

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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**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)

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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

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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 activities 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.

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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.

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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.

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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

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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.

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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).

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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; 2022-23 = 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).

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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.

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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 Spaul (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 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.

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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.

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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 Papatheou 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

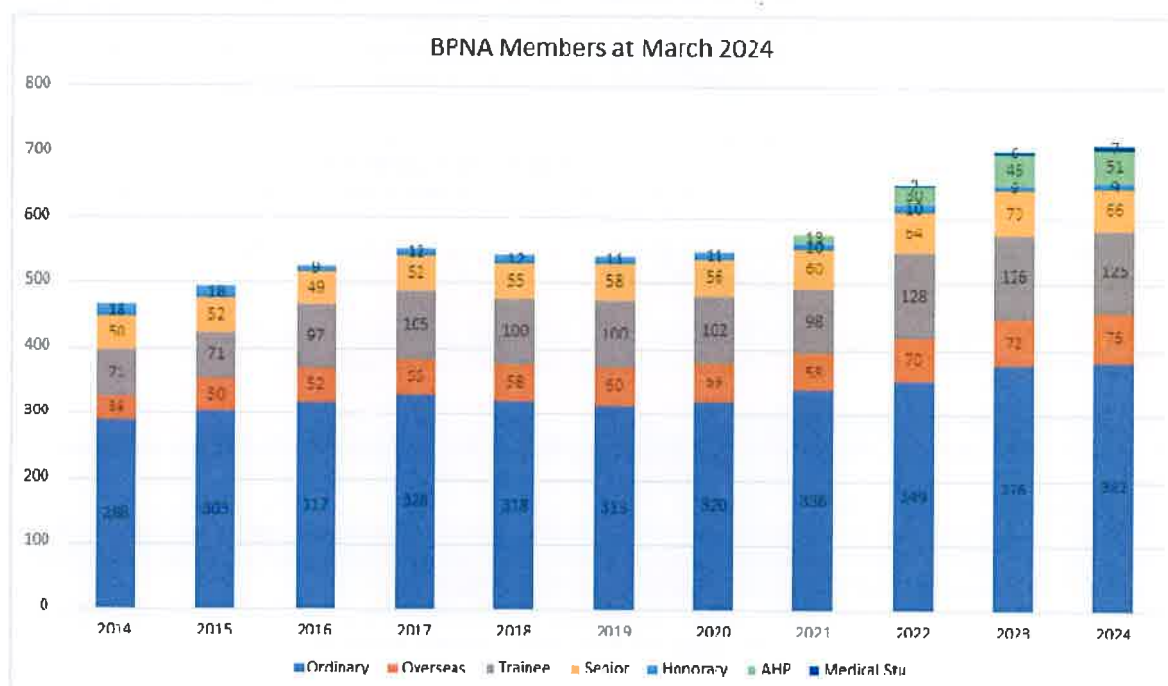
There is a high demand for Professional Support. One full time staff member (Membership Manager) oversees the department. Dealing with membership requests, mentoring capacity, organisation of meetings for Special Interest Groups and supporting Trainees with their development. The Professional Support 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.

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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 resented 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

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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 as it can be developed for the workforce of the BPNA membership.

Invited Reviews

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

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

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

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

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

No Invited reviews happened this year.

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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.

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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

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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 IWMD 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 IWMD 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).

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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 experience. 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 be 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.

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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 Neurorehabilitation.

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 acquired 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.

British Paediatric Neurology Association

Report of the Trustees for the Year Ended 31 March 2024

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:

British Paediatric Neurology Association

Report of the Trustees for the Year Ended 31 March 2024

STRUCTURE, GOVERNANCE AND MANAGEMENT

Members of BPNA Council Serving During 2023-24

<u>Executive</u>	<u>Name</u>	<u>Term Expires</u>
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

	<u>Representative</u>	<u>3-year term</u>
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 Singaravadevelu 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 Ormond 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

	<u>Chair</u>	<u>3-year term</u>
British Paediatric Epilepsy Group	Dr Suresh Pujar	June 2025
Cerebrovascular	Dr Jaspal Singh	February 2026
Children's Headache Network	Dr 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

British Paediatric Neurology Association

Report of the Trustees for the Year Ended 31 March 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 Spaul	June 2024
Trainees' Deputy Chair	Dr Tom Smith	June 2024

