BRITISH PAEDIATRIC NEUROLOGY ASSOCIATION

England & Wales · Charity number 1159115

Details

Other names	BPNA
Status	Registered
Legal form	CIO
Registered	2014-11-06
Register	View on the Charity Commission register

Contact

Address	Bpna Atria Suite M2 Spa Road Bolton BL1 4AG
Phone	01204 526 002
Email	info@bpna.org.uk
Website	www.bpna.org.uk

Activities

Objects: THE OBJECTS OF THE CIO ARE TO PROMOTE THE HEALTH AND WELL-BEING OF CHILDREN WITH NEUROLOGICAL DISORDERS THROUGH:1.THE TRAINING AND EDUCATION OF PROFESSIONALS WORKING IN THE FIELD OF PAEDIATRIC NEUROSCIENCES.2.THE PROMOTION OF RESEARCH INTO THE CAUSES, EFFECTS AND TREATMENTS OF NEUROLOGICAL DISORDERS AFFECTING CHILDREN AND YOUNG PEOPLE.3.THE PROMOTION OF KNOWLEDGE TO PROFESSIONALS, THE PUBLIC AND PATIENTS AND THEIR FAMILIES THROUGH SCIENTIFIC AND EDUCATIONAL MEETINGS.4.THE PROVISION OF PROFESSIONAL SUPPORT TO MEMBERS TO FACILITATE THE DELIVERY OF THE ABOVE OBJECTS.

Activities: Promote the health and well-being of children with neurological disorders through: providing training and education through face-to face course and distance learning to professionals caring for children with neurological disorders to improve diagnosis and care; promoting research; providing professional support to members and working with health service providers to improve care.

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Classification

- **How:** Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** Children/young People, People With Disabilities, Other Defined Groups

Geography

- Australia
- Brazil
- Burma
- Colombia
- Ghana
- India
- Kenya
- New Zealand
- Qatar
- South Africa
- Sudan
- Tanzania
- Uganda
- United Arab Emirates
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£1,278,107	£1,320,336	£921,524	10
2024-03-31	£1,217,765	£1,186,650	£963,753	10
2023-03-31	£1,154,406	£1,031,160	£932,638	11
2022-03-31	£729,064	£605,816	£809,392	10
2021-03-31	£724,379	£520,224	£686,144	10

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Trustees

Name	Role	Appointed
Dr Ailsa McLellan		2019-01-23
Dr Daniel Edward Lumsden		2022-01-12
Dr Dipak Ram		2021-01-20
Dr Katherine Jane Hassell		2025-01-09
Dr Manali Chitre		2024-01-25
Dr Manish Prasad		2023-05-01
Dr Santosh Mordekar		2023-01-16
Professor Sameer Mustafa Zuberi		2026-01-29
Professor Samir Amin		2022-01-12

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BRITISH PAEDIATRIC NEUROLOGY ASSOCIATION

England & Wales - Charity number 1159115

Accounts

REGISTERED CHARITY NUMBER: 1159115

Report of the Trustees and

Financial Statements for the Year Ended 31 March 2025

for

British Paediatric Neurology Association

British Paediatric Neurology Association

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for the Year Ended 31 March 2025

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British Paediatric Neurology Association

Report of the Trustees
for the Year Ended 31 March 2025

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

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

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

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

- We had a strategy day and created a Vision and Mission and are developing the BPNA direction in the coming years which will include a review of how Trustees and Executive are structured

- We have started the scoping for a new website and plan to rebrand and redesign between 2025 and 2026

- The continuing growth in our membership, now sitting at 732 members

- A very successful hybrid conference in Oxford attended by 861 Delegates from 55 different counties

- Building on our PPI activities with involvement in short course writing and well received charity videos at the annual conference

- Launch of the PET Foundation course materials, which have been designed by BPNA and ESNA for specialist nurse or paediatricians with expertise in epilepsy to deliver face to face small group teaching in local non-health setting such as schools and nurseries

- Launch of French translation of PET1 in Tunisia

- Publication of a paper demonstrating outcomes from PET1 course including that 98% of PET1 delegates change their clinical practice after attending the course

- Very successful Paediatric Neurology Grid round appointing 11 trainees in highly competitive interviews meaning that recruitment has now stabilised

- Expansion of Professional Support activities to include new Grid Trainees Support Program and training sessions for senior mentors

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

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

Dr Ailsa McLellan

BPNA President (2024 - 2027)

OBJECTIVES AND ACTIVITIES

Objectives and aims

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

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

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

Main activities undertaken in relation to the purpose

Vision and Mission

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

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

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

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

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

OBJECTIVES AND ACTIVITIES

3. Improvement of knowledge of professionals, the public and patients through the annual scientific meeting held in January.

4. Promotion of research through:
   - British Paediatric Neurology Surveillance Unit (BPNSU); and
   - Paediatric Neurology Research Fellowship.

5. Provision of professional support through:
   - Mentoring;
   - Team support;
   - Special interest groups

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

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

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

Fundraising
BPNA raises funds through applying for grants and sponsorship from organisations that have the same interests.
The charity has used its own staff for fundraising and not any external fundraisers.
The charity is not a member of any voluntary scheme for regulating fundraising.
All fundraising activities are monitored by the Executive Director and the charity has not received any complaints regarding its fundraising activities.
The charity doesn't come into contact with vulnerable people as it is not involved with street or door to door fundraising.

ACHIEVEMENTS AND PERFORMANCE
Charitable activities
1. Training

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

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

1.2. New curriculum

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

1.3. Appointment of new grid trainees

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

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

1.4. Assessment and Support for Existing Trainees

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

1.5. Special Interest (SpIN) module in Epilepsy

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

1.6. Assessment of 'Non-Grid' Training

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

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

1.7. Approval of New Posts

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

2. Education

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

2.1. Paediatric Epilepsy Training (PET)

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

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

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

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

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

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

2.2. Children's Headache Training (CHaT)

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

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

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

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

2.3. Neonatal Neurology Assessment and Treatment Education (NeoNATE)

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

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

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

2.4. Expert to Expert

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

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

2.5. Approaching Children's Tone (ACT)

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

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

2.6 Acute Paediatric Neurology

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

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

2.7 Movement Disorders Education (MovED)

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

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

2.8. Distance Learning in Paediatric Neurology

Introduction

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

Distance Learning complements BPNA short courses, providing depth and extending the knowledge gained at a one- and two-day courses. Working with respective short-course development teams, explicit links are being provided in DL units to reinforce the learning provided in the related short-courses. Thus, we encourage:
- PET attendees to study Unit 6 Epilepsy
- NeoNATE attendees to study Unit 2 Neonatal Neurology
- CHaT attendees to study Unit 12 Headache
- ACT attendees to study Unit 5 Neuromuscular and Unit 4 Central Motor Disorders
- Acute Paediatric Neurology attendees to study Unit 13 Acute Paediatric Neurology

Updating content
Distance Learning is hosted on the Moodle platform.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Trustees are cognisant of the need to ensure international launch and delivery of courses is sustainable and that all courses meet our defined quality standards. The following international partners support us in these aims:
- Australia - Australia and New Zealand Child Neurology Society
- Brazil - Liga Brasileira de Epilepsia
- Colombia - Asociación Colombiana de Neurología Infantil and Universidad de Antioquia
- Ghana - Paediatric Society of Ghana
- India - Raindrops Children's Foundation
- Kenya - Kenya Paediatric Association
- New Zealand - New Zealand League Against Epilepsy
- Singapore - KK Women's and Children's Hospital
- South Africa - Paediatric Neurology Development Association of Southern Africa
- Tanzania - Paediatric Association of Tanzania
- Tunisia - Association Tunisienne pour le Développement de Épileptologie
- Uganda - Uganda Paediatric Association
- Zambia - Zambian Paediatric Association
- Zimbabwe - Paediatric Association of Zimbabwe

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

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

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

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

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

2.11. Evaluation of educational activities

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

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

3. Annual Scientific Conference

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

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

2025 Prizes were awarded to:

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

4. Patient and Public Involvement (PPI)
We had 10 paediatric neurology related charities or associations attended the conference and take up a physical stand to engage with BPNA members and the other attendees.

Visiting stand stamp Cards
To motivate delegates attending the conference physically to visit and engage with our exhibitors, stamp cards were be provided. Delegates who collected 5 stamps from charity exhibitors, had a chance to win up to 4 £50 vouchers. The aim was to open up on the opportunity for charities to engage with attendees at the conference and identify opportunities to improve the lives of children with neurological disorders. Each BPNA Conference venue has its challenges of where stand spaces can be located, and the BPNA aims for charities to have as much involvement as possible with their stand location.
Feedback was received that stamp cards had a positive benefit but there was room for improvement on engagement. The BPNA look forward to hosting the charities again at the 2025 conference.

Charity Videos at the sessions
The BPNA looked at ways for the Charities to get as much exposure as possible for the delegates attending.
This year the BPNA asked charities to produce a 90 second video, two of which would be played at each BPNA session. 13 Charities took the opportunity to promote their charity via a video at the start of the session and they were very well received.

Other activities

Working Groups

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

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

Drug Resistant Epilepsy Stakeholder Engagement meeting

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

The meetings happen every September with plans to have one in in 2025.

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

5. Research

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

The BPNA Research Committee is chaired by Dr Sam Amin.

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

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

5.1 British Paediatric Neurology Surveillance Unit (BPNSU)

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

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

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

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

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

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

In 2021-22, the BPNA reviewed barriers for applications and implemented the BPNSU Grant Award.
It was agreed by the BPNA Trustees to produce a BPNSU Grant Award for up to a 2 year study. This is equivalent to the cost of £1200 which would cover the cost of a study so as to support this charitable aim.
This grant would be eligible for a BPNA member who is otherwise a trainee or newly appointment consultant within 2 years of qualifying.
The purpose of the award is to promote research amongst junior members of the BPNA and to help create future researchers in paediatric neurology.

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

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

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

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

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

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

Previous AMR BPNA Research Training Fellows:
2016-19 Dr Apostolos Papandreou Neurodegenerative disorders with brain iron accumulation - finding new treatments.

5.3 BPNA Conference
The BPNA Research Committee review, score and select submitted abstracts, sponsored symposium and the Ronnie MacKeith Prize. Mac Keith Press co support the Ronnie MacKeith Prize and also support and select the Developmental Medicine and Child Neurology (DMCN) Best Article by a BPNA Trainee Prize.
Prizes are also chosen and give by the BPNA for the Best Poster by a Trainee Prize, Best Poster Audio Narrative by a Trainee Prize, Best Oral Presentation by a Trainee Prize and Best Medical Student Presentation.
A new prize 'Best Presentation by an Allied Health Professional' has been added staring from January 2026.
This prize will be awarded to the allied health professional (specialist nurse, psychologist, neurophysiologist, physiotherapist, speech therapist, etc) with the best presentation, either poster or oral.

5.4 Read of the month and Trainee paper of the month

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

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

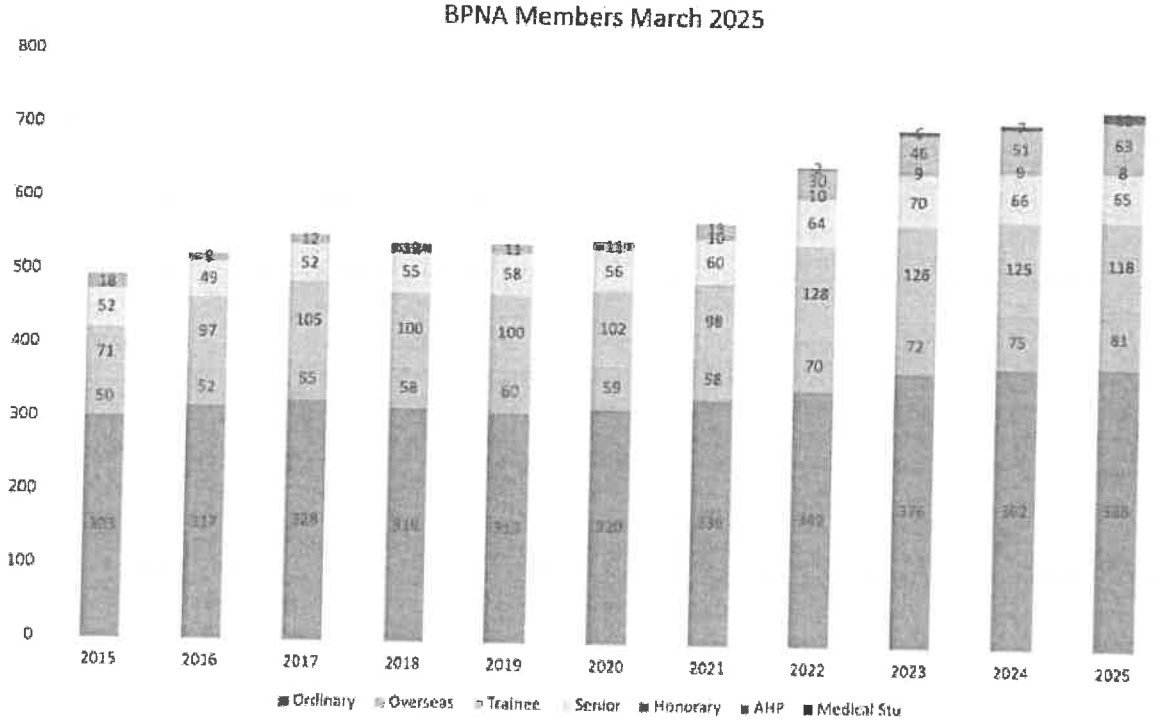
6. Professional Support

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

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

6.1 BPNA membership

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



Membership numbers

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

6.2 Mentoring and Team Support

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

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

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

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

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

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

Invited Reviews

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

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

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

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

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

No Invited Reviews happened this year.

6.3 Special Interest Groups (SIG)

Special Interest Groups meetings continue operating on a hybrid model makes it more accessible for people to join online or in person depending how their meeting is arranged. Face-to-face meetings during the annual conference returned in January 2024, however, due to the size of the groups' online meetings will continue to happen throughout the rest of the year, as it is easier formembers to attend.
The BPNA also updated their website for each SIG page to inform about Trials and resource documents for their members.

6.3.1 British Paediatric Epilepsy Group

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

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

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

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

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

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

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

Clinical Nurse specialists and paediatric neurology trainees
BPEG have encouraged contribution of clinical nurse specialists and Advanced Nurse Practitioner in childhood epilepsy and requested for representation in the group.
BPEG have encouraged participation of paediatric neurology trainees and epilepsy SPIN trainees and requested for representation in the group.

Additional meetings regularly attended with contributions from BPEG:
Epilepsy 12 Audit programme.
Open UK Network Meeting.
Epilepsy Programme Board (led by RCPCH).
RESCAS.

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

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

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

6.3.3 Children's Headache Network (CHaN)
CHAN has continued to remain very active over the past year to advance the clinical management, education and research in primary and secondary childhood headache disorders.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.3.5. Inherited White Matter Disorders (Leukodystrophies) special interest group
Dr Lydia Green took over from Dr Rahul Singh as Chair of the Special Interest Group.

New National Service for Inherited White Matter Disorders (IWMD) clinical registry
NHS England has recently commissioned a new highly specialised service for Inherited White Matter Disorders (IWMDs) and also a separate National IMWD clinical registry to support this.
NHSE has commissioned 3 paediatric and 4 adult centres to provide the IWMD service. NHSE has also contracted with Evelina London Children's Hospital which is part of Guy's and St Thomas' NHS Foundation Trust, to host the National IMWD clinical registry.

A core element of the registry is the management of an online secure database that contains information about people of all ages with suspected or confirmed IWMD. We aim to use this registry to support the provision of direct patient treatment and care and improvements to clinical care. This will help us to: understand the incidence and prevalence of IWMD in our population, improve our understanding of the natural history of various IWMDs, measure the impact of living with an IWMD for patients and carers and create more awareness of these conditions.
This registry is unique as this is both clinician and patient driven. The primary aim of this registry is for clinical purposes; however, this registry will certainly provide important data for future research for patients within the field of IWMDs.

The registry will work very closely with 3 other paediatric IWMD clinical service centres (Leeds/Manchester- Led by Professor John Livingston/Dr Dipak Ram, Birmingham - led by Professor Evangeline Wassmer and Dr Amitav Parida and London (GSTT and Great Ormond Street) led by Dr Rahul Singh/Dr Cheryl Hemingway) and the adult centre (London, Queen Square Hospital-led by Dr David Lynch) in collaboration with units in the north and Midlands.
A formal launch of the IWMD registry service will take place later in the year. The registry is in the pilot phase now and we expect this will be live soon.

A formal launch of the IWMD registry service will take place later in the year. The registry is in the pilot phase now and we expect this will be live soon.
We would accept referrals from patients, parents or carers, clinicians involved with the IWMD patients, and from neurologists, paediatric neurologists, geneticists, metabolic physicians, geneticists, paediatricians or any local clinicians involved in the diagnosis or treatment of IWMDs.

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

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

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

6.3.6. British Paediatric Movement Disorder Special Interest Group

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

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

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

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

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

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

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

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

6.3.7. Muscle Interest Group

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

This year key involvements have been the announcement of 2 DMD therapies in December 2024; Vamorolone, a dissociate steroid was approved by NICE and NHSE (10th December 2024), an available for delivery to patients from April 17th 2025, as well as Givinostat, an HDAC inhibitor that has MHRA approval (20th December2024) and part of an EAP, with NICE and NHSE committee set for July 2025. This has required increased input and organisation from trusts to deliver these drugs with some trusts struggling to meet this requirement, however Duchenne UK have been lobbying to help resolve this and most trusts are now on board with this, however this is still a 'learning curve' and we are therefore having regular 'teams' meetings to discuss cases and scenarios via the neuromuscular network.

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

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

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

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

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

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

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

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

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

Fundraising activities

6.3.8 Neurocutaneous Special Interest Group

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

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

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

6.3.9 Trainees' Special Interest Group

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

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

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

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

ACHIEVEMENTS AND PERFORMANCE

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

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

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

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

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

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

In May 2024 Manchester hosted the UKCNID/NHS England HSS (Highly Specialised Service) paediatric onset MS meeting. Attendees included Paediatric Neurologists, trainees in neuroinflammation, specialist nurses and researchers. Ongoing projects, finance issues and service updates were discussed.
As we go forward, into 2025, we will continue to meet every 2 months, with the next face to face meeting planned for June 2025 hosted by Oxford.

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

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

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

ACHIEVEMENTS AND PERFORMANCE

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

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

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

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

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

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

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

ACHIEVEMENTS AND PERFORMANCE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FINANCIAL REVIEW

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

Funds in deficit

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

FUTURE PLANS

During 2025-26 recruitment to paediatric neurology will continue but trainee places have been filled to capacity in recent years. Relationships with other associations and colleges will continue to develop (RCPCH & Association of British Neurologists).
The BPNA Strategy day happened in September 2024 in line with the new BPNA President taking up their position which will inform the direction the BPNA should go operationally and the final document should be produced by the end of the 2025/26 year.
PET1 will be launched in Singapore in 2025 with plans to launch in both the Caribbean and Mexico soon afterwards.
The Acute and ACT courses will undergo a revision in June and September 2025.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing document

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

Method of appointment of trustees

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

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

Organisational structure and decision-making

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

Council is a larger body that meets twice per year (January and May/June/July). During 2018-19, Council was expanded to include representation from every UK paediatric neurology tertiary centre and the Chairs of the special interest groups together with the representatives co-opted from related organisations.
The purpose of Council is to ensure a good exchange of information and ideas related to the care of children and young people with neurological conditions and paediatric neurology education and training between Centres and other key organisations. Please see list of BPNA Council members below:

STRUCTURE, GOVERNANCE AND MANAGEMENT

Members of BPNA Council Serving During 2024-25

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

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

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

STRUCTURE, GOVERNANCE AND MANAGEMENT

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

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

Pay and remuneration of key management personnel
Permanent staff have yearly appraisals with aims to achieve for the year and are given opportunities to develop themselves with training that the BPNA covers the cost towards. If staff achieve all their objectives they will get a grade increase (between 2% & 4%) until they reach the top band of their pay grade.
BPNA staff positions and pay are reviewed annually and are benchmarked within the recruitment market and similar organisations.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered Charity number
1159115

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

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

REFERENCE AND ADMINISTRATIVE DETAILS

Auditor
Donnelly Bentley Ltd
70 Chorley New Road
Bolton
BL1 4BY

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

TRUSTEES' RESPONSIBILITY STATEMENT

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

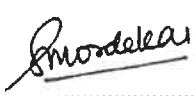
Charity law requires the trustees to prepare financial statements for each financial year. Under that law, the trustees have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law).

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

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

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

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



Dr S Mordekar - Trustee

Opinion

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

In our opinion the financial statements:

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

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

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

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

Matters on which we are required to report by exception

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Use of our report

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

DonnellyBentley Ltd

DonnellyBentley Ltd
70 Chorley New Road
Bolton
BL1 4BY

Date: 4 December 2025

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

British Paediatric Neurology Association

Statement of Financial Activities
for the Year Ended 31 March 2025

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

The notes form part of these financial statements

CONTINUING OPERATIONS

All income and expenditure has arisen from continuing activities.

RESTRICTED INCOME AND EXPENDITURE

Comparatives for income and expenditure

All income and expenditure in 2024 was unrestricted apart from:

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

The notes form part of these financial statements

British Paediatric Neurology Association

Balance Sheet
31 March 2025

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

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

Dr S Mordekar - Trustee

The notes form part of these financial statements

British Paediatric Neurology Association

Cash Flow Statement
for the Year Ended 31 March 2025

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

The notes form part of these financial statements

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

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

2. ANALYSIS OF CHANGES IN NET FUNDS

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

The notes form part of these financial statements

1. STATUTORY INFORMATION

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

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

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

2. ACCOUNTING POLICIES

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

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

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

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

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

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

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

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

continued...

2. ACCOUNTING POLICIES - continued

Income

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

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

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

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

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

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

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

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

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

Taxation
The charity is exempt from tax on its charitable activities.

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

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

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

continued...

2. ACCOUNTING POLICIES - continued

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

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

Pension costs and other post-retirement benefits
The charity operates a defined contribution pension scheme. Contributions payable to the charity's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

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

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

Debt instruments are subsequently measured at amortised cost.

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

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

3. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

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

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

continued...

4. DONATIONS AND LEGACIES

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

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

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

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

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

continued...

4. DONATIONS AND LEGACIES - continued

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

5. INVESTMENT INCOME

	2025	2024
	£	£
Deposit account interest	14,794	12,388

6. INCOME FROM CHARITABLE ACTIVITIES

	Annual conference	Short courses	Distance learning courses	International short courses	Research
	£	£	£	£	£
Annual conference	247,678	-	-	-	-
Short courses	-	380,843	-	-	-
International short courses	-	-	-	16,151	-
Distance learning	-	-	63,155	-	-
BPNSU fee income	-	-	-	-	720
Trainee fees	-	-	-	-	-
BPNA membership subscriptions	-	-	-	-	-
Annual conference symposium sponsorship	66,000	-	-	-	-
External room hire	-	-	-	-	-
	313,678	380,843	63,155	16,151	720

	Membership and professional support	Professional support	Support costs	2025 Total activities	2024 Total activities
	£	£	£	£	£
Annual conference	-	-	-	247,678	243,080
Short courses	-	-	-	380,843	288,591
International short courses	-	-	-	16,151	3,469
Distance learning	-	-	-	63,155	67,281
BPNSU fee income	-	-	-	720	1,200
Trainee fees	-	6,641	-	6,641	5,499
Carried forward	-	6,641	-	715,188	609,120

continued...

6. INCOME FROM CHARITABLE ACTIVITIES - continued

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

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

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

continued...

7. CHARITABLE ACTIVITIES COSTS

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

8. GRANTS PAYABLE

	2025	2024
	£	£
Research	41,666	82,969

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

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

9. SUPPORT COSTS

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

continued...

9. SUPPORT COSTS - continued

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

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

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

continued...

9. SUPPORT COSTS - continued

	Annual conference	Short courses	Distance learning courses	International short courses	Research
	£	£	£	£	£
Brought forward	78,222	109,060	27,630	108,572	15,645
Bad debt expense	28	39	10	38	5
Refuse and cleaning	73	101	26	100	14
Computer and internet	111	154	39	153	22
Staff welfare	108	150	38	149	22
Copyright licence	155	215	55	214	31
London Rent	6,340	8,841	2,240	8,801	1,268
Bolton Rent	2,558	3,566	903	3,549	511
Meeting costs	341	476	121	474	68
VAT penalty provision	1,153	1,606	407	1,599	230
Consultancy	214	298	76	297	43
Professional fees	127	175	44	174	25
Depreciation of tangible fixed assets	143	199	51	198	29
Auditors' remuneration	-	-	-	-	-
Auditors' remuneration for non audit work	85	121	31	120	17
Accountancy and legal fees	1,446	2,016	511	2,007	289
	91,104	127,017	32,182	126,445	18,219

	Membership and professional support	Support costs	Governance costs	2025 Total activities	2024 Total activities
	£	£	£	£	£
Loss on sale of tangible fixed assets	169	-	77	1,472	652
Software subscriptions	903	-	413	7,885	9,446
Computer repairs	90	-	41	787	1,486
Website hosting	69	-	32	606	540
Website development	3,193	-	1,460	27,888	6,625
Computer upgrades	57	-	26	499	284
Depreciation of tangible fixed assets	682	-	312	5,952	6,931
Employment costs	28,761	113,512	13,146	364,696	353,618
Social security	3,568	-	1,631	31,163	29,887
Pensions	2,365	-	1,081	20,658	21,053
Staff costs	461	-	211	4,029	2,269
Staff training & welfare	1,380	-	631	12,051	13,237
Recruitment costs	47	-	22	412	2,017
Business rates	104	-	48	908	195
Gas and electric	53	-	24	462	245
Telephone	509	-	233	4,443	4,079
Office insurance	19	-	9	165	2,290
Carried forward	42,430	113,512	19,397	484,076	454,854

continued...

9. SUPPORT COSTS - continued

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

10. TRUSTEES' REMUNERATION AND BENEFITS

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

continued...

10. TRUSTEES' REMUNERATION AND BENEFITS - continued

Trustees' expenses

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

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

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

11. STAFF COSTS

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

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

	2025	2024
Management	4	4
Support staff	7	7
	11	11

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

	2025	2024
£60,000 - £70,000	1	1
Total employees	1	1

continued...

11. STAFF COSTS - continued

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

12. TANGIBLE FIXED ASSETS

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

13. STOCKS

	2025 £	2024 £
Stocks	939	9,023

14. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

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

continued...

15. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

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

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

16. LEASING AGREEMENTS

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

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

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

17. PROVISIONS FOR LIABILITIES

	2025	2024
	£	£
Provisions	5,995	-

continued...

18. MOVEMENT IN FUNDS

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

continued...

18. MOVEMENT IN FUNDS - continued

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

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

continued...

18. MOVEMENT IN FUNDS - continued

Comparatives for movement in funds

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

continued...

18. MOVEMENT IN FUNDS - continued

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

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

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

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

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

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

continued...

18. MOVEMENT IN FUNDS - continued

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

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

Distance Learning Development Fund
The distance learning development fund is a designated fund set up by the trustees in order to preserve the anticipated level of funding incurred for distance learning course development in the foreseeable future. This funding is provided from transfers from the general fund.
Impact & Evaluation Officer
The BPNA has been running courses since 2005. This money is to fund an Impact and Evaluation Officer to report on the full impact of BPNA courses.

International face to face launch
This fund underwrites the cost of international PET launches, enabling organisational arrangements to be made while external funding is sought to cover the costs of the launches.
Website upgrade
This fund has been put aside for the update of the BPNA website. There will be consultancy who will research into the BPNA website's needs and also a brand redesign.

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

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

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

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

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

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

continued...

18. MOVEMENT IN FUNDS - continued

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

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

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

Fellow travel bursary fund
Bursary fund for UK trainees and fellows.

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

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

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

The final prioritisation workshop was held with various stakeholder groups on 30 March 2022 in London, with the objectives to finalise top 10 research questions from the final 26.
The top 10 and the other 16 that did not make the top 10 were published in a final summary document in November 2022 as 'Top Ten UK research priorities for interventions in childhood neurological disorders' and was well received.

The aim now would be looking into how some of these questions can be researched with the support of the BPNA and interested stakeholders.
A Pre-conference Trainees' research network meeting happened at the BPNA2023 Conference with discussion about the AMR Fellowship and Priority Setting Project results, chaired by Dr Sam Amin (Chair of Research) & Dr Robert Spaull (Trainees Rep). Dr Sam Amin will continue to have development meetings throughout the next year.

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

continued...

18. MOVEMENT IN FUNDS - continued

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

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

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

Columbia Launch Fund
In partnership with the University of Antioquia and ASCONI, the Colombian Child Neurology Society, BPNA launched PET1 in Colombia in August 2022.
The Buist Foundation, ILAE South America Region and Jazz Pharmaceuticals have contributed to the Columbia Launch Fund.

LivaNova Fund
To support the international PET programme in 2025.

Transfers between funds

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

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

19. RELATED PARTY DISCLOSURES

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

20. ULTIMATE CONTROLLING PARTY

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

BRITISH PAEDIATRIC NEUROLOGY ASSOCIATION

England & Wales - Charity number 1159115

Accounts

REGISTERED CHARITY NUMBER: 1159115

Report of the Trustees and

Financial Statements for the Year Ended 31 March 2024

for

British Paediatric Neurology Association

British Paediatric Neurology Association

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for the Year Ended 31 March 2024

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British Paediatric Neurology Association

Report of the Trustees
for the Year Ended 31 March 2024

The trustees present their report with the financial statements of the charity for the year ended 31 March 2024. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

President's Report

It has been a pleasure to take over the Presidency of the BPNA with the organisation in such great shape. I would like to start by thanking Alasdair Parker, immediate Past President, for his strong leadership navigating the BPNA out of the pandemic and strengthening our work across all our charitable activities. The BPNA has now reached the status of a medium charity on account of our financial turnover and with growing outputs across all areas of the organisation.

Particular highlights in 2023-24:

- UK Education continues to grow and refresh. PET4ward has been developed as a new course and there have been updates to existing courses to ensure these remain state of the art. There was a return of some courses to Face to Face whilst continuing some in the virtual environment in order to meet the needs of the participants.

- International Education is moving forwards with establishing courses in new countries including a launch in Zambia for Zambia/Zimbabwe and continuing to work with the International League Against Epilepsy (ILAE) to facilitate the roll-out of PET worldwide. The International team were successful in attaining a competitive Tropical Health and Education Trust (THET) grant to support the BPNA to work with partners in Ghana and Kenya to roll PET1 out in rural areas.

- Patient and Public Involvement collaboration has broadened beyond input to conference and includes feedback to inform short course development, meeting with patient groups and linking in with Special Interest Groups

- A very successful 50th annual conference in Bristol from scientific, networking and social perspectives with 726 delegates from 47 countries

- A growing membership with over 700 members

- Continuing to attract trainees to Paediatric Neurology and overseeing the training of the next generation of Paediatric Neurologists and supporting the training of other medical professionals

- Appointment of Philip Levine as Director and expansion of the secretariat to deliver the increasing activities of the organisation

Over the next year we plan to consolidate and further develop. The strategy day in September 2024 will be an opportunity to consider the vision of the BPNA and how we can achieve this together.

I would really like to thank the Secretariat, Executive, Council, all BPNA members and volunteers for their continuing commitment and enthusiasm for the activities of the organisation.
The 'day job' in the NHS is becoming increasingly challenging and despite this you find time to work together to deliver our charitable aim of promoting the health and well-being of children with neurological disorders.

Dr Ailsa McLellan
BPNA President (2024 - 2027)

OBJECTIVES AND ACTIVITIES

Objectives and aims

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

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

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

Main activities undertaken in relation to the purpose

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

1. Training the next generation of paediatric neurologists in the UK.

2. Educating professionals in the UK and internationally in the diagnosis and management of:

    - Epilepsy, through provision of Paediatric Epilepsy Training (PET) and Expert to Expert: Epilepsy courses;
    - Movement disorders, through provision of Expert to Expert: Movement Disorders;
    - Headaches, through provision of Children's Headache Training (CHaT) courses;
    - Neonatal neurology, through provision of (NeoNATE) courses
    - Abnormal muscle tone, through provision of the Approaching Children's Tone (ACT) courses
    - Acute neurological disorders through the newly developed course Acute
    - Children with any type of neurological condition through its comprehensive online distance learning course.

3. Improvement of knowledge of professionals, the public and patients through the annual scientific meeting held in January.

4. Promotion of research through:

    - British Paediatric Neurology Surveillance Unit (BPNSU); and
    - Paediatric Neurology Research Fellowship.

5. Provision of professional support through:

    - Mentoring;
    - Team support;
    - Special interest groups

Public benefit
The trustees have had regard to the Charity Commission's guidance on public benefit in considering activities during 2023-24. They sought to meet the public benefit of promoting the health and wellbeing of children with neurological disorders in the UK and globally through the initiatives and projects listed in the section 'Main activities undertaken in relation to the purpose'.

OBJECTIVES AND ACTIVITIES

Grantmaking
During 2023-24, the charity provided £41,302 funding the third year for the second joint BPNA Action Medical Research (AMR) fellowship and £41,667 funding the second year for the third joint BPNA Action Medical Research fellowship.

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

Fundraising
BPNA raises funds through applying for grants from organisations that have the same interests.
The charity has used its own staff for fundraising and not any external fundraisers.
The charity is not a member of any voluntary scheme for regulating fundraising.
All fundraising activities are monitored by the Director and the charity has not received any complaints regarding its fundraising activities.
The charity doesn't come into contact with vulnerable people as it is not involved with street or door to door fundraising.

ACHIEVEMENT AND PERFORMANCE

Charitable activities

1. Training

1.1. Paediatric Neurology Sub-Specialty Training

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

The GMC and RCPCH Shape of Training (SoT) plans on paediatric neurology training are now finalised and will be commencing in August 2023. It has been agreed that neurology GRID trainees will still have up to 3.5 years to meet learning objectives.

1.2. New curriculum

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

1.3. Appointment of new grid trainees

For the 2023 paediatric neurology GRID training programme, there were 9 GRID training schemes available. Over thirty applications were received, and 19 trainees were shortlisted for interview. 16 candidates were deemed appointable, and 9 trainees accepted a GRID position. Overall, this is a huge increase in number of trainees applying to the GRID scheme in comparison to previous years.

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

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

1.4. Assessment and Support for Existing Trainees

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

1.5. Special Interest (SpIN) module in Epilepsy

The Neurology CSAC have rewritten the Special Interest (SPIN) Epilepsy curriculum in 2022 and this has now been endorsed and signed off by the RCPCH. The BPNA are looking at more ways to support Trainees taking on SPIN Epilepsy.

1.6. Assessment of 'Non-Grid' Training

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

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

1.7. Approval of New Posts

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

2. Education

210 BPNA faculty in the UK and overseas directly contributed to the development and delivery of courses during 2023-24. This demonstrates the strong motivation and engagement of faculty, and the trustees wholeheartedly appreciate this commitment to teaching and training.

The BPNA short courses run either in a virtual or face-to-face setting, with the majority taking place online. Some courses are hoping to return back to a face-to-face setting or a mixture of running the courses both online and face-to-face and some remaining entirely online.

2.1. Paediatric Epilepsy Training (PET)

PET teaches safe standard epilepsy practice to clinicians, using consensus-based, peer-reviewed, standardised materials linked to internationally recognised clinical guidelines. Introduced to improve standards of care of children with epilepsy, we aim to deliver courses throughout the UK every year.

All PET1, PET2 and PET3 courses took place in a virtual setting again in year 2023-24 with PET week (PET123 in one week) running in a face-to-face setting. Virtual courses have resulted in a reduced number of PET courses compared to when they ran face-to-face pre-pandemic:
- PET1 (1-day) 6 courses (2019-20=10)
- PET2 (2-days) 3 courses (2019-20=6)
- PET3 (2-days) 2 courses (2019-20=6)

Since 2005 to 31 March 2024, 12,840 UK clinicians have attended a PET course (2023-24=697; 2022-23=726; 2021-22=702), contributing to improving the standards of diagnosis and management of children with epilepsy in the UK. Feedback from virtual courses has been excellent.

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

2.2. Children's Headache Training (CHaT)

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

CHaT was adapted for virtual delivery during the coronavirus pandemic. In 2023-24, four virtual CHaT courses were held. During 2023-24 CHaT welcomed international attendees from Austria, Belgium, Greece, Malta, New Zealand, Norway, Sudan, Turkey and United Arab Emirates.

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

Since 2012, 1,661 clinicians have attended CHaT (2023-24=163; 2022-23=198; 2021-22=138; 2020-21=117).

2.3. Neonatal Neurology Assessment and Treatment Education (NeoNATE)

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

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

The NeoNATE course was not adapted for virtual delivery and no courses run during the pandemic, between 2020 - 2022. In 2023-24, NeoNATE ran two courses held in a face-to-face setting. Since 2014, 708 clinicians have attended NeoNATE (2023-24=72; 2022-23=80; 2021-22=0; 2020-21=0). During 2023-24 NeoNATE welcomed international attendees from Romania, Singapore and Switzerland.

2.4. Expert to Expert

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

In 2022-23, 39 people attended Expert to Expert: Epilepsy, with international attendees from Malaysia (1), Netherlands (2) and Norway (1). The next course will take place in 2024-25.

2.5. Approaching Children's Tone (ACT)

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

The ACT course was developed for virtual delivery. Since the running of the first course in 2020-21, 350 clinicians have attended ACT (2023-24=128; 2022-23=94; 2021-22=92; 2020-21=36).

2.6 Acute Paediatric Neurology

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

The Acute course was developed for virtual delivery. Since the running of the first course in 2021-22, 199 clinicians have attended Acute (2023-24=73; 2022-23=91; 2021-22=35).

2.7 Movement Disorders Education (MovED)

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

The MovED course was developed for both virtual and face-to-face delivery. The first course ran in 2023-24 with 35 clinicians attending.

2.8. Distance Learning in Paediatric Neurology

Introduction

Distance Learning (DL) provides systematic and comprehensive learning, delivered online for trainee paediatric neurologists, paediatricians and established specialists. The course covers the whole of paediatric neurology and participants may enrol for one or more units. DL fees are differentiated by country according to the World Bank economic classification to widen access to doctors worldwide, in line with BPNA charitable aims. During 2023-24, 181 doctors enrolled from 35 countries.

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

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

Updating content
Distance Learning is hosted on the Moodle platform.

A Consultant Paediatric Neurologist is employed for 4-hours per week to direct and oversee the constant revision and rewriting process. The Distance Learning Steering Group, consisting of one/ two experts per unit, meets twice per year.

Distance Learning development has a reserve to fund development for updating Units and paying for the external Moodle platform provider (Titus Learning)2021-2024. During 2023-24, Unit 8 Inflammation and infection of the CNS major update was completed.

Enrolments
During 2023-24, there have been 503 enrolments on distance learning units, by 181 people from 35 countries. The highest proportion of these enrolments are from the UK, 50.79% (256 of 503).
Of those 503 enrolments 135 of those were as part of a bundle package.

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

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

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

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

During 2023-24, the webinar lecture series has been attended by both trainees and consultants worldwide. 776 doctors and allied health professionals from 64 countries have attended 9 BPNA monthly webinar lectures.

It has been acknowledged that the webinars are a great promotion to the BPNA's brand and charitable objectives and that they should carry on.

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

Against this backdrop, we were pleased to see international PET attendee numbers rising to pre-pandemic levels in 2023-24, as well as the launch of PET1 in Zambia and Zimbabwe. We are grateful to the ILAE and the BAND Foundation for their support of the launch. We were also pleased to secure a grant from the Tropical Health and Education Trust (THET), awarded on behalf of the Department of Health and Social Care. The grant was awarded under THET's Global Health Workforce Programme and is supporting the BPNA to work with partners in Ghana and Kenya to roll PET1 out in rural areas.

This was the second year of BPNA's new four-year partnership (2022-2026) with the International League Against Epilepsy (ILAE), which was formed to facilitate the roll-out of PET worldwide. The initial memorandum of understanding has a value of $278,844 over that time. Trustees are cognisant of the need to ensure international launch and delivery of courses is sustainable and that all courses meet our defined quality standards.

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

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

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

The ILAE has agreed to cover 40% of staff costs in the BPNA's International Education team (3 staff members) from April 2022 to March 2026.

The total number of attendees outside the UK and Republic of Ireland is 6,825 (PET1 = 5,327; PET2 = 624; PET3 = 283; iPET = 274; Trained as faculty = 285).

2.10.1. Middle East & North Africa (MENA)

Middle East: No courses were delivered in 2023-24.
PET1 attendance since 2014: 171 (2023-24 = 0; 2022-23 = 0; 2021-22 = 15).
PET2 attendance since 2014: 133 (2023-24 = 0; 2022-23 = 0; 2021-22 = 14).

North Africa:
Sudan: No Sudanese attendees joined at PET or PET2 course in 2022-23. Due to the geo-political situation, courses in Sudan have been paused.
PET1 attendance since 2014: 297 (2023-24 = 0; 2022-23 = 0; 2021-22 = 8).
PET2 attendance since 2014: 109 (2023-24 =0; 2022-23 = 0; 2021-22 = 0).

2.10.2. Sub Saharan Africa
Angola. PET1 Attendance since 2019 = 50. (2023-24 = 0; 2022-23 = 16; 2021-22 = 0).

Ghana in partnership with the Paediatric Society of Ghana. During 2023-2024, one course was held, with 47 attendees. Since 2018, the total number of PET1 attendees is 311 (2023-24 = 47; 2022-23 = 33; 2021-22 = 11).

Kenya in partnership with the Kenya Paediatric Association. During 2023-24, four PET1 courses were held with 184 attendees and one PET2 course was held with 20 attendees.
PET1 attendance since 2017 = 494 (2023-24 = 184; 2022-23 = 48; 2021-22 = 11).
PET2 attendance since 2020 = 78 (2023-24 = 20; 2022-23 = 39; 2021-22 = 16).

Mozambique. PET1 attendance since 2021 = 24 (2023-24 = 0; 2022-23 = 16; 2021-22 = 8).

South Africa in partnership with the Paediatric Neurology Development Association of Southern Africa. Three courses were delivered by South African faculty in 2023-24. A total of 99 delegates attended the courses. PET1 attendance since 2015-16 = 478 (2023-24 = 99; 2022-2023 = 0; 2021-22 = 55).

Tanzania in partnership with the Paediatric Association of Tanzania. One course was run in 2023-24, with 49 attendees. Since 2018, the total number of PET1 attendees is 233 (2023-24 = 49; 2022-23 = 41; 2021-22 = 0).

Uganda in partnership with the Uganda Paediatric Association. During 2023-24, one PET1 course was delivered to 34 delegates. Since 2018, the total number of PET1 attendees is 170 (2023-24 = 34; 2022-23 = 0; 2021-22 = 9).

Zambia in partnership with the Zambian Paediatric Association. PET was launched in Lusaka in May 2023, and faculty from Zambia and Zimbabwe were trained. Since 2023, the total number of PET1 attendees = 62. (2023-24 = 62).

Zimbabwe in partnership with the Paediatric Association of Zimbabwe. Faculty from Zimbabwe were trained at the PET launch in Lusaka in May 2023. Since 2023, the total number of PET1 attendees = 48. (2023-24 = 48)

2.10.3. Asia

India in partnership with Raindrops Children's Foundation. PET1 was launched in northern India in 2014 and southern India in 2016. In 2023-24, seven face-to-face courses were held. Total PET1 attendees in India since 2014: 1,634 (2023-24 = 336*; 2022-23 = 45; 2021-22 = 88).
*data not currently shared with the BPNA. This is an estimate based on the number of courses that were run and the typical number of delegates attending a course in India (7 courses with 48 people each).

Myanmar: PET1 was launched in Myanmar in 2014. Since then, 313 people have attended PET1 (2023-24 = 0; 2022-23 = 0; 2021-22 = 0). Courses in the country are on hold due to the current political situation.

Singapore in partnership with KK Women's and Children's Hospital. One PET1 course was held with 21 attendees. Since 2021, the total number of PET1 attendees is 28 (2023-24 = 21; 2022-23 = 0; 2021-22 = 0).

2.10.4. Central & South America

Brazil in partnership with Liga Brasileira de Epilepsia. During 2023-24, four PET1 courses were held with a total of 75 delegates. PET2 launched in Brazil in 2023-24. One PET2 course was held with 24 delegates. PET1 attendance since 2018 = 285 (2023-24 = 74; 2022-23 = 32; 2021-22 = 40).
PET2 attendance since 2023 = 24 (2023-24 = 24).

Colombia in partnership with Asociación Colombiana de Neurología Infantil and Universidad de Antioquia. Two PET1 courses were held with 54 attendees. PET1 attendance since 2021 = 132 (2023-24 = 54; 2022-23 = 63; 2021-22 = 15).

2.10.5. Australasia

Australia in partnership with the Australia and New Zealand Child Neurology Society (ANZCNS)
During 2023-24, two PET1 courses were held with a total of 60 delegates and two PET2 courses were held with a total of 47 delegates.
PET1 attendance since 2021 = 167 (2023-24 = 60; 2022-23 = 94; 2021-22 = 13).
PET2 attendance since 2022 = 71 (2023-24 = 47; 2022-23 = 24).

New Zealand in partnership with the New Zealand League Against Epilepsy and the Starship Foundation. During 2023-24, two PET1 courses were held, one PET2 course was held and one PET3 course was held.

