

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	

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**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(REFERRED TO AS ACPGBI)
REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 DECEMBER 2024**

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 colonoscopy, 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 agnostic 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 extend 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 experts 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 (AECOP) being invoiced in 2024. The AECOP 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 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 not 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 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.

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(REFERRED TO AS ACPGBI)
REPORT OF THE TRUSTEES FOR THE YEAR ENDED 31 DECEMBER 2024**

- 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.

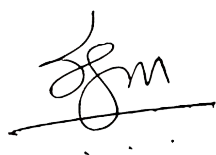
In so far as the Trustees are aware:

- 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

A handwritten signature in black ink, appearing to be 'Sushil Maslekar', written over a horizontal line.

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.

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

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.

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

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.

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

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**

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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	-	-	-
<u>Charitable activities</u>							-
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		<u>1,316,097</u>	<u>3,000</u>	<u>1,319,097</u>	<u>1,358,634</u>	<u>-</u>	<u>1,358,634</u>
<u>Charitable activities</u>							
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		<u>1,422,935</u>	<u>1,646</u>	<u>1,424,581</u>	<u>1,027,550</u>	<u>-</u>	<u>1,027,550</u>
Total expenditure		<u>1,422,935</u>	<u>1,646</u>	<u>1,424,581</u>	<u>1,027,550</u>	<u>-</u>	<u>1,027,550</u>
Net gains/(losses) on investments	12	(25,903)	-	(25,903)	4,574	-	4,574
Net income/(expenditure) and movement in funds		<u>(132,741)</u>	<u>1,354</u>	<u>(131,387)</u>	<u>335,658</u>	<u>-</u>	<u>335,658</u>
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		<u>1,895,974</u>	<u>8,532</u>	<u>1,904,506</u>	<u>1,560,316</u>	<u>8,532</u>	<u>1,568,848</u>
Fund balances at 31 December 2024		<u>1,763,233</u>	<u>9,886</u>	<u>1,773,119</u>	<u>1,895,974</u>	<u>8,532</u>	<u>1,904,506</u>

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

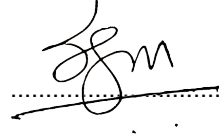
THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(REFERRED TO AS ACPGBI)
BALANCE SHEET

AS AT 31 DECEMBER 2024

	Notes	2024 £	£	2023 £	£
Fixed assets					
Intangible assets	14		26,820		53,159
Tangible assets	15		867		1,289
Investments	16		521,125		506,712
			<u>548,812</u>		<u>561,160</u>
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	
		<u>1,263,795</u>		<u>1,412,997</u>	
Creditors: amounts falling due within one year	19	39,488		69,651	
Net current assets			<u>1,224,307</u>		<u>1,343,346</u>
Total assets less current liabilities			<u><u>1,773,119</u></u>		<u><u>1,904,506</u></u>
The funds of the charity					
Restricted income funds	21	9,886		8,532	
Unrestricted funds		1,763,233		1,895,974	
		<u>1,773,119</u>		<u>1,904,506</u>	

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 on29th 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 £	£	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

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(REFERRED TO AS ACPGBI)
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2024

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.

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(REFERRED TO AS ACPGBI)
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2024

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.

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(REFERRED TO AS ACPGBI)
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2024

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.

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NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2024

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	-

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NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2024

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
	<u>1,034,516</u>	<u>3,000</u>	<u>1,037,516</u>	<u>1,080,246</u>	<u>-</u>	<u>1,080,246</u>

5 Income from other trading activities

	Unrestricted funds 2024 £	Unrestricted funds 2023 £
Subscriptions	250,037	262,508
Interest receivable	14,228	13,742
	<u>264,265</u>	<u>276,250</u>

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NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2024

6 Income from investments

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

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NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2024

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

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NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2024

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

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
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NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2024

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	-
	<u>86,770</u>	<u>20,377</u>
Grants to individuals	2,837	-
	<u>89,607</u>	<u>20,377</u>

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
	<u>310,264</u>	<u>207,761</u>
Analysed between:		
Education	<u>310,264</u>	<u>207,761</u>

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9 Support costs allocated to activities (Continued)

	2024	2023
	£	£
Governance costs comprise:		
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
	<u>54,070</u>	<u>17,311</u>

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	2023
	Number	Number
Administration	<u>2</u>	<u>2</u>

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

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

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

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(REFERRED TO AS ACPGBI)
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2024

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
	<u>93,826</u>
At 31 December 2024	<u>93,826</u>
Amortisation and impairment	
At 1 January 2024	36,436
Amortisation charged for the year	30,570
	<u>67,006</u>
At 31 December 2024	<u>67,006</u>
Carrying amount	
At 31 December 2024	<u>26,820</u>
At 31 December 2023	<u>53,159</u>

15 Tangible fixed assets

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

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NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2024

16 Fixed asset investments

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

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
	<hr/> <hr/>	<hr/> <hr/>

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
	<hr/>	<hr/>
	348,404	381,332
	<hr/> <hr/>	<hr/> <hr/>

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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
	<u>39,488</u>	<u>69,651</u>

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FOR THE YEAR ENDED 31 DECEMBER 2024

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).

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FOR THE YEAR ENDED 31 DECEMBER 2024

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
	<u>8,532</u>	<u>3,000</u>	<u>(1,646)</u>	<u>9,886</u>
	<u><u>8,532</u></u>	<u><u>3,000</u></u>	<u><u>(1,646)</u></u>	<u><u>9,886</u></u>
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
	<u>8,532</u>	<u>-</u>	<u>-</u>	<u>8,532</u>
	<u><u>8,532</u></u>	<u><u>-</u></u>	<u><u>-</u></u>	<u><u>8,532</u></u>

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.

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NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2024

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
	<u>1,763,233</u>	<u>9,886</u>	<u>1,773,119</u>
	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
	<u>1,895,974</u>	<u>8,532</u>	<u>1,904,506</u>

23 Related party transactions

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

24 Cash generated from operations	2024 £	2023 £
(Deficit)/surplus 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	<u>(85,821)</u>	<u>375,299</u>

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25 Analysis of changes in net funds

The charity had no material debt during the year.