

COMPANY REGISTRATION NUMBER: 05962281  
CHARITY NUMBER: 1118063

**THE ASSOCIATION OF COLOPROCTOLOGY OF  
GREAT BRITAIN AND IRELAND**

**COMPANY LIMITED BY GUARANTEE**

**CONSOLIDATED ACCOUNTS**

**FOR THE YEAR ENDED 31 DECEMBER 2018**

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
(COMPANY LIMITED BY GUARANTEE)**

**REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY, ITS TRUSTEES AND ADVISERS**

**YEAR ENDED 31 DECEMBER 2018**

**Executive Trustees**

Mr B Moran	(President appointed 11 July 2018)
Professor J Hill	(President resigned 11 July 2018)
Mr T Cook	
Mr C Maxwell-Armstrong	(Secretary appointed 11 July 2018)
Professor P Sagar	(Secretary resigned 11 July 2018)

**Non-Executive Trustees**

Professor R Steele	
Mr J Bell	
Professor P Finan	
Ms R Fox	
Mr N Scott	
Mr G Williams	
Ms J Brodie	(Resigned 5 July 2018)
Mrs M Bentley	(Appointed 11 July 2018)
Mrs A Demick	(Appointed 11 July 2018)

**Company registered number**

05962281

**Charity registered number**

1118063

**Registered office**

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

**Company secretary**

Mrs A O'Mara

**Auditors**

Ford Bentall LLP  
60 High Street  
Chobham  
Surrey  
GU24 8AA

**Bankers**

Natwest  
Queens Square  
Wolverhampton  
WV1 1TR

**Solicitors**

Steele Raymond LLP  
Richmond Point  
43 Richmond Hill  
Bournemouth Dorset  
BH2 6LR

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**CONSOLIDATED ACCOUNTS**

**YEAR ENDED 31 DECEMBER 2018**

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**TRUSTEES ANNUAL REPORT**

**YEAR ENDED 31 DECEMBER 2018**

The Trustees present their report together with the accounts of the Charity, Association of Coloproctology of Great Britain and Ireland; (ACPGBI) for the year ending 31 December 2018.

**PUBLIC BENEFIT STATEMENT**

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

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

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

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

**Strategic aims**

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

The report on ACPGBI's activities during the year 2018, which forms a major part of this Annual Report provides further information on our progress and achievements against these and other objectives.

**SUMMARY**

In 2018 ACPGBI continues to strive to fulfil its educational and research objectives, bringing direct benefit to its members and to society at large.

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**TRUSTEES ANNUAL REPORT CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

**STRUCTURE, GOVERNANCE AND MANAGEMENT**

The ACPGBI, established in 1990, was registered with the Charity Commissioners. The Charity was an unincorporated Association (registration number 1013924) until 30 June 2007.

All the assets of the former Charity have been transferred to the Association of Coloproctology of Great Britain and Ireland, a company limited by guarantee (company number 05962281) and registered as a charity with the Charity Commission (charity number 1118063).

The ACPGBI business, organisational structure and working practices are governed by its constitution. This document is updated yearly and any changes made are approved at the AGM. The Executive formulates policy and considers all matters pertinent to the Association. All decisions are notified to Council on a regular basis for approval. All posts for Council, Chapter representatives and major positions (President, Secretary, Treasurer etc.) are advertised on the website and where appropriate ballots are held.

There are no formal policies for inducting new Trustees save all higher appointments are made as either 'Assistant' (e.g. secretary) or in waiting/elect (e.g. President). This gives appointees sufficient time (2 years) to become fully acquainted with the roles they are due to take up at the Annual meeting. A larger Board of Trustees has been established to include non-medical members and members who have previous experience of holding office in the Association, none of whom currently sit on committees of the Association.

ACPGBI has undergone a formal risk assessment process the results of which will help to identify areas of concern and enable action plans to be made. Further work has been done on formulating ACPGBI's short, medium and long-term strategy.

New trustees are appointed by Council.

The following Trustees have served the charity during the period 1 January 2018 to 31 December 2018:-

**Executive Trustees**

*President:*

Mr B Moran  
Professor J Hill

*Honorary secretary:*

Mr C Maxwell Armstrong  
Professor P Sagar

*Honorary treasurer:*

Mr T Cook

**Non-Executive Trustees**

Professor R Steele  
Mr J Bell  
Mrs M Bentley  
Ms J Brodie  
Mrs A Demick  
Professor P Finan  
Ms R Fox  
Mr N Scott  
Mr G Williams

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**TRUSTEES ANNUAL REPORT CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

**OBJECTIVES AND ACTIVITIES**

**Principal policies to achieve the objectives**

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

**Key to achieving the objectives**

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

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

The strength of ACPGBI continues to be its representation throughout the UK & Ireland mediated via the regional chapter scheme. Each chapter has its own meetings for the dissemination of scientific, best practice and political strategy agreed at Council meetings. Equally, in a democratic manner, any anxieties experienced at a regional level concerning central policy can be brought back to both Executive and Council.

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

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

Executive and Council meetings are held 3 to 4 times per year and there is an Annual General Meeting. The Annual Meeting in 2018 was held in Birmingham and attended by nearly 900 delegates.

**Administration**

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

The organisation of the Annual Meeting is outsourced to a conference management company. The Annual Meeting's commercial exhibition is organised each year by Ms Adele Sutton.

The administrative centre of ACPGBI is located at the Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE. Since July 2017 ACPGBI has leased an office directly from the Royal College of Surgeons (RCS) located in the RCS Nuffield Building. In line with Association's strategy, in May 2018 ACPGBI set up an independent payroll for our employees and ACPGBI has its own employer reference at HMRC. There is an established website ([www.acpgbi.org.uk](http://www.acpgbi.org.uk)) where there are sections for both the public and members of the Association.

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**TRUSTEES ANNUAL REPORT CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

**ACHIEVEMENTS AND PERFORMANCE DURING THE YEAR ENDED 31 DECEMBER 2018**

**GENERAL**

In 2017 ACPGBI launched an initiative, Improving Management of Patients with Advanced Colorectal Tumours (IMPACT). ACPGBI has partnered with the Pelican Cancer Foundation to roll out a series of workshops. The workshops are coordinated and organised by the Pelican Foundation but as part of the Association's commitment to this important project, £50,000 was donated towards the running costs. A series of regional workshops have been arranged over two years and in 2018 the first seven took place in England, Scotland and Ireland. The programme is being run for all colorectal MDTs and specialist tertiary care consultants to discuss optimal treatment for advanced colorectal cancer including liver, lung and peritoneal metastases, advanced and recurrent primary cancer. The programme has been led by members of the Executive Committee, helped by an extensive expert steering group to guide the programme.

The principal aims of the programme are to:

- Help all patients have the best treatment at the best time for them at the best place for them
- Make all colorectal clinicians aware of current and developing pathway options for advanced disease
- Drive more consistent processes across all colorectal MDTs to support individual patients' treatment.

By putting patients at the centre of Pelican IMPACT programme, the workshops are based on case studies. The feedback from the workshops has been outstanding.

**EDUCATION & TRAINING COMMITTEE**

The Education and Training (E&T) Committee is chaired by Mr James Wheeler

A successful Advanced Coloproctology Course was run in Sheffield over 2 days in March 2018. There were 95 registrants, with expert speakers from the whole of the UK contributing. Feedback was excellent and planning for the 2019 course, also in Sheffield, is at an advanced stage. This will be the responsibility of the E&T Committee rather than the Tutor, with this post having expired.

The Committee has identified 6 themed fellowships with proposed dual ACPGBI/RCS badging - advanced pelvic malignancy, inflammatory bowel disease (IBD), intestinal failure, the pelvic floor, transanal endoscopic microsurgery (TEMS) with advanced colonoscopy and minimally invasive rectal surgery. ACPGBI will support RCS funding of 6/7 Fellowship applications.

Although, ultimately it is still hoped to roll out a programme for 16 Fellowships, Health Education England, the Joint Committee on Surgical Training and the General Medical Council are nearing completion of plans for credentialing of some Fellowships across the whole Medicine and Surgery in 2019. There may be as many as 30 across all of surgery, with the potential for 3-5 within Coloproctology – it is likely that these will have to include those from the current RCS Eng Fellowships. It is planned that the first 7 Fellowships, with two in advanced pelvic malignancy, will be advertised in Spring 2019.

A further series of Coloproctology Webinars in association with RCS Ed have commenced in 2018 with a timetable of approximately 12 webinars to be given over an 18-month period. Webinars delivered in 2018 include the Bowel Cancer Screening Programme, the Significant Rectal Neoplasm, Acute Severe Diverticulitis, Benign Anorectal conditions, and Massive Lower GI bleeding with several more timetabled for the New Year.

It is planned that an on-going series of webinars can be produced in partnership with RCS Ed and that these webinars will be available on the ACPGBI website as a library of videos for the membership.

A combined Royal Society of Medicine (RSM)/ACPGBI annual Education Day is planned for 2019. The programme for Nottingham is to be themed – "Improvements in outcomes from colorectal surgery". It is intended that this joint venture will continue with an annual meeting away from London to be co-hosted by the RSM and a local Chapter of the ACPGBI.

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**YEAR ENDED 31 DECEMBER 2018**

A national transanal total mesorectal excision (TaTME) pilot study to improve training of this new technique has continued over the past 12 months. The five original centres have now completed the mentoring programme of 5 cases each, and should all be signed off. There is an agreement for continued sponsorship for a further round of 5-6 centres to apply to enter the mentoring programme. Identical selection criteria will be used but it is hoped that the programme will extend throughout the UK.

