177,630*
RECONCILIATION OF FUNDS					
Total funds brought forward					
As previously reported		**1,544,861**	**8,532**	**1,553,393**	*1,391,218*
Prior year adjustment	13	**15,455**	**-**	**15,455**	-
As restated		**1,560,316**	**8,532**	**1,568,848**	*1,391,218*
TOTAL FUNDS CARRIED FORWARD		**1,895,974**	**8,532**	**1,904,506**	*1,568,848*

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

BALANCE SHEET
31 DECEMBER 2023

	Notes	2023 £	*2022 as restated £*
FIXED ASSETS			
Intangible assets	14	**53,159**	*49,158*
Tangible assets	15	**1,289**	*1,378*
Investments	16	**506,712**	-
		561,160	*50,536*
CURRENT ASSETS			
Stocks	17	**17,113**	-
Debtors: amounts falling due within one year	18	**381,332**	*460,825*
Cash at bank		**1,014,552**	*1,161,173*
		1,412,997	*1,621,998*
CREDITORS			
Amounts falling due within one year	19	**(69,651)**	*(103,686)*
NET CURRENT ASSETS		**1,343,346**	*1,518,312*
TOTAL ASSETS LESS CURRENT LIABILITIES		**1,904,506**	*1,568,848*
NET ASSETS		**1,904,506**	*1,568,848*
FUNDS	20		
Unrestricted funds		**1,895,974**	1,560,316
Restricted funds		**8,532**	8,532
TOTAL FUNDS		**1,904,506**	1,568,848

The trustees acknowledge their responsibilities for

a) Ensuring that the charitable company keeps accounting records that comply with sections 386 and 387 of the Companies Act 2006 and

b) Preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year in accordance with the requirements of Section 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company

04/02/2025 ..... and were signed on its behalf by:

.....David McArthur - Trustee

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

CASH FLOW STATEMENT
FOR THE YEAR ENDED 31 DECEMBER 2023

	Notes	2023 £	*2022 as restated* *£*
Cash flows from operating activities			
Cash generated from operations	1	**379,873**	*199,256*
Net cash provided by/(used in) operating activities		**379,873**	*199,256*
Cash flows from investing activities			
Purchase of intangible fixed assets		**(21,920)**	7,891
Purchase of fixed asset investments		**(502,138)**	**-**
Increase in investment		**(4,574)**	**-**
Interest received		**354**	**-**
Dividends received		**1,784**	-
Net cash used in investing activities		**(526,494)**	*7,891*
Change in cash and cash equivalents in the reporting period		**(146,621)**	*191,365*
Cash and cash equivalents at the beginning of the reporting period		**1,161,173**	*969,808*
Cash and cash equivalents at the end of the reporting period		**1,014,552**	*1,161,173*

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

	2023	*2022 as restated*
	£	£
Net income for the reporting period (as per the Statement of Financial Activities)	**335,658**	*177,630*
Adjustments for:		
Depreciation charges	**18,008**	*13,650*
Interest received	**(354)**	-
Dividends received	**(1,784)**	-
(Increase)/decrease in stocks	**(17,113)**	*479*
Decrease/(increase) in debtors	**79,493**	*44,601*
(Decrease)/increase in creditors	**(34,035)**	*(37,104)*
Net cash provided by/(used in) operations	**379,873**	*199,256*

2. ANALYSIS OF CHANGES IN NET FUNDS

	At 1/1/23	Cash flow	**At 31/12/23**
	£	£	**£**
Net cash			
Cash at bank	**1,161,173**	**(146,621)**	**1,014,552**
	1,161,173	**(146,621)**	**1,014,552**
Total	**1,161,173**	**(146,621)**	**1,014,552**

3. ACCOUNTING POLICIES

Basis of preparing the financial statements
The financial statements of the charitable company, 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 Companies Act 2006. The financial statements have been prepared under the historical cost convention, with the exception of investments which are included at market value, as modified by the revaluation of certain assets.

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.

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.

Allocation and apportionment of costs
Expenditure is allocated to the relevant activity categories on a basis that is consistent with the use of that resource.

- Costs of generating funds includes all cost relating to activities where the primary aim is to raise funds.
- Charitable activities includes all costs relating to activities where the primary aim is part of the objects of the Charity
- Governance costs includes audit fees, travel and meeting costs and legal and professional costs.

Intangible assets
All intangible assets are initially recorded at cost.
Amortisation is calculated so as to write off the cost of an asset, less its estimate residual value over the useful economic life of the asset as follows:

Software and website development costs -33% straight line

Tangible fixed assets
All fixed assets are initially recorded at cost.

Depreciation is calculated so as to write off the cost of an asset, less its estimated residual value, over the useful economic life of that asset as follows:

Computer equipment - 25% reducing balance
Office equipment - 15% reducing balance
Exhibition stand - 15% reducing balance
Leasehold improvements - 15% reducing balance
Chain of Office & Medal Dies - 20% straight line

3. ACCOUNTING POLICIES - continued

Investments
Investments are included at market value at the balance sheet date. Realised and unrealised gains or losses on investments are shown separately on the face of the statement of financial activities.

Investment income is recognised on a receivable basis.

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

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.

Pension costs and other post-retirement benefits
The charitable parent company participates in the Superannuation Arrangements of the University of London, which is a defined benefit scheme. The scheme is contracted out of the State Earnings-Related Pension scheme. The scheme is valued formally every three years by professionally qualified and independent actuaries. Reviews of the scheme's positions are carried out in between valuations. The expected costs to the Company of providing pensions is charged to the accounts so as to spread the cost over the service lives of employees involved in such a way that the pension cost equals the annualised long-term cash outlay to the scheme.

4. OTHER TRADING ACTIVITIES

	2023	*2022 as restated*
	£	*£*
Subscriptions	**262,508**	*295,825*
Interest Receivable	**13,742**	*2,320*
	276,250	*298,145*

5. INVESTMENT INCOME

	2023	*2022*
	£	*£*
Other fixed asset invest - FII	**1,784**	-
Interest receivable - trading	**354**	-
	2,138	-

6. INCOME FROM CHARITABLE ACTIVITIES

		2023	*2022 as restated*
	Activity	**£**	*£*
Pelvic Floor Society	Education	**70,309**	*71,851*
Coloproctology motorway course	Education	**36,184**	*89,592*
Dukes' Club	Education	**52,142**	*38,898*
Other meetings	Education	**27,800**	*17,741*
Annual General & other Meetings	Annual General Meeting	**717,221**	*481,037*
Publication income	Publication Income	**176,590**	*198,762*
		1,080,246	*897,881*

7. CHARITABLE ACTIVITIES COSTS

	Direct Costs	Support costs (see note 6)	Totals
	£	£	£
Education	**155,148**	**-**	**155,148**
Provision of Publications	**55,237**	**-**	**55,237**
Governance Costs	**-**	**207,761**	**207,761**
Annual General Meeting	**609,404**	**-**	**609,404**
	819,789	**207,761**	**1,027,550**

8. SUPPORT COSTS

	Management	Governance costs	Totals
	£	£	£
Governance Costs	**48**	**207,713**	**207,761**

9. NET INCOME/(EXPENDITURE)

Net income/(expenditure) is stated after charging/(crediting):

	2023	*2022*
	£	*£*
Auditors' remuneration	**6,500**	*15,331*
Depreciation - owned assets	**89**	*115*
Computer software amortisation	**17,919**	*13,535*

10. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 December 2023 nor for the year ended 31 December 2022.

Trustees' expenses

There were £2,419 expenses paid to 4 trustees for the year ended 31 December 2023. (£3,671 expenses paid to 6 trustees for the year ended 31 December 2022).

11. STAFF COSTS

	2023	*2022*
	£	*£*
Wages and salaries	**82,760**	*78,998*
Social security costs	**3,949**	*3,807*
Other pension costs	**17,438**	*14,354*
	104,147	*97,159*

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

	2023	*2022*
Administration	**2**	*2*

No employees received emoluments in excess of £60,000.

12. COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES

	Unrestricted fund	Restricted funds	Total funds as restated
	£	£	£
INCOME AND ENDOWMENTS FROM			
Charitable activities			
Education	218,082	-	218,082
Annual General Meeting	481,037	-	481,037
Publication Income	198,762	-	198,762
Other trading activities	298,145	-	298,145
Total	1,196,026	-	1,196,026
EXPENDITURE ON			
Charitable activities			
Education	135,808	-	135,808
Provision of Publications	62,748	-	62,748
Governance Costs	223,496	-	223,496
Annual General Meeting	596,344	-	596,344

12. COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES - continued

	Unrestricted fund	Restricted funds	Total funds as restated
	£	£	£
Total	1,018,396	-	1,018,396
NET INCOME	177,630	-	177,630
RECONCILIATION OF FUNDS			
Total funds brought forward	1,382,686	8,532	1,391,218
TOTAL FUNDS CARRIED FORWARD	1,560,316	8,532	1,568,848

13. PRIOR YEAR ADJUSTMENT

Income from Annual & Other Meetings has been restated after it was determined that the previously deferred income of £15,455 related to events taking place during the year ended 2022 and has increased income for 2022 accordingly.

14. INTANGIBLE FIXED ASSETS

	Computer software £
COST	
At 1 January 2023	**67,675**
Additions	**21,920**
At 31 December 2023	**89,595**
AMORTISATION	
At 1 January 2023	**18,517**
Charge for year	**17,919**
At 31 December 2023	**36,436**
NET BOOK VALUE	
At 31 December 2023	**53,159**
At 31 December 2022	*49,158*

15. TANGIBLE FIXED ASSETS

	Fixtures and fittings £	Chain of Office £	Computer equipment £	Totals £
COST				
At 1 January 2023 and 31 December 2023	**2,329**	**4,064**	**889**	**7,282**
DEPRECIATION				
At 1 January 2023	**2,143**	**3,116**	**645**	**5,904**
Charge for year	**28**	**-**	**61**	**89**
At 31 December 2023	**2,171**	**3,116**	**706**	**5,993**
NET BOOK VALUE				
At 31 December 2023	**158**	**948**	**183**	**1,289**
At 31 December 2022	*186*	*948*	*244*	*1,378*

16. FIXED ASSET INVESTMENTS

	Listed investments £
MARKET VALUE	
Additions	**502,138**
Revaluations	**4,574**
At 31 December 2023	**506,712**
NET BOOK VALUE	
At 31 December 2023	**506,712**
At 31 December 2022	-

There were no investment assets outside the UK.

Cost or valuation at 31 December 2023 is represented by:

	Listed investments £
Valuation in 2023	**4,574**
Cost	**502,138**
	506,712

17. STOCKS

	2023	*2022*
	£	*£*
Stocks	**17,113**	*-*

18. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2023	*2022*
	£	*£*
Trade debtors	**21,500**	*66,052*
Other debtors	**176,590**	*198,762*
Accrued income	**33,133**	*10,603*
Prepayments	**150,109**	*185,408*
	381,332	*460,825*

19. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2023	*2022 as restated*
	£	*£*
Trade creditors	**13,956**	*9,299*
VAT	**12,331**	*43,366*
Other creditors	**299**	*-*
Accrued expenses	**43,065**	*51,021*
	69,651	*103,686*

20. ANALYSIS OF NET ASSETS BETWEEN FUNDS

			2023	*2022 as restated*
	Unrestricted fund	Restricted funds	Total funds	Total funds
	£	£	**£**	*£*
Fixed assets	**54,448**	**-**	**54,448**	*50,536*
Investments	**506,712**	**-**	**506,712**	*-*
Current assets	**1,404,465**	**8,532**	**1,412,997**	*1,621,998*
Current liabilities	**(69,651)**	**-**	**(69,651)**	*(103,686)*
	1,895,974	**8,532**	**1,904,506**	*1,568,848*

21. MOVEMENT IN FUNDS

	At 1/1/23 £	Prior year adjustment £	Net movement in funds £	At 31/12/23 £
Unrestricted funds				
General fund	**1,544,861**	**15,455**	**335,658**	**1,895,974**
Restricted funds				
Laparoscopic Colorectal Surgery Busaries	**7,532**	**-**	**-**	**7,532**
Scottish Chapter	**1,000**	**-**	**-**	**1,000**
	8,532	**-**	**-**	**8,532**
TOTAL FUNDS	**1,553,393**	**15,455**	**335,658**	**1,904,506**

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

	Incoming resources £	Resources expended £	Gains and losses £	Movement in funds £
Unrestricted funds				
General fund	**1,358,634**	**(1,027,550)**	**4,574**	**335,658**
TOTAL FUNDS	**1,358,634**	**(1,027,550)**	**4,574**	**335,658**

Comparatives for movement in funds

	At 1/1/22 £	Net movement in funds £	At 31/12/22 £
Unrestricted funds			
General fund	1,382,686	177,630	1,560,316
Restricted funds			
Laparoscopic Colorectal Surgery Busaries	7,532	-	7,532
Scottish Chapter	1,000	-	1,000
	8,532	-	8,532
TOTAL FUNDS	1,391,218	177,630	1,568,848

21. 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	1,196,026	(1,018,396)	177,630
TOTAL FUNDS	1,196,026	(1,018,396)	177,630

A current year 12 months and prior year 12 months combined position is as follows:

	At 1/1/22 £	Prior year adjustment £	Net movement in funds £	At 31/12/23 £
Unrestricted funds				
General fund	1,382,686	15,455	513,288	1,911,429
Restricted funds				
Laparoscopic Colorectal Surgery Busaries	7,532	-	-	7,532
Scottish Chapter	1,000	-	-	1,000
	8,532	-	-	8,532
TOTAL FUNDS	1,391,218	15,455	513,288	1,919,961

A current year 12 months and prior year 12 months combined net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Gains and losses £	Movement in funds £
Unrestricted funds				
General fund	2,554,660	(2,045,946)	4,574	513,288
TOTAL FUNDS	2,554,660	(2,045,946)	4,574	513,288

Covidien historically provided an educational grant of £25,000 to provide travelling bursaries for consultants and colorectal surgeons in training that are members of the ACPGBI to obtain experience of laparoscopic colorectal surgery in the UK and Europe. During 2023, £nil of these bursaries were utilised. £7,532 remains available.

The Scottish Chapter restricted fund relates to a donation received for the benefit of the Scottish Chapter. £1,000 remains available.

22. EMPLOYEE BENEFIT OBLIGATIONS

The company participates in the Superannuation Arrangements of the University of London (SAUL), a centralised defined benefit scheme within the United Kingdom for all qualified employees with assets held in separate Trustee administered funds. The Company has adopted FRS17 for accounting for pension costs. It is not possible to identify the Company's share of the underlying assets and liabilities of SAUL. Therefore, contributions are accounted for as if SAUL were a defined contributions scheme as it is not possible to separate assets and liabilities and pension costs are based on the amounts actually paid (i.e. cash amount). In accordance with paragraphs 28.11 of FRS102. The total cost of pension contributions on behalf of employees of the Company during the period was £17,438 (2022: £14,354).

The scheme is subject to triennial valuation by professionally qualified independent actuaries. The last available valuation was carried out at 31 March 2021 using the projected credit method in which the actuarial liability makes allowance for projected earnings.

The following assumptions were used to assets the past service funding position and future service liabilities.

Projected Unit

Technical Provisions	**Future Service**		
Valuation method			
Investment return		-	pre-retirement
2.45% pa	**3.62%**		
Investment return		-	post-retirement
0.35% pa	**2.37%**		

Price Inflation (RPI) - Full unadjusted market implied RPI Curve less 1%
Price Inflation (CPI) - Full curve derived as RPI Curve less 1% pa before 2030 and no deduction thereafter
General salary increase - Full curve derived as RPI Curve less 1%

The actuarial method applies to the scheme as a whole and does not identify surpluses of deficits applicable to individual employers. In a mini health-check as a whole the market value of the scheme's assets was £4,564 million, the present value of the scheme's liabilities was £3,948 million and the resulting surplus was £616 million.

23. CAPITAL COMMITMENTS AND CONTINGENT LIABILITIES

There were no capital commitments or contingent liabilities as at 31 December 2023 and 31 December 2022.

24. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31 December 2023 and 31 December 2022.

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

England & Wales - Charity number 1118063

Accounts

REGISTERED COMPANY NUMBER: 05962281 (England and Wales)
REGISTERED CHARITY NUMBER: 1118063

REPORT OF THE TRUSTEES AND

FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2022

FOR

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

Ford Bentall LLP
Statutory Auditor
60 High Street
Chobham
Surrey
GU24 8AA

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

CONTENTS OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2022

	Page
Report of the Trustees	1 to 18
Report of the Independent Auditors	19 to 22
Statement of Financial Activities	23
Balance Sheet	24
Cash Flow Statement	25
Notes to the Cash Flow Statement	26
Notes to the Financial Statements	27 to 36
Detailed Statement of Financial Activities	37 to 38

REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 31 DECEMBER 2022

The trustees who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31 December 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).

PUBLIC BENEFIT STATEMENT

The Association of Coloproctology's (ACPGBI) activities include promoting education and research in all matters appertaining to the science, art and treatment of patients with coloproctological disease.

The objectives are to provide specialized knowledge and advanced training, education, research and scholarship in science and technology in cooperation with other bodies to its members to benefit their patients.

In addition, the ACPGBI aims to be a complete resource of knowledge and help to patients with colorectal disease, empowering and ensuring the best treatments are available to all who seek them.

The ACPGBI's mission is derived from these objectives. The Trustees of ACPGBI are responsible for defining its strategic aims and directing its Executive's activities to further these objectives. The Council has had due regard to the Charity Commission's guidance on reporting public benefit.

Strategic aims

" To promote clinical and basic research into colorectal disease of the highest quality
" To promote the best possible treatments for patients with colorectal disease
" To extend the frontiers of knowledge within and beyond existing research disciplines
" To bring together research expertise within and beyond the ACPGBI to address the scientific challenges of today and the future
" To identify, attract and develop trainee surgeons of the highest ability to provide research-led teaching and information sharing
" To offer an educational experience that empowers members to be leaders in their chosen careers and contribute to the long-term needs of society
" To engage with similar organisations around the world to understand, identify and lead emerging scientific challenges and solutions
" To maximize the social and economic value of our education and research through the transfer of both talent and technology
" To find innovative ways to extend the reach and impact of all our work
" To maintain excellence by being efficient, effective, adaptable and integrated
" To build mutually beneficial relationships with appropriate organisations in the UK and worldwide
" To anticipate, understand and shape the thinking of stakeholders and policymakers in the UK and worldwide, including those in government, academia and industry

The report on ACPGBI's activities during the year 2022, which forms a significant part of this Annual Report, provides further information on our progress and achievements against these and other objectives.

The ACPGBI business, organizational structure and working practices are governed by its constitution. This document is updated yearly, and any changes are approved at the AGM. ACPGBI is led by an Executive Committee and guided by a representative Council. Administration and marketing are carried out by its Secretariat. The Executive formulates policy and considers all matters concerning the Association. All decisions are notified to Council regularly for approval. Posts for Council, chapter representatives and major positions (President, Secretary, Treasurer etc.) are advertised on the website and ballots are held where appropriate.

Along with the ACPGBI office bearers (President, Honorary Secretary and Honorary Treasurer), the Executive Committee includes chairs of the Education and Training, External Affairs, Multidisciplinary Clinical and Research and Audit committees.

The executive appointments are made as either 'Assistant' (e.g., secretary and treasurer) or in waiting/elect (e.g., President). This gives appointees sufficient time (2 years) to become thoroughly acquainted with the roles they are due to take up at the Annual Meeting.

The Board of Trustees comprises the Executive members (President, Honorary Secretary and Honorary Treasurer) and non-executive members who include medical (at least five medical trustees and ideally will include one nurse) and lay members. The medical trustees are members with previous experience in holding office in the Association, none of whom currently sit on committees of the Association. The lay members would include a minimum of two patient representatives, a lawyer, a trustee from a financial background and a non-medical academic. Additional or replacement Trustees will be appointed by the Board of Trustees as they see fit, as there are no formal policies for inducting new Trustees.

ACPGBI has undergone a formal risk assessment process to help identify areas of concern and formulate suitable action plans. ACPGBI's short, medium and long-term priorities and goals are discussed in the annual strategy meetings, and appropriate action plans are finalized.

The following Trustees served the charity from 1st January 2022 to 31st December 2022.

President:
Mr Charles Maxwell-Armstrong (appointed 4 July 2022)
Professor Peter Sagar (resigned 4 July 2022)

Honorary Secretary:
Mr G Branagan (appointed 04 July 2022)
Mr J Wheeler (resigned 4 July 2022)

Honorary Treasurer:
Mr Athur Harikrishnan

Non-Executive Trustees
Mr J Bell
Mrs M Bentley
Ms J Bradbury
Mrs A Demick
Prof P Finan (resigned January 2022)
Prof J Northover
Miss K Nugent
Mr P Rowbottom
Mrs J Sanders (appointed January 2022)
Mr N Scott
Mr G Williams (Chair)
Mr H Young

OBJECTIVES AND ACTIVITIES

RESEARCH & AUDIT COMMITTEE

The Research and Audit Committee is currently chaired by Jim Tiernan, having taken over from Austin Acheson in July 2020. Elected members consist of Jared Torkington, Tom Pinkney, Frank McDermott and Sarah Duff; The ACPGBI/RCS Surgical Specialty Leads (SSLs) are Susan Moug and Dale Vimalachandran, supported by Associate SSLs Nick Heywood and Abigail Vallance; Ed Dickinson replaced Mohamed Rabie as the Duke's Club Representative; Gabby Thorpe is Nursing representative and Sue Blackwell joined us as patient representative, giving a total of 13 members. Andrew Beggs resigned during the year as he was unable to fulfil the required time commitment and Elaine Burns was elected into the vacant slot.

Edinburgh 2022
The Research Plenary featured a talk by Nicola Fearnhead, Chair of Bowel Research UK Scientific Committee, highlighting the impressive work funded by BRUK. There was a breaking trials session followed by a new initiative: a live, interactive audience participation event to evaluate the potential for studying two areas of unmet need. We explored two potential study topics: anastomotic leak salvage and sigmoid volvulus management.

R&A Longer Term Strategy
The role of the R&A Committee has changed hugely since the charity merger, as we no longer administer a grants process directly. Over the last two years we have worked to establish ourselves as a 'research consultancy', serving our membership to enable them to be research-active even if they have no access to local academic infrastructure. This has culminated in an agreement to select, develop and joint fund (ACPGBI/BRUK) official ACPGBI research projects. This brings together both the Research MDT and the audience-participation ideas trialled at Harrogate and Edinburgh AGMs respectively, as a process by which ideas from the membership are developed into fully backed, collaborative studies. Birmingham and Sheffield Clinical Trials Units have agreed to help run the ACPGBI research projects.

Bowel Research UK
As a trustee of BRUK, I have worked to strengthen the relationship between the charity and the Association. The BRUK CEO and/or Chair will attend an ACPGBI exec meeting twice per year to update them and BRUK are committed to distributing at least half of their grant funding to projects with an ACPGBI member as a PI.

EXTERNAL AFFAIRS COMMITTEE

Chair S Siddiqi

Members A Siddika, N Sengupta, K Adams, R Brady, N Chandratreya

Newsletter

The committee continues to deliver a weekly ACPGBI newsletter each Friday covering the topic of courses, conferences, guidelines, chapter meetings and news. We ensure equality, diversity and inclusion within this and the newsletter is directed to medical students, trainees, nurses, non-consultant and consultant grades equally. The format of the newsletter is changing to accommodate new technology and viewing needs of members.

Website

The website continues to be updated as new guidelines, research and news becomes available. The committee is engaging with other committees to ensure information reaches the website and in a manner the committee wishes. This is time consuming and needs a dedicated individual from other committees to be proactive and look at the website with a critical eye then engage with the external affairs committee to enact change. A few committees have engaged and we look forward to the others too. The committee aims to start changing photos from stock photos to those of ACPGNI members. Also, to add videos for patient explanation of outcome data.

Social media

Our Twitter profile remains active especially during conference and courses. Equally, our LinkedIn profile is used in a similar manner. We realise trainees and other use other platforms. We are investigating other platforms but are concerned about the risks of not being of control of messaging. The key aspect of our social media is to avoid reputational damage to ACPGBI and promote equality, diversity and inclusion.

International Affairs

With the success of ACC in getting an international audience, the external affairs is trying to network with surgical societies in lower and middle income countries to foster education and training in those countries. We would highlight, access would be free to health care practitioners in those countries.

Council meetings for sister organisations

Post COVID, these seem to have stopped and we are trying to revive this practice.

Future

The role of the external affairs has changed and needs defining. We are planning a focus group wit executive to start this process.

EARLY YEARS CONSULTANT NETWORK (EYCN)

The EYCN is chaired by Katie Adams and supported by a team of enthusiastic committee members.

Committee:
Early Years Consultant Network

Role of committee:
To establish and maintain a mentorship programme for early years consultants
To offer peer support to those consultants within their first 5 years of service

Goals set out for the year
1. Recruit to this year's mentoring programme
2. Formal accreditation for mentors
3. Run Peer support events throughout year

Activity for the year:
1. Recruited 16 new mentees- October 2022
2. 4 webinars conducted with Medtronic- Feb-April 2022
3. Peer support event (Medtronic)- Sterling, Scotland Jan 2022
4. ACP conference session - Edinburgh 2022

Future plans:
1. Webinar series - April 2023

2. Mentor recruitment October 2023
3. ACP conference session- Manchester 2023
4. Welcome packs for new consultants (Ethicon)

EQUALITY, DIVERSITY AND INCLUSION (EDI) COMMITTEE

Role of Committee

EDI for ACPGBI - striving to make colorectal surgery a level playing field for everyone (Mission Statement)
Through the EDI steering group, we aim to increase engagement with the wider colorectal surgical community/allied healthcare professionals and support their professional growth, simultaneously leading to growth of organisation as well. Our key objective is to support and improve equal representation and career/ training progression of healthcare professionals in colorectal surgery.
Goals set out for the year
o For ACPGBI's leadership and EDI committee to be 'EDI compliant'
o Equality, Diversity and Unconscious Bias workshop for the executive committee and council members as a one off session (one hour duration)
o Half a day session for the EDI committee and the steering group
o Collaboration with EDI platforms of other societies and work on projects of common interest
o Survey to gauge detailed demographics of our membership so as to improve representation in the leadership
o Aiming for at least 2 EDI centric webinars per year
o Aiming for a national collaborative for the SAS doctors

Activity during the year

" EDI training for the EDI steering group (May 2022)
" EDI workshop with invited speakers (May 2022)
" EDI training for the ACPGBI Council (October 2022)
" Collaborative efforts in advisory role for surgical societies in way of establishing their EDI committees/groups (BOMSS, ESCP)
" Two webinars (SAS doctors and LGBTQ+)
" Demographic survey at the ACPGBI annual conference in Edinburgh. Data to be presented at this year's annual meeting
" Collaborative project with Dukes' Club regarding perception of SAS posts by trainees. Has been submitted for presentation at the ACPGBI annual conference. Manuscript in progress
" Two citations for EDI committee - BJS and BMJ (Rapid response)
" Comment on: Factors influencing resilience to postoperative delirium in adults undergoing elective orthopaedic surgery.
Br J Surg. 2023 Jan 10;110(2):281. Tokidis E, Mallappa S, Altaf K.