PET1 attendance since 2017: 429 (2023-24 = 41; 2022-23 = 83; 2021-22 = 25).
PET2 attendance since 2017: 233 (2023-24 = 31; 2022-23 = 32; 2021-22 = 31).
PET3 attendance since 2018: 212 (2023-24 = 32; 2022-23 = 54; 2021-22 = 0).

2.11. Evaluation of educational activities

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

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

3. Annual Scientific Conference

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

The 50th annual scientific meeting was hosted by Bristol and held as a hybrid event in January 2024. There were 726 delegates from 47 countries. Technology facilitated high delegate numbers (2023 Edinburgh=816; 2022=941; 2021=1,134; 2020 Belfast=427) and geographic access. Opportunities to learn were provided by 20 oral presentations and 217 posters (selected from 250 abstracts submitted); 7 keynote lectures; 4 clinical practice sessions; and 6 sponsored symposiums.

2024 Prizes were awarded to:

Dr Dora Steel (Evelina Children's Hospital, London)	The Ronnie MacKeith Prize. Awarded to the person who has made the most significant contribution to paediatric neurology as judged by published work and who is <40 years old or within 5-years of obtaining CCT.
Dr Robert Spaull (Great Ormond Street Institute for Child Health)	Best oral presentation by a trainee.
Dr Susan Harvey & Dr Abigail Lazenbury (Great Ormond Street Hospital) & (Southampton General Hospital)	Best oral poster presentation by a trainee.
Dr Alison Skippen(Oxford)	BPNA "BAFTA" Award for Fabulous Trainee Action.Awarded to the trainee who has best contributed to service improvement which significantly impacted on their local and/or national practice or any other innovative contribution.
Miss Emily Gaskin (University of Sheffield)	Best medical student presentation.
Dr Samantha Chan (St George's Hospital, London)	Development Medicine and Child Neurology (DMCN) Best Article by a BPNA Trainee Prize.

4. Patient and Public Involvement (PPI)

We had 22 paediatric neurology related charities attended the conference. 18 were able to take up a physical stand and 4 others took up the opportunity to have a virtual exhibition stand to engage with BPNA members and the other attendees.

To motivate delegates attending the conference physically to visit and engage with our exhibitors this year, stamp cards were be provided. Delegates who collected 5 stamps from charity exhibitors, had a chance to win up to 4 £50 vouchers. The aim was to open up on the opportunity for charities to engage with attendees at the conference and identify opportunities to improve the lives of children with neurological disorders. Each BPNA Conference venue has its challenges of where stand spaces can be located, and the BPNA aims for charities to have as much involvement as possible with their stand location. Feedback was received that stamp cards had a positive benefit but there was room for improvement on engagement. The BPNA look forward to hosting the charities again at the 2025 conference.

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

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

5. Research

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

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

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

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

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

During 2023-24, 1 project was added onto the BPNSU system (2022-23 = 0, 2021-22 = 1, 2020-21 =1, 2019-20=1; 2018-19=1; 2017-18=3). As of 31 March 2023 two projects were active on BPNSU system.

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

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

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

In 2021-22, the BPNA reviewed barriers for applications and implemented the BPNSU Grant Award.
It was agreed by the BPNA Trustees to produce a BPNSU Grant Award for up to a 2 year study. This is equivalent to the cost of £1200 which would cover the cost of a study so as to support this charitable aim.
This grant would be eligible for a BPNA member who is otherwise a trainee or newly appointment consultant within 2 years of qualifying.
The purpose of the award is to promote research amongst junior members of the BPNA and to help create future researchers in paediatric neurology.

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

5.2 Paediatric Neurology Fellowship

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

The second fellowship has been awarded to Dr Michael Eyre. His 3-year fellowship was due to commence in September 2020, however the start date has been deferred to March 2021 due to Covid-19. In his project, 'Developing magnetic resonance measures of neurobiological dysfunction in early recovery from NMDAR-antibody encephalitis', Michael will investigate if advanced MRI techniques can help predict recovery from NMDAR-antibody encephalitis in children and young people, paving the way for new treatment approaches for the condition in future.

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

A fourth Fellowship was advertised in Summer 2023 with the aim to commence in Spring 2024. However, candidates were not considered up to the standards and therefore the fellowship was not awarded to anyone.

The fourth Fellowship will be advertised again in Summer 2024 with the aim to commence in Spring 2025.
The BPNA Research committee has designed a pre-selection questionnaire to support applicants.

Previous AMR BPNA Research Training Fellows:
2016-19 Dr Apostolos Papandreou Neurodegenerative disorders with brain iron accumulation - finding new treatments.

5.3 BPNA Conference

The BPNA Research Committee review, score and select submitted abstracts, sponsored symposium and the Ronnie MacKeith Prize. Mac Keith Press co support the Ronnie MacKeith Prize and also support and select the Developmental Medicine and Child Neurology (DMCN) Best Article by a BPNA Trainee Prize.
Prizes are also chosen and give by the BPNA for the Best Poster by a Trainee Prize, Best Poster Audio Narrative by a Trainee Prize, Best Oral Presentation by a Trainee Prize and Best Medical Student Presentation.

5.4 Read of the month and Trainee paper of the month

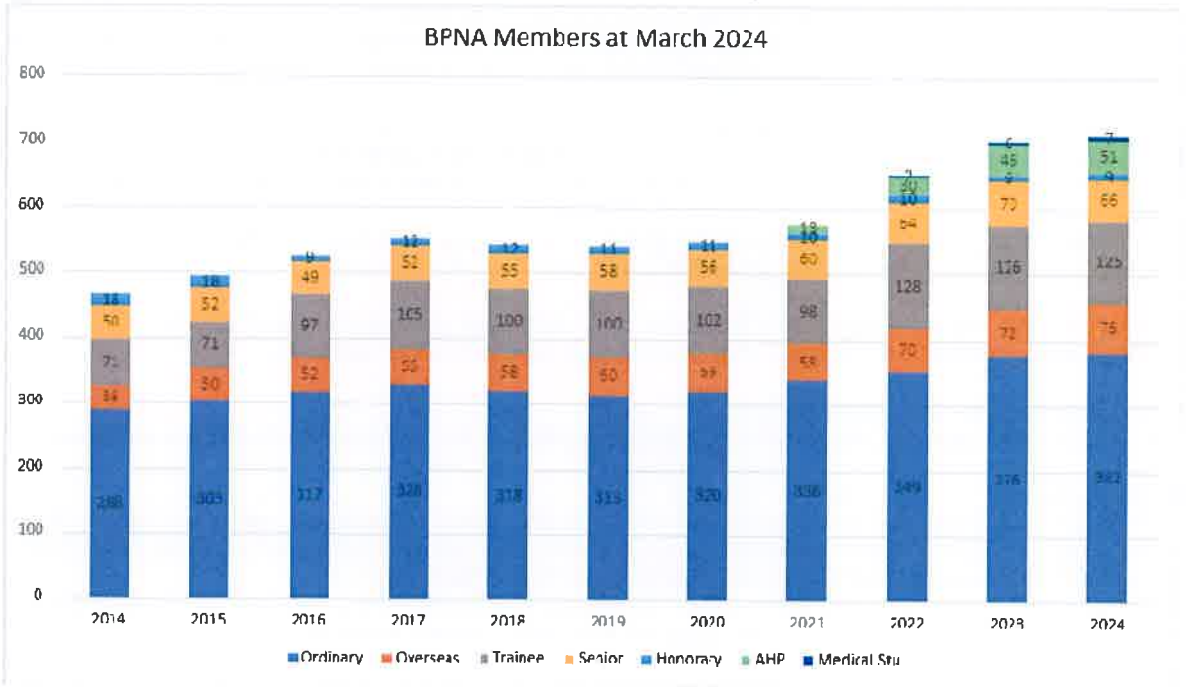
As part of the BPNA Newsletter, every month, a different member of the BPNA Research Committee will choose a recently published, topical paper relevant to Paediatric Neurology, Neurodisability or Neuroscience, that they think would be of interest to the BPNA membership.
Also every month, a recent publication that has either been led by a BPNA Trainee (or where a trainee has provided significant input) will be highlighted.

6. Professional Support

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

6.1 BPNA membership

Membership numbers have increased steadily during 2023-24, supported by the Membership Manager, Katerina Roumelioti. A new category of membership 'Allied Health Professional' was introduced in recent years. This category has minimal subscription fees to encourage engagement and no voting rights. The BPNA also added Medical Student membership with £0 fee to engage with young people with an early interest in Paediatric Neurology. Criteria to be accepted is a confirmation letter from associated University that is resent each year for membership renewal.



Membership Numbers

Category	2024	2023	2022
Ordinary	382	376	342
Overseas	75	72	72
Trainee	125	126	118
Senior	66	70	66
Honorary	9	9	10
AHP	51	46	26
Medical Student	7	6	2
Total	715	705	636

6.2 Mentoring and Team Support

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

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

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

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

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

Invited Reviews

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

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

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

The BPNA has produced A Guide to BPNA Invited Reviews, available on the BPNA website, which explains the structured, clear and consistent process that we follow.
https://bpna.org.uk/?page=invited-reviews

No Invited reviews happened this year.

6.3 Special Interest Groups (SIG)
For the Special interest groups hybrid working makes it more accessible for people to join online or in person depending how their meeting is arranged. Some face-to-face meetings happen but due to the size of the groups online meetings are more beneficial for people to attend.
The BPNA also updated their website for each SIG page to inform about Trials and resource documents for their members.

6.4 British Paediatric Epilepsy Group
Members of this Special Interest Group have particular expertise in childhood epilepsy. There are over 100 members which includes paediatric neurologists, paediatricians with an interest in epilepsy and clinical nurse specialists. Three meetings have been held in June and November 2022 and March 2023. The focus of the meetings has been on the development and implementation of guidelines for epilepsy in children, to share updates in audit and research in paediatric epilepsy, to explore opportunities for the professionals to network and to discuss anonymised complex and educational cases.

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

Cannabidiol and CBMPs
Ongoing liaison with RCPCH, NHSE and stakeholder charities on issues related to prescription of cannabis-based products for medicinal use in children and young people with epilepsy. BPEG/BPNA have had meetings with APPG chair for prescription of CBMPs and Patient Safety Commissioner to discuss these issues. Regular BPNA CBMP group meetings to review press and media requests about CBMPS.

Sodium valproate
Since the announcement of MHRA statement on new restrictions on the prescription of sodium valproate, we have actively engaged with relevant stakeholders such as epilepsy charities, Association of British Neurologists, and OPEN-UK to discuss potential implications. We have written to MHRA expressing our concerns and potential risks for patients with epilepsy, and requested a meeting with MHRA to discuss our concerns and suggestions for safe implementation of any changes. We have also formed a working group with ABN members to address the issue of changes to sodium valproate prescription.

Stakeholder Charities
Engagement with stakeholder charities, in particular addressing the issues of prescription of sodium valproate and CBMPs.

NHSE Epilepsy Oversight group
Provided oversight on developing national bundles of care for patients with epilepsy as part of CYP Transformation Programme.
Led on development of national bundle of care for transition to adult care for CYP with epilepsy.

Facilitating research in paediatric epilepsy
BPEG provides the platform for colleagues from across the UK to present their research, facilitate collaboration and setting up a dedicated page on BPNA website with information on epilepsy research projects.

Clinical Nurse specialists and paediatric neurology trainees
BPEG have encouraged contribution of clinical nurse specialists and Advanced Nurse Practitioner in childhood epilepsy and requested for representation in the group.
BPEG have encouraged participation of paediatric neurology trainees and epilepsy SPIN trainees and requested for representation in the group.

Additional meetings regularly attended with contributions from BPEG:
Epilepsy 12 Audit programme.
Open UK Network Meeting.
Epilepsy Programme Board (led by RCPCH).
RESCAS.

6.5 Cerebrovascular Special Interest Group
This group's interest is in the clinical area of neurovascular disorders, such as paediatric stroke and other vascular disorders affecting the central nervous system. The lack of a database is seen as a major obstacle by colleagues and efforts continue to resolve this.

The group members are going to meet next in June and following that in the autumn. Dr Alwis has accepted to be the group's secretary and we also have trainee representatives within the group.

We continue to work alongside the Stroke association in highlighting the inequity of stroke care in some regions and improving access to treatments in a timely manner.

6.6 Children's Headache Network (CHaN)
CHAN has continued to remain very active over the past year to advance the clinical management, education and research in primary and secondary childhood headache disorders.
Although there is an appetite to resume face to face meeting, we plan to have the next meeting in autumn 2023 as remote/virtual.

There remains a clear structure of the roles within the CHaN network on a national level with dedicated responsibilities to members for providing clinical, research and academic updates.

CHaN also recognises the need to develop national registries for patients with conditions like Migraine/ TACs and uncommon headaches. Specialist groups within CHaN such as IIH SIG group and the CHAT course development network continue to develop educational materials and guidelines (e.g., the paper by Holland et al. on 'How to perform Lumbar puncture in children' and the paper by Dr Prabhakar et al. regarding the 'Assessment and management of children with acute headaches') both recently published in the Archives of Disease in Childhood

Aims for the next year:
- Benchmark the current practice for management of episodic and chronic migraines in the UK with identification of key paediatricians, so that a gap analysis can be made
- Closer and wider engagement with various headache charities (like The Migraine Trust/ The Brain Charity) to fund data bases and educational tools
- Encourage trainees' participation in the distance learning module

6.7.1. Fetal & Neonatal Neurology Special Interest Group

The Perinatal Special Interest Groups has a strong educational theme, and continues to provide educational meetings twice a year in neonatal and fetal neurology. These have been delivered virtually since the COVID pandemic, and draw a range of health care professionals, including therapists and nurses, from around the UK and beyond. Members of the SIG have worked with the BPNA executive to relaunch the NeoNATE course, which was on hold following the pandemic, and two courses are planned in 2023-2024. We are looking to increase our teaching faculty in the coming year. We have had an initial planning meeting for the BPNA Fetal course, which aims to provide educational material on fetal neurological anomalies and antenatal counselling. A preliminary programme has been produced and talks are currently being written. We plan to meet in Autumn to review progress.

Internationally, we have had meetings with perinatal neurology colleagues in the US, and plan to collaborate on education meetings and service recommendations, as well as building our contacts in Europe. Within the UK, we have continued our work with the British Association of Perinatal Medicine on guidelines, on this occasion recommendations for neonatal neuroimaging.

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

Members of the SIG remain research active in a range of ideas, including MRI appearances and neuro-development outcomes following neonatal hypoxic ischaemic encephalopathy, families' views on antenatal counselling, and a new proforma for the neurological examination of the unwell newborn baby.

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

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

NHS England has recently commissioned a new highly specialised service for Inherited White Matter Disorders (IWMDs) and also a separate National IMWD clinical registry to support this.
NHSE has commissioned 3 paediatric and 4 adult centres to provide the IWMD service. NHSE has also contracted with Evelina London Children's Hospital which is part of Guy's and St Thomas' NHS Foundation Trust, to host the National IMWD clinical registry.

A core element of the registry is the management of an online secure database that contains information about people of all ages with suspected or confirmed IWMD. We aim to use this registry to support the provision of direct patient treatment and care and improvements to clinical care. This will help us to: understand the incidence and prevalence of IWMD in our population, improve our understanding of the natural history of various IWMDs, measure the impact of living with an IWMD for patients and carers and create more awareness of these conditions.
This registry is unique as this is both clinician and patient driven. The primary aim of this registry is for clinical purposes; however, this registry will certainly provide important data for future research for patients within the field of IWMDs.

The registry will work very closely with 3 other paediatric IWMD clinical service centres (Leeds/Manchester- Led by Professor John Livingston/Dr Dipak Ram, Birmingham - led by Professor Evangeline Wassmer and Dr Amitav Parida and London (GSTT and Great Ormond Street) led by Dr Rahul Singh/Dr Cheryl Hemingway) and the adult centre (London, Queen Square Hospital-led by Dr David Lynch) in collaboration with units in the north and Midlands.
A formal launch of the IWMD registry service will take place later in the year. The registry is in the pilot phase now and we expect this will be live soon.

We would accept referrals from patients, parents or carers, clinicians involved with the IWMD patients, and from neurologists, paediatric neurologists, geneticists, metabolic physicians, geneticists, paediatricians or any local clinicians involved in the diagnosis or treatment of IWMDs.
Referrals will also be accepted from fetal medicine teams, when there is a strong family history of an IWMD and we will also facilitate rapid diagnosis for conditions where there is a treatment option (e.g. Metachromatic Leukodystrophy).

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

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

6.7.3. British Paediatric Movement Disorder Special Interest Group

The last year has been an active and successful year for the SIG. In addition to regular virtual meetings, the SIG held a well-attended meeting at the Bristol Conference focussing on the development of guidance for parents and carers on video recordings of Movement Disorders. This was in addition to a very constructive Research focused meeting on how to address the findings of the BPNA Priority setting Project. The SIG will continue to meet largely virtually for 2024/2025, with at least one FtF meeting at the next BPNA Conference in Oxford.

Education continues to be a major focus of the MDSIG. This year saw the successful launch of the MovEd course, delivered by an expert faculty led by Dr Lucinda Carr. The first course ran over 2 days in October 2023, with excellent feedback. We thank the faculty for all of their hard work producing such an excellent educational resource. The ACT course has continued to run with similarly excellent feedback. The course leads are committed to expanding the faculty of both courses, and I would strongly recommend this to MDSIG members as an extremely satisfying experienced. Focus will now turn to completing the over-due re-write of Unit 4 of the Distance Learning Course, along with the development of the planned Expert-to-Expert Movement Disorder course.

Work has continued on Guideline Development. The Consensus Standards on Medication Use in management of Childhood Dystonia project has launched, and at the time of writing is close to completing the initial stage of collection of suggested standards. This project, sponsored by the BPNA, is a joint venture with the British Academy of Childhood Disability and the Association of Paediatric Palliative Care Medicine, along with other stake holders. The next stage will be to undertake a Delphi process based upon the suggested standards received. Similar work around the referral of children for consideration of neurosurgical interventions will move shortly to the Delphi stage. A FtF meeting is planned later this year to begin to explore pathways of care for Children and Young People with Rett Syndrome in light of the emergence of gene therapy trials for this condition.

Members of the SIG have expressed understandable concerns about the stability of supply line for commonly used medications. Discussions continue with the Neonatal and Paediatric Pharmacy Group and colleagues across the BPNA and the Association of British Neurologist (ABN) about how best to "horizon scanning" for such problems. The SIG is currently undertaking and audit across several centres on the use of transdermal clonidine patches and is supporting the development of guidance for the use of patches.

Work with transition has progressed. The BPNA and ABN have recognised this as a priority, and will be hosting a FtF meeting later this year to identify areas of priority for both groups. The MDSIG will be well represented at these meetings.

May 2025 will be the end of my second term as Chair of the group, and throughout the coming year we will be looking to identify a replacement Chair. Dr Raj Lodh's second term as Secretary will also being coming to an end at that time, providing another opportunity for BPNA members to contribute more formally to the working of the SIG.

6.7.4. Muscle Interest Group

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

This year key involvements have been with SMA UK and MDUK in helping to continue the delivery of the MDT in SMA, including Zolgensma, risdiplam and nusinersen following approval by NICE and NHSE on 8 March 2021. The last 12 months have been focused on working towards newborn screening which will change the prognosis and outcomes for the children with SMA type 1. The infusion sites are well established and the national MDT running since May 2021, and over 100 children have received gene therapy.

All the SMA children have been followed up and various webinars and meetings have been held with European colleagues on side effects and problems associated with gene therapy, as well as forum meetings face to face planned in June and November 2024.

From the NorthStar group; Work has been continuing on Ataluren and enabling access for this drug after EMA renewal was not successful in September 2023, but NICE approved Ataluren 22 February 2023 via HST22 committee. There are also ongoing submissions to NICE and NHSE for Vamorolone and Givinostat, both non-mutation specific drugs for DMD.

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

As a SIG we have continued in 2023 and 2024 to meet regularly virtually and full day face to face muscle interest group meeting planned for 14th June 2024. Both paediatric and adult NorthStar meetings (DMD) and paediatric and adult SMA REACH meetings (SMA) have continued virtually this last 12 months, especially developing the adult SMA REACH, British Myology society was face to face as was the Translational research meeting UK and World muscle society meeting. The muscle interest group has met 4 times in total 2 fully virtually and 2 meetings face to face (part of BMS and standalone day in June 2023) for case discussions and topic led presentations over the last 12 months.
The RDCN (rare diseases collaborative networks) accredited the Juvenile Myasthenia (JMG) Gravis group in 2023 and this continues to be hosted by the designated providers, Oxford specialist service, and this group to have virtual meetings for difficult cases with JMG.

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

Lastly, we are working with colleagues both trainees and consultants to take a closer look at training and how we can increase opportunities and interest in training in Neuromuscular disorders. This year we have appointed a MIG trainee representative Dr Alison Skippen and at our next face to face meeting on the 14th of June in Birmingham, we have a session dedicated to discussing this aspect.

6.7.5. Neurocutaneous Special Interest Group

This group's interest is in the clinical area of neurocutaneous syndromes, such as Neurofibromatosis, Tuberous Sclerosis Complex and Sturge Weber Syndrome. This is a relatively new group who has been running for about two years. We are meeting twice a year which are a mix of virtual, hybrid and had an in-person meeting during the BPNA conference this year.

The neurocutaneous SIG has been supporting paediatric neurologists and paediatricians across the country with information about the different syndromes. Members have been involved in supporting and giving information to stakeholders and to families at support days hosted by charities. We have also completed a survey into the use of vigabatrin in TSC and will be discussing next steps in our next meeting.

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

ACHIEVEMENT AND PERFORMANCE

Fundraising activities

6.7.6. Trainees' Special Interest Group

The BPNA trainees' special interest group (SIG) is a group for all BPNA trainee members and those interested in paediatric neurology training. Currently there are 129 Trainee members, including paediatric neurology subspecialty trainees (GRID), paediatric trainees of different grades, and other trainees interested in paediatric neurology. The group meets twice a year, once at the BPNA conference in January and once at a 2-day educational trainees' meeting held in May. In May 2023 our meeting covered Paediatric Neurogenetics, in which our excellent speakers educated on all things genomics, genetic therapies, and neurocutaneous syndromes. The Stuart Green Memorial session was a masterclass on clinical examination in paediatric neurology given by Dr Peter Baxter. We have just concluded the May 2024 meeting which was split between an update on Neuroinflammation, and a Research Matters training day. Prof Ming Lim gave an inspiring Stuart Green Memorial lecture, and we enjoyed talks and interactive sessions from an excellent speaking line up. For both years, over 40 attendees were present, mostly in person, and all enjoyed an excellent dinner and social evening. We are very grateful to the many excellent speakers who gave their time for these events. Recordings of sessions are available to watch in the BPNA Trainees' SIG area of the BPNA website.

The Research Matters training day deserves further mention - this was co-organised with Dr Sukhe Wright and the Research Committee, and we are very grateful for the support of Dr Sam Amin for this day. The 30 attendees in person and 12 online heard a wide array of inspiring speakers, and participated in workshop sessions on developing a research question and writing a research proposal. The faculty included BPNA research committee members, consultant paediatric neurologists, an expert on PPI neurological disorder lived experience, members of Action Medical Research and Epilepsy Research UK, and trainee members.

The SIG also contributes towards the BPNA Recruitment working group aiming to improve recruitment to paediatric neurology specialty training. We continue to run annual pre-application and interview webinars for neurology and neurodisability applicants, which have been well-received by both applicants and CSAC interviewers. Recordings of these sessions are available on the BPNA website careers section. Overall, recruitment has moved into a different phase, with a higher applicant to place ratio than previously reflecting in part the efforts of the working group - this is a good time to put out a specialty training post, so please do work with your deanery training programme directors.

In October 2023 we ran a first joint event with the student group NANSIG who have presence in every medical school nationally - this Saturday morning online session was attended by over 50 interested medical students and foundation doctors. In addition, medical students can now join the BPNA for free, and we are working to increase interest at earlier stages of training. We will continue to work with NANSIG to extend our reach with doctors and medical students at an early stage, to increase awareness that neurosciences can be fruitfully pursued within paediatrics.

The results of the 2023 paediatric neurology subspecialty training annual survey were presented at an RCPCH CSAC meeting and an anonymous summary of results was sent to all training centres. Issues highlighted as of particular concern to training include workload difficulties, difficulty accessing several areas (neonatal neurology, neuropsychiatry, and adult neurology), limited access to clinics, and limited or inequitable access to research opportunities. With CSAC we continue to work on these issues where possible and support individual trainees at and between their annual review meetings.

The SIG continues to successfully set up and support study groups for modules of the BPNA Distance Learning. Trainees report these provide excellent support and motivation to complete modules. The groups are open to all trainees and recent groups included neurology specialty trainees, epilepsy specialist interest (SPIN) trainees, trainees from abroad, and recently qualified consultants completing units to complete SPIN accreditation. Many of these groups have very kindly been supported by consultants offering their time to supervise and facilitate the sessions during their weekly meetings.

Finally, we would like to congratulate the election of Dr Audrey Soo as chair and Dr Abigail Lazenbury as deputy chair of the SIG going forward. We were very pleased to have eight applications for the roles, reflecting the engagement and enthusiasm amongst our paediatric neurology trainees, and Tom and I are confident the SIG is in excellent hands going forward.

ACHIEVEMENT AND PERFORMANCE

6.7.7. UK-Childhood Inflammatory Demyelination

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

The past 12 months has continued to be a busy for the paediatric neurology acquired and inflammatory white matter group. We have met regularly, as before, every 2 months. The meetings have all been virtual, chaired by Paed Neurologist Cheryl Hemingway and with administrative support provided by the BPNA and hosted on the BPNA Zoom platform. Clinical administrative support has been provided by GOSH PA team. The 6 meetings have been well attended, with around 40-50 individuals joining, with both national and international representation. The meeting format has continued as before, with the first hour consisting of updates and formal presentations, and the next 3 hours discussing clinical cases. We have discussed on average 10-12 clinical cases per meeting. The meeting has been excellently supported by expert neuroinflammatory colleagues around UK and has had expert neuroradiology from Great Ormond Street, and we thank particularly Dr Kshitij Mankad and Dr Asthik Biswas for their time.

We have as before kept the format standard as follows:

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

The meetings have all been expertly documented, and I would particularly like to thank Dr Eyre, Dr Abdel-Mannan and Dr Perry and Dr Holland.

We have in the meeting had a number of excellent presentations and also had regular research updates from the fellows in neuroinflammation. The talks at the meetings have been recorded and are available on the BPNA website for the SIG members.

In May 2023 Cambridge hosted the UKCNID/NHS England HSS (Highly Specialised Service) paediatric onset MS meeting. Attendees included Paediatric Neurologists, trainees in neuroinflammation, specialist nurses, researchers and NHS managers from Birmingham Children's Hospital, GOSH, Evelina Children's Hospital, Royal Manchester Children's Hospital, Addenbrookes, Alder Hey and NHS England, University of Oxford, and Birmingham University.

The disease management guidelines, patient information sheets and disease modifying drug guidelines were also completed and many have been uploaded to the NHSE Platform

We will continue to meet over the next 12 months, with another face to a face meeting planned for May 2024 and hosted this year by Manchester.

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

17 May 2024 (national meeting Manchester)
19 July 2024
13 September 2024 (moved because of ECTRIMS meeting)
15 November 2024
24 January 2025

ACHIEVEMENT AND PERFORMANCE

6.7.8. UK Neurorehabilitation Special Interest Group

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

We aim to:

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

The SIG continues to be Chaired by Dr Peta Sharples. This year we have continued to work closely with the Paediatric Neuroscience Clinical Reference Group whose agenda priority is currently Paed Neurorehailitation.

Paed CRG Neurosciences

Each of our meetings has heard updates from the CRG Chair (Charlie Fairhurst) and Anthony Prudhoe (Women and Childrens NHSE Manager) relating to the review of the National Service Specification for Paed Neurorehabilitation. In order for them to be satisfied this specification review will meet the needs of our CYP population they have had significant engagement with our providing teams and visited several units. We await the final consultation.

Meetings

Kings Dec 2022 (Host) - theme paediatric spinal cord injury and the national transformation review. Speakers included Dr A Graham services for CYP with acquired spinal cord injury - several units described their new Children's Spinal Cord Case Manager posts and the London team (speaker Anna Majowska) shared their SCI commissioning strategy.

Oxford March 22 (Host) - theme innovative technology on applied to Acq brain injury, including immersive virtual reality systems. Jill Cadwgan spoke about the **Twocan Study** - A proof of concept study of using wrist worn accelerometers to encourage affected upper limb movements in children with unilateral cerebral palsy. Information was also shared about the NIHR Innovation Observatory horizon scanning research regarding technology for Paediatric Trauma care and Rehab.

Next meeting Autumn 2023 Date tbc. Areas of ongoing concern (amongst many) being transition with a childhood ABI to adult hood and also the challenge of finding optimal services if sustaining an acquitted brain injury between 16-18 .

6.8. Clinical Governance

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

Internal and external factors

Risk management

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

ACHIEVEMENT AND PERFORMANCE

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

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

FINANCIAL REVIEW

Financial position

The balance sheet position shows net current assets of £942,150 (2023 - £922,236), resulting from a significant increase in the cash at bank to £1,053,537 (2023 - £981,135). This has been accompanied by an increase in debtors to £65,203 (2023 - £40,051), and increase in creditors to £185,253 (2023 - £110,011).

At the year end the charity has unrestricted freely available current reserves of £764,459 (2023 - £909,160) which excludes tangible fixed assets of £21,243 (2023 - £10,402). Given the charity's current levels of expenditure this would allow for approximately just over seven months (2023 - ten months) of trading without further freely available reserves becoming available.

Principle funding sources

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

Total incoming resources for the year have increased to £1,217,765 (2023 - £1,154,406). This increase has arisen mainly from the increase in grants to £242,718 (2023 - £120,415).

Donations and legacies have increased in the year to £411,123 (2023 - £255,960). Sponsors of its annual conference symposiums generating funds of £66,000 (2023 - £66,000), and generating annual conference sponsorship income of £110,500 (2023 - £90,000). See "Note 4 Donations and Legacies" and "Note 6 Income from Charitable Activities" within the notes to the financial statements for a detailed breakdown of income received in the year.

Investment policy and objectives

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

FINANCIAL REVIEW

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

As a result of recent financial performance, derived from additional incoming resources, the current level of reserves the BPNA holds cash balances amounting to £1,053,537 (2023 - £981,135) and is exploring investment opportunities for the reserves. Any interest earned will be utilised for research projects and other activities in line with the BPNA charitable objectives.

Reserves policy
The total funds held at the year end were £963,753 (2023 - £932,638) and of which £178,051 (2023 - £13,076) is maintained within restricted funds for their detailed purposes as described in the notes to the financial statements. Further details of restricted funds are included within the notes to the financial statements.

The BPNA implemented two external VAT reviews due to our large income and making sure we are compliant with HMRC. It has been confirmed that we should have been historically VAT registered and we are now reviewing the cost implications. This will change the balance of the reserves by next financial year which could be halved.

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

A substantial proportion of the reserves in the balance sheet are represented by the cash at bank and in hand totalling £1,053,537 (2023 - £981,135) in order to facilitate the continued activities of the charity by holding highly liquid assets.

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

The trustees recognise that the level of reserves fluctuates during periods of investment by the charity and ensure an adequate reserve is maintained. To this end, in 2023-24 the trustees increased an unrestricted contingency fund to £250,000 (2023 - £200,000) which is held in order to mitigate the risk of liquidity concerns. The trustees have agreed the level of funds held in this account based on the equivalent of five month's Secretariat salaries plus major overheads including office rentals. This policy is reviewed every 12-months.

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

FUTURE PLANS
During 2024-25 recruitment to paediatric neurology will continue and relationship with other associations and colleges will continue to develop (RCPCH & Association of British Neurologists).
The BPNA Strategy day will happen in September 2024 in line with the new BPNA President taking up their position which will inform the direction the BPNA should go operationally.
PET1 will be launched in Tunisia in November 2024 and in Singapore in early 2025.
PET4ward will launch in April 2024.
The NeoNATE and CHaT courses will undergo a revision in June 2024.

STRUCTURE, GOVERNANCE AND MANAGEMENT
Governing document
The BPNA is governed by its constitution, approved on 3 December 2014 and updated at the AGM on 23 January 2019.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Method of appointment of trustees

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

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

Organisational structure and decision-making

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

Council is a larger body that meets twice per year (January and May/June). During 2018-19, Council was expanded to include representation from every UK paediatric neurology tertiary centre and the Chairs of the special interest groups together with the representatives co-opted from related organisations.
The purpose of Council is to ensure a good exchange of information and ideas related to the care of children and young people with neurological conditions and paediatric neurology education and training between Centres and other key organisations. Please see list of BPNA Council members below:

STRUCTURE, GOVERNANCE AND MANAGEMENT

Members of BPNA Council Serving During 2023-24

Executive	Name	Term Expires
President	Dr Ailsa McLellan	January 2027
Secretary	Dr Daniel Lumsden	January 2025
Chair, Research	Dr Sam Amin	January 2025
Chair, Education Quality & Standards	Dr Manali Chitre	January 2027
Chair, International Education	Prof Martin Kirkpatrick	January 2025
Director, Senior Management, BPNA	Mr Philip Levine	
Treasurer	Dr Santosh Mordekar	January 2026
Professional Support Officer	Dr Manish Prasad	January 2026
National Training Advisor	Dr Dipak Ram	January 2027

Paediatric Neurology Centres	Representative	3-year term
Belfast	Dr Donncha Harahan	January 2025
Dundee	Dr Alice Jollands	January 2025
Edinburgh	Dr Kenneth McWilliam (2nd Term)	January 2025
Glasgow	Dr Sarah Abernethy	January 2026
Newcastle-upon-Tyne	Dr Anna Basu	January 2024
Liverpool	Dr Rajesh Karuvattil	January 2027
Manchester	Dr Siobhan West	January 2026
Preston	Dr Christian De Goede (2nd Term)	January 2025
Leeds	Dr Lydia Green	January 2026
Sheffield	Dr Archana Deskurkar (2nd Term)	January 2025
Nottingham	Dr Singaravadivelu Velmurugan	January 2027
Leicester	Dr Nahin Hussain (2nd Term)	January 2025
Birmingham	Dr Annapurna Sudarsanam	January 2027
Cambridge	Dr Deepa Krishnakumar	January 2026
Oxford	Dr Sithara Ramdas (2nd Term)	January 2025
Bristol	Dr Andrew Mallick	January 2027
Cardiff	Dr Johann te Water Naude (2nd term)	January 2026
Southampton	Dr Georgina Bird-Lieberman (2nd Term)	January 2026
London: Great Ormand Street Hospital	Dr Sanjay Bhate (2nd Term)	January 2025
London: Chelsea & Westminster Hospital	Dr Naila Ismayilova (2nd Term)	January 2025
London: Imperial College NHS Trust	Dr Sushil Beri (2nd Term)	January 2025
London: The Royal London	Dr Louise Hartley (2nd Term)	January 2025
London: Evelina London Children's Hospital	Dr Daniel Lumsden	January 2025
London: St George's Hospital	Dr Antonia Clarke (2nd Term)	January 2025
Aberdeen	Dr Elma Stephen	January 2027

Special Interest Groups	Chair	3-year term
British Paediatric Epilepsy Group	Dr Suresh Pujar	June 2025
Cerebrovascular	Dr Jaspal Singh	February 2026
Children's Headache Network	Dr Gautam Ambegaonkar	January 2025
Fetal & Neonatal Neurology	Dr Anthony Hart (Co-Chair 2nd Term)	May 2025
Fetal & Neonatal Neurology	Dr Brigitte Vollmer (Co-Chair)	May 2025
The Genetic White Matter Disorders	Dr Rahul Singh	January 2025
British Paediatric Movement Disorders	Dr Daniel Lumsden (2nd Term)	May 2025
Muscle Interest Group	Dr Tracey Willis (2nd Term)	May 2025
UK Neurorehabilitation	Dr Peta Sharples (2nd Term)	April 2024

STRUCTURE, GOVERNANCE AND MANAGEMENT

UK-Childhood Neuro-Inflammatory Disorders	Dr Cheryl Hemmingway	May 2023
Neurocutaneous	Dr Sam Amin (Co-Chair)	August 2025
Neurocutaneous	Dr Sarah Aylett (Co-Chair)	August 2025
RCPCH SPIN Epilepsy Trainees	Dr Manali Chitre (Chair)	August 2025
Trainees' Chair	Dr Robert Spaull	June 2024
Trainees' Deputy Chair	Dr Tom Smith	June 2024

Co-opted	Representative	
Editor, DMCN	Dr Bernard Dan	Co-opted
British Paediatric Neurosurgical Group	Dr Pasquale Gallo	Co-opted
Chair, Neurodisability CSAC	Dr Katherine Martin	Co-opted
Paediatric Neurosciense CRG	Dr Anita Devlin	Co-opted
Neuropsychiatry Representative	Dr Ashley Liew	Co-opted
Short Course Development Manager	Dr Colin Dunkley	Co-opted
Distance Learning Development Manager	Dr Louise Hartley	Co-opted
BPNA 2025 Oxford Organiser	Dr Sandeep Jayawant	January 2025
Trainee Rep, Neurodisability	Dr James Hammond	April 2024

Key management remuneration
Total remuneration paid to key management personnel during the financial year included wages and salaries amounting to £161,792 (2023 - £193,941) and contributions to defined contribution pension schemes of £10,055 (2023 - £9,073).

Pay and remuneration of key management personnel
Permanent staff have yearly appraisals with aims to achieve for the year and are given opportunities to develop themselves with training that the BPNA covers the cost towards. If staff achieve all their objectives they will get a grade increase (between 2% & 4%) until they reach the top band of their pay grade.
BPNA staff positions and pay are reviewed annually and are benchmarked within the recruitment market and similar organisations.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered Charity number
1159115

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

Trustees
Professor M Kirkpatrick
Dr M J Griffiths
Dr A McLellan
Dr A Parker
Dr D Ram
Dr S Amin
Dr D Lumsden
Dr M Prasad (appointed May 2023)
Dr S Mordekar

REFERENCE AND ADMINISTRATIVE DETAILS

Auditor
DonnellyBentley Ltd
70 Chorley New Road
Bolton
BL1 4BY

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

TRUSTEES' RESPONSIBILITY STATEMENT

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

The law applicable to charities in England and Wales, the Charities Act 2011, Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charity for that period. In preparing those financial statements, the trustees are required to

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

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

Approved by order of the board of trustees on 11 November 2024 and signed on its behalf by:

Dr S Mordekar - Trustee

Opinion
We have audited the financial statements of British Paediatric Neurology Association (the 'charity') for the year ended 31 March 2024 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

In our opinion the financial statements:
- give a true and fair view of the state of the charity's affairs as at 31 March 2024 and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

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

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

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

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

Other information
The trustees are responsible for the other information. The other information comprises the information included in the trustees' annual report, other than the financial statements and our auditor's report thereon.

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

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

Matters on which we are required to report by exception
We have nothing to report in respect of the following matters where the Charities (Accounts and Reports) Regulations 2008 requires us to report to you if, in our opinion:

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

Responsibilities of trustees
As explained more fully in the Trustees' Responsibilities Statement, the trustees are responsible for the preparation of the financial statements 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 charity or to cease operations, or have no realistic alternative but to do so.

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue 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.

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

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

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

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

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

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

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

Use of our report

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

DonnellyBentley Ltd

DonnellyBentley Ltd
70 Chorley New Road
Bolton
BL1 4BY

Date: 11 November 2024

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

British Paediatric Neurology Association

Statement of Financial Activities
for the Year Ended 31 March 2024

	Notes	Unrestricted funds £	Restricted funds £	2024 Total funds £	2023 Total funds £
INCOME AND ENDOWMENTS FROM					
Donations and legacies	4	150,001	261,122	411,123	255,960
Charitable activities	6				
Annual conference		294,950	-	294,950	344,377
Short courses		288,591	-	288,591	268,917
Distance learning courses		67,281	-	67,281	71,560
International short courses		3,469	-	3,469	31,156
Research		1,200	-	1,200	1,200
Membership and professional support		117,784	-	117,784	109,963
EPNS recharges		-	-	-	43,728
Conferences, courses and recharges		11,670	-	11,670	-
Professional support		5,499	-	5,499	5,304
Support costs		3,810	-	3,810	-
Invited Reviews		-	-	-	19,400
Investment income	5	12,388	-	12,388	2,841
Total		956,643	261,122	1,217,765	1,154,406
EXPENDITURE ON					
Charitable activities	7				
Annual conference		338,310	-	338,310	211,318
Short courses		148,967	111,320	260,287	205,950
Distance learning courses		96,972	-	96,972	89,960
International short courses		184,219	-	184,219	176,789
Research		105,449	-	105,449	105,503
Membership and professional support		135,500	-	135,500	123,614
EPNS recharges		-	-	-	40,490
Support costs		11,224	-	11,224	9,811
Governance costs		43,918	-	43,918	47,441
Invited Reviews		10,771	-	10,771	20,284
Total		1,075,330	111,320	1,186,650	1,031,160
NET INCOME/(EXPENDITURE)		(118,687)	149,802	31,115	123,246
Transfers between funds	17	(15,173)	15,173	-	-
Net movement in funds		(133,860)	164,975	31,115	123,246
RECONCILIATION OF FUNDS					
Total funds brought forward		919,562	13,076	932,638	809,392

The notes form part of these financial statements

	Notes	Unrestricted funds £	Restricted funds £	2024 Total funds £	2023 Total funds £
TOTAL FUNDS CARRIED FORWARD		785,702	178,051	963,753	932,638

CONTINUING OPERATIONS
All income and expenditure has arisen from continuing activities.

RESTRICTED INCOME AND EXPENDITURE

Comparatives for income and expenditure

All income and expenditure in 2023 was unrestricted apart from:

	£
Donations and legacies income	
International League Against Epilepsy (ILAE)	65,915
The Buist Fund – University of Dundee	20,000
Jazz Pharma	12,000
Charitable activities expenditure	
Short courses	14,281
International short courses	36,877
Annual conference	8,395
Membership and professional support	8,160
Research	2,352
Invited Reviews	970
Distance learning courses	9,442
Governance costs	4,362

British Paediatric Neurology Association

Balance Sheet
31 March 2024

	Notes	Unrestricted funds £	Restricted funds £	2024 Total funds £	2023 Total funds £
FIXED ASSETS					
Tangible assets	12	21,243	-	21,243	10,402
CURRENT ASSETS					
Stocks	13	9,023	-	9,023	11,061
Debtors	14	55,087	10,116	65,203	40,051
Cash at bank and in hand		885,602	167,935	1,053,537	981,135
		949,712	178,051	1,127,763	1,032,247
CREDITORS					
Amounts falling due within one year	15	(185,253)	-	(185,253)	(110,011)
NET CURRENT ASSETS		764,459	178,051	942,510	922,236
TOTAL ASSETS LESS CURRENT LIABILITIES		785,702	178,051	963,753	932,638
NET ASSETS		785,702	178,051	963,753	932,638
FUNDS	17				
Unrestricted funds				785,702	919,562
Restricted funds				178,051	13,076
TOTAL FUNDS				963,753	932,638

The financial statements were approved by the Board of Trustees and authorised for issue on 11 November 2024 and were signed on its behalf by:

Dr S Mordekar - Trustee

The notes form part of these financial statements

British Paediatric Neurology Association

Cash Flow Statement
for the Year Ended 31 March 2024

	Notes	2024 £	2023 £
Cash flows from operating activities			
Cash generated from operations	1	78,588	111,568
Net cash provided by operating activities		78,588	111,568
Cash flows from investing activities			
Purchase of tangible fixed assets		(18,610)	(5,969)
Sale of tangible fixed assets		36	-
Interest received		12,388	2,841
Net cash used in investing activities		(6,186)	(3,128)
Change in cash and cash equivalents in the reporting period		72,402	108,440
Cash and cash equivalents at the beginning of the reporting period		981,135	872,695
Cash and cash equivalents at the end of the reporting period		1,053,537	981,135

The notes form part of these financial statements

Notes to the Cash Flow Statement for the Year Ended 31 March 2024

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

	2024	2023
	£	£
Net income for the reporting period (as per the Statement of Financial Activities)	31,115	123,246
Adjustments for:		
Depreciation charges	7,081	3,470
Loss on disposal of fixed assets	652	-
Interest received	(12,388)	(2,841)
Decrease in stocks	2,038	4,623
Increase in debtors	(25,152)	(3,118)
Increase/(decrease) in creditors	75,242	(13,812)
Net cash provided by operations	78,588	111,568

2. ANALYSIS OF CHANGES IN NET FUNDS

	At 1/4/23	Cash flow	At 31/3/24
	£	£	£
Net cash			
Cash at bank and in hand	981,135	72,402	1,053,537
	981,135	72,402	1,053,537
Total	981,135	72,402	1,053,537

The notes form part of these financial statements

1. STATUTORY INFORMATION

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

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

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

2. ACCOUNTING POLICIES

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

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

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

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

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

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

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

Income from sponsorship agreements

continued...

2. ACCOUNTING POLICIES - continued

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

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

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

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

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

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

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

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

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

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

Taxation
The charity is exempt from tax on its charitable activities.

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

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

continued...

2. ACCOUNTING POLICIES - continued

Fund accounting

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

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

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

Pension costs and other post-retirement benefits
The charity operates a defined contribution pension scheme. Contributions payable to the charity's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

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

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

Debt instruments are subsequently measured at amortised cost.

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

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

continued...

3. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

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

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

4. DONATIONS AND LEGACIES

	2024	2023
	£	£
Donations	23,660	5,245
Grants	242,718	120,415
Gift aid	-	1,063
Membership donations	11,200	11,950
Annual conference sponsorship	110,500	90,000
Short course sponsorship	14,750	25,500
Trainee Sponsorship	7,500	-
Miscellaneous income	795	1,787
	411,123	255,960

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

	2024	2023
	£	£
International League Against Epilepsy (ILAE)	54,878	65,915
Department for International Development (DFID) via the Tropical Health and Education Trust (THET)	156,300	-
Pet Grant	5,000	15,000
Movement disorder income	-	7,500
The Buist Fund – University of Dundee	-	20,000
GW / Jazz Pharma	-	12,000
BAND & ROW Foundations Grant	26,540	-
	242,718	120,415

continued...

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

Company name	Conference sponsorship £	Course sponsorship £	2024 Totals £	2023 Totals £
Alexion	6,000	-	6,000	-
Biocodex	7,500	-	7,500	9,000
Biogen	7,500	-	7,500	6,000
Desitin	6,000	13,750	19,750	20,500
Egetis	6,000	-	6,000	6,000
GW/Jazz Pharma	-	-	-	9,000
Neuraxpharm UK	6,000	-	6,000	6,000
Immedica	2,000	-	2,000	-
Novartis	7,500	-	7,500	6,000
Nutricia	6,000	-	6,000	6,000
Orchard	7,500	-	7,500	6,000
Orion Pharma	-	-	-	6,000
Proveca	2,000	-	2,000	6,000
PTC	6,000	-	6,000	6,000
Roche	7,500	1,000	8,500	8,000
Sarepta	7,500	-	7,500	-
UCB Pharma	13,500	-	13,500	9,000
Veriton	6.000	-	6,000	6,000
Vitaflo	6,000	-	6,000	-
Total Sponsorship	**110,500**	**14,750**	**125,250**	**115,500**

continued..

5. INVESTMENT INCOME

	2024	2023
	£	£
Deposit account interest	12,388	2,841

6. INCOME FROM CHARITABLE ACTIVITIES

	Annual conference	Short courses	Distance learning courses
	£	£	£
Annual conference	228,950	-	-
Short courses	-	288,591	-
International short courses	-	-	-
Distance learning	-	-	67,281
EPNS recharges	-	-	-
BPNSU fee income	-	-	-
Invited Reviews	-	-	-
Trainee Fees	-	-	-
BPNA membership subscriptions	-	-	-
Annual conference symposium sponsorship	66,000	-	-
External room hire	-	-	-
	294,950	288,591	67,281

continued...

6. INCOME FROM CHARITABLE ACTIVITIES - continued

	International short courses	Research	Membership and professional support	Conferences, courses and recharges
	£	£	£	£
Annual conference	-	-	-	11,670
Short courses	-	-	-	-
International short courses	3,469	-	-	-
Distance learning	-	-	-	-
EPNS recharges	-	-	-	-
BPNSU fee income	-	1,200	-	-
Invited Reviews	-	-	-	-
Trainee Fees	-	-	-	-
BPNA membership subscriptions	-	-	117,784	-
Annual conference symposium sponsorship	-	-	-	-
External room hire	-	-	-	-
	3,469	1,200	117,784	11,670

	Professional support	Support costs	2024 Total activities	2023 Total activities
	£	£	£	£
Annual conference	-	2,460	243,080	278,377
Short courses	-	-	288,591	268,917
International short courses	-	-	3,469	31,156
Distance learning	-	-	67,281	71,560
EPNS recharges	-	-	-	43,728
BPNSU fee income	-	-	1,200	1,200
Invited Reviews	-	-	-	19,400
Trainee Fees	5,499	-	5,499	5,304
BPNA membership subscriptions	-	-	117,784	109,963
Annual conference symposium sponsorship	-	-	66,000	66,000
External room hire	-	1,350	1,350	-
	5,499	3,810	794,254	895,605

continued...

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

Company name	Symposia sponsorship £	2024 Totals £	2023 Totals £
Biocodex	11,000	11,000	11,000
Biogen	-	-	11,000
Desitin	11,000	11,000	11,000
GW/Jazz Pharma	-	-	11,000
ITF Pharma	11,000	11,000	-
Novartis	11,000	11,000	-
PTC	-	-	11,000
Roche	11,000	11,000	11,000
UCB Pharma	11,000	11,000	-
Total Sponsorship	**66,000**	**66,000**	**66,000**

7. CHARITABLE ACTIVITIES COSTS

	Direct Costs £	Grant Grant funding of activities (see note 8) £	Support costs (see note 9) £	Totals £
Annual conference	240,731	-	97,579	338,310
Short courses	110,400	-	149,887	260,287
Distance learning courses	30,548	-	66,424	96,972
International short courses	59,885	-	124,334	184,219
Research	4,034	82,969	18,446	105,449
Membership and professional support	76,786	-	58,714	135,500
Support costs	11,224	-	-	11,224
Governance costs	-	-	43,918	43,918
Invited Reviews	-	-	10,771	10,771
	533,608	82,969	570,073	1,186,650

continued...

8. GRANTS PAYABLE

	2024	2023
	£	£
Research	82,969	82,969

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

	2024	2023
	£	£
Year 1 of 3 joint research training fellowship with Action Medical Research	-	41,667
Year 2 of 3 joint research training fellowship with Action Medical Research	41,667	41,302
Year 3 of 3 joint research training fellowship with Action Medical Research	41,302	-
	82,969	82,969

continued...

9. SUPPORT COSTS

	Finance	Information technology	Human resources
	£	£	£
Annual conference	113	4,423	73,767
Short courses	174	6,796	113,314
Distance learning courses	78	3,012	50,219
International short courses	145	5,637	93,997
Research	22	836	13,946
Membership and professional support	69	2,662	44,387
Governance costs	38	1,458	24,309
Invited reviews	13	488	8,142
	652	25,312	422,081

	Other	Governance costs	Totals
	£	£	£
Annual conference	18,540	736	97,579
Short courses	28,474	1,129	149,887
Distance learning courses	12,615	500	66,424
International short courses	23,619	936	124,334
Research	3,504	138	18,446
Membership and professional support	11,154	442	58,714
Governance costs	6,108	12,005	43,918
Invited reviews	2,047	81	10,771
	106,061	15,967	570,073

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

	Annual conference	Short courses	Distance learning courses	International short courses	Research
	£	£	£	£	£
Trustees' remuneration etc	-	-	-	-	-
Loss on sale of tangible fixed assets	113	174	78	145	22
Software subscriptions	1,651	2,536	1,124	2,104	312
Computer repairs	259	399	177	331	49
Website hosting	95	145	64	120	18
Website development	1,157	1,779	788	1,475	219
Computer upgrades	51	76	34	63	9
Depreciation of tangible fixed assets	1,210	1,861	825	1,544	229
Employment costs	61,803	94,934	42,073	78,750	11,684
Social security	5,223	8,024	3,556	6,656	987
Pensions	3,679	5,651	2,505	4,689	696
Carried forward	75,241	115,579	51,224	95,877	14,225

continued...

9. SUPPORT COSTS - continued

	Annual conference	Short courses	Distance learning courses	International short courses	Research
	£	£	£	£	£
Brought forward	75,241	115,579	51,224	95,877	14,225
Staff costs	396	609	270	505	75
Staff training & Welfare	2,314	3,554	1,575	2,948	437
Recruitment costs	352	542	240	449	67
Business rates	35	52	23	43	6
Gas and electric	42	66	29	55	8
Telephone	713	1,095	485	908	135
Office insurance	400	615	272	510	76
Data protection costs	42	64	28	53	8
Health and safety costs	2	2	1	2	-
Legal fees	744	1,142	506	947	141
Marketing	2,919	4,483	1,987	3,719	552
Office repairs and renewals	107	163	72	135	20
Photocopier	23	35	15	28	4
Postage	-	-	-	-	-
Printing and stationery	167	256	113	212	31
Credit card charges	1,568	2,406	1,066	1,996	296
Bank charges	179	276	122	229	34
Bad debt	(11)	(18)	(8)	(15)	(2)
Refuse and cleaning	7	13	6	11	2
Computer and internet	157	242	107	201	30
Staff welfare	883	1,357	601	1,126	167
Copyright licence	127	196	87	163	24
London rent	6,556	10,071	4,463	8,354	1,239
Bolton rent	1,758	2,700	1,196	2,239	332
Meeting costs	382	585	259	486	72
Professional fees	1,714	2,633	1,167	2,184	324
Depreciation of tangible fixed assets	26	40	18	33	5
Auditors' remuneration	315	483	214	401	59
Accountancy and legal fees	421	646	286	535	79
	97,579	149,887	66,424	124,334	18,446

continued...

9. SUPPORT COSTS - continued

	Membership and professional support £	Governance costs £	Invited Reviews £	2024 Total activities £	2023 Total activities £
Trustees' remuneration etc	-	-	-	-	8,122
Loss on sale of tangible fixed assets	69	38	13	652	-
Software subscriptions	993	544	182	9,446	7,416
Computer repairs	156	86	29	1,486	712
Website hosting	57	31	10	540	576
Website development	697	382	128	6,625	2,400
Computer upgrades	30	16	5	284	-
Depreciation of tangible fixed assets	729	399	134	6,931	3,261
Employment costs	37,187	20,366	6,821	353,618	302,331
Social security	3,143	1,721	577	29,887	27,275
Pensions	2,214	1,213	406	21,053	15,155
Staff costs	239	131	44	2,269	11,170
Staff training & welfare	1,392	762	255	13,237	1,183
Recruitment costs	212	116	39	2,017	9,873
Business rates	21	11	4	195	374
Gas and electric	26	14	5	245	-
Telephone	429	235	79	4,079	5,197
Office insurance	241	132	44	2,290	1,279
Data protection costs	25	14	5	239	239
Health and safety costs	1	-	-	8	-
Legal fees	447	245	82	4,254	3,161
Marketing	1,756	962	322	16,700	3,521
Office repairs and renewals	64	35	12	608	(125)
Photocopier	13	7	2	127	115
Postage	-	-	-	-	395
Printing and stationery	100	55	18	952	940
Credit card charges	943	516	173	8,964	10,604
Bank charges	108	59	20	1,027	955
Bad debt	(7)	(4)	(1)	(66)	157
Refuse and cleaning	5	3	1	48	-
Computer and internet	95	52	17	901	-
Staff welfare	532	291	98	5,055	-
Copyright licence	77	42	14	730	730
London rent	3,945	2,160	724	37,512	40,638
Bolton rent	1,057	579	194	10,055	9,000
Meeting costs	229	126	42	2,181	-
Professional fees	1,031	565	189	9,807	-
Depreciation of tangible fixed assets	16	9	3	150	209
Carried forward	58,272	31,913	10,690	554,106	466,863

continued...

9. SUPPORT COSTS - continued

	Membership and professional support	Governance costs	Invited Reviews	2024 Total activities	2023 Total activities
	£	£	£	£	£
Brought forward	58,272	31,913	10,690	554,106	466,863
Auditors' remuneration	189	9,104	35	10,800	9,000
Accountancy and legal fees	253	2,901	46	5,167	8,369
	58,714	43,918	10,771	570,073	484,232

10. TRUSTEES' REMUNERATION AND BENEFITS

	2024	2023
	£	£
Trustees' salaries	-	7,672
Trustees' social security	-	239
Trustees' pension contributions to money purchase schemes	-	211
	-	8,122

Included in the remuneration paid to the trustees in the prior year were amounts paid to Dr L Hartley for services rendered in relation to the development and provision of distance learning courses.

Trustees' expenses

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

	2024	2023
	£	£
Dr L Hartley	-	2,681
Dr S Jayawant	-	416
Prof M Kirkpatrick	14,153	10,719
Dr A Parker	564	483
Dr A McLellan	4,425	45
Dr M Griffiths	636	427
Dr D Lumsden	-	195
Dr S Mordekar	658	139
Dr D Ram	709	164
Dr S Amin	1,623	649
Dr M Prasad	720	-
Dr M Chitre	149	-
	23,637	15,918

During the year, in addition to the above, amounts totalling £4,434 (2023 - £5,264) related to executive meeting expenses that were paid on behalf of all trustees.

continued...

11. STAFF COSTS

	2024	2023
	£	£
Wages and salaries	356,738	345,432
Social security costs	29,887	30,948
Pension schemes	21,053	16,993
Total	407,678	393,373

Included within creditors as at the reporting date is £nil (2023 - £3,200) in relation to unpaid pension contributions.

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

	2024	2023
Management	4	4
Support staff	7	7
	11	11

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

	2024	2023
£60,000 - £70,000	1	0
Total employees	1	0

Total remuneration paid to key management personnel during the financial year included wages and salaries amounting to £161,792 (2023 - £193,941) and contributions to defined contribution pension schemes of £10,055 (2023 - £9,073).

continued...

12. TANGIBLE FIXED ASSETS

	Plant and machinery £	Fixtures and fittings £	Totals £
COST			
At 1 April 2023	32,696	3,321	36,017
Additions	18,610	-	18,610
Disposals	(5,947)	(264)	(6,211)
At 31 March 2024	45,359	3,057	48,416
DEPRECIATION			
At 1 April 2023	22,926	2,689	25,615
Charge for year	6,931	150	7,081
Eliminated on disposal	(5,291)	(232)	(5,523)
At 31 March 2024	24,566	2,607	27,173
NET BOOK VALUE			
At 31 March 2024	20,793	450	21,243
At 31 March 2023	9,770	632	10,402

13. STOCKS

	2024 £	2023 £
Stocks	9,023	11,061

14. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2024 £	2023 £
Trade debtors	21,660	32,977
Prepayments and accrued income	43,543	7,074
	65,203	40,051

continued...

15. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2024	2023
	£	£
Trade creditors	59,830	26,472
Social security and other taxes	14,002	11,904
Other creditors	154	3,354
Deferred income	84,301	43,761
Accrued expenses	26,966	24,520
	185,253	110,011

The deferred income balance above includes income relating to training courses amounting to £84,171 (2023 - £43,631) and membership subscriptions received in advance amounting to £130 (2023 - £130).

16. LEASING AGREEMENTS

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

	2024	2023
	£	£
Within one year	16,534	11,628
Between one and five years	3,578	-
	20,112	11,628

During the year the charity incurred expenditure under cancellable and non-cancellable operating lease agreements relating to office rental amounting to £47,567 (2023 - £49,638).

continued...

17. MOVEMENT IN FUNDS

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

continued...

17. MOVEMENT IN FUNDS - continued

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

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	956,643	(941,181)	15,462
Research training fellowship fund	-	(82,969)	(82,969)
Fetal neurology course development	-	(282)	(282)
Distance learning development fund	-	(12,680)	(12,680)
PET update course development	-	(18,418)	(18,418)
PET hot topics course development	-	(7,858)	(7,858)
Impact & evaluation consultancy	-	(1,000)	(1,000)
Movement disorders course development	-	(1,119)	(1,119)
PET 2/3 international update	-	(9,823)	(9,823)
	956,643	(1,075,330)	(118,687)
Restricted funds			
ILAE grant fund	54,877	(54,877)	-
THET grant fund	159,504	(10,243)	149,261
Colombia launch	(3,204)	(7,725)	(10,929)
Zambia launch	49,945	(38,475)	11,470
	261,122	(111,320)	149,802
TOTAL FUNDS	1,217,765	(1,186,650)	31,115

continued...

17. MOVEMENT IN FUNDS - continued

Comparatives for movement in funds

	At 1/4/22 £	Net movement in funds £	Transfers between funds £	At 31/3/23 £
Unrestricted funds				
General fund	271,694	99,288	(22,408)	348,574
Contingency fund	180,000	-	-	180,000
Research training fellowship fund	153,604	26,044	-	179,648
Priority setting project	9,739	(2,206)	(7,533)	-
Fetal neurology course development	12,130	(1,400)	-	10,730
International faculty education fund	5,600	895	3,700	10,195
Kenya fellowship travel fund	1,000	-	-	1,000
Fellow travel bursary fund	6,325	800	-	7,125
Distance learning development fund	76,700	(8,875)	-	67,825
PET update course development	30,000	(4,857)	-	25,143
PET hot topics course development	12,600	5,000	-	17,600
Impact & evaluation consultancy	50,000	-	-	50,000
Movement disorders course development	-	5,222	16,500	21,722
PET1 international update	-	(9,741)	9,741	-
	809,392	110,170	-	919,562
Restricted funds				
Colombia launch	-	13,076	-	13,076
TOTAL FUNDS	809,392	123,246	-	932,638

continued...

17. MOVEMENT IN FUNDS - continued

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

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	891,632	(792,344)	99,288
Research training fellowship fund	109,013	(82,969)	26,044
Priority setting project	-	(2,206)	(2,206)
Fetal neurology course development	-	(1,400)	(1,400)
International faculty education fund	895	-	895
Fellow travel bursary fund	800	-	800
Distance learning development fund	400	(9,275)	(8,875)
PET update course development	11,250	(16,107)	(4,857)
PET hot topics course development	5,000	-	5,000
Movement disorders course development	7,500	(2,278)	5,222
PET1 international update	30,001	(39,742)	(9,741)
	1,056,491	(946,321)	110,170
Restricted funds			
ILAE grant fund	58,791	(58,791)	-
Colombia launch	39,124	(26,048)	13,076
	97,915	(84,839)	13,076
TOTAL FUNDS	1,154,406	(1,031,160)	123,246

Contingency fund
The contingency fund is held to support the staffing cost of running the BPNA Secretariat for a period of approximately six months (2023 - six months) should there be any contingency that might lead to a significant reduction in BPNA operational activities, this equates to £250,000 (2023 - £180,000).

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

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

continued...

17. MOVEMENT IN FUNDS - continued

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

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

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

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

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

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

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

Website Upgrade
The BPNA intends to update their website. This fund was set up by the Trustees to cover the initial cost of research and part development of the website.

International face to face Launch fund
This is a designated fund set up by the Trustees to support future face to face international launches that may not cover all the costs to administer a launch in a new country up until March 2026. So far this fund has not needed to be utilised

continued...

17. MOVEMENT IN FUNDS - continued

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

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

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

PET 4ward course development
To fund development of a new course designed for those who attended PET2 and 3 more than 3-years ago.

Impact & Evaluation Officer
The BPNA has been running courses since 2005. This money has been aimed to fund an Impact and Evaluation Officer to report on the full impact of BPNA courses. Part of that fund has been used to pay for Consultants from a University to review impact & evaluation.

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

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

Columbia Launch Fund
In partnership with the University of Antioquia and ASCONI, the Colombian Child Neurology Society, BPNA launched PET1 in Colombia in August 2022. The Buist Fund – University of Dundee, ILAE South America Region and Jazz Pharmaceuticals have contributed to the Columbia Launch Fund.

THET grant fund
The BPNA were awarded a large Tropical Health & Education Trust (THET) grant. Using the established partnerships with the Paediatric Society of Ghana and East African Child Neurology Association in Kenya, the BPNA are delivering one-day PET course in those countries. The aim is to increase the number of country volunteer trainers, widen the geographical reach within those countries and carefully evaluate changes in practice of the participants. The grant started in February 2023 and will end in February 2024.

Zambia Fund
The BPNA launched PET1 in Zambia with delegates also coming from Zimbabwe. The Launch was supported by BAND Foundation and the ILAE Africa Region.

continued...

17. MOVEMENT IN FUNDS - continued

Transfers between funds

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

During the year, there was a transfer from the Colombia Launch restricted fund to the General fund of £2,147 (2023 - £124 from General fund to Colombia Launch restricted fund).

18. CONTINGENT LIABILITY

During the year to 31 March 2024, the charity has become aware that certain areas of its sponsorship income are eligible for VAT. The charity has exceeded the VAT registration threshold, and as a result, is liable for VAT on this income in the current and prior years. The final amount of the VAT liability is still being considered. It is not possible at this stage to quantify the liability as the charity is yet to confirm the level of taxable income arising from non-UK based customers or to the extent to which the charity may be reimbursed by customers. However, the final VAT liability is not expected to exceed £112,000.

19. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31 March 2024 (2023 - £1,973 of payments were made to HMLH Consulting Ltd for the provision of distance learning courses, of which Dr L Hartley was director and also a previous trustee of BPNA). Dr L Hartley stepped down as trustee on 16 January 2023.

20. ULTIMATE CONTROLLING PARTY

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

BRITISH PAEDIATRIC NEUROLOGY ASSOCIATION

England & Wales - Charity number 1159115

Accounts

REGISTERED CHARITY NUMBER: 1159115

Report of the Trustees and

Financial Statements for the Year Ended 31 March 2023

for

British Paediatric Neurology Association

British Paediatric Neurology Association

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for the Year Ended 31 March 2023

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The trustees present their report with the financial statements of the charity for the year ended 31 March 2023. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

President's Report

The BPNA has had another highly productive year. Despite re-organisation of the NHS following the Pandemic, we have continued to grow, bridge, build and innovate. We continue to be a small medical charity hitting well above our weight in terms of research, education, training and professional support.

This occurs across all our diverse communities and we strive to achieve this equitably.

Our international profile now extends from our excellent links with our European colleagues and through research, training and education to all Continents.

It is a challenge for me to direct you the key highlights and as a result I have emphasised the below as these are areas that have been specifically raised by our members as priorities.

- Our Training Team continue to overcome barriers, encourage applications between a Student starting out on their journey, all the way through to those who have almost completed competencies in Paediatric Neurology. This is reflected in much greater numbers of applicants, development and appointments in areas where programmes have previously stopped.

- UK Education continues to get excellent feedback in terms of quality, quantity and reach in terms of accessibility.

- International Education thrives with launches from afar a field as New Zealand/Australia/Sub Saharan Africa and more recently advanced plans for North Africa, South America building on our previous excellent experience elsewhere. Bridging with the International League Against Epilepsy (ILAE) and acknowledged by World Health Organisation (WHO) is likely to be a great benefit to children with Epilepsy across the World.

- Despite the challenges in clinic practice as the NHS "Reboots", professional support has been steady with very positive feedback from centres who have liaised and is likely to be a continuing priority for my successor - who has led this area admirably for a long period.

- We continue to have an extremely active research portfolio across British Paediatric Neuroscience as demonstrated by our very successful 2023 conference and ongoing productive fellowships in partnership with Action Medical Research.

Lastly, if I am to make any criticism of the BPNA, it is that our finances are too good! With hard work of our members, council, executive and secretariat, our reserves have grown steadily despite ongoing investments. We are in a sound financial position and one of the major challenges for the next year will be to identify key areas for investment/reduction of those reserves.

I finish by saying it has been a pleasure and privilege to be President of the BPNA. I am confident we are in a strong position in all senses. I thank all the members, council, executive and secretariat who have worked so hard to support the wonderful children/families we care for.

Yours sincerely

Dr Alasdair Parker
BPNA President (2021-2024)

OBJECTIVES AND ACTIVITIES

Objectives and aims

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

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

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

Main activities undertaken in relation to the purpose

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

1. Training the next generation of paediatric neurologists in the UK.
2. Educating professionals in the diagnosis and management of:
    - Epilepsy, through provision of Paediatric Epilepsy Training (PET) and Expert to Expert: Epilepsy courses;
    - Movement disorders, through provision of Expert to Expert: Movement Disorders;
    - Headaches, through provision of Children's Headache Training (CHaT) courses;
    - Neonatal neurology, through provision of (NeoNATE) courses
    - Abnormal muscle tone, through provision of the Approaching Children's Tone (ACT) courses
    - Acute neurological disorders through the newly developed course Acute
    - Children with any type of neurological condition through its comprehensive online distance learning course.
3. Improvement of knowledge of professionals, the public and patients through the annual scientific meeting held in January.
4. Promotion of research through:
    - British Paediatric Neurology Surveillance Unit (BPNSU); and
    - Paediatric Neurology Research Fellowship.
5. Provision of professional support through:
    - Mentoring;
    - Team support;
    - Special interest groups

Public benefit

The trustees have had regard to the Charity Commission's guidance on public benefit in considering activities during 2022-23. They sought to meet the public benefit of promoting the health and wellbeing of children with neurological disorders in the UK and globally through the initiatives and projects listed in the section 'Main activities undertaken in relation to the purpose'.

Grantmaking

During 2022-23, the charity provided £41,302 funding the second year for the second joint BPNA Action Medical Research (AMR) fellowship and £41,667 funding the first year for the third joint BPNA Action Medical Research fellowship.

OBJECTIVES AND ACTIVITIES

Volunteers

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

Fundraising

BPNA raises funds through applying for grants from organisations that have the same interests.
The charity has used its own staff for fundraising and not any external fundraisers.
The charity is not a member of any voluntary scheme for regulating fundraising.
All fundraising activities are monitored by the Director and the charity has not received any complaints regarding its fundraising activities.
The charity does not come into contact with vulnerable people as it is not involved with street or door to door fundraising.

ACHIEVEMENT AND PERFORMANCE

Charitable activities

1. Training

1.1 - Paediatric Neurology Sub-specialty Training

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

The GMC and RCPCH Shape of Training (SoT) plans on paediatric neurology training are now finalised and will be commencing in August 2023. It has been agreed that neurology GRID trainees will still have up to 3.5 years to meet learning objectives.

1.2 - New curriculum

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

1.3 - Appointment of new Grid trainees

For the 2023 paediatric neurology GRID training programme, there were 9 GRID training schemes available. Over thirty applications were received, and 19 trainees were shortlisted for interview. 16 candidates were deemed appointable, and 9 trainees accepted a GRID position. Overall, this is a huge increase in number of trainees applying to the GRID scheme in comparison to previous years.

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

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

1.4 - Assessment and Support for Existing Trainees

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

1.5 - Special Interest (SPIN) module in Epilepsy

The Neurology CSAC have rewritten the Special Interest (SPIN) Epilepsy curriculum in 2022 and this has now been endorsed and signed off by the RCPCH. The BPNA are looking at more ways to support Trainees taking on SPIN Epilepsy.

1.6 - Assessment of "Non Grid" Training

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

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

1.7 - Approval of New Posts

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

2. Education

285 BPNA faculty in the UK and overseas directly contributed to the development and delivery of courses during 2022-23. This demonstrates the strong motivation and engagement of faculty, and the trustees wholeheartedly appreciate this commitment to teaching and training.

The BPNA's face-to-face courses were cancelled from March 2020 due to coronavirus restrictions and courses were adapted to be taught in an online, virtual environment. Some courses have started up again to take place face-to-face, with the majority still taking place online. The BPNA are beginning to look at what the best balance is for a mixture of face-to-face and online courses, as remote courses are popular, however, there is still a desire for face-to-face activity.

2.1 - Paediatric Epilepsy Training (PET)

PET teaches safe standard epilepsy practice to clinicians, using consensus-based, peer-reviewed, standardised materials linked to internationally recognised clinical guidelines. Introduced to improve standards of care of children with epilepsy, we aim to deliver courses throughout the UK every year.

All PET1, PET2 and PET3 courses took place in a virtual setting again in year 2022-23. Virtual courses have resulted in a reduced number of PET courses compared to when they ran face-to-face pre-pandemic:
- PET1 (1-day) 6 courses (2019-20=10)
- PET2 (2-days) 4 course (2019-20=6)
- PET3 (2-days) 2 courses (2019-20=6)

Since 2005 to 31 March 2023, 12,143 UK clinicians have attended a PET course (2022-23=726; 2021-22=702; 2020-21=300), contributing to improving the standards of diagnosis and management of children with epilepsy in the UK. Feedback from virtual courses has been excellent.

The PET23 course materials were updated by a team of international clinicians in 2018. The updated PET23 materials were used in the UK from 2019. The PET1 course materials were updated by a team of international clinicians in March 2023. The updated PET1 materials were used in the UK from May 2023. A consultant paediatrician with a special interest in epilepsy is employed for 4-hours per week to manage course development.

2.2 - Children's Headache Training (CHaT)

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

CHaT was adapted for virtual delivery during the coronavirus pandemic. In 2022-23, four virtual CHaT courses were held. Feedback has been excellent, with many attendees preferring virtual. During 2022-23 CHaT welcomed international attendees from Australia, Estonia, Germany, Greece, Indonesia, Norway and United Arab Emirates.

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

Since 2012, 1,498 clinicians have attended CHaT (2022-23=198; 2021-22=138; 2020-21=117; 2019-20=137).

2.3 - Neonatal Neurology Assessment and Treatment Education (NeoNATE)

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

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

The NeoNATE course was not adapted for virtual delivery and therefore no courses have run since pre-pandemic, in November 2019. In 2022-23, NeoNATE ran two courses with being able to run face-to-face courses. Since 2014, 636 clinicians have attended NeoNATE (2022-23=80; 2021-22=0; 2020-21=0; 2019-20=94). During 2022-23 NeoNATE welcome international attendees from Belgium, Denmark, Egypt, India and Netherlands.

2.4 - Expert to Expert

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

In 2022-23, 39 people attended Expert to Expert: Epilepsy, with international attendees from Malaysia (1), Netherlands (2) and Norway (1).

2.5 - Approaching Children's Tone (ACT)

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

The ACT course was developed for virtual delivery. Since the running of the first course in 2020-21, 222 clinicians have attended ACT (2022-23=94; 2021-22=92; 2020-21=36).

2.6 Acute Paediatric Neurology

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

The Acute course was developed for virtual delivery. Since the running of the first course in 2021-22, 126 clinicians have attended Acute (2022-23=91; 2021-22=35).

2.7 Distance Learning in Paediatric Neurology

Introduction

Distance Learning (DL) provides systematic and comprehensive learning, delivered online for trainee paediatric neurologists, paediatricians and established specialists. The course covers the whole of paediatric neurology and participants may enrol for one or more units. DL fees are differentiated by country according to the World Bank economic classification to widen access to doctors worldwide, in line with BPNA charitable aims. During 2021-22, doctors enrolled from 46 countries.

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

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

Updating content

A Consultant Paediatric Neurologist is employed for 4-hours per week to direct and oversee the constant revision and rewriting process. The Distance Learning Steering Group, consisting of one/ two experts per unit, meets twice per year.

In 2021-22 £75,000 was allocated to the Distance Learning development reserve to fund development and updating 2021-2024. During 2022-23, Unit 8 Inflammation and infection of the CNS has had a major update and the update of Unit 5 Neuromuscular was completed.

Distance Learning is hosted on the Moodle platform. During 2022-23 the platform was upgraded, resolving security issues and providing access to new functionality.

Enrolments

During 2022-23, there have been 672 enrolments on distance learning units, by 197 people from 40 countries. The highest proportion of these enrolments are from the UK, 53% (358 of 672). Additionally, 184 people enrolled on 'bundles' of units, of which 109 were from high income countries and 75 from low and middle-income countries.

Acknowledgements

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

2.8 - Webinar Lecture Series

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

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

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

During 2022-23, the webinar lecture series has been attended by both trainees and consultants worldwide. 3559 doctors and allied health professionals from over 82 countries have attended 30 BPNA weekly webinar lectures.

It has been acknowledged that the webinars are a great promotion to the BPNA's brand and charitable objectives and that they should carry on.

2.9 - International Short-Courses

2022-23 saw a beginning of a return to form after the postponement of many activities during the coronavirus pandemic. Due to the lifting of restrictions, PET1 was launched in Colombia and Australia and Face to Face courses around the globe began again. PET is typically rolled out in new countries through a 3-day launch programme, which takes place face-to-face.

This was the first year of BPNA's new four-year partnership (2022-2026) with the International League Against Epilepsy (ILAE), which was formed to facilitate the roll-out of PET worldwide. The initial memorandum of understanding has a value of $278,844 over that time. Trustees are cognisant of the need to ensure international launch and delivery of courses is sustainable and that all courses meet our defined quality standards.

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

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

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

The ILAE has agreed to cover 40% of staff costs in the BPNA's International Education team (3 staff members) from April 2022 to March 2026.

The total number of attendees outside the UK and Republic of Ireland is 5,455 (PET1=4,428; PET2=502; PET3=251; iPET=274; Trained as faculty=223).

2.9.1 - Middle East & North Africa (MENA)
A trained committed faculty from Qatar, United Arab Emirates, Sudan and Egypt work together to deliver PET with support from the UK.

Middle East: Two virtual courses were run in partnership with the Ministry of Health and Prevention in Sharjah.
PET1 attendance since 2014: 171 (2021-22=15; 2020-21=0; 2019-20=0)
PET2 attendance since 2014: 133 (2021-22=14; 2020-21=0; 2019-20=0)

North Africa:
Sudan: A group of 8 attendees from Sudan joined a virtual course being run in the UK.
PET1 attendance since 2014: 297 (2021-22=8; 2020-21=0; 2019-20=0)
PET2 attendance since 2014: 109 (2021-22=0; 2020-21=0; 2019-20=0)

2.9.2 - Sub Saharan Africa
South Africa in partnership with the Paediatric Neurology Development Association of Southern Africa. One course was delivered by South African faculty in 22-23, for delegates attending in Mauritius. 19 delegates attended the course. Since 2015-16, the total number of PET1 attendees taught by south African Faculty is 398 (2022-2023=19; 2021-22=55; 2020-21=0; 2019-20=42)

Ghana in partnership with the Paediatric Society of Ghana. During 2022-2023, one Face to face course was held, with 33 attendees. Since 2018, the total number of PET1 attendees is 264 (2022-23=33; 2021-22=11; 2020-21=40; 2019-20=47)

Kenya in partnership with the Kenya Paediatric Association. During 2022-23, one PET1 course was held with 48 attendees and one hybrid PET2 course was held with 39 attendees.
PET1 attendance since 2017 = 310 (2022-23=48; 2021-22=11; 2020-21=50, 2019-20=30)
PET2 attendance since 2017 = 19 (2022-23=39; 2021-22=16; 2020-21=3)

Mozambique. During 2022-23, 16 attendees joined a virtual PET1 course run by the team in Brazil aimed jointly at delegates in Mozambique and Angola. PET1 attendance since 2021 = 24 (2022-23=16; 2021-22=8).

Angola. During 2022-23, 16 attendees joined a virtual PET1 course run by the team in Brazil aimed jointly at delegates in Mozambique and Angola. PET1 Attendance since 2019 = 50. (2022-23=16; 2021-22=0; 2020-21=0; 2019-20 = 34)

Tanzania in partnership with the Paediatric Association of Tanzania. One Face-to-face course was run in 2022-23, with 41 attendees. Since 2018, the total number of PET1 attendees is 184 (2022-23=41; 2021-22=0; 2020-21=33; 2019-20=0)

Uganda in partnership with the Uganda Paediatric Association. During 2022-23, no PET1 courses were delivered. Since 2018, the total number of PET1 attendees is 136 (2022-23=0; 2021-22=9; 2020-21=0; 2019-20=35).

2.9.3 - Asia
India in partnership with Raindrops Children's Foundation. PET1 was launched in northern India in 2014 and southern India in 2016. In 2022-23, one face-to-face course was held with 45 delegates. Total PET1 attendees in India since 2014: 1,634 (2022-23=45; 2021-22=88; 2020-21=0; 2019-20=47).

Myanmar: PET1 was launched in Myanmar in 2014. Since then, 313 people have attended PET1 (2022-23=0; 2021-22=0; 2020-2021= 1; 2019-20=0). Courses in the country are on hold due to the current political situation.

Singapore in partnership with KK Women's and Children's Hospital. PET1 and PET2 were due to be launched in Singapore in February 2020. This was postponed, and has continued to be postponed, due to coronavirus restrictions. No courses were held in Singapore in 2022-23.

2.9.4. Central & South America

Brazil in partnership with Liga Brasileira de Epilepsia. Throughout 2016, a team of 3 paediatric neurologists in São Paulo translated PET1 into Portuguese. In 2017, a UK faculty travelled to Brazil to undertake the back-translation and develop a project plan to roll-out PET1 throughout Brazil. PET1 launched in São Paulo in June 2018. During 2022-23, one face-to-face course was held for 32 attendees. Since 2018-19, PET1 has been delivered to 211 attendees (2022-23=32; 2021-22=40; 2020-21=17; 2019-20=41).

Central & South America: During 2018-19, PET1 was translated into Spanish for roll-out in Central and South America. A launch for Colombia, Chile and El Salvador planned for May 2020 was postponed due to coronavirus restrictions. The three-day launch occurred in August 2022. 25 members of New Faculty took part in the launch, with 19 attendees from Colombia joined by colleagues from other Spanish speaking countries in the region, with 1 delegate from each of the following countries: Argentina, El Salvador, Guatemala, Honduras, Mexico and Paraguay. UK Faculty delivered a PET1 and Instructor Training Day to the New Faculty on days one and two, with the new faculty delivering the course in Spanish on day three across two courses to a total of 38 delegates. Since 2022, the total number of delegates taught PET1 in Colombia is 78 (2022-23=63, 2021-22=15).

2.9.5 - Australasia

New Zealand in partnership with the New Zealand League Against Epilepsy and the Starship Foundation. PET1 and PET2 were launched in Auckland, New Zealand in May 2017. During 2022-23, three PET1 Courses were held, one PET2 course was held and 2 PET3 courses were held, all face-to-face courses.

PET1 attendance since 2017: 388 (2022-23=83; 2021-22=25; 2020-21=27; 2019-20=45).
PET2 attendance since 2017: 170 (2022-23=32; 2021-22=31; 2020-21=0; 2019-20=38).
PET3 attendance since 2018: 126 (2022-23=54; 2021-22=0; 2020-21=32; 2019-20=33).

Australia in partnership with the Australia and New Zealand Child Neurology Society (ANZCNS), PET1 and PET2 were due to launch in July 2020. This was postponed due to coronavirus and instead occurred in November 2022 with a five-day launch. On day one, UK Faculty delivered PET1 to 23 attendees, on days two and three, PET2 was delivered to 21 attendees. On day four, 12 new faculty were delivered the instructor training day, with two attendees from Singapore, two from New Zealand and eight from Australia. On day five, PET1 was delivered by the New Faculty to 25 attendees. Prior to the launch, Australia also held a virtual PET1 course in May 2022 with a total of 43 attendees.

Since 2021, the total number of course attendees in Australia are PET1 = 107 (2022-23=94; 2021-22=13), PET2= 24 (2022-23=24).

2.9.6 - North America

In 2022, a virtual course was held for Caribbean delegates by UK Faculty. The course, held over two days due to the time difference between the UK and Caribbean welcomed 26 delegates.

2.10 Evaluation of educational activites

BPNA's educational activities are designed to promote the health and well-being of children with neurological disorders. We are committed to evaluating them to ensure that they do so and to adapting them on an ongoing basis. After completion of any of our educational activities, learners are required to complete a feedback form to assess their level of satisfaction with the course. At PET1 courses, learners also complete a pre- and post-course quiz to assess knowledge-gain, and, six months later, a follow up survey to establish the changes that they have made to their clinical practice. These data have been analysed by a group of researchers from the BPNA and the University of Dundee and form the basis of a research paper that we hope will be published in the coming months. Together with the University of Manchester we intend to further refine our evaluation methods for the PET1 course during 2023/4 by using a clinical behavioural-change methodology to further understand the impact of the course. It is hoped that these refined evaluation tools can be adapted and applied to other BPNA short courses.

3. Annual Scientific Conference

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

The 49th annual scientific meeting was hosted by Edinburgh and held as a hybrid event in January 2023. There were 816 delegates from 50 countries. Technology facilitated high delegate numbers (2022=941; 2021=1,134; 2020 Belfast=427; 2019 Liverpool=391) and geographic access. Opportunities to learn were provided by 22 oral presentations and 237 posters (selected from 266 abstracts submitted); 17 keynote lectures; 4 clinical practice sessions; and 6 sponsored symposiums.

2023 Prizes were awarded to:

Dr Sophie Adler (Research Associate, UCL Great Ormond Street Institute of Child Health, London)	The Ronnie MacKeith Prize. Awarded to the person who has made the most significant contribution to paediatric neurology as judged by published work and who is <40 years old or within 5-years of obtaining CCT.
Dr Laura Hyrapetian & Dr Dora Steel (Royal London Hospital) & (Great Ormond Street Hospital, London)	Best oral presentation by a trainee.
Dr Emily Lancsatle & Dr Sharmilla Manivannan (University of Edinburgh) & (Addenbrookes Hospital)	Best poster presentation by a trainee.
Dr Shima Abdullateef (University of Edinburgh)	Best poster audio narrative by a trainee.
Dr Gemma Fisher & Dr Maria Gogou (University Hospital Wales) & (Evelina London Children's Hospital)	BPNA "BAFTA" Award for Fabulous Trainee Action.Awarded to the trainee who has best contributed to service improvement which significantly impacted on their local and/or national practice or any other innovative contribution.
Dr Ramya Ramesh Baby (Synapse Neurocenter)	Best medical student presentation.
Dr Susan Harvey (CHI at Temple Street)	A new prize, Development Medicine and Child Neurology (DMCN) Best Article by a BPNA Trainee Prize was introduced this year.

4. Patient and Public Involvement (PPI)

We had 18 paediatric neurology related charities attended the conference. 13 were able to take up a physical stand and 5 took up the opportunity to have a virtual exhibition stand to engage with BPNA members and the other attendees.

During the conference, a Charity networking session was implemented for the charities who had a stand. The purpose was to meet with other charities to discuss updates, for attendees to go, and have as a place to invite people coming to the conference to meet. The aim was to open up on the opportunity for charities to engage with attendees at the conference and identify opportunities to improve the lives of children with neurological disorders. Each BPNA Conference venue has its challenges of where stand spaces can be located, each year aiming for charities to have as much involvement as possible with their stand location.
Feedback was received for improvement. The BPNA look forward to hosting them again at the 2024 conference.

During 2022-23 eight representatives from 6 epilepsy related charities observed PET1 Virtual and provided very constructive feedback to inform course development. The group highlighted the need for clinicians to understand the holistic impact on families, amongst other important messages. The group will repeat the exercise for PET2 and 3 during 2023-24.

The BPNA worked in collaboration with the Child and Adolescent Psychiatry Faculty of the Royal College of Psychiatrists to produce a 2021 Consensus statement on childhood neuropsychiatric presentations to support its members on 21 April 2021.

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

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

5. Research

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

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

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

5.1 British Paediatric Neurology Surveillance Unit (BPNSU)

In 2006, the BPNA set up the BPNSU to target surveillance of rare neurological conditions in a cost-effective and efficient manner with the sample population being UK consultant members of the BPNA. Since 2006, 27 studies have been conducted using BPNSU.

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

During 2022-23, no project was added onto the BPNSU system (2021-22 = 1 2020-21 =1, 2019-20=1; 2018-19=1; 2017-18=3). As of 31 March 2022 one project was active on BPNSU system.

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

The BPNSU website has been redeveloped to provide increased efficiencies and consistency of information.
The aim is to have it all inhouse by June 2023 with the purpose of the BPNSU email list continually reviewed and updated to optimise returns by the Membership and Committees Coordinator. Emails are sent out twice a month for notifications of new studies.

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

In view of no project being added in 2021-22, the BPNA reviewed barriers for applications and implemented the BPNSU Grant Award.
It was agreed by the BPNA Trustees to produce a BPNSU Grant Award for up to a 2 year study. This is equivalent to the cost of £1200 which would cover the cost of a study so as to support this charitable aim.
This grant would be eligible for a BPNA member who is otherwise a trainee or newly appointment consultant within 2 years of qualifying.
The purpose of the award is to promote research amongst junior members of the BPNA and to help create future researchers in paediatric neurology.

One of the aims in the last year has been to develop our relationship and try to collaborate with the British Paediatric Surveillance Unit (BPSU) which is part of the RCPCH. This is due to having similar objectives.

5.2 Paediatric Neurology Fellowship

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

The second fellowship has been awarded to Dr Michael Eyre. His 3-year fellowship was due to commence in September 2020, however the start date has been deferred to March 2021 due to Covid-19. In his project, 'Developing magnetic resonance measures of neurobiological dysfunction in early recovery from NMDAR-antibody encephalitis', Michael will investigate if advanced MRI techniques can help predict recovery from NMDAR-antibody encephalitis in children and young people, paving the way for new treatment approaches for the condition in future.

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

A fourth Fellowship will be advertised in Summer 2023 with the aim to commence in Spring 2024.
The BPNA Research committee has designed a pre-selection questionnaire to support applicants.

Previous AMR BPNA Research Training Fellows:
2016-19 Dr Apostolos Papandreou Neurodegenerative disorders with brain iron accumulation - finding new treatments

5.3 Priority Setting Project

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

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

The final prioritisation workshop was held with various stakeholder groups on 30 March 2022 in London, with the objectives to finalise top 10 research questions from the final 26.
The top 10 and the other 16 that did not make the top 10 were published in a final summary document in November 2022 as 'Top Ten UK research priorities for interventions in childhood neurological disorders' and was well received.

The aim now would be looking into how some of these questions can be researched with the support of the BPNA and interested stakeholders.
A Pre-conference Trainees' research network meeting happened at the BPNA2023 Conference with discussion about the AMR Fellowship and Priority Setting Project results, chaired by Dr Sam Amin (Chair of Research) & Dr Robert Spaull (Trainees Rep). Dr Sam Amin will continue to have development meetings throughout the next year.

5.4 BPNA Conference

The BPNA Research Committee review, score and select submitted abstracts, sponsored symposium and the Ronnie MacKeith Prize. Mac Keith Press co support the Ronnie MacKeith Prize and also support and select the Developmental Medicine and Child Neurology (DMCN) Best Article by a BPNA Trainee Prize.
Prizes are also chosen and give by the BPNA for the Best Poster by a Trainee Prize, Best Poster Audio Narrative by a Trainee Prize, Best Oral Presentation by a Trainee Prize and Best Medical Student Presentation.