Travelling Fellowships were awarded to successful applicants for visits to USA, Europe and Australasia.

**MULTIDISCIPLINARY CLINICAL COMMITTEE**

Mr Ciaran Walsh is the Chair of The Multidisciplinary Clinical Committee (MCC). MCC seeks to represent clinical aspects of colorectal practice.

The MCC contributes to national initiatives that require specialist colorectal input. These include for example the Care Quality Commission (CQC) and Confidential Reporting System in Surgery (CORESS). Contributions to NICE, previously the remit of MCC are now under External Affairs committee chaired by Mark Chapman. The governance structure for ACPGBI reports to MCC through its chair. The clinical governance committee has a new chair and newly elected members. Jim Hill is the new chairman and is putting together plans to revamp this group given its potential importance for members.

The MCC has four sub-committees relating to specific areas of activity – Inflammatory bowel disease (IBD), colonoscopy, peritoneal malignancy and emergency surgery

*Inflammatory Bowel Disease Subcommittee*

The IBD subcommittee has elected new members and we worked hard to try and stagger membership so as to retain committee memory after members retire. A new chairman, Justin Davies, has been elected. IBD guidelines have been published since the last report and we are grateful to Steve Brown and Nicola Fearnhead for all their work in getting this started, finished and now published as a supplement in Colorectal Disease. The subcommittee had an enormous amount of interest for its elections and the executive have worked hard to try and harness this enthusiasm and involve unsuccessful applicants in other areas. Justin Davies is arranging the topics for the IBD session at the annual meeting in Dublin in July 2019 along with his team and they continue to work with IBD Clinical Advisory Group (CAG) as previously.

*Colonoscopy Subcommittee*

The colonoscopy subcommittee has had an election of new members and their chairman Neil Cripps has an extended tenure. They are working with Association of Upper Gastrointestinal Surgeons (AUGIS) on a joint statement on endoscopy training for surgical trainees as this is a significant source of concern for our trainees.

*Peritoneal Malignancy Subcommittee*

There has been some considerable discussion on whether this group should be expanded to include the breadth of advanced colorectal cancer. The group met and voted against this at present as it was felt to be a very important time for them to keep a focus on this element. Sarah O'Dwyer has demitted from the chair and elections are taking place to appoint a successor.

*Emergency General Surgery subcommittee*

There is a new chairman here also. Andy Miller has taken on this role after a successful election following on from Asha Senapati. The group has published on the role played by colorectal surgeons in the provision of emergency general surgery and the acute surgical take. There was a large and very talented field of people who applied for roles on this subcommittee. There is now a real acceptance that emergency colorectal surgery and many aspects of emergency general GI surgery is an integral part of what the ACPGBI is about given the amount of time most of its members are involved in the delivery of this aspect of care.

The key objectives for MCC over the next 12 months are:



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To maintain the peritoneal malignancy subgroup in its current form but to create a new advanced colorectal cancer subcommittee

To create decision aids for patients and to start this process with rectal cancer. It is planned to advertise for interested parties and possibly link with a research group who are working on this topic in advanced rectal cancer.

To produce a position statement on the use of preoperative oral antibiotics in elective colorectal surgery. Sarah Duff is to lead on this and she has assembled a team to put this document together.

To produce a supplement for Colorectal Disease on Emergency Colorectal Surgery. This will be led by Andy Miller.

**RESEARCH & AUDIT COMMITTEE**

The Research and Audit committee is currently chaired by Austin Acheson. There are a total of 11 members (Simon Bach, Dale Vimalachandran, Doug Speake, Jared Torkington, Thomas Pinkney, Faheez Mohammed, Gabrielle Thorpe, Deena Harji, Matt Lee and Peter Vaughan-Shaw).

*Grants*

The grants programme run through the committee has continued to be a huge success. The Bowel Disease Research Foundation (BDRF) open round of 2018 resulted in a record number of 61 applications. Following external peer review nine recommended projects were funded to the sum of £201,915.

The first round of grant applications looking into robotics research that was funded by Intuitive resulted in one funded project to the sum of £45,000 in 2018 and there are further plans to run a similar robotic round in 2019.

IA (Ileostomy and internal Pouch Association) and Kingston Trust supported a Sandpit workshop at the RCS Eng in November 2018 to help develop research ideas on how to improve the Quality of Life in patients with an ileostomy. This day was convened by the Research and Audit committee, BDRF, RCS, IA and Kingston Trust. The event was attended by over 40 delegates and successfully helped to identify key areas for future research. These research proposals will be used for a commissioned/themed call in 2019 funded by IA/Kingston Trust.

*Birmingham Annual Meeting 2018*

The National ACPGBI meeting in Birmingham in July continued to showcase the extensive portfolio of clinical trials that we are involved in throughout the country. Several of these completed ground-breaking trials were reported in the research plenary session (ROCSS, LACES, SCOT, ELF) and feedback from these sessions was all very positive for the future of colorectal research.

*CReaTE Roadshows*

This initiative (Colorectal Research and Trials Engagement) is being led by this committee and aims to disseminate Delphi projects as well as the broader colorectal trials portfolio to ACPGBI members with the ultimate goal of increasing recruitment to clinical trials. This joint venture of ACPGBI with RCS received full approval in 2017 and the first roadshow took place in Warrington in March 2018 with over 100 delegates attending. Two further roadshows (Edinburgh and Midlands) were delivered in 2018 with a plan for a further three events in 2019. Attendance and feedback from each roadshow to date has been excellent.

*IBD Clinical Advisory Group*

The IBD CAG is a multidisciplinary group that continued to meet formally on 2 occasions in 2018. It provides oversight of initiatives and finances for IBD projects within ACPGBI. The CAG has been responsible for providing guidance on IBD databases, fellowships, accreditation and guidelines in IBD Surgery.

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The IBD guidelines have been published in 2018 and are available for members.

The Pouch Registry was closed down in 2018. Alternative platforms to replace the registry are being explored.

The SWORD database continues to be an invaluable tool for our members giving access to the following 6 modules (Pouch, Colectomy, Proctectomy, Crohn's ileocaecal resection, small bowel resection + stricturoplasty and perianal Crohn's procedures ).

**EXTERNAL AFFAIRS COMMITTEE**

The role of the External Affairs Committee is to represent ACPGBI to professional bodies and the public as well as to respond to events that impact on its members. It is chaired by Mark Chapman.

*Web site & Members Database*

The major work for this committee has been renewing our database to ensure it is fit for future use and is secure. This has taken up a considerable amount of time especially for Anne O'Mara and Nicole Taub. There have been regular meetings with Mixd (our web developer) to ensure a relatively smooth transition. Members will be required to renew their subscription debit details and it has been recognised that this poses a potential financial risk to the Association over the next 12 months.

The web site continues to attract a growing number of hits and the twitter account has over 5000 followers. Constant vigilance is needed to keep the web site up to date and the chair is especially grateful to Nicole Taub and committee members for this. A B Harikrishnan has recently introduced the "paper of the month" feature to raise interest and debate on areas of surgical controversy.

Increasingly, the web site is a resource to go to for specialists and this needs continual promotion and tweaking. Development plans are being formulated to increase the functionality of the web site.

*Newsletter*

The newsletter has been further developed over the past year. It is collated by Nicole Taub and sent out electronically to all members on a monthly basis. This has proved an effective way of communicating with members.

*Independent Health Care Committee*

Andrew Miles chairs this Committee. He is continuing to reinvigorate this committee and has recruited new members. The committee plans to survey members with a view to understanding the provision in private hospitals for patients to access MDT discussion, a keyworker and appropriate stoma care.

*International Affairs Committee*

Karen Nugent has demitted as chair of this committee and Jared Torkington has taken over. The function of this committee is to ensure that overseas fellows are appropriately placed. ACPGBI has decided not to offer European fellowships for the annual meeting but is working with the European Society of Coloproctology (ESCP) towards linking hospitals between the east, west and central European regions.

This committee also has oversight of the Trainee coloproctology award which continues to attract a high standard of applications.

*Attendance at other professional organisations*

Members of the committee are responsible for liaising with our sister organizations such as British Society of Gastroenterology, AUGIS and Association of Laparoscopic Surgeons as well as the Royal Colleges. This role is to horizon scan developments and report back to the External Affairs Committee. Areas of mutual interest are how we reach out to trainees and medical students to encourage them to consider a career in colorectal disease. The RCSEd runs "taster" sessions and we have linked with them to offer support and speakers. The Dukes' club have recently appointed chapter reps and it is hoped that

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**YEAR ENDED 31 DECEMBER 2018**

this will better enable regions to hold sessions to encourage students and junior doctors into a surgical career. The Association is very keen to develop links and strengthen our role in emergency surgery.

*Rapid response to NICE, press & members of the public*

This committee has responsibility for rapid responses to NICE and other organizations as well as members of the public that request a professional opinion on matters pertaining to colorectal surgical disease. This is managed by cascading emails to appropriate individuals in order for us to provide an informed response in a timely manner.

**PEVLIC FLOOR SOCIETY**

The Pelvic Floor Society (TPFS) was formed in 2012 with the union of The Southern, Northern and Midland Pelvic Floor Societies, and the appointment of an Executive Committee. TPFS is an affiliate of the ACPGBI.