" Medical schools: More UK students are choosing eastern Europe
BMJ 2022; 378 doi: https://doi.org/10.1136/bmj.o2248 (Published 20 September 2022)

Plans for the future

o To establish and take forward the SAS initiative by ACPGBI (Most of the members of the SAS initiative are EDI committee members)
o Mentorship programme to be undertaken with EYCN
o Development of the EDI section on the ACPGBI website
o Collation of resources for less than full time training and IMGs under one easy-to-navigate tool on the website
o Increased representation and integration of colorectal ANPs into the ACPN (currently consists largely specialist colorectal nurses)
o Joint EDI oriented fellowships with other societies
o Webinars

PELVIC FLOOR SOCIETY

The Pelvic Floor Society (TPFS) was formed in 2012 and is an affiliate of ACPGBI. The Executive Committee is currently made up of the following members: C.Vaizey (Chair), T. Dudding (Chair in waiting), J Cornish (Hon Sec), C. Hoh (Treasurer), W. Lai (Hon Membership Sec), J Randall (Chair Accreditation, Q&A), E. Carrington (Chair R&D), J. Grainger (Chair Education & Training), M. Chapman (ACPGBI Representative), W Lai (Membership Secretary) K. Gorrisen (Chair Programme Committee), P. Chaichanavichkij (Dukes Club Rep), K. Walsh (Chair Physiotherapy Committee), S. Fourie (Chair Specialist Nurse Committee), E. Jones (Chair Clinical Scientist Committee Chair), S Squires (Patient Rep), S Shaikh (Chapter Rep Scotland), R. Griffiths (Chapter Rep Wales), R. McBride (Chapter Rep Ireland including NI), A. Farmer (BSG Rep).
Our membership numbers grow year on year, and we currently have over 430 members (compared to 384 2021). Approximately two thirds of our members are consultants, mainly colorectal consultants but we also have consultants from gastroenterology, gynaecology, urology, pain specialty and radiology. Allied health professional members (nurses, physiotherapists, and clinical scientists) form the second largest group within the society. All these members have voting rights within our society, creating an inclusive membership. We have approximately 20 non-voting members, made up of trainees, overseas specialists and honorary members.

In November 2022 we held our 13th annual conference in the historic Winstanley House in Leicester, a well-attended face to face meeting with a gala dinner at The National Space Centre. We are much indebted to all the hard work by Carmen Hoh who was the local organiser and Kim Gorrison, our Program Committee Chair, for all their hard work in making the event so successful with a program of lectures that entertained and enlightened even the most seasoned pelvic floor surgeons. A selection of Masterclasses (Endoanal Ultrasonography and Sacral Neuromodulation) took place the day before as well as an Allied Health Professional full study day.

TPFs also working with NHSE's Outcome Registries Program which will build a Registry including procedures used to treat of SUI, POP and Rectal Prolapse. It is anticipated that all implantables will eventually be on a Registry. There is an imminent plan for mesh excision following rectopexy to be included in the Specialist Mesh Centres Service Specification of the Mesh Centres that have opened in England.
Further projects for 2023 include a new website, already designed and a survey on the training of emergency and colorectal surgeons on the management of acute obstetric injury.
Our treasurer has reported a healthy balance going forward into 2023, enabling us to continue to support courses and education, including funded places to Cardiff Pelvic Floor Masterclass and Dundee Cadaveric Course, providing speakers and access to the Athens meeting in April 2022 and we have supported regional groups including the Southern Pelvic Floor Group meeting in South Wales in January 2023.

Finally, TPFS introduced Unit Accreditation five years ago, a process of voluntary submission of evidence from Pelvic Floor MDTs in order to identify units that provide high quality care for patients with pelvic floor disorders. PF units awarded unit accreditation also have TPFS approval for their clinical fellowships. So far nine sites in the UK have successfully achieved Unit Accreditations, with one already re-accredited and one more in the process of application. TPFS encourages all units to submit data to this peer review process. Accreditation details and how to apply are available on our website.

ASSOCIATION OF COLOPROCTOLOGY NURSES (ACPN)

The Association of Coloproctology Nurses currently has 99 active members and 15 Committee members, with Committee vacancies for Northern, Northern Ireland, North East Thames, North Western, Trent and West Midlands. Three Committee members have stepped down, including Carol Katte, who retired from the Committee this year after more than 15 years of committed contribution to ACPN and was sent a card and gift from the Association in thanks for her support and commitment. We have welcomed new Committee members Chelsea Owen (N Wales), Cheryl Hides (Yorkshire), Emma Jenkins (South Western), Esme Steer (South Western), Linnet McGeever (Scotland), Samantha Gayle (North West Thames), who join Gabrielle Thorpe (Chair), Jay Bradbury, Jane McCulloch, Jane Turner, Samantha Seeker, Julie Lane, Oonagh Staunton, Tracey Becker, Lisa Gibb. In 2022, the ACPGBI confirmed that the subscription fee for ACPN members would be remain at £25 per annum and that they would continue to offer 50 free places at the Annual Meeting per year for ACPN members. The ACPN are extremely grateful for this generous concession for its members, which is an ongoing incentive for new ACPN membership.

During 2022-23, the ACPN Committee have focussed on gaining ACPN representation on the ACPGBI Clinical Sub-Committees to provide a valuable nursing perspective on the work of these Committees in addition to development and networking opportunities for these members. Representatives must be ACPN members, but do not have to serve on the ACPN Committee and have been asked to apply through expression of interest open to all members. We have now appointed ACPN members to the following Clinical Sub-Committees: Advanced Malignancy - Claire Taylor, Amanda Coop; Endoscopy - Maria Pettman; Inflammatory Bowel Disease - Paula Harrison; Peritoneal Malignancy - Oonagh Staunton; Robotics - Dolly Dowsett. We will ask for expressions of interest again for the remaining vacancies after the ACPN Annual Meeting in Manchester on 4 July 2023.

The 2022 Annual General Meeting of the ACPN took place on Tuesday 5 July 2022 at the Annual Meeting of the ACPGBI in Edinburgh. At the AGM, members of the Committee currently holding key positions were voted in by the members, with Gabrielle Thorpe as Chair and ACPN representative on the Research & Audit Committee, Carol Katte as ACPN representative on the Multidisciplinary Clinical Committee and Lisa Gibb as ACPN Representative on the Education Committee. At the time there was no Deputy Chair in post and no ACPN representation on the External Affairs or EDI Committees. Since the AGM, we have appointed Linnet McGeever as Deputy Chair, Samantha Gayle as ACPN Representative on the External Affairs Committee and, following the resignation of Carol Katte, Tracey Becker as the ACPN Representative on the Multidisciplinary Clinical Committee.

The ACPN sessions at the ACPGBI Annual Meeting in July 2022 comprised a plenary session on pre-habilitation in coloproctology, plus a combined AGM, oral short-paper session of accepted abstracts and an interactive workshop on stratified follow-up. All sessions were well-attended by both ACPN and general members and evaluations good. As many ACPN members attend as the only representative from their Trust, we introduced a half-hour coffee/tea break half-way through each session to allow for networking opportunities, which was a great success.

In 2022, ACPN came to an arrangement with the journal Gastrointestinal Nursing (GIN) that ACPN members could have a 25% reduction in journal costs as part of their membership and that ACPN could submit a regular paper or advert for publication in the journal, which is published every two months. Over the past year, in addition to adverts for ACPN, we have published two papers relating to the plenary session and workshop at the 2022 Annual Meeting, written by members of the Committee, plus a paper by Maria Pettman about the work of the Endoscopy Clinical Sub-Committee. We have a full plan for the year ahead, with papers to include an overview of the plenary session and workshop at the forthcoming Annual Meeting in Manchester, papers on Lynch Syndrome and the Research Pillar of Practice, and one or two papers written by ACPN representatives on the Clinical Sub-Committees about the work of the Committee. All papers start and end with information about ACPN and details of how to become a member. Copies of the papers published are available on the ACPN pages on the website.

Continuing the collaboration with GIN and filling the remaining vacancies on the Clinical Sub-Committees remain key priorities for the ACPN Committee in 2023-24. The Chair of ACPN will move to Linnet McGeever for two years at the 2023 Annual Meeting, who will develop her own strategic direction for the group.

DUKES' CLUB

The Dukes' Club is the official training arm of the Association of Coloproctology of Great Britain and Ireland. The society is run by elected colorectal surgery trainees to represent the views of trainees across the UK and Ireland on education and training. The Dukes' Club committee is currently led by Mr Mohamed Rabie, with Miss Panchali Sarmah as the immediate past president (2021/22). Miss Lillian Reza is the president-in-waiting with a wider executive committee and several regional representatives to ensure full representation and dissemination across the UK and Ireland.

As the official training arm of the Association of Coloproctology of Great Britain and Ireland, we believe that The Dukes' Club has strongly supported and represented trainees throughout the year. Here, we review our activities during 2022.

Dukes' Educational Strategy
Throughout the year we worked hard to deliver high-quality educational content.
We ran webinars on:
" IBD - Navigating the Surgical Management of UC.
" Pelvic floor essentials: anorectal physiology and SNS for trainees.
" Anatomy of the rectum and its application in TME and beyond TME surgery.
" Applied embryology and anatomy for colon cancer surgery
" Emergency colorectal surgery webinars

EGS and Trauma Symposium
The inaugural EGS and trauma symposium was held on 7-8 December 2021. This unique event, hosted by The Dukes' Club, Roux Group, Moynihan Academy, and ASiT, covered syllabus topics to MRCS and FRCS levels and was attended by more than 550 delegates.

Proctology Day
18 March 2022, Northern General Hospital in Sheffield
A face-to-face educational day was held in Sheffield covering the management of anorectal disorders, led by Mr Phil Tozer and supported by the ACPGBI Proctology subcommittee.

Introduction to Endoscopy course
Our inaugural Introduction to Endoscopy course, providing an overview of safe endoscopy and hands-on simulation training. The course was aimed at ST3-4 trainees with limited or no endoscopy experience.

Fundamentals of Colorectal Surgery video series
We published two more instructional operative video published on the Colorectal Disease YouTube channel on TME and laparoscopic right hemicolectomy video. We are grateful to our consultant trainers for allowing us to record and submit these videos.

ACPGBI conference Dukes' Programme
In July, the Dukes' Club enjoyed a successful and integrated programme at the ACPGBI conference. We ran a preconference Basic Robotics Course supported by faculty from the ACPGBI Robotics.
On Monday, We had a fascinating session 'Hot Seat Experts' symposium, with experts responding to training concerns across topics including the introduction of training hubs, training in robotic surgery and careers in emergency general surgery. After a break of several years, our ever-popular Fellowship Speed Dating was back. We are grateful to Dr Judith Johnson, a lecturer at the University of Leeds, with a background in research into healthcare workforce wellbeing, for speaking on the topic of Burnout.

Cadaveric AWR and TME Courses
Getting hands-on and hands in to the abdominal wall, Colorectal trainees up and down the country helped us celebrate the 25th Anniversary of the Dukes' Club this year. In the run-up to the annual weekend, cadaveric courses were run with great feedback.
We ran the cadaveric AWR Course, held on 14th September 2022. The one-day course held at St Mark's Hospital in London was held for senior colorectal trainees with a subspecialty interest in AWR. The highly experienced and friendly faculty of Colorectal and Plastic Surgery AWR specialists took the delegates through an intense day of hands-on training covering the basics from anatomy to step-by-step advanced techniques utilised in the sphere of abdominal wall reconstruction and closure.

A TME cadaveric course was successfully run with great feedback. We had a stellar faculty with delegates from across the UK.

Dukes' Educational Weekend
Our 25th Anniversary Dukes' Club Weekend was attended by trainees from the UK and Ireland, with members attending across all levels of training, from Foundation doctors to Registrars. Feedback has been overwhelmingly positive, with all sessions rated as good/very good by >90% of attendees and 90% saying they would recommend our weekend to a colleague.

Dukes' Research Strategy
The collaborative continues to support national projects including Damascus and IMPACT. We also ran the Essentials of Surgical Research event in collaboration with Roux Group and BASO. This was a 1-day face-to-face event covering all essentials for surgical research. The day was suited for those at an early stage in their research pathway, those planning to undertake out of programme.

EDI
We continue to be proud of the diversity within our executive committee, regional representatives and membership. This year we delivered a fully anonymized executive committee and regional representative vote, which encouraged a wider range of applications from across the UK and Ireland and published a new set of Dukes' Club EDI guidelines. We also invited attendees of our educational weekend to vote for the new Dukes' Vice president for the first time. This used to be elected by executive members only in the past.

Industry Partnership
Our platinum industry sponsor during 2022 has been Ethicon. Our expansion in portfolio has been generously supported by several industry partners including Ethicon, 3M, Cook Medical, Gore, Medtronic and Corza medical. We have strengthened our relationships with all industry partners over the last 12 months which has enabled us to provide a range of high-quality teaching and educational opportunities to our membership.

Future Plans
Overall, we have enjoyed a very successful year despite continuing disruption due to the pandemic. We continue to see a significant expansion of our membership alongside our portfolio activities on a regional and national scale. We will continue to build on our successes over the last 12 months to deliver high-quality, innovative educational and research opportunities to our membership. We hope to contribute fully to the ACPGBI Annual Meeting in Manchester in July and our face-to-face residential course in September 2023. We are also developing a national robotic training program with Intuitive which is supported by ACPGI and HEE. We are developing the Fundamentals of colorectal surgery course with ACPGBI and the Dukes Surgical Podcast.

THE JOURNAL- COLORECTAL DISEASE

Colorectal Disease journal continued to perform well in 2022. Colorectal Disease journal is the flagship organ of the association and remains a jewel in its crown.

Samantha Davies took over as Wiley's Senior Journal Publishing Manager in November 2022. Neil Smart is the current editor of the journal and has a strategic plan for the journal with collaboration with the association. The publishing agreement between the ACPGBI and Wiley for Colorectal Disease journal was renewed in December 2022.

Total revenues for 2022 were £565,326, of which non-subscription revenue was £306,664. These values are 25% more than 2021 revenues due to enhanced open access revenue of £193,416. The total shared profit was £397,524, with a net royalty payable to ACPGBI of £198,762. This royalty was 50% up from 2021 figure of £132,643.

The journal is officially recognised by Index Medicus and is listed on Medline. The journal's 2-year Impact Factor stands at 3.917 for 2021, an increase from the previous year highlighted on the journal's web page.

ACPGBI PATIENT LIAISON GROUP

Role of Group
The Patient Liaison Group represents the perspective of the lived experience of patients who have been treated for bowel disease, including cancer, inflammatory bowel diseases and functional bowel disorders. Together with the ACPGBI, the PLG is committed to improving the experience and outcomes of all patients with colorectal disease by pursuing constructive dialogue between clinicians and patients. Composed of eight lay people from diverse backgrounds, the PLG is entirely voluntary and unpaid, meeting monthly via Zoom and face-to-face once a year at the ACPGBI Annual Meeting.

Goals set out for the year
" Attendance at ACPGBI Council meetings
" Membership of ACPGBI committees which set standards of care
" Involvement in the Annual Meeting, by organising a PLG Session
" Preparing guidelines and other documents, by invitation to other groups
" Participating in relevant PPI activities

Activity during the year
" ACPGBI 2022 - Edinburgh. PLG Session: We Are Not Just a Piece of Meat: the role of patients in bowel surgery. Looking at all elements of the patient journey from diagnosis to their final discharge from hospital
" Acute PresentatiOn of coLorectaL cancer - an internatiOnal snapshot (APOLLO) study. Patient representative
" INtegrated TeChnologies for Improved Polyp SurveillancE (INCISE). PPI representative
" UK Cohort study to Investigate the prevention of Parastomal HERnia (CIPHER). Study Steering Committee
" Transforming the treatment of fistula-in-ano: A novel bioresorbable Seton-Scaffold. Study Steering Committee
" Reduction Of Surgical Site Infection using a Novel Intervention (ROSSINI 2). Trial Steering Committee
" An international multicentre randomised controlled trial to assess the effect of Appendectomy on the Clinical Course of UlceRativE colitis (AUCCURE 2). Trial Steering Committee
" A multicentre, randomised controlled trial of Laparoscopic versus Open Colorectal Surgery in the Acute Setting (LaCeS2). Trial Management Committee
" Development of a Patient Reported Outcome Measure for Gastrointestinal Recovery (PRO-digi). Steering Group
" East midland cancer alliance (ECAG) for colorectal cancer
" NHS Specialised Colorectal Clinical Reference Group PPI member
" The National Gastro-Intestinal Cancer Audit Programme (GICAP). Board member
" National Bowel Cancer Audit (NBOCA). Clinical Advisory Group Members and Chair of their Patient and Carer Panel
" Emergency General Surgery webinar panel member.
" Reviewing/updating patient leaflets - Bowel Cancer UK
" Leading local stoma support group
" Leading local bowel cancer support group
" Bowel cancer awareness talks

" Promotion of PPI in other settings
" Building of social media presence
" Requests for nominations for various research groups etc outside of ACPGBI

Plans for the future
" Representing the interests of patients at all levels update work of the ACPGBI
" Continue to facilitate patient representation across the range of ACPGBI committees
" Update PLG Terms of Reference
" Review PLG membership and highlight gaps in the experience of current PLG members to expand in a structured manner. Consider EDI in the recruitment of new members as we appreciate we do not reflect cultural diversity
" Build on relationships with ACPGBI members and relevant outside organisations to encourage collaboration
" Leading the patient and carer activities of the National Bowel Cancer Audit (NBOCA)

STRATEGIC REPORT
FINANCIAL REVIEW

Financial results 1st January to 31st December 2022

The income to ACPGBI was primarily from direct membership subscriptions and from the Annual General Meeting. Additionally, ACPGBI received a small amount of interest on deposited reserves. Additional income was derived from the Pelvic Floor Society and the Dukes' Club. ACPGBI also received revenue from a profit share arrangement with Wiley, the publisher of the journal Colorectal Disease. The Trustees are confident that all tax liabilities have been recognised and administered.

Expenditure relates to the running costs of the Association, the expenses of running the Annual Meeting and the cost of providing Colorectal Disease to Ordinary Surgical Members and wages and salaries.

Total income from all sources for the period ending 31st December 2022 was £1,180,571. The total expenditure in the period ending 31st December 2022 was £1,018,396. The net income in the period ending 31st December 2022 was £162,175. The total funds on 31st December 2022 in all accounts held by the Association were £1,161,173.

Cash books were traditionally maintained on MS Excel sheets. This imposed extra workload for our administrative team and auditors. We have now signed up for cash book management using Xero on online platform for a seamless and integrated cash flow accounting. The process was initiated in October 2022 to start the accounting process from January 2023.

The annual ACPGBI strategy meeting was held 13 and 14th November 2022. The financial strategy for the next financial year was discussed and debated. It was noted that for the first time the total cash balance of the two index accounts (business and annual meeting) had crossed the 1 million mark due to increased cash flow from subscriptions and sponsorships while delivering core activities, signifying the resourceful level of activity in the association and financial diligence.

STRATEGIC REPORT

Financial review

Investment Policy

It was evident that over the years, the Association has accumulated surplus cash balances in these two accounts totalling about 800-1000K. The current nominal interest rate earned by the two accounts is 0.01%, which is well below prevailing inflation rates. The rising inflation in the latter half of 2022 exaggerated this depreciation and loss of value in such accounts.
The net loss over successive years perpetrates a substantial loss of value for the accumulated capital. This net loss is a substandard and unacceptable value to the members' subscriptions and does not stand in good stead for the Association's long-term worth. Depreciation of the reserve cash reduces the capacity of the Association to weather the losses in challenging times such as those imposed by unexpected global occurrences such as the Covid-19 pandemic.

The Honorary Treasurer proposed a framework to mitigate the current depreciation of the Association's surplus cash reserves. Initial enquiries led to a series of deliberations which revealed how similar professional associations manage their excess funds. The case for safe investment of surplus funds was discussed in the ACPGBI executive meeting on 20/09/2021. With the concurrence of the Executive and the Trustees, an effort to explore safe investment by a team of Trustees. A series of virtual meetings with potential stakeholders weThe Honorary Treasurer proposed a framework to mitigate the current depreciation of the Association's surplus cash reserves. Initial enquiries led to a series of deliberations which revealed how similar professional associations manage their excess funds. The case for safe investment of surplus funds was discussed in the ACPGBI executive meeting on 20/09/2021. With the concurrence of the Executive and the Trustees, an effort to explore safe investment by a team of Trustees. A series of virtual meetings with potential stakeholders were conducted.

Ten financial organisations were contacted with request for proposals (RFP). Six of the ten responded of which four were shortlisted based on stringent criteria for more detailed discussions. A dedicated virtual presentation meeting with them was attended by key trustees and executives on 5th July 2022. Further deliberations based on company profile, charitable and overall assets under management, environmental and social governance, risk management, access to funds at short notice and assurance on capital preservation were some of the categories analysed for each of the providers. The final choice of Ruffer was ratified in December 2022. The ACPGBI's investment policy statement (IPS) was drafted in December 2022 and debated elaborately with the stakeholder and the ACPGBI panel before it was finalised in early 2023.

The final sign off and transfer of funds will happen in the FY 2023.

STRATEGIC REPORT

Risk analysis

ACPGBI recognises the financial risks inherent with the funding of the Annual Meeting. The Annual Meeting's financial success depends on the number of delegate registrations, exhibition income and sponsorship, which may vary from year to year.

Currently, the estimated funds required for hosting an Annual Meeting are in the region of £450,000. For this reason, the ACPGBI retains funds of over £450,000 to cover the costs of an Annual Meeting, which may fail due to factors outside the Association's control. Although ACPGBI takes out routine insurance in this respect, including anti-terrorism cover, this would not protect against the general financial reserves and running costs of ACPGBI. In the current pandemic environment, no insurance policy will cover the loss of capital or revenue from a cancellation or disruption due to a pandemic. The incorporation of ACPGBI has removed the personal financial risk born by the Trustees.

The adoption of virtual meeting platforms enabled the Association to educational events in the pandemic environment, albeit at a considerable additional expense. In 2022, the association decided to keep the advanced coloproctology course (ACC) as a virtual event and the annual meeting as a face-to-face event. The registrations in all events were appreciable and substantial and were worth all the extra effort to organise these events.

We have noticed a reduced appetite for sponsoring online virtual events by the industry. The changes in the post-pandemic landscape that affect meetings and events will be closely monitored, and appropriate measures will be adopted to mitigate the loss of revenue from such matters.

In the later half of 2022, inflation gradually increased and this started affecting the costs of running events.

Whilst building up the capital reserve, the investment policy of ACPGBI remains to maintain the current accounts at zero at the end of each working day with automatic transfer of any reserves through the business reserve account for the two main accounts, namely the general account and the Annual Meeting account. The policy has been to keep the Association's resources in risk-free accounts rather than invest in other ways, which might bring a higher rate of return, but would carry a risk which could result in a loss of capital and jeopardise both the charity's funds and the Trustees.

For these reasons, ACPGBI chose to incorporate as a charity so that any financial risk would be removed from the Trustees and become the responsibility of a company limited by guarantee.

ACPGBI is incorporated as a charity, and appropriate funds can now be disbursed without personal financial risk to its Trustees.

STRATEGIC REPORT

Future Financial Strategy

The plans, priorities and actions for the next 12 months are outlined below under principal strategic themes.

Operations
" Balance income and outgoings within the principal business account
" Fund future initiatives based on the annual strategy plan using profits from the Annual Meeting and the agreed capital allocation
" Maintain cost centres for identified entities (ACC, EYCN, EDI) to make them self sufficient
" Ensure profitability and sustainability of our organisation's events

Revenue stream
" Retain current membership base
" Attract new members through reduced subscription rates for the first year
" Offer membership benefits, offers and discounts with industry partnership
" Make it expensive for non-members to attend the Annual Meeting. It will be cheaper to become a member of ACPGBI

Investments
" Initiate transfer of funds and implement the investment strategy to protect cash reserve from inflationary loss

Funding fellowships
" Continue to fund two Dukes' Club travelling fellowships
" Continue to fund the South African Fellow together with the American, Australasian and European Fellows (there is a reciprocal arrangement with the Americans and Australasians)
" Continue to fund the 8 ACPGBI/RCS badged fellowships
" Finalise new fellowship sponsorship/partnership funding with respective committees, e.g., robotic surgery

Regional activity and initiatives
" Continue limited (max £1,000 per year) funding to facilitate Chapters to run meetings during the year
" Audit chapter bank accounts

Annual Meeting
" Continue to provide 50 free places at the Annual Meeting to nurse members
" Continue to allow medical students free registration for the Annual Meeting and reimburse their travelling expenses if they are presenting at the conference, but not their accommodation costs

Industry partnership
" Meet key players to discuss and plan collaboration details

Colorectal disease
" Colorectal Disease strategy and financial planning meeting with Wiley

Staff
" Provide annual appraisal and salary scale review for our staff
" Explore restructuring staff activities and job configuration to support our organisation's functioning to improve outcomes, satisfaction and cost-effectiveness

STRATEGIC REPORT
STRUCTURE, GOVERNANCE AND MANAGEMENT

The ACPGBI, established in 1990, was registered with the Charity Commissioners. The charity was an unincorporated Association (registration number 1013924) until 30th June 2007. All the assets of the former charity were transferred to the Association of Coloproctology of Great Britain and Ireland, a company limited by guarantee (company number 05962281) and registered as a charity with the Charity Commission (charity number 1118063).

STRUCTURE, GOVERNANCE AND MANAGEMENT
Structure, Governance and Management
The charity is controlled by its governing document, a deed of trust, and constitutes a limited company, limited by guarantee, as defined by the Companies Act 2006.

REFERENCE AND ADMINISTRATIVE DETAILS
Registered Company number
05962281 (England and Wales)

Registered Charity number
1118063

Registered office
Royal College of Surgeons
35-43 Lincolns Inn Fields
London
WC2A 3PE

Trustees
Mr A D N Scott
Mr J G Williams
Prof R J C Steele (resigned 31/12/2022)
Mr P Sagar (resigned 6/7/2022)
Mr P Finan (resigned 1/1/2022)
Mrs J Bradbury
Prof J Wheeler (resigned 6/7/2022)
Mr J P Bell
Mrs M Bentley
Mrs M A Demick
Mr H Young
Mr P J Rowbottom
Dr K P Nugent
Mrs J Sanders (appointed 1/1/2022)
Mr A B Harikrishnan (appointed 7/7/2022) (resigned 3/7/2023)
Mr C Maxwell-Armstrong (appointed 6/7/2022) (resigned 4/7/2023)
Mr T A Cook (appointed 1/1/2023)
Mr J Northover (resigned 31/12/2022)
Mr D McArthur (appointed 4/7/2023)
Professor J Torkington (appointed 4/7/2023)

Company Secretary
Mrs A Sutton

Senior Statutory Auditor
Mr Keith Adrian Ford

REFERENCE AND ADMINISTRATIVE DETAILS

Auditors

Ford Bentall LLP
Statutory Auditor
60 High Street
Chobham
Surrey
GU24 8AA

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees (who are also the directors of The Association of Coloproctology of Great Britain and Ireland for the purposes of company law) are responsible for preparing the Report of the Trustees and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing those financial statements, the trustees are required to

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

The trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charitable company and to enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- there is no relevant audit information of which the charitable company's auditors are unaware; and
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

STATEMENT OF TRUSTEES' RESPONSIBILITIES - continued

TRUSTEES' RESPONSIBILITIES

The Board of Trustees were set up to add oversight to the governance of ACPGBI, separate from the Executive.

The Trustees (who are also directors of The Association of Coloproctology of Great Britain and Ireland for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year, which give an accurate and fair view of the charitable company's state of affairs and the incoming resources and application of resources, including the income and expenditure of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

" Select suitable accounting policies and then apply them consistently.
" Observe the methods and principles in the Charities SORP.
" Make judgements and estimates that are reasonable and prudent.
" State whether UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
" Prepare the financial statements on a going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

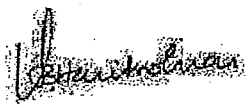
The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps to prevent and detect fraud and other irregularities.

