

THE PAIN SOCIETY



ANNUAL REPORT & ACCOUNTS

2003

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## BACKGROUND OF THE PAIN SOCIETY

Founded in 1967 the society began as the Intractable Pain Society of Great Britain and Ireland with a membership limited primarily to anaesthetists managing pain clinics. Today the Pain Society is the representative body for all healthcare professionals and basic scientists involved in the management and understanding of pain in the United Kingdom. The Pain Society is the British Chapter of the International Association for the Study of Pain (IASP) and is part of the European Federation of IASP Chapters (EFIC).

The membership of the Society is multidisciplinary and includes doctors, nurses, physiotherapists, psychologists, psychiatrists, occupational therapists, scientists, neurologists and other healthcare professionals. As of today there are over 1,700 members.

The Society promotes education, training, research and development in all fields of pain. It endeavours to increase both professional and public awareness of the prevalence of pain and the facilities that are available for its management.





## PRESIDENT'S REPORT

DR BEVERLY COLLETT

The publication of an Annual Report is a new initiative for the Pain Society. We hope you will find this an interesting review of what Council has been doing on your behalf over the past year. In conjunction with the Newsletter, we trust that it will aid communication between Council and members and encourage as many of you as possible to attend the Annual General Meeting.

I should like to thank the Officers and Council for all the hard work that they have undertaken over the last year. The scope and amount of work has led to some tasks being initially delegated to sub-committees. Each Committee has prepared a Report to review the activities that they have undertaken and I am most grateful to the chairman and all members of these committees for their diligence.

### INCORPORATION

On 21st January 2004, the British Pain Society was incorporated. We have applied to the Charity Commission to dissolve the Pain Society and transfer its assets to the new charitable company. We hope to be in a position to start using the new name on 1st July 2004 at our half-year accounting period. Incorporation will remove many of the anomalies under which we have been operating and will regularise our affairs. The situation with regard to Special Interest Groups (SIGs) continues to be taxing, especially in regard to SIGs with complex current arrangements. In the near future, application forms will be distributed to all SIG chairmen requesting information about their status and asking if they wish to apply to become either an Affiliated SIG or a Society SIG. We trust that these can be easily completed, enabling us to process all applications promptly.

*"Incorporation will remove many of the anomalies under which we have been operating..."*

## AWARENESS OF PAIN MANAGEMENT

In the near future, Wales will produce a National Service Framework (NSF) for pain. Professor Aidan Halligan, Deputy Chief Medical Officer met with us to discuss how, in the absence of an NSF in England, we could develop alternative ideas for raising the profile of pain services, in a structured way, strongly linked to patient choice. Patients have identified pain management as a priority area. We hope to be working with Harry Cayton, Patient's Tsar, to explore how we can take these issues forward.



The Pain Society launched Pain Rating Scales in multiple languages on our web-site. Amanda Williams had the concept for this idea and organised multiple translator services and we are grateful to her for this. We realised that the scales were not translated into Welsh and kindly Sue James and Geinor Bean from the University of Wales College of Medicine performed this for us. We hope that these Pain Rating Scales will improve the assessment of pain in general practice, in Accident and Emergency and on hospital wards for patients who are unable to understand English.

The Pain Society responds regularly to NICE, to the National Coordinating Centre for Health Technology Assessment and to the NHS Information Authority. I should like to thank Dr Cathy Stannard, Dr Andrew Rice and Dr Cathy Price who coordinate these responses on our behalf. I also congratulate Dr Pat Schofield who has been invited to join the NICE Topic Selection Committee on behalf of the Society.

In June 2003, Dr Foster published their report of Adult Chronic Pain Management Services in the UK. The Pain Society had only limited opportunity to input into this questionnaire and we are aware that there were shortcomings with the design. However, we are grateful to those of you who



completed it. The report did attract significant media interest and again showed pain services to be variable in availability, staffing and in treatments offered, with only 58% being able to offer a Pain Management Programme. A meeting was held at Portcullis House to disseminate the results of this report and to gain parliamentary interest. We have followed this up by assisting MPs with suggestions for Parliamentary Questions in the House of Commons and this year a record number of questions on chronic pain services have been asked. An Early Day Motion has been tabled and I do hope that you will download the template letter on our web-site and post it to your MP. Baroness Ilora Finlay has been of great assistance in the House of Lords and we thank her for this interest.

### WORK WITH ROYAL COLLEGES

The Royal College of Anaesthetists and the Pain Society jointly published Pain Management Service: Good Practice in May 2003. We hope that you found this document's recommendations helpful in planning and improving your services. The Pain Society has now contributed to the revised "Guidelines for Provision of Anaesthetic Services" being produced by the RCA. Our submission reiterates many of the suggestions in the Good Practice document and we hope will be incorporated in the final version. A representative from the Pain Society Council sits on the Pain Management Committee of the Royal College of Anaesthetists and we appreciate this close collaboration between our two bodies.

*"In conjunction with the Royal College of General Practitioners, we launched 'Five pledges to help people living with Pain'."*

In conjunction with the Royal College of General Practitioners, we launched 'Five pledges to help people living with Pain'. These five pledges are backed up by an Action Plan for healthcare professionals, NHS service providers and commissioners, parliamentarians and educators. This tool has been widely distributed and highlights that although pain is a

'Cinderella' topic in health care, there are some simple and relatively inexpensive actions that can improve the assessment and management of pain.