The Executive Committee is made up of the following (with post and end of tenure in parentheses): A.Williams (Chairman, 2020), M.Mercer-Jones (Hon Sec, 2020), K.Telford (Hon Membership Sec, 2020), S.Siddiqi (Treasurer, 2020), C.Vaizey (Chair Program, 2021), S.Brown (Chair Accreditation, 2020), B.Praveen (Chair Q&A, 2020), C.Knowles (Chair R&D, 2020), J. Randall (Chair Training, 2020), B.Williams (Dukes Club Rep), J.Dixon (AHCP Rep, 2021), J.Grainger (External Affairs Officer, 2021), S.Squires (Patient Rep), D.Ziyaie (Chapter Rep Scotland, 2020), J.Cornish (Chapter Rep Wales, 2021), R.Kalabassi (Chapter Rep Ireland [including NI], 2021), Y.Yiannakou (BSUG Rep, 2021).

The Society is intentionally inclusive and encourages membership from all members of the pelvic floor multidisciplinary team. At present membership includes 131 colorectal consultants, 3 pain consultants, 6 urogynaecologist / urologists, 3 gastroenterologists and 5 radiologists. We have 42 allied health professional members (nurses, physiotherapists and clinical scientists), together with 11 trainee members and 8 overseas / honorary members.

In 2018 we contributed to a day at the ACPGBI annual meeting and co-hosted with the UK Continence Society the first Pelvic Floor Summit meeting in Telford over the course of 3 days. TPFS AGM was also held in Telford.

TPFS membership is free provided certain terms are met and the society prides itself on keeping registration fees low for members for its annual meeting.

2018 has undoubtedly been the most difficult for colorectal surgeons with a pelvic floor interest because of the ongoing mesh debate, now at a Parliamentary level. TPFS published a position statement in late 2017 regarding the colorectal use of mesh for laparoscopic ventral mesh rectopexy (LVMR). In this, the society argued for the safety of mesh and a distinction between the use of mesh during LVMR and that of mesh use in certain urogynaecology procedures. NICE produced an interventional procedure guidance for LVMR for obstructed defaecation in June 2018 with clear and concise prerequisites.

In July 2018, in response to notification from the Independent Medicines and Medical Devices Safety Review, a pause was placed upon transvaginally placed mesh and tension-free vaginal tape (TVT) using mesh. Later that month in response to advice from a Clinical Advisory Group (formed by many expert members, including TPFS), The Secretary of State for Health and CMO placed LVMR under a category of high vigilance. This put added importance on Medical Directors of all Trusts in England to ensure that strict governance was being adhered to. Oral hearings before the Safety Review Committee involving interested parties (including RCS and TPFS) took place in February 2019. Our Chairman Mr Williams, put forward a balanced and sensible approach towards the governance and monitoring of mesh use within the pelvis from a colorectal view. TPFS has pre-emptively sought to put the necessary processes in place to ensure that engaged clinicians and units will have the information and perhaps resources required to deliver a safe, efficient service for colorectal pelvic floor patients.

These processes include the voluntary accreditation of pelvic floor units (MDT's and MDM's). It is hoped that in time the peer review process for functional bowel disease and prolapse will follow the well-defined outcome measures that exist for cancer. TPFS have a bank of voluntary assessors who initially assess

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**YEAR ENDED 31 DECEMBER 2018**

submitted key performance indicators to score a unit. It is anticipated that a number of units will become accredited this year.

TPFS has sought to promote two trials to gather evidence on outcomes following LVMR (CAPACITY 3, C.Knowles) and data collection following any rectal prolapse procedure (PROCEED, S.Brown). We have established porcine and cadaveric workshops focusing on rectal prolapse. TPFS sponsored candidates at the inaugural Dundee cadaveric workshop on prolapse with TPFS Exec members contributing to the faculty. Feedback was excellent and the second course has been booked for 2019. A TPFS mentor scheme (initially LVMR) for consultants is being developed. An enhanced LVMR consent and pre-op checklist has been developed for clinicians to aid in the Montgomery consent process and these along with revised patient information leaflets will be available on TPFS new revised website in 2019. Finally the issue of patient reported outcome measures and data collection (LVMR) has been addressed via TPFS Executive and potentially ties in with NHS Healthcare Quality Improvement Partnership (HQIP) who are examining this whole area in response to the Medicines and Healthcare products Regulatory Agency (MHRA) and concern over mesh and adequate data collection. TPFS recognise that the database accessed via TPFS website for engaged clinicians may not be adequate enough moving forward.

**ASSOCIATION OF COLOPROCTOLOGY NURSES (ACPN)**

ACPN is chaired by Ms Maria Pettman. There are seven committee members (Gabby Thorpe, Vice Chair, Samantha Seker, Debbie Cottrell, Jay Bradbury, Alison Turner, Nichola Richards). The ACPN Committee have had three face to face meetings and two telephone conferences in the last 12 months.

The current nurse membership stands at 108, but we continue to struggle with recruitment to our various chapters so are not able to commit to the sub divisions of ACPGBI.

Gabrielle Thorpe represents the ACPN on the Research & Audit Committee and has been involved in the research roadshows and other research-related events in this capacity throughout the year. Charlotte Dawson was our representative on the Education Committee although has recently resigned.

Nurse members have up to 50 free places at the Annual Meeting and all of these were taken up at the annual meeting in Birmingham in 2018. We ran a successful, well attended nurses' symposium at the annual meeting. All delegates at the ACPN meeting were asked to complete an evaluation form, which gave largely positive feedback and offered some suggestions, approximately 50% of which have been integrated into next year's programme.

Planning has been underway since July 2018 for the ACPN programme for the ACPGBI annual meeting in Dublin in 2019. We will be trialling the ACPN meeting over two half days rather than one longer day and for the first time have included an additional practical workshop on abdominal assessment and rigid proctoscopy/sigmoidoscopy. We have invited several surgeons to present at our meeting and their response has been overwhelmingly positive; we are very grateful for their enthusiasm and kind involvement.

We have been exploring options around journal subscription for the past few years as ACPN members have suggested that they would prefer preferential rates for a more nursing-orientated journal than Colorectal Disease or BJS.

The website is helping to promote the nurses section with increased enquiries regarding membership and education and scholarship opportunities.

Our principal challenge remains recruitment of members and regional leads. There are some financial constraints and we are conscious that declining educational budgets, staff shortages and increase in service could all be reasons why nurses seem to be less involved with ACPN and the Committee than in previous years. Private sponsorship for annual meeting attendance has significantly declined and more nurses are having to self-fund courses, conferences and events. Nurses are also not given time to attend these events due to increasing workloads. As part of the ACPGBI strategy we hope to work to reduce nursing membership subscription fees.

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**DUKES' CLUB**

The Dukes' Club is the body representing trainees in Coloproctology within the UK. It is run and supported by trainees in registered UK training programmes. The Dukes' Club President for 2018/19 is Henry Ferguson, supported by a wider executive committee. Members of the Dukes' Club are all subscribing Associate member of ACPGBI. Dukes' has continued to receive its own sponsorship from industry to facilitate the running of its annual educational weekend.

This year has represented a significant expansion in the formalised structure of the Dukes' Club. Open elections were held among the membership to appoint representatives in all regions of the United Kingdom, parallel to senior ACPGBI Chapter Representatives. These representatives have been charged with increasing regional ACPGBI membership, and outreach to medical school surgical societies to encourage the next generation of coloproctologists. The Dukes' Club Constitution has also undergone a complete rewrite to include the new positions of IBD Representative and Emergency Surgery Representative on the Dukes' Club Committee.

The work of the Dukes' Club Research Collaborative has continued strongly throughout the year with data collection completed for the CLOSE-IT Study. Publication of the results is anticipated within the next 12 months.

The Dukes' Club Fellowship Speed Dating initiative was piloted at the ACPGBI Conference in 2018, with 30+ trainees and an equivalent number of fellowship supervisors benefiting from a coordinated opportunity to discuss their posts. This initiative will continue to develop in the year to come. This year's Dukes' Club sessions at ACPGBI 2018 also took a major technological step forward and included presentations via the Skype platform from the USA, Australia and Hong Kong.

The Dukes' Club website has been totally redeveloped – providing an easier interface for our members, with details of opportunities to support colorectal trainees' development, including ideas for education and research. The Dukes' Club has increased access to a wide variety of courses and negotiated subsidised or free places for our members. This includes a free place to Dukes' members on the ACPGBI Advanced Coloproctology Course and access to several other courses throughout the year, such as Ethicon laparoscopic skills course, TaTME course, cadaveric operating and THD Advances in Benign Proctology. We have also again offered Dukes' Club Travelling Fellowships and The Dukes' Prize at ASiT. We have developed a clear approach to event promotion, reserving promotion and advertising for those courses which provide Dukes' Club members with discounts or free places.

The Dukes' Club Annual Educational weekend was held in April 2018 at The Park Royal Hotel in Warrington. It provided a free meeting for over 80 trainees to attend lectures for a day given by invited faculty from across Europe and the UK, on a range of colorectal issues. Many also stayed to attend some of the 3 courses running simultaneously. Excellent feedback was obtained supporting the value of this event. A tangible increase in Associate ACPGBI membership was noted around the time of the event, further indicating the benefit of the event to the ACPGBI portfolio.

**THE JOURNAL – COLORECTAL DISEASE**

Total revenues for 2018 were £311,558. The journal has not been as badly impacted as one might have predicted by the reversal of the 'boost' in last year's revenues caused by the extremely weak GBP at the time that the 2017 renewals were sent out. However, the increase in Open Access revenue by approx. £14,000 is an anomaly as it has been caused by the practice of publishing supplement articles and position statements as Open Access rather than free to read. The decision has been made that such items should be published as free to read in the first instance unless Open Access is specifically requested and one would expect this revenue line to decrease and stabilise in future lines to some extent. That said, there is a changing Open Access landscape and so, for different reasons, we may expect to see an increase in Open Access revenues moving forward. Open Access variances aside, the journal continues to have a broadly stable income base with no other significant variances.