In so far as the Trustees are aware:

" There is no relevant audit information of which the charitable company's auditor is unaware; and
" The Trustees have taken all steps they ought to have taken to make themselves aware of any relevant audit information and establish that the auditor is aware of that information.

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

Approved by the Trustees and signed on their behalf by



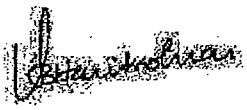
Athur Harikrishnan
Honorary Treasurer
Association of Coloproctology of Great Britain and Ireland

Dated 27 October 2023

AUDITORS

The auditors, Ford Bentall LLP, will be proposed for re-appointment at the forthcoming Annual General Meeting.

Report of the trustees, incorporating a strategic report, approved by order of the board of trustees, as the company directors, on .....31.....October 2023 and signed on the board's behalf by:



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Mr A B Harikrishnan - Trustee

Opinion
We have audited the financial statements of The Association of Coloproctology of Great Britain and Ireland (the 'charitable company') for the year ended 31 December 2022 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:
- give a true and fair view of the state of the charitable company's affairs as at 31 December 2022 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

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

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

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

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

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

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

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

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

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

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

Opinions on other matters prescribed by the Companies Act 2006
In our opinion, based on the work undertaken in the course of the audit:
- the information given in the Report of the Trustees for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Report of the Trustees has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception
In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Report of the Trustees.

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:
- adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

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

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

Our responsibilities for the audit of the financial statements

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

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charitable company, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Companies Act 2006, the Charities Act 2011 together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations tat do not have a direct effect on the financial statements but compliance with which might be fundamental to the charitable company's ability to operate or avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company for fraud. The laws and regulations we considered in this context were General Data Protection Regulation (GDPR). Health and safety legislation.

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any.

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the timing of recognition of Independent Medical Education income, congress income from exhibition and sponsorship, publishing income, provisions and the override of controls by management. Our audit procedures respond to these risks included enquiries of management, and the Trustees about their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, designing audit procedures to test the timing of income, reviewing the calculations of provisions, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from events and transactions reflected in the financial statements , the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

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

Keith A Ford (Senior Partner)
For and on behalf of
Ford Bentall LLP
60 High Street
Chobham
Surrey
GU24 8AA

Date 27 October 2023

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our Report of the Independent Auditors. ABC

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

Mr Keith Adrian Ford (Senior Statutory Auditor)
for and on behalf of Ford Bentall LLP
Statutory Auditor
60 High Street
Chobham
Surrey
GU24 8AA

Date: .....27.....October 2023

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 DECEMBER 2022

	Notes	Unrestricted fund £	Restricted funds £	2022 Total funds £	*2021 Total funds £*
INCOME AND ENDOWMENTS FROM					
Charitable activities	3				
Education		**218,082**	**-**	**218,082**	*135,429*
Annual General Meeting		**465,582**	**-**	**465,582**	*218,833*
Publication Income		**198,762**	**-**	**198,762**	*132,643*
Other trading activities	2	**298,145**	**-**	**298,145**	*291,538*
Total		**1,180,571**	**-**	**1,180,571**	*778,443*
EXPENDITURE ON					
Charitable activities	4				
Education		**135,808**	**-**	**135,808**	*115,701*
Provision of Publications		**62,748**	**-**	**62,748**	*59,526*
Governance Costs		**223,496**	**-**	**223,496**	*180,183*
Annual General Meeting		**596,344**	**-**	**596,344**	*268,092*
Total		**1,018,396**	**-**	**1,018,396**	*623,502*
NET INCOME		**162,175**	**-**	**162,175**	*154,941*
RECONCILIATION OF FUNDS					
Total funds brought forward		**1,382,686**	**8,532**	**1,391,218**	*1,236,277*
TOTAL FUNDS CARRIED FORWARD		**1,544,861**	**8,532**	**1,553,393**	*1,391,218*

The notes form part of these financial statements

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

BALANCE SHEET
31 DECEMBER 2022

	Notes	2022 £	*2021 £*
FIXED ASSETS			
Intangible assets	10	**49,158**	*54,802*
Tangible assets	11	**1,378**	*1,493*
		50,536	*56,295*
CURRENT ASSETS			
Stocks	12	**-**	*479*
Debtors: amounts falling due within one year	13	**460,825**	*505,426*
Cash at bank		**1,161,173**	*969,808*
		1,621,998	*1,475,713*
CREDITORS			
Amounts falling due within one year	14	**(119,141)**	*(140,790)*
NET CURRENT ASSETS		**1,502,857**	*1,334,923*
TOTAL ASSETS LESS CURRENT LIABILITIES		**1,553,393**	*1,391,218*
NET ASSETS		**1,553,393**	*1,391,218*
FUNDS	16		
Unrestricted funds		**1,544,861**	1,382,686
Restricted funds		**8,532**	8,532
TOTAL FUNDS		**1,553,393**	1,391,218

The financial statements were approved by the Board of Trustees and authorised for issue on .....27....October 2023 and were signed on its behalf by:

...
Mr A B Harikrishnan - Trustee

The notes form part of these financial statements

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

CASH FLOW STATEMENT
FOR THE YEAR ENDED 31 DECEMBER 2022

	Notes	2022 £	*2021 £*
Cash flows from operating activities			
Cash generated from operations	1	**199,255**	*46,643*
reconciling		**1**	*-*
Net cash provided by operating activities		**199,256**	*46,643*
Cash flows from investing activities			
Purchase of intangible fixed assets		**(7,891)**	*(59,784)*
Net cash used in investing activities		**(7,891)**	*(59,784)*
Change in cash and cash equivalents in the reporting period		**191,365**	*(13,141)*
Cash and cash equivalents at the beginning of the reporting period		**969,808**	*982,949*
Cash and cash equivalents at the end of the reporting period		**1,161,173**	*969,808*

The notes form part of these financial statements

NOTES TO THE CASH FLOW STATEMENT
FOR THE YEAR ENDED 31 DECEMBER 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)	**162,175**	*154,941*
Adjustments for:		
Depreciation charges	**13,649**	*7,649*
Loss on disposal of fixed assets	**-**	*2,520*
Decrease in stocks	**479**	-
Decrease/(increase) in debtors	**44,601**	*(165,813)*
(Decrease)/increase in creditors	**(21,649)**	*47,346*
Net cash provided by operations	**199,255**	*46,643*

2. ANALYSIS OF CHANGES IN NET FUNDS

	At 1/1/22	Cash flow	**At 31/12/22**
	£	£	£
Net cash			
Cash at bank	**969,808**	**191,365**	**1,161,173**
	969,808	**191,365**	**1,161,173**
Total	**969,808**	**191,365**	**1,161,173**

The notes form part of these financial statements

1. ACCOUNTING POLICIES

Basis of preparing the financial statements
The financial statements of the charitable company, 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 Companies Act 2006. The financial statements have been prepared under the historical cost convention.

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.

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.

Allocation and apportionment of costs
Expenditure is allocated to the relevant activity categories on a basis that is consistent with the use of that resource.

- Costs of generating funds includes all cost relating to activities where the primary aim is to raise funds.
- Charitable activities includes all costs relating to activities where the primary aim is part of the objects of the Charity
- Governance costs includes audit fees, travel and meeting costs and legal and professional costs.

Tangible fixed assets
All fixed assets are initially recorded at cost.

Depreciation is calculated so as to write off the cost of an asset, less its estimated residual value, over the useful economic life of that asset as follows:

Computer equipment - 25% reducing balance
Office equipment - 15% reducing balance
Exhibition stand - 15% reducing balance
Chain of Office & Medal Dies - 20% straight line

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 corporation tax on its charitable activities.

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

continued...

1. ACCOUNTING POLICIES - continued

Fund accounting
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.

Pension costs and other post-retirement benefits
The charitable parent company participates in the Superannuation Arrangements of the University of London, which is a defined benefit scheme. The scheme is contracted out of the State Earnings-Related Pension scheme. The scheme is valued formally every three years by professionally qualified and independent actuaries. Reviews of the scheme's positions are carried out in between valuations. The expected costs to the Company of providing pensions is charged to the accounts so as to spread the cost over the service lives of employees involved in such a way that the pension cost equals the annualised long-term cash outlay to the scheme.

2. OTHER TRADING ACTIVITIES

	2022	*2021*
	£	*£*
Subscriptions	295,825	*291,444*
Interest Receivable	2,320	*94*
	298,145	*291,538*

3. INCOME FROM CHARITABLE ACTIVITIES

	Activity	2022	*2021*
		£	*£*
Pelvic Floor Society	Education	71,851	*42,023*
Coloproctology motorway course	Education	89,592	*22,644*
Dukes' Club	Education	38,898	*35,356*
Other meetings	Education	17,741	*35,406*
Publication income	Publication Income	198,762	*132,643*
		882,426	*486,905*

continued...

4. CHARITABLE ACTIVITIES COSTS

	Direct Costs	Support costs (see note 5)	Totals
	£	£	£
Education	**135,808**	**-**	**135,808**
Provision of Publications	**62,748**	**-**	**62,748**
Governance Costs	**-**	**223,496**	**223,496**
Annual General Meeting	**596,344**	**-**	**596,344**
	794,900	**223,496**	**1,018,396**

5. SUPPORT COSTS

	Management	Governance costs	Totals
	£	£	£
Governance Costs	**668**	**222,828**	**223,496**

6. NET INCOME/(EXPENDITURE)

Net income/(expenditure) is stated after charging/(crediting):

	2022	*2021*
	£	*£*
Auditors' remuneration	**15,331**	*14,125*
Depreciation - owned assets	**115**	*147*
Deficit on disposal of fixed assets	**-**	*2,520*
Computer software amortisation	**13,535**	*7,502*

7. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 December 2022 nor for the year ended 31 December 2021.

Trustees' expenses

There were £-nil expenses paid to trustees for the year ended 31 December 2022. (£-nil expenses paid to trustees for the year ended 31 December 2021).

continued...

8. STAFF COSTS

	2022	2021
	£	£
Wages and salaries	78,998	73,329
Social security costs	3,807	3,840
Other pension costs	14,354	11,915
	97,159	89,084

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

	2022	2021
Administration	2	2

No employees received emoluments in excess of £60,000.

9. COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES

	Unrestricted fund	Restricted funds	Total funds
	£	£	£
INCOME AND ENDOWMENTS FROM			
Charitable activities			
Education	135,429	-	135,429
Annual General Meeting	218,833	-	218,833
Publication Income	132,643	-	132,643
Other trading activities	291,538	-	291,538
Total	778,443	-	778,443
EXPENDITURE ON			
Charitable activities			
Education	115,701	-	115,701
Provision of Publications	59,526	-	59,526
Governance Costs	180,183	-	180,183
Annual General Meeting	268,092	-	268,092
Total	623,502	-	623,502
NET INCOME	154,941	-	154,941
RECONCILIATION OF FUNDS			
Total funds brought forward	1,227,745	8,532	1,236,277
TOTAL FUNDS CARRIED FORWARD	1,382,686	8,532	1,391,218

continued...

10. INTANGIBLE FIXED ASSETS

	Computer software £
COST	
At 1 January 2022	**59,784**
Additions	**7,891**
At 31 December 2022	**67,675**
AMORTISATION	
At 1 January 2022	**4,982**
Charge for year	**13,535**
At 31 December 2022	**18,517**
NET BOOK VALUE	
At 31 December 2022	**49,158**
At 31 December 2021	*54,802*

11. TANGIBLE FIXED ASSETS

	Fixtures and fittings £	Chain of Office £	Computer equipment £	Totals £
COST				
At 1 January 2022 and 31 December 2022	**2,329**	**4,064**	**889**	**7,282**
DEPRECIATION				
At 1 January 2022	**2,109**	**3,116**	**564**	**5,789**
Charge for year	**34**	**-**	**81**	**115**
At 31 December 2022	**2,143**	**3,116**	**645**	**5,904**
NET BOOK VALUE				
At 31 December 2022	**186**	**948**	**244**	**1,378**
At 31 December 2021	*220*	*948*	*325*	*1,493*

continued...

12. STOCKS

	2022	*2021*
	£	£
Stocks	-	*479*

13. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2022	*2021*
	£	£
Trade debtors	**66,052**	*24,776*
Other debtors	**198,762**	*132,643*
Accrued income	**10,603**	*20,683*
Prepayments	**185,408**	*327,324*
	460,825	*505,426*

14. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2022	*2021*
	£	£
Trade creditors	**9,299**	*73,846*
VAT	**43,366**	*15,075*
Accrued expenses	**66,476**	*51,869*
	119,141	*140,790*

15. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted fund	Restricted funds	2022 Total funds	*2021 Total funds*
	£	£	£	£
Fixed assets	**50,536**	**-**	**50,536**	*56,295*
Current assets	**1,613,466**	**8,532**	**1,621,998**	*1,475,713*
Current liabilities	**(119,141)**	**-**	**(119,141)**	*(140,790)*
	1,544,861	**8,532**	**1,553,393**	*1,391,218*

continued...

16. MOVEMENT IN FUNDS

	At 1/1/22 £	Net movement in funds £	At 31/12/22 £
Unrestricted funds			
General fund	**1,382,686**	**162,175**	**1,544,861**
Restricted funds			
Laparoscopic Colorectal Surgery	**7,532**	**-**	**7,532**
Busaries	**1,000**	**-**	**1,000**
Scottish Chapter			
	8,532	**-**	**8,532**
TOTAL FUNDS	**1,391,218**	**162,175**	**1,553,393**

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

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	**1,180,571**	**(1,018,396)**	**162,175**
TOTAL FUNDS	**1,180,571**	**(1,018,396)**	**162,175**

Comparatives for movement in funds

	At 1/1/21 £	Net movement in funds £	At 31/12/21 £
Unrestricted funds			
General fund	1,227,745	154,941	1,382,686
Restricted funds			
Laparoscopic Colorectal Surgery	7,532	-	7,532
Busaries	1,000	-	1,000
Scottish Chapter			
	8,532	-	8,532
TOTAL FUNDS	1,236,277	154,941	1,391,218

continued...

16. 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	778,443	(623,502)	154,941
TOTAL FUNDS	778,443	(623,502)	154,941

A current year 12 months and prior year 12 months combined position is as follows:

	At 1/1/21 £	Net movement in funds £	At 31/12/22 £
Unrestricted funds			
General fund	1,227,745	317,116	1,544,861
Restricted funds			
Laparoscopic Colorectal Surgery	7,532	-	7,532
Busaries	1,000	-	1,000
Scottish Chapter	8,532	-	8,532
TOTAL FUNDS	1,236,277	317,116	1,553,393

A current year 12 months and prior year 12 months combined net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	1,959,014	(1,641,898)	317,116
TOTAL FUNDS	1,959,014	(1,641,898)	317,116

Covidien historically provided an educational grant of £25,000 to provide travelling bursaries for consultants and colorectal surgeons in training that are members of the ACPGBI to obtain experience of laparoscopic colorectal surgery in the UK and Europe. During 2022, £nil of these bursaries were utilised. £7,532 remains available.

The Scottish Chapter restricted fund relates to a donation received for the benefit of the Scottish Chapter. £1,000 remains available.

continued...

17. EMPLOYEE BENEFIT OBLIGATIONS

The company participates in the Superannuation Arrangements of the University of London (SAUL), a centralised defined benefit scheme within the United Kingdom for all qualified employees with assets held in separate Trustee administered funds. The Company has adopted FRS17 for accounting for pension costs. It is not possible to identify the Company's share of the underlying assets and liabilities of SAUL. Therefore, contributions are accounted for as if SAUL were a defined contributions scheme and pension costs are based on the amounts actually paid (i.e. cash amount). In accordance with paragraphs 28.11 of FRS102. The total cost of pension contributions on behalf of employees of the Company during the period was £14,354 (2021: £119,615.

The scheme is subject to triennial valuation by professionally qualified independent actuaries. The last available valuation was carried out at 31 March 2021 using the projected credit method in which the actuarial liability makes allowance for projected earnings.

The following assumptions were used to assets the past service funding position and future service liabilities.

Projected Unit

Technical Provisions	**Future Service**		Valuation method
Investment return **2.45% pa**	**3.62%**	-	pre-retirement
Investment return **0.35% pa**	**2.37%**	-	post-retirement

Price Inflation (RPI) - Full unadjusted market implied RPI Curve less 1%
Price Inflation (CPI) - Full curve derived as RPI Curve less 1% pa before 2030 and no deduction thereafter
General salary increase - Full curve derived as RPI Curve less 1%

The actuarial method applies to the scheme as a whole and does not identify surpluses of deficits applicable to individual employers. In a mini health-check as a whole the market value of the scheme's assets was £4,564 million, the present value of the scheme's liabilities was £3,948 million and the resulting surplus was £616 million.

18. CAPITAL COMMITMENTS AND CONTINGENT LIABILITIES

There were no capital commitments or contingent liabilities as at 31 December 2022.

continued...

19. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31 December 2022.

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

England & Wales - Charity number 1118063

Accounts

COMPANY REGISTRATION NUMBER: 05962281
CHARITY NUMBER: 1118063

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

COMPANY LIMITED BY GUARANTEE

FOR THE YEAR ENDED 31 DECEMBER 2021

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)

REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY, ITS TRUSTEES AND ADVISERS
YEAR ENDED 31 DECEMBER 2021

Executive Trustees

Professor Peter Sagar	(President appointed 05 July 2021)
Professor Steven Brown	(President resigned 05 July 2021)
Mr Athur B Harikrishnan	(Treasurer appointed 05 July 2021)
Mr Seamus Kelly	(Treasurer resigned 05 July 2021)
Mr James Wheeler	

Non-Executive Trustees

Mr Graham Williams	Chair
Mr Jonathan Bell	Financial Representative
Mrs Maria Bentley	Patient Representative
Ms Jay Bradbury	Nurse Representative
Mrs Anne Demick	Patient Representative
Ms Nicola Fearnhead	Past President
Professor Paul Finan	Past President
Professor John Northover	Past President
Professor Karen Nugent	Past President
Mr Peter Rowbottom	Non-Executive Representative
Mrs Janis Sanders	Legal Representative
Mr Nigel Scott	Past President
Professor Robert Steele	Past President
Mr Howard Young	Non-Executive Representative

Company registered number
05962281

Charity registered number
1118063

Registered office
Royal College of Surgeons
35-43 Lincolns Inn Fields
London
WC2A 3PE

Company Secretary
Mrs Adele Sutton

Auditors
Ford Bentall LLP
60 High Street
Chobham
Surrey
GU24 8AA

Bankers
Natwest
Queens Square
Wolverhampton
WV1 1TR

Solicitors
Steele Raymond LLP
Richmond Point
43 Richmond Hill
Bournemouth
Dorset
BH2 6LR

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)

FOR THE YEAR ENDED 31 DECEMBER 2021

CONTENTS **PAGE**

Trustees Annual Report	3
Statement of Trustees' Responsibilities	22
Independent Auditors' Report	23-24
Statement of Financial Activities	25
Balance Sheet	26
Cash Flow Statement	27
Notes to the accounts	29

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)

TRUSTEES ANNUAL REPORT
YEAR ENDED 31 DECEMBER 2021

The Trustees present their report together with the accounts of the Charity, Association of Coloproctology of Great Britain and Ireland; (ACPGBI) for the year ending 31 December 2021.

PUBLIC BENEFIT STATEMENT

The Association of Coloproctology's (ACPGBI) activities include the promoting education and research in all matters appertaining to the science, art and treatment of patients with coloproctological disease.

The objectives are to provide specialised knowledge and advanced training, education, research and scholarship in science and technology in cooperation with other bodies to its members to benefit their patients.

In addition, the ACPGBI aims to be a complete resource of knowledge and help to patients with colorectal disease, empowering and ensuring the best treatments are available to all who seek them.

The ACPGBI's mission is derived from these objectives. The Trustees of ACPGBI are responsible for defining its strategic aims and directing its Executive's activities to further these objectives. The Council has had due regard to the Charity Commission's guidance on the reporting of public benefit.

Strategic Aims

- To promote clinical and basic research into colorectal disease of the highest quality
- To promote best possible treatments for patients with colorectal disease
- To extend the frontiers of knowledge within and beyond existing research disciplines
- To bring together research expertise within and beyond the ACPGBI to address the scientific challenges of today and the future
- To identify, attract and develop trainee surgeons of the highest ability to provide research-led teaching and information sharing
- To offer an educational experience that empowers members to be leaders in their chosen careers and contribute to the long-term needs of society
- To engage with similar organisations around the world to understand, identify and lead emerging scientific challenges and solutions
- To maximise the social and economic value of our education and research through the transfer of both talent and technology
- To find innovative ways to extend the reach and impact of all our work
- To maintain excellence by being efficient, effective, adaptable and integrated
- To build mutually beneficial relationships with appropriate organisations in the UK and worldwide
- To anticipate, understand and shape the thinking of stakeholders and policymakers in the UK and worldwide, including those in government, academia and industry

The report on ACPGBI's activities during the year 2021, which forms a significant part of this Annual Report, provides further information on our progress and achievements against these and other objectives

STRUCTURE, GOVERNANCE AND MANAGEMENT

The ACPGBI, established in 1990, was registered with the Charity Commissioners. The Charity was an unincorporated Association (registration number 1013924) until 30 June 2007. All the assets of the former Charity were transferred to the Association of Coloproctology of Great Britain and Ireland, a company limited by guarantee (company number 05962281) and registered as a charity with the Charity Commission (charity number 1118063).

The ACPGBI business, organisational structure and working practices are governed by its constitution. This document is updated yearly, and changes made approved at the AGM. ACPGBI is led by an Executive Committee and guided by a representative Council. Administration and marketing are carried out by its Secretariat. The Executive formulates policy and considers all matters concerning the Association. All decisions are notified to Council regularly for approval. Posts for Council, chapter representatives and major positions (President, Secretary, Treasurer etc.) are advertised on the website and ballots are held where appropriate.

Along with the ACPGBI office bearers (President, Honorary Secretary and Honorary Treasurer), the Executive Committee includes chairs of the Education and Training, External Affairs, Multidisciplinary Clinical and Research and Audit committees.

The executive appointments are made as either 'Assistant' (e.g., secretary and treasurer) or in waiting/elect (e.g., President). This gives appointees sufficient time (2 years) to become thoroughly acquainted with the roles they are due to take up at the Annual Meeting.

The Board of Trustees comprises the Executive members (President, Honorary Secretary and Honorary Treasurer) and non-executive members who include medical (at least five medical trustees and ideally will include one nurse) and lay members. The medical trustees are members with previous experience in holding office in the Association, none of whom currently sit on committees of the Association. The lay members would include a minimum of two patient representatives, a lawyer, a trustee from a financial background and a non-medical academic. Additional or replacement Trustees will be appointed by the Board of Trustees as they see fit, as there are no formal policies for inducting new Trustees.

ACPGBI has undergone a formal risk assessment process to help identify areas of concern and formulate suitable action plans. ACPGBI's short, medium and long-term priorities and goals are discussed in the annual strategy meetings, and appropriate action plans are finalised.

TRUSTEES ANNUAL REPORT (CONTINUED)
YEAR ENDED 31 DECEMBER 2021

The following Trustees served the charity from 1st January 2021 to 31st December 2021.

Executive Trustees

President:

Professor Peter Sagar	(appointed 05 July 2021)
Professor Steven Brown	(resigned 05 July 2021)

Honorary Secretary:

Mr J Wheeler

Honorary Treasurer:

Mr Seamus Kelly	(resigned 05 July 2021)
Mr Athur Harikrishnan	(appointed 05 July 2021)

Non-Executive Trustees

Mr J Bell	
Mrs M Bentley	
Ms J Bradbury	
Mrs A Demick	
Mrs N Fearnhead	(resigned June 2021)
Prof P Finan	(resigned January 2022)
Prof J Northover	
Prof K Nugent	(appointed July 2021)
Mr P Rowbottom	(appointed July 2021)
Mrs J Sanders	(appointed January 2022)
Mr N Scott	
Prof R Steele	
Mr G Williams (Chair)	
Mr H Young	

OBJECTIVES AND ACTIVITIES

Principal policies to achieve the objectives

The ACPGBI aims to achieve high standards and advance the science of coloproctology by promoting and publishing the results of research and audit. The Charity also provides and disseminates information to help professionals and the public on matters concerning coloproctology. Furthermore, ACPGBI seeks to promote high ethical standards and continues to endorse high standards in training and best clinical practice through its AGM and links with all geographical regions in the UK & Ireland based on regional chapter representation.

Strategy to achieving the objectives

The Charity (ACPGBI) has grown in size and influence since its foundation. Total membership stands at around 1,200 persons including consultant surgeons, surgeons in training, physicians, pathologists, radiologists, clinical scientists and clinical nurse specialists with an interest in coloproctology.

ACPGBI is one of several specialist institutions within the broad spectrum of general surgery. It has assumed an increasingly important and influential role in the organisation of colorectal services within the United Kingdom and Ireland. ACPGBI is a direct stakeholder in the National Institute for Health and Care Excellence (NICE), contributes to health technology appraisals and is a key advisor to the Royal College of Surgeons in matters relating to coloproctology.

The strength of ACPGBI continues to be its representation throughout the UK & Ireland mediated via the regional chapter structure. Each chapter has meetings to dissemination scientific, best practices and political strategies agreed upon at Council meetings. Equally, in a democratic manner, concerns and clarifications raised at a regional level concerning central policy can be brought back to both the Council and Executive.

The administrative office is responsible for the day-to-day running of the charity and for effective communication between elected officers, Chapter Representatives and the general membership.

Since 2014 the Association has controlled the collection of subscriptions from members through its website.

Executive meetings are held four times, and Council meetings are held three times per year in addition to an Annual General Meeting. The Trustees meet thrice a year, under the leadership of the chairperson, and oversee the activities and performance of the Association. The Annual Meeting is the flagship event of the year. It is organised by the President, and in 2021 was held in Harrogate and attended virtually by nearly 900 delegates.

Administration

The chief administrator for the Association is Mrs A Sutton. The day-to-day management of the Association is delegated to her. Payments to creditors need dual authorisation by Mrs Sutton and the Treasurer. Ms N Taub also works in the office to oversee membership and marketing, which has helped with raising the organisation's profile via social media.

The administration of the Annual Meeting is outsourced to a conference management company. In addition, Mrs Adele Sutton organises the Annual Meeting's commercial exhibition and speaker management.

The administrative centre of ACPGBI is located at the Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE. Since July 2017, ACPGBI has leased an office directly from the Royal College of Surgeons (RCS) located in the refurbished RCS Building. In line with Association's strategy, in May 2018, ACPGBI set up an independent payroll for our employees, and ACPGBI has its employer reference at HMRC. The website was redesigned under a new company and released in July 2021. This website (www.acpgbi.org.uk) has sections aimed for the public, patients and professionals.

ACHIEVEMENTS AND PERFORMANCE DURING THE YEAR ENDED 31 DECEMBER 2021

GENERAL

In 2021, the ACPGBI adapted to the challenges imposed by the Covid-19 pandemic and successfully adjusted its activities and delivery of strategic objectives. The Association is proud to maintain a high level of performance during this demanding period.

This year saw the implementation of a newly designed website. This new website has sections for professionals, patients and allied stakeholders to access information clearly and easily.

The adoption of virtual meeting platforms enabled the Association to run the annual meeting and other educational events in the pandemic environment, albeit at a considerable additional expense. The scale of registrations in all events was appreciable and substantial and was worth the extra effort to organise these events.