### DISCLOSURE OF INTERESTS

The Pain Society is committed to ensuring independence and objectivity in all its business matters and educational programmes. Last summer, many of you will have read the British Medical Journal's issue dealing with the relationships between health care professionals and the pharmaceutical industry. More recently, personal integrity in research has again hit the headlines. Council debated this in September and were in agreement that we must maintain transparent relationships with pharmaceutical companies. For this reason, we now include a Disclosure of interest statement on the agenda papers for Council and committee meetings and we will be asking all Council members to sign a Register of Interests which will be open to any member to view.

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### EUROPEAN FEDERATION OF IASP CHAPTERS (EFIC)

EFIC is keen to raise the profile of its official journal, the European Journal of Pain (EJP). If you are an IASP member, you should by now have received your first free copy of the EJP. The Executive Board and the Publications Committee of EFIC have funded this venture and you will continue to receive the EJP totally free of charge for the next three years. We hope during this time that you will get acquainted with the journal, consider submitting your research to it and be able to judge its readability. It is not an expensive journal at 28 Euros per year for individuals and previously it has been suggested that the Pain Society could subscribe as a chapter and possibly negotiate a cheaper rate. If you have any specific views, then please let us know.

### PEER REVIEW SCHEME

Council have recently approved the establishment of a Peer Review Scheme for pain management services. This arose because of the need for a mechanism to deal with the increasing number of enquiries regarding guidance about clinical services provision and management issues. This will be purely an advisory system and does not impinge in any way of the statutory responsibility of the Royal College of Anaesthetists or the Nursing and Midwifery Council. It is envisaged that it will work in a similar fashion to the scheme administered by the Association of Paediatric Anaesthetists. If a clinician and his/her Trust requests a peer review visit, then they will contact the Pain Society and a suitable peer review panel will be drawn up. The Society could not embark upon this if the Trust did not agree. The Peer Review Panel will visit the Trust and prepare a written report. It is envisaged that the Royal College of Anaesthetists Regional Advisors in Pain Management will, as a matter of courtesy, be informed of and invited to attend any peer review process in their region and to comment on the final draft of the report. This scheme has been presented to the RCA Regional Advisors in Pain Management meeting and will be submitted to the Pain Management Committee of the Royal College of Anaesthetists in April and Council hopes that it will gain RCA support.

*“There are now over 1700 members reflecting the wide range of professionals advancing the understanding and management of pain.”*

### MEMBERSHIP

The Pain Society continues to expand its membership numbers. As of March 2004 there are over 1,700 members reflecting the wide range of professionals advancing the understanding and management of pain. We attempt to encompass the interests of the varied members of our society within the Annual Scientific Meeting (ASM) and within the Society’s work. Please do feed-back suggestions and ideas on the scientific content and future speakers. In this regard, there



are concerns that our links with our basic science colleagues are not as strong as we would wish and over the next year we will be endeavouring to strengthen this relationship.



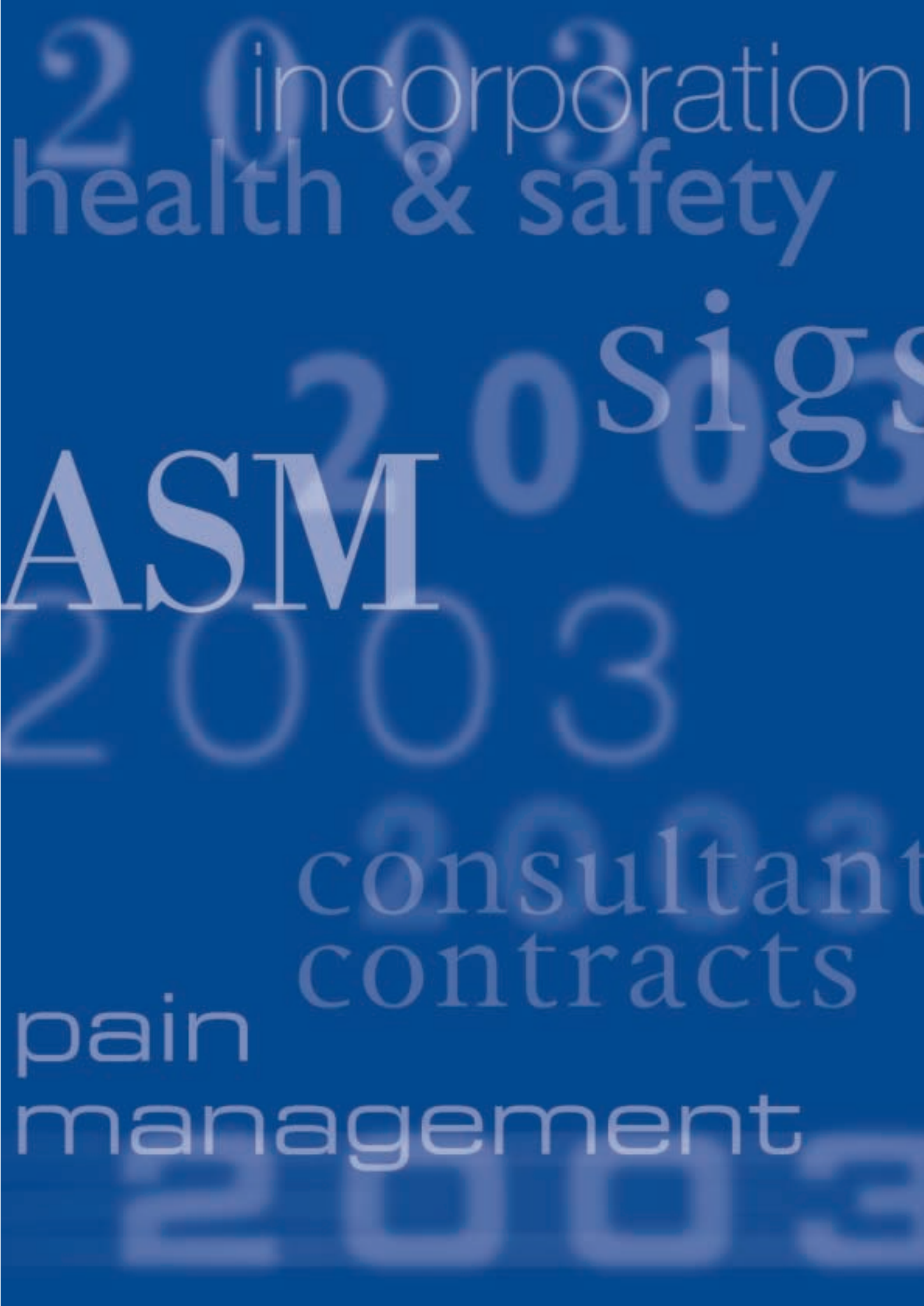
I should like to express my gratitude to my colleagues who have now come to the end of their term of office on Council. Dr Douglas Justins has been an outstanding contributor to the Pain Society Council in his roles as President, immediate Past-President, Treasurer and Royal College of Anaesthetists representative. I am immensely grateful for his wise words and advice over the last year. As Honorary Secretary, Dr Karen Simpson has been central to many of the Society's activities. She has been instrumental in our publications 'The use of drugs beyond licence in Palliative Care and Pain Management', 'Recommendations for the appropriate use of opioids for persistent non-cancer pain' and lastly our forthcoming draft publication on Spinal Cord Stimulation. Dr Amanda Williams has an eclectic vision for pain management and has been of immense assistance to Council in ensuring that we adopt a comprehensive perspective on our deliberations, always being aware of evidence. I also thank our co-opted Council members who have all provided invaluable input into Council's debates. We hope that we will continue to work with them in various projects and wish all of them much success in the future.