Total costs were £163,950, slightly lower than in 2017 with closer monitoring of the editorial travel budget having contributed to this. We would expect to realise greater savings in 2019 following the move to online-only from 1 January 2019.

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
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**TRUSTEES ANNUAL REPORT CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

After deducting the ACPGBI member revenues and publisher's overheads, the profit to be shared was £100,294 of which ACPGBI is due 50% i.e. £50,147.

There were further discussions with ESCP and BJS Society about shared ownership or investment. At present the journal is financially viable. The decision has been made for ACPGBI to continue to work in partnership with ESCP without relinquishing ownership of the Journal.

The Journal will move to become online only from 2019. This will reduce production costs but may have a negative impact on advertising revenue. However, this may, in part, be mitigated by sponsored issue alerts.

The journal is officially recognised by Index Medicus and is listed on Medline. The Journal's Impact Factor stands at 2.778 2017/18, an increase on the previous year which was highlighted in a various marketing campaigns.

**BOWEL DISEASE RESEARCH FOUNDATION (BDRF)**

BDRF was incorporated in 2007 with ACPGBI as its only member. As a result BDRF is a wholly owned subsidiary of ACPGBI. BDRF is a company limited by guarantee and a charity registered with the Charity Commission. BDRF has its own Board of Trustees and files its own accounts and returns with Companies House, HMRC and the Charity Commission. As ACPGBI is a charitable company that has a subsidiary (BDRF) it is required to prepare consolidated group accounts. The following is a report from the Trustees of BDRF:

**Achievement and Performance**

***Charitable Activities***

2018 was another year of growth and development for BDRF. Our income generation activities have increased our fundraised income whilst keeping our operating costs at similar levels to previous years.

We have reached out to many more patients and scientists through our research in 2018 and have made some great impact in helping to drive developments in clinical practice.

All this is great news for patients and their families whose lives are often blighted by the devastating effects of bowel disease.

**Highlights of our work in 2018**

***Collaborations with ACPGBI***

We held a joint stand at the Association of Coloproctology of Great Britain and Ireland's (ACPGBI) annual meeting in July.

The BDRF keynote lecture was delivered by our Trustee, Professor Dion Morton who presented an overview of how clinical trials in colorectal research have helped to improve the lives of patients in the UK and across the globe. The ground breaking National Audit of Small Bowel Obstruction (NASBO) was also presented to surgeons on how to improve care for people with small bowel obstruction.

Throughout the year we attended the CReaTE Roadshows in Warrington, Edinburgh and the Midlands. CReaTE (Colorectal Research and Trials Engagement) is a fascinating insight into the world of colorectal research and gives attendees a preview of a number of key clinical trials taking place across Great Britain and Ireland.

We would like to thank all the members of the ACPGBI for their continued support of our work. In particular we extend our gratitude to the members of the ACPGBI Research and Audit Committee in assessing our grant applications through their expert peer review process.

***Patient perspectives of robotic-assisted colorectal surgery***

BDRF was thrilled to award a grant for research into robotic-assisted colorectal surgery. The grant of £45k has been awarded to a collaborative research team led by Mr. Simon Bach, Consultant Colorectal

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**TRUSTEES ANNUAL REPORT CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

Surgeon, Queen Elizabeth Hospital, Birmingham for the project titled “Patient, public and clinician perspectives of robotic-assisted surgery: an international perspective”.

The project will aim to explore and develop consensus amongst public, patients and clinicians on research priorities in robotic-assisted surgery and more clearly define how best to measure the impact of this technology upon patient care, with the patient at the centre of defining the outcomes that are meaningful to them.

The grant was kindly supported by Intuitive Surgical who we will also be working with in 2019 for another round of grants applications.

***OnCoRe Project***

A BDRF funded research team established a database of rectal cancer patients who had benefited from a complete response to treatment. In 2018 this dataset was converted into a national Research Database recognised by the NHS Health Research Authority.

This registry provides compelling evidence that thousands of rectal cancer patients can safely be spared major surgery. Its success is already leading to shifts in NHS practice that will have big impacts on people’s lives.

***ELF Study smashes its targets***

Emergency bowel surgery is more dangerous for older patients – yet they are the most likely to need it. The problem is so serious that around 20% of patients over 65 who have an emergency abdominal surgery die within 30 days of the operation. Many others suffer debilitating complications, in some cases losing their independence altogether.

The ELF Study (Emergency Laparotomy and Frailty) aimed to help surgeons identify older patients most at risk during emergency procedures and improve their chances of a good outcome.

The team hit almost double their recruitment target – having aimed to collect data on 500 patients, they ended up registering 926 from 49 hospitals. Data like this is invaluable and will help to drive changes in clinical practice that benefit patients. Researchers are now already working on the next phase – putting the data into practice and developing interventions to help frailer patients get through surgery.

***Travelling Research Fellowship***

We were delighted to be able to reintroduce this award that enables a newly appointed consultant surgeon to expand their knowledge and research through international collaborations.

The winner was Mrs Julie Cornish, a colorectal surgeon based in Cardiff. Julie will work with the Amsterdam Medical Centre (AMC) to look at variations in the use of ileostomy across Europe in the treatment of rectal cancer.

***Improving Quality of life for people living with a stoma***

We launched the second round of our partnership with two other charities; IA (Ileostomy and Internal Pouch Association) and The Kingston Trust to help improve the lives of people living with a stoma. A research workshop with 50 research scientists, patients, surgeons and nurses was held at the Royal College of Surgeons and helped to devise criteria for future projects that will be funded in 2019.

***BDRF GRANULE workshop in Kigali***

When we funded the GRANULE project in 2015, the team had a bold vision for new generation of surgical researchers drawn from all over the world.

Through a series of hands on workshops, GRANULE has gone on to train over 200 international medical students and doctors, equipping them with the technical and interpersonal skills needed to recruit patients into research trials. According to Simon Bach, the Royal College of Surgeons of England’s Surgical Specialty Lead for colorectal surgery, key to the initiative’s success has been “flexible funding from BDRF, which has made all of this possible”.

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**TRUSTEES ANNUAL REPORT CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

In 2018 the latest step on the road to fulfilling this ambitious vision took the team to Rwanda's capital Kigali. They delivered a course at the 2nd annual research prioritisation workshop from the National Institute of Health Research (NIHR) Global Health Research Unit on Global Surgery – where the training was “as relevant to colleagues in Pakistan, India, Nigeria, and Ghana as it was in Birmingham, London, Newcastle, and Bristol” according to Aneel Bhangu, Consultant Colorectal Surgeon in Birmingham who heads up the GRANULE project.

***BDRF attends parliamentary reception for immunology***

We were delighted to be invited to a Parliamentary Reception hosted by the British Society for Immunology on how MPs, industry leaders and research charities like us can work together to bring about real breakthroughs for patients.

Immunology is crucial to improving treatment for Inflammatory Bowel Disease and has an increasingly important role to play in fighting bowel cancer.

Passionate speakers including Melanie Onn MP, Chair of the All-Party Parliamentary Group on IBD and a Crohn's patient herself, hailed the enormous contribution of the UK's immunology sector – but stressed the importance of redoubling our efforts. There is still so far to go in delivering the best possible care for all patients, and BDRF are determined to play our part in supporting the research that gets us there.

Inflammatory Bowel Diseases in particular will not be beaten until we have a full picture of the immunological process behind the causes and mechanisms at play. Emerging discoveries about how the immune system can be ‘reprogrammed’ to tackle cancer are also incredibly exciting – but in both cases more research is desperately needed.

***Strength and stability in Europe***

BDRF travelled to Nice for the ESCP's annual conference – Europe's biggest gathering of medical specialists in the field of bowel disease.

We have a big, bold vision to eradicate bowel disease, and to achieve it we need to work with medical professionals and the patients they serve from all over the world.

With some of the top scientists, surgeons, nurses and other specialists from all across the world in attendance we caught up with some cutting-edge research projects, promoted our own work and explored the scope for truly life-changing collaborations.

**Future work - The challenges of bowel disease**

There are approximately 40,000 new bowel cancer cases diagnosed each year, so we urgently need new and better therapies to save lives and reduce strain on the NHS.

We want to reduce the number of deaths by making treatments more effective, and also develop less invasive methods of surgery and kinder chemotherapy, minimising harmful side effects.

Crohn's disease and ulcerative colitis are lifelong conditions which currently have no cure, and we don't even know the cause.

Success rates in treatment are variable and for many patients the only option is drastic surgery. We want to help scientists to discover the cause of IBD while improving treatment right now. In the medium term, we hope IBD will become a more manageable condition before an eventual cure is found.

We are one of the few organisations that also funds work into a plethora of bowel disorders that can cause extreme discomfort to people's every-day lives. Our work will focus on assessing treatments for patients with diverticular disease, whilst another project will look at a new method for healing anal fissures. A study in Sheffield will look at how care pathways for elderly people needing emergency surgery can be improved.

Through our unique link with the Association of Coloproctology of Great Britain and Ireland, BDRF funds expert medical professionals conducting research of the highest quality in order to achieve our goals.