5.5 Read of the month and Trainee paper of the month

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

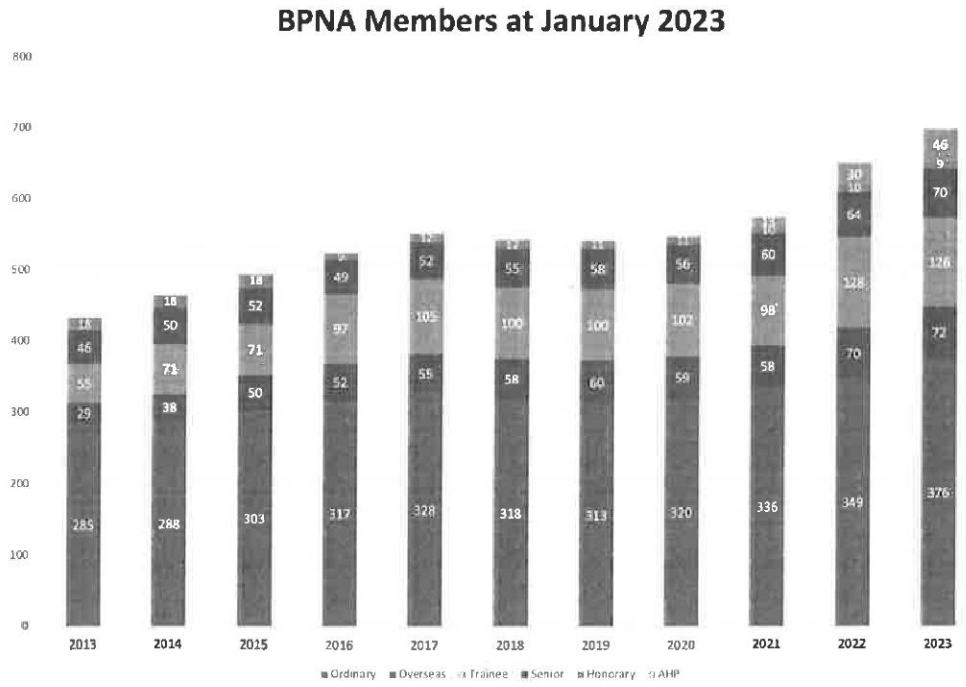
Also every month, a recent publication that has either been led by a BPNA Trainee (or where a trainee has provided significant input) will be highlighted.

6. Professional Support

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

6.1 BPNA membership

Membership numbers have increased steadily during 2022-23, supported by our dedicated Membership Engagement Manager, Philip Levine who was promoted to Interim Director. Following that a new employee joined in January 2023, Katerina Roumelioti as Membership and Committees Coordinator who now oversees BPNA membership. A new category of membership 'Allied Health Professional' was introduced in recent years. This category has minimal subscription fees to encourage engagement and no voting rights. The BPNA also added Medical Student membership with £0 fee to engage with young people with an early interest in Paediatric Neurology. Criteria to be accepted is a confirmation letter from associated University that is resent each year for membership renewal.



Membership Numbers

Category	2023	2022	2021
Ordinary	376	349	336
Trainees	126	128	98
Overseas	72	70	58
Senior	70	64	60
AHP	46	30	13
Honorary	9	10	10
TOTAL	699	651	575

6.2 Mentoring and Team Support

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

During 2020-21 the mentoring programme was expanded to paediatric neurology and Neurodisability GRID trainees within 12 months of CCT to provide additional support through the pandemic. As of 31 March 2023, there are 39 BPNA members volunteering as mentors (2022=38) with 50 mentees (2022=37) with some mentors now taking on two mentees.

In November 2022 BPNA commissioned a Mentor Consultant to deliver a training day for mentors for a third time. The training taught different models of mentorship and was very well received. The aim would be to do this every year.

Invited Reviews

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

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

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

The BPNA has produced A Guide to BPNA Invited Reviews, available on the BPNA website, which explains the structured, clear and consistent process that we follow.
https://bpna.org.uk/?page=invited-reviews

6.3 Special Interest Groups (SIG)

For the Special interest groups hybrid working makes it more accessible for people to join online or in person depending how their meeting is arranged. Some face-to-face meetings happen but due to the size of the groups online meetings are more beneficial for people to attend.
The BPNA also updated their website for each SIG page to inform about Trials and resource documents for their members.

6.4 British Paediatric Epilepsy Group

Members of this Special Interest Group have particular expertise in childhood epilepsy. There are over 100 members which includes paediatric neurologists, paediatricians with an interest in epilepsy and clinical nurse specialists. Three meetings have been held in June and November 2022 and March 2023. The focus of the meetings has been on the development and implementation of guidelines for epilepsy in children, to share updates in audit and research in paediatric epilepsy, to explore opportunities for the professionals to network and to discuss anonymised complex and educational cases.

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

Cannabidiol and CBMPs

Ongoing liaison with RCPCH, NHSE and stakeholder charities on issues related to prescription of cannabis-based products for medicinal use in children and young people with epilepsy. BPEG/BPNA have had meetings with APPG chair for prescription of CBMPs and Patient Safety Commissioner to discuss these issues. Regular BPNA CBMP group meetings to review press and media requests about CBMPS.

Sodium valproate

Since the announcement of MHRA statement on new restrictions on the prescription of sodium valproate, we have actively engaged with relevant stakeholders such as epilepsy charities, Association of British Neurologists, and OPEN-UK to discuss potential implications. We have written to MHRA expressing our concerns and potential risks for patients with epilepsy, and requested a meeting with MHRA to discuss our concerns and suggestions for safe implementation of any changes. We have also formed a working group with ABN members to address the issue of changes to sodium valproate prescription.

Stakeholder Charities
Engagement with stakeholder charities, in particular addressing the issues of prescription of sodium valproate and CBMPs.

NHSE Epilepsy Oversight group
Provided oversight on developing national bundles of care for patients with epilepsy as part of CYP Transformation Programme.
Led on development of national bundle of care for transition to adult care for CYP with epilepsy.

Facilitating research in paediatric epilepsy
BPEG provides the platform for colleagues from across the UK to present their research, facilitate collaboration and setting up a dedicated page on BPNA website with information on epilepsy research projects.

Clinical Nurse specialists and paediatric neurology trainees
BPEG have encouraged contribution of clinical nurse specialists and Advanced Nurse Practitioner in childhood epilepsy and requested for representation in the group.
BPEG have encouraged participation of paediatric neurology trainees and epilepsy SPIN trainees and requested for representation in the group.

Additional meetings regularly attended with contributions from BPEG:
Epilepsy 12 Audit programme.
Open UK Network Meeting.
Epilepsy Programme Board (led by RCPCH).
RESCAS.

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

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

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

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

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

6.6 Children's Headache Network (CHaN)
CHAN has continued to remain very active over the past year to advance the clinical management, education and research in primary and secondary childhood headache disorders.
Although there is an appetite to resume face to face meeting, we plan to have the next meeting in autumn 2023 as remote/virtual.

There remains a clear structure of the roles within the CHaN network on a national level with dedicated responsibilities to members for providing clinical, research and academic updates.

CHaN also recognises the need to develop national registries for patients with conditions like Migraine/ TACs and uncommon headaches. Specialist groups within CHaN such as IIH SIG group and the CHAT course development network continue to develop educational materials and guidelines (e.g., the paper by Holland et al. on 'How to perform Lumbar puncture in children' and the paper by Dr Prabhakar et al. regarding the 'Assessment and management of children with acute headaches') both recently published in the Archives of Disease in Childhood

Aims for the next year:
- Benchmark the current practice for management of episodic and chronic migraines in the UK with identification of key paediatricians, so that a gap analysis can be made
- Closer and wider engagement with various headache charities (like The Migraine Trust/ The Brain Charity) to fund data bases and educational tools
- Encourage trainees' participation in the distance learning module

6.7.1. Fetal & Neonatal Neurology Special Interest Group

The Perinatal Special Interest Groups has a strong educational theme, and continues to provide educational meetings twice a year in neonatal and fetal neurology. These have been delivered virtually since the COVID pandemic, and draw a range of health care professionals, including therapists and nurses, from around the UK and beyond. Members of the SIG have worked with the BPNA executive to relaunch the NeoNATE course, which was on hold following the pandemic, and two courses are planned in 2023-2024. We are looking to increase our teaching faculty in the coming year. We have had an initial planning meeting for the BPNA Fetal course, which aims to provide educational material on fetal neurological anomalies and antenatal counselling. A preliminary programme has been produced and talks are currently being written. We plan to meet in Autumn to review progress.

Internationally, we have had meetings with perinatal neurology colleagues in the US, and plan to collaborate on education meetings and service recommendations, as well as building our contacts in Europe. Within the UK, we have continued our work with the British Association of Perinatal Medicine on guidelines, on this occasion recommendations for neonatal neuroimaging.

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

Members of the SIG remain research active in a range of ideas, including MRI appearances and neuro-development outcomes following neonatal hypoxic ischaemic encephalopathy, families' views on antenatal counselling, and a new proforma for the neurological examination of the unwell newborn baby.

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

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

NHS England has recently commissioned a new highly specialised service for Inherited White Matter Disorders (IWMDs) and also a separate National IMWD clinical registry to support this.
NHSE has commissioned 3 paediatric and 4 adult centres to provide the IWMD service. NHSE has also contracted with Evelina London Children's Hospital which is part of Guy's and St Thomas' NHS Foundation Trust, to host the National IMWD clinical registry.

A core element of the registry is the management of an online secure database that contains information about people of all ages with suspected or confirmed IWMD. We aim to use this registry to support the provision of direct patient treatment and care and improvements to clinical care. This will help us to: understand the incidence and prevalence of IWMD in our population, improve our understanding of the natural history of various IWMDs, measure the impact of living with an IWMD for patients and carers and create more awareness of these conditions.
This registry is unique as this is both clinician and patient driven. The primary aim of this registry is for clinical purposes; however, this registry will certainly provide important data for future research for patients within the field of IWMDs.

The registry will work very closely with 3 other paediatric IWMD clinical service centres (Leeds/Manchester- Led by Professor John Livingston/Dr Dipak Ram, Birmingham - led by Professor Evangeline Wassmer and Dr Amitav Parida and London (GSTT and Great Ormond Street) led by Dr Rahul Singh/Dr Cheryl Hemingway) and the adult centre (London, Queen Square Hospital-led by Dr David Lynch) in collaboration with units in the north and Midlands.
A formal launch of the IWMD registry service will take place later in the year. The registry is in the pilot phase now and we expect this will be live soon.

We would accept referrals from patients, parents or carers, clinicians involved with the IWMD patients, and from neurologists, paediatric neurologists, geneticists, metabolic physicians, geneticists, paediatricians or any local clinicians involved in the diagnosis or treatment of IWMDs.
Referrals will also be accepted from fetal medicine teams, when there is a strong family history of an IWMD and we will also facilitate rapid diagnosis for conditions where there is a treatment option (e.g. Metachromatic Leukodystrophy).

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

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

6.7.3. British Paediatric Movement Disorder Special Interest Group
The SIG has continued to meet virtually throughout the last year, and have been active in many areas. It has been agreed to continue with virtual meetings for the foreseeable future, with FtF meetings to be opportunistically added to other meetings members may be adding (e.g. the BPNA conference).

Education has remained a major focus of the MDSIG. Work has continued on the entry level Movement Disorder course, chaired by Lucinda Carr. Now named "MovEd", the first course will run Virtually on 5-6th October 2023 (places filling fast at the time of writing). An update on Unit 4 of the distance learning course is underway, which will better align with the MovEd course, and provide an opportunity to build upon the topics covered. Members of the MDSIG continue to support the successful ACT course (which has seen a significant expansion of it's faculty), and contribute to the ongoing BPNA Seminar series. Plans are underway for the inaugural updated Expert to Expert Paediatric Movement disorder course (first date still TBC).

The MDISG has launched a series of documents on the BPNA website to support members and non-members alike in providing personalised Dystonia Management Plans for children and young people with complex dystonia. Included in the resources section of the website are template forms for completion, and example of a completed form for reference, and a document outlining how these forms can be found completed via bpna.org.uk/?page=resources-documents

Provisional feedback about the utility of these documents has been positive, and a more formal audit is planned for later in the year.

Several of the top 10 priorities emerging from the BPNA PSP related to the working of the MDSIG. The group has decided to focus on one priority to begin with - "Which medications should be used, and in what sequence, in the management of muscle stiffness (hypertonia) in children and young people?". A meeting to begin to plan research opportunities (and challenges!) emerging from this priority is planned for the BPNA Annual meeting 2024.

Several workstreams have been initiated aimed at establishing clinical standards across movement disorders. A working group has been established for the development of consensus criteria for the referral of children for consideration of neurosurgical interventions for the management of posture and tone. A larger body of work has also been started to establish consensus standards for the prescription of pharmacological interventions in the management of dystonia. Finally, some provisional work has begun in conjunction with colleagues with BPEG on exploring how care is delivered to children and young people with Rett syndrome, given the emergence of potential interventions for this condition.

Transition remains a major concern from the group. Provisional meetings have been held with adult counterparts in neurodisability/neurorehabilitation, which we hope will lead to mutually constructive work moving forward. This will remain a main priority for the MDSIG in the coming year, along with engaging more trainee involvement with the group, and establishing better PPI.

6.7.4. Muscle Interest Group

The muscle SIG works closely with the neuromuscular charities, in particular the Muscular Dystrophy UK (MDUK), Action Duchenne, Duchenne UK, SMA UK, DMD HUB. These partnerships have helped accelerate research - funding research fellow posts, access to clinical trials, improved staffing at peripheral sites for trial set up, helped coordinate regional neuromuscular networks and upskilling events and supported meetings to improve standards of care and data collection and dissemination.

This year key involvements have been with SMA UK and MDUK in helping to continue the delivery of the gene therapy programme in SMA, Zolgensma, following approval by NICE and NHSE on 8 March 2021. The last 12 months have been focused on identifying all patients eligible, both those that are incident cases and naive to treatments and those that have had some form of treatment in the past. The infusion sites have now been established and the national MDT running since May 2021, and approx. 90 children have received gene therapy. There has also been continued work on access to Nusinersen and Risdiplam, our 2 other approved SMA treatments.

All the SMA children have been followed up and various webinars and meetings have been held with European colleagues on side effects and problems associated with gene therapy, as well as forum meetings face to face in September 2022.

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

HUB DMD; has continued close working with clinicians to enable trial readiness and liaison with the pharma companies to look at what is needed per site to continue trials. Many require MRI both muscle and cardiac and therefore work looking at which sites can offer this has been useful. Trials are now continuing and further set up of sites for new studies have commenced.

As a SIG we have continued in 2022 and 2023 to meet regularly virtually and planned our first standalone full day face to face muscle interest group meeting for June 2023. Both paediatric and adult NorthStar meetings (DMD) and paediatric and adult SMA REACH meetings (SMA) have continued virtually this last 12 months, especially developing the adult SMA REACH, British Myology society was face to face as was the Translational research meeting UK and World muscle society meeting (hybrid). The muscle interest group has met 4 times in total 2 fully virtually and the last 2 meetings hybrid with some face to face for case discussions and topic led presentations over the last 12 months.
The RDCN(rare diseases collaborative networks) have also accredited the Juvenille Myasthaenia (JMG) Gravis group hosted and designated providers by Oxford and this new group have held 2 virtual meetings for difficult cases with JMG. Myaware also supported the CMS information day last month.

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

6.7.5. Neurocutaneous Special Interest Group

This group's interest is in the clinical area of neurocutaneous syndromes, such as Neurofibromatosis, Tuberous Sclerosis Complex and Sturge Weber Syndrome. This is a new group who had their first meeting last year and have another planned in a few months' time. We are meeting twice a year which have been virtual and are hoping to have an in-person meeting during the BPNA conference.

The neurocutaneous SIG has been supporting paediatric neurologists and paediatricians across the country with information about the different syndromes. Members have been involved in supporting and giving information to stakeholders and to families at support days hosted by charities like the recent TSC Big Day and upcoming clinic leads meeting, and the Sturge Weber UK family weekend. We are also in the process of carrying out an audit of the use of vigabatrin in TSC with the aim of being able to produce some guidance for its prescribing in the future.

As a group we are keen to discuss and share information about upcoming research and new treatments such as MEK inhibitor Selumetinib for NF1 which we are hoping to hear more about from the national NF clinics in our next meeting.

ACHIEVEMENT AND PERFORMANCE

Fundraising activities

6.7.6. Trainees' Special Interest Group

The BPNA trainees' special interest group (SIG) is a group for all BPNA trainee members and those interested in paediatric neurology training. Currently there are 126 Trainee members, including paediatric neurology Grid trainees, paediatric trainees of different grades and other trainees interested in paediatric neurology. The group meets twice a year, once at the BPNA conference in January and once at a 2-day educational trainees' meeting held in May. In May 2022 our meeting covered Mastering Neonatal Neurology, aiming to educate in areas of examination, assessment, diagnosis and other topics on what is needed as a new paediatric neurology consultant. We had excellent talks from inspiring clinicians at this in-person meeting, with up to 40 attendees present and strong positive feedback. In addition, this is a key opportunity for trainees to meet each other and network with future consultant colleagues, and to encourage and support the next round of applicants with support from CSAC. Recordings of selected sessions are available to watch in the BPNA Trainees' SIG area of the BPNA website.

The SIG also contributes towards the BPNA Recruitment working group aiming to improve recruitment to paediatric neurology specialty training. We continue to run annual pre-application and interview webinars for neurology and neurodisability applicants which have been well-received by both applicants and CSAC interviewers. Recordings of these sessions are available on the BPNA website careers session and will run again for the next round. We have run training webinars aimed at medical students and foundation year doctors to encourage early interest in the specialty, led by a senior registrar and advertised on social media. This work runs alongside efforts to increase medical student involvement in the annual conference. Recruitment into neurology has greatly improved in recent years, in part due to these efforts, and we welcome the new round of specialty trainees starting in September, for whom we will host an evening welcome webinar in the Autumn.

The results of the 2022 paediatric neurology Grid training annual survey were presented at an RCPCH CSAC meeting and an anonymous summary of results was sent to all training centres. Issues highlighted as of particular concern to training include workload difficulties with reduced time in neurology, and lingering impact of the pandemic on training. CSAC have worked on these issues where possible and support individual trainees at and between their annual review meetings. Of note, there is an increasing trend towards trainees working less than full time, and intend to continue this as consultants.

The SIG continues to successfully set up and support study groups for modules of the BPNA Distance Learning. Trainees report these provide excellent support and motivation to complete modules. The groups are open to all trainees and recent groups included neurology specialty trainees, epilepsy specialist interest (SPIN) trainees, trainees from abroad, and recently qualified consultants completing units to complete SPIN accreditation. Many of these groups have very kindly been supported by consultants offering their time to supervise and facilitate the sessions during their weekly meetings.

A more recent focus has been to support trainees interested in research. Working with the research committee we have held a first trainees research network meeting at the January conference, which we plan to reprieve and work towards identifying methods to support this further. Research papers authored by trainees are highlighted as 'Paper of the Month' in the BPNA bulletin, to further raise the profile of paediatric neurology research and the role trainees can have in this.

ACHIEVEMENT AND PERFORMANCE

6.7.7. UK-Childhood Inflammatory Demyelination

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

The past 12 months has continued to be a busy for the paediatric neurology acquired and inflammatory white matter group. We have met regularly, as before, every 2 months. The meetings have all been virtual, chaired by Paed Neurologist Cheryl Hemingway and with administrative support provided by the BPNA and hosted on the BPNA Zoom platform. Clinical administrative support has been provided by GOSH PA team. The 6 meetings have been well attended, with around 40- 50 individuals joining, with both national and international representation. The meeting format has continued as before, with the first hour consisting of updates and formal presentations, and the next 3 hours discussing clinical cases. We have discussed on average 8 to 10 cases per meeting. The meeting has been excellently supported by expert neuroinflammatory colleagues around UK and has had expert neuroradiology from Great Ormond Street, and we thank particularly Dr Kshitij Mankad and Dr Asthik Biswas for their time.

We have as before kept the format standard as follows:

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

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

We have in the meeting had a number of excellent presentations including updates amongst others: i) WGS in the newborn from David Wicks ii) the neuropsychiatric approaches to the behavioural health on children with neuroinflammatory disease from Aaron J Hauptman iii) Encepahlitis updates from Ming Lim, iv)updates on the IWMD set up from Cheryl Hemingway and v) Guliian Barre Syndrome from Dr Ramdas. We have also had regular research updates from the fellows in neuroinflammation. From 2023, the talks at the meetings has been recorded and the talks are available on the BPNA website for the SIG members.

In May 2022 Sukhivir Wright hosted the UKCNID/NHS England HSS (Highly Specialised Service) paediatric onset MS meeting at Aston. Alongside the co-organiser of the event, Paediatric Neurologist Evangeline Wassmer, delegates included clinicians, specialist nurses, researchers and NHS managers from Birmingham Children's Hospital, GOSH, Evelina Children's Hospital, Royal Manchester Children's Hospital, Addenbrookes, Alder Hey and NHS England, University of Oxford, and Birmingham University. Researchers attended as part of an effort to set research priorities from cellular mechanisms to patient outcomes. Dan Griffiths-King and Charly Billaud both presented datablitz and poster presentations on their research into acquired demyelinating disease in children.

At this meeting we also distributed within working groups plans to complete disease management guidelines, patient information sheets and disease modifying drug guidelines. These are ongoing and many are completed and hosted on the NHSE platform.

We will continue to meet over the next 12 months, with another face to a face meeting planned for July 2023 and hosted this year by Cambridge.

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

15 September 2023
17 November 2023

ACHIEVEMENT AND PERFORMANCE

19 January 2024
15 March 2024
17 May 2024
19 July 2024
15 September 2023

6.7.8. UK Neurorehabilitation Special Interest Group

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

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

The SIG continues to be Chaired by Dr Peta Sharples. This year we have continued to work closely with the Paediatric Neuroscience Clinical Reference Group whose agenda priority is currently Paed Neurorehailitation.

Paed CRG Neurosciences
Each of our meetings has heard updates from the CRG Chair (Charlie Fairhurst) and Anthony Prudhoe (Women and Childrens NHSE Manager) relating to the review of the National Service Specification for Paed Neurorehabilitation. In order for them to be satisfied this specification review will meet the needs of our CYP population they have had significant engagement with our providing teams and visited several units. We await the final consultation.

Meetings

Kings Dec 2022 (Host) - theme paediatric spinal cord injury and the national transformation review. Speakers included Dr A Graham services for CYP with acquired spinal cord injury - several units described their new Children's Spinal Cord Case Manager posts and the London team (speaker Anna Majowska) shared their SCI commissioning strategy.

Oxford March 22 (Host) - theme innovative technology on applied to Acq brain injury, including immersive virtual reality systems. Jill Cadwgan spoke about the Twocan Study - A proof of concept study of using wrist worn accelerometers to encourage affected upper limb movements in children with unilateral cerebral palsy. Information was also shared about the NIHR Innovation Observatory horizon scanning research regarding technology for Paediatric Trauma care and Rehab.

Next meeting Autumn 2023 Date tbc. Areas of ongoing concern (amongst many) being transition with a childhood ABI to adult hood and also the challenge of finding optimal services if sustaining an acquitted brain injury between 16-18 .

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

ACHIEVEMENT AND PERFORMANCE

Internal and external factors

Risk management

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

Principal risks and uncertainties

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

- Pressure from NHS Trusts on BPNA members to increase the number of clinics/patients and limit other activities. This has the potential to impact on the voluntary time given by BPNA members to lecture, tutor and mentor at short-courses, distance-learning, and mentoring. Our consultant members have remained robust and enthusiastic in this support, and we hope that this will remain the case, but it is clear that the BPNA would be unable to continue in delivering education without this generously donated time. This is being monitored by Education, Quality & Standards committee and Professional Support Committee with the aim to start a faculty retention working group this year to research and review the risks.
- Reputation in being associated with unprofessional or unethical or even criminal activities in the UK/abroad due to disengagement about hot topic issues. This can be highlighted in recent years on cannabis-based medicinal products (CBMPs) and Paediatric Acute-Onset Neuropsychiatric Syndrome (PANS) and Paediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS).The BPNA has worked hard in engaging with such issues and producing their own or collaboration with other professional colleges to produce working statements.Similar issues will no doubt arise in the future and the BPNA must engage with those groups to be seen as professional and supportive while not putting more pressure on the BPNA members and wider medical professionals in the paediatric neurology community.
- Staff have been overworked in the last year due to the end of the Covid pandemic and the increase of work throughout due to that happening, including more BPNA face-to-face activities.This would produce burnout, reduction of wellbeing and possible loss of the quality staff. Part of 2023-24 operational plan is to recruit more staff to compensate the imbalance.

FINANCIAL REVIEW

Financial position

The balance sheet position shows net current assets of £922,236 (2022 - £801,489), resulting from a significant increase in the cash at bank to £981,135 (2022 - £872,695). This has been accompanied by an increase in debtors to £40,051 (2022 - £36,933), and decrease in creditors to £110,011 (2022 - £123,823).

At the year end the charity has unrestricted freely available current reserves of £909,160 (2022 - £801,489) which excludes tangible fixed assets of £10,402 (2022 - £7,903). Given the charity's current levels of expenditure this would allow for approximately just over ten months (2022 - fifteen months) of trading without further freely available reserves becoming available.

Principle funding sources

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

Total incoming resources for the year have increased to £1,154,406 (2022 - £729,064). This increase has arisen mainly from the increase in annual conference to £344,377 (2022 - £136,400). This is directly attributable to courses starting back up after the coronavirus restrictions.

Donations and legacies have increased in the year to £255,960 (2022 - £139,401). In particular the charity had more grant funding in the year amounting to £120,415 (2022 - £39,919), sponsors of its annual conference symposiums generating funds of £66,000 (2022 - £77,000), and generating annual conference sponsorship income of £90,000 (2022 - £33,000). See "Note 4 Donations and Legacies" and "Note 6 Income from Charitable Activities" within the notes to the financial statements for a detailed breakdown of income received in the year.

FINANCIAL REVIEW

Investment policy and objectives

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

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

As a result of recent financial performance, derived from additional incoming resources, the current level of reserves the BPNA holds cash balances amounting to £981,135 (2022 - £872,695) and is exploring investment opportunities for the reserves. Any interest earned will be utilised for research projects and other activities in line with the BPNA charitable objectives.

Reserves policy

The total funds held at the year end were £932,638 (2022 - £809,392) and of which £13,076 (2022 - £nil) is maintained within restricted funds for their detailed purposes as described in the notes to the financial statements. Further details of restricted funds are included within the notes to the financial statements.

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

A substantial proportion of the reserves in the balance sheet are represented by the cash at bank and in hand totalling £981,135 (2022 - £872,695) in order to facilitate the continued activities of the charity by holding highly liquid assets.

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

The trustees recognise that the level of reserves fluctuates during periods of investment by the charity and ensure an adequate reserve is maintained. To this end, in 2022-23 the trustees kept the unrestricted contingency fund to £200,000 (2022 - £180,000) which is held in order to mitigate the risk of liquidity concerns. The trustees have agreed the level of funds held in this account based on the equivalent of six month's Secretariat salaries plus one-year London office rent. This policy is reviewed every 12-months.

Funds in deficit

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

FUTURE PLANS

During 2023-24 recruitment to paediatric neurology will continue and relationship with other associations and colleges will continue to develop (RCPCH & Association of British Neurologists).
The Movement Disorder course will launch October 2023 and PET2/3 Update will happen in late 2023.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing document

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

Method of appointment of trustees

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

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

STRUCTURE, GOVERNANCE AND MANAGEMENT

Organisational structure and decision-making

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

Council is a larger body that meets twice per year (January and May/June). During 2018-19, Council was expanded to include representation from every UK paediatric neurology tertiary centre and the Chairs of the special interest groups together with the representatives co-opted from related organisations.
The purpose of Council is to ensure a good exchange of information and ideas related to the care of children and young people with neurological conditions and paediatric neurology education and training between Centres and other key organisations. Please see list of BPNA Council members below:

STRUCTURE, GOVERNANCE AND MANAGEMENT

Members of BPNA Council Serving During 2022-23

Executive	Name	Term Expires
BPNA President	Dr Alasdair Parker	January 2024
Secretary	Dr Daniel Lumsden	January 2025
Chair, Research	Dr Sam Amin	January 2025
Chair, Education Quality & Standards	Prof Dr Michael Griffiths	January 2025
Chair, International Education	Prof Martin Kirkpatrick	January 2025
Director, Senior Management	Mr Philip Levine	
President Elect	Dr Ailsa McLellan	January 2027
Treasurer	Dr Santosh Mordekar	January 2026
Professional Support Officer	Dr Manish Prasad	January 2026
National Training Advisor	Dr Dipak Ram	January 2024

Paediatric Neurology Centres	Representative	3-year term
Belfast	Dr Donncha Harahan	January 2025
Dundee	Dr Alice Jollands	January 2025
Edinburgh	Dr Kenneth McWilliam (2nd Term)	January 2025
Glasgow	Dr Sarah Abernethy	January 2026
Newcastle-upon-Tyne	Dr Anna Basu	January 2024
Liverpool	Dr Anil Israni	January 2027
Manchester	Dr Siobhan West	January 2026
Preston	Dr Christian De Goede (2nd Term)	January 2025
Leeds	Dr Lydia Green	January 2026
Sheffield	Dr Archana Deskurkar (2nd Term)	January 2025
Nottingham	Dr Manish Prasad (2nd term)	January 2024
Leicester	Dr Nahin Hussain (2nd Term)	January 2025
Birmingham	Dr Ratna Kumar (2nd term)	January 2024
Cambridge	Dr Deepa Krishnakumar	January 2026
Oxford	Dr Sithara Ramdas (2nd Term)	January 2025
Bristol	Dr Sam Amin (2nd term)	January 2024
Swansea	Dr Gareth Thomas	January 2026
Cardiff	Dr Johann te Water Naude (2nd Term)	January 2026
Southampton	Dr Georgina Bird-Lieberman (2nd Term)	January 2026
London: Great Ormand Street Hospital	Dr Sanjay Bhate (2nd Term)	January 2025
London: Chelsea & Westminster Hospital	Dr Naila Ismayilova (2nd Term)	January 2025
London: Imperial College NHS Trust	Dr Sushil Beri (2nd Term)	January 2025
London: The Royal London	Dr Louise Hartley (2nd Term)	January 2025
London: Evelina London Children's Hospital	Dr Daniel Lumsden	January 2025
London: St George's Hospital	Dr Antonia Clarke (2nd Term)	January 2025

Special Interest Groups	Chair	3-year term
British Paediatric Epilepsy Group	Dr Suresh Pujar	June 2025
Cerebrovascular	Dr Jaspal Singh	February 2026
Children's Headache Network	Dr Gautam Ambegaonkar	January 2025
Fetal & Neonatal Neurology	Dr Anthony Hart (Co-Chair 2nd Term)	May 2025
Fetal & Neonatal Neurology	Dr Brigitte Vollmer (Co-Chair)	May 2025
Genetic White Matter Disorders	Dr Rahul Singh	July 2023
British Paediatric Movement Disorders	Dr Daniel Lumsden (2nd Term)	May 2025
Muscle Interest Group	Dr Tracey Willis (2nd Term)	May 2025
UK Neurorehabilitation	Dr Peta Sharples (2nd Term)	February 2024
UK-Childhood Inflammatory Demyelination	Dr Cheryl Hemmingway	May 2023
Neurocutaneous	Dr Sam Amin (Co-Chair)	August 2025

STRUCTURE, GOVERNANCE AND MANAGEMENT

Neurocutaneous	Dr Sarah Aylett (Co-Chair)	August 2025
Trainees' Chair	Dr Robert Spaull	June 2024
Trainees' Deputy Chair	Dr Tom Smith	June 2024
Co-opted	Representative	
Editor, DMCN	Dr Bernard Dan	Co-opted
British Paediatric Neurosurgical Group	Dr Pasquale Gallo	Co-opted
Chair, Disability CSAC	Dr Katherine Martin	Co-opted
Paediatric Neurosciense CRG	Dr Anita Devlin	Co-opted
Neuropsychiatry Representative	Dr Ashley Liew	Co-opted
Short Course Development Manager	Dr Colin Dunkley	Co-opted
BPNA 2024 Bristol Organiser	Dr Sam Amin	January 2024
Trainee Rep, Neurodisability	Dr James Hammond	January 2024

Key management remuneration

Total remuneration paid to key management personnel during the financial year included wages and salaries amounting to £69,547 (2022 - £85,853) and contributions to defined contribution pension schemes of £3,338 (2022 - £3,907).

Pay and remuneration of key management personnel

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

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

STRUCTURE, GOVERNANCE AND MANAGEMENT

Staff have been overworked in the last year due to the end of the Covid pandemic and the increase of work throughout due to that happening, including more BPNA face-to-face activities.
This would produce burnout, reduction of wellbeing and possible loss of the quality staff.
Part of 2023-24 operational plan is to recruit more staff to compensate the imbalance.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered Charity number
1159115

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

Trustees
Dr L Hartley (resigned 16.1.23)
Dr S Jayawant (resigned 16.1.23)
Professor M Kirkpatrick
Dr M J Griffiths
Dr A McLellan
Dr A Parker
Dr D Ram
Dr S Amin
Dr D Lumsden
Dr M Prasad (appointed 1.5.23)
Dr S Mordekar (appointed 16.1.23)

Auditor
DonnellyBentley Ltd
70 Chorley New Road
Bolton
BL1 4BY

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

TRUSTEES' RESPONSIBILITIES STATEMENT

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

TRUSTEES' RESPONSIBILITIES STATEMENT - continued

The law applicable to charities in England and Wales, the Charities Act 2011, Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charity for that period. In preparing those financial statements, the trustees are required to

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

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

Approved by order of the board of trustees on 5 December 2023 and signed on its behalf by:

SMordekar

.....

Dr S Mordekar - Trustee

Opinion
We have audited the financial statements of British Paediatric Neurology Association (the 'charity') for the year ended 31 March 2023 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

In our opinion the financial statements:
- give a true and fair view of the state of the charity's affairs as at 31 March 2023 and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

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

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

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

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

Other matters
The financial statements for the charity for the year ended 31st March 2022 were not audited. This is because the level of income in the year to 31 March 2022 was below £1 million and therefore an audit was not required by the Charities Act 2011. An independent examination was carried out as required by the Charities Act.

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

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

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

Matters on which we are required to report by exception
We have nothing to report in respect of the following matters where the Charities (Accounts and Reports) Regulations 2008 requires us to report to you if, in our opinion:

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

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

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

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

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

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

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

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

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

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

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

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

Use of our report

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

DonnellyBentley Ltd

DonnellyBentley Ltd
Chartered Accountants
Statutory Auditors
70 Chorley New Road
Bolton
BL1 4BY

Date: 5 December 2023

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

British Paediatric Neurology Association

Statement of Financial Activities
for the Year Ended 31 March 2023

	Notes	Unrestricted funds £	Restricted funds £	2023 Total funds £	2022 Total funds as restated £
INCOME AND ENDOWMENTS FROM					
Donations and legacies	4	158,045	97,915	255,960	139,401
Charitable activities	6				
Conferences		344,377	-	344,377	136,400
Short courses		268,917	-	268,917	189,455
Distance learning courses		71,560	-	71,560	93,276
International short courses		31,156	-	31,156	13,147
Research		1,200	-	1,200	-
Membership and professional support		109,963	-	109,963	104,090
EPNS recharges		43,728	-	43,728	50,567
Professional support		5,304	-	5,304	1,703
Invited Reviews		19,400	-	19,400	-
Investment income	5	2,841	-	2,841	1,025
Total		1,056,491	97,915	1,154,406	729,064
EXPENDITURE ON					
Charitable activities	7				
Conferences		202,923	8,395	211,318	85,930
Short courses		191,670	14,280	205,950	113,995
Distance learning courses		80,518	9,442	89,960	79,057
International short courses		139,912	36,877	176,789	74,177
Research		103,151	2,352	105,503	76,538
Membership and professional support		115,454	8,160	123,614	95,988
EPNS recharges		40,490	-	40,490	48,036
Support Costs		9,811	-	9,811	-
Governance Costs		43,079	4,362	47,441	32,095
Invited Reviews		19,314	970	20,284	-
Total		946,322	84,838	1,031,160	605,816
NET INCOME		110,169	13,077	123,246	123,248
RECONCILIATION OF FUNDS					
Total funds brought forward		809,392	-	809,392	686,144
TOTAL FUNDS CARRIED FORWARD		919,561	13,077	932,638	809,392

The notes form part of these financial statements

CONTINUING OPERATIONS

All income and expenditure has arisen from continuing activities.

RESTRICTED INCOME AND EXPENDITURE

Comparatives for income and expenditure

All income and expenditure in 2022 was unrestricted apart from:

	£
Donations and legacies income	
International League Against Epilepsy (ILAE)	39,919
Charitable activities expenditure	
Short courses	5,460
International short courses	44,583

Balance Sheet
31 March 2023

	Notes	Unrestricted funds £	Restricted funds £	2023 Total funds £	2022 Total funds as restated £
FIXED ASSETS					
Tangible assets	13	10,402	-	10,402	7,903
CURRENT ASSETS					
Stocks	14	11,061	-	11,061	15,684
Debtors	15	40,051	-	40,051	36,933
Cash at bank and in hand		968,059	13,076	981,135	872,695
		1,019,171	13,076	1,032,247	925,312
CREDITORS					
Amounts falling due within one year	16	(110,011)	-	(110,011)	(123,823)
NET CURRENT ASSETS		909,160	13,076	922,236	801,489
TOTAL ASSETS LESS CURRENT LIABILITIES		919,562	13,076	932,638	809,392
NET ASSETS		919,562	13,076	932,638	809,392
FUNDS	18				
Unrestricted funds				919,562	809,392
Restricted funds				13,076	-
TOTAL FUNDS				932,638	809,392

The financial statements were approved by the Board of Trustees and authorised for issue on ..5.December..2023.. and were signed on its behalf by:

S Mordekar

Dr S Mordekar - Trustee

The notes form part of these financial statements

British Paediatric Neurology Association

Cash Flow Statement
for the Year Ended 31 March 2023

	Notes	2023 £	2022 as restated £
Cash flows from operating activities			
Cash generated from operations	1	111,568	75,617
Net cash provided by operating activities		111,568	75,617
Cash flows from investing activities			
Purchase of tangible fixed assets		(5,969)	(1,927)
Interest received		2,841	1,025
Net cash used in investing activities		(3,128)	(902)
Change in cash and cash equivalents in the reporting period		108,440	74,715
Cash and cash equivalents at the beginning of the reporting period		872,695	797,980
Cash and cash equivalents at the end of the reporting period		981,135	872,695

The notes form part of these financial statements

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

	2023	2022 as restated
	£	£
Net income for the reporting period (as per the Statement of Financial Activities)	123,246	123,248
Adjustments for:		
Depreciation charges	3,470	2,636
Loss on disposal of fixed assets	-	938
Interest received	(2,841)	(1,025)
Decrease in stocks	4,623	663
Increase in debtors	(3,118)	(925)
Decrease in creditors	(13,812)	(49,918)
Net cash provided by operations	111,568	75,617

2. ANALYSIS OF CHANGES IN NET FUNDS

	At 1/4/22	Cash flow	At 31/3/23
	£	£	£
Net cash			
Cash at bank and in hand	872,695	108,440	981,135
	872,695	108,440	981,135
Total	872,695	108,440	981,135

The notes form part of these financial statements

1. STATUTORY INFORMATION

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

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

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

2. ACCOUNTING POLICIES

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

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

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

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

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

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

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

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

continued...

2. ACCOUNTING POLICIES - continued

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

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

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

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

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

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

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

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

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

Taxation
The charity is exempt from tax on its charitable activities.

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

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

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

continued...

2. ACCOUNTING POLICIES - continued

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

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

Pension costs and other post-retirement benefits
The charity operates a defined contribution pension scheme. Contributions payable to the charity's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

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

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

Debt instruments are subsequently measured at amortised cost.

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

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

3. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

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

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

continued...

4. DONATIONS AND LEGACIES

	2023	2022 as restated
	£	£
Donations	5,245	42,561
Grants	120,415	39,919
Gift aid	1,063	-
Membership donations	11,950	11,850
Annual conference sponsorship	90,000	33,000
Short course sponsorship	25,500	10,500
Miscellaneous income	1,787	1,571
	255,960	139,401

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

	2023	2022 as restated
	£	£
International League Against Epilepsy (ILAE)	65,915	39,919
Pet Grant	15,000	-
Movement disorder income	7,500	-
Dundee University Buist Trust	20,000	-
GW / Jazz Pharma	12,000	-
	120,415	39,919

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

Company name	Conference sponsorship	Course sponsorship	2023 Totals	2022 as restated Totals
	£	£	£	£
Biocodex	6,000	3,000	9,000	3,000
Biogen	6,000	-	6,000	3,000
Biomarin	-	-	-	3,000
Desitin	6,000	14,500	20,500	13,500
Egetis	6,000	-	6,000	-
GW/Jazz Pharma	6,000	3,000	9,000	-
Neuraxpharm UK	6,000	-	6,000	3,000
Novartis	6,000	-	6,000	3,000
Nutricia	6,000	-	6,000	-
Orchard	6,000	-	6,000	-
Orion Pharma	6,000	-	6,000	3,000
Proveca	6,000	-	6,000	3,000
PTC	6,000	-	6,000	-
Roche	6,000	2,000	8,000	3,000
UCB Pharma	6,000	3,000	9,000	-
Veriton	6,000	-	6,000	-
Vitaflo	-	-	-	3,000
Zogenix	-	-	-	3,000
Total Sponsorship	**90,000**	**25,500**	**115,500**	**43,500**

continued...

5. INVESTMENT INCOME

	2023	2022 as restated
	£	£
Deposit account interest	2,841	1,025

6. INCOME FROM CHARITABLE ACTIVITIES

	Conferences	Short courses	Distance learning courses
	£	£	£
Conferences	278,377	-	-
Short courses	-	268,917	-
International short courses	-	-	-
Distance learning	-	-	71,560
EPNS recharges	-	-	-
Professional support	-	-	-
BPNSU fee income	-	-	-
Invited Reviews	-	-	-
Trainee Fees	-	-	-
BPNA membership subscriptions	-	-	-
Annual conference symposium sponsorship	66,000	-	-
	344,377	268,917	71,560

	International short courses	Research	Membership and professional support	EPNS recharges
	£	£	£	£
Conferences	-	-	-	-
Short courses	-	-	-	-
International short courses	31,156	-	-	-
Distance learning	-	-	-	-
EPNS recharges	-	-	-	43,728
Professional support	-	-	-	-
BPNSU fee income	-	1,200	-	-
Invited Reviews	-	-	-	-
Trainee Fees	-	-	-	-
BPNA membership subscriptions	-	-	109,963	-
Annual conference symposium sponsorship	-	-	-	-
	31,156	1,200	109,963	43,728

continued...

6. INCOME FROM CHARITABLE ACTIVITIES - continued

	Professional support	Invited Reviews	2023 Total activities	2022 as restated Total activities
	£	£	£	£
Conferences	-	-	278,377	59,400
Short courses	-	-	268,917	189,455
International short courses	-	-	31,156	13,147
Distance learning	-	-	71,560	93,276
EPNS recharges	-	-	43,728	50,567
Professional support	-	-	-	1,703
BPNSU fee income	-	-	1,200	-
Invited Reviews	-	19,400	19,400	-
Trainee Fees	5,304	-	5,304	-
BPNA membership subscriptions	-	-	109,963	104,090
Annual conference symposium sponsorship	-	-	66,000	77,000
	5,304	19,400	895,605	588,638

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

Company name	Symposia Sponsorship	2023 Totals	2022 as restated Totals
	£	£	£
Biocodex	11,000	11,000	11,000
Biogen	11,000	11,000	11,000
Biomarin	-	-	11,000
Desitin	11,000	11,000	-
GW/Jazz Pharma	11,000	11,000	11,000
Novartis	-	-	11,000
PTC	11,000	11,000	-
Roche	11,000	11,000	11,000
Zogenix	-	-	11,000
Total Sponsorship	**66,000**	**66,000**	**77,000**

continued...

7. CHARITABLE ACTIVITIES COSTS

	Direct Costs	Grant funding of activities (see note 8)	Support costs (see note 9)	Totals
	£	£	£	£
Conferences	143,119	-	68,199	211,318
Short courses	89,935	-	116,015	205,950
Distance learning courses	13,257	-	76,703	89,960
International short courses	88,809	-	87,980	176,789
Research	3,429	82,969	19,105	105,503
Membership and professional support	57,319	-	66,295	123,614
EPNS recharges	40,490	-	-	40,490
Support Costs	3,204	-	6,607	9,811
Governance Costs	11,997	-	35,444	47,441
Invited Reviews	12,400	-	7,884	20,284
	463,959	82,969	484,232	1,031,160

8. GRANTS PAYABLE

	2023	2022 as restated
	£	£
Research	82,969	41,302

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

	2023	2022 as restated
	£	£
Year 1 of 3 joint research training fellowship with Action Medical Research	41,667	41,302
Year 2 of 3 joint research training fellowship with Action Medical Research	41,302	-
	82,969	41,302

continued...