The Trustees, executive committee and Council met virtually to plan and deliver what amounted to an excellent portfolio of activities, events and meetings to the benefit of members and associates.

The Advanced Coloproctology Course (ACC) was held in May 2021 on a virtual online platform and broadcast presentations of outstanding quality to a large worldwide audience of more than 1500 registrants free of charge.

The annual meeting in July 2021 was held in Harrogate in a face-to-face venue attended by faculty only, while the delegates joined online. This hybrid virtual event had over 800 delegates from all over the world, providing refreshing educational and networking opportunities in the middle of the pandemic and travel restrictions.

The equality, diversity and inclusivity (EDI) sub-committee was formed in 2021. A series of EDI task force meetings were held throughout the year in all chapters of the Association, Regional nominations and elections led to the formation of the EDI sub-committee, tasked with spearheading an otherwise challenging agenda of levelling representation and acknowledging the heterogeneous diversity in our society and the medical profession.

The current economic climate demanded a review of the Association's financial health. To reduce inflationary loss and safeguard asset preservation, a group of executive members and trustees embarked on an exploratory mission to identify an appropriate strategy to invest surplus cash reserves under the governance stipulated by the charity commission's guidelines.

Essentially, 2021 was a busy, fulfilling and productive year amongst several waves of pandemic restrictions led by an enthusiastic and dynamic leadership team.

The salient achievements and aspirations of the ACPGBI events and committees in 2021 are outlined below.

ACPGBI 2021 ANNUAL MEETING

The annual meeting in July 2021 (5th – 7th) was held in Harrogate in a face-to-face venue attended by faculty only, while the delegates joined online. This hybrid virtual event had over 800 delegates from all over the world, providing refreshing educational and networking opportunities in the middle of the pandemic and travel restrictions.

A reduced registration fee was offered to support the online virtual conference format. However, the cost of setting up a hybrid virtual conference far exceeded the registration income and reduced sponsorship revenue. Lower conference venue charges balanced the overall reconciliation to a certain degree. This meeting made a deficit of £33,578 in the end. However, the impressive feedback as outlined below reflected the investment in educational pursuit in line the ACPGBI's objectives and engagement with the members and professional stakeholders in the middle of the pandemic.

Total registered delegates	867
Countries of origin of delegates excluding UK	18
Proportion of non-UK delegates	11%
Overall impression of the conference	45% Excellent/ 47% Good
Rate topics covered in the conference	50% Excellent/ 43% Good
Variety of speakers at the conference	48% Excellent/ 45% Good

EDUCATION & TRAINING COMMITTEE

Education and Training Report January – December 2021

The Education and Training (E&T) Committee is chaired by Miss Laura Hancock.

The highlight of 2021 for the Education and Training Committee was the Advanced Coloproctology Course which was held on May 13th and 14th. The pandemic had a devastating impact on Education and Training, and we faced the unprecedented challenges of adapting to virtual platforms when technology was rapidly evolving. This was balanced against the uncertainty of when restrictions would be lifted and face-to-face events would resume. We decided to look for a format that would stand out from what was becoming a crowded space of webinars and recorded conferences. This was leading to digital fatigue, corresponding with dwindling numbers in webinar attendance.

The loosening of restrictions allowed faculty to be co-located for the purposes of education. We felt that having the panel discussions, which are a hallmark of ACC, with face-to-face faculty would significantly improve the interaction and quality of the debate. Appreciating that two full days on online education in a webinar format would be challenging for the delegates, we were attracted by a live television format, which we were all already familiar with watching and processing. The vision for ACC in the context of the restrictions was to deliver a combination of live expert presentations, interactive face-to-face discussions and vivas hosted on a state-of-the-art digital platform that would allow voting and questions as if the online delegates were in the room. It would be recorded and accessible to our members who could not attend online. It would also have the added advantage of reaching a new audience for ACC, which is usually 80 delegates face to face. This includes UK clinicians who don't or can't attend the face-to-face event and reaching surgeons globally who don't usually have access to this type of educational content. Therefore, we sought the Executive's support to explore the exciting format of a live online event with faculty filmed in a television studio and streamed to the audience watching at home/work.

Having investigated available options, we found a company that was able to provide solutions to deliver the impactful event that we were looking for. SaySo Medical are a digital communications agency based in London with a CEO, Tim Cave. He is a qualified physician with 25 years of experience in the pharmaceutical industry delivering virtual global meetings. They have a track record in filmed medical events, host their interactive platform and are extremely impressive as a team whilst being competitively priced for this type of event. It was apparent, however, that it was significantly more expensive to deliver the course in the format we envisaged and that a calculated leap of faith was required.

Transformation of the course using this strategy brought new challenges, which were predominantly financial but also assembling faculty in London with all the uncertainty of the ongoing pandemic. We relied upon support from our industry partners, who were sceptical about the value of online events but shared our vision regarding the benefits of this approach to the colorectal clinical community whose training had been affected by COVID-19. We are hugely grateful for their support. However, the industry's support did not go all the way to covering the event's costs, and we had to decide whether to charge the delegates a fee to attend. Training and morale were low, this was the first course of its kind, and most courses and conferences were being run free of charge at the time. We believed this was a unique opportunity to demonstrate ACPGBI's commitment to education and showcase the flagship course to the largest possible audience. Doing so would raise the profile and membership of the ACPGBI. The Executive agreed to provide the necessary investment and make the course free to attend, accepting the potential risks.

The course took place in May, and the success exceeded our expectations. It was viewed live by 533 ACPGBI members and 463 non-members, with over 1000 delegates joining live or playing back on demand from 61 countries. Over 3000 poll votes were cast, with 91% of the online audience engaging with the course platform. The feedback was overwhelmingly positive and is summarised below. We are extremely proud of the success and impact of the course, which would not be possible without the outstanding faculty who were willing to give up their time (including a rehearsal day), the ACPGBI team, including Adele and Nicole, for their hard work and commitment, the Executive for sharing and supporting our vision and the help from industry, including SaySo. Our thanks go to everyone involved in the massive team effort. We have come a long way from the start of the pandemic and have produced a world-class educational resource accessible to all our members on our website as they need it. We are also pleased to say that the previous Crowne Plaza booking in Sheffield that had rolled over did not go to waste and was taken by the RSM for the Presidential Meeting in Sheffield. The final ACC budget is available through the Honorary Treasurer's accounts, but the indirect benefits of the course to ACPGBI cannot be underestimated. The next challenge is working out the best model for future ACCs considering cost, feedback and the changing landscape of healthcare post-pandemic.

This year we created the ACPGBI Trainer of the Year award to recognise exemplary trainers in coloproctology. Trainees nominated 17 trainers, and the nominations were marked by a panel of Executive members and the President of The Dukes' Club. The winner was Mr Philip Tozer from St Marks Hospital, and this was awarded at the annual meeting in Harrogate. Congratulations to Phil. We also had an international award in the light of the strong nominations, which went to Mr Ronnie Mathew in Singapore. The Trainee Coloproctologist of the Year went to Peter Vaughan Shaw following a competitive shortlisting and interview process. Congratulations to Peter.

Regarding other Education and Training Committee activities, 7 or the 8 ACPGBI-RCS fellowships in the scheme now have fellows in post. We plan to assess the success of these fellowships as they are completed. Discussions are ongoing regarding the Basic Coloproctology Course and taking this forward. We continue to support educational activity across all ACPGBI committees.

Summary of ACC 2021 feedback

Total registrations	1520
Unique viewers	996
Countries of viewers	61
Number of active delegates	911
Total poll votes cast	3364
Course objectives met	9.31/10
Technical arrangements	9.25/10

MULTIDISCIPLINARY CLINICAL COMMITTEE

Elected Members:
Michael Davies (Chair)
Martyn Evans
Michael Lim
Rick Saunders
Dermot Burke
Kai Leong
Subcommittee Chairs:
Sarah Mills: Colonoscopy
Tom Pinkney: IBD
Richard Guy: Emergency Surgery
Ian Jenkins: Advanced Malignancy
Tom Cecil: Peritoneal Malignancy
Dominic Slade: Abdominal Wall
Phil Tozer: Proctology
Jim Khan: Robotic Surgery
Carolynne Vaisey: Intestinal Failure
James Wheeler: Clinical Governance

MCC Committee:

I am completing the second year of a three-year term as the MCC Chair. Within this role, there have been many key activities:

A) Undertaking an active focus on increasing links with allied organisations, including NICE, NHSE and the Scottish NHS. As part of this, I have formulated a response from the ACPGBI Executive to a series of requests for consultation (since the last Trustees Report this has included:

1) ACPGBI Response to NICE request for Consultation regarding IP1184 - Transanal total mesorectal excision for rectal cancer – May 2021
2) Royal College of Surgeons: Diagnosis and management of gastrointestinal manifestations of vaccine-induced thrombosis & thrombocytopenia (VITT) syndrome – May 2021
3) Letter to Mr Simon Dean, Deputy Chief Executive NHS Wales - Highlighting Colonoscopy Training Issues in Wales including potential Endoscopy Academy Solution – May 2021
4) ACPGBI Response to NICE request for Consultation regarding NICE Colorectal Cancer Quality Standards – August 2021

B) Development of a new ACPGBI Guideline (with the British Society of Gastroenterology):

Faecal Immunochemical Testing (FIT) in patients with signs or symptoms of suspected colorectal cancer (CRC): A joint guideline from the Association of Coloproctology of Great Britain & Ireland (ACPGBI) and the British Society of Gastroenterology (BSG).

Following an approach to the ACPGBI Executive from one of the ACPGBI Members Mr Muti Abulafi (Consultant Colorectal Surgeon, Croydon), who was the Senior Author of the NICE FIT Study, I initiated a process to produce a four nations guideline on Symptomatic FIT testing. As part of this process, I set up a 21-member Multidisciplinary Guideline Development Group (including Colorectal Surgeons, Gastroenterologists, GPs, Radiologists, an Epidemiologist, a Biochemist, a Guideline Methodologist, a Colorectal Nurse Specialist, Research Fellows and Patient Representatives. I invited the British Society of Gastroenterology to nominate members to the GDG and worked to achieve joint sponsorship of the Guideline Development with BSG. This included inviting Dr Kevin Monahan (BSG) to Co-Chair the GDG.

The importance of this guideline is that Symptomatic FIT testing is a newer test that can identify patients with bowel symptoms at higher risk for Colorectal Cancer as a cause for symptoms. It can therefore be used in Primary Care to triage patients into those who require "Fast Track Referral" for investigation and into a lower risk group who can be monitored and reassessed in Primary Care. GFIT has been introduced in an ad-hoc way across the four nations during the Covid Pandemic to help rationalise referral. Four large population studies in the UK have confirmed the value of FIT, and there was an urgent need for a national guideline. In response to this urgent need, the GDG has undertaken a phenomenal effort to produce a robust, high-quality guideline in 12 months (May 2021-May 2022). This included a vast amount of work by 3 Research Fellows (Nigel D'Souza, Richard Booth and Rachel Carten under the supervision of Mr Muti Abulafi). They reviewed 13,500 published articles on the subject area. Sixty-one invited individuals from the four nations, including representatives from Colorectal Surgery, Gastroenterology, Radiology, Epidemiology, Biochemistry, Colorectal Nursing, Patient Representatives and Charities, participated in a 3 stage Delphi process and contributed to the content of the guideline. The recommendations have been placed on the ACPGBI and BSG websites as a "Rapid Communication" (after consultation with NICE and NHSE). The guideline is currently at an advanced stage of the publication process with GUT.

Future Plans for MCC:

1) Guidelines: Active role in Guideline Development Training, Selection and Development of ACPGBI Guidelines

2) Website: Development of Resources for the ACPGBI Website, including Guidelines and potentially Key Publication Reviews.

Subcommittees:

The Subcommittees have undertaken enormous activity over the last year, promoting Clinical Guidance and Education for the ACPGBI Membership. There has been the addition of a new Intestinal Failure Subcommittee chaired by Miss Carolynne Vaisey.

1) **Colonoscopy (Chair – Sarah Mills):**
   - Continuation of successful ACPGBI Colonoscopy webinar series
   - Collaboration with GIEQs on bespoke polypectomy course for surgical endoscopists
   - Engagement with NHS-E Endoscopy Academies National Steering Group (SM on group)
   - Collaboration with JAG on trainee endoscopy feedback dashboard WG (SM now appointed as JAG Training Lead)
   - Piloting of Immersion Fellowships (SW and London pilots)
   - Collaboration with industry and allied associations (KIngsLive Foundation/BSG etc.) on educational events/online content/training platform
   - Editorial on the future of surgical endoscopy (published Colorectal Disease)
   - Promotion of Consultant engagement with Colonoscopy TTT and upskilling/BCSP courses
   - Representation on PCCRC National pilot and NEDi2 rollout
   - Publication of the ACPGBI trainee survey- submitted
   - Development of committee website page with educational content/course promotion
   - Colonoscopy session at ACPGBI conference 2022

2) **Inflammatory Bowel Disease (Chair – Tom Pinkney):**
   - ACPGBI IBD Meeting Newcastle – 18th October 2021 – successful, well received and attended the national meeting. A 2022 meeting is planned for London in September 2022.
   - IBD Database (IBD-S / Amplitude): This has proved to be a significant problem. Due to difficulties with setting up across the UK and the inability of the database to recruit and deliver appropriate outcome data, despite significant input to Amplitude from Prof Steve Brown (President 2020-2021), Mr Justin Davies (Former Chair IBD Subcommittee) and Mr Tom Pinkney (Current Chair IBD Subcommittee). After a series of high-level discussions between ACPGBI and Amplitude without success and a review of the issues by the Executive and Council of the ACPGBI, there has been a regretful end to the Amplitude IBD database.
   - Mr Tom Pinkney is currently undertaking an active role in developing an alternative PROMS-based utility to replace the Amplitude Database. Importantly the data from the IBD Database, including the
   - Pouch Registry Database, has been received by ACPGBI from Amplitude and will be stored on the ACPGBI Cloud for future use.

   - Other Future Plans:
     - Help with new NCEPOD study on abdominal Crohn's surgery
     - Roll-out 2x newly funded HTA trials in Crohn's Ileocolonic surgery:
       - i) MEERKAT (2x2 study of resection/anastomosis technique)
       - ii) OCEAN (pre-operative EEN for 6/52 versus standard care)

3) **Emergency General Surgery (Chair: Richard Guy):**

Subspecialty Commitment to EGS Rota - UK Survey:
This "Snap Shot" audit was undertaken by the EGS Subcommittee to inform the ACPGBI Council and Executive regarding the current delivery of EGS across the UK, particularly regarding the input from Colorectal Surgeons. This received a response from 39 trusts which was felt to be a representative sample. Findings:

- The structure of delivery of EGS is very heterogeneous across the UK but is mainly delivered by Colorectal and UGI Surgeons. Colorectal Surgeons make up the majority.
- Larger Trusts may have simultaneous subspecialty commitment to the EGS rota, especially in larger units, but frequently subspecialties rotate to provide the EGS in smaller units
- The length of the on-call period varies between 4/3-day vs 7-day structures
- 35% of trusts have Emergency General Surgeons
- This summary concludes that there is genuine concern about an increasing trend to appoint more Colorectal Surgeons to expand EGS rotas with a significant reduction in the elective component to these posts. The ACPGBI needs to encourage further collaborative work with RCS, AUGIS and ASGBI to define the structure of EGS care across the UK and, in particular, work towards defining the role and training of EGS Surgeons. The President (Mr Peter Sagar) agreed to bring this to the attention of ASGBI and RCS.

Other EGS Subcommittee Activity:

- Educational Activity:
- Webinars: 2 successful webinars with live online voting have taken place, with a further one planned for June 2022. These have been well supported with very positive feedback
- KPIs in Emergency Colorectal Surgery- to be developed

4) **Advanced Colorectal Malignancy (Chair- Ian Jenkins):**

- "Watch & Wait" following Complete Clinical Response to Neoadjuvant Therapy for Rectal Cancer - document finalised and for submission for publication
- Delphi Exercise - Exenteration Training for a) Trainees b) Consultants - In progress
- MRI for Surgeons ACPGBI / Dukes' Club - Well received

5) **Peritoneal Disease (Chair – Tom Cecil):**

- Return to face-to-face annual UK meeting
- Finish curriculum development with Dukes club
- Complete CRS and HIPEC outcome papers from the National registry database
- Work with commissioners to develop a fourth centre in England
- Support the development of a Centre in Wales

6) **Abdominal Wall (Chair – Dominic Slade):**

ACPGBI Dukes Club Abdominal Wall Training Course – Successful Course undertaken at Dukes' Club Weekend with positive feedback. Plan to build on this to develop a national Abdominal Wall Training Course.

Future Plans:

- The rollout of a questionnaire on the closure of elective midline incisions using Dukes & ASiT
- Development of national faculty for abdominal wall reconstruction course in conjunction with British Hernia Society
- Delphi exercise for parastomal hernia (PSH) to help with PROPHER (N Smart)
- Global collaborative Delphi on PSH to create a consensus document on best practice

7) **Proctology (Chair – Phil Tozer):**

- Anal Fissure Guideline – Substantial work ongoing to Update this Guideline with High-Quality Methodology – submission for publication anticipated 2022
- Proctology training sessions in coordination with Dukes club – undertaken and well received.
- Joint statement on the importance of proctological disease– published Colorectal Disease 2022

Future Plans:

- Report on existing coding in proctology and suggest improvements
- Stimulate regional fistula MDTs
- Develop a proctology map, identifying trainers and practitioners across the deaneries

8) **Robotic Surgery (Chair – Jim Khan):**

- Development of a framework for proctors in robotic surgery
- Centralised accredited fellowships using ACP GBI platform for post-CCT trainees (Industry Supported Fellowships to be appointed: Intuitive (5), CMR (2).
- Development of educational material for the patients, trainees and surgeons using the website and social media
- Delphi on changes in surgical curriculum to include robotics

9) **Intestinal Failure (Chair – Carolynne Vaisey):**

- Commenced September 2021
- Has met twice to establish objectives

- Plans:
- Introduce standardised outcome measures for IF surgery
- Investigate the feasibility of a "faculty" of IF surgeons to enhance standards and training
- Establish formal training pathways for future specialist IF surgeons
- Revision of the ASGBI Booklet – Issues in Professional Practice Series The Surgical Management of Patients with Acute Intestinal Failure
  September 2010. G Carlson, K Gardiner, R McKee, J MacFie, C Vaizey

10) **Clinical Governance (Chair – James Wheeler)**

- Mr Jim Hill demitted from office after three years.
- Future Role of CGC to be defined by a committee with four new members

RESEARCH & AUDIT COMMITTEE

The Research and Audit Committee is currently chaired by Jim Tiernan, who took over from Austin Acheson in July 2020. Elected members consist of Jared Torkington, Andrew Beggs, Tom Pinkney, Frank McDermott and Sarah Duff; The ACPGBI/RCS Surgical Specialty Leads (SSLs) are Susan Moug and Dale Vimalachandran, supported by Associate SSLs Nick Heywood and Abigail Vallance; Ed Dickinson replaced Mohamed Rabie as the Duke's Club Representative; Gabby Thorpe is Nursing representative, and Sue Blackwell joined us as a patient representative, giving a total of 13 members. Andrew Beggs resigned during the year as he could not fulfil the required time commitment, and elections are currently underway for his replacement.

Putting Evidence into Practice

This virtual event brought together the authors of the two major haemorrhoid papers of the last decade, a trialist and the R&A panel. The aim was to discuss the nuance of designing a surgical trial, reasons for the choice of endpoints and reflections on what would have been done differently, particularly with modern era developments in PPI and dissemination since publication. It was attended by over 130 delegates from 18 countries and received excellent feedback.

The next event will examine minimally invasive rectal cancer resection trials and run jointly with The Dukes Club (provisionally booked for September 2022).

Harrogate 2021

The Research Plenary featured a talk by Paul Reynolds, Co-Chair of Bowel Research UK and bowel cancer survivor. He talked passionately about the recent charity merger of BDRF and BC&R and explained what the membership could do to help the charity.
We ran our inaugural Research MDT session, where an expert panel advised two research pitches, with great success: both studies are proceeding.
We updated the membership regarding recruiting trials, new and almost-closing, via submitted videos.

Upcoming Initiatives

The role of the R&A Committee has changed hugely since the charity merger, as we no longer administer a grants process directly. We don't feel we have genuinely defined this yet, but upcoming initiatives should further our progress:

- The Research Plenary in Edinburgh 2022 will include a live audience interaction event where we aim to define two ACPGBI studies to start work on.
- We plan to run further Research MDTs to support members getting their research projects off the ground.
- We shall engage heavily with BRUK to help promote awareness to the membership.

EXTERNAL AFFAIRS COMMITTEE

The role of the External Affairs Committee is to represent ACPGBI to professional bodies and the public, as well as to respond to events that impact its members. It is chaired by Shahab Siddiqi.

Web site & Members Database

The new website has been built and successfully launched. The feedback has been good, and changes have been made as needed. The website continues to attract a growing number of hits, and the Twitter account has over 5000 followers. The Chair is incredibly grateful to Nicole Taub and committee members.

Newsletter

This remains weekly and targeted to membership needs. The feedback has been good.

Independent Health Care Committee

The committee has highlighted issues in the independent sector, especially after recent high-profile cases and access to MDT.

International Affairs Committee

The function of this committee is to ensure that overseas fellows are appropriately placed. This committee also has oversight of the Trainee coloproctology award, which continues to attract a high standard of applications.

Attendance at other professional organisations

Members of the committee ensure regular attendance at council meetings with our sister organisations, such as the British Society of Gastroenterology, AUGIS and Association of Laparoscopic Surgeons, and the Royal Colleges. This networking allows the development of mutually beneficial plans. The Dukes' club chapter representatives have started holding sessions to encourage students and junior doctors into a surgical career. There was some slow down after COVID, but this is starting again.

EARLY YEARS CONSULTANT NETWORK (EYCN)

The EYCN is chaired by Katie Adams and supported by a team of enthusiastic committee members.

The EYCN was in the second year of operation in 2021. They held three webinars in the first year and started the pilot mentorship scheme. In the second year, four webinars and two face-to-face meetings were held besides completing the mentorship pilot.

The EYCN mentorship scheme has created a valuable interaction between newly started consultants and established consultants who have completed accredited mentorship training.

The EYCN plans a dedicated session in the future annual meetings and will continue with the regular webinars and face-to-face meetings and roll out the next tranche of the mentorship scheme.

EQUALITY, DIVERSITY AND INCLUSION (EDI) COMMITTEE

The Equality, diversity and inclusivity (EDI) sub-committee was formed in 2021 and is chaired by Kiran Altaf. The elected members are Aarti Kalyanaraman, Sreelakshmi Mallappa, Jim Khan and Evripidis Tokidis (trainee representative). The EDI committee have set an agenda which includes formal EDI training for the council members and plans to implement several measures which will reach out to sections of the profession at all levels and to our patients. Evripidis Tokidis has applied for a research fellowship on EDI in surgery with the Royal College of Surgeons, England.

PELVIC FLOOR SOCIETY

The Pelvic Floor Society (TPFS) was formed in 2012 and is an affiliate of ACPGBI.

The Executive Committee is currently made up of the following members: K. Telford (Chair 2020-2022), C. Vaizey (Chair in Waiting), J Cornish (Hon Sec), S. Siddiqi (Treasurer), W. Lai (Hon Membership Sec), M. Mercer-Jones (Chair Accreditation, Q&A), T. Dudding (Chair R&D), J. Randall (Chair Training), J. Grainger (External Affairs Officer), M. Chapman (ACPGBI Representative), K. Gorrisen (Programmes Committee Chair), L. Reza (Dukes Club Rep), K. Walsh (Physiotherapy Committee Chair), S. Fourie (Specialist Nurse Committee Chair), E. Jones (Clinical Scientist Committee Chair), S Squires (Patient Rep), D. Ziyaie (Chapter Rep Scotland), R. Griffiths (Chapter Rep Wales), R. McBride (Chapter Rep Ireland including NI), A. Farmer (BSG Rep).

The society is free to join, provided the healthcare professional is a member of their society or Association. Our membership numbers grow yearly, and we currently have over 390 members (compared to 251 in 2019). Approximately two-thirds of our members are consultants, mainly colorectal consultants, but we also have consultants from gastroenterology, gynaecology, urology, pain speciality and radiology. Allied health professionals (nurses, physiotherapists, and clinical scientists) form the second largest group within the society. All these members have voting rights within our society, creating an inclusive membership. We have approximately 20 non-voting members: trainees, overseas specialists and honorary members.

In November 2021, we held our annual conference in glorious Dundee, a well-attended face-to-face meeting with over 120 delegates with a gala dinner at St. Andrew's University. We are indebted to all the hard work done by Dorin Ziyaie, our local organiser. Before the conference, two cadaveric courses were held in Dundee- The Dundee Rectal Prolapse Surgical Management Cadaveric course and a Sacral Nerve Stimulation Study Day. Both courses were well attended by

peri-CCT higher colorectal trainees or early years consultants. In addition, we hosted two very successful workshops, the Endoanal Ultrasound Workshop and a Pelvic Floor workshop for our Allied Health Professionals members. At our AGM, our members voted in favour of amendments to our constitution and by-laws creating new positions on the Executive committee. Replacing the AHP Committee Chair, we now have three additional positions - Physiotherapy, Clinical Nurse Specialist and Clinical Scientist Committee Chairs.

TPFS also works closely with NHSE and NHS Digital (NHSD) through the Pelvic Floor Health Oversight Group. Nine Mesh Centres have opened in England, and although the surgery for complications after mesh rectopexy was not included in the Specialist Mesh Centres Service Specification, we are working closely with NHSE for their inclusion. In addition, we are hopeful and excited about the potential future development of a mandatory NHS pelvic floor database – to capture data for all procedures in the treatment of SUI, POP and Rectal Prolapse, including the collection of data for procedures requiring mesh implantation and explantation. It is anticipated that this surgical database will incorporate PROMs and link to HES data and MHRA, building information and knowledge about outcomes and side effects from PF surgical treatments. NHSD is from 2022 collecting data from all healthcare organisations for some of the pelvic floor procedures, and we encourage our surgical members to engage with this process.

Our treasurer has reported an adequate balance from now on into 2022, with a balance of over 120k, and we continue to financially support courses and education, including our modular courses: Cardiff Current Concept in Pelvic Floor Management; Dundee Rectal Prolapse Surgical Management Cadaveric course and Sacral Nerve Stimulation Study Day.

Finally, TPFS introduced Unit Accreditation four years ago, a process of voluntary submission of evidence from Pelvic Floor MDTs to identify units that provide high-quality care for patients with pelvic floor disorders. The committee recently agreed that any PF unit awarded unit accreditation will receive TPFS approval for their clinical fellowship. So far, nine sites in the UK have successfully achieved Unit Accreditations, with an additional two units preparing for submission and two preparing for re-accreditation. TPFS encourages all units to submit data to this peer review process. Accreditation details and how to apply are available on our website.

ASSOCIATION OF COLOPROCTOLOGY NURSES (ACPN)

The Association of Coloproctology Nurses currently has 88 active and 12 Committee members, with Committee vacancies for North West Thames, South West, West Midlands and Scotland. No members have stepped down from the committee this year, and we have welcomed a new Committee member Lisa Gibb (Wirrall). Current Committee members are Gabrielle Thorpe (Chair), Jay Bradbury, Jane (Alison) Turner, Nichola Richards, Samantha Seeker, Carol Katte, Julie Lane, Debbie Cottrell, Jane McCulloch, Oonagh Staunton, Tracey Becker, and Lisa Gibb. The ACPGBI confirmed in 21/22 that the subscription fee for ACPN members would remain at £25 per annum and that they would continue to offer 50 free places at the Annual Meeting per year for ACPN members. The ACPN are incredibly grateful for this generous concession for its members, which is likely to contribute to the increase in ACPN membership in 2021/2.