**BDRF is extremely grateful to all our funders large and small who continue to back our work into bowel disease.**



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**TRUSTEES ANNUAL REPORT CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

**FINANCIAL REVIEW**

**Financial results 1<sup>st</sup> January to 31<sup>st</sup> December 2018**

The income to ACPGBI was primarily from direct membership subscriptions and income from the Annual General Meeting. Additionally, ACPGBI received a small amount of interest on deposited reserves. Further income was derived from the Pelvic Floor Society and from the Dukes' Club

ACPGBI also received income from a profit share arrangements with the publishers of the journal, Colorectal Disease. The Trustees are confident that all tax liabilities have been recognised and administered.

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

Total incoming resources, for the period ending 31<sup>st</sup> December 2018, were £1,477,368 including BDRF. In the period ending 31<sup>st</sup> December 2018, the total expenditure was £1,234,198. The total funds at 31<sup>st</sup> December 2018 were £1,564,373.

**Risk analysis**

ACPGBI recognizes the financial risks inherent with the funding of the Annual Meeting. The financial success of the same is dependent on the number of delegate registrations, exhibition income and sponsorship; all of which may vary from year to year.

Currently, the estimated funds required for hosting an Annual Meeting are in the region of £450,000. For this reason, the ACPGBI retains funds in excess of £450,000, so that it can cover the costs of an Annual Meeting, which may completely fail because of factors, which are outside of the control of the Association. Although ACPGBI takes out routine insurance in this respect, including anti-terrorism cover, this would not protect against the general financial reserves and running costs of ACPGBI. The personal financial risk born by the trustees has been removed by incorporation of ACPGBI.

Conversion to a new method of collecting subscriptions through the membership database has been recognised as a risk to income for the Association if members do not renew.

**INVESTMENT POLICY**

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

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

The ACPGBI recognises the difficulties members are experiencing with study leave funding within their NHS Trusts and this has probably contributed to the reduced registration numbers at some recent Annual Meetings.

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

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**TRUSTEES ANNUAL REPORT CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

**FUTURE FINANCIAL STRATEGY**

**Proposals and actions for 2019/20**

As part of the financial review in 2016, it was suggested that a Trustee Board be setup to add further oversight to the governance of ACPGBI, separate to the Executive. The proposal to introduce a Board of Trustees was approved at the AGM in Bournemouth in July 2017 and members of the Board have now been appointed. Over the next 12 months ACPGBI aims to:

- Balance income and outgoings within the principal business account. Funding of future initiatives to be agreed at the annual strategy meeting with distribution of funds based on profit from annual meeting.
- Maintain current membership base for 2019.
- Attract new members through reduced subscription rates for the first year
- Reduce nursing membership fees from 2020
- Appoint a conference organiser for three years
- Identify funding to support members in attending the Tripartite meeting in Auckland in 2020
- Continue to fund two Dukes' Club travelling fellowships
- Continue to fund the South African Fellow together with the America and Australasian fellows (there is a reciprocal arrangement with the Americans and Australasians).
- Continue funding the CReaTE roadshows
- Continue contributions from ACPGBI towards BDRF to help toward administrative costs.
- Continue limited (max £1,000 per year) funding to facilitate Chapters to run meetings during the year.
- Continue to part fund surgical specialty lead
- Continue to allow medical students free registration for the Annual Meeting and reimburse their travelling expenses if they are presenting at the meeting, but not their accommodation costs.
- Continue to provide 50 free places at the annual meeting to nurse members
- Be aware of potential strain costs associated with employees' membership of the SAUL pension scheme
- Provide annual appraisal and salary review for our staff

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**TRUSTEES ANNUAL REPORT CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

**TRUSTEES' RESPONSIBILITIES**

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

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

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

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

In so far as the trustees are aware:

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

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

**Approved by the Trustees and signed on their behalf by**

.....  
**Mr T A Cook**  
**Honorary Treasurer**  
**Association of Coloproctology of Great Britain and Ireland**

Dated ..... **2019**

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

**YEAR ENDED 31 DECEMBER 2018**

**Opinion**

We have audited the financial statements of The Association of Coloproctology of Great Britain and Ireland (the 'charitable company') for the year ended 31 December 2018 which comprise the Group Statement of Financial Activities, the Group and Parent 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).

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

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2018 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

**Basis for opinion**

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

**Conclusions relating to going concern**

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

**Other information**

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

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

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

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
(COMPANY LIMITED BY GUARANTEE)**

**INDEPENDENT AUDITORS' REPORT TO THE TRUSTEES (continued)**

**YEAR ENDED 31 DECEMBER 2018**

**Opinion on other matters prescribed by the Companies Act 2006**

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

- the information given in the Report of the Trustees for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Report of the Trustees has been prepared in accordance with applicable legal requirements.

**Matters on which we are required to report by exception**

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Report of the Trustees.

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

- adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

**Responsibilities of trustees**

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

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

**Our responsibilities for the audit of the financial statements**

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

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](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our Report of the Independent Auditors.

.....

Mr Keith Adrian Ford (Senior Statutory Auditor)  
For and on behalf of Ford Bentall LLP  
Statutory Auditor  
60 High Street  
Chobham  
Surrey  
GU24 8AA  
Dated: ..... 2019

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
(COMPANY LIMITED BY GUARANTEE – REGISTRATION NUMBER 05962281)

**CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES (INCOME AND EXPENDITURE ACCOUNT)**

**YEAR ENDED 31 DECEMBER 2018**

	Note	Unrestricted Funds Year to 31 Dec 18 £	Restricted Funds Year to 31 Dec 18 £	Total Funds Year to 31 Dec 18 £	Total Funds Year to 31 Dec 17 £
<b>INCOME AND ENDOWMENTS FROM</b>					
Donations and legacies	2	309,065	196,644	505,709	419,066
Charitable activities:	5				
Education		102,098	-	102,098	147,359
Provision of publication		78,299	-	78,299	36,787
Annual General Meeting		520,043	-	520,043	473,495
Other trading activities	3	270,368	-	270,368	258,205
Investment income	4	851	-	851	164
<b>TOTAL INCOME</b>		<b>1,280,724</b>	<b>196,644</b>	<b>1,477,368</b>	<b>1,335,076</b>
<b>EXPENDITURE ON</b>					
Raising funds	6	112,093	-	112,093	153,438
Charitable activities:					
Bursaries	7	131,528	91,214	222,742	203,511
Education	6	278,384	-	278,384	332,800
Provision of publications	6	49,064	-	49,064	45,133
Annual General Meeting	6	507,956	-	507,956	428,530
Governance costs	6	63,959	-	63,959	75,840
<b>TOTAL EXPENDITURE</b>	6	<b>1,142,984</b>	<b>91,214</b>	<b>1,234,198</b>	<b>1,239,252</b>
<b>NET INCOME</b>		<b>137,740</b>	<b>105,430</b>	<b>243,170</b>	<b>95,824</b>
Transfers between funds		48,367	-48,367	-	-
<b>Net movement in funds</b>		<b>186,107</b>	<b>57,063</b>	<b>243,170</b>	<b>95,824</b>
<b>RECONCILIATION OF FUNDS</b>					
Total funds brought forward		1,306,246	14,957	1,321,203	1,225,379
<b>Total funds carried forward</b>		<b>1,492,353</b>	<b>72,020</b>	<b>1,564,373</b>	<b>1,321,203</b>

The statement of financial activities includes all gains and losses recognised in the year. All incoming resources and resources expended derive from continuing activities.

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
(COMPANY LIMITED BY GUARANTEE – REGISTRATION NUMBER 05962281)**

**BALANCE SHEET**

**YEAR ENDED 31 DECEMBER 2018**

	<b>Note</b>	<b>Group 2018 £</b>	<b>2017 £</b>	<b>Charity 2018 £</b>	<b>2017 £</b>
<b>FIXED ASSETS</b>					
Tangible assets	12	13,959	4,173	12,470	3,810
<b>CURRENT ASSETS</b>					
Stocks		479	525	479	525
Debtors	13	280,478	260,838	269,815	253,588
Cash at bank		1,573,544	1,357,398	932,964	931,207
		<b>1,854,500</b>	1,618,761	<b>1,203,258</b>	1,185,320
<b>CREDITORS:</b>					
Amounts falling due within one year	14	304,086	301,731	97,355	113,208
<b>NET CURRENT ASSETS</b>		<b>1,550,414</b>	1,317,030	<b>1,105,903</b>	1,072,112
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<b>1,564,373</b>	1,321,203	<b>1,118,373</b>	1,072,112
<b>NET ASSETS</b>		<b>1,564,373</b>	1,321,203	<b>1,118,373</b>	1,075,922
<b>FUNDS</b>					
Unrestricted		1,492,353	1,306,246	1,109,841	1,067,390
Restricted	16	72,020	14,957	8,532	8,532
<b>TOTAL FUNDS</b>		<b>1,564,373</b>	1,321,203	<b>1,118,373</b>	1,075,922

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small charitable Companies.