9. SUPPORT COSTS

	Management	Information technology	Human resources
	£	£	£
Conferences	1,160	2,051	51,461
Short courses	1,973	3,489	87,535
Distance learning courses	1,304	2,307	57,877
International short courses	1,496	2,646	66,383
Research	325	574	14,415
Membership and professional support	1,127	1,994	50,021
Support Costs	-	-	6,607
Governance Costs	603	1,066	26,742
Invited Reviews	134	238	5,946
	8,122	14,365	366,987

	Other	Governance costs	Totals
	£	£	£
Conferences	11,048	2,479	68,199
Short courses	18,799	4,219	116,015
Distance learning courses	12,426	2,789	76,703
International short courses	14,255	3,200	87,980
Research	3,096	695	19,105
Membership and professional support	10,742	2,411	66,295
Support Costs	-	-	6,607
Governance Costs	5,744	1,289	35,444
Invited Reviews	1,279	287	7,884
	77,389	17,369	484,232

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

	Annual conference	Short courses	Distance learning courses
	£	£	£
Trustees' remuneration etc	1,160	1,973	1,304
Trustee training and strategy	-	-	-
Loss on sale of tangible fixed assets	-	-	-
Software subscriptions	1,060	1,801	1,191
Computer repairs	102	173	114
Website hosting	81	140	93
Website development	343	583	385
Depreciation of tangible fixed assets	465	792	524
Employment costs	42,230	71,831	47,493
Social security	3,895	6,625	4,380
Pensions	2,163	3,681	2,434
Carried forward	51,499	87,599	57,918

continued...

9. SUPPORT COSTS - continued

	Annual conference	Short courses	Distance learning courses
	£	£	£
Brought forward	51,499	87,599	57,918
Staff costs	1,595	2,713	1,794
Staff training & Welfare	169	287	190
Recruitment costs	1,409	2,398	1,586
Business rates	53	91	60
Water rates	-	-	-
Gas and electric	-	-	-
Waste	-	-	-
Telephone	742	1,262	835
Office insurance	183	311	205
Data protection costs	34	58	38
Legal fees	451	768	508
Marketing	504	855	565
Office repairs and renewals	(19)	(30)	(20)
Photocopier	16	28	18
Postage	56	96	63
Printing and stationery	134	228	151
Credit card charges	1,514	2,576	1,703
Bank charges	136	232	153
Bad Debt	22	38	25
Copyright licence	105	178	117
London Office Expenses	-	-	-
London Rent	5,802	9,871	6,526
Bolton Rent	1,285	2,186	1,445
Depreciation of tangible fixed assets	30	51	34
Auditors' remuneration	1,285	2,186	1,445
Auditors' remuneration for non audit work	-	-	-
Accountancy and legal fees	1,194	2,033	1,344
	68,199	116,015	76,703

	International short courses	Research	Membership and professional support	Support Costs
	£	£	£	£
Trustees' remuneration etc	1,496	325	1,127	-
Trustee training and strategy	-	-	-	-
Loss on sale of tangible fixed assets	-	-	-	-
Software subscriptions	1,366	297	1,029	-
Computer repairs	131	28	99	-
Website hosting	106	23	80	-
Website development	442	96	333	-
Depreciation of tangible fixed assets	601	130	453	-
Employment costs	54,472	11,829	41,047	6,607
Social security	5,024	1,091	3,786	-
Carried forward	63,638	13,819	47,954	6,607

continued...

9. SUPPORT COSTS - continued

	International short courses	Research	Membership and professional support	Support Costs
	£	£	£	£
Brought forward	63,638	13,819	47,954	6,607
Pensions	2,792	606	2,104	-
Staff costs	2,058	447	1,550	-
Staff training & Welfare	218	47	164	-
Recruitment costs	1,819	395	1,370	-
Business rates	69	15	52	-
Water rates	-	-	-	-
Gas and electric	-	-	-	-
Waste	-	-	-	-
Telephone	957	208	721	-
Office insurance	236	51	177	-
Data protection costs	44	10	33	-
Legal fees	582	126	439	-
Marketing	648	141	489	-
Office repairs and renewals	(23)	(5)	(17)	-
Photocopier	21	5	16	-
Postage	73	16	55	-
Printing and stationery	173	38	130	-
Credit card charges	1,953	424	1,472	-
Bank charges	176	38	133	-
Bad Debt	29	6	22	-
Copyright licence	134	29	101	-
London Office Expenses	-	-	-	-
London Rent	7,486	1,626	5,641	-
Bolton Rent	1,658	360	1,249	-
Depreciation of tangible fixed assets	39	8	29	-
Auditors' remuneration	1,658	360	1,249	-
Auditors' remuneration for non audit work	-	-	-	-
Accountancy and legal fees	1,542	335	1,162	-
	87,980	19,105	66,295	6,607

	Governance Costs	Invited Reviews	2023 Total activities	2022 as restated Total activities
	£	£	£	£
Trustees' remuneration etc	603	134	8,122	11,822
Trustee training and strategy	-	-	-	9,590
Loss on sale of tangible fixed assets	-	-	-	938
Software subscriptions	550	122	7,416	5,063
Computer repairs	53	12	712	852
Website hosting	43	10	576	660
Website development	178	40	2,400	240
Depreciation of tangible fixed assets	242	54	3,261	2,356
Carried forward	1,669	372	22,487	31,521

continued...

9. SUPPORT COSTS - continued

	Governance Costs	Invited Reviews	2023 Total activities	2022 as restated Total activities
	£	£	£	£
Brought forward	1,669	372	22,487	31,521
Employment costs	21,943	4,879	302,331	233,171
Social security	2,024	450	27,275	20,041
Pensions	1,125	250	15,155	11,331
Staff costs	829	184	11,170	1,926
Staff training & Welfare	88	20	1,183	5,696
Recruitment costs	733	163	9,873	17,895
Business rates	28	6	374	582
Water rates	-	-	-	229
Gas and electric	-	-	-	217
Waste	-	-	-	543
Telephone	386	86	5,197	1,402
Office insurance	95	21	1,279	1,255
Data protection costs	18	4	239	-
Legal fees	235	52	3,161	7,618
Marketing	261	58	3,521	663
Office repairs and renewals	(9)	(2)	(125)	2,608
Photocopier	9	2	115	(593)
Postage	29	7	395	33
Printing and stationery	70	16	940	879
Credit card charges	787	175	10,604	7,627
Bank charges	71	16	955	954
Bad Debt	12	3	157	19
Copyright licence	54	12	730	1,115
London Office Expenses	-	-	-	610
London Rent	3,015	671	40,638	31,065
Bolton Rent	668	149	9,000	10,167
Depreciation of tangible fixed assets	15	3	209	280
Auditors' remuneration	668	149	9,000	-
Auditors' remuneration for non audit work	-	-	-	8,400
Accountancy and legal fees	621	138	8,369	-
	35,444	7,884	484,232	397,254

10. TRUSTEES' REMUNERATION AND BENEFITS

	2023	2022 as restated
	£	£
Trustees' salaries	7,672	11,199
Trustees' social security	239	325
Trustees' pension contributions to money purchase schemes	211	298
	8,122	11,822

continued...

10. TRUSTEES' REMUNERATION AND BENEFITS - continued

Included in the remuneration paid to the trustees were amounts paid to Dr L Hartley for services rendered in relation to the development and provision of distance learning courses.

Trustees' expenses

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

	2023	2022
	£	£
Dr L Hartley	2,681	-
Dr S Jayawant	416	-
Prof M Kirkpatrick	10,719	-
Dr A Parker	483	-
Dr A McLellan	45	-
Dr M Griffiths	427	-
Dr D Lumsden	195	-
Dr S Mordekar	139	-
Dr D Ram	164	-
Dr S Amin	649	-
	15,918	-

During the year, in addition to the above, amounts totalling £5,264 relating to executive meeting expenses were paid on behalf of all trustees.

11. STAFF COSTS

	2023	2022
	£	£
Wages and salaries	345,432	292,098
Social security costs	30,948	24,723
Pension schemes	16,993	13,680
Total	393,373	330,501

Included within creditors as at the reporting date is £3,200 (2022 - £1,563) in relation to unpaid pension contributions.

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

	2023	2022
Management	4	4
Support staff	7	6
	11	10

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

	2023	2022
£60,000 - £70,000	0	0

continued...

11. STAFF COSTS - continued

Total employees	0	0

Total remuneration paid to key management personnel during the financial year included wages and salaries amounting to £69,547 (2022 - £85,853) and contributions to defined contribution pension schemes of £3,338 (2022 - £3,907).

12. PRIOR YEAR ADJUSTMENT

In the prior year, income was received totalling £77,000 relating to the annual conference symposium sponsorship and £104,090 relating to subscriptions. A prior year adjustment has been made to reclassify this income from Donations to Charitable Activities to ensure the recognition is consistent with the current year. This does not affect the charity's surplus for the prior year.

13. TANGIBLE FIXED ASSETS

	Plant and machinery £	Fixtures and fittings £	Totals £
COST			
At 1 April 2022	26,727	3,321	30,048
Additions	5,969	-	5,969
At 31 March 2023	32,696	3,321	36,017
DEPRECIATION			
At 1 April 2022	19,665	2,480	22,145
Charge for year	3,261	209	3,470
At 31 March 2023	22,926	2,689	25,615
NET BOOK VALUE			
At 31 March 2023	9,770	632	10,402
At 31 March 2022	7,062	841	7,903

14. STOCKS

	2023 £	2022 as restated £
Stocks	11,061	15,684

continued...

15. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2023	2022 as restated
	£	£
Trade debtors	32,977	19,471
Prepayments and accrued income	7,074	17,462
	40,051	36,933

16. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2023	2022 as restated
	£	£
Trade creditors	26,472	26,466
Social security and other taxes	11,904	-
Other creditors	3,354	1,897
Deferred income	43,761	78,393
Accrued expenses	24,520	17,067
	110,011	123,823

The deferred income balance above includes income relating to training courses amounting to £43,631 (2022 - £74,388), membership subscriptions received in advance amounting to £130 (2022 - £4,005).

17. LEASING AGREEMENTS

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

	2023	2022 as restated
	£	£
Within one year	11,628	23,355
Between one and five years	-	23,355
	11,628	46,710

During the year the charity incurred expenditure under cancellable and non-cancellable operating lease agreements relating to office rental amounting to £49,638 (2022 - £41,232).

continued...

18. MOVEMENT IN FUNDS

	At 1/4/22 £	Net movement in funds £	Transfers between funds £	At 31/3/23 £
Unrestricted funds				
General fund	271,694	99,288	(22,408)	348,574
Contingency fund	180,000	-	-	180,000
Research training fellowship fund	153,604	26,044	-	179,648
Priority Setting Project	9,739	(2,206)	(7,533)	-
Fetal Neurology course development	12,130	(1,400)	-	10,730
International Faculty Education Fund	5,600	895	3,700	10,195
Kenya Fellowship Travel Fund	1,000	-	-	1,000
Fellow Travel Bursary Fund	6,325	800	-	7,125
Distance Learning Development Fund	76,700	(8,875)	-	67,825
PET Update Course Development	30,000	(4,857)	-	25,143
PET Hot Topics course development	12,600	5,000	-	17,600
Impact & Evaluation officer	50,000	-	-	50,000
Movement Disorders course development	-	5,222	16,500	21,722
PET1 International Update	-	(9,741)	9,741	-
	809,392	110,170	-	919,562
Restricted funds				
Colombia Launch	-	13,076	-	13,076
TOTAL FUNDS	809,392	123,246	-	932,638

continued...

18. MOVEMENT IN FUNDS - continued

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

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	891,632	(792,344)	99,288
Research training fellowship fund	109,013	(82,969)	26,044
Priority Setting Project	-	(2,206)	(2,206)
Fetal Neurology course development	-	(1,400)	(1,400)
International Faculty Education Fund	895	-	895
Fellow Travel Bursary Fund	800	-	800
Distance Learning Development Fund	400	(9,275)	(8,875)
PET Update Course Development	11,250	(16,107)	(4,857)
PET Hot Topics course development	5,000	-	5,000
Movement Disorders course development	7,500	(2,278)	5,222
PET1 International Update	30,001	(39,742)	(9,741)
	1,056,491	(946,321)	110,170
Restricted funds			
ILAE grant fund	58,791	(58,791)	-
Colombia Launch	39,124	(26,048)	13,076
	97,915	(84,839)	13,076
TOTAL FUNDS	1,154,406	(1,031,160)	123,246

continued...

18. MOVEMENT IN FUNDS - continued

Comparatives for movement in funds

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

continued...

18. MOVEMENT IN FUNDS - continued

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

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

Contingency fund
The contingency fund is held to support the staffing cost of running the BPNA Secretariat for a period of approximately six months (2022 - six months) should there be any contingency that might lead to a significant reduction in BPNA operational activities, this equates to £200,000 (2022 - £180,000).

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

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

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

continued...

18. MOVEMENT IN FUNDS - continued

International League Against Epilepsy (ILAE) grant fund

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

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

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

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

Priority Setting Project

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

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

The final prioritisation workshop was held with various stakeholder groups on 30 March 2022 in London, with the objectives to finalise top 10 research questions from the final 26.
The top 10 and the other 16 that did not make the top 10 were published in a final summary document in November 2022 as 'Top Ten UK research priorities for interventions in childhood neurological disorders' and was well received.

The aim now would be looking into how some of these questions can be researched with the support of the BPNA and interested stakeholders.
A Pre-conference Trainees' research network meeting happened at the BPNA2023 Conference with discussion about the AMR Fellowship and Priority Setting Project results, chaired by Dr Sam Amin (Chair of Research) & Dr Robert Spaull (Trainees Rep). Dr Sam Amin will continue to have development meetings throughout the next year.

Research Training Fellowship Fund

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

continued...

18. MOVEMENT IN FUNDS - continued

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

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

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

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

Fellow travel bursary fund
Bursary fund for UK trainees and fellows

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

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

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

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

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

The planned launch is October 2023.

Columbia Launch Fund
In partnership with the University of Antioquia and ASCONI, the Colombian Child Neurology Society, BPNA launched PET1 in Colombia in August 2022.
The Buist Foundation, ILAE South America Region and Jazz Pharmaceuticals have contributed to the Columbia Launch Fund.

Transfers between funds

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

continued...

18. MOVEMENT IN FUNDS - continued

Transfers between funds - continued

There have been no transfers between restricted funds and unrestricted funds in the current, prior year there was a transfer of £124 from general fund to Colombia Launch restricted fund.

19. RELATED PARTY DISCLOSURES

During the year, Dr L Hartley became director and shareholder of HMLH Consulting Ltd, and during the period that Dr L Hartley was a trustee of BPNA and a director of HMLH Consulting Ltd, BPNA made payments of £1,973 to HMLH Consulting Ltd for the provision of distance learning courses. Dr L Hartley officially stepped down as a trustee on 16 January 2023.

20. ULTIMATE CONTROLLING PARTY

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

21. CONTINGENT LIABILITY

It is possible that some areas of conference income may be eligible for VAT. The charity will consult an external tax advisor. It is not possible at this stage to quantify the amount of the obligation and the likelihood that BPNA will have a liability is, at this stage, possible rather than probable.

BRITISH PAEDIATRIC NEUROLOGY ASSOCIATION

England & Wales - Charity number 1159115

Accounts

REGISTERED CHARITY NUMBER: 1159115

Report of the Trustees and

Unaudited Financial Statements for the Year Ended 31 March 2022

for

British Paediatric Neurology Association

British Paediatric Neurology Association

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for the Year Ended 31 March 2022

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British Paediatric Neurology Association

Report of the Trustees
for the Year Ended 31 March 2022

The trustees present their report with the financial statements of the charity for the year ended 31 March 2022. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

President's Report
The BPNA continues to thrive. The two-year pandemic produces stresses for the organisation, but reorganisation and grouping has allowed evolution to even better practice.

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

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

Highlights of our success include:

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

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

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

Yours sincerely

Dr Alasdair Parker
BPNA President (2021-2024)

OBJECTIVES AND ACTIVITIES

Objectives and aims

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

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

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

Main activities undertaken in relation to the purpose

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

1. Training the next generation of paediatric neurologists in the UK.

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

3. Improvement of knowledge of professionals, the public and patients through the annual scientific meeting held in January.

4. Promotion of research through:
    - British Paediatric Neurology Surveillance Unit (BPNSU); and
    - Paediatric neurology research fellowship.

5. Provision of professional support through:
    - Mentoring;
    - Team support;
    - Special interest groups

Public benefit

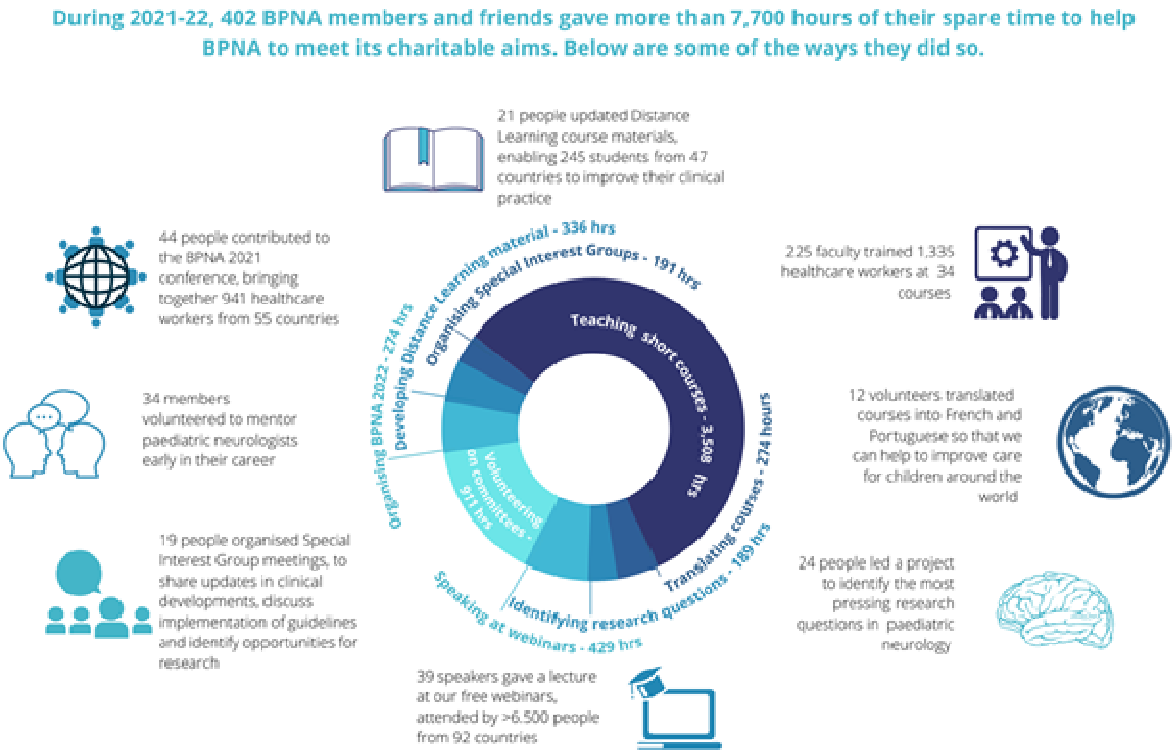
The trustees have had regard to the Charity Commission's guidance on public benefit in considering activities during 2021-22. They sought to meet the public benefit of promoting the health and wellbeing of children with neurological disorders in the UK and globally through the initiatives and projects listed in the section 'Main activities undertaken in relation to the purpose'.

Grantmaking

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

ACHIEVEMENT AND PERFORMANCE

Charitable activities



1. Training

1.1 - Paediatric Neurology Sub-specialty Training

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

The GMC and RCPCH Shape of Training (SoT) plans on paediatric neurology training are now finalised and will be commencing in 2023. It has been agreed that neurology GRID trainees will still have up to 3.5 years to meet learning objectives.

1.2 - New curriculum

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

1.3 - Appointment of new Grid trainees

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

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

In 2020, the BPNA established a Recruitment Working Group to develop strategies to encourage junior doctors to consider a career in paediatric neurology. Various initiatives are being implemented to aid prospective trainees in making successful applications including Webinars on applications and interviews and Junior Webinars on general topics in paediatric neurology.

1.4 - Assessment and Support for Existing Trainees

There are currently 26 grid trainees in the UK. All trainees received virtual CSAC progression interviews in the last year. Most were deemed to be making good progress towards achieving their competencies despite COVID-19 challenges. There are challenges for some trainees to access outpatient activities in specific centres and the Neurology CSAC have been supporting the local teams to address this. A shortage of consultants in substantive posts has impacted on the ability to train in those centres. The training team has been assiduous in supporting those centres and encouraged sharing rotations with neighbouring deaneries.

1.5 - Special Interest (SPIN) module in Epilepsy

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

1.6 - Assessment of "Non-Grid" Training

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

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

1.7 - Approval of New Posts

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

2. Education

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

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

2.1 - Paediatric Epilepsy Training (PET)

PET teaches safe standard epilepsy practice to clinicians, using consensus-based, peer-reviewed, standardised materials linked to internationally recognised clinical guidelines. Introduced to improve standards of care of children with epilepsy, we aim to deliver courses throughout the UK every year.

PET1, PET2 and PET3 courses have been adapted for virtual delivery during the pandemic and all PET courses took place in a virtual setting in year 2021-22. Virtual courses have resulted in a reduced number of PET courses compared to when they ran face-to-face pre-pandemic:
- PET1 (1-day) 6 courses (2019-20=10)
- PET2 (2-days) 4 course (2019-20=6)
- PET3 (2-days) 2 courses (2019-20=6)

Since 2005 to 31 March 2022, 11,417 UK clinicians have attended a PET course (2021-22=702; 2020-21=300; 2019-20=689[1] Number reduced due to cancellation of two courses due to coronavirus restrictions), contributing to improving the standards of diagnosis and management of children with epilepsy in the UK. Feedback from virtual courses has been excellent.

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

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

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

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

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

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

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

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

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

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

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

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

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

The ACT course was developed for virtual delivery. Since the running of the first course in 2020-21, 128 clinicians have attended ACT (2021-22=92; 2020-21=36).

2.6 Acute Paediatric Neurology
It is estimated that about a third of all paediatric emergencies are neurological. We are aware of the volume of children attending emergency departments with neurological presentations, and of the anxiety this can create for the receiving paediatricians and trainees, who often feel inadequately trained in acute paediatric neurology.

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

2.7 Distance Learning in Paediatric Neurology

Introduction

Distance Learning (DL) provides systematic and comprehensive learning, delivered online for trainee paediatric neurologists, paediatricians and established specialists. The course covers the whole of paediatric neurology and participants may enrol for one or more units. DL fees are differentiated by country according to the World Bank economic classification to widen access to doctors worldwide, in line with BPNA charitable aims. During 2021-22, doctors enrolled from 46 countries.

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

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

Updating content

A Consultant Paediatric Neurologist is employed for 4-hours per week to direct and oversee the constant revision and rewriting process. The Distance Learning Steering Group, consisting of one/ two experts per unit, meets twice per year.

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

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

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

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

Enrolments

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

Acknowledgements

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

2.8 - Webinar Lecture Series

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

The first lecture was given on 14 May 2020 and lectures have been delivered weekly since, with a couple of short breaks for holidays. This would not have been possible without the generosity of BPNA members giving their time. We are grateful to them all for preparing and delivering such excellent lectures on wide range of topics and for remaining until all the questions have been answered. Recordings of lectures are available in the BPNA members' area and are also provided on the distance learning platform for enrolled students to access.

During 2021-22, the webinar lecture series has been attended by both trainees and consultants worldwide. 6,591 doctors and allied health professionals from over 92 countries have attended 40 BPNA weekly webinar lectures.

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

2.9 - International Short-Courses

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

This was the fourth year of BPNA's four-year partnership (2018-19 - 2021-22) with the International League Against Epilepsy (ILAE), which was formed to facilitate the roll-out of PET worldwide. The initial memorandum of understanding has a value of £161,156, which has been vital to supporting the international programme throughout the pandemic. Trustees are cognisant of the need to ensure international launch and delivery of courses is sustainable and that all courses meet our defined quality standards.

The BPNA also gratefully received an international grant from the Buist Fund via the University of Dundee.

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

2.9.1 - Middle East & North Africa (MENA)

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

Middle East: Two virtual courses were run in partnership with the Ministry of Health and Prevention in Sharjah.
PET1 attendance since 2014: 171 (2021-22=15; 2020-21=0; 2019-20=0)
PET2 attendance since 2014: 133 (2021-22=14; 2020-21=0; 2019-20=0)

North Africa:
Sudan: A group of 8 attendees from Sudan joined a virtual course being run in the UK.
PET1 attendance since 2014: 297 (2021-22=8; 2020-21=0; 2019-20=0)
PET2 attendance since 2014: 109 (2021-22=0; 2020-21=0; 2019-20=0)

2.9.2 - Sub Saharan Africa

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

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

Kenya in partnership with the Kenya Paediatric Association. During 2021-22, one hybrid PET1 course was run in collaboration with other African countries, with 11 Kenyan attendees. A virtual PET2 course was also run, with 16 attendees.
PET1 attendance since 2017 = 262 (2021-22=11; 2020-21=50, 2019-20=30)
PET2 attendance since 2017 = 19 (2021-22=16; 2020-21=3)

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

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

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

2.9.3 - Asia

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

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

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

2.9.4. Central & South America

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

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

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

PET1 attendance since 2017: 305 (2021-22=25; 2020-21=27; 2019-20=45)
PET2 attendance since 2017: 170 (2021-22=31; 2020-21=0; 2019-20=38)
PET3 attendance since 2018: 126 (2021-22=0; 2020-21=32; 2019-20=33)

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

2.10 Evaluation of educational activites
BPNA's educational activities are designed to promote the health and well-being of children with neurological disorders. We are committed to evaluating them to ensure that they do so and to adapting them on an ongoing basis. After completion of any of our educational activities, learners are required to complete a feedback form to assess their level of satisfaction with the course. At PET1 courses, learners also complete a pre- and post-course quiz to assess knowledge-gain, and, six months later, a follow up survey to establish the changes that they have made to their clinical practice. These data have been analysed by a group of researchers from the BPNA and the University of Dundee and form the basis of a research paper that we hope will be published in the coming months. We intend to refine our evaluation methods for the PET1 course during 2022-23, including exploring the barriers that healthcare professionals face when attempting to implement the knowledge that they have gained on the course. It is hoped that these refined evaluation tools can be adapted and applied to other BPNA short courses.

3. Annual Scientific Conference

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

The 48th annual scientific meeting was hosted by Dublin and held virtually in January 2022. There were 941 delegates from 54 countries. Technology facilitated high delegate numbers (2021=1,134; 2020 Belfast=427; 2019 Liverpool=391) and geographic access. Opportunities to learn were provided by 18 oral presentations and 186 posters (selected from 217 abstracts submitted); 13 keynote lectures; 2 clinical practice sessions; and 7 sponsored symposiums.

Prizes were awarded to:

Dr Joseph Symonds (Royal Hospital for Children, Glasgow and Honorary Clinical Lecturer, Institute of Health and Wellbeing, University of Glasgow)	The Ronnie MacKeith Prize. Awarded to the person who has made the most significant contribution to paediatric neurology as judged by published work and who is <40 years old or within 5-years of obtaining CCT
Dr Dora Steel & Dr Luke Perry (Great Ormond Street Hospital, London)	Best oral presentation by a trainee
Dr Michaela Pentony (Dublin)	Best poster presentation by a trainee.
Dr Dimitros Champsas (Great Ormond Street Hospital, London)	Best poster audio narrative by a trainee
Dr Jonathon Holland & Dr Eusra Hassan (Great Ormond Street Hospital, London) & (Royal Manchester Children's Hospital)	BPNA "BAFTA" Award for Fabulous Trainee Action. Awarded to the trainee who has best contributed to service improvement which significantly impacted on their local and/or national practice or any other innovative contribution
Miss Finola Mankel (University College of London)	Best medical student presentation

4. Patient and Public Involvement

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

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

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

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

5. Research

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

The BPNA Research Committee was chaired by Professor Manju Kurian for her final year. Dr Sam Amin became the new Chair in January 2022. Members have a wide range of clinical and scientific expertise and come from a broad range of UK and Irish Paediatric Neurology Centres. The research committee has been working to develop the agreed research strategy of the BPNA, focused on building research capacity within paediatric neurology and promoting research training within the paediatric neurology trainee community.

5.1 - British Paediatric Neurology Surveillance Unit (BPNSU)
In 2006, the BPNA set up the BPNSU to target surveillance of rare neurological conditions in a cost-effective and efficient manner with the sample population being UK consultant members of the BPNA. Since 2006, 27 studies have been conducted using BPNSU.

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

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

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

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

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

The second fellowship has been awarded to Dr Michael Eyre. His 3-year fellowship was due to commence in September 2020, however the start date has been deferred to March 2021 due to Covid-19. In his project, 'Developing magnetic resonance measures of neurobiological dysfunction in early recovery from NMDAR-antibody encephalitis', Michael will investigate if advanced MRI techniques can help predict recovery from NMDAR-antibody encephalitis in children and young people, paving the way for new treatment approaches for the condition in future.

The third fellowship was advertised in 2021 for commencement in Autumn 2022.

Previous AMR BPNA Research Training Fellows:
2016-19 Dr Apostolos Papandreou Beta-propeller protein-associated neurodegeneration

5.3 - Priority Setting Project

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

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

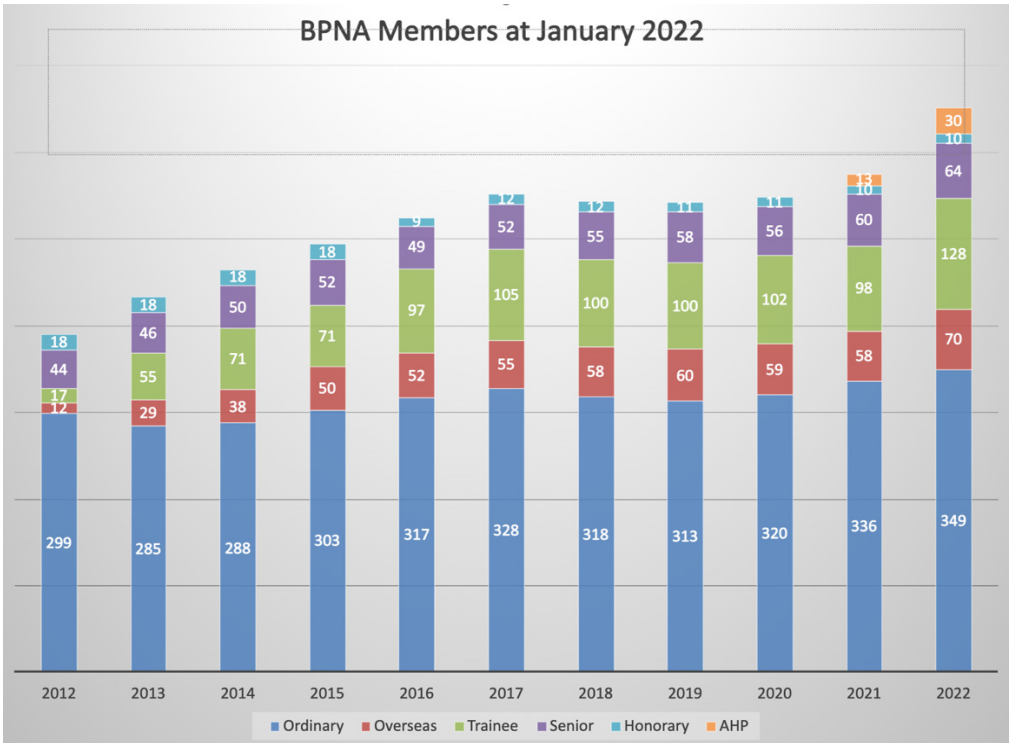
The final prioritisation workshop was held with various stakeholder groups on 30 March 2022 in London, with the objectives to finalise top 10 research questions from the final 26. These top 10 and the other 16 that did not make the top 10 will be published in a final summary document in late 2022.

6. Professional Support

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

6.1 - BPNA membership

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



6.2 - Mentoring and Team Support

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

During 2020-21 the mentoring programme was expanded to provide additional support through the pandemic to paediatric neurology and neurodisability GRID trainees within 12 months of CCT. As of 31 March 2022, there are 38 BPNA members volunteering as mentors (2022=38, 2021=35, 2020=26) with 37 mentees (2022=37, 2021=33, 2020=16).

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

6.3 - Special Interest Groups (SIG)

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

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

6.3.1 - British Paediatric Epilepsy Group (BPEG)

Members of this Special Interest Group have particular expertise in childhood epilepsy. There are over 100 members which includes paediatric neurologists, paediatricians with an interest in epilepsy and clinical nurse specialists. Three meetings have been held in June and October 2021 and March 2022. The focus of the meetings has been on the development and implementation of guidelines for epilepsy in children, to share updates in audit and research and to discuss anonymised complex and educational cases.

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

Cannabidiol and Cannabis-Based Medicinal Products (CBMP)
Update of the BPNA 'Guidance on the use of cannabis-based products for medicinal use in children and young people with epilepsy'. Meetings with NHS England.

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

Sodium valproate
MHRA Valproate Stakeholder Network meetings.
National/Regional Foetal Teratogen Clinic Development - NHS England.

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

Guidelines
NICE guidelines Epilepsies in children, young people and adults [NG217].
Advanced Life Support Group Guideline for Status Epilepticus.

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

Additional meetings regularly attended with contributions from BPEG:
Epilepsy 12 Audit programme.
Open UK Network Meeting.
Epilepsy Programme Board (led by RCPCH).
NHSE Epilepsy Oversight Group

6.3.2 - Cerebrovascular Special Interest Group

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

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

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

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

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

6.3.3 - Children's Headache Network (CHaN)

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

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

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

Aims for the next year

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

CHaN is looking forward to the next few years

6.3.4 - Fetal & Neonatal Neurology Special Interest Group

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

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

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

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

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

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

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

Listed below is a sample of ongoing trials:

1. To evaluate the safety and efficacy of ION373 in Alexander's Disease, this is a phase 1-3, Double-Blind, Randomized, Placebo-Controlled Study to Evaluate the Efficacy, Safety, Pharmacokinetics and Pharmacodynamics of Intrathecal Administered N373 in a patient with Alexander disease. The PI for this study is Dr Yael Hacohen, with Dr Hemingway as the second PI (GOSH).

2. Libmeldy gene therapy for Metachromatic leukodystrophy - Manchester team, approved by NICE for treatment of MLD- started at Manchester.

3. AGS-RTI Study (NCT04731103) and GOSH are one of the UK's 4 recruiting centres (21IR03). (GOSH, Birmingham, Manchester and Edinburgh) Dr Hemingway is co-PI at GOSH.

4. 16HM04 - MLD 071- PI: Anupama Chakrapani (GOSH) [Enzyme replacement therapy for Metachromatic Leukodystrophy]

5. 15IC18 - CCALD treated with LentiD - PI: Adrian Thrasher (GOSH) [Long-term follow-up for Childhood Cerebral Adrenoleukodystrophy (CCALD) patients given Lenti-D]

6. 18IC21 - Lenti-D ALD 104 - PI: Robert Chiesa (GOSH) [Interventional Safety of Lenti-D drug after myeloablative conditioning with busulfan and fludarabine in boys Cerebral AdrenoLeukodystrophy (CALD)]

7. MNGIE TEETPIM study being led by Bridget Bax at St George's Hospital - PI: Prof. Shamima Rahman (GOSH)

8. PTC MIT-E trial for mitochondrial epilepsy. Patients with IWMD caused by mitochondrial disease genes (mtDNA or nuclear-encoded) are eligible. PI: Prof. Shamima Rahman (GOSH) Both neurology/metabolic to lead/ specialist opinion from mitochondrial experts - and update the registry.

9. "Trial of Guanabenz in Vanishing White Matter Disease": VU University Medical Center Amsterdam- recruitment has started, and patients from the UK are eligible for recruitment and will need liaising with the team directly.

Ongoing discussions:

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

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

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

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

6.3.6 - British Paediatric Movement Disorder Special Interest Group

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

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

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

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

Medication challenges have required input from the SIG this year. Firstly, for a second year in a row, supplies of transdermal clonidine patches were limited, necessitating unfortunately for some children a conversion back to enteral. The SIG has worked with pharmacy colleagues to identify and secure sources of the patches, which are currently available for children and young people. Secondly, a response was required to recommendations from the MHRA in October 2021 around the use of Chloral Hydrate. The MDSIG led the BPNA response to this guidance in collaboration with a number of stake holder groups:
(http://nppg.org.uk/wp-content/uploads/2021/12/NPPG-Position-Statement-Chloral-Dystonia-V1.pdf).

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

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

6.3.7 - Muscle Interest Group

The muscle SIG works closely with the neuromuscular charities, in particular the Muscular Dystrophy UK (MDUK), Action Duchenne, Duchenne UK, SMA UK, DMD HUB. These partnerships have helped accelerate research - funding research fellow posts, access to clinical trials, improved staffing at peripheral sites for trial set up and supported meetings to improve standards of care and data collection and dissemination.

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

All the SMA children have been followed up and various webinars and meetings have been held with European colleagues on side effects and problems associated with gene therapy.

From the Northstar group; Ataluren MAA -now extended to January 2023.

HUB DMD; has continued close working with clinicians to enable trial readiness and liaison with the pharma companies to look at what is needed per site to continue trials. Many require MRI both muscle and cardiac and therefore work looking at which sites can offer this has been useful. Trials are now continuing and further set up of sites for new studies have commenced.

Following on from the 'Gene therapy ready' study day; looking at all the institutions in the UK and what was needed to deliver gene therapy safely, this resulted in Pfizer DMD gene therapy trials starting in the UK 2021 in Newcastle, however this has been halted at present globally.

As a SIG we have continued in 2021 and 2022 to meet regularly virtually, but also had a small face to face MIG in March 2022 (and hybrid virtual); both paediatric and adult northstar meetings (DMD) and paediatric and adult SMA REACH meetings (SMA) have been virtual this last 12 months, especially developing the adult SMA REACH, British Myology society, Translational research meeting UK (all virtual) and World muscle society meeting (virtual). The muscle interest group has met 4 times in total 2 fully virtually and the last 2 meetings hybrid with some face to face for case discussions and topic led presentations over the last 12 months.

The charities also sponsor, along with pharma companies, the muscle group's main annual meetings such as the British Myology society, Translational research meeting UK, Northstar and SMA REACH meetings within the UK. The meetings also receive unrestricted educational grants from pharmaceutical companies. We work together with the clinicians on various patient initiatives; patient leaflets, e-learning modules, patient days, children's transition days and camps; and support the various neuromuscular teams in their individual areas; such as NM networks, local educational meetings and trial set ups.

6.3.8 - Trainees' Special Interest Group

The BPNA trainees' special interest group (SIG) is a group for all BPNA trainee members and those interested in paediatric neurology training in the UK. Currently there are 128 members of the SIG, including paediatric neurology Grid trainees, paediatric trainees of different grades and other trainees interested in paediatric neurology. The group meets twice a year, once at the BPNA conference in January and once at a 2-day educational trainees' meeting normally held in May. In May 2021 the meeting covered Paediatric Movement Disorders (held virtually). The event was well attended, and we thank the speakers for their time. Recordings of selected sessions are available to watch in the BPNA Trainees' SIG area of the BPNA website.

The SIG also contributes towards the work of the BPNA Recruitment working group aiming to improve recruitment to paediatric neurology Grid training. The first two in a series of webinars aimed at junior paediatric trainees were held in September 2021 and March 2022; these will run every 3-4 months and cover the basics of a topic within paediatric neurology and also career advice for those interested in applying to paediatric neurology training in future. The SIG has also run successful webinars for those applying to paediatric neurology Grid training over the past two years, including those aimed at both the written applications and interviews for Grid. The recordings of these are freely available in the careers section of the BPNA website. The results of these efforts have seen an improvement in the 2022 recruitment to paediatric neurology Grid training, whereby 13 Grid trainees are due to start training in August/September 2022.

The results of the 2021 paediatric neurology Grid training annual survey were presented at a RCPCH CSAC meeting with an anonymous summary of results also sent round all training centres. Issues highlighted as of particular concern to training include insufficient time spent in training within paediatric neurology and gaining experience of acting up as a consultant towards the end of training. The CSAC have worked on these issues where possible and are working with the RCPCH to provide trainees with a guide on acting up as a consultant. The 2022 annual training survey has recently closed and the anonymised results will be analysed, presented and distributed to the CSAC and training centres over the next couple of months.

The group also continues to work successfully with the BPNA Distance Learning leads and authors to run virtual study groups, whereby participants work through the modules together, meeting weekly using the BPNA Trainees' Zoom account. The groups are open to all trainees and recent groups included Grid trainees, epilepsy Spin trainees, trainees from abroad, and recently qualified consultants completing units to complete Spin accreditation. Three groups ran over February to August 2021, working through the epilepsy, neuromuscular and cerebrovascular/trauma/coma units; and four groups ran at the beginning of 2022 covering the epilepsy, neonatal, headache and neuroinflammation/infection units. These groups have very kindly been supported by consultants offering their time to supervise and facilitate the groups during their weekly meetings.

Other highlights from the work of the SIG include regular weekly bulletins highlighting webinars relevant to paediatric neurology training, including the ongoing sharing of sessions between centres; and a project evaluating the usefulness of out of hours training for paediatric neurology Grid trainees. This was accepted as a poster presentation at the January 2022 BPNA conference and will also be presented at the June 2022 RCPCH annual conference. Trainees have also contributed a 'Paper of the Month' to the weekly BPNA bulletin, which highlights research and publications by trainees.

6.3.9 - UK-Childhood Inflammatory Demyelination

This group's interest is in the clinical area of acquired inflammatory white matter diseases (such as paediatric onset Multiple Sclerosis, MOG and AQP4 antibody driven disorders, the autoimmune mediated encephalitides) as well as other inflammatory brain conditions.

The past 12 months has continued to be a busy time for the paediatric neurology acquired and inflammatory white matter group. We have continued to meet regularly, as before, every 2 months. The meetings have all been virtual and hosted by the BPNA on Zoom. They have been well attended, with around 40- 50 individuals joining, with both national and international representation. The meeting format has continued as before, with the first hour consisting of updates and formal presentations, and the next 3 hours discussing clinical cases. We have discussed on average 8 to 10 cases per meeting. The meeting has been excellently supported by expert neuroinflammatory colleagues around UK and has had expert neuroradiology from Great Ormond Street, and we thank particularly Dr Kshitij Mankad for his time for this.

We have as before kept the format standard as follows:

- 3rd Friday of every 2nd month
- Time: 1-5pm
- Video-conferencing via Zoom
- First 60-90 minutes involves updates on research/new medications/clinical challenges then #
- Brief comfort break
- Next 90 minutes discussion of clinical cases with radiology review and formulation of a suggested investigation and/or treatment plan

The meetings have all been expertly documented by our trainees in neuroinflammation, and I would particularly like to thank Dr Eyre, Dr Abdel-Mannan and Dr Perry.

We have in the meeting had a number of excellent presentations including updates on the interferonopathies from Prof Yanick Crow, update on novel approaches to remyelination from Professor Coles, summary of the MAGNIMS radiological recommendations for MS diagnosis from Dr Kshitiji Mankad, a fascinating update on HLH from Dr Worth and Parida and an excellent OMS workshop on diagnosis and management co-ordinated by Dr Lim. We have also had fascinating research updates on seizures in auto-immune encephalitis from Dr Wright, updates from Dr Eyre on his research using 7T MRI in encephalitis.

We have also discussed consensus statements on NMDAR, PANS/PANDAS and guidelines for MS investigations. We have also continued to work on patient information sheets and MS and other disease modifying drug guidelines.

The next 12 months dates we are due to meet as follows:

18 November 2022
20 January 2023
17 March 2023
19 May 2023
21 July 2023
15 September 2023

With the support from the BPNA, Dr Dipak Ram has hosted educational training days for healthcare professionals on Neuroinflammation every 6 months. Again, we are grateful to Dr Ram for his hard work in arranging these excellent meetings.

6.3.10 - UK Neurorehabilitation Special Interest Group

The paediatric neurorehabilitation SIG is a multidisciplinary group supported by representatives from England, Scotland, Wales and Norther Ireland. We aim to:
- Share good practice
- Develop an equitable paediatric neurorehabilitation service nationally
- Support research and improve the evidence base in paediatric neurorehabilitation for acquired CNS injury.
- Link with other groups (third sector) and parents / users affected by acquired brain injury

The SIG continues to be Chaired by Dr Peta Sharples. During the last year Peta offered to continue for another term and the SIG supported this. Similarly, Dr Jane Williams current Secretary offered her services for one more term which was accepted.

The SIG has continual updates from the Paediatric Neuroscience Clinical Reference Group whose agenda amongst other things is focussed on paediatric neurorehabilitation and its equitable delivery and service specification at the present.

Our meetings at present continue to be virtual but have attendances of 50- 60 - with all centres being represented. We gain from our multidisciplinary perspective.

Meetings

Cardiff March 2021 (Host) - theme services for CYP with acquired spinal cord injury - Stoke Mandeville colleagues shared their service and management of children with acute spinal cord injury. All our tertiary units inc. Wales and N Ireland also described their service and current experience. We then heard about the current national transformation project on spinal cord injury. This review to date is not completed.

Liverpool Dec 2021 (Host) - theme being assessment of prolonged disorders of consciousness with presentations from Liverpool, Oxford and The Children's Trust colleagues. A study is being set up from the Bristol team led by Archana Murugan on this subject. We also heard from the Southampton team relating to their process of supporting CYP with mild and moderate brain injury.

We are planning to explore further developments of the group eg case discussion (anonymised). Our next meeting will be hosted by Kings College Hospital - date to be announced.

Fundraising activities

6.4 - Clinical Governance

BPNA has been consulted by NHS NICE to comment on guidelines and quality standards and by NHS England to comment on the new drug treatments. The following is a brief summary of the important consultations during 2021-22:

1. Fenfluramine for treating seizures associated with Dravet syndrome. Technology appraisal guidance [NICE TA808]. Published 8 July 2022.