Due to the ongoing impact of the Covid-19 pandemic, the Annual General Meeting of the ACPGBI took place as a hybrid event in Harrogate from 5th to 7th July 2021, with speakers attending in person and delegates attending online. At the ACPN AGM, members of the committee currently holding key positions were voted in by the members, with Gabrielle Thorpe as Chair and ACPN representative on the Research & Audit Committee and Carol Katte as ACPN representative on the Multidisciplinary Clinical Committee. There remains no Deputy Chair in position and no ACPN representation on the Education Committee or the External Affairs Committee. Gabrielle Thorpe has agreed to remain as Chair for a further year in the hope that a Deputy Chair will step forward in this time to take over from July 2023. The ACPN plenary session centred on the theme of the microbiome in coloproctology, with four excellent presentations from Professor Andrew Beggs, who gave the Edward Salt Lecture on 'Faecal microbiota transplantation in inflammatory bowel disease', Mr James Kinross on 'The role of colonic microbiota in colorectal cancer', Professor Dean Harris on 'What happens to the colonic microbiome in the defunctioned bowel?' and Duncan Cunninghame of The Insides Company on 'The Insides System for chyme reinfusion'. Two short oral presentations were delivered as part of the AGM session, which was followed by the ACPN Workshop on Motivational Interviewing, delivered by Dr Gabrielle Thorpe (Chair). All sessions were well attended online.

We have progressed with our plan to establish nurse membership on the ACPGBI clinical subcommittees through open competition among ACPN members by coming to a joint arrangement with the Gastrointestinal Nursing journal, which allows ACPN members to gain a 25% discount on subscription and provides an opportunity to promote the work of the group. ACPN has now had two papers published in GI Nursing, the first providing an overview of the work of the group and benefits of membership; the second providing an overview of the ACPN representative on the Colonoscopy Clinical Sub Committee, written by Maria Pettman, who currently provides nurse representation on this group.

Having now promoted the work of ACPNs more widely, open competition for nurse representation on the ACPGBI clinical subcommittees will commence after the annual meeting, with ACPN members invited to apply with their CV and a supporting covering letter.

DUKES' CLUB

The Dukes' Club is the body representing trainees in coloproctology within the UK. It is run and supported by trainees in registered UK training programmes. The Dukes' Club President for 2021/22 is Panchali Sharmah, supported by a wider executive committee. Members of the Dukes' Club are all subscribing Associate members of ACPGBI. Dukes' has continued to receive its own sponsorship from the industry to facilitate running its annual educational weekend.

The Dukes' Club is the official training arm of the Association of Coloproctology of Great Britain and Ireland. The society is run by elected colorectal surgery trainees to represent the views of trainees across the UK and Ireland on education and training. The Dukes' Club committee is currently led by Miss Panchali Sharmah, with Mr Peter Vaughan-Shaw as the immediate past president (2020/21). Mr Mohamed Rabie is the president-in-waiting with a wider executive committee and a number of regional representatives to ensure full representation and dissemination across the UK and Ireland.

As the official training arm of the Association of Coloproctology of Great Britain and Ireland, we believe that The Dukes' Club has strongly supported and represented trainees throughout the year. Here, we review our activities during 2021.

Dukes' COVID-19 Taskforce

The Dukes' COVID-19 Taskforce was set up in March 2020. This task force has worked alongside ASiT and ACPGBI in representing colorectal trainee views on a range of training issues, including progression of training, FRCS examinations, ARCPs and CCT competencies. Our key priorities during the first wave of COVID-19 were to support colorectal surgery trainees to continue delivering high-quality emergency and elective services and to maintain trainee well-being. Our outcomes have included publications as part of the COVID-STAR Collaborative and the production of well-being-focused podcasts. We continue to support trainees as the pandemic continues.

Dukes' Educational Strategy

Throughout the year, we worked hard to deliver high-quality educational content.

Colorectal classrooms

We launched our 'Colorectal Classroom' series in late 2020 and delivered regular, well-received virtual classrooms during 2021, including: 'haemorrhoids', 'Updates in Emergency surgery', 'Critical appraisal', The open abdomen', 'Updates in IBD', 'FRCS preparation', 'Colorectal careers'. Feedback was highly positive, with 95% of attendees rating events as good or very good.

Fundamentals of Colorectal Surgery video series

We published our first instructional operative video illustrating an end-to-end sutured bowel anastomosis on the Colorectal Disease YouTube channel. We have recently completed a TME and laparoscopic right hemicolectomy video, which we are preparing for imminent submission. We thank our consultant trainers for allowing us to record and submit these videos.

Live at St. Mark's

We have delivered a small number of live operating sessions recorded at St. Mark's hospital and in collaboration with Proximie. We are excited by this mode of surgical education and look forward to developing this as a stable platform for delivering remote operative exposure.

ACPGBI conference Dukes' Programme

In July, the Dukes' Club enjoyed a successful and integrated programme at the ACPGBI conference. In addition to our live Schwartz Round (see below), we had a fascinating session on colonoscopy training, with key figures from JAG and surgical training from across the UK. We are grateful to Miss Boyle, who delivered a stunning and thought-provoking lecture for this year's Dukes' keynote lecture titled 'Compassion in Surgical Training.'

Dukes' Educational Weekend

The Dukes' Club annual education weekend returned to a face-to-face format, with a selection of courses and lectures across the 3rd, 4th and 5th of September in the Nottingham Marriott. We also delivered a hybrid virtual event to increase our reach and audience, providing free virtual access to our Saturday programme. We had three ambitious simulation courses on Friday, including advanced laparoscopic skills, TME and abdominal wall reconstruction. On Saturday, we delivered a jam-packed schedule of stimulating and controversial topics. We were delighted that over 20 consultants gave up their time to come and speak. Over 60 trainees were in attendance in person, with over 300 attendees from all over the world signing in virtually. We are hugely grateful to our brilliant speakers, generous sponsors, and ACPGBI for their support in delivering this fantastic event.

Dukes' Research Strategy

The Dukes' Club Research Collaborative published its first study - CLOSE-IT, in Colorectal Disease in 2021. The collaborative continues to support other national projects, including Damascus and IMPACT.

Colonoscopy Training

We are delighted that the new UK General Surgical curriculum now includes an indicative requirement of 200 diagnostic colonoscopies for surgical trainees who have declared colorectal as their subspecialty interest is now active. We are proud of the joint Dukes' / ACPGBI Colonoscopy statement relating to endoscopy training that has now been published in the Colorectal Disease journal.

Professional Development

The Dukes' Club is dedicated to the professional development of senior colorectal trainees. We delivered a webinar on colorectal careers and Schwartz Round exploring EDI challenges and surgical training.

EDI

We are proud of the diversity within our executive committee, regional representatives and membership. This year we delivered "A Celebration of Women in Colorectal Surgery" to celebrate the 30th anniversary year of the Women in Surgery network. We showcased over 30 nominations from across the globe of innovative, inspiring and influential female colorectal surgeons. The campaign was brilliantly received, creating a huge up-rise in Dukes' website clicks and Twitter impressions. We also delivered a fully anonymised executive committee and regional representative vote, which encouraged a wider range of applications from across the UK and Ireland and published a new set of Dukes' Club EDI guidelines. We have played an active role within the ACPGBI EDI Taskforce, taking part in webinars, co-chairing regional workshops and delivering an EDI-focused Schwartz Round at the ACPGBI Annual Meeting in Harrogate (see above). We continue to be actively involved with the ACPGBI EDI Steering Committee.

Industry Partnership

Our platinum industry sponsor during 2021 has been Ethicon. Our expansion in the portfolio has been generously supported by a number of industry partners, including Ethicon, 3M, Cook Medical and Gore. We have strengthened our relationships with all industry partners over the last 12 months, which has enabled us to provide a range of high-quality teaching and educational opportunities to our membership.

Future Plans

Overall, we have enjoyed a very successful year despite continuing disruption due to the pandemic. We continue to see a significant expansion of our membership alongside our portfolio activities on a regional and national scale. We will continue to build on our successes over the last 12 months to deliver high-quality, innovative educational and research opportunities to our membership. We hope to contribute to the ACPGBI Annual Meeting in Edinburgh in July and our face-to-face residential course in September 2022.

THE JOURNAL- COLORECTAL DISEASE

Colorectal disease journal continued to perform well in 2021. Elisa Pappalarado took over as Wiley's Senior Journal Publishing Manager in September 2021.

Total revenues for 2021 were £451,276, of which non-subscription revenue was £193,062. The total shared profit was £ 265,285, with a net royalty payable to ACPGBI of £ 132,643. This value was 3% up from 2020 figures.

The journal is officially recognised by Index Medicus and is listed on Medline. The journal's 2-year Impact Factor stands at 3.778 for 2021-22, an increase from the previous year highlighted on the journal's web page.

Neil Smart's editorship was renewed for a further 3-year term. Affiliation with the Greek Society of Coloproctology was formalised and signed this year. This affiliation will enable the Greek society's membership to access the journal at a subsidised rate.

FINANCIAL REVIEW

Financial results 1st January to 31st December 2021

The income to ACPGBI was primarily from direct membership subscriptions and from the Annual General Meeting. Additionally, ACPGBI received a small amount of interest on deposited reserves. Additional income was derived from the Pelvic Floor Society and the Dukes' Club. ACPGBI also received revenue from a profit share arrangement with Wiley, the publisher of the journal Colorectal Disease. The Trustees are confident that all tax liabilities have been recognised and administered.

Expenditure relates to the running costs of the Association, the expenses of running the Annual Meeting and the cost of providing Colorectal Disease to Ordinary Surgical Members and wages and salaries.

Total income from all sources for the year ending 31st December 2021 was £778,443. The total expenditure in the year ending 31st December 2021 was £623,502. The net income in the year ending 31st December 2021 was £159,941. The total funds on 31st December 2021 in all bank accounts held by the Association were £969,808.

Risk analysis

ACPGBI recognises the financial risks inherent with the funding of the annual meeting. The annual meeting's financial success depends on the number of delegate registrations, exhibition income and sponsorship, which may vary from year to year.

Currently, the estimated funds required for hosting an Annual Meeting are in the region of £450,000. For this reason, the ACPGBI retains funds of over £450,000 to cover the costs of an Annual Meeting, which may fail due to factors outside the Association's control. Although ACPGBI takes out routine insurance in this respect, including anti-terrorism cover, this would not protect against the general financial reserves and running costs of ACPGBI. In the current pandemic environment, no insurance policy will cover the loss of capital or revenue from a cancellation or disruption due to a pandemic. The incorporation of ACPGBI has removed the personal financial risk born by the Trustees

.

The adoption of virtual meeting platforms enabled the Association to run the annual meeting and other educational events in the pandemic environment, albeit at a considerable additional expense. The registrations in all events were appreciable and substantial and were worth all the extra effort to organise these events.

We have noticed a reduced appetite for sponsoring online virtual events by the industry. The changes in the post-pandemic landscape that affect meetings and events will be closely monitored, and appropriate measures will be adopted to mitigate the loss of revenue from such matters.

Launching the new ACPGBI website and subscription platform will enable faster subscription and timely renewal of membership to the benefit of the members and the Association.

Investment Policy

Whilst building up the capital reserve, the investment policy of ACPGBI remains to maintain the current accounts at zero at the end of each working day with automatic transfer of any reserves through the business reserve account for the two main accounts, namely the general account and the annual meeting account. The policy has been to keep the Association's resources in risk-free accounts rather than invest in other ways, which might bring a higher rate of return, but would carry a risk which could result in a loss of capital and jeopardise both the charity's funds and the Trustees.

For these reasons, ACPGBI chose to incorporate as a charity so that any financial risk would be removed from the Trustees and become the responsibility of a company limited by guarantee.

ACPGBI is incorporated as a charity, and appropriate funds can now be disbursed without personal financial risk to its Trustees.

However, it was evident that over the years, the Association has accumulated surplus cash balances in these two accounts totalling about 800-1000K. The current nominal interest rate earned by the two accounts is 0.01%, which is well below prevailing inflation rates. The rising inflation will exaggerate the depreciation and loss of value in such accounts. The net loss over successive years perpetrates a substantial loss of value for the accumulated capital. This net loss is a substandard and unacceptable value to the members' subscriptions and does not stand in good stead for the Association's long-term worth. Depreciation of the reserve cash reduces the capacity of the Association to weather the losses in challenging times such as those imposed by the Covid-19 pandemic.

The Honorary Treasurer proposed a framework to mitigate the current depreciation of the Association's surplus cash reserves. Initial enquiries led to a series of deliberations which revealed how similar professional associations manage their excess funds. The case for safe investment of surplus funds was discussed in the ACPGBI executive meeting on 20/09/2021. With the concurrence of the Executive and the Trustees, an effort to explore safe investment by a team of Trustees is now ongoing. The outcome will be elucidated in the next financial year.

FUTURE FINANCIAL STRATEGY

The plans, priorities and actions for the next 12 months are outlined below under principal strategic themes.

Operations

- Balance income and outgoings within the principal business account
- Fund future initiatives based on the annual strategy plan using profits from the annual meeting and the agreed capital allocation
- Maintain cost centres for identified entities (ACC, EYCN, EDI) to make them self sufficient
- Ensure profitability and sustainability of our organisation's events

Revenue stream

- Retain current membership base
- Attract new members through reduced subscription rates for the first year
- Offer membership benefits, offers and discounts with industry partnership
- Make it expensive for non-members to attend the annual meeting. It will be cheaper to become a member of ACPGBI

Investments

- Finalise investment strategy with trustees and protect cash reserve from inflationary loss

Funding fellowships

- Continue to fund two Dukes' Club travelling fellowships
- Continue to fund the South African Fellow together with the American, Australasian and European Fellows (there is a reciprocal arrangement with the Americans and Australasians)
- Continue to fund the 8 ACPGBI/RCS badged fellowships
- Finalise new fellowship sponsorship/partnership funding with respective committees, e.g. robotic surgery

Regional activity and initiatives

- Continue limited (max £1,000 per year) funding to facilitate Chapters to run meetings during the year
- Audit chapter bank accounts

Annual meeting

- Continue to provide 50 free places at the annual meeting to nurse members
- Continue to allow medical students free registration for the Annual Meeting and reimburse their travelling expenses if they are presenting at the conference, but not their accommodation costs

Industry partnership

- Meet key players to discuss and plan collaboration details

Colorectal disease

- Colorectal Disease strategy and financial planning meeting with Wiley

Staff

- Provide annual appraisal and salary scale review for our staff
- Explore restructuring staff activities and job configuration to support our organisation's functioning to improve outcomes, satisfaction and cost-effectiveness

TRUSTEES RESPONSIBILITIES

The Board of Trustees were set up to add oversight to the governance of ACPGBI, separate from the Executive.

The trustees (who are also directors of The Association of Coloproctology of Great Britain and Ireland for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year, which give an accurate and fair view of the charitable company's state of affairs and the incoming resources and application of resources, including the income and expenditure of the charitable company for that period. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charities SORP.
- Make judgements and estimates that are reasonable and prudent.
- State whether UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on a going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

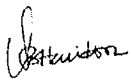
The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps to prevent and detect fraud and other irregularities.

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware; and
- The trustees have taken all steps they ought to have taken to make themselves aware of any relevant audit information and establish that the auditor is aware of that information.

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

Approved by the Trustees and signed on their behalf by



Athur Harikrishnan
Honorary Treasurer
Association of Coloproctology of Great Britain and Ireland

Dated 30.06.2022

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND (COMPANY LIMITED BY GUARANTEE)

INDEPENDENT AUDITORS' REPORT TO THE TRUSTEES YEAR ENDED 31 DECEMBER 2021

Opinion

We have audited the financial statements of The Association of Coloproctology of Great Britain and Ireland (the charitable company) for the year ended 31 December 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

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

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2020 and of its incoming resources and application of resources, including the charitable company's income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- the financial statements have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.
-

Other information

The trustees are responsible for the other information contained within the annual report.The other information comprises the information included in the annual report, other than the financial statements and our Report of the Independent Auditors thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

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

We have nothing to report in this regard.

INDEPENDENT AUDITORS' REPORT TO THE TRUSTEES (Continued)
YEAR ENDED 31 DECEMBER 2021

Opinion on other matters prescribed by the Companies Act 2006

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

- the information given in the Report of the Trustees for the financial year for which the financial statements are prepared is consistent with the financial statements; and
-
- the Report of the Trustees has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Report of the Trustees.

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the company or returns adequate for our audit have not been received from associations not visited by us; or
- the company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

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

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

Our responsibilities for the audit of the financial statements

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

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

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Mr Keith Adrian Ford (Senior Statutory Auditor)
For and on behalf of Ford Bentall LLP
Statutory Auditor
60 High Street
Chobham
Surrey
GU24 8AA

Dated: 30th June. 2022

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE – REGISTRATION NUMBER 05962281)

STATEMENT OF FINANCIAL ACTIVITIES (INCOME AND EXPENDITURE ACCOUNT) YEAR ENDED 31 DECEMBER 2021

	Note	Unrestricted Funds Year to 31 Dec 21 £	Restricted Funds Year to 31 Dec 21 £	Total Funds Year to 31 Dec 21 £	as restated Total Funds Year to 31 Dec 20 £
INCOME AND ENDOWMENTS FROM					
Donations and legacies	3	-	-	-	65,157
Charitable activities	6				
Education		135,429	-	135,429	52,764
Provision of publication		132,643	-	132,643	128,343
Annual General Meeting		218,833	-	218,833	61,059
Other trading activities	4	291,444	-	291,444	274,859
Investment income	5	94	-	94	904
TOTAL INCOME		778,443	-	778,443	583,086
EXPENDITURE ON					
Raising funds	7	-	-	-	-
Charitable activities:					
Bursaries	7		-	-	
Education	7	115,981	-	115,981	90,805
Provision of publications	7	59,526	-	59,246	59,248
Annual General Meeting	7	268,092	-	268,092	189,288
Governance costs	7	180,183	-	180,183	164,181
BDRF net		-		-	155,417
TOTAL EXPENDITURE	7	623,502	-	623,502	655,939
NET INCOME/(EXPENDITURE)		154,941	-	154941	(72,853)
Subsidiary demerger	14	-	-	-	(273,833)
Net Movement in funds		154,941	-	154,941	(346,686)
RECONCILIATION OF FUNDS					
Total funds brought forward		1,227,745	8,532	1,236,277	1,582,963
Total funds carried forward		1,382,686	8,532	1,391,218	1,236,277

The statement of financial activities includes all gains and losses recognised in the year.

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE – REGISTRATION NUMBER 05962281)

BALANCE SHEET

YEAR ENDED 31 DECEMBER 2021

	Note	2021 £	2021 £	as restated 2020 £	as restated 2020 £
FIXED ASSETS					
Intangible assets	**11a**		**54,802**		5,040
Tangible assets	**11b**		**1,493**		1,640
			56,295		6,680
CURRENT ASSETS					
Stocks		**479**		479	
Debtors	**12**	**505,428**		339,613	
Cash at bank		**969,808**		982,949	
		1,475,715		1,323,041	
CREDITORS:					
Amounts falling due within one year	**13**	**(140,792)**		(93,444)	
NET CURRENT ASSETS			**1,334,923**		1,229,597
TOTAL ASSETS LESS CURRENT LIABILITIES			**1,391,218**		1,236,277
NET ASSETS			**1,391,218**		1,236,277
FUNDS					
Unrestricted			**1,382,686**		1,227,745
Restricted	**15**		**8,532**		8,532
TOTAL FUNDS			**1,391,218**		1,236,277

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small charitable Companies.

These accounts were approved by the members of the committee and authorised for issue on 30 June 2022 and are signed on their behalf by:

.....
Mr P Sagar
President
Association of Coloproctology of Great Britain and Ireland

Company Registration Number: 05962281

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE – REGISTRATION NUMBER 05962281)

CASH FLOW STATEMENT

YEAR ENDED 31 DECEMBER 2021

	2021 £	as restated 2020 £
Cash flows from operating activities		
Cash generated from operations	**46,643**	(75,431)
Interest Paid	**-**	-
Net cash provided by (used in) operating activities	**46,643**	(75,431)
Net cash provided by (used in) investing activities		
Purchase of fixed assets	**(59,784)**	(449)
Change in cash and cash equivalents in the reporting period	**(13,141)**	(75,880)
Cash and cash equivalents at The beginning of the reporting period	**982,949**	1,058,829
	969,808	982,949

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

	2021 £	as restated 2020 £
Net income for the reporting period (as per the statement of financial activities)	**154,941**	22,567
Adjustments for:		
Depreciation charges	**7,649**	3,509
Loss on asset disposal	**2,520**	-
Current assets less current liabilities:		
Decrease / (increase) in debtors	**(165,815)**	(104,234)
Increase / (decrease) in creditors	**47,348**	2,727
	46,643	(75,431)

NOTES TO THE ACCOUNTS

YEAR ENDED 31 DECEMBER 2021

1. ACCOUNTING POLICIES

Basis of preparing the financial statements
The financial statements of the Charitable group, 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 Companies Act 2006. The financial statements have been prepared under the historical cost convention.

The charitable company was incorporated in England. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £10 per member. The address of the registered office and nature of the charity's operations are disclosed in the Trustees annual report.

Preparation of the accounts on a going concern basis
The trustees have considered the future trading of the Charitable company and have prepared forecasts for a period of twelve months from the date of these financial statements. They have a reasonable expectation that the Charitable company can continue to meet its liabilities as they fall due. On this basis, the trustees consider it appropriate to prepare the financial statements on the going concern basis despite the current economic difficulties.

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.

Legacies
Legacies are recognised when the charity is advised by the personal representatives of an estate that payment will be made or property transferred and the amount involved can be quantified.

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.

Fund accounting
Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.
Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or when funds are raised for a specific purpose. The aim and use of each restricted fund is set out in the notes to the financial statements.

Allocation and apportionment of costs
Expenditure is allocated to the relevant activity categories on a basis that is consistent with the use of that resource.

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2021

1. ACCOUNTING POLICIES CONTINUED

- Costs of generating funds includes all cost relating to activities where the primary aim is to raise funds.
- Charitable activities includes all costs relating to activities where the primary aim is part of the objects of the Charity
- Governance costs includes audit fees, travel and meeting costs and legal and professional costs.

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

Taxation
The charity is exempt from corporation tax on its charitable activities

Fixed assets
All fixed assets are initially recorded at cost.

Depreciation
Depreciation is calculated so as to write off the cost of an asset, less its estimated residual value, over the useful economic life of that asset as follows:

Computer equipment	-	25% reducing balance
Office equipment	-	15% reducing balance
Exhibition stand	-	15% reducing balance
Chain of Office & Medal Dies	-	20% straight line

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

Pension costs and other post retirement benefits
The charitable parent company and its subsidiary participate in the Superannuation Arrangements of the University of London (SAUL), which is a defined benefit scheme. The scheme is contracted out of the State Earnings-Related Pension scheme. The scheme is valued formally every three years by professionally qualified and independent actuaries. Reviews of the scheme's positions are carried out in between valuations. The actuarial valuation applies to SAUL as a whole and does not identify surpluses or deficits applicable to individual employers. The charitable company therefore accounts its participation in SAUL as if it were a defined contribution scheme and pension costs are based on amounts actually paid (i.e. cash amounts) in accordance with paragraphs 28.11 of FRS 102.

Debtors
Debtors are recognised at the settlement amount due after any trade discounts offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

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

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

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2021

2. PRIOR YEAR RESTATEMENT

The prior year restatement is required because Group accounts are not applicable for the year ended 31 December 2021.
The Company ceased to own its subsidiary (BDRF) on 12 June 2020 and the restatement provides an accurate comparison of the Charities activities between the two years.

3. DONATIONS AND LEGACIES

	2021	2020
	£	£
Donations (from trusts, events, private companies, individuals, etc)	-	65,157
	-	65,157

4. OTHER TRADING ACTIVITIES

	2021	2020
	£	£
Subscriptions	291,444	274,859
	291,444	274,859

5. INVESTMENT INCOME

	2021	2020
	£	£
Bank interest receivable	**94**	904
	94	904

6. INCOME FROM CHARITABLE ACTIVITIES

	Activity	2021	2020
		£	£
Pelvic Floor Society	Education	**42,023**	5,500
Coloproctology motorway course	Education	**-**	650
Dukes' Club	Education	**58,000**	29,189
Other meetings	Education	**35,406**	2,425
Ileal Pouch	Education	**-**	15,000
Publication Income	Provision of Colorectal journal	**132,643**	128,343
Annual General Meeting	Annual General Meeting	**218,833**	61,059
		486,905	242,166

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2021

7. TOTAL EXPENDITURE

FUNDRAISING AND CHARITABLE ACTIVITIES

	Raising Funds	Bursaries	Education	Provision of publications	Annual meeting	Governance costs	Total Funds Dec 2021	Total Funds Dec 2020
	£	£	£	£	£	£	£	£
AGM and other meetings	-	-	-	-	268,092	-	268,092	189,288
Travel fellowship	-	-	14,850	-	-	-	14,850	6,832
Other meetings	-	-	5,762	-	-	-	5,762	7,621
Pelvic Floor Society	-	-	32,657	-	-	-	32,657	10,857
Subscription to colorectal disease	-	-	-	59,526	-	-	59,526	59.248
Surgical Specialty Lead	-	-	7,134	-	-	-	7,134	5,027
Bowel Research UK	-	-	15,000	-	-	-	15,000	30,249
Coloproctology motorway course	-	-	-	-	-	-	-	6,232
Dukes' Club	-	-	39,298	-	-	-	39,298	19,534
Chapter meetings	-	-	1,000	-	-	-	1,000	1,543
Sub total	-	-	115,981	59,246	268,092	-	443,319	336,341
SUPPORT COSTS								
Management	-	-	-	-	-	89,084	89,084	147,062
Meetings and travel costs	-	-	-	-	-	11,376	11,376	11,389
Information Technology	-	-	-	-	-	5,179	5,179	10,857
Administration services	-	-	-	-	-	15,330	15,330	114,165
Finance	-	-	-	-	-	984	984	1,187
Accountancy & audit fees	-	-		-	-	14,125	14,125	15,252
Legal & professional	-	-	-	-	-	15,706	15,706	8,373
Other costs	-	-	-	-	-	28,399	28,399	11,223
Sub total	-	-	-	-	-	180,183	180,183	319,508
TOTAL RESOURCES EXPENDED	-	-	115,981	59,246	268,092	180,183	623,502	655,939

Support costs have been directly attributed to activities where it has been possible to do so.

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2021

8. GRANTS PAYABLE TO INSTITUTIONS

	2021	2020
	£	£
:		
Bowel Research UK	**15,000**	30,249
	-	-

9. NET INCOMING/ (OUTGOING) RESOURCES

Net resources are stated after charging/(crediting)	2021	2020
	£	£
Auditors remuneration	**11,625**	12,752
Auditors remuneration for non-audit work	**2,500**	2,500
Depreciation – owned assets	**7,649**	3,509
Loss on asset disposal	**2,520**	-

10. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 December 2021 nor the year ended 31 December 2020.

	2021	2020
	£	£
Trustees' expenses	**2,340**	1,669

During the year 6 (2020:5) trustees received reimbursed expenses for travel costs to trustees meetings.