These accounts were approved by the members of the committee and authorised for issue on ..... 2019 and are signed on their behalf by:

.....  
**Mr B Moran**  
**President**  
**Association of Coloproctology of Great Britain and Ireland**

Company Registration Number: 05962281

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
(COMPANY LIMITED BY GUARANTEE – REGISTRATION NUMBER 05962281)**

**CASH FLOW STATEMENT**

**YEAR ENDED 31 DECEMBER 2018**

	<b>Note</b>	<b>Group 2018 £</b>	<b>2017 £</b>	<b>Charity 2018 £</b>	<b>2017 £</b>
<b>Cash flows from operating activities</b>					
Cash generated from operations	<b>1</b>	<b>229,964</b>	(44,543)	<b>14,355</b>	(76,915)
Interest paid		-	(1,463)	-	
<b>Net cash provided by (used in) operating Activities</b>		<b>229,964</b>	(46,006)	<b>14,355</b>	(76,915)
<b>Net cash provided by (used in) investing activities</b>					
Purchase of fixed assets		<b>13,819</b>	164	<b>(12,600)</b>	162
<b>Change in cash and cash equivalents in the reporting period</b>		<b>216,145</b>	(45,842)	<b>1,755</b>	<b>(76,751)</b>
<b>Cash and cash equivalents at the beginning of the reporting period</b>		<b>1,357,399</b>	1,403,240	<b>931,209</b>	1,007,960
<b>Cash and cash equivalents at the end of the reporting period</b>		<b>1,573,544</b>	1,357,398	<b>932,964</b>	931,209



**NOTES TO THE CASH FLOW STATEMENT**

**YEAR ENDED 31 DECEMBER 2018**

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

	<b>Group</b>		<b>Charity</b>	
	<b>2018</b>	2017	<b>2018</b>	2017
	£	£	£	£
<b>Net income for the reporting period (as per the statement of financial activities)</b>	<b>243,170</b>	95,824	<b>42,451</b>	58,826
<b>Adjustments for:</b>				
Depreciation charges	<b>3,351</b>	1,229	<b>3,256</b>	1,138
Loss on disposal of fixed assets	<b>683</b>	994	<b>683</b>	994
Interest received	-	(164)	-	(162)
Interest paid	-	1,463	-	-
Decrease in stocks	<b>46</b>		<b>46</b>	-
Decrease / (increase) in debtors	<b>(19,640)</b>	(93,183)	<b>(16,226)</b>	(88,590)
Increase / (decrease) in creditors	<b>2,354</b>	(50,706)	<b>(15,855)</b>	(49,121)
	<b>229,964</b>	(44,543)	<b>14,355</b>	(76,915)

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
(COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE ACCOUNTS**

**YEAR ENDED 31 DECEMBER 2018**

**1. ACCOUNTING POLICIES**

**Basis of preparing the financial statements**

The financial statements of the Charitable group, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities; Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

The charitable company was incorporated in England. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £10 per member. The address of the registered office and nature of the charity's operations are disclosed in the Trustees annual report.

**Preparation of the accounts on a going concern basis**

The trustees have considered the future trading of the Charitable group and have prepared forecasts for a period of twelve months from the date of these financial statements. They have a reasonable expectation that the Charitable group can continue to meet its liabilities as they fall due. On this basis, the trustees consider it appropriate to prepare the financial statements on the going concern basis.

**Basis of consolidation**

The financial statements consolidate the results of the Association of Coloproctology of Great Britain and Ireland (ACPGBI) and of its wholly owned subsidiary, the Bowel Disease Research Foundation (BDRF). The results are presented for the Charity (ACPGBI) and the Group (ACPGBI and BDRF). No separate Statement of Financial Activities has been presented for the Charity alone as permitted by the financial reporting standard FRS102, the financial reporting standard applicable to the UK and Republic of Ireland FRS102 (effective 1 January 2015) and the Companies Act 2006.

**Income**

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

**Legacies**

Legacies are recognised when the charity is advised by the personal representatives of an estate that payment will be made or property transferred and the amount involved can be quantified.

**Expenditure**

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

**Fund accounting**

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

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or when funds are raised for a specific purpose. The aim and use of each restricted fund is set out in the notes to the financial statements.

**Allocation and apportionment of costs**

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

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
(COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE ACCOUNTS CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

**1. ACCOUNTING POLICIES CONTINUED**

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

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

**Taxation**

The charity is exempt from corporation tax on its charitable activities

**Fixed assets**

All fixed assets are initially recorded at cost.

**Depreciation**

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

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

**Stocks**

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

**Pension costs and other post-retirement benefits**

The charitable parent company and its subsidiary participate in the Superannuation Arrangements of the University of London (SAUL), which is a defined benefit scheme. The scheme is contracted out of the State Earnings-Related Pension scheme. The scheme is valued formally every three years by professionally qualified and independent actuaries. Reviews of the scheme's positions are carried out in between valuations. The actuarial valuation applies to SAUL as a whole and does not identify surpluses or deficits applicable to individual employers. The charitable company therefore accounts its participation in SAUL as if it were a defined contribution scheme and pension costs are based on amounts actually paid (i.e. cash amounts) in accordance with paragraphs 28.11 of FRS 102.

**Debtors**

Debtors are recognised at the settlement amount due after any trade discounts offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

**Cash at bank and in hand**

Cash at bank and in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the account.

**Creditors and provisions**

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
(COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE ACCOUNTS CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

**2. DONATIONS AND LEGACIES**

	<b>2018</b>	2017
	£	£
Donations (from trusts, events, private companies, individuals, etc)	<b>505,709</b>	417,748
Gift aid	-	1,318
	<b><u>505,709</u></b>	<u>419,066</u>

**3. OTHER TRADING ACTIVITIES**

	<b>2018</b>	2017
	£	£
Subscription	270,366	258,205
	<b><u>270,366</u></b>	<u>258,205</u>

**4. INVESTMENT INCOME**

	<b>2018</b>	2017
	£	£
Bank interest receivable	<b>851</b>	164
	<b><u>851</u></b>	<u>164</u>

**5. INCOME FROM CHARITABLE ACTIVITI**

	<b>2018</b>	2017
	£	£
Pelvic Floor Society	<b>12,000</b>	87,333
Coloproctology motorway course	<b>39,460</b>	21,643
Dukes' Club	<b>38,300</b>	26,183
Other meetings	<b>2,305</b>	700
Ileal Pouch	<b>7,994</b>	11,500
Publication Income	<b>78,299</b>	36,787
Annual General Meeting	<b>520,043</b>	473,495
CReaTE Roadshows	<b>2,039</b>	-
	<b><u>700,440</u></b>	<u>657,641</u>

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
(COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE ACCOUNTS CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

**6. TOTAL EXPENDITURE**

	Raising funds	Bursaries	Education	Provision of publications	Annual meeting	Governance costs	Total Funds Dec 2018	Total Funds Dec 2017
	£	£	£	£	£	£	£	£
AGM and other meetings	-	-	-	-	507,956	-	507,956	428,530
Grants to Institutions	-	131,528	-	-	-	-	131,528	203,511
Travel fellowship	-	-	20,586	-	-	-	20,586	28,747
Other meetings	-	-	1,778	-	-	-	1,778	1,624
M27 course	-	-	-	-	-	-	-	53
Pelvic Floor Society	-	-	27,802	-	-	-	27,802	47,667
Subscription to colorectal disease	-	-	-	49,064	-	-	49,064	45,133
Pelican	-	-	50,000	-	-	-	50,000	-
Surgical Specialty Lead	-	-	7,500	-	-	-	7,500	30,000
UK Ileal Pouch Registry	-	-	3,997	-	-	-	3,997	19,597
Fundraising Costs	8,645	-	-	-	-	-	8,645	8,808
Coloproctology tutors	-	-	5,127	-	-	-	5,127	16,916
Coloproctology motorway course	-	-	27,250	-	-	-	27,250	20,845
Dukes' Club	-	-	24,665	-	-	-	24,665	22,787
CReatE	-	-	4,126	-	-	-	4,126	-
Chapter meetings	-	-	5,246	-	-	-	5,246	10,008
	<b>8,645</b>	<b>131,528</b>	<b>178,077</b>	<b>49,064</b>	<b>507,956</b>	<b>-</b>	<b>875,270</b>	<b>884,226</b>
<b>SUPPORT COSTS</b>								
Management	102,450	53,162	57,606	-	-	-	213,218	199,076
Meetings and travel costs	-	3,137	-	-	-	17,144	20,281	22,223
Information Technology	200	3,975	19,995	-	-	-	24,170	22,733
Administration services	-	8,921	10,729	-	-	-	19,650	43,444
Finance	-	2,214	852	-	-	-	3,066	4,451
Accountancy & audit fees	-	3,030	-	-	-	18,730	21,760	25,171
Legal & professional fee	-	16,107	-	-	-	28,085	44,192	28,446
Other costs	797	669	11,125	-	-	-	12,592	9,482
<b>TOTAL RESOURCES EXPENDED</b>	<b>112,092</b>	<b>222,742</b>	<b>278,384</b>	<b>49,064</b>	<b>507,956</b>	<b>63,959</b>	<b>1,234,198</b>	<b>1,239,252</b>

Support costs have been directly attributed to activities where it has been possible to do so.