2. Epilepsies in children, young people and adults. [NICE NG217]. Published 27 April 2022.

3. Meningitis (bacterial) and meningococcal septicaemia in under 16s: recognition, diagnosis and management [GID-NG10149 to update CG102]. Expected publication date: 7 December 2022.

4. NHS England consultation. Stroke thrombectomy service for acute ischaemic stroke. [Service specification 1868]. Published 4 March 2020.

5. Headaches in over 12s: diagnosis and management. [NICE CG150]. Updated 12 May 2021.

6. Risdiplam for treating spinal muscular atrophy in children and adults. Technology appraisal guidance [NICE TA755]. Published 16 December 2021.

7. Ganaxolone for treating seizures caused by CDKL5 deficiency disorder in people 2 years and over [ID3988]. Expected publication date: to be confirmed.

8. Olipudase alfa for treating acid sphingomyelinase deficiency (Niemann Pick disease type B and AB) [ID3913]. Expected publication date: 24 July 2023.

Internal and external factors

The trustees maintain a risk register. We have currently identified the following factors as being the main risks to the BPNA:

- Pressure from NHS Trusts on BPNA members to increase the number of clinics/patients and limit other activities. This has the potential to impact on the voluntary time given by BPNA members to lecture, tutor and mentor at short-courses, distance-learning, and mentoring. Our consultant members have remained robust and enthusiastic in this support and we hope that this will remain the case, but it is clear that the BPNA would be unable to continue in delivering education without this generously donated time. This is being monitored by Education, Quality & Standards committee and Professional Support Committee.

FINANCIAL REVIEW

Financial position

The balance sheet position shows net current assets of £801,489 (2021 - £676,594), resulting from a significant increase in the cash at bank to £872,695 (2021 - £797,980). This has been accompanied by an increase in debtors to £36,933 (2021 - £36,008) and decrease in creditors to £123,823 (2021 - £173,741).

At the year end the charity has unrestricted freely available current reserves of £801,489 (2021 - £666,594) which excludes tangible fixed assets of £7,903 (2021 - £9,550). Given the charity's current levels of expenditure this would allow for approximately just over fifteen months (2021 - fifteen months) of trading without further freely available reserves becoming available.

Principle funding sources

The BPNA raises funds mainly through payments received for its educational activities, which include short-courses, annual conference, online distance-learning course; membership subscriptions; and sponsorship. We have also raised money through the voluntary contributions of members.

Total incoming resources for the year have increased to £729,064 (2021 - £724,379). This increase has arisen mainly from the increase in short courses to £189,455 (2021 - £82,111). This is directly attributable to courses starting back up after the coronavirus restrictions.

Donations and legacies have decreased in the year to £320,491 (2021 - £351,105). In particular the charity had less grant funding in the year amounting to £39,919 (2021 - £128,970), sponsors of its annual conference symposiums generating funds of £77,000 (2021 - £60,000), and generating annual conference sponsorship income of £33,000 (2021 - £42,000). See "Note 4 Donations and Legacies" within the notes to the financial statements for a detailed breakdown of income received in the year.

Investment policy and objectives

The policy of the BPNA is to invest its reserves in the further development of its charitable aims.

The BPNA has also committed reserves to the sustainability and further development of both the distance learning and short courses.

As a result of recent financial performance, derived from additional incoming resources, the current level of reserves the BPNA holds cash balances amounting to £872,695 (2021 - £797,980) and is exploring investment opportunities for the reserves. Any interest earned will be utilised for research projects and other activities in line with the BPNA charitable objectives.

Reserves policy

The total funds held at the year end were £809,392 (2021 - £686,144) and of which £Nil (2021 - £10,000) is maintained within restricted funds for their detailed purposes as described in the notes to the financial statements. Further details of restricted funds are included within the notes to the financial statements.

Overall, the financial position of the charity remains healthy, though the trustees continue to pay close attention to the mix of activities in order to ensure that in trying to achieve its objectives it does not lead to deterioration in the financial stability of the charity.

A substantial proportion of the reserves in the balance sheet are represented by the cash at bank and in hand totalling £872,695 (2021 - £797,980) in order to facilitate the continued activities of the charity by holding highly liquid assets.

The trustees regularly review the finances, budgets, and cash flows to aid effective stewardship of the charity.

The trustees recognise that the level of reserves fluctuates during periods of investment by the charity and ensure an adequate reserve is maintained. To this end, in 2021-22 the trustees kept the unrestricted contingency fund to £180,000 (2021 - £180,000) which is held in order to mitigate the risk of liquidity concerns. The trustees have agreed the level of funds held in this account based on the equivalent of six month's Secretariat salaries plus one-year London office rent. This policy is reviewed every 12-months.

FINANCIAL REVIEW

Funds in deficit

There were no funds in deficit as at the financial reporting date or the comparative financial reporting date.

FUTURE PLANS

During 2021-22 emphasis on increasing recruitment to paediatric neurology will continue. The Acute Paediatric Neurology course, developed in collaboration with the Association of Paediatric Emergency Medicine, will launch.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing document

The BPNA is governed by its constitution, approved on 3 December 2014, and amended at the AGM on 23 January 2019.

Method of appointment of trustees

The management of the Association is ultimately the responsibility of the trustees who are elected by BPNA members and appointed under the terms of the Constitution.

Organisational structure and decision-making

The trustees meet five times per year (January, April, June, September, November) when strategic decisions and business matters are discussed. Monthly telephone conferences are also held.

Council is a larger body that meets twice per year (January and June). During 2018-19, Council was expanded to include representation from every UK paediatric neurology tertiary centre and the Chairs of the special interest groups together with the representatives co-opted from related organisations. The purpose of Council is to ensure a good exchange of information and ideas related to the care of children and young people with neurological conditions and paediatric neurology education and training between Centres and other key organisations.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Members of BPNA Council Serving During 2021-22

Executive	Name	Term Expires
President	Dr Alasdair Parker	January 2024
Treasurer	Dr Sandeep Jayawant (2nd term)	April 2023
Secretary	Dr Andrew Mallick	January 2022
	From January 2022 Dr Dan Lumsden	January 2025
Professional Support Officer	Dr Ailsa McLellan (2nd Term)	January 2025
National Training Advisor	Dr Dipak Ram	January 2024
Chair, Education Quality & Standards	Dr Michael Griffiths (2nd Term)	January 2025
Chair, Distance Learning	Dr Louise Hartley (2nd term)	January 2023
Chair, Research	Prof Manju Kurian	January 2022
	From January 2022 Dr Sam Amin	January 2025
Chair, International Education	Prof Martin Kirkpatrick (2nd Term)	January 2025

Paediatric Neurology Centres	Representative	3-year term
Belfast	Dr Sandya Tirupathi (2nd term)	December 2022
Dundee	Dr Alice Jollands	December 2024
Edinburgh	Dr Kenneth McWilliam (2nd Term)	December 2024
Glassgow	Dr Iain Horrocks (2nd Term)	December 2024
Newcastle-upon-Tyne	Dr Anna Basu (2nd term)	December 2023
Liverpool	Dr Ram Kumar (Co-opted)	December 2022
Manchester	Dr Gary McCullagh (2nd term)	December 2022
Preston	Dr Christian De Goede (2nd Term)	December 2024
Leeds	Dr Helen McCullagh (2nd term)	December 2022
Sheffield	Dr Archana Deskurkar (2nd Term)	December 2024
Nottingham	Dr Manish Prasad (2nd term)	December 2022
Leicester	Dr Nahin Hussain (2nd Terrm)	December 2024
Birmingham	Dr Ratna Kumar (2nd term)	December 2023
Cambridge	Dr Manali Chitre (2nd term)	December 2022
Oxford	Dr Sithara Ramdas (2nd Term)	December 2024
Bristol	Dr Sam Amin (2nd term)	December 2023
Swansea	Dr Cathy White (2nd term)	December 2022
Cardiff	Dr Johann te Water Naude	December 2022
Southampton	Dr Georgina Bird-Lieberman	December 2022
London: Great Ormand Street Hospital	Dr Sanjay Bhate (2nd Term)	December 2024
London: Chelsea & Westminster Hospital	Dr Naila Ismayilova (2nd Term)	December 2024
London: Imperial College NHS Trust	Dr Sushil Beri (2nd Term)	December 2024
London: The Royal London	Dr Louise Hartley (2nd Term)	December 2024
London: Evelina London Children's Hospital	Dr Dan Lumsden	December 2024
London: St George's Hospital	Dr Antonia Clarke (2nd Term)	December 2024

Special Interest Groups	Chair	3-year term
British Paediatric Epilepsy Group	Dr Sarah Aylett	May 2022
Cerebrovascular	Dr Dipak Ram	May 2022
Children's Headache Network	Dr Gautam Ambegaonkar	January 2025
Fetal & Neonatal Neurology	Dr Anthony Hart	May 2022
Inherited White Matter Disorders	Dr Rahul Singh	July 2023
British Paediatric Movement Disorders	Dr Daniel Lumsden	May 2022
Muscle Interest Group	Dr Tracey Willis	May 2022
UK Neurorehabilitation	Dr Peta Sharples	February 2024
UK-Childhood Inflammatory Demyelination	Dr Cheryl Hemmingway	May 2022
Trainees' Chair	Dr Mark Atherton	July 2022

STRUCTURE, GOVERNANCE AND MANAGEMENT

Trainees' Deputy Chair	Dr Eusra Hassan	July 2022

Co-opted	Representative	
Editor DMCN	Dr Bernard Dan	Co-opted
British Paediatric Neurosurgical Group	Mr Guirish Solanki	Co-opted
Chair, Disability CSAC	Dr Katherine Martin	Co-opted
Paediatric Neuroscienses CRG	Dr Anita Devlin	Co-opted
Neuropsychiatry	Dr Ashley Liew	Co-opted
PET Course Development Manager	Dr Colin Dunkley	Co-opted
Trainee Rep, Neurodisability	Dr James Hammond	January 2023
BPNA 2023 Edinburgh Organising Team	Dr Kathleen Gorman	January 2023

Key management remuneration
Total remuneration paid to key management personnel during the financial year included wages and salaries amounting to £77,587 (2021 - £77,897) and contributions to defined contribution pension schemes of £3,907 (2021 - £3,271).

Risk management
The trustees have assessed the major strategic, business and operational risks to which the Association is exposed and are satisfied that systems and procedures are in place to monitor and control those risks in order to mitigate any impact they might have on the Association. A risk register is maintained and updated regularly.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered Charity number
1159115

Principal address
2 St Andrews Place
Regent's Park
London
NW1 4LB

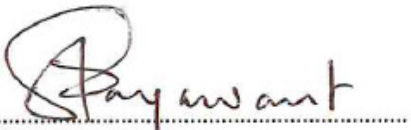
Trustees
Dr L Hartley
Dr S Jayawant
Professor M Kirkpatrick
Dr M J Griffiths
Professor M Kurian (resigned January 2022)
Dr A McLellan
Dr A Mallick (resigned January 2022)
Dr A Parker
Dr D Ram
Dr S Amin (appointed January 2022)
Dr D Lumsden (appointed January 2022)

Independent Examiner
Jonathan Ward ACA FCCA
ICAEW and ACCA
HSA & Co
Chartered Accountants
Lewis House
Great Chesterford Court
Great Chesterford
Essex
CB10 1PF

REFERENCE AND ADMINISTRATIVE DETAILS

Bankers
Barclays Bank PLC
15 Bene't Street
Cambridge
CB2 3PZ

Approved by order of the board of trustees on 30/11/2022 and signed on its behalf by:



Dr S Jayawant - Trustee

Independent examiner's report to the trustees of British Paediatric Neurology Association
I report to the charity trustees on my examination of the accounts of British Paediatric Neurology Association (the Trust) for the year ended 31 March 2022.

Responsibilities and basis of report
As the charity trustees of the Trust you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

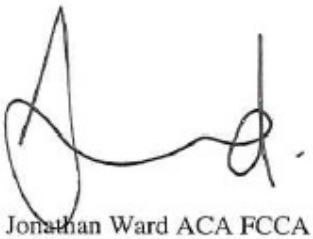
I report in respect of my examination of the Trust's accounts carried out under section 145 of the Act and in carrying out my examination I have followed all applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement
Since your charity's gross income exceeded £250,000 your examiner must be a member of a listed body. I can confirm that I am qualified to undertake the examination because I am a registered member of ICAEW and ACCA which is one of the listed bodies.

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the Trust as required by section 130 of the Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.



Jonathan Ward ACA FCCA
ICAEW and ACCA
HSA & Co
Lewis House
Great Chesterford Court
Great Chesterford
Essex
CB10 1PF

Date: 20.12.2022

British Paediatric Neurology Association

Statement of Financial Activities
for the Year Ended 31 March 2022

	Notes	Unrestricted funds £	Restricted funds £	2022 Total funds £	2021 Total funds £
INCOME AND ENDOWMENTS FROM					
Donations and legacies	4	280,572	39,919	320,491	351,105
Charitable activities					
Annual conference		59,400	-	59,400	62,660
Short courses		189,455	-	189,455	82,111
Distance learning courses		93,276	-	93,276	132,528
International short courses		13,147	-	13,147	5,780
Research		-	-	-	2,400
EPNS recharges		50,567	-	50,567	50,207
Professional support		1,703	-	1,703	36,420
Investment income	5	1,025	-	1,025	1,168
Total		689,145	39,919	729,064	724,379
EXPENDITURE ON					
Raising funds	7	-	-	-	250
Charitable activities	8				
Annual conference		85,930	-	85,930	79,942
Short courses		108,535	5,460	113,995	95,969
Distance learning courses		79,057	-	79,057	92,466
International short courses		29,594	44,583	74,177	52,329
Research		76,538	-	76,538	19,408
Membership and professional support		95,988	-	95,988	93,433
EPNS recharges		48,036	-	48,036	46,925
Governance Costs		32,095	-	32,095	39,502
Total		555,773	50,043	605,816	520,224
NET INCOME/(EXPENDITURE)		133,372	(10,124)	123,248	204,155
Transfers between funds	18	(124)	124	-	-
Net movement in funds		133,248	(10,000)	123,248	204,155
RECONCILIATION OF FUNDS					
Total funds brought forward		676,144	10,000	686,144	481,989
TOTAL FUNDS CARRIED FORWARD		809,392	-	809,392	686,144

CONTINUING OPERATIONS
All income and expenditure has arisen from continuing activities.

The notes form part of these financial statements

Balance Sheet
31 March 2022

	Notes	Unrestricted funds £	Restricted funds £	2022 Total funds £	2021 Total funds £
FIXED ASSETS					
Tangible assets	13	7,903	-	7,903	9,550
CURRENT ASSETS					
Stocks	14	15,684	-	15,684	16,347
Debtors	15	36,933	-	36,933	36,008
Cash at bank and in hand		872,695	-	872,695	797,980
		925,312	-	925,312	850,335
CREDITORS					
Amounts falling due within one year	16	(123,823)	-	(123,823)	(173,741)
NET CURRENT ASSETS		801,489	-	801,489	676,594
TOTAL ASSETS LESS CURRENT LIABILITIES		809,392	-	809,392	686,144
NET ASSETS		809,392	-	809,392	686,144
FUNDS	18				
Unrestricted funds				809,392	676,144
Restricted funds				-	10,000
TOTAL FUNDS				809,392	686,144

The financial statements were approved by the Board of Trustees and authorised for issue on 30/11/2022 and were signed on its behalf by:

S Jayawant

S Jayawant - Trustee

The notes form part of these financial statements

British Paediatric Neurology Association

Cash Flow Statement
for the Year Ended 31 March 2022

	Notes	2022 £	2021 £
Cash flows from operating activities			
Cash generated from operations	1	75,617	284,364
Net cash provided by operating activities		75,617	284,364
Cash flows from investing activities			
Purchase of tangible fixed assets		(1,927)	(170)
Interest received		1,025	1,168
Net cash (used in)/provided by investing activities		(902)	998
Change in cash and cash equivalents in the reporting period		74,715	285,362
Cash and cash equivalents at the beginning of the reporting period		797,980	512,618
Cash and cash equivalents at the end of the reporting period		872,695	797,980

The notes form part of these financial statements

Notes to the Cash Flow Statement
for the Year Ended 31 March 2022

1. RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2022 £	2021 £
Net income for the reporting period (as per the Statement of Financial Activities)	123,248	204,155
Adjustments for:		
Depreciation charges	2,636	3,188
Loss on disposal of fixed assets	938	-
Interest received	(1,025)	(1,168)
Decrease in stocks	663	-
(Increase)/decrease in debtors	(925)	36,625
(Decrease)/increase in creditors	(49,918)	41,564
Net cash provided by operations	75,617	284,364

2. ANALYSIS OF CHANGES IN NET FUNDS

	At 1/4/21 £	Cash flow £	At 31/3/22 £
Net cash			
Cash at bank and in hand	797,980	74,715	872,695
	797,980	74,715	872,695
Total	797,980	74,715	872,695

The notes form part of these financial statements

1. PRESENTATION CURRENCY

The presentation currency of the financial statements is the Pound Sterling (£).

2. ACCOUNTING POLICIES

Basis of preparing the financial statements
The financial statements of the charity, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Charities Act 2011. The financial statements have been prepared under the historical cost convention.

Going concern
The Trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charity to continue as a going concern. The trustees have made this assessment for a period of at least one year from the date of approval of the financial statements. In particular the trustees have considered the charities forecasts and projections and have taken account of pressures on income, particularly in the light of the impact of the COVID-19 pandemic which occurred before these financial statements were approved and is explained in more detail in the trustees report. After making enquiries the trustees have concluded that there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future.

As such the charity can expect to be able to meet its liabilities as they fall due in the period of at least 12 months from the date of approval of these accounts. However, there can be no certainty in relation to these matters.

On this basis the Trustees have concluded that the charity is a going concern. The financial statements do not include any adjustments that would result from the charity not being able to meet its liabilities as they fall due.

Income
All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

Income from grants and donations
Donations and grants are recognised when they have been communicated and received in writing with notification of both the amount and settlement date. In the event that a donation or grant is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period.

Income from membership subscriptions
Membership subscriptions are initially recognised in the period that the member pays the subscription to the charity. Membership subscriptions received in the year relating to the period after the reporting date are recognised as deferred income.

Income from sponsorship agreements
Sponsorship income is initially recognised when invoiced in line with the terms of the sponsorship agreement. Income received or invoiced in the year relating to the period after the reporting date are recognised as deferred income.

Income from conferences
Income in relation to conferences is initially recognised in the period in which the attendee pays the attendance fee. Income received for conferences taking place after the reporting date are recognised as deferred income.

continued...

2. ACCOUNTING POLICIES - continued

Income from courses
Income in relation to courses is initially recognised at the point which the attendee has booked and paid for their attendance on the course. Income received for courses taking place after the reporting date are recognised as deferred income.

Income from EPNS recharges
Income in relation to EPNS recharges is initially recognised at the point which the EPNS is invoiced for the costs incurred by BPNA. Income not invoiced as at the reporting date is recognised as accrued income within the financial statements.

Expenditure
Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Grants offered subject to conditions which have not been met at the balance sheet date are noted as a commitment but not accrued as expenditure.

Tangible fixed assets
Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Plant and machinery	-	25% on reducing balance
Fixtures and fittings	-	25% on reducing balance

The tangible fixed assets of the charity are reviewed by the charity's executive director and the trustees for impairment on a regular basis and during the preparation of the financial statements.

Stocks
Stocks are valued at the lower of cost and net realisable value, after making due allowance for obsolete and slow moving items.

Taxation
The charity is exempt from tax on its charitable activities.

Fund accounting
Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

Foreign currencies
Assets and liabilities in foreign currencies are translated into sterling at the rates of exchange ruling at the balance sheet date. Transactions in foreign currencies are translated into sterling at the rate of exchange ruling at the date of transaction. Exchange differences are taken into account in arriving at the operating result.

Hire purchase and leasing commitments
Rentals paid under operating leases are charged to the Statement of Financial Activities on a straight line basis over the period of the lease.

continued...

2. ACCOUNTING POLICIES - continued

Pension costs and other post-retirement benefits
The charity operates a defined contribution pension scheme. Contributions payable to the charity's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

Financial instruments
A financial asset or a financial liability is recognised only when the entity becomes a party to the contractual provisions of the instruments.

Basic financial instruments are initially recognised at the transaction price, unless the arrangement constitutes, in effect, a financing transaction, where it is recognised at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Debt instruments are subsequently measured at amortised cost.

Other financial instruments are initially recognised at fair value, unless payment for an asset is deferred beyond normal business terms or financed at a rate of interest that is not a market rate, in which case the asset is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument. Financial assets that are measured at cost or amortised cost are reviewed for objective evidence of impairment at the end of each reporting date. If there is objective evidence of impairment, an impairment loss is recognised in profit or loss immediately.

Any reversals of impairment are recognised in profit or loss immediately, to the extent that the reversal does not result in a carrying amount of the financial asset that exceeds what the carrying amount would have been had the impairment not previously been recognised.

3. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the balance sheet date and the amounts reported for revenues and expenses during the year. The nature of estimation means that actual outcomes may however differ from those original estimates.

The trustees do not deem there to be any judgements, apart from those otherwise disclosed in the accounting policies or notes to the financial statements, which require highlighting to the readers as a result of having had a critical effect on amounts recognised in the financial statements.

4. DONATIONS AND LEGACIES

	2022 £	2021 £
Donations	42,561	9,087
Grants	39,919	128,970
BPNA members subscriptions	104,090	94,446
Gift aid	-	963
Membership donations	11,850	12,200
Annual conference symposium sponsorship	77,000	60,000
Annual conference sponsorship	33,000	42,000
Short course sponsorship	10,500	3,000
Miscellaneous income	1,571	439
	320,491	351,105

continued...

4. DONATIONS AND LEGACIES - continued

Grants received, included in the above, are as follows:

	2022	2021
	£	£
International League Against Epilepsy (ILAE)	39,919	39,242
Furlough income	-	14,260
Charities Aid Foundation	-	65,468
Educational Grant GW Parham for Colombia PET Launch	-	10,000
	39,919	128,970

Sponsorships received, included in the above, are as follows:

Company name	Course sponsorship	Conference sponsorship	Symposia sponsorship	2022 Totals	2021 Totals
	£	£	£	£	£
Avexis	-	-	-		19,000
Biocodex	-	3,000	11,000	14,000	13,000
Biogen	-	3,000	11,000	14,000	13,000
Biomarin	-	3,000	11,000	14,000	13,000
Desitin	10,500	3,000	-	13,500	6,000
GW Pharma	-	-	11,000	11,000	13,000
Neuraxpharm UK	-	3,000	-	3,000	-
Nightwatch	-	-	-	-	3,000
Novartis	-	3,000	11,000	14,000	-
Orion Pharma	-	3,000	-	3,000	-
Proveca	-	3,000	-	3,000	3,000
Roche	-	3,000	11,000	14,000	3,000
Sarepta	-	-	-	-	3,000
UCB Pharma	-	-	-	-	3,000
Vitaflo	-	3,000	-	3,000	-
Zogenix	-	3,000	11,000	14000	13,000
Total Sponsorship	**10,500**	**33,000**	**77,000**	**120,500**	**105,000**

5. INVESTMENT INCOME

	2022	2021
	£	£
Deposit account interest	1,025	1,168

continued...

6. INCOME FROM CHARITABLE ACTIVITIES

	Annual conference £	Short courses £	Distance learning courses £	International short courses £
Conferences and symposiums	59,400	-	-	-
Short courses	-	189,455	-	-
International short courses	-	-	-	13,147
Distance learning	-	-	93,276	-
EPNS recharges	-	-	-	-
Professional support	-	-	-	-
BPNSU fee income	-	-	-	-
	59,400	189,455	93,276	13,147

	EPNS recharges £	Professional support £	2022 Total activities £	2021 Total activities £
Conferences and symposiums	-	-	59,400	62,660
Short courses	-	-	189,455	82,111
International short courses	-	-	13,147	5,780
Distance learning	-	-	93,276	132,528
EPNS recharges	50,567	-	50,567	50,207
Professional support	-	1,703	1,703	36,420
BPNSU fee income	-	-	-	2,400
	50,567	1,703	407,548	372,106

7. RAISING FUNDS

Raising donations and legacies

	2022 £	2021 £
Charity web hosting	-	70
JustGiving fees	-	180
	-	250

continued...

8. CHARITABLE ACTIVITIES COSTS

	Direct Costs	Grant funding of activities (see note 9)	Support costs (see note 10)	Totals
	£	£	£	£
Annual conference	29,103	-	56,827	85,930
Short courses	26,308	-	87,687	113,995
Distance learning courses	(1,700)	-	80,757	79,057
International short courses	2,690	-	71,487	74,177
Research	17,641	41,302	17,595	76,538
Membership and professional support	43,833	-	52,155	95,988
EPNS recharges	46,822	-	1,214	48,036
Governance Costs	2,563	-	29,532	32,095
	167,260	41,302	397,254	605,816

9. GRANTS PAYABLE

	2022	2021
	£	£
Year 1 of 3 joint research training fellowship with AMR	41,302	-

10. SUPPORT COSTS

	Management	Finance	Information technology
	£	£	£
Annual conference	-	206	759
Short courses	-	431	4,271
Distance learning courses	11,822	94	1,695
International short courses	-	38	865
Research	-	28	478
Membership and professional support	-	103	1,009
EPNS recharges	-	38	94
Governance Costs	9,590	-	-
	21,412	938	9,171

continued...

10. SUPPORT COSTS - continued

	Human resources	Other	Governance costs	Totals
	£	£	£	£
Annual conference	39,925	14,089	1,848	56,827
Short courses	55,518	23,015	4,452	87,687
Distance learning courses	60,210	6,096	840	80,757
International short courses	64,839	5,409	336	71,487
Research	16,957	132	-	17,595
Membership and professional support	41,543	8,576	924	52,155
EPNS recharges	1,021	61	-	1,214
Governance Costs	10,047	9,895	-	29,532
	290,060	67,273	8,400	397,254

Support costs, included in the above, are as follows:

	Annual conference	Short courses	Distance learning courses	International short courses	Research
	£	£	£	£	£
Trustees' remuneration etc	-	-	11,822	-	-
Trustee training and strategy	-	-	-	-	-
Loss on sale of tangible fixed assets	206	431	94	38	28
Software subscriptions	-	2,228	1,266	658	354
Computer repairs	187	559	4	8	-
Website hosting	-	290	165	86	46
Website development	54	110	24	19	7
Depreciation of tangible fixed assets	518	1,084	236	94	71
Employment costs	29,711	39,041	50,746	56,260	14,200
Social security	2,938	3,058	4,417	4,808	1,277
Pensions	1,665	1,681	2,494	2,750	714
Staff costs	423	886	193	77	58
Staff training	1,252	2,620	570	228	171
Recruitment costs	3,936	8,232	1,790	716	537
Rental costs	-	-	-	-	-
Business rates	128	396	58	-	-
Water rates	51	155	23	-	-
Gas and electric	48	147	22	-	-
Waste	120	369	54	-	-
Telephone	309	799	140	-	-
Office insurance	276	577	126	50	38
Data protection costs	-	-	-	-	-
Legal fees	1,071	2,580	487	195	-
Marketing	172	305	66	27	20
Office repairs and renewals	574	1,773	-	-	-
Photocopier	(130)	(202)	(30)	(74)	(62)
Carried forward	43,509	67,119	74,767	65,940	17,459

continued...

10. SUPPORT COSTS - continued

	Annual conference	Short courses	Distance learning courses	International short courses	Research
	£	£	£	£	£
Brought forward	43,509	67,119	74,767	65,940	17,459
Postage	7	19	3	-	-
Printing and stationery	62	791	26	-	-
Credit card charges	1,678	4,042	763	305	-
Bank charges	210	506	95	38	-
Bad Debt	-	19	-	-	-
Miscellaneous	-	-	-	-	-
Computer and internet	-	-	-	-	-
Staff welfare	-	-	-	-	-
Copyright licence	244	591	112	45	-
London Office Expenses	135	-	-	152	128
London Rent	6,835	3,106	3,106	4,660	-
Bolton Rent	2,237	6,913	1,017	-	-
Depreciation of tangible fixed assets	62	129	28	11	8
Auditors' remuneration for non audit work	1,848	4,452	840	336	-
	56,827	87,687	80,757	71,487	17,595

	Membership and professional support	EPNS recharges	Governance Costs	2022 Total activities	2021 Total activities
	£	£	£	£	£
Trustees' remuneration etc	-	-	-	11,822	11,780
Trustee training and strategy	-	-	9,590	9,590	-
Loss on sale of tangible fixed assets	103	38	-	938	-
Software subscriptions	557	-	-	5,063	5,661
Computer repairs	94	-	-	852	469
Website hosting	73	-	-	660	276
Website development	26	-	-	240	3,817
Depreciation of tangible fixed assets	259	94	-	2,356	2,739
Employment costs	34,191	-	9,022	233,171	214,787
Social security	2,902	-	641	20,041	16,708
Pensions	1,643	-	384	11,331	8,203
Staff costs	212	77	-	1,926	(17)
Staff training	627	228	-	5,696	6,130
Recruitment costs	1,968	716	-	17,895	-
Rental costs	-	-	-	-	37,892
Business rates	-	-	-	582	819
Water rates	-	-	-	229	456
Carried forward	42,655	1,153	19,637	322,392	309,720

continued...

10. SUPPORT COSTS - continued

	Membership and professional support	EPNS recharges	Governance Costs	2022 Total activities	2021 Total activities
	£	£	£	£	£
Brought forward	42,655	1,153	19,637	322,392	309,720
Gas and electric	-	-	-	217	791
Waste	-	-	-	543	473
Telephone	154	-	-	1,402	1,319
Office insurance	138	50	-	1,255	1,374
Data protection costs	-	-	-	-	385
Legal fees	535	-	2,750	7,618	-
Marketing	73	-	-	663	300
Office repairs and renewals	261	-	-	2,608	211
Photocopier	(95)	-	-	(593)	1,115
Postage	4	-	-	33	189
Printing and stationery	-	-	-	879	549
Credit card charges	839	-	-	7,627	6,721
Bank charges	105	-	-	954	883
Bad Debt	-	-	-	19	(52)
Miscellaneous	-	-	-	-	(228)
Computer and internet	-	-	-	-	3,864
Staff welfare	-	-	-	-	480
Copyright licence	123	-	-	1,115	730
London Office Expenses	195	-	-	610	-
London Rent	6,213	-	7,145	31,065	-
Bolton Rent	-	-	-	10,167	-
Depreciation of tangible fixed assets	31	11	-	280	449
Auditors' remuneration for non audit work	924	-	-	8,400	9,045
	52,155	1,214	29,532	397,254	338,318

11. TRUSTEES' REMUNERATION AND BENEFITS

	2022	2021
	£	£
Trustees' salaries	11,199	11,199
Trustees' social security	325	333
Trustees' pension contributions to money purchase schemes	298	248
	11,822	11,780

Remuneration paid to the trustees noted above was paid to Dr L Hartley for services rendered in relation to the development and provision of distance courses.

Trustees' expenses

	2022	2021
	£	£
Trustees' expenses	-	6,425

continued...

11. TRUSTEES' REMUNERATION AND BENEFITS - continued

Within the expenses noted above are expenses paid to the following trustees in respect of direct charitable activity costs ie travel expenses teaching at courses, undertaken on behalf of the charity in the year:

	2022 £	2021 £
Dr L Hartley	-	31
Dr S Jayawant	-	-
Prof M Kirkpatrick	-	2,694
Dr A Parker	-	-
Dr A McLellan	-	3,700
Dr M Griffiths	-	-
	-	6,425

Within the expenses noted above are expenses paid to the following trustees in respect of support costs undertaken on behalf of the charity in the year:

	2022 £	2021 £
Dr L Hartley	-	-
Prof M Kirkpatrick	-	-
Prof F O'Callaghan	-	-
Dr A Parker	-	-
Dr A Mallick	-	-
Dr A McLellan	-	-
Prof M Kurian	-	-
Dr A Childs	-	-
	-	-

12. STAFF COSTS

	2022 £	2021 £
Wages and salaries	292,098	274,778
Social security costs	24,723	21,406
Pension schemes	13,680	10,160
Total	330,501	306,344

Included within creditors as at the reporting date is £1,563 (2021 - £1,550) in relation to unpaid pension contributions.

The average monthly number of employees during the year was as follows:

	2022	2021
Management	4	4
Support staff	6	6
	10	10

continued...

12. STAFF COSTS - continued

The number of employees receiving gross remuneration, inclusive of the value of benefits-in-kind, greater than £60,000 per annum and to whom retirement benefits are accruing under defined contribution pension schemes were:

	2022	2021
£60,000 - £70,000	1	1
Total employees	1	1

13. TANGIBLE FIXED ASSETS

	Plant and machinery £	Fixtures and fittings £	Totals £
COST			
At 1 April 2021	28,795	4,785	33,580
Additions	1,927	-	1,927
Disposals	(3,995)	(1,464)	(5,459)
At 31 March 2022	26,727	3,321	30,048
DEPRECIATION			
At 1 April 2021	20,595	3,435	24,030
Charge for year	2,356	280	2,636
Eliminated on disposal	(3,286)	(1,235)	(4,521)
At 31 March 2022	19,665	2,480	22,145
NET BOOK VALUE			
At 31 March 2022	7,062	841	7,903
At 31 March 2021	8,200	1,350	9,550

14. STOCKS

	2022 £	2021 £
Stocks	15,684	16,347

continued...

15. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2022	2021
	£	£
Trade debtors	19,471	27,131
Other debtors	-	348
Prepayments and accrued income	17,462	8,529
	36,933	36,008

16. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2022	2021
	£	£
Trade creditors	26,466	13,062
Other creditors	1,897	1,550
Deferred income	78,393	135,311
Accrued expenses	17,067	23,818
	123,823	173,741

The deferred income balance above includes income relating to training courses amounting to £74,388 (2021 - £60,892), membership subscriptions received in advance amounting to £4,005 (2021 - £74,419).

17. LEASING AGREEMENTS

Minimum lease payments under non-cancellable operating leases fall due as follows:

	2022	2021
	£	£
Within one year	23,355	33,333
Between one and five years	23,355	-
	46,710	33,333

During 2019-20 the BPNA established a London office at 2 St Andrews Place, Regent's Park, London, on the Royal College of Physicians campus.

During the year the charity incurred expenditure under cancellable and non-cancellable operating lease agreements relating to office rental amounting to £41,232 (2021 - £37,892).

continued...

18. MOVEMENT IN FUNDS

	At 1/4/21 £	Net movement in funds £	Transfers between funds £	At 31/3/22 £
Unrestricted funds				
General fund	352,714	111,160	(192,180)	271,694
Contingency fund	180,000	-	-	180,000
Research training fellowship fund	101,513	29,698	22,393	153,604
Priority Setting Project	9,200	(9,461)	10,000	9,739
Acute Neurology course development	10,937	-	(10,937)	-
Fetal Neurology course development	12,130	-	-	12,130
International Faculty Education Fund	2,400	200	3,000	5,600
Kenya Fellowship Travel Fund	1,000	-	-	1,000
Fellow Travel Bursary Fund	6,100	225	-	6,325
Kenya PET Fund	150	(150)	-	-
DL dev fund	-	1,700	75,000	76,700
PET update course development			30,000	30,000
PET Hot Topics course development	-	-	12,600	12,600
Impact & Evaluation officer	-	-	50,000	50,000
	676,144	133,372	(124)	809,392
Restricted funds				
Development of virtual Instructor Training Day and PET1 virtual Colombia	10,000	(10,124)	124	-
TOTAL FUNDS	686,144	123,248	-	809,392

continued...

18. MOVEMENT IN FUNDS - continued

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	617,720	(506,560)	111,160
Research training fellowship fund	71,000	(41,302)	29,698
Priority Setting Project	-	(9,461)	(9,461)
International Faculty Education Fund	200	-	200
Fellow Travel Bursary Fund	225	-	225
Kenya PET Fund	-	(150)	(150)
DL dev fund	-	1,700	1,700
	689,145	(555,773)	133,372
Restricted funds			
ILAE grant fund	39,919	(39,919)	-
Development of virtual Instructor Training Day and PET1 virtual Colombia	-	(10,124)	(10,124)
	39,919	(50,043)	(10,124)
TOTAL FUNDS	729,064	(605,816)	123,248

continued...

18. MOVEMENT IN FUNDS - continued

Comparatives for movement in funds

	At 1/4/20 £	Net movement in funds £	Transfers between funds £	At 31/3/21 £
Unrestricted funds				
General fund	150,660	174,708	27,346	352,714
Contingency fund	180,000	-	-	180,000
Distance learning development fund	8,117	(9,649)	1,532	-
Research training fellowship fund	58,350	45,793	(2,630)	101,513
Priority Setting Project	49,246	(10,618)	(29,428)	9,200
Acute Neurology course development	11,773	(836)	-	10,937
Fetal Neurology course development	12,230	(100)	-	12,130
International Faculty Education Fund	-	4,440	(2,040)	2,400
Kenya Fellowship Travel Fund	-	-	1,000	1,000
Fellow Travel Bursary Fund	-	2,030	4,070	6,100
Kenya PET Fund	-	-	150	150
	470,376	205,768	-	676,144
Restricted funds				
Development of Approaching Children's Tone course	11,613	(11,613)	-	-
Development of virtual Instructor Training Day and PET1 virtual Colombia	-	10,000	-	10,000
	11,613	(1,613)	-	10,000
TOTAL FUNDS	481,989	204,155	-	686,144

continued...

18. MOVEMENT IN FUNDS - continued

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	557,407	(382,699)	174,708
Distance learning development fund	-	(9,649)	(9,649)
Research training fellowship fund	45,793	-	45,793
Priority Setting Project	-	(10,618)	(10,618)
Acute Neurology course development	(1)	(835)	(836)
Fetal Neurology course development	-	(100)	(100)
International Faculty Education Fund	4,440	-	4,440
Fellow Travel Bursary Fund	2,030	-	2,030
	609,669	(403,901)	205,768
Restricted funds			
ILAE grant fund	39,242	(39,242)	-
Development of Approaching Children's Tone course	-	(11,613)	(11,613)
CAF (Charities Aid Foundation)	65,468	(65,468)	-
Development of virtual Instructor Training Day and PET1 virtual Colombia	10,000	-	10,000
	114,710	(116,323)	(1,613)
TOTAL FUNDS	724,379	(520,224)	204,155

Contingency fund
The contingency fund is held to support the staffing cost of running the BPNA Secretariat for a period of approximately six months (2021 - six months) should there be any contingency that might lead to a significant reduction in BPNA operational activities, this equates to £180,000 (2021 - £180,000).

Distance learning development fund
The distance learning development fund is a designated fund set up by the trustees in order to preserve the anticipated level of funding incurred for distance learning course development in the foreseeable future. This funding is provided from transfers from the general fund.

Approaching Children's Tone (ACT) Course Development
The ACT course development fund is a restricted fund set up by the trustees to fund development a new 2-day course designed to teach paediatricians and allied health professionals to recognise abnormal tone in children, so that they will ensure timely referral to specialists and access to appropriate investigations and treatment. Funding has been provided through educational grants.

Acute Neurology
The Acute Neurology course development fund is a designated fund set up by the Trustees to fund development of a new 1-day course designed to teach paediatric emergency medicine staff, paediatricians and trainees to recognise acute neurological conditions and manage appropriately. This funding is provided from transfers from the general fund.

continued...

18. MOVEMENT IN FUNDS - continued

Fetal Neurology Course Development
The Fetal Neurology course development fund is a designated fund set up by the Trustees to fund development of a course designed to improve training for anyone involved in caring and counselling a family whose fetus has a neurological abnormality. This funding is provided from transfers from the general fund.

International League Against Epilepsy (ILAE) grant fund
This fund represents the residual grant funding received from the ILAE, less expenditure incurred, that has restrictions placed upon it for the performance of delivering and developing international PET courses as agreed in a memorandum of understanding between the two organisations. The performance of these objectives are expected to take place between the period of 2018 to 2021 for which the organisations shall share the budgeted expenditure incurred by BPNA.

Priority Setting Project
The BPNA has committed significant resources to undertaking a research priority setting project in paediatric neurology, facilitated by the James Lind Alliance. This project will run from 2019-20. Priority Setting Partnerships enable clinicians, patients and carers to work together to identify and prioritise evidence uncertainties that could be answered by research. The outcome of the project will be a top 10 list of jointly agreed research priorities, which are publicised widely, and other uncertainties are recorded and available for research and research funders to access.

Research Training Fellowship Fund
The Research Training Fellowship funds trainee clinicians to complete a research degree (eg PhD) in the field of clinical neurology and/or neuroscience, including neurodisability and neurodevelopment. Fellowship applicants are pre-doctoral trainee clinicians who either already hold a UK or Irish specialist training post in Paediatric Neurology or are planning to apply for a specialist training post in Paediatric Neurology or Neurodisability after completion of their PhD. Both the proposed application and fellowship applicant must meet the BPNA charitable aims.

Income to this fund is from members' donations and the income from sponsored symposia at the BPNA annual conference.

Since 2015, the BPNA has partnered with Action Medical Research to fund a joint Research Training Fellowship award. Applications for this joint award are considered in open competition through the Action Medical Research peer review system.

International Faculty Education Fund
To enable Low and middle income country (LMIC) BPNA course faculty to benefit from BPNA education by funding registration fees. The aim is to support faculty to pay for courses that they would otherwise be unable to afford. BPNA Education includes: face-to-face courses and conferences held in the UK, virtual courses or conferences and enrolment on distance learning units. It does not fund travel or accommodation.

Kenya Travel Fellowship Fund
In 2019, the BPNA and Kenyan Paediatric Association established a fellowship for UK paediatric neurologists to go to work in Kenya for a short period. The KPA will pay the UK clinician's salary. This fund is to cover the cost of their return travel expenses.

Fellow travel bursary fund
Bursary fund for UK trainees and fellows

PET1 Update Course development
PET1 was last updated in January 2018. This money will fund the bringing together of an international development team to update PET1 course materials to reflect feedback, updates in research and guidance.

continued...

PET Hot Topics Course development
To fund development of a new course designed for those who attended PET2 and 3 more than 3-years ago.

Impact & Evaluation Officer
The BPNA has been running courses since 2005. This money is to fund an Impact and Evaluation Officer to report on the full impact of BPNA courses.

18. MOVEMENT IN FUNDS - continued

Transfers between funds

The transfers between designated funds and the general fund have been undertaken in order to ensure a suitable level of reserves has been designated as at the reporting date for the purposes of the funds listed.

There have been no transfers between restricted funds and unrestricted funds in the current or prior year.

19. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31 March 2022 or the year ended 31 March 2021, except for the transactions with the trustees and remuneration paid to key management personnel as disclosed earlier in these notes.

20. ULTIMATE CONTROLLING PARTY

The trustees consider there not to be one ultimate controlling party of the British Paediatric Neurology Association in the current or prior year.

continued...

BRITISH PAEDIATRIC NEUROLOGY ASSOCIATION

England & Wales - Charity number 1159115

Accounts

REGISTERED CHARITY NUMBER: 1159115

Report of the Trustees and

Unaudited Financial Statements for the Year Ended 31 March 2021

for

British Paediatric Neurology Association

British Paediatric Neurology Association

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for the Year Ended 31 March 2021

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The trustees present their report with the financial statements of the charity for the year ended 31 March 2021. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

President's Report
It is a great pleasure to introduce the BPNA Annual Report.

The BPNA has had a strong year, despite having to reconfigure activities due to the pandemic.

We have carefully and continually supported families / children affected by neurological disorders through the support we supply to our members.

We have provided extensive training as evidenced in a number of areas - in particular with national leadership for our specialist interest groups in epilepsy, headache, movement, inflammation and brain injury amongst others. We have developed key guidance in response to questions posed by families. These have involved both multi-disciplinary assessments and production, as well as engagement with stakeholders.

Recruitment to all paediatric specialities has reduced with a shortfall at all stages of training. For the BPNA this has very significantly reduced the number of doctors entering higher specialist training with the likely impact of inadequate numbers gaining accreditation in Paediatric Neurology, shortfall in applicants for Consultant posts, consequent impact on clinical services due to inadequate manpower at some regional centres.

The BPNA were extremely concerned about this issue and have addressed recruitment as one of our main priorities. We initiated a recruitment team with regular meetings, targets and pathways to improve this, resulting in a significant increase in applicants to higher specialist training. We have also worked closely with the Royal College of Paediatrics and Child Health using their interest and ability to improve access to neurology training at all stages. It is likely that we can improve recruitment into consultant posts, but not immediately.

This has led to very significant challenges in service delivery and required rapid reconfiguration. The BPNA, through the professional support arm, have been closely involved with these centres and will continue to support both the individual Members as they deliver their service in a safe and sustainable pattern, but also their employing Trusts.

Professional support will continue to be a very important issue for the BPNA. An invited review process has been established to fulfil the requirements of the Academy of Medical Royal Colleges 'A framework of operating principles for managing invited reviews within healthcare' (2016).

During 2020-2021 all courses were remote. At present, feedback is strong and therefore longer-term strategy to consider the possibility of face to face, purely remote and hybrid courses has been discussed. At present, there is enthusiasm for all three models and as the UK leaves the pandemic, our consideration will be given for how our courses are delivered.

This has particular resonance for our international portfolio which have continued to grow in support of individual countries, but also our collaboration with non-governmental organisations - in particular the International League Against Epilepsy.

The BPNA and our Members continue to have notable research interests. Highlights include our joint Fellowships with Action Medical Research.

The BPNA continues to hear the voice of patients and families, but doing so for the very large number of different disorders our Members care for, as well as the wider geographical, cultural and ethnic variations is always going to require careful consideration and investment of time. A key element of the longer term strategy identified during 2021 is to engage the expert multidisciplinary teams in special interest groups to link with families in an equitable way, identifying priorities for research, guidance and management. We look forward to continuing close collaboration with a large number of different charitable organisations who represent families.