11. STAFF COSTS

	2021	2020
	£	£
Wages and salaries	**73,329**	79,911
Social security costs	**3,840**	5,127
Pension costs	**11,915**	12,273
	89,084	97,311

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

	2021	2020
Fundraising and administration	**2**	5

The key management for the charities comprise of the Trustees, CEO, and co-ordinators.

There were no employees whose annual remuneration was £60,000 or more.

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2021

11a. INTANGIBLE FIXED ASSETS

	Software & Website £
COST	
At 1 Jan 2021	12,600
Addition	59,784
Disposal	(12,600)
At 31 Dec 2021	59,784
DEPRECIATION	
At 1 Jan 2021	7,560
Charge for the year	7,502
Disposal	(10,080)
At 31 Dec 2021	4,982
NET BOOK VALUE	
AT 31 DEC 2021	**54,802**
AT 31 DEC 2020	5,040

11b. TANGIBLE FIXED ASSETS

	Office Equipment £	Computer equipment £	Office & medal dies £	Total £
COST				
At 31 Dec 2021	2,329	889	4,064	7,282
DEPRECIATION				
At 1 Jan 2021	2,070	456	3,116	5,642
Charge for the year	37	108	-	147
At 31 Dec 2021	2,107	564	3,116	5,789
NET BOOK VALUE				
AT 31 DEC 2021	**222**	**325**	**948**	**1,493**
AT 31 DEC 2020	259	433	948	1,640
(b) CHARITY NET BOOK VALUE				
AT 31 DEC 2021	**220**	**325**	**948**	**1,493**
AT 31 DEC 2020	259	433	948	1,640

12. DEBTORS: Amounts falling due within one year

	2021	2020
	£	£
AGM 2024 & 2025 Prepaid expenses	**53,966**	15,831
AGM 2023 & 2024 Prepaid expenses	**21,177**	15,831
AGM 2022 Prepaid expenses	**231,402**	33,561
AGM 2021 Prepaid expenses	**-**	73,179
Trade debtors	**24,776**	6,583
Prepayments and accrued income	**41,464**	82,116
Other debtors	**132,643**	128,343
	505,428	339,613

13. CREDITORS: Amounts falling due within one year

	2021	2020
	£	£
Deferred income	**25,512**	31,898
Accruals	**26,358**	43,404
Trade creditors	**73,847**	7,189
Other taxation	**15,075**	10,953
	140,792	93,444

14. SUBSIDIARY COMPANY

The ACPGBI had a wholly owned subsidiary known as the Bowel Disease Research Foundation (BDRF).

From 12 June 2020, BDRF ceased to be a subsidiary member of ACPGBI, a company limited by guarantee (company number 06309182) and is registered with the Charity Commission (registered charity number 1120460).

The objects of the BDRF are:-

- The relief of patients suffering from bowel disease
- The promotion of research into causes, prevention and treatment of diseases of the ileum, colon and rectum.
- The advancement of study of biological and clinical problems and research, education and treatment.
- The promotion and advancement of education of the general public relating to bowel disease.

In the period to 12 June 2020, the unconsolidated results of the BDRF were total income of £75,116, total expenditure of £170,537,with net expenditure of £95,421. The BDRF reserves of £273,833 were taken out of the Group accounts as at 12 June 2020, as a result of the demerger

The unaudited BDRF accounts for the period to 12 June 2020 have been consolidated on a line by line basis in the accounts.

The BDRF figures for the year ended 31 December 2020 have been removed where possible to provide comparative results for the Association.

15. RESTRICTED FUNDS

	Balance at 1 Jan 2021	Incoming resources	Resources expended	Transfers between funds	Balance at 31 Dec 2021
	£	£	£	£	£
Laparoscopic Colorectal Surgery	7,532	-	-	-	7,532
Bursaries					
Scottish Chapter	1,000	-	-	-	1,000
	8532	**-**	**-**	**-**	**8,532**

During 2008, Covidien provided an educational grant of £25,000 to provide travelling bursaries for consultants and colorectal surgeons in training that are members of the ACPGBI to obtain experience of laparoscopic colorectal surgery in the UK and Europe. During 2022, £nil of these bursaries were utilised and £7,532 remains available.

The Scottish Chapter restricted fund relates to a donation received in 2017 for the benefit of the Scottish Chapter. £1,000 remains available.

16. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Restricted Funds	General Funds	2021	2020
	£	£	£	£
Fixed assets	-	56,295	56,295	6,680
Current assets/liabilities	8,532	1,326,391	1,334,923	1,229,597
	8,532	**1,382,686**	**1,391,218**	1,236,277

17. RELATED PARTY TRANSACTIONS

The ACPGBI has a close working relationship with the BDRF which merged to become Bowel Research UK. ACPGBI offers assistance with the running costs of the charity in the forms of grants. In the year to December 2021, the ACPGBI had paid £15,000 (2020: £10,000) to Bowel Research UK.

The ACPGBI is intending to continue its support of the Bowel Research UK with a planned donation of £15,000 to Bowel Research UK in 2022. Future years are to be reviewed on a regular basis.

18. PENSION COMMITMENTS

The company participates in the Superannuation Arrangements of the University of London (SAUL), a centralised defined benefit scheme within the United Kingdom for all qualified employees with assets held in separate Trustee administered funds. The company has adopted FRS17 for accounting for pension costs. It is not possible to identify the Company`s share of the underlying assets and liabilities of SAUL. Therefore contributions are accounted for as if SAUL were a defined contributions scheme and pension costs are based on the amounts actually paid (i.e., cash amounts) in accordance with paragraphs 28.11 of FRS 102. The total cost of pension contributions on behalf of employees of the company during the period was £19,826 (2020: £31,790).

The scheme is subject to triennial valuation by professionally qualified independent actuaries. The last available valuation was carried out at 31 March 2021 using the projected credit method in which the actuarial liability makes allowance for projected earnings.

The following assumptions were used to assess the past service funding position and future service liabilities:

		Projected Unit
		Technical	*Future*
Valuation method		**Provisions**	*Service*
Investment return – pre-retirement		**2.45% p.a.**	3.62%
Investment return – post-retirement		**0.35% p.a.**	2.37%
Price Inflation (RPI)	Full unadjusted market implied RPI Curve		
Price Inflation (CPI)	Full Curve derived as RPI Curve less 1% p.a, before 2030 and no deduction thereafter.		
General salary increase	Full Curve derived as RPI Curve less 1% p.a		

(Continued)

19. PENSION COMMITMENTS (Continued)

The actuarial method applies to the scheme as a whole and does not identify surpluses of deficits applicable to individual employers. SAUL's funding in the lead up to the valuation was affected by an environment of continuing low gift yields and uncertainty of Brexit. Covid 19 also introduced financial volatility immediately before and during the 2020 valuation process.

The Valuation results show that SAUL's funding level at 31 March 2021 (the valuation date) was 94%, with a funding deficit of £217 million.

SAUL has recovered from the short-term impact of pandemic because of immediate action. On 30th April 2021, SAUL had 109% of the money we need. So SAUL is in good place and we have got more money than needed to pay the pensions already promised too SAUL members. This is now as being in surplus.

20. CAPITAL COMMITMENTS

There were no Capital Commitments or Contingent Liabilities as at 31 December 2021.

21. ULTIMATE CONTROLLING PARTY

The charitable company is controlled by its trustees who are also its directors.

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)

DETAILED PROFIT AND LOSS ACCOUNTS

YEAR ENDED 31 DECEMBER 2021

	Year to 31 Dec 21 £	as restated Year to 31 Dec 20 £
INCOME		
Donations	**-**	65,157
AGM Income	**218,833**	61,059
Subscriptions	**291,444**	274,859
Publication income	**132,643**	128,343
Pelvic Floor Society	**42,023**	5,500
Coloproctology motorway course	**-**	650
Dukes' Club	**58,000**	29,189
Other meetings/income	**35,406**	2,425
Ileal Pouch	**15,000**	15,000
Bank interest receivable	**94**	904
Total Incoming Resources	**778,443**	583,086
EXPENDITURE		
Charitable activities		
Annual meeting	**268,092**	189,288
Subscription to colorectal disease	**59,526**	59,248
Surgical Specialty Lead	**7,134**	5,027
Travel fellowship	**14,850**	6,832
Bowel Research UK	**15,000**	30,249
Pelvic Floor Society	**32,657**	10,857
Coloproctology motorway course	**-**	6,232
Dukes' Club	**39,298**	19,534
Chapter meetings	**1,000**	1,543
Other meetings	**5,762**	7,621
	443,319	336,341

DETAILED PROFIT AND LOSS ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2021

	Year to 31 Dec 21 £	as restated Year to 31Dec 20 £
Support & Governance Costs		
Auditors remuneration	**14,125**	15,252
Professional fees	**15,706**	-
Payroll & VAT services	**4,218**	4,642
Travel and meeting expenses	**11,376**	10,975
	45,425	30,869
Management		
Wages and salaries	**89,084**	97,113
Information technology		
Computer maintenance	**3,621**	6,357
Website expenses	**1,558**	2,829
	5,179	9,186
Administrative services		
Administration services	**9,552**	8,488
Postage and stationery	**2,086**	1,114
Telephone and conference calls	**3,692**	5,492
	15,330	15,094
Finance costs		
Credit card charges	**20**	390
Bank charges	**964**	705
	984	1,085
Other costs		
Sundry costs	**500**	708
Subscriptions	**2,495**	-
Bad debts	**2,532**	-
Depreciation	**7,649**	3,509
Loss on asset disposal	**2,520**	-
Insurance	**8,485**	6,617
	24,181	10,834
TOTAL SUPPORT COSTS	**180,183**	164,181
BDRF net	**-**	155,417
TOTAL EXPENDITURE	**623,502**	655,939
NET INCOMING/ (OUTGOING) RESOURCES FOR THE YEAR	**154,941**	**(72,853)**

This page does not form part of the statutory financial statements

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

England & Wales - Charity number 1118063

Accounts

COMPANY REGISTRATION NUMBER: 05962281
CHARITY NUMBER: 1118063

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND

COMPANY LIMITED BY GUARANTEE

CONSOLIDATED ACCOUNTS

FOR THE YEAR ENDED 31 DECEMBER 2020

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)

REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY, ITS TRUSTEES AND ADVISERS

YEAR ENDED 31 DECEMBER 2020

Executive Trustees
Mr S Brown (President Appointed 8 July 2020)
Miss N Fearnhead (President Resigned 8 July 2020)
Mr S Kelly (Treasurer Appointed 3 July 2019)
Mr J Wheeler (Secretary appointed 8 July 2020)
Mr C Maxwell Armstrong (Secretary resigned 8 July 2020)

Non-Executive Trustees
Professor Bob Steele CBE, Chair
Mr John Bell, Financial Representative
Ms Maria Bentley, Patient Representative
Ms Jay Bradbury, Nurse Representative
Mrs Anne Demick, Patient Representative
Professor Paul Finan, Past-President
Mr John Northover, Past-President
Mr Nigel Scott, Past-President
Mr Graham Williams, Past-President
Professor Howard Young, non-Executive Trustee

Company registered number
05962281

Charity registered number
1118063

Registered office
Royal College of Surgeons
35-43 Lincolns Inn Fields
London
WC2A 3PE

Company Secretary
Mrs Adele Sutton (Appointed 2019)

Auditors
Ford Bentall LLP
60 High Street
Chobham
Surrey
GU24 8AA

Bankers
Natwest
Queens Square
Wolverhampton
WV1 1TR

Solicitors
Steele Raymond LLP
Richmond Point
43 Richmond Hill
Bournemouth
Dorset
BH2 6LR

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)

CONSOLIDATED ACCOUNTS

YEAR ENDED 31 DECEMBER 2020

CONTENTS **PAGE**

Trustees Annual Report	4
Statement of Trustees' Responsibilities	
Independent Auditors' Report	21
Consolidated Statement of Financial Activities	23
Balance Sheet	24
Cash Flow Statement	25
Notes to the accounts	27

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)

TRUSTEES ANNUAL REPORT
YEAR ENDED 31 DECEMBER 2020

The Trustees present their report together with the accounts of the Charity, Association of Coloproctology of Great Britain and Ireland; (ACPGBI) for the year ending 31 December 2020.

PUBLIC BENEFIT STATEMENT

The Association of Coloproctology's (ACPGBI) activities include the promotion of education and research in all matters appertaining to the science, art and treatment of patients with coloproctological disease.

The objectives are to provide specialised knowledge and advanced training, education, research and scholarship in science and technology in cooperation with other bodies to its members for the benefit of their patients.

In addition, the ACPGBI aims to be a complete resource of knowledge and help to patients with colorectal disease, to empower and ensure the best treatments are available to all who seek it.

The ACPGBI's mission is derived from these objectives. The Trustees of ACPGBI are responsible for defining its strategic aims and directing the activities of its Executive in the furtherance of these objectives. The Council has had due regard to the Charity Commission's guidance on the reporting of public benefit.

Strategic Aims

To promote clinical and basic research into colorectal disease of the highest quality
To promote best possible treatments for patients with colorectal disease
To extend the frontiers of knowledge within and beyond existing research disciplines
To bring together research expertise within and beyond the ACPGBI to address science challenges of today and the future
To identify, attract and develop trainee surgeons of the highest ability
To provide research-led teaching and information sharing
To offer an educational experience that empowers members to be leaders in their chosen careers and contribute to the long-term needs of society
To engage with similar societies around the world to understand, identify and lead emerging scientific challenges and solutions
To maximise the social and economic value of our education and research through the transfer of both talent and technology
To find innovative ways to extend the reach and impact of all our work
To maintain excellence by being efficient, effective, adaptable and integrated
To build mutually beneficial relationships with appropriate organisations in the UK and worldwide
To anticipate, understand and shape the thinking of stakeholders and policy makers in the UK and worldwide, including those in government, academia and industry

The report on ACPGBI's activities during the year 2020, which forms a major part of this Annual Report provides further information on our progress and achievements against these and other objectives

SUMMARY

In 2020 ACPGBI continues to strive to fulfil its educational and research objectives, bringing direct benefit to patients and to society at large.

STRUCTURE, GOVERNANCE AND MANAGEMENT

The ACPGBI, established in 1990, was registered with the Charity Commissioners. The Charity was an unincorporated Association (registration number 1013924) until 30 June 2007.

All the assets of the former Charity have been transferred to the Association of Coloproctology of Great Britain and Ireland, a company limited by guarantee (company number 05962281) and registered as a charity with the Charity Commission (charity number 1118063).

The ACPGBI business, organisational structure and working practices are governed by its constitution. This document is updated yearly and changes made approved at the AGM. The Executive formulates policy and considers all matters pertinent to the Association. All decisions are notified to Council on a regular basis for approval. All posts for Council, Chapter representatives and major positions (President, Secretary, and Treasurer etc.) are advertised on the website and where appropriate ballots are held.

There are no formal policies for inducting new Trustees save all higher appointments are made as either 'Assistant' (e.g. secretary) or in waiting/elect (e.g. President). This gives appointees sufficient time (2 years) to become fully acquainted with the roles they are due to take up at the Annual meeting. A larger Board of Trustees has been established to include non-medical members and members who have previous experience of holding office in the Association, none of whom currently sit on committees of the Association.

ACPGBI has undergone a formal risk assessment process the results of which will help to identify areas of concern and enable action plans to be made. Further work has been done on formulating ACPGBI's short, medium and long-term strategy.

New Trustees are appointed by Council. The following Trustees have served the charity during the period 1 January 2020 to 31 December 2020:

Executive Trustees

President:
Mr S Brown
Miss N Fearnhead
Honorary Secretary:
Mr C Maxwell-Armstrong
Mr J Wheeler
Honorary Treasurer:
Mr S Kelly

Non-Executive Trustees

Professor Bob Steele
Mr Jon Bell
Ms Maria Bentley
Ms Jay Bradbury
Mrs Anne Demick
Professor Paul Finan
Mr John Northover
Mr Nigel Scott
Mr Graham Williams
Professor Howard Young

OBJECTIVES AND ACTIVITIES

Principal policies to achieve the objectives

The ACPGBI aims to achieve high standards and advance the science of coloproctology by promoting and publishing the results of research and audit. The Charity also provides and disseminates information to help professionals and the public on matters concerning coloproctology. Furthermore, ACPGBI seeks to promote high ethical standards and continues to endorse high standards in training and best clinical practice through its AGM and links with all geographical regions in the UK & Ireland on the basis of regional chapter representation.

Key to achieving the objectives

The Charity (ACPGBI) has grown in both size and influence since its foundation. Total membership stands at around 1,400 persons including consultant surgeons, surgeons in training, physicians, pathologists, radiologists, clinical scientists and clinical nurse specialists with an interest in coloproctology.

ACPGBI is one of a number of specialist institutions within the broad spectrum of general surgery. It has assumed an increasingly important and influential role in the organisation of colorectal services within the United Kingdom and Ireland. ACPGBI is a direct stakeholder in the National Institute for Health and Care Excellence (NICE), contributes to health technology appraisals and is a key advisor to the Royal College of Surgeons in matters relating to coloproctology.

The strength of ACPGBI continues to be its representation throughout the UK & Ireland mediated via the regional chapter scheme. Each chapter has its own meetings for the dissemination of scientific, best practice and political strategy agreed at Council meetings. Equally, in a democratic manner, any anxieties experienced at a regional level concerning central policy can be brought back to both Executive and Council.

The administrative office is responsible for the day-to-day running of the charity and for effective communication between elected officers, Chapter Representatives and the general membership.

Since 2014 the Association has controlled the collection of subscriptions from members through its website.

Executive and Council meetings are held 3 to 4 times per year and there is an Annual General Meeting. There is also an annual strategy meeting at which the course of the Association is set out for the following year. The Annual Meeting in 2020 was supposed to be held in Edinburgh but had to be held virtually due to the Covid-19 pandemic.

Administration

The administration and events manager for the Association is Mrs Adele Sutton. All day to day management of the Association is delegated to her. All payments to creditors need dual authorisation by Mrs Sutton and the Treasurer. Ms N Taub also works in the office, to oversee membership and marketing which has particularly helped with raising the organisation's profile via social media.

The organisation of the Annual Meeting is outsourced to a conference management company. The Annual Meeting's commercial exhibition is organised each year by Ms Adele Sutton.

The administrative centre of ACPGBI is located at the Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE. Since July 2017 ACPGBI has leased an office directly from the Royal College of Surgeons (RCS) located in the RCS Nuffield Building. In line with Association's strategy, in May 2018 ACPGBI set up an independent payroll for our employees and ACPGBI has its own employer reference at HMRC. There is an established website (www.acpgbi.org.uk) where there are sections for both the public and members of the Association.

ACHIEVEMENTS AND PERFORMANCE DURING THE YEAR ENDED 31 DECEMBER 2020

EDUCATION & TRAINING COMMITTEE

The COVID-19 global pandemic struck just before the Advanced Coloproctology Course was due to be held in Sheffield in March 2020. We therefore took the difficult decision to postpone the course until 2021. The Crowne Plaza in Sheffield were very accommodating and were able to roll over the booking until the following year without charge. Delegates who had registered were reimbursed and sponsors also transferred their support until the next course. Due to the second wave and ongoing restrictions we were unable to host the course in Sheffield in March 2021. The Crown Plaza kindly rolled over the booking again to 2022.

Planning the 2021 ACC has been challenging due to the unprecedented circumstances and uncertainties regarding the lifting of restrictions. We have set a date for a virtual meeting in May 2021. The organising committee have ambitious plans for it to be a virtual course with the faculty broadcast live to delegates so that faculty panel discussions will be in person and more interactive. Whilst a digital learning experience does not compensate for the lack of professional contact and informal problem sharing, we hope that this format will be engaging, inclusive and wide reaching. Education and training has been devasted by the pandemic and this will demonstrate our commitment to education as well as raising the profile and membership of the ACPGBI. It will give us a unique opportunity to showcase the flagship course to a global audience.

The planned RCS Edinburgh webinar colorectal lectures were postponed to allow people to connect with a series of COVID-19 related lectures led by the ACPGBI President in collaboration with other leaders. They explored the evolving impact of the pandemic on colorectal surgery, training and wellbeing and were an extremely popular means of communication at a time when there was so much uncertainty. The COVID-19 webinars are available to watch on demand on the ACPGBI website.

The committee worked with the Executive and Duke's Club to produce a training statement and infographic supporting training during the pandemic and in the recovery. This was presented and discussed during the COVID-19 webinars and is available on the website.

As we faced the unprecedented challenges resulting from the COVID-19 pandemic we pledged to keep our members, and the wider colorectal community connected, educated and well informed. We were awarded an educational grant from Johnson and Johnson to produce a series of 5 fully supported webinars managed by the ON24 platform during the first recovery phase, which we called 'Colorectal Goes Viral'. The committee worked with Jared Torkington, ACPGBI International Representative to produce the webinars and we are very grateful to Jared for his outstanding contribution. We wanted to make the programme stand out in the crowd with inspirational themes, focusing on the opportunities for change in colorectal surgery as well as reflecting on the challenges. We harnessed the spirit of collaboration and consolidated the experiences and opinions of global colorectal leaders by having 3 International and 3 Great Britain and Ireland members of faculty for each session. The 5 webinars took place over the summer and featured presentations and debate covering Human Factors, Proctology, Emergencies, Rectal Cancer, And IBD. It was an exciting and fresh approach which was watched and enjoyed by over 1000 participants. Recordings are on the ACPGBI website for members to watch on demand. Training and fellowships have been significantly affected by COVID-19. Out of the 8 awarded ACPGBI-RCS fellowships in the scheme, 4 have fellows in post. The remaining fellowships are in the process of advertising as services recover. Travelling fellowships have also been postponed until international travel is permitted again.

The Education and Training committee continue to support educational activity across all ACPGBI committees. In particular, we are collaborating with the colonoscopy sub-committee and the Dukes' Club to publish a colonoscopy training statement and with the robotics sub-committee to develop a robotic and digital surgery colorectal curriculum. We anticipate and look forward to adapting to new ways of delivering colorectal education in which digital platforms and face to face meetings are integrated.

Miss Laura Hancock, Chair, Education & Training Committee

MULTIDISCIPLINARY CLINICAL COMMITTEE

Elected Members:
Michael Davies Chair
Martyn Evans
Michael Lim
Rick Saunders
Dermot Burke
Kai Leong
Toby Hammond

Subcommittee Chairs:
Justin Davies: IBD
Sarah Mills: Colonoscopy
Andrew Miller: Emergency Surgery
Tom Cecil: Peritoneal Malignancy
Ian Jenkins: Advanced Malignancy
Dominic Slade: Abdominal Wall
Phil Tozer: Proctology
Jim Khan: Robotic Surgery
Jim Hill: Clinical Governance

Update for Trustees Regarding the Multidisciplinary Clinical Committee

Michael Davies took over from Ciaran Walsh who was demitted from the Chair of the MCC in July 2020 after completing his 3 year term of office. Ciaran has worked extremely hard to develop the MCC and its subcommittees. He has had a key part in many aspects of the Executive's activity and has been a major contributor to a number of key documents produced by the ACPGBI to help guide members during the Covid Pandemic.

Since July the MCC has grown in size considerably with the commencement of three new subcommittees (Abdominal Wall, Proctology and Robotic Surgery). The committee has had an active role in updating guidance documents including:

- Updated ACPGBI Statement Regarding Who Should Perform Colorectal Cancer Resections (October 2020).
- ACPGBI advice on production of Guidelines and Position Statements (January 2021)

Currently the MCC is developing experience in Guideline Methodology which will be critical in raising the quality ACPGBI Guidelines to a level compliant with NICE standards .The other main focus of activity will be producing guidelines for the Use of Fit Testing in Individuals with Bowel Symptoms. These will be developed by a multidisciplinary guideline development group jointly with The British Society of Gastroenterology.

Subcommittees:

1) IBD

The IBD subcommittee has been very active over the last year led by their Chair Justin Davies. The subcommittee has produced Guidance on Management of IBD patients during the Covid Pandemic for ACPGBI members. The subcommittee is currently investigating the impact of the Covid Pandemic on IBD surgery and outcomes. The planned IBD Newcastle meeting has been postponed on or more than one occasion due to the Covid pandemic but is planned to take place in November 2021.The Amplitude Database has been introduced during this period to record IBD surgery and outcomes for ACPGBI members. The focus on increasing uptake by ACPGBI members.

2) Colonoscopy

The Colonoscopy subcommittee has been very active during this period. Sarah Mills has taken on the Chair from Neil Cripps following his completion of 3 years in office. The Colonoscopy Subcommittees has produced guidance

for members regarding the safety of colonoscopy during the Covid Pandemic. The change in practice and investigative pathways during the Covid Pandemic may be permanent and the Colonoscopy Subcommittee has led this debate with its publication in Colorectal Disease: "Colonoscopy at a crossroads – Which direction to take in the UK after the coronavirus pandemic?". The Committee is currently taking an active role in evaluating colonoscopy Training and Practice in the UK. The Chair has taken a role on the JAG committee and there has been a national questionnaire to gather information regarding training across the UK. They have jointly reviewed this issue with the Dukes' Club and a publication will also be forthcoming regarding this. There are plans for webinar teaching events in Colonoscopy practice to further expand the role of ACPGBI in Colonoscopy Training.

3) Emergency General Surgery

The Emergency General Surgery subcommittee lead by Chair Andrew Miller is in the process of completing Consensus Guidelines in Emergency Colorectal Surgery. These will guide members in the management of emergency colorectal conditions. The guidelines will be submitted to Colorectal Disease for publication in 2021 and disseminated at national meetings.

4) Peritoneal Malignancy

Activity in Peritoneal Disease Units has increased by 10% over the last year. The Peritoneal Malignancy subcommittee led by Chair Tom Cecil is leading development of training in this area with online education events. It has undertaken a Delphi exercise to inform the training needs for trainees and consultants in surgery for peritoneal Malignancy.

5) Advance Malignancy

The advanced malignancy subcommittee led by Chair Ian Jenkins has been very attractive since its inception. It is currently completing an ACPGBI Guidance document regarding "Watch and Wait" following Complete Response to Neoadjuvant Chemoradiotherapy for Rectal cancer. It has produced a session at the ACPGBI Annual Meeting and a subsequent online webinar. It is developing links with other organisations including BSGAR and PathSoc and developing national MDT's to further advance the management of advanced malignancy.

6) Abdominal Wall

The Abdominal Wall Subcommittee is one of three new subcommittees commencing in 2020. Its role is to provide leadership in all aspects of surgery of the abdominal wall including hernia repair, wound closure and surgical site infection. A training event in wound closure is planned and development of management of parastomal hernia repair. Ian Daniels has been succeeded by Dominic Slade as the Chair.

7) Proctology

The Proctology Subcommittee lead by Phil Tozer is the second of three new subcommittees commencing in 2020 to raise the profile of Proctology within the UK. The subcommittee is updating the ACPGBI Guidelines on management of Anal Fissure. They are also developing a Proctology Training Programme.

8) Robotic Surgery

The Robotic Surgery Subcommittee lead by Chair Jim Khan is the third new subcommittee commencing in 2020.The subcommittee has been set up to provide leadership ion this area of expanding colorectal practice. The subcommittee is evaluating current practice in the UK with a snapshot audit to inform an ACPGBI Position Statement which will be developed to provide guidance following this. The subcommittee is also developing Robotic Surgery Training including development of Fellowships and accreditation of Preceptors.

9) Clinical Governance

The Clinical Governance Subcommittee led by Chair Jim Hill has produced an Updated ACPGBI Guidance on Consent including changes in the consent process created by the Montgomery Ruling and the updated GMC Guidance on Decision making and Consent.