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
(COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE ACCOUNTS CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

**7. GRANTS PAYABLE**

	<b>2018</b>	2017
	<b>£</b>	£
Bursaries	<b>222,742</b>	203,511

The total grants paid to and repaid by Institutions during the year were as follows:

	<b>2018</b>	2017
	<b>£</b>	£
St Mark's Hospital	<b>19,999</b>	33,333
University of Leicester	-	5,178
Department of Surgery –Imperial College of London	-	12,000
Sheffield School of Health/Sheffield	-	12,720
Delphi Projects	-	2,400
University of Manchester	-	(8,643)
ABM University LHB / Swansea University	<b>11,700</b>	(20,000)
University of Newcastle	<b>885</b>	(8,000)
University of Liverpool/Chester	<b>(11,804)</b>	-
University of Dundee	<b>(9,700)</b>	-
	<b>11,080</b>	28,988

In addition to the above the following amounts have been included in creditors as at the year end the charity was committed to funding these grant applications:

	<b>2018</b>	2017
	<b>£</b>	£
ABM University LBH/Swansea University	-	36,302
University of Glasgow	-	12,150
St Marks Hospital	<b>18,863</b>	18,864
St James University Hospital / University of Leeds	-	33,184
University of Oxford	<b>20,000</b>	20,000
University of Manchester	-	5,125
University of Newcastle	-	8,800
University of Leicester	-	5,178
Cardiff & Vale University Health Board	-	21,420
University of Liverpool	-	13,500
University of Oxford	<b>3,900</b>	-
Countess of Chester	<b>16,650</b>	-
Charitable activities	<b>91,213</b>	-
Birbeck College, University of London	<b>14,536</b>	-
University of Birmingham	<b>45,000</b>	-
Cardiff & Vale University Health Board	<b>1,500</b>	-
	<b>211,662</b>	174,523
<b>Total grants payable in the year</b>	<b>222,742</b>	203,511

Some of the grant applications were agreed to be funded in stages throughout the project. No project exceeds three years. Further payments to these projects will be made only after receipt of satisfactory reports detailing the progress of the activities

Grants are returned due to conditions attached to the initial funding not being fulfilled or alternatively Institutions not spending all of their funding.

Further details on grants awarded to institutions can be found on the website [www.bdrf.org.uk](http://www.bdrf.org.uk)

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
(COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE ACCOUNTS CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

**8. NET INCOMING/ (OUTGOING) RESOURCES**

Net resources are stated after charging/(crediting)	<b>2018</b>	2017
	<b>£</b>	£
Auditors remuneration	<b>17,200</b>	17,200
Auditors remuneration for non-audit work	<b>4,560</b>	7,971
Depreciation – owned assets	<b>3,351</b>	1,229
Loss on asset disposal	<b>683</b>	994
	<hr/> <b>683</b>	<hr/> 994

**9. TRUSTEES' REMUNERATION AND BENEFITS**

There were no trustees' remuneration or other benefits for the year ended 31 December 2018 nor the year ended 31 December 2017.

<b>Trustees' expenses</b>	<b>2018</b>	2017
	<b>£</b>	£
Trustees' expenses	<b>6,059</b>	4,849
	<hr/> <b>6,059</b>	<hr/> 4,849

During the year 12 (2017:10) trustees received reimbursed expenses for travel costs to trustees meetings.

**10. STAFF COSTS**

	<b>2018</b>	2017
	<b>£</b>	£
Wages and salaries	<b>165,259</b>	155,157
Social security costs	<b>15,221</b>	14,279
Pension costs	<b>32,738</b>	29,640
	<hr/> <b>213,218</b>	<hr/> 199,076

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

	<b>2018</b>	2017
Fundraising and administration	<b>4</b>	4
	<hr/> <b>4</b>	<hr/> 4

The key management for the charities comprise of the Trustees, CEO, and co-ordinators.

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

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
(COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE ACCOUNTS CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

**11. 2017 COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES**

	Unrestricted fund £	Restricted funds £	Total funds £
<b>INCOME AND ENDOWMENTS FROM</b>			
<b>Donations and legacies</b>	313,615	105,451	419,066
<b>Charitable activities</b>			
Education	147,359	-	147,359
Provision of Publications	36,787	-	36,787
Annual General Meeting	473,495	-	473,495
<b>Other trading activities</b>	258,205	-	258,205
<b>Investment income</b>	164	-	164
<b>Total income</b>	<u>1,229,625</u>	<u>105,541</u>	<u>1,335,076</u>
<b>TOTAL EXPENDITURE ON</b>			
Raising funds	153,438	-	153,438
<b>Charitable activities</b>			
Bursaries	97,517	105,994	203,511
Education	332,747	53	332,800
Provision of publication	45,133	-	45,133
Annual General Meeting	428,530	-	428,530
Governance costs	75,840	-	75,480
<b>TOTAL EXPENDITURE</b>	<u>1,133,250</u>	<u>106,407</u>	<u>1,239,252</u>
<b>NET INCOME</b>	96,420	(596)	98,824
<b>Transfer between funds</b>	<u>(1,964)</u>	<u>1,964</u>	<u>-</u>
<b>Net movement in funds</b>	94,456	1,368	95,824
<b>RECONCILIATION OF FUNDS</b>			
<b>Total funds brought forward</b>	1,211,790	13,589	1,225,379
<b>Total funds carried forward</b>	<u>1,306,246</u>	<u>14,957</u>	<u>1,321,203</u>



THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
(COMPANY LIMITED BY GUARANTEE)

**NOTES TO THE ACCOUNTS CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

**12. TANGIBLE FIXED ASSETS  
(a) GROUP**

	Leasehold Property Improvements £	Office Equipment £	Computer equipment £	Exhibition stand £	Chain of Office & medal dies £	Total £
<b>COST</b>						
At 1 Jan 2018	1,874	3,444	5,690	897	4,064	15,969
Additions	-	-	13,819	-	-	13,819
Disposals	(1,874)	-	(942)	(897)	-	(3,713)
<b>At 31 Dec 2018</b>	<b>-</b>	<b>3,444</b>	<b>18,567</b>	<b>-</b>	<b>4,064</b>	<b>26,075</b>
<b>DEPRECIATION</b>						
At 1 Jan 2018	1,533	2,656	5,144	733	1,730	11,796
Charge for the year	51	137	2,679	25	460	3,352
On disposal	(1,584)	-	(688)	(758)	-	(3,030)
<b>At 31 Dec 2018</b>	<b>-</b>	<b>2,793</b>	<b>7,135</b>	<b>-</b>	<b>2,190</b>	<b>12,118</b>
<b>NET BOOK VALUE</b>						
<b>AT 31 DEC 2018</b>	<b>-</b>	<b>651</b>	<b>11,432</b>	<b>-</b>	<b>1,874</b>	<b>13,957</b>
AT 31 DEC 2017	341	788	546	164	2,334	4,173

**(b) CHARITY**

<b>NET BOOK VALUE</b>						
<b>AT 31 DEC 2018</b>	<b>-</b>	<b>361</b>	<b>10,235</b>	<b>-</b>	<b>1,874</b>	<b>12,470</b>
AT 31 DEC 2017	341	425	546	164	2,334	3,810

**13. DEBTORS:** Amounts falling due within one year

	Group		Charity	
	2018 £	2017 £	2018 £	2017 £
AGM 2020 Prepaid expenses	28,437	28,031	28,437	28,031
AGM 2019 Prepaid expenses	150,052	6,728	162,499	6,728
AGM 2018 Prepaid expenses	-	130,110	-	130,110
Trade debtors	2,417	27,780	8,667	27,880
Tax recoverable	-	3,605	-	-
VAT	-	5,753	-	5,753
Prepayments and accrued income	21,676	18,829	20,065	18,400
Other debtors	77,896	40,002	50,147	36,786
	<b>280,478</b>	<b>260,838</b>	<b>269,815</b>	<b>253,588</b>

THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
(COMPANY LIMITED BY GUARANTEE)

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2018

14. **CREDITORS:** Amounts falling due within one year

	<b>Group</b>		<b>Charity</b>	
	<b>2018</b>	<b>2017</b>	<b>2018</b>	<b>2017</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Other creditors	<b>187,089</b>	174,636	-	-
Deferred income	<b>53,513</b>	71,010	<b>47,985</b>	71,010
Accruals	<b>22,260</b>	50,381	<b>22,260</b>	42,198
Trade creditors	<b>22,438</b>	5,704	<b>10,953</b>	-
Other taxation	<b>18,786</b>	-	<b>16,157</b>	-
	<b>304,086</b>	301,731	<b>97,355</b>	113,208

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
(COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE ACCOUNTS CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

**15. SUBSIDIARY COMPANY**

The ACPGBI has a wholly owned subsidiary known as the Bowel Disease Research Foundation (BDRF).

From 1 September 2007, BDRF became the only member of ACPGBI, a company limited by guarantee (company number 06309182) and is registered with the Charity Commission (registered charity number 1120460).

The objects of the BDRF are:-

- The relief of patients suffering from bowel disease
- The promotion of research into causes, prevention and treatment of diseases of the ileum, colon and rectum.
- The advancement of study of biological and clinical problems and research, education and treatment.
- The promotion and advancement of education of the general public relating to bowel disease.

In the year to December 2018, the unconsolidated results of the BDRF were total income of £520,709 (2017: £434,067), total expenditure of £319,992 (2017: £397,067), with net income of £200,717 (2017: net income of £37,000). The BDRF has reserves carried forward as at 31 December 2018 of £446,000 (2017: £245,283).

The audited BDRF accounts for the year to 31 December 2018 have been consolidated on a line by line basis in the accounts.

**16. RESTRICTED FUNDS**

	<b>Balance at 1 Jan 2018</b>	<b>Incoming resources</b>	<b>Resources expended</b>	<b>Transfers between funds</b>	<b>Balance at 31Dec 2018</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Laparoscopic Colorectal Surgery	7,532	-	-	-	7,532
<b>Bursaries</b>					
Scottish Chapter	1,000	-	-	-	1,000
Research fund	6,425	196,664	(91,214)	(48,367)	63,488
	<b>14,957</b>	<b>196,644</b>	<b>(91,214)</b>	<b>(48,367)</b>	<b>72,020</b>

During 2008, Covidien provided an educational grant of £25,000 to provide travelling bursaries for consultants and colorectal surgeons in training that are members of the ACPGBI to obtain experience of laparoscopic colorectal surgery in the UK and Europe. During 2017, £nil of these bursaries were utilised and £7,532 remains available.