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My sincere thanks go to our Secretariat, Sandra Schia and Diana Wylie-Harris who do such stalwart work on behalf of the Society, especially in the period running up to the ASM.

I do hope that you will be able to attend our Annual Scientific Meeting and our AGM and that I will have the opportunity to meet many of you there.





incorporation

health & safety

SIGS

ASM

consultant

contracts

pain

management

# HONORARY SECRETARY'S REPORT

DR KAREN SIMPSON



When the Pain Society becomes an incorporated body in 2004 it will change its name to the British Pain Society, and this will reflect its increasing international profile. A great strength of the Society is its multidisciplinary nature. On December 31 2003 there were 1607 members of whom 54% were doctors, 44% were professions allied to medicine and 2% were scientists. Council are particularly keen to address the needs of our scientist members. It is also particularly important to engage with colleagues in primary care. At present we have very few members from general practice, and it is important that we encourage healthcare professionals in the community to join the Pain Society.

One important role of the Society is to support research into the nature and assessment of the management of pain. With this in mind Council is looking at ways to provide increasing support to members. It is particularly relevant that we provide support for young basic scientists to attend meetings and take part in research. In the first instance increasing the availability of grants and bursaries would seem most appropriate. Council is considering the role of its Science & Research committee, looking at novel ways of using its reserve funds and working with our colleagues in industry to further these developments.

The affairs of the Society become ever more complex and the duties and responsibilities of the elected officers and council members increase year on year. During 2003 some of the issues that we have dealt with have included incorporation, liaison with the Charity Commission, data protection, employment contracts, appraisals, disciplinary matters pertaining to employees and Health & Safety issues. This is coupled with increasing complexity surrounding financial matters. As a reflection of this, formal job descriptions have been prepared for the roles of Officers and Council members. It is hoped that



these will allow members to stand for Office with a clear understanding of what will be involved. In the present situation, such matters may often need to be discussed with employers prior to standing for election.

At present the difficult issue of new consultant contracts is important for the Pain Society's doctor members. Many members have discussed their concerns with Council members or have contacted the Society for advice. We tread difficult ground, our status as a charity strictly prohibits activities that are seen to have a 'trade union' function, however we must assist our members all that we can with these complex issues. The important change in employment conditions must be supported by appropriate guidance. Council are in discussion with members of the Association of Anaesthetists, Royal College of Anaesthetists and British Medical Association about recommendations for model job plans for Consultants. It is important to provide guidance for Consultants in Anaesthesia and Pain Management and for those who work full-time in Pain Management. The importance of accurate diary keeping and participation in appraisals cannot be overemphasised. It is clear that Consultants in Pain Management need to have job plans more closely similar to those of our physician colleagues reflecting the large patient and administrative load that we carry.

The Annual Scientific Meetings go from strength to strength and these are now totally organised in-house. The professional running of these meetings is a tribute to our Secretariat and the Courses & Meetings Committee who have attracted internationally renowned speakers. The Patrick Wall Lecture is one of the highlights of the meeting and in future awarding a Patrick Wall medal will mark this important occasion. Future Meetings will be held in Edinburgh in 2005, Harrogate in 2006

*“The Annual Scientific Meetings go from strength to strength and these are now totally organised in-house.”*

and Glasgow in 2007. It is hoped that the Society will offer an increasing number of bursaries to allow members who have difficulties in obtaining funding to participate in this important scientific meeting.



In 2003 the Society's partnership with Pfizer Ltd created two awards for members for research into neuropathic pain (£50,000) and education/travel bursaries. These awards will also be made in 2004. Together with the Mildred B Clulow Award these initiatives are an important research focus for the Society. I encourage members to send proposals and apply for these awards.