Michael Davies, Chair, Multidisciplinary Clinical Committee

EXTERNAL AFFAIRS COMMITTEE

The role of External Affairs Committee is to represent ACPGBI to professional bodies and the public as well as ro respond to events that impact on its members. It is chaired by Shahab Siddiqi.

Website & Members Database

The website continues to attract a growing number of hits and the twitter account has over 5,000 followers. Constant vigilance is needed to keep the website up to date and the chair is especially grateful to Nicole Taub and committee members for this. To aid this the number of elected members has increased and four new members have joined the committee (Jennie Grainger, Neel Senguta, Arifa Siddika and Dorin Ziyaie).

The website is now five years old and an update is now due. There has been one membership issue because of a failure of testing from Mixd (website developer). The ACPGBI Executive have agreed that a new website with greater functionality is needed and have agreed to fund this last year. After a tendering process Light-Media were chosen to build a new website. They have a strong reputation in producing websites for other medical associations. The website has increased functionality over the present one and aims to go live by June 2021. To help with the website build and ongoing maintenance a website subcommittee was created and 2 new members joined the committee (Katie Adams, Nitya Chandratreya).

Newsletter

The weekly newsletter continues to inform the membership. The profile output from the ACPGBI means that the newsletter is getting overlong and needs reconsideration. Feedback remains positive. The newsletter was a major resource through the pandemic.

Social Media

The External Affairs Committee is becoming more active on social media fully recognising new ways of membership engagement. A coordinated strategy is used to promote guidance or important news items via the official LinkedIn and Twitter channels and individual committee members' channels. Real time posts of conferences and webinars are achieved the same way.

Independent Health Care Committee

Colin Elton chairs this Committee. The Committee's work into understanding the provision in private hospitals for patients to access MDT discussion, a key worker and appropriate stoma care was curtailed because of the pandemic.

Internal Affairs Committee

Jared Torkington chairs this committee. The function of this committee is to ensure that overseas fellows are appropriately placed. This committee also has oversight of the trainee coloproctology award which continues to attract a high standard of applications.

Attendance at other professional organisations

Members of the committee ensure regular attendance at council meetings with our sister organisations such as British Society of Gastroenterology, AUGIS and Association of Laparoscopic Surgeons as well as the Royal Colleges. This network allows the development of mutually beneficial plans. The Dukes' Club chapter representatives have started to hold sessions to encourage students and junior doctors into a surgical career.

Rapid response to NICE, press & members of the public

This committee has responsibility for rapid responses to NICE and other organisations as well as members of the

public that request a professional opinion on matters pertaining to colorectal surgical disease. This is managed by cascading emails to appropriate individuals in order for us to provide an informed response in a timely manner.

Shahab Siddiqi
Chair, External Affairs Committee

RESEARCH & AUDIT COMMITTEE

The Research and Audit committee is currently chaired by Jim Tiernan, having taken over from Austin Acheson in July 2020. Elected members consist of Jared Torkington, Andy Beggs, Tom Pinkney, Frank McDermott and Sarah Duff; The ACPGBI/RCS Surgical Speciality Leads (SSL's) are Susan Moug and Dale Vimalachandran, supported by associate SSL's Nick Heywood and Abigail Vallance; Mohamed Rabie replaced Matt Lee as the Dukes' Club Representative; Gabby Thorpe is Nursing representative and Sue Blackwell joined us as patient representative, giving a total of 13 members.

Edinburgh 2020

A virtual research session was delivered for the 2020 Annual Meeting with a mix or pre-recorded videos, live presentations and panel discussions.

Charity Merger

The BDRF and B&CR charities merged to form Bowel Research UK (BRUK), launched in September 2020. This is now the UK's leading bowel disease research charity and the ACPGBI is closely aligned to it. BRUK run grant programmes for researchers and projects of all types, with a commitment to funding ACPGBI members. BRUK will feature heavily at the ACGPBI annual conference with a sponsored keynote lecture, a presentation during the research session and promotional activity.

New Initiatives

With the grants programme being delivered by BRUK (albeit with input from representatives of our committee) a number of new initiatives have been developed by the committee;

- Putting Evidence into Practice: an interactive webinar exploring trial design, controversies, implementation and uptake of results.
- ACPGBI/BRUK Research Application: This smartphone App is designed to allow clinicians to recruit patients to appropriate trials with the click of a button and is due to be launched at the 2021 Annual Meeting in Harrogate.
- Research MDT: This initiative will assemble a multi-disciplinary research team to review a 'pitch' and then provide advice, contacts, mentorship and infrastructure sign-posting for prospective researchers. It will also be showcased at the Annual Meeting.

Jim Tiernan, Chair, Research & Audit Committee

PELVIC FLOOR SOCIETY

The Pelvic Floor Society (TPFS) was formed in 2012 and is an affiliate of ACPGBI.

The Executive Committee is made up of the following members: K. Telford (Chair 2020-2022), A. Williams (Past Chair), C. Vaizey (Chair program and Chair in Waiting), J Cornish (Hon Sec), W. Lai (Hon Membership Sec), S. Siddiqi (Treasurer), M. Mercer-Jones (Chair Accreditation, Q&A), T. Dudding (Chair R&D), J. Randall (Chair Training), B. Williams (Dukes Club Rep), J. Dixon (AHCP Rep), J. Grainger (External Affairs Officer), M. Chapman (ACPGBI Representative), S Squires (Patient Rep), D. Ziyaie (Chapter Rep Scotland), J. Cornish (Chapter Rep Wales), R. Kalabassi (Chapter Rep Ireland including NI), A. Farmer (BSG Rep).

The Society is free to join, provided the healthcare professional is a member of their own society or association. Our membership numbers grow yearly and we currently have over 330 members, (compared to 251 in 2019). Approximately two thirds of our members are consultants, mainly colorectal consultants but we also have consultants from gastroenterology, gynaecology, urology, pain specialty and radiology. Allied health professional

members (nurses, physiotherapists, and clinical scientists), form our second largest group within the society. All these members have voting rights within our society, creating an inclusive membership. We have approximately 20 non-voting members, made up of trainees, overseas specialists and honorary members.

In July 2020 TPFS contributed to a Pelvic Floor Session of the Edinburgh Fringe Conference, hosted by the ACPGBI. In November 2020 we ran a virtual pre- conference training day followed by a Virtual Annual Conference on 26th and 27th November respectively. The training day was led by John Randall, the Chair for Training. This event provides three interactive small group sessions for trainees, EYC, and Allied Health Professionals; an MDT approach to Rectal Prolapse, MDT approach to FI and MDT approach to Constipation/ODS and allowed us to deliver our modular training programme in these difficult times. The annual conference ran as three plenary sessions throughout the day on 27th November 2020, hosted by Julie Cornish and we were delighted that we had an amazing faculty of multidisciplinary speakers, both nationally and internationally renowned. The registration was free and we had 110-149 registrants for these three plenaries: a Mesh Symposium; What are the implications of Covid for Pelvic Floor Services and Troubleshooting – Long term outcomes of Specialist Pelvic Floor procedures. We are hopeful that we will hold our next annual conference In Dundee in November 2021 and run our AGM (deferred 2020 due to Covid) at that meeting. TPFS will be participating in the ACPGBI events, ACC and Harrogate Annual conference IN 2021.

TPFS treasurer has reported an adequate balance going forward into 2021, with a balance of over 100k. During 2021 TPFS will help with funding some of the costs of ACC. We are also working with NHS Digital as we move towards mandatory NHS mesh and implant databases. We hope to develop a linked and improved surgical database with PROMS for our members, to include other surgical procedures for rectal prolapse, alongside with mandatory NHS Digital database for mesh implants.

In July 2020 the Cumberlege report "First Do No Harm" was published. This was an independent review into how the health system responds to reports from patients about harmful side effects from medicines and medical devices. A number of recommendations were made including the commissioning of regional mesh complication centres and the creation of a robust, central patient-identifiable database for all devices and outcomes, an NHS-run mandatory reporting system. In early 2021 Specialised Women's services CRG is anticipated to announce that seven or eight sites will be commissioned to treat women with complications of mesh inserted for urinary incontinence and vaginal prolapse. Whilst patients who have sustained harm from rectopexy mesh sit outside the remit of this specialist commissioning process, TPFS has been representing these patients and their needs as a stakeholder at the Mesh Oversight Group meetings and we are currently involved in conversations with NHSE to try to ensure inclusion of this group of patients for treatment at the Mesh Centres. TPFS is engaging with NHS Digital to create a mandatory NHS held mesh database which will also provide Patient Reported Outcome Measures (PROMs). The Mesh Rectopexy remains a procedure that is only performed under high vigilance. TPFS will continue to engage with patient group representatives and gain valuable feedback as we move forwards.

Finally TPFS introduced Unit Accreditation three years ago, a process of voluntary submission of evidence from Pelvic Floor MDT's in order to identify units that provide high quality care for patients with pelvic floor disorders. So far seven sites in the UK have successfully achieved Unit Accreditations. (Guy's and St Thomas's, London, Royal London Hospital, London, Bristol, Sheffield, Southampton, Manchester University NHS Foundation Trust and St Mark's Hospital, London). TPFS encourage all units to submit data to this peer review process. Accreditation details and how to apply are available on our website.

Karen Telford, Chair, TPFS

DUKES' CLUB

The Dukes' Club is the official training arm of the Association of Coloproctology of Great Britain and Ireland. The society is run by elected colorectal surgery trainees to represent the views of trainees across the UK and Ireland on education and training. The Dukes' Club committee is led by Mr Peter Vaughan-Shaw as the current president (2020/21) and supported by Miss Panchali Sarmah as president in waiting, a wider executive committee and a number of regional representatives to ensure full representation and dissemination across the UK and Ireland.

It has clearly been a difficult year. As the official training arm of the Association of Coloproctology of Great Britain and Ireland, we believe that the Dukes' Club has strongly supported and represented trainees throughout the year. Here, we review our activities during 2020.

Dukes' COVID-19 Taskforce

The Dukes' COVID-19 Taskforce was set up in March 2020. This taskforce has worked alongside ASiT and ACPGBI in representing colorectal trainee views on a range of training issues including progression of training, FRCS examinations, ARCP's and CCT competencies. Our key priorities during the first wave of COVID-19 were to support colorectal surgery trainees to continue delivering high quality emergency and elective services and to maintain trainee well-being. We launched our Keeping Well Podcast series during this time to support and maintain well-being – a total of nine podcasts on a variety of aspects of well-being including managing stress, kindness, human factors, resilience, and leadership. We continue to work hard to ensure that high quality training and research is maintained and trainee progression is enabled as the pandemic continues. Our training statement, written in response to the impact of COVID-19on training and written in collaboration with ACPGBI will be submitted for publication soon.

Dukes' Educational Strategy

Throughout the year we worked hard to deliver high quality educational content. In the early new year we delivered subspecialty events across the UK in advanced cancer, pelvic floor and emergency surgery and ran our first 'Consultant Interview Preparation' course in February. Unfortunately, we had to cancel our annual educational weekend, but instead launched our virtual educational strategy. This started with a series of virtual cadaveric sessions, debates on controversial topics and radiology teaching in advanced CRC, delivered in association with ACPGBI Advanced Malignancy Subcommittee. In July, the Dukes' Club enjoyed a successful and integrated programme at the virtual ACPGBI Fringe, co-chairing and presenting in many sessions across the busy week's programme. We are grateful to Professor Nancy Baxter who delivered a stunning lecture for this year's Dukes' keynote lecture titled 'Reflections on a career training tomorrow's colorectal surgeons'. More recently we have launched our 'Colorectal Classroom' series, with the first two events well attended and very well received. We will be running regular Classrooms throughout 2021.

Dukes' Virtual Week

The September Dukes' Club virtual event was our biggest educational event to date, with over 1,000 delegates registering for sessions across a jam-packed exhausting but inspiring week. We are hugely grateful to our brilliant speakers and generous sponsors, and to ACPGBI for their support in delivering this fantastic event. Everyday of the virtual week saw a varied assortment of operative video sessions, Spotlight sessions, training hacks and keynote lectures.

Dukes' Research Strategy

The Dukes' Club Research Collaborative published its first study – CLOSE-IT, in Colorectal Disease (accepted). The collaborative has been supporting other projects including Damascus and IMPACT.

Colonoscopy Training

We are delighted that the new UK General Surgical curriculum now includes requirement of 200 diagnostic colonoscopies for surgical trainees who have declared colorectal as their subspecialty interest. This change reflects years of hard work by the Dukes' Club and indicates the JCST's commitment to colonoscopy training. However, we are aware that many of our members have experienced increasing difficulty in accessing colonoscopy training opportunities and achieving accreditation – challenges that have been acutely accentuated by the COVID-19 pandemic. We are working hard together with ACPGBI Colonoscopy and Education and Training committees to improve exposure and opportunities and have published a joint statement on colonoscopy training in Colorectal Disease (accepted).

Professional Development

The Dukes' Club is dedicated to the professional development of senior colorectal trainees. In view of this we hosted our first 'Consultant Interview Preparation' course in February 2020. The programme included talks on transitioning to new consultant practice, managing stress and complaints, mentorship, setting up a new service and dealing with the Coroner's court. This course received fantastic feedback.

Industry Partnership

Our platinum industry sponsor during 2020 has been Ethicon. Our expansion in portfolio has been generously supported by a number of industry partners including Ethicon, Cook Medical and THD. We welcome Intuitive Surgical as our latest industry partner in 2020. We have strengthened our relationships with all industry partners over the last 12 months which has enabled us to provide a range of high quality teaching and educational opportunities to our membership.

Future Plans

Overall, we have enjoyed a very successful year despite difficult circumstances, with the significant expansion of our portfolio of physical and virtual activities on a regional and national scale. We will continue to build on our successes over the last 12 months to deliver high quality, innovative, educational and research opportunities to our membership. We hope to contribute fully to the ACPGBI annual conference in Harrogate in July and return to our face-to-face residential course in September 2021.

Peter Vaughan-Shaw, Dukes' Club President

ASSOCIATION OF COLOPROCTOLOGY NURSES

The Association of Coloproctology Nurses currently has 88 active members and 11 Committee members, with Committee vacancies for North West Thames, South West, West Midlands and Scotland. No members have stepped down from the Committee this year and we have welcomed new Committee member Tracey Becker (Oxford). Current Committee members are: Gabrielle Thorpe (Chair), Jay Bradbury, Alison Turner, Nichola Richards, Samantha Seeker, Carol Katte, Julie Lane, Debbie Cottrell, Jane McCulloch, Oonagh Staunton, Tracey Becker. In 2020 the ACPGBI confirmed that the subscription fee for ACPN members would remain at £25 per annum and that they would continue to offer 50 free places at the Annual Meeting per year for ACPM members. The ACPN are extremely grateful for this generous concession for its members.

Due to the Covid-19 pandemic, the Annual General Meeting of the ACPN took place virtually on Sunday 5 July 2020 as part of the virtual Annual Meeting which should have taken place in Edinburgh. At the AGM, members of the current Committee holding key positions were voted in by the members, with Gabrielle Thorpe as Chair and ACPN representative on the Research & Audit Committee and Carol Katte as ACPN representative on the Multidisciplinary Clinical Committee. At the time there was no Deputy Chair in position and no ACPN representation on the Education Committee or the External Affairs Committee and this continues to be the case. Three short oral presentations were delivered as part of the AGM session. The ACPN Plenary planned for the Annual Meeting on Enhanced Recovery after Surgery was unfortunately cancelled, but the ACPN ran a virtual workshop on Shared Decision-Making with Sandra Winterburn from the University of East Anglia and European Association for Communication in Health Care (EACH) on 7 July 2020, which was well attended by both ACPN and general members.

Over the forthcoming year, we plan to establish nursing membership on the ACPGBI clinical subcommittees through open competition among ACPN membership and to use this as an opportunity to increase membership by wider advertising of the opportunity in Gastrointestinal Nursing. Gabby Thorpe, ACPN Chair, has also been working closely with the RCN Gastrointestinal Nursing Forum and Chairs of other gastrointestinal nursing organisations to drive forward a new, collaborative programme to support gastrointestinal nursing research.

Gabrielle Thorpe, Chair, Association of Coloproctology Nurses

BOWEL DISEASE RESEARCH FOUNDATION

"On behalf of the Trustees and staff of Bowel Disease Research Foundation and also of the new Charity Bowel Research UK, I would like to thank all the members of the Association of Coloproctology of Great Britain and Ireland (ACPGBI) for their continued commitment to our work. 2020 has been an exceptional year which has seen the merger of Bowel Disease Research Foundation (BDRF) and Bowel & Cancer Research (B&CR) and the launch of our new charity, **Bowel Research UK**, set against the uncertainty and many challenges posed by the pandemic. Throughout this period we have welcomed the support, guidance and friendship of the President, The Committee

Chairs, the Research and Audit Committee and many ACPGBI members. As we look forward to the future and to building on our work and achievements over the many years, we look forward to continuing and strengthening our relationship with the ACPGBI and all its members".

Asha Senapati, Chair, BDRF & Co-Chair, Bowel Research UK

BDRF like all medical research charities had to battle with the repercussions of the global pandemic throughout 2020. Despite many activities and events being severely impacted, the charity continued to meet its ambitions of promoting and supporting cutting edge research. Here are some highlights of the activities that took place during 2020.

Diverticulitis Patient Day

BDRF held a patient and public involvement day to help gather views for the recently funded DAMASCUS project which is aimed at improving outcomes and treatments in patients who suffer with diverticulitis. The patient day was a very informal day where members of the study team along with the medical students helped record details of the discussions during the day including: Symptoms of diverticulitis, Consequences of diverticulitis, Acceptable treatment and Research goals from a patient perspective.

One patient told us "The fear of the unknown was the hardest part, it was out of my hands and I had no control over the situation". Another said "I feel like I'm living in a fog".
The consensus was clear – diverticular disease can take over and ruin lives, and we need better ways to fight it.

It was an incredibly inspiring discussion, with unanimous agreement that research was vital - and huge willingness to participate out of a desire to help others. Patients would not hesitate to donate what was required to assist researchers – from stool samples to colon biopsies and blood tests.

The dream was to see a simple blood test developed, or a method of screening for diverticular disease, that could pick it up early and enable those affected by it to manage it.
Huge passion for discovering the root causes was also clear – genetics were thought to play a part, but a better understanding of the many complex issues at play was considered a huge priority.

Anal Cancer study published in the British Journal of Cancer

Findings from a BDRF study published in the British Journal of Cancer* show a striking increase people surviving anal cancer. Researchers looked at outcomes for 560 patients having chemoradiotherapy (the gold standard treatment) over the last 25 years. There was a clear trend toward better outcomes over that time, despite the disease becoming more common. The results will help create predictive models for current and future outcomes which will help researchers design new trials. Commenting on the importance of the study, Primary Investigator Hema Sekhar said: "In this paper we report on the largest institute-level, prospectively-maintained data-set of a homogenous group of patients with anal cancer, receiving chemoradiotherapy as standard. We see an increase in nodal positivity at presentation over time, on a background of stable presentation of T-stage over this time. As such, we propose the increased nodal positivity is likely secondary to the increased use of advance imaging over time and increased detection, rather than true stage migration. (As discussed in a previous BDRF-funded study published in Lancet Oncology, Sekhar et al 2017).

We demonstrate a marked improvement in loco-regional failure, cancer-specific survival and overall survival in this cohort over time, without any clear change in stage of tumour or patient demographics. The reasons behind this are not clear bur are likely to be multifactorial. It is vital that future trials in anal cancer keep these results in consideration in order to design appropriately powered studies."
*Sekhar, H., Macolmson, L., Kochhar, R, et al, Temporal improvements in loco-regional failure and survival in patients with anal cancer treated with chemo-radiotherapy: treatment cohort study (1990-2014). Br J Cancer (2020). https://doi.org/10.1038/s41416-019-0689-x

COVID SURG funding

BDRF were pleased to be able to announce funding for a critical research project helping to tackle the fallout from COVID-19 and its effect on surgical procedures around the globe.
Aneel Bhangu, Senior Lecturer in Colorectal Surgery at the University of Birmingham who is leading the research commented: "We know patients with bowel diseases, many of whom need surgery, are scared of the effect COVID-19 is having on hospitals and the potential effects on them as individuals needing treatment. This funding will enable us to generate the desperately needed evidence to plan the safest possible surgery for the next five years. This will have a direct impact both across the NHS and the world". Along with Bowel and Cancer Research and the Association of Coloproctology of Great Britain and Ireland we have agreed to support the COVID SURG project. Our funding will help to support a range of studies that will urgently address these concerns and create immediate outputs that can influence treatment and policy across the NHS, and globally. COVID SURG has established a platform of responsive studies to help us to understand the role of surgery both during and after COVID-19 outbreaks. We hope these outputs are immediately useful for our patients with bowel diseases and needing bowel surgery. We expect these to impact directly on NHS policy and are in communication with NHS England.

Guide for Patients Undergoing Surgery During the Covid-19 Pandemic

BDRF and B&CR helped to develop the COVID SURG Patient Information Booklet. The booklet was created by working closely with a Patient Advisory Group to address the questions they asked. Written from a patient perspective it aims to help patients understand what it will be like to have surgery, what decisions they will need to make with their surgeon and it also acts as an informative and reliable 'aide-memoire' to help ask more questions of health professionals during the pandemic.

Not 'Just A Hernia' – The Complication Costing Lives

The results of a BDRF funded study shedding new light on this problem were established in the British Journal of Surgery. The research highlights poor outcomes, including a death rate of nearly 10%, for patients with a bowel obstruction due to a hernia. There is a pressing need for more research and quality improvement initiatives in the NHS to protect them. The findings are based on data from the BDRF-funded National Audit of Small Bowel Obstruction (NASBO). NASBO was the first UK-wide assessment of care for people with the extremely painful and distressing condition. The poor outcomes for hernia patients is a cause for major concern – with research already underway to tackle it. We hope these findings will spur more action to improve care. Matt Lee, head of the NASBO steering group and NIHR Clinical Lecturer in General Surgery at the University of Sheffield said, "The NASBO project has provided lots of useful information. The dataset tells us that this group has outcomes that are worse than we would expect. It's clearly not just a hernia. We would encourage colleagues to consider this dataset when making treatment decisions on call".

Funding Announced for ReCaP

NHS hospitals have had to adopt new strategies to care for rectal cancer patients, turning to chemotherapy and radiotherapy for many who would either not have received it or had a shorter course. BDRF and B&CR announced £10,498 of funding for a unique audit aiming to understand how these alternative approaches have varied across the country and what impact the disruption has had on patient care. ReCaP (Rectal Cancer Management during the COVID-19 Pandemic) were look at how services were adapted to cope with the pandemic, as well as capturing follow-up data on the medium and long term outcomes of treatment.
They will also assess patients' experiences of the situation through the use of questionnaires. The audit is an extension of the BDRF funded IMPACT audit, which earlier this year mapped NHS services for advanced rectal cancer for the first time ever.

New Charity announced – Bowel Research UK

Following the merger of BDRF and B&CR our new charity was formed earlier in the years, launched on the 29 September 2020 as Bowel Research UK. The launch of the new charity offers the opportunity to celebrate the collective achievements and the important contribution both charities have made to improving the outlook for those diagnosed and living with bowel disease and bowel cancer alongside announcing out commitment to radically

changing the landscape and ultimately the outlook for current and future generations through funding world-class research.

COLORECTAL DISEASE – IMPACT FACTOR

2011-2012	2.58
2012-2013	2.081
2013-2014	2.017
2014-2015	2.351
2015-2016	2.452
2016-2017	2.689
2017-2018	2.778
2018-2019	2.997
2019-2020	2.796

COLORECTAL DISEASE ANNUAL ACCOUNTS

The journal, Colorectal Disease has had an exceptionally good year despite the challenging market conditions, with total revenues for 2020 reaching over £436K, 23% up on the 2019 figure of £353K. Consequently, the return to the ACPGBI is nearly £129K, 49% greater than the 2019 return of £86K. Subscriptions revenues rose by 3% to £245K, while non-subscription revenues rose by 65% to £192K.

In 2020 the journal sales strategy continued to focus on:

- Rolling out the new Wiley licence to eligible customers
- Securing and protecting the existing library business, negotiating more licencing agreements, including transitional agreements, whilst safeguarding paid subscriptions and renegotiating as necessary as a result of the global pandemic.
- Driving the business as far as possible in growth markets and creating new business opportunities in secondary markets (the hospital/practitioner market, community colleges, public libraries and so on).

The income relating to the "all journals" licence reached £33K, up from £35K in 2019. The income relating to the existing licence correspondingly fell a little (not as much as expected) from £117K to £116K. Personal and member revenues were up a little at £95K. There was a large increase in total non-subscription revenues, from £116K to £192K. Non-subscription sales tend to fluctuate greatly. In 2020, rights revenues rose by 50% from £62K to £93K. Supplements, advertising and reprints collectively brought in around £17K, compared with £24K in 2019. Open access revenues grew hugely to £74K, more than treble the 2019 figure. The migration to Open Access is expected to continue, fuelled by the new transitional arrangements.

Total costs were down, totalling just under £113K compared with £129K in 2019. Although production costs were up overall, reflecting the growth in the size of the journal, within this new initiatives and workflow changes have helped reduce production costs, and other costs were also down to compensate.

After deducting the ACPGBI members revenues and publisher's overheads (5% of revenue, excluding ACPGBI members), the profit to be shared is £256,686, satisfyingly up on the 2019 figure of £172,001. Consequently, the sum owing to the ACPGBI for the publication of Colorectal Disease in 2020 is £128,343.

Overall, the journals' performance in 2020 has been excellent. It has held its own in a complex and difficult market. The impact from the COVID-19 pandemic is essentially delayed because most of the 2020 revenues were already collected, so we should expect volatility in revenue performance throughout 2021 and beyond.

Dr Amanda J L McLean-Inglis, Journal Publisher

FINANCIAL REVIEW

Financial results 1 January to 31 December 2020

The income to ACPGBI was primarily from direct membership subscriptions. The Annual General Meeting in Edinburgh had to be cancelled due to the Covid-19 pandemic and the meeting made a loss of approximately £100,000. The meeting was held virtually instead of fact to face. Additionally, ACPGBI received a small amount of interest on deposited reserves. Further income was derived from the Pelvic Floor Society and from the Dukes' Club.

ACPGBI also received income from a profit share arrangement with the publishers of the journal, Colorectal Disease. The Trustees are confident that all tax liabilities have been recognised and administered.

Expenditure relates to the running costs of the Association, the expenses of running the Annual Meeting and the cost of providing Colorectal Disease to Ordinary Surgical Members and wages and salaries.

The total incoming resources into all accounts for the period ended 31 December 2020, were £1,008,080.06. In the period ending 31 December 2020, the total expenditure for all accounts was £1,023,025.72. The total funds on the 31 December were £982,964.11.

Risk analysis

ACPGBI recognises the financial risks with the funding of the Annual Meeting. The financial success of the same is dependent on the number of delegate registrations, exhibition income and sponsorship; all of which may vary from year to year.

Currently, the estimated funds required for hosting an Annual Meeting are in the region of £450,000. For this reason the ACPGBI retains funds in excess of £450,000, so that it can cover the costs of an Annual Meeting, which may completely fail because of factors, which are outside of the control of the Association. Although ACPGBI takes out routine insurance in this respect, including anti-terrorism cover, this would not protect against the general financial reserves and running costs of ACPGBI. The insurance policy did not cover cancellation of the Edinburgh meeting due to the Covid-19 pandemic. Personal financial risk born by the trustees has been removed by incorporation of ACPGBI.