The M27 Fund is for funding the M27 educational course, an 'Essentials in Coloproctology' course. The funding has ceased and the deficit has been transferred to unrestricted funds.

The Scottish Chapter restricted fund relates to a donation received in 2017 for the benefit of the Scottish Chapter. £1,000 remains available.

The Research Fund is specifically for funding of BDRF's research programme. Occasionally the restriction imposed by the donor extends to funding of specific named projects.

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
(COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE ACCOUNTS CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

**17. ANALYSIS OF NET ASSETS BETWEEN FUNDS**

	<b>Restricted Funds</b>	<b>General Funds</b>	<b>2018</b>	<b>2017</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Tangible fixed assets	-	13,959	13,959	4,173
Current assets/liabilities	72,020	1,478,394	1,550,414	1,317,030
	<b>72,020</b>	<b>1,492,353</b>	<b>1,564,373</b>	<b>1,321,203</b>

**18. RELATED PARTY TRANSACTIONS**

The ACPGBI has a close working relationship with the BDRF and offers assistance with the running costs of the charity in the forms of grants. In the year to December 2018, the ACPGBI had paid £15,000 (2017: £15,000) to the BDRF.

The ACPGBI is intending to continue its support of the BDRF with a planned donation of £15,000 to the BDRF in 2019. Future years are to be reviewed on a regular basis.

**19. PENSION COMMITMENTS**

The company participates in the Superannuation Arrangements of the University of London (SAUL), a centralised defined benefit scheme for all qualified employees with assets held in separate Trustee administered funds. The company has adopted FRS17 for accounting for pension costs. It is not possible to identify the Company's share of the underlying assets and liabilities of SAUL. Therefore contributions are accounted for as if SAUL were a defined contributions scheme and pension costs are based on the amounts actually paid (i.e., cash amounts) in accordance with paragraphs 28.11 of FRS 102. The total cost of pension contributions on behalf of employees of the company during the period was £32,739 (2017: £29,640).

The scheme is subject to triennial valuation by professionally qualified independent actuaries. The last available valuation was carried out at 31 March 2017 using the projected credit method in which the actuarial liability makes allowance for projected earnings.

The following assumptions were used to assess the past service funding position and future service liabilities:

<b>Valuation method</b>	<b>Projected Unit</b>	
	<b>Technical Provisions</b>	<b>Future Service</b>
Investment return – pre-retirement	<b>5.96% p.a.</b>	6.04%
Investment return – post-retirement	<b>3.86% p.a.</b>	3.94%
Price Inflation (RPI)	<b>3.57% p.a.</b>	3.60%
Price Inflation (CPI)	<b>2.72% p.a.</b>	2.75%
General salary increase	<b>3.72% p.a.</b>	3.75%
Pension increases in payment	<b>2.72%</b>	2.75%

The actuarial method applies to the scheme as a whole and does not identify surpluses or deficits applicable to individual employers. As a whole the market value of the scheme's assets was £1,927 million, the present value of the scheme's liabilities was £1,986 million and the resulting deficit was £59 million.

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
(COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE ACCOUNTS CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

**20. CAPITAL COMMITMENTS**

BDRF has agreed to fund various projects. Some of the projects will be funded over a period of years and further payments will only be made on satisfactory receipt of progress reports as the research work progresses. A further amount of £97,595 with regard to projects awarded in 2018 is scheduled to be paid in 2020 subject to adequate reports being received.

**21. ULTIMATE CONTROLLING PARTY**

The charitable company is controlled by its trustees who are also its directors.

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
(COMPANY LIMITED BY GUARANTEE)**

**DETAILED PROFIT AND LOSS ACCOUNTS**

**YEAR ENDED 31 DECEMBER 2018**

	<b>Group</b>		<b>Charity</b>	
	<b>Year to</b>	<b>Year to</b>	<b>Year to</b>	<b>Year to</b>
	<b>31 Dec 18</b>	<b>31 Dec 17</b>	<b>31 Dec 18</b>	<b>31 Dec 17</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
<b>INCOME</b>				
AGM Income	<b>520,043</b>	473,495	<b>520,043</b>	473,495
Donations Receivable	<b>505,709</b>	419,066	-	-
Subscriptions	<b>270,367</b>	258,205	<b>270,367</b>	258,207
Publication income	<b>78,299</b>	36,787	<b>78,299</b>	36,787
Pelvic Floor Society	<b>12,000</b>	87,333	<b>12,000</b>	87,333
CReatE	<b>2,039</b>	-	<b>2,039</b>	-
Coloproctology motorway course	<b>39,460</b>	21,643	<b>39,460</b>	21,643
Dukes' Club	<b>38,300</b>	26,183	<b>38,300</b>	26,183
Other meetings/income	<b>2,305</b>	700	<b>8,555</b>	700
Ileal Pouch	<b>7,995</b>	11,500	<b>7,995</b>	11,500
Bank interest receivable	<b>851</b>	164	<b>851</b>	162
<b>Total Incoming Resources</b>	<b>1,477,368</b>	1,335,076	<b>977,909</b>	916,010
<b>EXPENDITURE</b>				
<b>Raising donations and legacies</b>				
Fundraising expenses	<b>8,645</b>	8,808	-	-
	<b>8,645</b>	8,808	-	-
<b>Charitable activities</b>				
Annual meeting	<b>507,956</b>	383,411	<b>507,956</b>	426,493
Grants to institutions	<b>131,528</b>	201,237	-	-
Subscription to colorectal disease	<b>49,064</b>	39,018	<b>49,064</b>	45,133
Surgical Specialty Lead	<b>7,500</b>	-	<b>7,500</b>	15,000
Travel fellowship	<b>20,586</b>	29,032	<b>20,586</b>	28,747
Printing	-	431	-	374
M27 Course	-	169	-	53
Pelvic Floor Society	<b>27,802</b>	19,655	<b>27,802</b>	47,667
CReatE	<b>4,126</b>	-	<b>4,126</b>	-
UK Ileal Pouch Registry	<b>3,997</b>	8,820	<b>3,997</b>	19,957
Coloproctology tutors	<b>5,127</b>	20,628	<b>5,127</b>	16,916
Coloproctology motorway course	<b>27,250</b>	21,567	<b>27,250</b>	20,845
Dukes' Club	<b>24,665</b>	14,238	<b>24,665</b>	22,787
Chapter meetings	<b>5,246</b>	13,001	<b>5,246</b>	10,008
Other meetings	<b>1,778</b>	4,327	<b>1,778</b>	1,624
Pelican	<b>50,000</b>	-	<b>50,000</b>	-
Bowel Disease Research Foundation	-	-	<b>15,000</b>	15,000
	<b>866,625</b>	875,418	<b>750,097</b>	670,244

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**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND  
(COMPANY LIMITED BY GUARANTEE)**

**DETAILED PROFIT AND LOSS ACCOUNTS CONTINUED**

**YEAR ENDED 31 DECEMBER 2018**

	<b>Group</b>		<b>Charity</b>	
	<b>Year to 31 Dec 18 £</b>	<b>Year to 31 Dec 17 £</b>	<b>Year to 31 Dec 18 £</b>	<b>Year to 31 Dec 17 £</b>
<b>Support &amp; Governance Costs</b>				
Accountancy fees	4,560	7,971	2,000	3,871
Auditors remuneration	17,200	17,200	13,700	13,700
Professional fees	38,789	19,171	3,510	4,643
Payroll & VAT services	5,402	9,275	5,402	9,275
Travel and meeting expenses	20,281	22,223	13,409	20,895
	<b>86,232</b>	<b>75,840</b>	<b>38,021</b>	<b>52,384</b>
<i>Management</i>				
Wages and salaries	213,218	199,076	102,451	88,250
<i>Information technology</i>				
Computer maintenance	4,358	1,811	183	1,811
Website expenses	19,812	20,922	19,812	20,922
	<b>24,170</b>	<b>22,733</b>	<b>19,995</b>	<b>22,733</b>
<i>Administrative services</i>				
Administration services	12,696	24,568	6,773	7,959
Advertising	-	12,473	-	-
Postage and stationery	1,904	1,691	383	163
Telephone and conference calls	5,050	4,712	3,574	3,463
	<b>19,650</b>	<b>43,444</b>	<b>10,730</b>	<b>11,585</b>
<i>Finance costs</i>				
Credit card charges	2,186	3,459	2,186	1,996
Bank charges	880	992	852	950
	<b>3,066</b>	<b>4,451</b>	<b>3,038</b>	<b>2,946</b>
<i>Other costs</i>				
Sundry costs	2,165	901	795	608
Depreciation	3,352	1,229	3,256	1,138
Loss on disposal of equipment	683	994	683	994
Insurance	6,392	6,358	6,392	6,302
Subscriptions	-	-	-	-
	<b>12,592</b>	<b>9,482</b>	<b>11,126</b>	<b>9,042</b>
<b>TOTAL SUPPORT COSTS</b>	<b>358,928</b>	<b>355,026</b>	<b>185,361</b>	<b>186,940</b>
<b>TOTAL EXPENDITURE</b>	<b>1,234,198</b>	<b>1,239,252</b>	<b>935,458</b>	<b>857,184</b>
<b>NET INCOMING / (OUTGOING) RESOURCES FOR THE YEAR</b>	<b>243,190</b>	<b>95,824</b>	<b>42,451</b>	<b>58,826</b>

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