The Pain Society publishes and has on its website a variety of documents to support healthcare professionals and patients. The Centre for Health Information Quality has advised on all of the documents. It is important that the Society takes a lead in this area and provides guidance for professionals in collaboration with other groups, for example the Royal Colleges, patients groups and other professional societies. In 2003, the Society published documents including: “Managing pain: information for patients”, “Pain Management Services - Good practice” and “Provisional Recommendations for the Appropriate Use of Opioids in Patients with Chronic Non-cancer Related Pain” with supporting “Information for Patients” (the final version of this document will be available in 2004). In the coming year the Society will publish recommendations on neuromodulation and guidelines for pain management programmes. An important medium for communication within the Society is the quarterly Newsletter, which is now edited by Dr Stephen Ward. Please share your views and experiences with other members of the Society.

The Society continues to promote pain management via all possible means. It fosters links with other organisations.

*“The Pain Society publishes and has on its website a variety of documents to support healthcare professionals and patients.”*



Examples include the Pain Management Committee of the Royal College of Anaesthetists, the Executive of the Association for Palliative Medicine and IASP. A good example of this work was when the Society jointly helped to develop the “Five pledges to help people living with persistent pain” with the Royal College of General Practitioners. This highlights the problems in the community. The voluntary sector seminars have been especially successful in raising awareness. The Society is also a Generic Stakeholder for NICE (National Institute for Clinical Excellence) guidelines and two council members act as sentinels, regularly scanning the NICE website and co-ordinating a pain management response. The Pain Society has been asked to provide specialist advice for the NICE Interventional Procedures Programme. The Society is an affiliate organisation for the National Coordinating Centre for Health Technology Assessment and plans to flag up issues such as neuromodulation. The President and the Chair of the Patient Liaison Committee attend meetings of the Associate Parliamentary Health Group to raise awareness of pain issues surrounding pain within Parliament. The Pain Society will be putting questions to be asked in Parliament on our behalf.

*“Incorporation has meant that the Society as a company must formalise its relationship with the SIGs.”*

The Pain Society values the contribution of its nine Special Interest Groups (SIGs) for whom 2003/2004 was a time of change. Incorporation has meant that the Society as a company must formalise its relationship with the SIGs. There is no choice about this matter, but change is difficult. The regularisation of arrangements is vital for the protection of the Trustees of the Pain Society and of the SIGs themselves. Members of the organisations can be personally financially liable if arrangements are kept informal. Issues such as public liability and employee protection loom large. The Pain Society and SIGs need to be aware of problems and adequately

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protected. This can only be achieved by formalising the relationship; this will work to our mutual advantage.

I hope that in what will be my last communication with you as Honorary Secretary, I have managed to provide a flavour of the many activities that the Pain Society Council and Secretariat have been involved in during 2003, on your behalf

Finally I would like to thank the three Presidents with whom I have worked and my fellow council members for their support over the past four years. I would like to pay tribute to the dedicated professionalism and hard work of our Secretariat who work tirelessly.

# 2003 solicitors

MEMBERSHIP BAND A Taxable Income over £45,000	2002	2003	2004	2005
MEMBERSHIP BAND B Taxable Income £30,000- 44,999	£ 100	£ 110	£ 110	£ 110
MEMBERSHIP BAND C Taxable Income £20,000- 29,999	£ 80	£ 85	£ 85	£ 85
MEMBERSHIP BAND D Taxable Income £10,000-19,999	£ 45	£ 50	£ 50	£ 50
MEMBERSHIP BAND E Retired members, income <£10,000	£ 20	£ 20	£ 20	£ 20

# bursary

# Awards

2002	2003	Notes
23,932		FIXED ASSETS
1,098		OFFICE EQUIPMENT
25,030		Balance at 1.1.03
6,405		Additions
19,215	19,215	Less Depreciation
61,271	87,794	CURRENT ASSETS
181,715	389,474	Debtors and Prepayments 3
128,569	132,612	CAF Cash Account
54,659	6,685	CAF Gold Account
210,090	217,341	Barclays Account
636,304	833,906	Charities Deposit Fund
54,262	68,031	CURRENT LIABILITIES
582,042	765,875	Creditors and Accruals 4
560,157	£780,286	NET ASSETS

# funds

# grants

# auditors

2002	2003	Notes
472,687	627,673	Unrestricted Reserves
128,570	152,613	Restricted Reserves 5
560,157	£780,286	

# Represented by: ACCUMULATED RESERVES



## HONORARY TREASURER'S REPORT

DR GEORGE R HARRISON



The society funds remain in good health. The current reserves of the society stand at £780,286, of which £152,613 are in restricted funds. We are currently in discussion with the Charity Commissioners about the status of the unrestricted reserves, as some of these funds have come from the surplus achieved from the Annual Scientific Meeting, which has been solely due to the increasing attendance at the meeting over the last few years. These funds should be used to the advancement of education by the Society, but there is some uncertainty about the exact interpretation of this, which we are trying to clarify.

You will notice that there is an increase in reserves of the society over the last year, which is due to a donation of £100,000 from Ms Irene Bainbridge and a surplus on the Annual Scientific Meeting of £62,776. The Society budget therefore was in surplus by £16,253, which was less than last year.

This year we have produced a formal reserves policy to determine the way in which we use the money which we have accumulated. The reserves are divided into restricted reserves, which are designated for a specific purpose, and unrestricted reserves. The restricted reserves are those monies which were donated by Mildred B Clulow and the interest derived from them which are to be used in research into the causes and treatment of chronic pain. The remaining reserves are designated to be used as follows: £100,000 is to cover the failure of the society to achieve and income to allow it to continue to function for a period of twelve months, £100,000 to cover the Annual Scientific Meeting against a shortfall of income due to a fall in the number of delegates. The surplus from the Annual Scientific Meeting is to be set aside to further the educational activities of the Society. The remainder is to



be used to assist the Society to purchase a property appropriate to the aims of the Society.