Conversion to a new method of collecting subscriptions through the membership database has been recognised as a risk to income for the Association if members do not renew. Subscriptions are now collected mainly by Stripe and the income from subscriptions has increased.

INVESTMENT POLICY

Whist building up capital reserve, the investment policy of ACPGBI remains to maintain the current accounts at zero at the end of each working day with automatic transfer of any reserves through the business reserve account for the two main accounts, namely the general account and the Annual Meeting account. The policy has been to keep the Association's reserves in risk-free accounts rather than invest in other ways, which might bring a higher rate of return, but would carry a risk which could result in a loss of capital and jeopardise both the charity's funds and the Trustees.

It is for these reasons that ACPGBI chose to incorporate as a charity, so that any financial risk will be removed from the Trustees and become the responsibility of a company limited by guarantee.

The ACPGBI recognises the difficulty members are experiencing with study leave funding within their NHS Trusts and this has probably contributed to the reduced registration numbers at some recent annual meetings.

ACPGBI is incorporated as a charity and appropriate funds can now be disbursed without personal financial risk to its Trustees.

FUTURE FINANCIAL STRATEGY
Proposals and actions for 2021/22

As part of the financial review in 2016, it was suggested that a Trustee Board be setup to add further oversight to the governance of ACPGBI, separate to the Executive. The proposal to introduce a Board of Trustees was approved at the AGM in Bournemouth in July 2017 and members of the Board have been appointed. Over the next 12 months ACPGBI aims to;

- Balance income and outgoings within the principal business account. Funding of future initiatives to be agreed at the annual strategy meeting with distribution of funds based on profit from annual meeting.
- Maintain current membership base for 2021-2022.
- Make it more expensive for non-members to attend the annual meeting than to become a member of ACP.
- Provide funding to support members to attend the Tripartite meeting in Auckland.
- Continue to fund tow Dukes' Club travelling fellowships.
- Continue to fund the South African Fellow together with American, Australasian and European Fellows (there is a reciprocal arrangement with the Americans and Australasians).
- Continue to fund the ACPGBI/RCS badged fellowships £10,000.
- Continue limited (max £1,000 per year) funding to facilitate Chapters to run meetings during the year.
- Continue to part fund surgical specialty lead £10,000.
- Continue to allow medical students free registration for the Annual Meeting and reimburse their travelling expenses if they are presenting at the meeting, but not their accommodation costs
- Continue to provide 50 free places at the annual meeting for nurse members of ACPGGBI.
- Colorectal Disease strategy and financial planning meeting annually with Wiley.
- Provide annual appraisal and salary review for our staff.

TRUSTEES RESPONSIBILITIES

The trustees (who are also directors of The Association of Coloproctology of Great Britain and Ireland for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom General Accepted Accounting Practice).

Company law requires the trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the Charities SORP;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable UK Accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

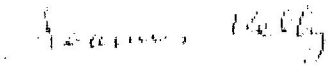
In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware, and
- The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

TRUSTEES ANNUAL REPORT (CONTINUED)
YEAR ENDED 31 DECEMBER 2020

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

Approved by the Trustees and signed on their behalf by



Mr Seamus B Kelly
Honorary Treasurer
Association of Coloproctology and Great Britain and Ireland

Dated 15.06.2021

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND (COMPANY LIMITED BY GUARANTEE)

INDEPENDENT AUDITORS' REPORT TO THE TRUSTEES

YEAR ENDED 31 DECEMBER 2020

Opinion

We have audited the financial statements of The Association of Coloproctology of Great Britain and Ireland (the parent 'charitable company') for the year ended 31 December 2020 which comprise the Consolidated Group Statement of Financial Activities, the Consolidate Group and Parent Balance Sheet, the Consolidated Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the parent charitable company's affairs as at 31 December 2020 and of the group's and the parent charitable company's incoming resources and application of resources, including group's and the parent charitable company's income and expenditure, for the year then ended;
- the parent company affairs have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- the financial statements have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Emphasis of matter

We draw attention to the fact that during the year Bowel Disease Research Foundation has transferred its trade, assets and liabilities to Bowel Research UK and that the interim accounts of the Bowel Disease Research Foundation are un-audited. We are of the opinion that the above does not effect the overall results for the year or have any impact on the rdisclosed results

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group and parent charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

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

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

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

Opinion on other matters prescribed by the Companies Act 2006
In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Report of the Trustees for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Report of the Trustees has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception
In the light of the knowledge and understanding of the group and parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Report of the Trustees.

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the parent company or returns adequate for our audit have not been received from branches not visited by us; or
- the parent company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

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

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

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

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

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Mr Keith Adrian Ford (Senior Statutory Auditor)
For and on behalf of Ford Bentall LLP
Statutory Auditor
60 High Street
Chobham
Surrey
GU24 8AA

Dated: 29/10/..... 2021

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE – REGISTRATION NUMBER 05962281)

CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCOME AND EXPENDITURE ACCOUNT)

YEAR ENDED 31 DECEMBER 2020

	Note	Unrestricted Funds Year to 31 Dec 20 £	Restricted Funds Year to 31 Dec 20 £	Total Funds Year to 31 Dec 20 £	Total Funds Year to 31 Dec 19 £
INCOME AND ENDOWMENTS FROM					
Donations and legacies	2	65,157	-	65,157	505,947
Charitable activities	5				
Education		52,764	-	52,764	169,011
Provision of publication		128,343	-	128,343	86,001
Annual General Meeting		61,059	-	61,059	480,670
Other trading activities	3	274,859	-	274,859	250,173
Investment income	4	904	-	904	2,938
TOTAL INCOME		583,086	-	583,086	1,494,740
EXPENDITURE ON					
Raising funds	6	-	-	-	101,705
Charitable activities:					
Bursaries	6	63,604	-	63,604	501,779
Education	6	150,592	-	150,592	312,505
Provision of publications	6	59,248	-	59,248	38,521
Annual General Meeting	6	189,288	-	189,288	479,663
Governance costs	6	193,207	-	193,207	42,077
TOTAL EXPENDITURE	6	655,939	-	655,939	1,476,250
NET INCOME/(EXPENDITURE)		-72,853	-	-72,853	18,490
Subsidiary demeger		(213,911)	(59,922)	(273,833)	-
Net Movement in funds		(286,764)	(59,922)	(346,686)	18,490
RECONCILIATION OF FUNDS					
Total funds brought forward		1,514,409	68,454	1,582,863	1,564,373
Total funds carried forward		1,227,645	8,532	1,236,177	1,582,863

The statement of financial activities includes all gains and losses recognised in the year. All incoming resources and resources expended derive from continuing activities.

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE – REGISTRATION NUMBER 05962281)

BALANCE SHEET

YEAR ENDED 31 DECEMBER 2020

	Note	Group 2020 £	2019 £	Charity 2020 £	2019 £
FIXED ASSETS					
Intangible assets	12	**5,040**	9,445	**5,040**	7,560
Tangible assets		**1,640**	3,208	**1,640**	2,183
		6,680	12,653	**6,680**	9,743
CURRENT ASSETS					
Stocks		**479**	479	**479**	479
Debtors	13	**339,613**	324,627	**339,613**	235,375
Cash at bank		**982,949**	1,833,077	**982,949**	1,058,829
		1,323,041	2,158,183	**1,323,041**	1,294,683
CREDITORS:					
Amounts falling due within one year	14	**(93,444)**	(587,973)	**(93,444)**	(90,717)
NET CURRENT ASSETS		**1,229,597**	1,570,210	**1,229,597**	1,203,966
TOTAL ASSETS LESS CURRENT LIABILITIES		**1,236,277**	1,582,863	**1,236,277**	1,213,709
NET ASSETS		**1,236,277**	1,582,863	**1,236,277**	1,213,709
FUNDS					
Unrestricted		**1,227,745**	1,514,409	**1,227,745**	1,205,177
Restricted	16	**8,532**	68,454	**8,532**	8,532
TOTAL FUNDS		**1,236,277**	1,582,863	**1,236,277**	1,213,709

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small charitable Companies.

These accounts were approved by the members of the committee and authorised for issue on 2021 and are signed on their behalf by:

.....
Professor S R Brown
President
Association of Coloproctology of Great Britain and Ireland

Company Registration Number: 05962281

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE – REGISTRATION NUMBER 05962281)

CASH FLOW STATEMENT

YEAR ENDED 31 DECEMBER 2020

	Note	Group 2020 £	2019 £	Charity 2020 £	2019 £
Cash flows from operating activities					
Cash generated from operations	1	**(849,679)**	261,868	**(75,431)**	125,865
Interest paid		**-**	-	**-**	
Net cash provided by (used in) operating Activities		**(849,679)**	261,868	**(75,431)**	**125,865**
Net cash provided by (used in) investing activities					
Purchase of fixed assets		**449**	2,155	**449**	-
Change in cash and cash equivalents in the reporting period		**(850,128)**	259,533	**(75,880)**	**125,865**
Cash and cash equivalents at the beginning of the reporting period		**1,833,077**	1,573,544	**1,058,829**	932,964
Cash and cash equivalents at the end of the reporting period		**982,949**	1,833,077	**982,949**	1,058,829

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE – REGISTRATION NUMBER 05962281)5
NOTES TO THE CASH FLOW STATEMENT

YEAR ENDED 31 DECEMBER 2020

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

	Group		Charity	
	2020	2019	**2020**	2019
	£	£	**£**	£
Net income for the reporting period (as per the statement of financial activities)	**(72,853)**	18,490	**22,567**	95,336
Adjustments for:				
Depreciation charges	**3,509**	3,641	**3,509**	2,727
Current assets less current liabilities returned to subsidiary	**(270,820)**	-	**-**	-
Decrease / (increase) in debtors	**(14,986)**	(44,150)	**(104,234)**	34,440
Increase / (decrease) in creditors	**(494,529)**	283,887	**2,727**	(6,638)
	(849,679)	261,868	**(75,431)**	125,865

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)

NOTES TO THE ACCOUNTS

YEAR ENDED 31 DECEMBER 2020

1. ACCOUNTING POLICIES

Basis of preparing the financial statements

The financial statements of the Charitable group, 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 Companies Act 2006. The financial statements have been prepared under the historical cost convention.

The charitable company was incorporated in England. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £10 per member. The address of the registered office and nature of the charity's operations are disclosed in the Trustees annual report.

Preparation of the accounts on a going concern basis

The trustees have considered the future trading of the Charitable group and have prepared forecasts for a period of twelve months from the date of these financial statements. They have a reasonable expectation that the Charitable group can continue to meet its liabilities as they fall due. On this basis, the trustees consider it appropriate to prepare the financial statements on the going concern basis despite the Covid-19 global pandemic.

Basis of consolidation

The financial statements consolidate the results of the Association of Coloproctology of Great Britain and Ireland (ACPGBI) and of its wholly owned subsidiary, the Bowel Disease Research Foundation (BDRF). The results are presented for the Charity (ACPGBI) and the Group (ACPGBI and BDRF). No separate Statement of Financial Activities has been presented for the Charity alone as permitted by the Charities SORP 2005 and the Companies Act 2006.

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.

Legacies

Legacies are recognised when the charity is advised by the personal representatives of an estate that payment will be made or property transferred and the amount involved can be quantified.

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.

Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.
Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or when funds are raised for a specific purpose. The aim and use of each restricted fund is set out in the notes to the financial statements.

Allocation and apportionment of costs

Expenditure is allocated to the relevant activity categories on a basis that is consistent with the use of that resource.

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2020

1. ACCOUNTING POLICIES CONTINUED

- Costs of generating funds includes all cost relating to activities where the primary aim is to raise funds.
- Charitable activities includes all costs relating to activities where the primary aim is part of the objects of the Charity
- Governance costs includes audit fees, travel and meeting costs and legal and professional costs.

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

Taxation
The charity is exempt from corporation tax on its charitable activities

Fixed assets
All fixed assets are initially recorded at cost.

Depreciation
Depreciation is calculated so as to write off the cost of an asset, less its estimated residual value, over the useful economic life of that asset as follows:

Computer equipment	-	25% reducing balance
Office equipment	-	15% reducing balance
Exhibition stand	-	15% reducing balance
Leasehold improvements	-	15% reducing balance
Chain of Office & Medal Dies	-	20% straight line

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

Pension costs and other post retirement benefits
The charitable parent company and its subsidiary participate in the Superannuation Arrangements of the University of London (SAUL), which is a defined benefit scheme. The scheme is contracted out of the State Earnings-Related Pension scheme. The scheme is valued formally every three years by professionally qualified and independent actuaries. Reviews of the scheme's positions are carried out in between valuations. The actuarial valuation applies to SAUL as a whole and does not identify surpluses or deficits applicable to individual employers. The charitable company therefore accounts its participation in SAUL as if it were a defined contribution scheme and pension costs are based on amounts actually paid (i.e. cash amounts) in accordance with paragraphs 28.11 of FRS 102.

Debtors
Debtors are recognised at the settlement amount due after any trade discounts offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

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

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

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2020

2. DONATIONS AND LEGACIES

	2020	2019
	£	£
Donations (from trusts, events, private companies, individuals, etc)	**65,157**	505,947
	65,157	505,947

3. OTHER TRADING ACTIVITIES

	2020	2019
	£	£
Subscription	274,859	250,173
	274,859	250,173

4. INVESTMENT INCOME

	2020	2019
	£	£
Bank interest receivable	**904**	2,938
	904	2,938

5. INCOME FROM CHARITABLE ACTIVITIES

	Activity	2020	2019
		£	£
Pelvic Floor Society	Education	**5,500**	72,763
Coloproctology motorway course	Education	**650**	37,050
Dukes' Club	Education	**29,189**	55,305
Other meetings	Education	**2,425**	2,931
Ileal Pouch	Education	**15,000**	-
Publication Income	Provision of Colorectal journal	**128,343**	86,001
Annual General Meeting	Annual General Meeting	**61,059**	480,670
CReaTE Roadshows	Education	**-**	1,100
		242,166	735,682

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2020

1. TOTAL EXPENDITURE

FUNDRAISING AND CHARITABLE ACTIVITIES	Raising Funds	Bursaries	Education	Provision of publications	Annual meeting	Governance costs	Total Funds Dec 2020	Total Funds Dec 2019
	£	£	£	£	£	£	£	£
AGM and other meetings	-	-	-	-	189,288	-	189,288	479,663
Grants to Institutions	-	-	-	-	-	-	-	431,160
Travel fellowship	-	-	6,832	-	-	-	6,832	23,163
Other meetings	-	-	7,621	-	-	-	7,621	600
Pelvic Floor Society	-	-	10,857	-	-	-	10,857	44,280
Subscription to colorectal disease	-	-	-	59,248	-	-	59,248	38,521
Surgical Specialty Lead	-	-	5,027	-	-	-	5,027	10,000
Bowel Research UK	-	-	30,249	-	-	-	30,249	-
Fundraising Costs	-	-	-	-	-	-	-	6,807
Coloproctology motorway course	-	-	6,232	-	-	-	6,232	27,349
Dukes' Club	-	-	19,534	-	-	-	19,534	57,257
CReatE	-	-	-	-	-	-	-	4,133
Chapter meetings	-	-	1,543	-	-	-	1,543	8,855
Sub total	-	-	87,895	59,248	189,288	-	336,341	1,131,788
SUPPORT COSTS								
Management	-	49,950	48,556	-	-	48,556	147,062	234,731
Meetings and travel costs	-	413	-	-	-	10,976	11,389	30,092
Information Technology	-	-	900	-	-	9,687	10,857	22,869
Administration services	-	13,241	13,241	-	-	87,953	114,435	19,318
Finance	-	-	-	-	-	1,187	1,187	2,291
Accountancy & audit fees	-	-	-	-	-	15,252	15,252	24,178
Legal & professional	-	-	-			8,373	8,373	-
Other costs	-	-	-	-	-	11,223	11,223	10,983
Sub total	-	63,604	62,697	-	-	193,207	319,508	344,462
TOTAL RESOURCES EXPENDED	-	63,604	150,592	59,248	189,288	193,207	655,939	1,476,250

Support costs have been directly attributed to activities where it has been possible to do so.

7. GRANTS PAYABLE TO INSTITUTIONS

	2020	2019
	£	£
Bursaries	**30,249**	431,160

The total grants paid to and repaid by Institutions during the year were as follows:

	2020	2019
	£	£
Bowel Research UK	**30,249**	-
NASBO	-	1,215
University of Sheffield	-	1,160
Countess of Chester NHS Trust	-	5,000
University Hospitals of Coventry & Warwickshire	-	7,236
Multiple Ins	-	(7,887)
University of Newcastle	-	1,588
University of Southampton		16,578
	30,249	24,890

In addition to the above the following amounts have been included in creditors as at the year end the charity was committed to funding these grant applications:

	2020	2019
	£	£
University of the Highlands and Islands	-	**71,333**
Countess of Chester NHS Trust	-	25,000
University of Edinburgh	-	11,480
St Marks Hospital	-	-
NHS Lothian	-	10,000
University of Oxford	-	-
University of Southampton	-	9,921
University of Newcastle	-	63,912
University of Leicester	-	25,000
University of Sheffield	-	5,973
University of Manchester	-	(51)
University of Warwick	-	21,707
University of Oxford	-	-
Countess of Chester	-	-
Birkbeck College, University of London	-	31,441
University of Birmingham	-	130,484
Cardiff & Vale University Health Board	-	-
	-	406,270
Total grants payable in the year	**30,249**	431,160

Some of the grant applications were agreed to be funded in stages throughout the project. No project exceeds three years. Further payments to these projects will be made only after receipt of satisfactory reports detailing the progress of the activities

Grants are returned due to conditions attached to the initial funding not being fulfilled or alternatively Institutions not spending all of their funding.

Further details on grants awarded to institutions can be found on the website www.bdrf.org.uk

8. NET INCOMING/ (OUTGOING) RESOURCES

Net resources are stated after charging/(crediting)	**2020**	2019
	£	£
Auditors remuneration	**12,752**	17,320
Auditors remuneration for non-audit work	**2,500**	6,858
Depreciation – owned assets	**3,509**	3,461

9. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 December 2020 nor the year ended 31 December 2019.

Trustees' expenses	**2020**	2019
	£	£
Trustees' expenses	**1,669**	6,679

During the year 5 (2019:12) trustees received reimbursed expenses for travel costs to trustees meetings.

10. STAFF COSTS

	2020	2019
	£	£
Wages and salaries	**116,586**	160,518
Social security costs	**11,651**	14,456
Pension costs	**19,826**	31,790
	147,063	207,064

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

	2020	2019
Fundraising and administration	**5**	4

The key management for the charities comprise of the Trustees, CEO, and co-ordinators.

There were no employees whose annual remuneration was £60,000 or more.

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2020

11. 2019 COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES

	Unrestricted fund	Restricted funds	Total funds
	£	£	£
INCOME AND ENDOWMENTS FROM			
Donations and legacies	261,609	244,338	505,947
Charitable activities			
Education	169,011	-	169,011
Provision of Publications	86,001	-	86,001
Annual General Meeting	480,670	-	420,670
Other trading activities	250,173	-	250,173
Investment income	2,938	-	2,938
Total income	1,250,402	244,338	1,494,740
TOTAL EXPENDITURE ON			
Raising funds	101,705	-	101,705
Charitable activities			
Bursaries	253,875	247,904	501,779
Education	312.505	-	312,505
Provision of publication	38,521	-	38,521
Annual General Meeting	479,663	-	479,663
Governance costs	42,077	-	42,077
TOTAL EXPENDITURE	1,228,346	247,904	1,476,250
NET INCOME	22,056	(3,566)	18,490
Transfer between funds	(2,000)	2,000	-
Net movement in funds	20,056	(1,566)	18,490
RECONCILIATION OF FUNDS			
Total funds brought forward	1,494,353	70,020	1,564,373
Total funds carried forward	1,514,409	68,454	1,582,863

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2020

12a. INTANGIBLE FIXED ASSETS

(a) GROUP

	Software & Website £
COST	
At 1 Jan 2020	14,754
Disposal	(2,154)
At 31 Dec 2020	12,600
DEPRECIATION	
At 1 Jan 2020	5,309
Charge for the year	2,520
Disposal	(269)
At 31 Dec 2020	7,560
NET BOOK VALUE	
AT 31 DEC 2020	**5040**
AT 31 DEC 2019	9,445

(b) CHARITY

NET BOOK VALUE	
AT 31 DEC 2020	**5,040**
AT 31 DEC 2019	7,560

12b. TANGIBLE FIXED ASSETS

(b) GROUP

	Office Equipment £	Computer equipment £	Office & medal dies £	Total £
COST				
At 1 Jan 2020	3,444	5,967	4,064	13,475
Additions	-	449	-	449
Disposals	(1,115)	(5,527)	-	(6,642)
At 31 Dec 2020	2,329	889	4,064	7,282
DEPRECIATION				
At 1 Jan 2019	2,905	5,059	2,304	10,268
Charge for the year	46	132	812	990
Disposals	(881)	(4,735)	-	(5,616)
At 31 Dec 2020	2,070	456	3,116	5,642
NET BOOK VALUE				
AT 31 DEC 2020	**259**	**433**	**948**	**1,640**
AT 31 DEC 2019	540	909	1,760	3,209

(b) CHARITY

NET BOOK VALUE				
AT 31 DEC 2020	**259**	**433**	**948**	**1,640**
AT 31 DEC 2019	307	116	1,760	2,183

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2020

13. DEBTORS: Amounts falling due within one year

	Group		Charity	
	2020	2019	**2020**	2019
	£	£	**£**	£
AGM 2023 &2024 Prepaid expenses	**15,831**	-	**15,831**	-
AGM 2022 Prepaid expenses	**33,561**	-	**33,561**	-
AGM 2021 Prepaid expenses	**73,179**	7,201	**73,179**	7,201
AGM 2020 Prepaid expenses	**-**	125,270	**-**	125,270
Trade debtors	**6,583**	86,001	**6,583**	-
Prepayments and accrued income	**82,116**	22,173	**82,116**	16,903
Other debtors	**128,343**	83,982	**128,343**	86,001
	339,613	324,627	**339,613**	235,375

14. CREDITORS: Amounts falling due within one year

	Group		Charity	
	2020	2019	**2020**	2019
	£	£	**£**	£
Other creditors	**-**	518,830	**-**	-
Deferred income	**31,898**	-	**31,898**	58,833
Accruals	**43,404**	51,503	**43,404**	16,454
Trade creditors	**7,189**	3,100	**7,189**	2,869
Other taxation	**10,953**	14,540	**10,953**	12,561
	93,444	587,973	**93,444**	90,717

15. SUBSIDIARY COMPANY

The ACPGBI had a wholly owned subsidiary known as the Bowel Disease Research Foundation (BDRF).

From 12 June 2020, BDRF ceased to be a subsidiary member of ACPGBI, a company limited by guarantee (company number 06309182) and is registered with the Charity Commission (registered charity number 1120460).

The objects of the BDRF are:-

- The relief of patients suffering from bowel disease
- The promotion of research into causes, prevention and treatment of diseases of the ileum, colon and rectum.
- The advancement of study of biological and clinical problems and research, education and treatment.
- The promotion and advancement of education of the general public relating to bowel disease.

In the period to 12 June 2020, the unconsolidated results of the BDRF were total income of £75,116 (2019: £520,946), total expenditure of £170,537 (2019: £597,792), with net expenditure of £95,421 (2019: net expenditure of 76,848). The BDRF reserves of £273,833 were taken out of the Group accounts as at 12 June 2020, as a result of the demerger

The unaudited BDRF accounts for the period to 12 June 2020 have been consolidated on a line by line basis in the accounts.

16. RESTRICTED FUNDS

	Balance at 1 Jan 2020	Incoming resources	Resources expended	Transfers between funds	Balance at 31 Dec 2020
	£	£	£	£	£
Laparoscopic Colorectal Surgery	7,532	-	-	-	7,532
Bursaries					
Scottish Chapter	1,000	-	-	-	1,000
Research fund	59,922	-	-	(59,922)	-
	68,454	**-**	**-**	**(59,922)**	**8,532**

During 2008, Covidien provided an educational grant of £25,000 to provide travelling bursaries for consultants and colorectal surgeons in training that are members of the ACPGBI to obtain experience of laparoscopic colorectal surgery in the UK and Europe. During 2019, £nil of these bursaries were utilised and £7,532 remains available.

The Scottish Chapter restricted fund relates to a donation received in 2017 for the benefit of the Scottish Chapter. £1,000 remains available.

The Research Fund is specifically for funding of BDRF's research programme. Occasionally the restriction imposed by the donor extends to funding of specific named projects.

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2020

17. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Restricted Funds	General Funds	2020	2019
	£	£	£	£
Tangible fixed assets	-	6,680	6,680	12,653
Current assets/liabilities	8,532	1,221,065	1,229,597	1,570,210
	8,532	**1,227,745**	**1,236,277**	1,582,863

18. RELATED PARTY TRANSACTIONS

The ACPGBI has a close working relationship with the BDRF which merged to become Bowel Research UK. ACPGBI offers assistance with the running costs of the charity in the forms of grants. In the year to December 2020, the ACPGBI had paid £10,000 (2019: £15,000) to Bowel Research UK.

The ACPGBI is intending to continue its support of the Bowel Research UK with a planned donation of £15,000 to Bowel Research UK in 2021. Future years are to be reviewed on a regular basis.

19. PENSION COMMITMENTS

The company participates in the Superannuation Arrangements of the University of London (SAUL), a centralised defined benefit scheme within the United Kingdom for all qualified employees with assets held in separate Trustee administered funds. The company has adopted FRS17 for accounting for pension costs. It is not possible to identify the Company`s share of the underlying assets and liabilities of SAUL. Therefore contributions are accounted for as if SAUL were a defined contributions scheme and pension costs are based on the amounts actually paid (i.e., cash amounts) in accordance with paragraphs 28.11 of FRS 102. The total cost of pension contributions on behalf of employees of the company during the period was £19,826 (2019: £31,790).

The scheme is subject to triennial valuation by professionally qualified independent actuaries. The last available valuation was carried out at 31 March 2020 using the projected credit method in which the actuarial liability makes allowance for projected earnings.

The following assumptions were used to assess the past service funding position and future service liabilities:

		Projected Unit Technical Provisions	*Future Service*
Valuation method			
Investment return – pre-retirement		**2.45% p.a.**	3.62%
Investment return – post-retirement		**0.35% p.a.**	2.37%
Price Inflation (RPI)	Full unadjusted market implied RPI Curve		
Price Inflation (CPI)	Full Curve derived as RPI Curve less 1% p.a, before 2030 and no deduction thereafter.		
General salary increase	Full Curve derived as RPI Curve less 1% p.a		

(Continued)

19. PENSION COMMITMENTS (Continued)

The actuarial method applies to the scheme as a whole and does not identify surpluses of deficits applicable to individual employers. SAUL's funding in the lead up to the valuation was affected by an environment of continuing low gift yields and uncertainty of Brexit. Covid 19 also introduced financial volatility immediately before and during the 2020 valuation process.

The Valuation results show that SAUL's funding level at 31 March 2020 (the valuation date) was 94%, with a funding deficit of £217 million.

SAUL has recovered from the short term impact of pandemic because of immediate action. On 30th April 2021, SAUL had 109% of the money we need. So SAUL is in good place and we have got more money than needed to pay the pensions already promised too SAUL members. This is now as being in surplus.

20. CAPITAL COMMITMENTS

There were Capital Commitments of £36,000 in respect of Information Technology as at 31 December 2020.

21. ULTIMATE CONTROLLING PARTY

The charitable company is controlled by its trustees who are also its directors.