Co-opted

Editor, DMCN
British Paediatric Neurosurgical Group
Chair, Neurodisability CSAC
Paediatric Neurosciences CRG
Neuropsychiatry Representative
Short Course Development Manager
Distance Learning Development Manager
BPNA 2025 Oxford Organiser
Trainee Rep, Neurodisability

Representative

Dr Bernard Dan
Dr Pasquale Gallo
Dr Katherine Martin
Dr Anita Devlin
Dr Ashley Liew
Dr Colin Dunkley
Dr Louise Hartley
Dr Sandeep Jayawant
Dr James Hammond

Co-opted

Co-opted

Co-opted

Co-opted

Co-opted

Co-opted

Co-opted

January 2025

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

British Paediatric Neurology Association

**Report of the Trustees
for the Year Ended 31 March 2024**

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

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

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.

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

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.

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

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**

		Unrestricted funds £	Restricted funds £	2024 Total funds £	2023 Total funds £
	Notes				
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		<u>956,643</u>	<u>261,122</u>	<u>1,217,765</u>	<u>1,154,406</u>
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		<u>1,075,330</u>	<u>111,320</u>	<u>1,186,650</u>	<u>1,031,160</u>
NET INCOME/(EXPENDITURE)		(118,687)	149,802	31,115	123,246
Transfers between funds	17	<u>(15,173)</u>	<u>15,173</u>	<u>-</u>	<u>-</u>
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

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 £
TOTAL FUNDS CARRIED FORWARD		<u>785,702</u>	<u>178,051</u>	<u>963,753</u>	<u>932,638</u>

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

The notes form part of these financial statements

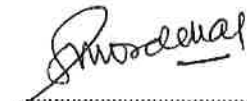
British Paediatric Neurology Association

**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		<u>885,602</u>	<u>167,935</u>	<u>1,053,537</u>	<u>981,135</u>
		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		<u>764,459</u>	<u>178,051</u>	<u>942,510</u>	<u>922,236</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		<u>785,702</u>	<u>178,051</u>	<u>963,753</u>	<u>932,638</u>
NET ASSETS		<u>785,702</u>	<u>178,051</u>	<u>963,753</u>	<u>932,638</u>
FUNDS	17				
Unrestricted funds				785,702	919,562
Restricted funds				<u>178,051</u>	<u>13,076</u>
TOTAL FUNDS				<u>963,753</u>	<u>932,638</u>

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

11 November 2024


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

The notes form part of these financial statements

British Paediatric Neurology Association

**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	<u>75,242</u>	<u>(13,812)</u>
Net cash provided by operations	<u><u>78,588</u></u>	<u><u>111,568</u></u>

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	<u>981,135</u>	<u>72,402</u>	<u>1,053,537</u>
	<u>981,135</u>	<u>72,402</u>	<u>1,053,537</u>
Total	<u><u>981,135</u></u>	<u><u>72,402</u></u>	<u><u>1,053,537</u></u>

The notes form part of these financial statements

1. STATUTORY INFORMATION

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

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

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

2. ACCOUNTING POLICIES

Basis of preparing the financial statements

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

Going concern

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

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

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

Income

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

Income from grants and donations

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

Income from membership subscriptions

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

Income from sponsorship agreements

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.

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.

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
	<u>411,123</u>	<u>255,960</u>

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	-
	<u>242,718</u>	<u>120,415</u>

British Paediatric Neurology Association

**Notes to the Financial Statements - continued
for the Year Ended 31 March 2024**

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

British Paediatric Neurology Association

**Notes to the Financial Statements - continued
for the Year Ended 31 March 2024**

5. INVESTMENT INCOME

	2024	2023
	£	£
Deposit account interest	<u>12,388</u>	<u>2,841</u>

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	-	-	-
	<u>294,950</u>	<u>288,591</u>	<u>67,281</u>

British Paediatric Neurology Association

Notes to the Financial Statements - continued
for the Year Ended 31 March 2024

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	-	-	-	-
	<u>3,469</u>	<u>1,200</u>	<u>117,784</u>	<u>11,670</u>
	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	-
	<u>5,499</u>	<u>3,810</u>	<u>794,254</u>	<u>895,605</u>