#### **MILDRED B CLULOW AWARD**

A legacy of £121,282 was left to the Society to carry out basic research into the causes and cure of pain. It was agreed that the interest from this legacy would be used each year to provide financial support towards a worthy research project. In the last year there were no applicants for this grant. Therefore a sum of up to £15,000 will be made available for this purpose this year, if a suitable research project is presented to the sub-committee who will make the decision. Details of this award will be available on the Society's web site and in the Newsletter.

*"During the year it became clear that financial assistance was needed for individuals presenting research overseas but no mechanism was in place for this. A bursary of up to £500 per individual per year is now available for this purpose."*

#### **THE PATRICK WALL OVERSEAS BURSARY**

During the year it became clear that financial assistance was needed for individuals presenting research overseas but no mechanism was in place for this. A bursary of up to £500 per individual per year is now available for this purpose. The maximum sum available for this purpose is £10,000 per annum from restricted funds. Details are given in the Newsletter and on the Society's web site. The bursaries will be awarded twice a year and successful candidates will be selected by a sub-committee of the Society.

#### **THE IASP TRAVEL GRANT**

In order to help members of the Society get to the IASP World Congress, the Society will offer travel grants of up to £1,000. In order to enable members to plan their travels, the awards will be announced in February, and the closing date will be 31 December 2004.

### **BOOKKEEPERS & SOLICITORS**

Over the last year we have continued to use Independent Examiners Ltd., who have been very efficient bookkeepers. They, in conjunction with Hempsons Solicitors, have been very supportive of our needs in relation to many queries, which have arisen in relation to the incorporation of the Society, and in communications with the Charity Commissioners. Their expertise in Charity issues is invaluable and I recommend that we continue to use their services.



### **APPOINTMENT OF AUDITORS**

Sandison Lang & Company of Tonbridge, Kent continue to provide a good service and it is recommended that we reappoint them.

### **SORP 2000**

Since our turnover exceeds £250,000 it is necessary for the Trustees to identify and minimise areas of potential risk within the Society by a Statement of Recommended Practice (SORP 2000). These areas of risk include: major financial shortfall at an ASM, Trustees Liability, control of signatories of the Society's cheques, retention of staff, security of IT data, ensuring compliance with the data protection act and having a designated Health & Safety member of staff. Each of these areas has been addressed and further details are given in the Trustees' Report for the year.



### PAIN SOCIETY 2004 DRAFT BUDGET

This year the budget for the Society has been brought in at a break-even level. In preparing the annual budget, I have been very aware of the concerns voiced among members of the society about the level of fees, what members get from membership of the society, the concerns raised about incorporation and the issues over SIGs. On these grounds I have felt it prudent to maintain our membership subscription the same as it has been for the last two years. Obviously we cannot continue to expand and become more active without ever raising the subscription rate, therefore I am announcing the potential increase in subscriptions for the year 2006.

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	2002	2003	2004	2005
MEMBERSHIP BAND A				
<i>Taxable Income over £45,000</i>	£ 100	£ 110	£ 110	£ 110
MEMBERSHIP BAND B				
<i>Taxable Income £30,000- 44,999</i>	£ 80	£ 85	£ 85	£ 85
MEMBERSHIP BAND C				
<i>Taxable Income £20,000- 29,999</i>	£ 45	£ 50	£ 50	£ 50
MEMBERSHIP BAND D				
<i>Taxable Income £10,000-19,999</i>	£ 25	£ 25	£ 25	£ 25
MEMBERSHIP BAND E				
<i>Retired members, income &lt;£10,000</i>	£ 20	£ 20	£ 20	£ 20

Council is grateful for your continuing support to the Society, which continues to grow not only in numbers but also in activities.

# CLINICAL GOVERNANCE COMMITTEE REPORT

MEMBERS AS AT 31 DECEMBER 2003:  
DR ANDREW SC RICE  
DR CATHERINE F STANNARD



The Clinical Governance Committee has monitored the activities of the National Institute for Clinical Excellence in respect of issues which relate to the interests of the Pain Society. The Society is a generic stakeholder for NICE guidelines. Dr Cathy Stannard has monitored the Interventional Procedures Programme and Dr Andrew Rice the pharmacological Health Technology Appraisals. When invited to make a submission to an HTA the Clinical Governance Committee has attempted to identify a member of the Society who could speak with sufficient authority on the topic and invite them to make a submission on behalf of the Society. In order to build a database of experts, we have encouraged members of the Society who would be interested in participating in such submissions to contact Dr Stannard or Dr Rice, giving details of their area(s) of expertise. In respect of drug related HTA's Dr Rice made a submission to "The clinical and cost effectiveness of cannabinoids (cannabis derivatives) for treatment of the symptoms of multiple sclerosis" and we are grateful to Dr Richard Langford for making a submission to the review of the HTA "Cox-II Inhibitors for the treatment of osteoarthritis and rheumatoid arthritis". Dr Stannard is the Society's nominated advisor for the NICE Interventional Procedures Programme and responds to requests from NICE relating to interventional procedures following discussion with relevant experts in the field.

The Clinical Governance Committee has monitored the progress of the Shipman Inquiry. The committee submitted material, on behalf of the Pain Society to Stage 3 of the Inquiry "The use and monitoring of controlled drugs in the community." The response of the Pain Society can be seen on the Shipman Inquiry website.