2020-2021 was a successful year for the British Paediatric Neurology Association, reflecting an immense amount of hard work by our Members across the UK. They have been ably supported by a strong, enthusiastic and professional secretariat. Special interest groups, council and executive leads have given a large amount of their time, unpaid and with little in the way of formal thanks. Their work has enormously benefitted children affected by neurological disorders and deserves proper recognition.

Yours sincerely,

Dr Alasdair Parker
BPNA President (2021-2024)

OBJECTIVES AND ACTIVITIES

Objectives and aims

The British Paediatric Neurology Association (BPNA) is a charitable incorporated organisation registered with the Charity Commission for England and Wales on 6 November 2014 with the charity number 1159115.

The objectives are to promote the health and well-being of children with neurological disorders through:

- The training and education of professionals working in the field of paediatric neurosciences;
- The promotion of research into the causes, effects and treatments of neurological disorders affecting children and young people;
- The improvement of knowledge of professionals, the public and patients and their families through scientific and educational meetings; and
- The provision of professional support to members to facilitate the delivery of the above objectives and work with health service planners and providers to achieve this aim.

OBJECTIVES AND ACTIVITIES

Main activities undertaken in relation to the purpose

Please see full details of each activity provided in 'Achievement and performance'.

1. Training the next generation of paediatric neurologists in the UK.

2. Educating professionals in the diagnosis and management of:
    - Epilepsy, through provision of Paediatric Epilepsy Training (PET) and Expert to Expert: Epilepsy courses;
    - Movement disorders, through provision of Expert to Expert: Movement Disorders;
    - Headaches, through provision of Children's Headache Training (CHaT) courses;
    - Neonatal neurology (NeoNATE) courses; and
    - Abnormal muscle tone, through provision of the Approaching Children's Tone (ACT) courses
    - Children with any type of neurological condition through its comprehensive online distance learning course.

3. Improvement of knowledge of professionals, the public and patients through the annual scientific meeting held in January.

4. Promotion of research through:
    - British Paediatric Neurology Surveillance Unit (BPNSU); and
    - Paediatric neurology research fellowship.

5. Provision of professional support through:
    - Mentoring;
    - Team support;
    - Special interest groups

Public benefit

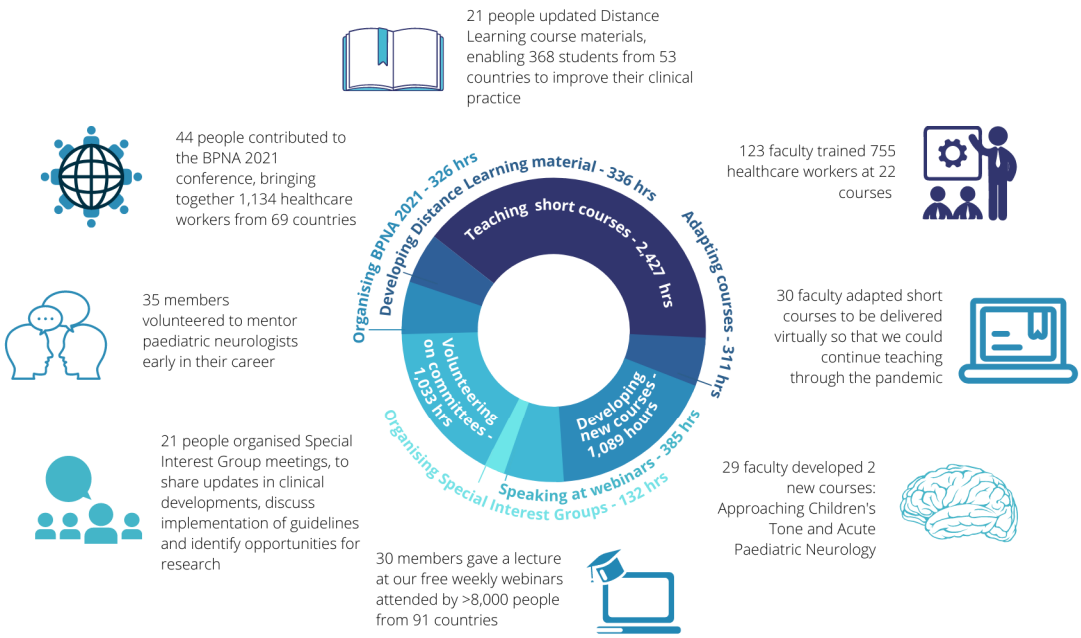
The trustees have had regard to the Charity Commission's guidance on public benefit in considering activities during 2020-21. They sought to meet the public benefit of promoting the health and wellbeing of children with neurological disorders in the UK and globally through the initiatives and projects listed in the section 'Main activities undertaken in relation to the purpose'.

Grantmaking

During 2020-21 there was no fellow appointed to the joint Action Medical Research BPNA research training fellowship and therefore no grant paid (2019-20 £0; 2018-19 £36,000). It is hoped a fellow will be appointed to start in 2021-22.

ACHIEVEMENT AND PERFORMANCE
Charitable activities

During 2020-21, 256 BPNA members and friends gave more than 6,000 hours of their spare time to help BPNA to meet its charitable aims. Below are some of the ways they did so.



1. Training

1.1 - Paediatric Neurology Sub-specialty Training

The BPNA continues to have responsibility for training paediatric neurologists in the UK with BPNA members serving on the Royal College of Paediatrics and Child Health (RCPCH) College Specialist Advisory Committee (CSAC) for neurology. The committee is Chaired by the BPNA President.

The GMC and RCPCH Shape of Training (SoT) plans on paediatric neurology training are currently in discussion. At present it has been agreed that neurology GRID trainees will still have 3.5 years to meet learning objectives even if there is a change in training duration in the future.

1.2 - New curriculum

Trainees and their educational supervisors are becoming more familiar with the level 3 neurology 'Progress' syllabus, which was launched in August 2018. The BPNA Training Guide to Neurology, published on the RCPCH website, continues to provide more specific and structured information on how to achieve the learning objectives and capabilities for level 3 neurology (grid) training. The CSAC has developed an Annual Progression Form which incorporates the curriculum and trainees have provided positive feedback regarding this.

1.3 - Appointment of new Grid trainees

For the 2021 paediatric neurology grid training programme, there were 11 grid training schemes available, but only 4 candidates were deemed suitable for appointment at the November 2020 interviews. Twelve applications were received for the available 11 places. Four places were filled to commence 2021, of which one is an academic post. A further trainee, already successful in their appointment as an academic clinical fellow, met the criteria for grid appointment. One trainee rejected the offer and chose to pursue neurodisability training instead.

There has also been a change in number of attempts at GRID applications. Unlimited attempts are now being allowed, provided the trainee has had equivalent training up to the stage of entry and has at least 12 months left of training at the point of commencing their GRID post.

In 2020, the BPNA established a Recruitment Working Group to develop strategies to encourage junior doctors to consider a career in paediatric neurology. Various initiatives are being implemented to aid prospective trainees in making successful applications.

1.4 - Assessment and Support for Existing Trainees

There are currently 31 grid trainees in the UK, out of which 7 are out of programme doing research. All clinical trainees received virtual CSAC progression interviews in the last year at the annual BPNA meeting in January 2021 and Trainees meeting in May 2021. Most were deemed to be making good progress towards achieving their competencies despite COVID-19 challenges, with only 1 trainee deferring their CCT date as a result of this. There are challenges for some trainees to access outpatient activities in specific centres and we have been supporting the local teams to address this.

1.5 - Special Interest (SPIN) module in Epilepsy

There are currently 45 SPIN trainees. The Neurology CSAC is working with the RCPCH to overhaul and improve the current system for the epilepsy SPIN to ensure trainees have sufficient support and supervision to achieve their learning objectives. Previously, many who registered for SPIN did not complete their training and competencies to be able to be singed off. The expectation will be that trainees will complete their SPIN module within 2-years and that they will have a more structured supervision with oversight from the CSAC and more formal documentation of their progress on the e-portfolio. The Neurology CSAC is working with RCPCH regarding appropriate accredited courses as part of the SPIN training module.

1.6 - Assessment of "Non Grid" Training

Doctors who haven't completed the UK paediatric neurology GRID training programme, but who can show they have knowledge, skills and experience equivalent to the approved curriculum, can request entry on the GMC specialty register via the Certificate of Eligibility for Specialist Registration (CESR) route, if part of their training was done overseas. The neurology CSAC has a role in evaluating CESR applications. If the GMC approve the initial application, then the CSAC will review the neurology component of their training and determine whether it is equivalent to that of a UK GRID trainee. Typically, only training in the 5-years prior to the CESR application can be considered. and, if successful, the applicant will be entered on to the GMC specialist register.

If a trainee cannot apply for CESR accreditation, they can apply to the CSAC to determine whether their training has been 'equivalent' to that of a UK GRID trainee. Given the difficulty in adequately assessing training via the generic NHS shortlisting programme and /or during a brief interview, this is a more robust method of supporting the RCPCH representative on Advisory Appointments Committees (AAC) in ensuring that candidates applying for a consultant paediatric neurology post are suitably trained to fulfil the role. Of note, a 'CSAC approval of training' in those NOT in an established UK GRID training post or applying for CESR does not allow entry on the specialist register.

In 2020-21, the CSAC received 8 requests to assess a doctor's neurology training. Of these 3 have been approved and the remainder are in progress.

1.7 - Approval of New Posts
Job plans for all new consultant paediatric neurologist posts submitted by hospitals to the RCPCH for approval are reviewed by the neurology CSAC. The Generic Guide to Consultant Paediatric Neurologist Job Planning, published by the BPNA in 2018, has been invaluable in supporting centres in ensuring their jobs are sustainable and will allow new consultants to meet the needs of children and young people with neurological disorders. Final approval for consultant paediatric neurology jobs is given by the RCPCH Training Services team.

2. Education

346 BPNA members directly contributed to the development and delivery of courses during 2019-20. This is 70% of UK ordinary members and 43% of overseas members. This demonstrates the strong motivation and engagement of members, and the trustees wholeheartedly appreciate this commitment to teaching and training.

The BPNA's face-to-face courses were cancelled from March 2021 due to coronavirus restrictions. However, we acted swiftly to adapt course materials and train faculty to teach virtually, with the first PET1 virtual being delivered in early June 2020.

2.1 - Paediatric Epilepsy Training (PET)
PET teaches safe standard epilepsy practice to clinicians, using consensus-based, peer-reviewed, standardised materials linked to internationally recognised clinical guidelines. Introduced to improve standards of care of children with epilepsy, we aim to deliver courses throughout the UK every year:

During the coronavirus pandemic PET1 and PET2 courses have been adapted for virtual delivery (PET3 will follow, with its first virtual course in May 2021). However, the pandemic has resulted in a reduced number of PET courses being held in 2020-21:
- PET1 (1-day) 6 courses (2019-20=10)
- PET2 (2-days) 1 course (2019-20=6)
- PET3 (2-days) 0 courses (2019-20=6)

Since 2005 to 31 March 2021, 10,715 UK clinicians have attended a PET course (2020-21=300; 2019-20=689 ; 2018-19=822), contributing to improving the standards of diagnosis and management of children with epilepsy in the UK. Feedback from virtual courses has been excellent.

The PET123 course materials were updated by a team of international clinicians in 2018. The updated materials were used in the UK from 2019. A consultant paediatrician with a special interest in epilepsy is employed for 4-hours per week to manage course development.

2.2 - Children's Headache Training (CHaT)
This one-day course is delivered by paediatric neurologists and paediatricians with an expertise in the management of headache. The purpose of CHaT is to improve knowledge and skills amongst health professionals who care for children and young people with headache.

During the coronavirus pandemic CHaT was adapted for virtual delivery. In 2020-21, three virtual CHaT courses were held (compared to the average 4 courses per year), each with more attendees than would usually attend a face-to-face course. Feedback has been excellent, with many attendees preferring virtual. During 2020-21 CHaT welcomed international attendees from Botswana, Canada, Iraq, Netherlands, Qatar, Saudi Arabia, South Africa and Spain.

CHaT course materials were updated by a UK team in 2018.

Since 2012, 1,162 clinicians have attended CHaT (2020-21=117; 2019-20=137; 2018-19=139).

2.3 - Neonatal Neurology Assessment and Treatment Education (NeoNATE)
Infants born at term or prematurely are susceptible to neurological conditions whose long-term outcomes can be much improved by effective early recognition and intervention. This practical 2-day course was introduced in 2014 to provide training for paediatricians and neonatologists caring for newborn infants in district general hospitals. It is delivered by paediatric neurologists and neonatologists, and this unique course gives a complementary perspective on a wide range of neurological conditions.

During the pandemic, the NeoNATE course has not been adapted for virtual delivery and therefore no courses have taken place since November 2019.

NeoNATE course materials were updated by a UK team in 2018.

Since 2014, 556 clinicians have attended NeoNATE (2020-21=0; 2019-20=94; 2018-19=142).

2.4 - Expert to Expert
International keynote speakers and UK faculty deliver an annual 2-day course, providing continuing professional development for Consultant Paediatric Neurologists from the UK and globally. On alternate years, the course focuses on Epilepsy or Movement Disorders.

Expert to Expert: Movement Disorders took place virtually on 4-5 March 2021 with 48 attendees. International delegates attended from Australia, India, Iraq, Malta, New Zealand, Poland, Portugal, South Africa and Sweden.

Expert to Expert: Epilepsy was planned autumn 2021 however, due to coronavirus restrictions, has now been postponed to autumn 2022.

2.5 - Approaching Children's Tone (ACT)
Children with abnormal muscle tone deserve prompt recognition and timely access to appropriate investigation and treatment, particularly with the availability of new therapies for neuromuscular conditions and cerebral palsy. In view of this, the BPNA has developed a new short-course on tone management in children called 'Approaching Children's Tone' (ACT). Development has been funded through educational grants received from: Avexis, Biogen, PTC Therapeutics, Roche, Sarepta.

The first ACT course took place virtually on 23-24 March 2021 with 36 attendees. Feedback was excellent and further courses will take place in 2021-22.

2.6 Acute Paediatric Neurology
It is estimated that about a third of all paediatric emergencies are neurological. We are aware of the volume of children attending emergency departments with neurological presentations, and of the anxiety this can create for the receiving paediatricians and trainees, who often feel inadequately trained in acute paediatric neurology.

In view of this, during 2020-21 the BPNA in collaboration with the Association of Paediatric Emergency Medicine have been developing a new 1-day course called Acute Paediatric Neurology. The first course will take place virtually in November 2021.

2.7 Distance Learning in Paediatric Neurology

Distance Learning (DL) provides systematic and comprehensive learning, delivered online for trainee paediatric neurologists, paediatricians and established specialists. The course covers the whole of paediatric neurology and participants may enrol for one or more units. DL fees are differentiated by country according to the World Bank economic classification to widen access to doctors worldwide, in line with BPNA charitable aims.

Distance Learning complements BPNA short-courses, providing depth and extending the knowledge gained at a one and two day course. Working with respective short-course development teams, explicit links are being provided in DL units to reinforce the learning provided in the related short-courses. Thus we encourage PET course attendees to study Unit 6 (Epilepsy), NeoNATE attendees to study Unit 2 (Neonatal Neurology), CHaT attendees to study Unit 12 (Headache) and attendees at the new ACT (Tone course) to study Units 4 and 5 (Neuromuscular and Central Motor Disorders).

A Consultant Paediatric Neurologist is employed for 4-hours per week to direct and oversee the constant revision and rewriting process. The Distance Learning Steering Group was reconvened in 2020 with one or two BPNA expert members overseeing each unit. During 2020-21, the following have been updated and uploaded to moodle: Unit 0, Unit 2, Unit 3, Unit 6. Units are increasingly making use of recorded lectures. At 1 April 2020, £8,116 remained in the allocated BPNA reserves to fund updating DL course materials. This has been spent in 2020-21 and a new fund of £75,000 has been allocated for 2021-2024.

During 2020-21, significant resources have been utilised to enable easy enrolment onto the course, more efficient collection of feedback and access to certificates of completion, which has been appreciated by students. We have also grouped individual units together to form four 'bundles', each aimed at specific job roles, to provide a cost effective way to enrol onto multiple units. Those wishing to complete whole course enrol on all four bundles.

In the period there have been 1,269 enrolments on distance learning units, by 368 people from 53 countries. The highest proportion of these enrolments are from the UK, 44% (556 of 1,269). Additionally, a total of 348 bundles were bought in 2020-21, of which 204 were from high income countries and 144 from low and middle income countries.

We are indebted to the Consultant Paediatric Neurologist volunteer tutors globally, who give their time to tutor trainees through the course, together with all those Consultants of varying subspecialties who have so generously contributed by speaking at study days.

Due to redirection of resources to respond to issues arising, we are not currently pursuing making the whole course an MSc accredited through a UK university.

2.8 - Webinar Lecture Series

Covid-19 led to a change in grid trainee's working patterns that resulted in them having restricted access to appropriate teaching. In response, the BPNA President launched a free weekly Webinar Lecture Series.

The first lecture was given on 14 May 2020 and lectures have been delivered weekly since, with a couple of short breaks for holidays. This would not have been possible without the generocity of BPNA members giving their time. We are grateful to them all for preparing and delivering such excellent lectures on wide range of topics and for remaining until all the questions have been answered. Recordings of lectures are available in the BPNA members' area and are also provided on the distance learning platform for enrolled students to access.

During 2020-21, the webinar lecture series has been attended by both trainees and consultants worldwide. 8,059 doctors and allied health professionals from 91 countries have attended 35 BPNA weekly webinar lectures.

BPNA webinar lecture series was launched as a free weekly virtual learning resource for child health professionals, in particular those working in paediatric neurosciences worldwide.

2.9 - International Short-Courses

2020-21 posed huge challenges for the international short courses programme due to coronavirus restrictions. PET is typically rolled out in new countries through a 3-day launch programme, which takes place face-to-face. Restrictions on international travel prevented us from undertaking any of our planned launches. The pandemic also resulted in challenges for those countries where PET has already been established; travel restrictions, social distancing measures and the additional pressure on healthcare workers meant that many were unable to run courses during the year. We were pleased, however, to work with a number of countries to deliver PET courses virtually, enabling healthcare workers around the world to continue to attend courses during the pandemic.

This was the third year of BPNA's four-year partnership (2018-19 - 2021-22) with the International League Against Epilepsy (ILAE), which was formed to facilitate the roll-out of PET worldwide. The initial memorandum of understanding has a value of £161,156, which has been vital to supporting the international programme throughout the pandemic.Trustees are cognisant of the need to ensure international launch and delivery of courses is sustainable and that all courses meet our defined quality standards.

The total number of attendees outside the UK and Republic of Ireland is 4,610 (PET1=3,610; PET2=369; PET3=197; iPET=274; Trained as faculty=160).

2.9.1 - Middle East & North Africa (MENA)

A trained committed faculty from Qatar, United Arab Emirates, Sudan and Egypt work together to deliver PET with support from the UK.

Middle East: The total number of attendees in the UAE and Qatar since 2012: PET1=156; PET2=119; PET3=71; PET EEG=32.
North Africa:
Egypt: During 2020-21 a group of 10 attendees from Egypt joined a virtual course being run in the UK.
Sudan: The total number of attendees in Sudan since 2014: PET1=289; PET2=109.

2.9.2 - Sub Saharan Africa

South Africa in partnership with the Paediatric Neurology Development Association of Southern Africa. No courses were delivered during 2020-21. Since 2015-16, the total number of PET1 attendees is 324 (2020-21=0; 2019-20=42; 2018-19=119).

Ghana in partnership with the Paediatric Society of Ghana. During 2020-21, one virtual PET1 course was delivered to 40 attendees. Since 2018, the total number of PET1 attendees is 220 (2020-21=40; 2019-20=47; 2018-19=133).

Kenya in partnership with the Kenya Paediatric Association. During 2020-21, two virtual PET1 courses were delivered to 50 attendees. Two attendees also joined a virtual PET2 course being run in the UK. Since 2017, the total number of PET attendees is 253 (2020-21=52; 2019-20=30; 2018-19=120).

Tanzania in partnership with the Paediatric Association of Tanzania. During 2020-21, one PET1 course was delivered to 33 attendees. Since 2018, the total number of PET1 attendees is 143 (2020-21=33; 2019-20=0; 2018-19=110)

Uganda in partnership with the Uganda Paediatric Association. No courses were delivered during 2020-21. Since 2018, the total number of PET1 attendees is 127 (2020-21=0; 2019-20=35; 2018-19=92).

2.9.3 - Asia
India in partnership with Raindrops Children's Foundation. PET1 was launched in northern India in 2014 and southern India in 2016. No courses were held in 2020-21. Total PET1 attendees in India since 2014: 1,499 (2020-21=0; 2019-20=47; 2018-19=24 attendees).

Myanmar: PET1 was launched in Myanmar in 2014. Since then, 313 people have attended PET1 (2021=1; 2019-20=0; 2018-19=72).

Singapore in partnership with KK Women's and Children's Hospital. PET1 and PET2 were due to be launched in Singapore in February 2020. This was postponed due to coronavirus restrictions.

However, during 2020-21 we ran a virtual PET1 course for healthcare workers from across the South east Asia region. There was a total of 33 attendees, including: Indonesia (7), Singapore (7), Cambodia (6), Malaysia (5), Hong Kong (4), India (2), Egypt (1), the Maldives (1).

2.9.4. Central & South America
Brazil in partnership with Liga Brasileira de Epilepsia. Throughout 2016, a team of 3 paediatric neurologists in São Paulo translated PET1 into Portuguese. In 2017, a UK faculty travelled to Brazil to undertake the back-translation and develop a project plan to roll-out PET1 throughout Brazil. PET1 launched in São Paulo in June 2018. During 2020-21, one virtual PET1 course was delivered to 17 attendees. Since 2018-19, PET1 has been delivered to 139 attendees (2020-21=17; 2019-20=41; 2018-19=81).

Central & South America: During 2018-19, PET1 was translated into Spanish for roll-out in Central and South America. A launch for Colombia, Chile and El Salvador planned for May 2020 was postponed due to coronavirus restrictions.

2.9.5 - Australasia
New Zealand in partnership with the New Zealand League Against Epilepsy and the Starship Foundation. PET1 and PET2 were launched in Auckland, New Zealand in May 2017. During 2020-21, one PET1 course and 1 PET3 course were held, both face-to-face courses.

PET1 attendance since 2017: 280 (2020-21=27; 2019-20=45; 2018-19=109).
PET2 attendance since 2017: 139 (2020-21=0; 2019-20=38; 2018-19=40).
PET3 attendance since 2018: 126 (2020-21=32; 2019-20=33; 2018-19=61).

Australia in partnership with the Australia and New Zealand Child Neurology Society (ANZCNS), PET1 and PET2 were due to launch in July 2020. This was postponed due to coronavirus.

3. Annual Scientific Conference

Oversight of the scientific content of the annual meeting, including abstract scoring and awarding of the MacKeith Prize, rests with the Research Committee.

The 47th annual scientific meeting was hosted by Oxford and held virtually in January 2020. There were 1,134 delegates from 68 countries. Technology facilitated record delegate numbers (2020 Belfast=427; 2019 Liverpool=391) and geographic access. Opportunities to learn were provided by: 18 oral presentations and 236 posters (selected from 272 abstracts submitted); 14 keynote lectures; 4 clinical practice sessions; and 6 sponsored symposiums.

Prizes were awarded to:

Professor Francesco Saverio Tedesco (University College London, Great Ormond Street Hospital for Children and The Francis Crick Institute, London)	The Ronnie MacKeith Prize. Awarded to the person who has made the most significant contribution to paediatric neurology as judged by published work and who is <40 years old or within 5-years of obtaining CCT.
Dr Joseph Symonds (Glasgow)	Best oral presentation by a trainee.
Dr Kenneith Yong (Edinburgh)	Best poster presentation by a trainee.
Dr Sannia Jayawant (Edinburgh)	Best poster audio narrative by a trainee.
Dr Mary Chesshyre (Great Ormond Street Hospital, London)	BPNA "BAFTA" Award for Fabulous Trainee Action. Awarded to the trainee who has best contributed to service improvement which significantly impacted on their local and/or national practice or any other innovative contribution.
Mr Tony Feng (University of Glasgow)	Best medical student presentation.

4. Patient and Public Involvement

We were delighted that 18 paediatric neurology related charities attended the conference and took up the opportunity to have a virtual exhibition stand to engage with BPNA members and the other attendees.

During the conference, the BPNA hosted the second Paediatric Neurology Charities Meeting, with 20 charities in attending. The purpose of this one-day meeting was to provide the opportunity for paediatric neurology related charities to share information about their work, learn from each other and identify opportunities to work together to improve the lives of children with neurological disorders. A number of helpful links were forged between charities and BPNA special interest groups. BPNA look forward to hosting the meeting again at the 2022 conference.

In September 2020, BPNA hosted its second meeting of 8 epilepsy charities and paediatric neurologists to discuss the cannabis based medicinal products guidance and progress of the clinical trial grant application. At the previous meeting, this group had provided very helpful input into the trial design. Since then, the clinical trial grant application has been submitted to the National Institute for Health Research (NIHR) by BPNA members.

The BPNA indirectly facilitates the dissemination of information to children and young people with neurological conditions, their families and their carers, through its members, regionally and locally.

5. Research

The BPNA research committee has a remit for oversight of the annual scientific meeting as outlined above, as well as for the speciality paediatric neurology session at the annual Royal College of Paediatrics and Child Health meeting. The research committee also oversees the development of research within the organisation to the benefit of children with neurological disease.

The BPNA Research Committee is chaired by Professor Manju Kurian. Members have a wide range of clinical and scientific expertise, and come from a broad range of UK and Irish Paediatric Neurology Centres. The research committee has been working to develop the agreed research strategy of the BPNA, focused on building research capacity within paediatric neurology and promoting research training within the paediatric neurology trainee community.

5.1 - British Paediatric Neurology Surveillance Unit (BPNSU)

In 2006, the BPNA set up the BPNSU to target surveillance of rare neurological conditions in a cost-effective and efficient manner with the sample population being UK consultant members of the BPNA. Since 2006, 27 studies have been conducted using BPNSU.

During 2020-21, one project was added onto the BPNSU system (2019-20=1; 2018-19=1; 2017-18=3). At 31 March 2021 four projects were active on BPNSU system.

BPNSU fees were increased in 2020-21 to £1,200 for up to 2-years, which is still significantly less than other surveillance studies. Additional years are charged £600 per annum.

The BPNSU website has been redeveloped to provide increased efficiencies and consistency of information.

In 2020-21, an audit of all past studies was carried out. Since 2014, there have been 15 conference abstracts and 10 peer-reviewed publications resulting from BPNSU studies. Journal publications have been in Developmental Medicine and Child Neurology, Neurology, and Lancet Child and Adolescent Health. One PhD was awarded and one project reported 4 invited international talks in which BPNSU data were part of the presentation. There were four successful grant applications arising from BPNSU studies, with a total grant income of £1,237,949: 1 MRC Developmental Pathway Funding Scheme award, 1 NIHR/GOSH Clinical Fellowship, 1 KESS2 (Knowledge Economy Skills Scheme) Studentship, and a donation from the Alternating Hemiplegia of Childhood UK Charity. Public engagement varied from parental groups informing study design, results informing genetic counselling for families, to results being presented or planned to be presented.

The BPNSU email list is continually reviewed and updated to optimise returns.

5.2 - Paediatric Neurology Fellowship

A partnership was established in 2015 with Action Medical Research (AMR) to jointly fund a 3-year AMR-BPNA Research Training Fellowship. Voluntary donations of members and income generated from sponsored symposia at the annual conference fund this fellowship.

The second fellowship has been awarded to Dr Michael Eyre. His 3-year fellowship was due to commence in September 2020, however the start date has been deferred to March 2021 due to Covid-19. In his project, 'Developing magnetic resonance measures of neurobiological dysfunction in early recovery from NMDAR-antibody encephalitis', Michael will investigate if advanced MRI techniques can help predict recovery from NMDAR-antibody encephalitis in children and young people, paving the way for new treatment approaches for the condition in future.

The third fellowship will be advertised in 2021 for commencement in 2022.

Previous AMR BPNA Research Training Fellows:
2016-19 Dr Apostolos Papendreou Beta-propeller protein-associated neurodegeneration

5.3 - Priority Setting Project

The BPNA has committed £50,000 to undertaking a research priority setting project (PSP) in paediatric neurology, facilitated by the James Lind Alliance. This partnership aims to shape future research on paediatric neurological conditions by bringing together patients, their parents and carers and health care professionals to identify and prioritise unanswered research questions around treatments, therapies or procedures. The outcome of the project will be a list of the top 10 jointly agreed research priorities. These priorities will then be promoted to research funding organisations to influence future research.

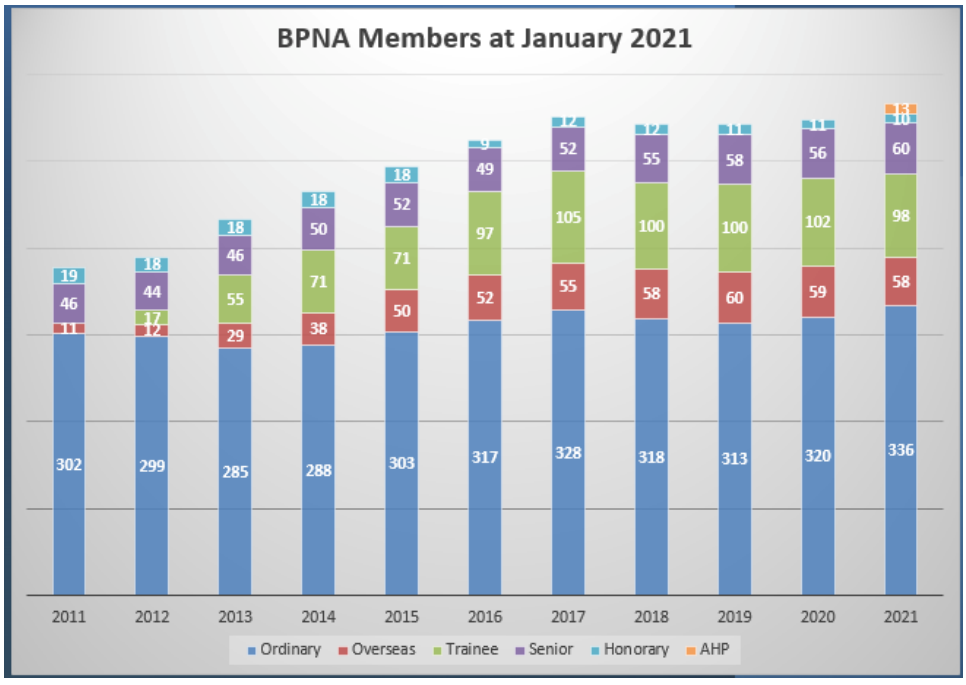
The PSP commenced October 2019, aiming to complete September 2020, however due to Covid-19, the project has been extended to March 2022. During 2020-21, the survey was promoted to clinicians, patients and carers to complete online. It asked them to identify their top 3 research priorities in paediatric neurology. In 2021-22 the responses will be analysed and filtered for a final survey to be sent out again and re-analysed. This will be followed by prioritisation workshops being held with various stakeholder groups before the finalised top 10 research questions are published.

6. Professional Support

Coronavirus resulted in a significant increase in demand for Professional Support: Covid-19 related clinical guidance; personal support; and meeting the needs of trainees, whose access to training were limited as an unintended consequence of the NHS response to Covid-19. To meet these needs BPNA has developed Covid-19 paediatric neurology guidance, increaed mentoring capacity, provided additional resources to Special Interest Groups and additional training resources to Trainees.

6.1 - BPNA membership

Membership numbers have increased steadily during 2020-21, supported by our dedicated Membership Engagement Manager, Philip Levine. A new category of membership 'Allied Health Professional' was introduced. This category has minimal subscription fees to encourage engagement and no voting rights. We have welcomed 13 specialist nurses, physiotherapists, speech & language therapists, dieticians and physician associates. The Webinar Lecture Series has also encouraged new members.



6.2 - Mentoring and Team Support

In 2015-16 Trustees identified a need for members to have access to mentoring services, and it was agreed that the BPNA should contribute to fulfilling this need. The mentoring programme began in 2016.

During 2020-21 the mentoring programme was expanded to paediatric neurology and neurodisability GRID trainees within 12 months of CCT to provide additional support through the pandemic. At 31 March 2021, there are 35 BPNA members volunteering as mentors (2020=26) with 33 mentees (2020=16).

In November 2020 BPNA commissioned the Royal College of Physicians to deliver a training day for mentors. The training taught different models of mentorship and was very well received.

6.3 - Special Interest Groups (SIG)

Both the number of special interest group meetings and the number of attendees attending meetings has increased in this year. During the pandemic meetings and study days were moved online, which enabled easy attendance.

6.3.1 - British Paediatric Epilepsy Group

The interest of this group is in the clinical area of childhood epilepsy, and members have particular expertise in this aspect of paediatric neurology. The group meets 3 times a year with a focus on the development and implementation of guidelines for epilepsy in children, to share updates in audit and research and to discuss anonymised complex and educational cases.

BPEG contributed to the BPNA Cannabis Based Medicinal Products guidance, and represented the BPNA at the valproate stakeholder's network meeting both of which are important issues for children with epilepsy and their families.

A presentation regarding the work of the group was made at the BPNA 2021 Paediatric Neurology Charities' meeting, which provided the opportunity for charities representing childhood epilepsy to discuss how we may work together for the further benefit of patients.

6.3.2 - Cerebrovascular Special Interest Group

This group's interest is in the clinical area of neurovascular disorders, such as paediatric stroke and other vascular disorders affecting the central nervous system. The group members meet 3 times a year and has been meeting virtually during the pandemic.

The cerebrovascular SIG has been supporting paediatric neurologists and paediatricians across the country with the implementation of the RCPCH Childhood Stroke Guidelines. As a priority, the group members have been working towards the development of a National Childhood Arterial Ischaemic Stroke Database. As part of this process, members have been engaging with stakeholders and charities to provide a funding stream for this project. The cerebrovascular SIG presented this idea to multiple charities at the BPNA 2020 and 2021 Paediatric Neurology Charities Meetings. The SIG anticipates that this database will provide valuable information about childhood stroke in the UK and how services could be enhanced in future.

During 2020-21 members of the SIG have updated the BPNA Distance Learning cerebrovascular unit.

Plans are also in place for an International Paediatric Neurovascular Study Day in April 2021.

6.3.3 - Children's Headache Network (CHaN)

This group's interest is in the clinical area of primary and secondary headache disorders in children and young people. The group aims to bring together professionals who are members of the BPNA to come together to advance the clinical management, education and research in primary and secondary childhood headache disorders. The group usually meet twice per year.

CHaN has adapted to the social distancing requirements of the Covid-19 pandemic and held virtual meetings facilitated by the BPNA secretariat. During 2020-21, three meetings were held plus an study day on Idiopathic Intracranial Hypertension (IIH) hosted by the Cambridge team in November 2020.

Meetings have allowed for updates on current projects notably the Delphi on the diagnosis of psedotumour cerebri syndrome (PTCS) and IIH and the management of IIH in children and young people, led by Dr Sam Amin. This will inform the evidence-based guideline development, led by Dr Deepa Krishnakumar, which now has nominal support from the RCPCH and the Royal College of Ophthalmology. We have also had guest lectures on various headache topics, clinical case discussions, and updates on the status of clinical trials, whether on-going or in set-up.

6.3.4 - Fetal & Neonatal Neurology Special Interest Group

The Fetal and Neonatal Specialist Interest Group aims to fulfil the BPNA's aims with a focus on the fetus and neonate. The group provides education on neonatal neurology via the BPNA NeoNATE course.

The fetal neonatal neurology SIG has spent the last year working with the British Association of Perinatal Medicine on a guideline relating to neonatal and fetal neuroimaging, and we are in discussion about supporting one BPNA member in a research project.

We hope to restart face-to-face NeoNATE courses in 2022, assuming Covid rules allow. The NeoNATE committee voted not to develop a virtual course because of logistical difficulties and the design of the course does not easily lend itself to virtual teaching.

We are planning two half-day training days later in 2021 for neonatal and fetal neurology, which will be advertised to the wider community.

We hope the begin to develop the Fetal neurology course after a hiatus caused be the COVID pandemic, which we aim for launch in 2023.

6.3.5. Inherited White Matter Disorders (Leukodystrophies) special interest group

We are all witness to Professor John Livingston's hard work, dedication over years to get IWMD service in the UK. NHSE has started the provider selection process for National IWMD Diagnostic and Management Service (all ages). There is a proposal for three paediatric IWMD centres and two adult IWMD centres in England. We are also thankful to all other colleagues who have worked endlessly to draft and re-draft the service specifications and attended numerous meetings with NHSE to make this possible.

The specification includes a national all age IWMD registry and database. Setting up the registry has also taken significant effort from the IWMD working group and SIG members. This registry will be going for a pilot phase in 2021-22.

In addition, there had been consultation from various PPV groups, and we hope that this helps us understand these rare IWMDs better and help us develop better care for our patients. Service specifications for paediatric lots (Lot 3, 4, 5) are live and online. The proposed deadline for starting the IWMD service is April 2022.

We hosted three National IWMD clinical meetings (adult and paediatrics) in October 2020, March 2021 and July 2021. The recording of the July meeting is available in the BPNA members' area. We had eminent speakers focusing on emerging therapies. Professor Van Der Knapp updated us regarding the "Guanabenz Trial is Vanishing White Matter Disease." The trial is open, and patients from the UK are eligible. Dr Amy Waldman from Children's Hospital Philadelphia updated us on the "IONIS trial for Alexander's disease." GOSH will be the trial site, but recruitment has not yet started. Professor Yanick Crow updated the forum regarding the various trials in AGS. Dr Nicole Wolff updated us regarding "Trials in MLD-enzyme replacement therapy and gene therapy in MLD". Gene therapy is currently not available in the UK. We are awaiting the outcome of the NICE consultation for the use of gene therapy in the UK. Many more trials, including gene therapy in Canavan's Disease, is evolving.

Colleagues from metabolic medicine (both adult and paediatric), adult neurology colleagues, genetics, and neuroradiologists are integral parts of the IWMD service. Our meetings are an learning opportunity for all of us, and we would encourage trainees to attend. The leukodystrophy charity ALEX TLC always provide an update in this National forum and has been a firm family voice. They will be a key stakeholder in this new service. We are looking forward to ongoing support.

We are aiming to develop a national consensus, guidelines for the investigation and treatment of Mitochondrial WMDs.

6.3.6 - British Paediatric Movement Disorder Special Interest Group

The British Paediatric Movement Disorder Group focuses upon children and young people with movement disorders in childhood. The group usually meets 3 times per year. An increased number of virtual meetings have been held during the pandemic.

The SIG aims to meet three times a year but met once this year (January).

6.3.7 - Muscle Interest Group

The muscle SIG works closely with the neuromuscular charities, in particular the Muscular Dystrophy UK (MDUK), Action Duchenne, Duchenne UK, SMA UK, DMD HUB. These partnerships have helped accelerate research - funding research fellow posts, access to clinical trials, improved staffing at peripheral sites for trial set up and supported meetings to improve standards of care and data collection and dissemination.

This year key involvements have been with SMA UK and MDUK in helping to implement the gene therapy programme in SMA, Zolgensma, following approval by NICE and NHSE on 8 March 2021. Focus was then directed to neuromuscular sites submitting a bid to be an infusion centre (4 to be appointed) and these were published in April 2021 as Bristol Royal Hospital for Children, Sheffield Children's Hospital, Evelina London Children's Hospital and Royal Manchester Children's Hospital.

From the Northstar group; Ataluren MAA -now extended to January 2023 (next data cut September 2021.)
HUB DMD; has continued close working with clinicians to enable trial readiness and liaison with the pharma companies to look at what is needed per site to continue trials. Many require MRI both muscle and cardiac and therefore work looking at which sites can offer this has been useful. Whilst some trials were paused in 2020, some continued with home dosing and virtual clinical assessments and remote monitoring.
Following on from the 'Gene therapy ready' study day; looking at all the institutions in the UK and what was needed to deliver gene therapy safely, this has resulted in Pfizer DMD gene therapy trials starting in the UK 2021 in Newcastle and GOSH.

As a SIG we have continued in 2020 and 2021 to meet regularly virtually; both paediatric and adult northstar meetings (DMD) and paediatric and adult SMA REACH meetings (SMA), especially developing the nusinersen delivery to adults and assessments, British Myology society, Translational research meeting UK (all virtual) and World muscle society meeting (virtual), the muscle interest group has met 4 times virtually for case discussions and topic led presentations over the 12 months.

The charities also sponsor, along with pharma companies, the muscle group's main annual meetings such as the British Myology society, Translational research meeting UK, Northstar and SMA REACH meetings within the UK. They work together with the clinicians on various patient initiatives; patient leaflets, e-learning modules, patient days, children's transition days and camps; and support the various neuromuscular teams in their individual areas; such as NM networks, local educational meetings and trial set ups.

6.3.8 - Trainees' Special Interest Group

The BPNA trainees' special interest group (SIG) is a group of all the BPNA trainee members and those interested in paediatric neurology training in the UK. This group meets twice a year, once at the BPNA conference, normally held in January, and once at a 2-day educational trainees' meeting normally held in May.

Due to the postponement of the May 2020 meeting due to Covid-19, a 1-day virtual study day on paediatric neuroinflammatory disorders was held in November 2020. This was well attended and we thank the speakers for their time. Recordings of selected sessions are available to watch in the BPNA trainees' SIG area of the website for those who could not attend. The May 2021 trainees' meeting will be held virtually on the topic of paediatric movement disorders.

During 2020-21, the group has also successfully worked with the BPNA Distance Learning leads and authors to run virtual study groups in 3 distance learning units. Participants worked through the units together, meeting weekly virtually. The groups are open to all trainees and the recent groups included Grid trainees, epilepsy SPIN trainees, trainees from overseas, and recently-qualified consultants completing units to achieve SPIN accreditation. Three groups ran in February to August 2021, working through the epilepsy, neuromuscular and cerebrovascular/trauma/coma units. Further virtual study groups are planned to start in September 2021.

The NHS response to the Covid-19 pandemic resulted in changes to working rotas for trainees. The unintended consequence of this was limiting access to teaching for trainees. In response, the Trainees' SIG set up the BPNA trainees' paediatric neurology teaching network. This project shares weekly free-to-join video-based paediatric neurology teaching from UK paediatric neurology centres. Sessions are primarily aimed at paediatric neurology trainees and are open to all BPNA members.

Through 2020-21 the trainees' SIG has also contributed to the work of the BPNA paediatric neurology recruitment working group aiming to improve recruitment to paediatric neurology Grid training. We have held Grid application and interview webinars to support candidates through the process. These are available in the careers area of the BPNA website.

The paediatric neurology Grid trainees' annual survey will take place in April 2021 and the anonymised results of which will be fed back to all centres over the summer. During 2020-21 we have completed a project evaluating the usefulness of out-of-hours training for paediatric neurology Grid trainees.

6.3.9 - UK-Childhood Inflammatory Demyelination

This group's interest is in the clinical area of acquired inflammatory white matter diseases (such as paediatric onset Multiple Sclerosis, MOG and AQP4 antibody driven disorders, the autoimmune mediated encephalitides) as well as other inflammatory brain conditions.

The UK-CNID has continued to meet regularly over the past 12-months to promote the health and wellbeing of children with neuro-inflammatory brain disorders. Owing to the pandemic, all 6 meetings over the past year have been held virtually and with full support from the BPNA secretariat. The meetings are held on the third Friday afternoon of every second month, from 13.00-17.00 and all follow a very similar structure. The first hour of the meeting is formally educational, with invited updates about new medications and treatments as well as updates on current research. The second part of the meeting consists of case discussions. Cases need to be submitted formally on an agreed template and MRI imaging transferred to the host centre for review. The clinical case is then presented by the submitting organisation, the imaging reviewed and the discussion documented. The completed documentation is then returned to the host unit for future reference. On average 40 to 60 attendees join the meeting, with 8 to 15 cases discussed.

This year, the membership reflected on the name of the special interest group, the format of the meeting, and the nature of cases for discussion, and voted on proposed changes. It was agreed to restrict case discussions to conditions of an inflammatory nature affecting mainly the central nervous system. Isolated inflammatory peripheral nerve and muscle disorders will not be included in the remit. We also agreed to change the name of the special interest group, from UK Childhood Inflammatory Disorders (UK-CID) to UK- Childhood Neuroinflammatory Disorders (UK-CNID). We also agreed that for the near future, all meetings will be held virtually, with the aim of moving to meeting once a year face to face.

The UK-CNID has also worked to update specific guidelines on demyelination and have worked with NHSE to revisit policy proposals that make access to various medications challenging (IVIG for relapsing MOG, Rituximab for MS and disease modifying treatments for Paediatric Onset MS in those who are pre-pubertal).

We have produced guidance for Covid related changes on the use of disease modifying treatments in the face of the pandemic, for Covid vaccination in MS patients on DMTs, for those who were advised to shield, and for advice on returning to school.

We have established collaborations with the National MS Society in USA and in UK the MS Trust and MS Society to enhance professional networks. We have worked to produce both written educational material and patient videos.

With the support from the BPNA, we have have hosted educational training days for healthcare professionals on Neuroinflammation every 6 months.