British Paediatric Neurology Association

Notes to the Financial Statements - continued for the Year Ended 31 March 2024

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
	<u>533,608</u>	<u>82,969</u>	<u>570,073</u>	<u>1,186,650</u>

British Paediatric Neurology Association

**Notes to the Financial Statements - continued
for the Year Ended 31 March 2024**

8. GRANTS PAYABLE

	2024	2023
	£	£
Research	<u>82,969</u>	<u>82,969</u>

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	<u>41,302</u>	-
	<u>82,969</u>	<u>82,969</u>

British Paediatric Neurology Association

**Notes to the Financial Statements - continued
for the Year Ended 31 March 2024**

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
	<u>652</u>	<u>25,312</u>	<u>422,081</u>
	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
	<u>106,061</u>	<u>15,967</u>	<u>570,073</u>

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	<u>3,679</u>	<u>5,651</u>	<u>2,505</u>	<u>4,689</u>	<u>696</u>
Carried forward	75,241	115,579	51,224	95,877	14,225

British Paediatric Neurology Association

Notes to the Financial Statements - continued for the Year Ended 31 March 2024

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
	<u>97,579</u>	<u>149,887</u>	<u>66,424</u>	<u>124,334</u>	<u>18,446</u>

British Paediatric Neurology Association

Notes to the Financial Statements - continued
for the Year Ended 31 March 2024

9. SUPPORT COSTS - continued

				2024	2023
	Membership and professional support £	Governance costs £	Invited Reviews £	Total activities £	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

British Paediatric Neurology Association

**Notes to the Financial Statements - continued
for the Year Ended 31 March 2024**

9. SUPPORT COSTS - continued

				2024	2023
	Membership and professional support £	Governance costs £	Invited Reviews £	Total activities £	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
	<u>58,714</u>	<u>43,918</u>	<u>10,771</u>	<u>570,073</u>	<u>484,232</u>

10. TRUSTEES' REMUNERATION AND BENEFITS

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

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	-
	<u>23,637</u>	<u>15,918</u>

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.

Notes to the Financial Statements - continued
for the Year Ended 31 March 2024

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	<u>407,678</u>	<u>393,373</u>

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
	<u>11</u>	<u>11</u>

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

	2024	2023
£60,000 - £70,000	<u>1</u>	<u>0</u>
Total employees	<u>1</u>	<u>0</u>

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).

British Paediatric Neurology Association

**Notes to the Financial Statements - continued
for the Year Ended 31 March 2024**

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	<u>(5,947)</u>	<u>(264)</u>	<u>(6,211)</u>
At 31 March 2024	<u>45,359</u>	<u>3,057</u>	<u>48,416</u>
DEPRECIATION			
At 1 April 2023	22,926	2,689	25,615
Charge for year	6,931	150	7,081
Eliminated on disposal	<u>(5,291)</u>	<u>(232)</u>	<u>(5,523)</u>
At 31 March 2024	<u>24,566</u>	<u>2,607</u>	<u>27,173</u>
NET BOOK VALUE			
At 31 March 2024	<u>20,793</u>	<u>450</u>	<u>21,243</u>
At 31 March 2023	<u>9,770</u>	<u>632</u>	<u>10,402</u>

13. STOCKS

	2024 £	2023 £
Stocks	<u>9,023</u>	<u>11,061</u>

14. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

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

Notes to the Financial Statements - continued
for the Year Ended 31 March 2024

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
	<u>185,253</u>	<u>110,011</u>

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	<u>3,578</u>	<u>-</u>
	<u>20,112</u>	<u>11,628</u>

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).

British Paediatric Neurology Association

**Notes to the Financial Statements - continued
for the Year Ended 31 March 2024**

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	<u>932,638</u>	<u>31,115</u>	<u>-</u>	<u>963,753</u>

British Paediatric Neurology Association

**Notes to the Financial Statements - continued
for the Year Ended 31 March 2024**

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	<u>1,217,765</u>	<u>(1,186,650)</u>	<u>31,115</u>

British Paediatric Neurology Association

**Notes to the Financial Statements - continued
for the Year Ended 31 March 2024**

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	<u>809,392</u>	<u>123,246</u>	<u>-</u>	<u>932,638</u>

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
PETI 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.

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

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.

British Paediatric Neurology Association

**Notes to the Financial Statements - continued
for the Year Ended 31 March 2024**

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.