*"The Clinical  
Governance Committee  
has monitored the  
progress of the Shipman  
Inquiry"*



## COMMUNICATIONS COMMITTEE REPORT

DR KAREN SIMPSON, CHAIRMAN

The Communications Committee oversees the content and production of written and electronic material produced on behalf of the Society.

- The current editor of the Pain Society is Dr Stephen Ward. The new format Newsletter is a great success. The publication appears quarterly.
- “Pain management services – good practice” was published by the Royal College of Anaesthetists and the Pain Society in May 2003. The publication makes recommendations to support effective and safe management of acute pain, chronic pain and pain in patients with cancer.
- The Society has initiated a programme for the publication of a series of documents relating to clinical practice. The consensus documents are produced in collaboration with relevant Royal Colleges and other Professional Groups. “Provisional recommendations for the appropriate use of opioids for persistent non-cancer pain” was published in April 2003 on behalf the Pain Society, the Royal College of Anaesthetists and the Royal College of Psychiatrists. The consensus group included representatives of the Royal College of Physicians, the Royal College of General Practitioners, the Royal Pharmaceutical Society and the Association for Palliative Medicine. The group worked in collaboration with the Patient Liaison Group of the Society. An accompanying patient information leaflet “Opioid medicines for persistent pain: Information for patients” has been produced and approved by the Centre for Health Information Quality (CHIQ). The draft recommendations underwent a three-month period of detailed consultation with healthcare professionals involved in pain management and other professional bodies and groups. The final document has been produced and will be published in April

MEMBERS AS AT  
31 DECEMBER 2003

DR KAREN SIMPSON  
CHAIRMAN

DR CATHERINE F STANNARD

DR STEPHEN WARD

2 2

*“The Society has initiated a programme for the publication of a series of documents relating to clinical practice.”*

2004. It is hoped that the document will produce a national framework to support the use of opioids.



- “Understanding and Managing Pain: Information for Patients” was published in September 2003 under the auspices of the Patient Liaison Committee. The document has been approved by CHIQ. Funding for the printing of this publication was obtained from unrestricted educational grants from Janssen-Cilag Ltd, Merck Sharp and Dohme Ltd, Napp Pharmaceuticals Ltd and Pfizer Ltd. The document can be downloaded from the Pain Society Website and may be obtained in hard copy free of charge on request from the Pain Society Secretariat
- The Society has obtained ISBN numbers for its publications.

#### **FUTURE ACTIVITY**

- A consensus group is currently producing “Spinal cord stimulation: recommendations for best clinical practice”. The document, with an accompanying patient information leaflet should appear in draft form in April 2004.
- Work on “Intrathecal drug delivery for painful conditions; recommendations for best clinical practice” starts in Spring 2004.
- The publication “Desirable criteria for pain management programmes” is currently being reworked and guidelines will be produced in 2004.
- The Pain Society Website is to be updated.



## REPORT FROM COURSES & MEETINGS COMMITTEE

DR PAUL J WATSON  
CHAIRMAN

### MEMBERS AS AT 31 DECEMBER 2003

DR PAUL J WATSON CHAIRMAN

DR KATE GRADY

DR GEORGE R HARRISON

DR ANDREW S C RICE

DR PATRICIA SCHOFIELD

DR CHRIS SPANSWICK

DR AMANDA C DE C WILLIAMS

Dr. Paul Watson took over from Prof. David Rowbotham after the Glasgow 2003 Annual Scientific Meeting (ASM). The number of delegates attending the ASM has increased year on year and the Glasgow meeting was the best attended Meeting in the history of the Society with over 1000 people attending including speakers. This success has benefited the Society with an increased surplus but has presented other problems. There are only a handful of venues in the UK that have the facilities to cope with such a large meeting.

There are currently no Universities that can accommodate so large a meeting so this means we have to use more expensive commercial venues. In consequence we cannot access the cheaper halls of residence accommodation and we will have to be more flexible about venues and the dates of the meetings in future. Booking well ahead is essential because of the limited availability of the few suitable venues. We will keep researching new conference centres as they become available.

### PRIZE PAPER PRESENTATION

The paper presentation session was very successful at the 2002 Bournemouth ASM so it was moved to a position of greater prominence to the centre stage at the 2003 Glasgow ASM. There are prizes for the best 3 presentations and the abstracts of the 5 best presentations were also published in the journal *Anaesthesia* and we will continue this arrangement.

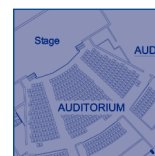
### POSTERS

The Committee has received an ever-increasing number of posters and this requires more space to accommodate them. Currently, the scrutinising committee rejects few posters, we do reject incomplete submissions, abstracts which are not data-based (or where data is missing), or which do not relate to the activities of the Society. We intend to work towards a quality threshold for posters in the future to improve the scientific

*“The committee is currently looking at organising additional short courses and meetings in addition to the ASM.”*



standard of poster presentations and manage the number shown. The committee is conscious that this move might not be popular in some quarters but our intention is to enhance the scientific reputation of the meeting. We will issue guidelines in the future and supplement this with workshops on presenting research findings, the first of these on publications will be held at the 2004 Manchester ASM.



### ASM MANCHESTER

The programme for the ASM in Manchester was finalised in September 2003. The local organisers were Dr Chris Spanswick, Dr Kate Grady, Mr Kerry Booker, Miss Lorraine Moores and Dr Radhika Bhishma and staff in pain clinics in the area. We are grateful to the local organising committee for doing such a good job. The committee is also, as usual, deeply indebted to Sandra Schia and new appointee Diana Wylie-Harris for the hard work they have put in ensuring the meeting is a success.

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### FUTURE MEETINGS

Members can contact the courses and meetings committee through the secretariat at anytime to suggest topics for workshops or potential plenary speakers for the meetings.