6.3.10 - UK Neurorehabilitation Special Interest Group

The paediatric neurorehabilitation SIG is a multidisciplinary group supported by representatives from England, Scotland, Wales and Norther Ireland. We aim to:

- Share good practice
- Develop an equitable paediatric neurorehabilitation service nationally
- Support research and improve the evidence base in paediatric neurorehabilitation for acquired CNS injury.
- Link with other groups (third sector) and parents / users affected by aquired brain injury

During 2020-21, several meetings have been held. The main agreed objectives have been to: streamline Units' data collection measurements to enable sharing a common dataset and to write a paediatric Neuro-Rehabilitation guideline in presence of COVID 19.

Nottingham (June 2020): This agenda was dictated by the paediatric neurorehabilitation impact of COVID 19. Around 50 SIG members attended a virtual meeting with representation from all units apart from Belfast . The meeting agreed to consider to write a consensus guideline on the subject which has now been ratified by BPNA.

Bristol (September 2020): 16/17 units presented unit profiles; strengths and areas for development.
We discussed assessment methods for disordered levels of consciousness in CYP with acquired CNS injuries from which discussions ensued regarding a proposal for a BPSU study. The event was attended by 34 members from a variety of specialty group - neurology, neurodisability and rehabilitation, therapist and psychologists.

Cambridge (October 2020): This meeting was hosted virtually by Cambridge colleagues. The agenda focussed on COVID 19 neurorehabilitation recovery plan and the potential role of specialist paediatric neurorehabilitation services. Plus our Cambridge colleagues were celebrating 10-years of delivering a community paediatric neuropsychology service for paediatric neurorehabilitation. 33 delegates attended from a range of specialist groups (including 12 paediatric neurologists).

6.4 - Clinical Governance

BPNA has been consulted by NHS NICE to comment on guidelines and quality standards and by NHS England to comment on the new drug treatments. The following is a brief summary of the important consultations during 2020-21:

1. Fenfluramine for treating seizures associated with Dravet syndrome. [NIC ID1109]. To appraise the clinical and cost effectiveness. In development. Expected publication date: to be confirmed.

2. Epilepsies in children, young people and adults. [NICE GID-NG10112]. In development. Expected publication date: 9 March 2022.

3. Meningitis (bacterial) and meningococcal septicaemia in under 16s: recognition, diagnosis and management [to update CG102]. Invitation to guideline scoping. Expected publication date: 23 June 2022.

4. NHS England consultation. Stroke thrombectomy service for acute ischaemic stroke. [Service specification 1868].

5. Headaches in over 12s: diagnosis and management. [NICE CG150]. Updated 12 May 2021..

6. Risdiplam for treating spinal muscular atrophy in children and adults. [NICE ID1631]. In development [GID-TA10612]. Expected publication date: to be confirmed.

7. OTL-200 for treating metachomatic leukodystrophy PID1666]. In development [GID-HST 10028]. Expected publication date: to be confirmed.

Internal and external factors

The trustees maintain a risk register. We have currently identified the following factors as being the main risks to the BPNA:

- Pressure from NHS Trusts on BPNA members to increase the number of clinics/patients and limit other activities. This has the potential to impact on the voluntary time given by BPNA members to lecture, tutor and mentor at short-courses, distance-learning, and mentoring. Our consultant members have remained robust and enthusiastic in this support and we hope that this will remain the case, but it is clear that the BPNA would be unable to continue in delivering education without this generously donated time. This is being monitored by Education, Quality & Standards committee and Professional Support Committee.

FINANCIAL REVIEW

Financial position

The balance sheet position shows net current assets of £676,594 (2020 - £469,421), resulting from a significant increase in the cash at bank to £797,980 (2020 - £512,618). This has been accompanied by a decrease in debtors to £36,008 (2020 - £72,633), and increase in creditors to £173,741 (2020 - £132,177).

At the year end the charity has unrestricted freely available current reserves of £666,594 (2020 - £457,808) which excludes tangible fixed assets of £9,550 (2020 - £12,568). Given the charity's current levels of expenditure this would allow for approximately just over fifteen months (2020 - five months) of trading without further freely available reserves becoming available.

Principle funding sources

The BPNA raises funds mainly through payments received for its educational activities, which include short-courses, annual conference, online distance-learning course; membership subscriptions; and sponsorship. We have also raised money through the voluntary contributions of members.

Total incoming resources for the year have decreased to £724,379 (2020 - £958,667). This decrease has arisen mainly from the decrease in short courses to £82,111 (2020 - £313,020). This is directly attributable to cancellation of courses due to coronavirus restrictions.

Donations and legacies have increased in the year to £351,105 (2020 - £326,807). In particular the charity obtained significant grant funding in the year amounting to £128,970 (2020 - £63,575), sponsors of its annual conference symposiums generating funds of £60,000 (2020 - £30,000), and generating annual conference sponsorship income of £42,000 (2020 - £83,000). See "Note 4 Donations and Legacies" within the notes to the financial statements for a detailed breakdown of income received in the year.

Investment policy and objectives

The policy of the BPNA is to invest its reserves in the further development of its charitable aims.

The BPNA has also committed reserves to the sustainability and further development of both the distance learning and short courses.

As a result of recent financial performance, derived from additional incoming resources, the current level of reserves the BPNA holds cash balances amounting to £797,980 (2020 - £512,618) and is exploring investment opportunities for the reserves. Any interest earned will be utilised for research projects and other activities in line with the BPNA charitable objectives.

Reserves policy

The total funds held at the year end were £686,144 (2020 - £481,989) and of which £10,000 (2020 - £11,613) is maintained within restricted funds for their detailed purposes as described in the notes to the financial statements. Further details of restricted funds are included within the notes to the financial statements.

Overall the financial position of the charity remains healthy, though the trustees continue to pay close attention to the mix of activities in order to ensure that in trying to achieve its objectives it does not lead to deterioration in the financial stability of the charity.

A substantial proportion of the reserves in the balance sheet are represented by the cash at bank and in hand totalling £797,980 (2020 - £512,618) in order to facilitate the continued activities of the charity by holding highly liquid assets.

The trustees regularly review the finances, budgets, and cash flows to aid effective stewardship of the charity.

The trustees recognise that the level of reserves fluctuates during periods of investment by the charity and ensure an adequate reserve is maintained. To this end, in 2020-21 the trustees kept the unrestricted contingency fund to £180,000 (2020 - £180,000) which is held in order to mitigate the risk of liquidity concerns. The trustees have agreed the level of funds held in this account based on the equivalent of six month's Secretariat salaries plus one-year London office rent. This policy is reviewed every 12-months.

FINANCIAL REVIEW

Funds in deficit

There were no funds in deficit as at the financial reporting date or the comparative financial reporting date.

FUTURE PLANS

During 2021-22 emphasis on increasing recruitment to paediatric neurology will continue. The Acute Paediatric Neurology course, developed in collaboration with the Association of Paediatric Emergency Medicine, will launch.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing document

The BPNA is governed by its constitution, approved on 3 December 2014 and amended at the AGM on 23 January 2019.

Method of appointment of trustees

The management of the Association is ultimately the responsibility of the trustees who are elected by BPNA members and appointed under the terms of the Constitution.

Organisational structure and decision-making

The trustees meet five times per year (January, April, June, September, November) when strategic decisions and business matters are discussed. Monthly telephone conferences are also held.

Council is a larger body that meets twice per year (January and June). During 2018-19, Council was expanded to include representation from every UK paediatric neurology tertiary centre and the Chairs of the special interest groups together with the representatives co-opted from related organisations. The purpose of Council is to ensure a good exchange of information and ideas related to the care of children and young people with neurological conditions and paediatric neurology education and training between Centres and other key organisations.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Members of BPNA Council Serving During 2020-21

Executive	Name	Term Expires
President	Prof Finbar O'Callaghan	January 2021
	From Jan 21 - Dr Alasdair Parker	January 2024
President Elect	Dr Alasdair Parker	January 2021
Treasurer	Dr Sandeep Jayawant (2nd term)	April 2023
Secretary	Dr Andrew Mallick	January 2022
Professional Support Officer	Dr Ailsa McLellan	January 2022
National Training Advisor	Dr Anne-Marie Childs	January 2021
	From Jan 21 - Dr Dipak Ram	January 2024
Chair, Education Quality & Standards	Dr Michael Griffiths	January 2022
Chair, Distance Learning	Dr Louise Hartley (2nd term)	January 2023
Chair, Research	Prof Manju Kurian	January 2022
Chair, International Education	Prof Martin Kirkpatrick	January 2022
Executive Director	Philippa Rodie	Ex-officio

Paediatric Neurology Centres	Representative	3-year term
Belfast	Dr Sandya Tirupathi (2nd term)	December 2022
Dundee	Prof Martin Kirkpatrick	December 2021
Edinburgh	Dr Kenneth McWilliam	December 2021
Glassgow	Dr Iain Horrocks	December 2021
Newcastle-upon-Tyne	Dr Anna Basu (2nd term)	December 2023
Liverpool	Dr Ram Kumar (2nd term)	December 2021
Manchester	Dr Gary McCullagh (2nd term)	December 2022
Preston	Dr Christian De Goede	December 2021
Leeds	Dr Helen McCullagh (2nd term)	December 2022
Sheffield	Dr Archana Deskurkar	December 2021
Nottingham	Dr Manish Prasad (2nd term)	December 2022
Leicester	Dr Nahin Hussain	December 2021
Birmingham	Dr Ratna Kumar (2nd term)	December 2023
Cambridge	Dr Manali Chitre (2nd term)	December 2022
Oxford	Dr Sithara Ramdas	December 2021
Bristol	Dr Sam Amin (2nd term)	December 2023
Swansea	Dr Cathy White (2nd term)	December 2022
Cardiff	Dr Johann te Water Naude	December 2022
Southampton	Dr Georgina Bird-Lieberman	December 2022
London: Great Ormand Street Hospital	Dr Sanjay Bhate	December 2021
London: Chelsea & Westminster Hospital	Dr Naila Ismayilova	December 2021
London: Imperial College NHS Trust	Dr Sushil Beri	December 2021
London: The Royal London	Dr Louise Hartley	December 2021
London: Evelina London Children's Hospital	Dr Ming Lim (2nd term)	December 2021
London: St George's Hospital	Dr Antonia Clarke	December 2021

Special Interest Groups	Chair	3-year term
British Paediatric Epilepsy Group	Dr Sarah Aylett	May 2022
Cerebrovascular	Dr Dipak Ram	December 2021
Children's Headache Network	Dr William Whitehouse	December 2021
Fetal & Neonatal Neurology	Dr Anthony Hart	May 2022
Inherited White Matter Disorders	Dr Rahul Singh	July 2023
British Paediatric Movement Disorders	Dr Daniel Lumsden	May 2022
Muscle Interest Group	Dr Tracey Willis	May 2022
UK Neurorehabilitation	Dr Peta Sharples	February 2021
UK-Childhood Inflammatory Demyelination	Dr Cheryl Hemmingway	May 2022
Trainees' Chair	Dr Mark Atherton	July 2022
Trainees' Deputy Chair	Dr Eusra Hassan	July 2022

STRUCTURE, GOVERNANCE AND MANAGEMENT

Co-opted	Representative	
Editor DMCN	Dr Bernard Dan	
British Paediatric Neurosurgical Group	Mr Guirish Solanki	
Chair, Disability CSAC	Dr Katherine Martin	
Paediatric Neuroscienses CRG	Dr Anita Devlin	
Neuropsychiatry	Dr Ashley Liew	
PET Course Development Manager	Dr Colin Dunkley	
BPNA 2022 Dublin Organising Team	Dr Kathleen Gorman	January 2022

Key management remuneration
Total remuneration paid to key management personnel during the financial year included wages and salaries amounting to £77,897 (2020 - £74,995) and contributions to defined contribution pension schemes of £3,271 (2020 - £2,792).

Risk management
The trustees have assessed the major strategic, business and operational risks to which the Association is exposed, and are satisfied that systems and procedures are in place to monitor and control those risks in order to mitigate any impact they might have on the Association. A risk register is maintained and updated regularly.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered Charity number
1159115

Principal address
2 St Andrews Place
Regent's Park
London
NW1 4LB

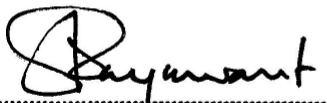
Trustees
Dr L Hartley
Dr S Jayawant
Professor M Kirkpatrick
Professor F J K O'Callaghan (resigned 20/1/2021)
Dr A Childs (resigned 20/1/2021)
Dr M J Griffiths
Professor M Kurian
Dr A McLellan
Dr A Mallick
Dr A Parker
Dr D Ram (appointed 20/1/2021)

Independent Examiner
Jonathan Ward ACA FCCA
ICAEW and ACCA
HSA & Co
Chartered Accountants
Lewis House
Great Chesterford Court
Great Chesterford
Essex
CB10 1PF

REFERENCE AND ADMINISTRATIVE DETAILS
Executive Director
Philippa Rodie

Bankers
Barclays Bank PLC
15 Bene't Street
Cambridge
CB2 3PZ

Approved by order of the board of trustees on 24/11/2021 and signed on its behalf by:



Dr S Jayawant Trustee

Independent examiner's report to the trustees of British Paediatric Neurology Association
I report to the charity trustees on my examination of the accounts of British Paediatric Neurology Association (the Trust) for the year ended 31 March 2021.

Responsibilities and basis of report
As the charity trustees of the Trust you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the Trust's accounts carried out under section 145 of the Act and in carrying out my examination I have followed all applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement
Since your charity's gross income exceeded £250,000 your examiner must be a member of a listed body. I can confirm that I am qualified to undertake the examination because I am a registered member of ICAEW and ACCA which is one of the listed bodies.

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the Trust as required by section 130 of the Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.



Jonathan Ward ACA FCCA
ICAEW and ACCA
HSA & Co
Lewis House
Great Chesterford Court
Great Chesterford
Essex
CB10 1PF
Date: 6/12/21

British Paediatric Neurology Association

Statement of Financial Activities
for the Year Ended 31 March 2021

	Notes	Unrestricted funds £	Restricted funds £	2021 Total funds £	2020 Total funds £
INCOME AND ENDOWMENTS FROM					
Donations and legacies	4	236,395	114,710	351,105	326,807
Charitable activities	6				
Annual conference		62,660	-	62,660	166,079
Short courses		82,111	-	82,111	313,020
Distance learning courses		132,528	-	132,528	71,969
International short courses		5,780	-	5,780	12,226
Research activities		2,400	-	2,400	800
EPNS recharges		50,207	-	50,207	48,722
Professional support		36,420	-	36,420	17,325
Investment income	5	1,168	-	1,168	1,719
Total		609,669	114,710	724,379	958,667
EXPENDITURE ON					
Raising funds	7	250	-	250	316
Charitable activities	8				
Annual conference		62,548	17,394	79,942	187,574
Short courses		56,915	39,054	95,969	369,030
Distance learning courses		86,493	5,973	92,466	81,983
International short courses		21,990	30,339	52,329	41,834
Research activities		19,275	133	19,408	26,483
Membership and professional support		91,605	1,828	93,433	119,256
EPNS recharges		46,925	-	46,925	47,398
Governance Costs		17,895	21,607	39,502	2,141
Total		403,896	116,328	520,224	876,015
NET INCOME/(EXPENDITURE)		205,773	(1,618)	204,155	82,652
RECONCILIATION OF FUNDS					
Total funds brought forward		470,376	11,613	481,989	399,337
TOTAL FUNDS CARRIED FORWARD		676,149	9,995	686,144	481,989

CONTINUING OPERATIONS
All income and expenditure has arisen from continuing activities.

The notes form part of these financial statements

Balance Sheet
31 March 2021

	Notes	Unrestricted funds £	Restricted funds £	2021 Total funds £	2020 Total funds £
FIXED ASSETS					
Tangible assets	12	9,550	-	9,550	12,568
CURRENT ASSETS					
Stocks	13	16,347	-	16,347	16,347
Debtors	14	36,008	-	36,008	72,633
Cash at bank and in hand		787,980	10,000	797,980	512,618
		840,335	10,000	850,335	601,598
CREDITORS					
Amounts falling due within one year	15	(173,741)	-	(173,741)	(132,177)
NET CURRENT ASSETS		666,594	10,000	676,594	469,421
TOTAL ASSETS LESS CURRENT LIABILITIES		676,144	10,000	686,144	481,989
NET ASSETS		676,144	10,000	686,144	481,989
FUNDS	17				
Unrestricted funds				676,144	470,376
Restricted funds				10,000	11,613
TOTAL FUNDS				686,144	481,989

The financial statements were approved by the Board of Trustees and authorised for issue on .....24/11/2021..... **and were signed on its behalf by:**

S Jayawant

.....

S Jayawant - Trustee

The notes form part of these financial statements

Cash Flow Statement
for the Year Ended 31 March 2021

	Notes	2021 £	2020 £
Cash flows from operating activities			
Cash generated from operations	1	284,364	91,711
Net cash provided by operating activities		284,364	91,711
Cash flows from investing activities			
Purchase of tangible fixed assets		(170)	(9,353)
Interest received		1,168	1,719
Net cash provided by/(used in) investing activities		998	(7,634)
Change in cash and cash equivalents in the reporting period		285,362	84,077
Cash and cash equivalents at the beginning of the reporting period		512,618	428,541
Cash and cash equivalents at the end of the reporting period		797,980	512,618

The notes form part of these financial statements

1. RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2021 £	2020 £
Net income for the reporting period (as per the Statement of Financial Activities)	204,155	82,652
Adjustments for:		
Depreciation charges	3,188	4,199
Interest received	(1,168)	(1,719)
Increase in stocks	-	(8,221)
Decrease/(increase) in debtors	36,625	(12,638)
Increase in creditors	41,564	27,438
Net cash provided by operations	284,364	91,711

2. ANALYSIS OF CHANGES IN NET FUNDS

	At 1/4/20 £	Cash flow £	At 31/3/21 £
Net cash			
Cash at bank and in hand	512,618	285,362	797,980
	512,618	285,362	797,980
Total	512,618	285,362	797,980

The notes form part of these financial statements

1. PRESENTATION CURRENCY

The presentation currency of the financial statements is the Pound Sterling (£).

2. ACCOUNTING POLICIES

Basis of preparing the financial statements
The financial statements of the charity, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Charities Act 2011. The financial statements have been prepared under the historical cost convention.

Going concern
The Trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charity to continue as a going concern. The trustees have made this assessment for a period of at least one year from the date of approval of the financial statements. In particular the trustees have considered the charities forecasts and projections and have taken account of pressures on income, particularly in the light of the impact of the COVID-19 pandemic which occurred before these financial statements were approved and is explained in more detail in the trustees report. After making enquiries the trustees have concluded that there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future.

As such the charity can expect to be able to meet its liabilities as they fall due in the period of at least 12 months from the date of approval of these accounts. However, there can be no certainty in relation to these matters.

On this basis the Trustees have concluded that the charity is a going concern. The financial statements do not include any adjustments that would result from the charity not being able to meet its liabilities as they fall due.

Income
All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

Income from grants and donations
Donations and grants are recognised when they have been communicated and received in writing with notification of both the amount and settlement date. In the event that a donation or grant is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period.

Income from membership subscriptions
Membership subscriptions are initially recognised in the period that the member pays the subscription to the charity. Membership subscriptions received in the year relating to the period after the reporting date are recognised as deferred income.

Income from sponsorship agreements
Sponsorship income is initially recognised when invoiced in line with the terms of the sponsorship agreement. Income received or invoiced in the year relating to the period after the reporting date are recognised as deferred income.

Income from conferences
Income in relation to conferences is initially recognised in the period in which the attendee pays the attendance fee. Income received for conferences taking place after the reporting date are recognised as deferred income.

2. ACCOUNTING POLICIES - continued

Income
Income from courses
Income in relation to courses is initially recognised at the point which the attendee has booked and paid for their attendance on the course. Income received for courses taking place after the reporting date are recognised as deferred income.

Income from EPNS recharges
Income in relation to EPNS recharges is initially recognised at the point which the EPNS is invoiced for the costs incurred by BPNA. Income not invoiced as at the reporting date is recognised as accrued income within the financial statements.

Expenditure
Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Tangible fixed assets
Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life.

Plant and machinery	-	25% on reducing balance
Fixtures and fittings	-	25% on reducing balance

The tangible fixed assets of the charity are reviewed by the charity's executive director and the trustees for impairment on a regular basis and during the preparation of the financial statements.

Stocks
Stocks are valued at the lower of cost and net realisable value, after making due allowance for obsolete and slow moving items.

Taxation
The charity is exempt from tax on its charitable activities.

Fund accounting
Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes. Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

Foreign currencies
Assets and liabilities in foreign currencies are translated into sterling at the rates of exchange ruling at the balance sheet date. Transactions in foreign currencies are translated into sterling at the rate of exchange ruling at the date of transaction. Exchange differences are taken into account in arriving at the operating result.

Hire purchase and leasing commitments
Rentals paid under operating leases are charged to the Statement of Financial Activities on a straight line basis over the period of the lease.

Pension costs and other post-retirement benefits
The charity operates a defined contribution pension scheme. Contributions payable to the charity's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

2. ACCOUNTING POLICIES - continued

Financial instruments
A financial asset or a financial liability is recognised only when the entity becomes a party to the contractual provisions of the instruments.

Basic financial instruments are initially recognised at the transaction price, unless the arrangement constitutes, in effect, a financing transaction, where it is recognised at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Debt instruments are subsequently measured at amortised cost.

Other financial instruments are initially recognised at fair value, unless payment for an asset is deferred beyond normal business terms or financed at a rate of interest that is not a market rate, in which case the asset is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument. Financial assets that are measured at cost or amortised cost are reviewed for objective evidence of impairment at the end of each reporting date. If there is objective evidence of impairment, an impairment loss is recognised in profit or loss immediately.

Any reversals of impairment are recognised in profit or loss immediately, to the extent that the reversal does not result in a carrying amount of the financial asset that exceeds what the carrying amount would have been had the impairment not previously been recognised.

3. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the balance sheet date and the amounts reported for revenues and expenses during the year. The nature of estimation means that actual outcomes may however differ from those original estimates.

The trustees do not deem there to be any judgements, apart from those otherwise disclosed in the accounting policies or notes to the financial statements, which require highlighting to the readers as a result of having had a critical effect on amounts recognised in the financial statements.

4. DONATIONS AND LEGACIES

	2021	2020
	£	£
Donations	9,087	5,521
Grants	128,970	63,575
BPNA members subscriptions	94,446	85,754
Gift aid	963	1,752
Membership donations	12,200	12,600
Annual conference symposium sponsorship	60,000	30,000
Annual conference sponsorship	42,000	83,000
Short course sponsorship	3,000	44,000
Miscellaneous income	439	605
	351,105	326,807

4. DONATIONS AND LEGACIES - continued

Grants received, included in the above, are as follows:

	2021	2020
	£	£
International League Against Epilepsy (ILAE)	39,242	38,575
Development of Approaching Children's Tone course	-	25,000
Furlough income	14,260	-
Charities Aid Foundation	65,468	-
GW Pharma (development of virtual Instructor Training Day and PET1 virtual Colombia)	10,000	-
	128,970	63,575

Sponsorships received, included in the above, are as follows:

Company name	Course sponsorship	Conference sponsorship	Sponsored symposia	2021 Totals	2020 Totals
	£	£	£	£	£
Avexis	-	9,000	10,000	19,000	23,000
Biocodex	-	3,000	10,000	13,000	4,000
Bial	-	-	-	-	4,000
Biogen	-	3,000	10,000	13,000	14,000
Biomarin	-	3,000	10,000	13,000	7,000
Destin	3,000	3,000	-	6,000	34,500
Ephypharm	-	-	-	-	4,000
GW Pharma	-	3,000	10,000	13,000	16,000
Ipsen	-	-	-	-	4,000
Livanova	-	-	-	-	4,000
Neurodiem	-	-	-	-	4,000
Nightwatchn	-	3,000	-	3,000	-
Novartis	-	-	-	-	7,000
Proveca	-	3,000	-	3,000	4,000
Roche	-	3,000	-	3,000	4,000
Sarepta	-	3,000	-	3,000	4,000
Takeda	-	-	-	-	4,000
UCB Pharma	-	3,000	-	3,000	4,000
Zogenix	-	3,000	10,000	13,000	4,000
Total Sponsorship	**3,000**	**42,000**	**60,000**	**105,000**	**149,500**

5. INVESTMENT INCOME

	2021	2020
	£	£
Deposit account interest	1,168	1,719

6. INCOME FROM CHARITABLE ACTIVITIES

	Annual conference	Short courses	Distance learning courses	International short courses
	£	£	£	£
Conferences and symposiums	62,660	-	-	-
Short courses	-	82,111	-	-
International short courses	-	-	-	5,780
Distance learning	-	-	132,528	-
EPNS recharges	-	-	-	-
Professional support	-	-	-	-
BPNSU fee income	-	-	-	-
	62,660	82,111	132,528	5,780

	Research activities	EPNS recharges	Professional support	2021 Total activities	2020 Total activities
	£	£	£	£	£
Conferences and symposiums	-	-	-	62,660	166,079
Short courses	-	-	-	82,111	313,020
International short courses	-	-	-	5,780	12,226
Distance learning	-	-	-	132,528	71,969
EPNS recharges	-	50,207	-	50,207	48,722
Professional support	-	-	36,420	36,420	17,325
BPNSU fee income	2,400	-	-	2,400	800
	2,400	50,207	36,420	372,106	630,141

7. RAISING FUNDS

Raising donations and legacies

	2021	2020
	£	£
Charity web hosting	70	100
JustGiving fees	180	216
	250	316

8. CHARITABLE ACTIVITIES COSTS

	Direct Costs	Support costs (see note 9)	Totals
	£	£	£
Annual conference	34,797	45,145	79,942
Short courses	10,543	85,426	95,969
Distance learning courses	23,307	69,159	92,466
International short courses	(1,612)	53,941	52,329
Research activities	5,350	14,058	19,408
Membership and professional support	58,919	34,514	93,433
EPNS recharges	46,488	437	46,925
Governance Costs	3,864	35,638	39,502
	181,656	338,318	519,974

9. SUPPORT COSTS

	Management	Information technology	Human resources
	£	£	£
Annual conference	-	1,544	28,664
Short courses	-	5,896	55,446
Distance learning courses	11,780	2,187	48,488
International short courses	-	1,187	47,017
Research activities	-	612	13,143
Membership and professional support	-	1,426	24,046
EPNS recharges	-	110	244
Governance Costs	-	-	28,763
	11,780	12,962	245,811

9. SUPPORT COSTS - continued

	Other	Governance costs	Totals
	£	£	£
Annual conference	12,947	1,990	45,145
Short courses	19,290	4,794	85,426
Distance learning courses	5,800	904	69,159
International short courses	5,375	362	53,941
Research activities	303	-	14,058
Membership and professional support	8,047	995	34,514
EPNS recharges	83	-	437
Governance Costs	6,875	-	35,638
	58,720	9,045	338,318

Support costs, included in the above, are as follows:

	Annual conference	Short courses	Distance learning courses	International short courses	Research activities
	£	£	£	£	£
Trustees' remuneration etc	-	-	11,780	-	-
Meeting costs	-	-	-	-	-
Trustee accommodation	-	-	-	-	-
Accommodation and dinner	-	-	-	-	-
Trustee training	-	-	-	-	-
Software subscriptions	-	2,491	1,415	736	396
Computer repairs	103	267	47	-	-
Website hosting	-	122	69	36	19
Website development	839	1,756	382	305	115
Computer upgrades	-	-	-	-	-
Depreciation of tangible fixed assets	602	1,260	274	110	82
Employment costs	24,406	49,097	40,841	40,860	11,509
Social security	1,943	2,423	4,731	4,007	925
Pensions	969	1,113	2,305	1,906	526
Staff costs	(3)	(7)	(2)	(1)	(1)
Staff training	1,349	2,820	613	245	184
Recruitment costs	-	-	-	-	-
Casual staff	-	-	-	-	-
Rental costs	8,337	8,429	3,789	4,484	-
Business rates	180	557	82	-	-
Water rates	100	310	46	-	-
Gas and electric	174	538	79	-	-
Waste	104	322	47	-	-
Telephone	290	752	132	-	-
Office insurance	303	632	137	55	41
Data protection costs	85	204	39	15	-
Health and safety costs	-	-	-	-	-
Marketing	78	138	30	12	9
Office repairs and renewals	47	143	-	-	-
Photocopier	246	379	56	139	117
Postage	41	108	19	-	-
Carried forward	40,193	73,854	66,911	52,909	13,922

9. SUPPORT COSTS - continued

	Annual conference	Short courses	Distance learning courses	International short courses	Research activities
	£	£	£	£	£
Brought forward	40,193	73,854	66,911	52,909	13,922
Printing and stationery	121	313	55	-	-
Indemnity insurance	-	-	-	-	-
Credit card charges	1,479	3,562	672	269	-
Bank charges	195	468	88	35	-
Bad Debt	-	(52)	-	-	-
Travel insurance	-	-	-	-	-
Miscellaneous	(50)	(105)	(23)	(9)	(7)
Computer and internet	851	1,777	386	309	116
Staff welfare	106	221	48	19	14
Copyright licence	161	387	73	29	-
Depreciation of tangible fixed assets	99	207	45	18	13
Auditors' remuneration for non audit work	1,990	4,794	904	362	-
	45,145	85,426	69,159	53,941	14,058

	Membership and professional support	EPNS recharges	Governance Costs	2021 Total activities	2020 Total activities
	£	£	£	£	£
Trustees' remuneration etc	-	-	-	11,780	16,380
Meeting costs	-	-	-	-	1,711
Trustee accommodation	-	-	-	-	2,766
Accommodation and dinner	-	-	-	-	2,483
Trustee training	-	-	-	-	340
Software subscriptions	623	-	-	5,661	2,645
Computer repairs	52	-	-	469	837
Website hosting	30	-	-	276	180
Website development	420	-	-	3,817	3,995
Computer upgrades	-	-	-	-	357
Depreciation of tangible fixed assets	301	110	-	2,739	3,598
Employment costs	20,757	-	27,317	214,787	220,396
Social security	1,686	-	993	16,708	17,162
Pensions	931	-	453	8,203	7,216
Staff costs	(2)	(1)	-	(17)	3,702
Staff training	674	245	-	6,130	2,384
Recruitment costs	-	-	-	-	3,022
Casual staff	-	-	-	-	23,986
Rental costs	5,978	-	6,875	37,892	38,479
Business rates	-	-	-	819	806
Water rates	-	-	-	456	421
Gas and electric	-	-	-	791	3,774
Waste	-	-	-	473	1,184
Carried forward	31,450	354	35,638	310,984	357,824

9. SUPPORT COSTS - continued

	Membership and professional support	EPNS recharges	Governance Costs	2021 Total activities	2020 Total activities
	£	£	£	£	£
Brought forward	31,450	354	35,638	310,984	357,824
Telephone	145	-	-	1,319	3,187
Office insurance	151	55	-	1,374	1,306
Data protection costs	42	-	-	385	239
Health and safety costs	-	-	-	-	460
Marketing	33	-	-	300	18,744
Office repairs and renewals	21	-	-	211	469
Photocopier	178	-	-	1,115	3,795
Postage	21	-	-	189	555
Printing and stationery	60	-	-	549	2,884
Indemnity insurance	-	-	-	-	2,019
Credit card charges	739	-	-	6,721	8,137
Bank charges	97	-	-	883	954
Bad Debt	-	-	-	(52)	3,481
Travel insurance	-	-	-	-	513
Miscellaneous	(25)	(9)	-	(228)	291
Computer and internet	425	-	-	3,864	390
Staff welfare	53	19	-	480	505
Copyright licence	80	-	-	730	937
Depreciation of tangible fixed assets	49	18	-	449	601
Auditors' remuneration for non audit work	995	-	-	9,045	9,643
	34,514	437	35,638	338,318	416,934

10. TRUSTEES' REMUNERATION AND BENEFITS

	2021	2020
	£	£
Trustees' salaries	11,199	11,199
Trustees' social security	333	355
Trustees' pension contributions to money purchase schemes	248	245
	11,780	11,799

Remuneration paid to the trustees noted above was paid to Dr L Hartley for services rendered in relation to the development and provision of distance courses.

Trustees' expenses

	2021	2020
	£	£
Trustees' expenses	6,425	6,698

Within the expenses noted above are expenses paid to the following trustees in respect of direct charitable activity costs ie travel expenses teaching at courses, undertaken on behalf of the charity in the year:

10. TRUSTEES' REMUNERATION AND BENEFITS - continued

	2021	2020
	£	£
Dr L Hartley	31	409
Dr S Jayawant	-	66
Prof M Kirkpatrick	2,694	364
Dr A Parker	-	396
Dr A McLellan	3,700	607
Dr M Griffiths	-	275
	6,425	2,117

Within the expenses noted above are expenses paid to the following trustees in respect of support costs undertaken on behalf of the charity in the year:

	2021	2020
	£	£
Dr L Hartley	-	168
Prof M Kirkpatrick	-	1,879
Prof F O'Callaghan	-	410
Dr A Parker	-	43
Dr A Mallick	-	535
Dr A McLellan	-	950
Prof M Kurian	-	274
Dr A Childs	-	322
	-	4,581

11. STAFF COSTS

	2021	2020
	£	£
Wages and salaries	274,778	269,692
Social security costs	21,406	21,583
Pension schemes	10,160	9,009
Total	306,344	300,285

Included within creditors as at the reporting date is £1,550 (2020 - £1,327) in relation to unpaid pension contributions.

The average monthly number of employees during the year was as follows:

	2021	2020
Management	4	4
Support staff	6	8
	10	12

The number of employees receiving gross remuneration, inclusive of the value of benefits-in-kind, greater than £60,000 per annum and to whom retirement benefits are accruing under defined contribution pension schemes were:

11. STAFF COSTS - continued

	2021	2020
£60,000 - £70,000	1	1
Total employees	1	1

12. TANGIBLE FIXED ASSETS

	Plant and machinery	Fixtures and fittings	Totals
	£	£	£
COST			
At 1 April 2020	28,625	4,785	33,410
Additions	170	-	170
At 31 March 2021	28,795	4,785	33,580
DEPRECIATION			
At 1 April 2020	17,856	2,986	20,842
Charge for year	2,739	449	3,188
At 31 March 2021	20,595	3,435	24,030
NET BOOK VALUE			
At 31 March 2021	8,200	1,350	9,550
At 31 March 2020	10,769	1,799	12,568

13. STOCKS

	2021	2020
	£	£
Stocks	16,347	16,347

14. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2021	2020
	£	£
Trade debtors	27,131	52,806
Other debtors	348	57
Prepayments and accrued income	8,529	19,770
	36,008	72,633

15. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2021	2020
	£	£
Trade creditors	13,062	41,858
Social security and other taxes	-	5,418
Other creditors	1,550	63,337
Deferred income	135,311	5,596
Accrued expenses	23,818	15,968
	173,741	132,177

The deferred income balance above includes income relating to training courses amounting to £60,892 (2020 - £5,571), membership subscriptions received in advance amounting to £74,419 (2020 - £25).

16. LEASING AGREEMENTS

Minimum lease payments under non-cancellable operating leases fall due as follows:

	2021	2020
	£	£
Within one year	33,333	38,000
Between one and five years	-	30,000
	33,333	68,000

During 2019-20 the BPNA established a London office at 2 St Andrews Place, Regent's Park, London, on the Royal College of Physicians campus. The initial lease will be for 3-years.

During the year the charity incurred expenditure under cancellable and non-cancellable operating lease agreements relating to office rental amounting to £37,892 (2020 - £38,479).

17. MOVEMENT IN FUNDS

	At 1/4/20 £	Net movement in funds £	Transfers between funds £	At 31/3/21 £
Unrestricted funds				
General fund	150,660	174,708	27,346	352,864
Contingency fund	180,000	-	-	180,000
Distance learning development fund	8,117	(9,649)	1,532	-
Research training fellowship fund	58,350	45,793	(2,630)	101,513
Priority Setting Project	49,246	(10,618)	(29,428)	9,200
Acute Neurology course development	11,773	(836)	-	10,937
Fetal Neurology course development	12,230	(100)	-	12,130
International Faculty Education Fund	-	4,440	(2,040)	2,400
Kenya Fellowship Travel Fund	-	-	1,000	1,000
Kenya PET	-	-	150	150
Fellow Travel Bursary Fund	-	2,030	4,070	6,100
	470,376	205,768	-	676,144
Restricted funds				
Development of Approaching Children's Tone course	11,613	(11,613)	-	-
Development of virtual Instructor Training Day and PET1 virtual Colombia	-	10,000	-	10,000
	11,613	(1,613)	-	10,000
TOTAL FUNDS	481,989	204,155	-	686,144

17. MOVEMENT IN FUNDS - continued

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	557,407	(382,699)	174,708
Distance learning development fund	-	(9,649)	(9,649)
Research training fellowship fund	45,793	-	45,793
Priority Setting Project	-	(10,618)	(10,618)
Acute Neurology course development	(1)	(835)	(836)
Fetal Neurology course development	-	(100)	(100)
International Faculty Education Fund	4,440	-	4,440
Fellow Travel Bursary Fund	2,030	-	2,030
	609,669	(403,901)	205,768
Restricted funds			
ILAE grant fund	39,242	(39,242)	-
Development of Approaching Children's Tone course	-	(11,613)	(11,613)
CAF (Charities Aid Foundation)	65,468	(65,468)	-
Colombia Launch	10,000	-	10,000
	114,710	(116,323)	(1,613)
TOTAL FUNDS	724,379	(520,224)	204,155

17. MOVEMENT IN FUNDS - continued

Comparatives for movement in funds

	At 1/4/19 £	Net movement in funds £	Transfers between funds £	At 31/3/20 £
Unrestricted funds				
General fund	169,470	35,458	(54,268)	150,660
Contingency fund	150,000	-	30,000	180,000
Distance learning development fund	14,117	(6,000)	-	8,117
Research training fellowship fund	15,750	42,600	-	58,350
Priority Setting Project	50,000	(754)	-	49,246
Acute Neurology course development	-	(457)	12,230	11,773
Fetal Neurology course development	-	-	12,230	12,230
	399,337	70,847	192	470,376
Restricted funds				
Development of Approaching Children's Tone course	-	11,805	(192)	11,613
TOTAL FUNDS	399,337	82,652	-	481,989

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	848,492	(813,034)	35,458
Distance learning development fund	-	(6,000)	(6,000)
Research training fellowship fund	42,600	-	42,600
Priority Setting Project	4,000	(4,754)	(754)
Acute Neurology course development	-	(457)	(457)
	895,092	(824,245)	70,847
Restricted funds			
ILAE grant fund	38,575	(38,575)	-
Development of Approaching Children's Tone course	25,000	(13,195)	11,805
	63,575	(51,770)	11,805
TOTAL FUNDS	958,667	(876,015)	82,652

Contingency fund

The contingency fund is held to support the staffing cost of running the BPNA Secretariat for a period of approximately six months (2020 - six months) should there be any contingency that might lead to a significant reduction in BPNA operational activities, this equates to £180,000 (2020 - £150,000).

17. MOVEMENT IN FUNDS - continued

Distance learning development fund
The distance learning development fund is a designated fund set up by the trustees in order to preserve the anticipated level of funding incurred for distance learning course development in the foreseeable future. This funding is provided from transfers from the general fund.

Approaching Children's Tone (ACT) Course Development
The ACT course development fund is a restricted fund set up by the trustees to fund development a new 2-day course designed to teach paediatricians and allied health professionals to recognise abnormal tone in children, so that they will ensure timely referral to specialists and access to appropriate investigations and treatment. Funding has been provided through educational grants.

Acute Neurology
The Acute Neurology course development fund is a designated fund set up by the Trustees to fund development of a new 1-day course designed to teach paediatric emergency medicine staff, paediatricians and trainees to recognise acute neurological conditions and manage appropriately. This funding is provided from transfers from the general fund.

Fetal Neurology Course Development
The Fetal Neurology course development fund is a designated fund set up by the Trustees to fund development of a course designed to improve training for anyone involved in caring and counselling a family whose fetus has a neurological abnormality. This funding is provided from transfers from the general fund.

International League Against Epilepsy (ILAE) grant fund
This fund represents the residual grant funding received from the ILAE, less expenditure incurred, that has restrictions placed upon it for the performance of delivering and developing international PET courses as agreed in a memorandum of understanding between the two organisations. The performance of these objectives are expected to take place between the period of 2018 to 2021 for which the organisations shall share the budgeted expenditure incurred by BPNA.

Priority Setting Project
The BPNA has committed significant resources to undertaking a research priority setting project in paediatric neurology, facilitated by the James Lind Alliance. This project will run from 2019-20. Priority Setting Partnerships enable clinicians, patients and carers to work together to identify and prioritise evidence uncertainties that could be answered by research. The outcome of the project will be a top 10 list of jointly agreed research priorities, which are publicised widely, and other uncertainties are recorded and available for research and research funders to access.

Kenya PET Fund
Kenya PET Fund receives PET Kenya course income from attendees booking through the BPNA system. This money is held to fund Kenyan doctors accessing other BPNA education.

Transfers between funds

The transfers between designated funds and the general fund have been undertaken in order to ensure a suitable level of reserves has been designated as at the reporting date for the purposes of the funds listed.

There have been no transfers between restricted funds and unrestricted funds in the current or prior year.

18. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 31 March 2021 or the year ended 31 March 2020, except for the transactions with the trustees and remuneration paid to key management personnel as disclosed earlier in these notes.

19. ULTIMATE CONTROLLING PARTY

The trustees consider there not to be one ultimate controlling party of the British Paediatric Neurology Association in the current or prior year.

	2021 £	2020 £
INCOME AND ENDOWMENTS		
Donations and legacies		
Donations	9,087	5,521
Grants	128,970	63,575
BPNA members subscriptions	94,446	85,754
Gift aid	963	1,752
Membership donations	12,200	12,600
Annual conference symposium sponsorship	60,000	30,000
Annual conference sponsorship	42,000	83,000
Short course sponsorship	3,000	44,000
Miscellaneous income	439	605
	351,105	326,807
Investment income		
Deposit account interest	1,168	1,719
Charitable activities		
Conferences and symposiums	62,660	166,079
Short courses	82,111	313,020
International short courses	5,780	12,226
Distance learning	132,528	71,969
EPNS recharges	50,207	48,722
Professional support	36,420	17,325
BPNSU fee income	2,400	800
	372,106	630,141
Total incoming resources	724,379	958,667
EXPENDITURE		
Raising donations and legacies		
Charity web hosting	70	100
JustGiving fees	180	216
	250	316
Charitable activities		
Trustees' expenses	6,425	2,117
Wages	40,414	38,097
Social security	4,365	4,067
Pensions	1,709	1,548
Developmental Medicine and Child Neurology (DMCN) Journal	35,638	38,708
DMCN - other costs	3,576	600
Carried forward	92,127	85,137

	2021 £	2020 £
Charitable activities		
Brought forward	92,127	85,137
Venue costs	(881)	43,327
Accommodation	327	63,135
Catering	(786)	120,563
Courier	10	5,797
Short course development manager	11,469	8,601
Course development	18,174	20,209
Course materials	3,180	12,521
Travel	11,256	36,674
AV Hire	-	4,930
Conference app	12,454	11,945
Professional support	4,438	17,178
Speakers' Honoraria & Prizes	4,151	2,530
Steering meeting costs	714	2,742
Subscriptions	985	1,075
Website development	6,161	6,640
Miscellaneous	315	141
BPNSU research	2,018	2,449
Insurance - conference	-	1,278
Bank charges	137	299
BPNA newsletter & annual report	-	215
Casual staff	-	1,617
Website hosting	-	227
Meeting costs	-	3,268
Priority setting research	2,618	4,754
EPNS recharges	-	1,513
Conference overtime	8,378	-
Insurance - Travel	547	-
Insurance - Indemnity	2,019	-
Trustee meetings	1,845	-
	181,656	458,765
Support costs		
Management		
Trustees' salaries	11,199	11,199
Trustees' social security	333	355
Trustees' pension contributions	248	245
Trustees' expenses	-	4,581
Meeting costs	-	1,711
Trustee accommodation	-	2,766
Accommodation and dinner	-	2,483
Trustee training	-	340
	11,780	23,680
Information technology		
Software subscriptions	5,661	2,645
Carried forward	5,661	2,645

	2021 £	2020 £
Information technology		
Brought forward	5,661	2,645
Computer repairs	469	837
Website hosting	276	180
Website development	3,817	3,995
Computer upgrades	-	357
Plant and machinery	2,739	3,598
	12,962	11,612
Human resources		
Employment costs	214,787	220,396
Social security	16,708	17,162
Pensions	8,203	7,216
Staff costs	(17)	3,702
Staff training	6,130	2,384
Recruitment costs	-	3,022
Casual staff	-	23,986
	245,811	277,868
Other		
Rental costs	37,892	38,479
Business rates	819	806
Water rates	456	421
Gas and electric	791	3,774
Waste	473	1,184
Telephone	1,319	3,187
Office insurance	1,374	1,306
Data protection costs	385	239
Health and safety costs	-	460
Marketing	300	18,744
Office repairs and renewals	211	469
Photocopier	1,115	3,795
Postage	189	555
Printing and stationery	549	2,884
Indemnity insurance	-	2,019
Credit card charges	6,721	8,137
Bank charges	883	954
Bad Debt	(52)	3,481
Travel insurance	-	513
Miscellaneous	(228)	291
Computer and internet	3,864	390
Staff welfare	480	505
Copyright licence	730	937
Fixtures and fittings	449	601
	58,720	94,131
Governance costs		
Auditors' remuneration for non audit work	9,045	9,643

Detailed Statement of Financial Activities
for the Year Ended 31 March 2021

	2021 £	2020 £
Total resources expended	520,224	876,015
Net income	204,155	82,652