### FUTURE VENUES

2005	Edinburgh	(EICC)	8-11 March
2006	Harrogate	(HIC)	April (date tbc)
2007	Glasgow	(SECC)	24-27 April

### FURTHER DEVELOPMENTS

The committee is currently looking at organising additional short courses and meetings in addition to the ASM. These are likely to be of a focused, specialist nature. The ASM will continue to be the flagship multidisciplinary meeting of the Society.

# inform & educate



## Psychology : Everyday pains.

AMANDA C DE C WILLIAMS

My curiosity about pain events in normal healthy adults was aroused by two areas: one was the fascinating study of everyday pain events in everyday wear (et al. 1999) the other the surprisingly high report of pain in recent epidemiological work. Several friends and colleagues and I, all healthy but not all health professionals, tried to record any pain (however fleeting) and our reactions but it rapidly became clear that the exercise had to be intermittent: it was not possible to note every pain, so frequent were they. We found that we moved rapidly from noticing the pain to "what's the cause?" and "what can I do to get rid of it" – the classic cognitive (attribution) and behavioural dimensions. But describing them like this makes them seem distinct: the question was more "how can I stop this?", requiring an analytical approach for the likely cause to select a behaviour with a high likelihood of success. This is reminiscent of Pavlov's insistence that we should think in an integrated way about sensory and motor processing of pain, that the brain analyzes its sensory input, and the possible action that would be

appropriate to the event which triggered the whole process. There is in this absolutely no suggestion that an affliction need take place." (Wall 1979, p. 150)

Interestingly, a few months later, I read a study that they did not want to discuss their pain, or would do so would risk establishing or prolonging the pain. This exemplifies another lay belief, that somehow the assignment of attention to pain is voluntary and that avoiding it avoids pain, where the work on attention (see Eccleston & Crombez 1999) demonstrates

Several friends and colleagues and I, all healthy but not all health professionals, tried to record any pain (however fleeting) and our reactions but it rapidly became clear that the exercise had to be intermittent: it was not possible to note every pain, so frequent were they.

that one essentially grabs attention, and it is important what the individual does next which separates those who are preoccupied with pain from those who continue despite it.

The important areas are 1. the frequency of minor pain events and from the associated frequency of the cognitive processes associated with them. One is that the apparent success of dismissing the pain or acting to stop it throws into greater contrast the puzzlement and confusion when both processes are unsuccessful in more severe and persistent pain. The second is that for someone who believes the nerves to be damaged, it is not in some way if they do a health check of various beliefs, a syndrome that will search at the onset of any new pain or exacerbation or recurrence of an old one will likely centre on this damage or vulnerability. The broader the framework – systemic diseases or global attributions like ageing – wear the more it can "explain" the pain. It is also a need for medical intervention, with the person's perception of competence to access medical help, as a range of medical solutions. A recent study on irritable bowel syndrome (Martin & Crane 2003) found that those who sought treatment compared to those who did not but who rated equal symptom severity, tended to attribute only all gastrointestinal

The classifications of pain fall largely into two categories. One was physical aches and pains, addressed and usually resolved by changing posture, a subset of these was attributed to old injuries or longstanding vulnerabilities. A second was episodic pain with a clear cause: accidental bumps, irritable headaches, etc. A third was more taxing, and was more likely to be associated with a medical condition, such as irritable bowel syndrome, or chronic pain. A fourth was more mysterious pain, often quite intense, but dismissed without action as they were expected to be of very short duration. These categories presumably reflect participants' health and optimism, but it gave measures of actual recognition of what it must be to be both healthy and optimistic.

It's an interesting exercise for those who deal with others' pain, to it sometimes

*Journal of Clinical Psychology* 2000  
For the first time, a comprehensive model of the irritable bowel syndrome form part of pain. *Psychology Bulletin* 126, 289-300.

*Journal of Clinical Psychology* 2000  
The role of the body in the study of anxiety. *Journal of Clinical Psychology* 66, 35-42.

Martin M, Crane C (2003) Coping and the body: some applications to irritable bowel syndrome. *Behavioural and Cognitive Psychotherapy* 31, 13-21.

Wall P (1979) *Pain: The Science of Suffering*. London: Weidenfeld & Nicolson.

# medical journal

## HONORARY EDITOR'S REPORT

DR STEPHEN WARD



The Pain Society Newsletter is a quarterly publication sent to all 1600 members of the Society. As such, it is the primary means of communicating the activities of Council and the Society to the members. In addition, the Newsletter is an open forum and all contributions from members and non-members are welcomed and encouraged.

The Pain Society has distributed a publication to its members since the formation of the Society in 1967 and this publication has taken various forms. Previous Editors have favoured the medical journal format with an emphasis on scientific research and medically orientated clinical papers. Dr Cathy Stannard adopted a much more open, informal approach during her Editorship and reflected very well the changing, multidisciplinary nature of the membership.

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As the new Honorary Editor, I have sought to continue this format and present a Newsletter which is informative, appropriate to today's membership and, hopefully, entertaining. During the last twelve months we have received and published articles written by doctors, nurses and psychologists in fairly equal measure and the subject of these submissions have varied from spinal cord stimulation to Shiatsu massage. We now have a flourishing "Letters to the Editor" section to encourage debate and discourse about the material published. I aim to introduce new sections in forthcoming newsletters including book reviews, a 'trainees' page and a regular review and summary of recently published research material. The Newsletter will shortly be available for download in pdf format on the Pain Society's website ([www.painsociety.org](http://www.painsociety.org)).

The appearance of the Newsletter has been revamped during my tenure to look professional and up to date. The costs of publication are now marginally higher than previously but an increase in advertising revenue means that that the extra costs

C O N T I N U E D

are met comfortably. The newsletter carries advertisements from pharmaceutical companies and equipment manufacturers and encourages advertisements from those wishing to promote meetings and conferences. An advertisement rate card was enclosed in the last edition and enquiries can be directed to Diana Wylie-Harris at the Pain Society.

If you wish to submit material for publication, the preferable format is electronic submission as an email attached Word document sent to [drspward@yahoo.co.uk](mailto:drspward@yahoo.co.uk).

Material can also be sent to the Pain Society marking it 'for the attention of the Newsletter Editor'.

I hope the Newsletter continues to inform and educate and at the same time raise the occasional smile

## EDUCATION COMMITTEE

PROFESSOR CHRIS J. MAIN



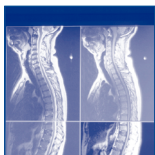
The Pain Society Educational Committee (PSEC) was established a number of years ago, and adopted as a first remit operationalising the IASP Core Curriculum for Education. A committee was put together to appraise the original material in terms of degrees of complexity and a “need-to-know” analysis developed for three levels of health-care professionals. a) Pain Specialists; b) Other Specialists (not in Pain Clinics) and general health-care practitioners. It was decided also to appraise the material in terms of suitability for undergraduate and post-graduate information. Two difficulties compromised the satisfactory completion of the task.

*“During the last year development of the revised Core Curriculum continues, but it is as yet incomplete.”*

Firstly, a new version of the Core Curriculum was under development. Secondly, a number of detailed uniprofessional curricula had been developed and we were made aware of plans to revise some of the earlier ones.

During the last year development of the revised Core Curriculum continues, but it is as yet incomplete. I understand that it is hoped that the final curriculum will be available for the World Congress in Sydney (2005). It is planned over the following three years then to revise the individual professional curricula. Indeed it would appear not only that curriculum development will be an ongoing process, but that individual professional groups will derive uniprofessional material, differing in content, focus and complexity from the core material. Clearly active engagement with IASP material has to be welcomed, but it makes the role of the PSEC in terms of its original remit if not irrelevant certainly problematic.

It needs to be recalled that the Pain Society is not an accrediting body, either in terms of statutory professional accreditation of individuals, or of providing educational qualifications. These apparent weaknesses can of course be viewed as a strength in terms of “added value”. The Pain



Society is in very powerful position in that, it can draw on the best available consensus on the nature of pain and how it should be managed, deriving its authority in particular from IASP, but also supported by its status as an educational charity and its protection from partisan unprofessional interests and inappropriate commercial influence.

Historically in terms of education, three major roles for the Pain Society have been suggested include:

- 1 Provision/ source of Educational materials
- 2 Provision of advice to those developing Teaching/Training Curricula
- 3 Sponsor/provider of specialist training on matters common to all professions

It is my considered view the first role should be a matter primarily for IASP and unprofessional groups.

I think in terms of the second role, we need to take “customer soundings” on what we should be developing, and whether our best role may be to sign-post quality educational materials using a Web-based approach.

As far as the third role is concerned, Council agreed that a clear focus on matters concerning patient selection, assessment, clinical decision-making and intervention which are common to all professionals should be developed. If the need were identified, we could also consider the development of a rolling programme of training seminars with clear learning objectives and CPD accreditation, applicable across the wide range of settings in which pain management is now delivered, and which would be ‘badged’ as a Pain Society event and hosted by the Pain Society.

*“Council would heartily welcome feedback from members on these issues, and would like to establish a focus group of interested parties...”*

CONTINUED

Council would heartily welcome feedback from members on these issues, and would like to establish a focus group of interested parties to develop these ideas further and instigate a rolling educational programme serving not only the interests of members of the Pain Society, but all professionals involved in pain management, and of course the wider community.



## PATIENT LIAISON COMMITTEE REPORT

MRS JEAN GAFFIN

### MEMBERS AS AT 31 DECEMBER 2003

MRS JEAN GAFFIN

MRS ELIZABETH BRAIN

MRS SUSAN CLAYTON

MRS HEATHER WALLACE

DR BEVERLY J COLLETT

MS RUTH DAY

DR GEORGE R HARRISON

The Pain Society formed its Patient Liaison Committee (PLC) in 2001 selecting the lay members through advertising and interviews. The lay members are Jean Gaffin (Chair), Elizabeth Brain, Heather Wallace and Susan Clayton. Dr Beverly Collett is (Vice Chair), and other health professional members were Dr Amanda Williams and Dr Paul Watson; served until April 2003 when they were replaced by Dr George Harrison and Ms Ruth Day.

The PLC met four times in 2003 and planning the Pain Society contribution to European Pain Week was a significant part of its work. The PLC planned, and Council approved, a major workshop bringing together patients, voluntary organisations concerned with pain and health professionals with the theme of Barriers to Effective Care for People Living with Pain. The full Report of this innovative interactive Workshop is on the Pain Society Website and a short report will appear in the Pain Society Newsletter early in 2004. At its December meeting the PLC discussed ways in which the interest generated by the Workshop should be followed up so that the needs of people living with chronic pain are pushed higher up the public and political agenda..

The PLC also played a major role in

- Influencing Council through ensuring that the patient perspective is put forward personally through the co-option to Council of the PLC Chair, and discussion at Council of the PLC minutes.
- Bringing the patient perspective to the Annual Scientific Meeting through organising a session on patient information.
- The revision of the Pain Society booklet “Understanding and Managing Pain: Information for Patients”.

*“The PLC met four times in 2003 and planning the Pain Society contribution to European Pain Week was a significant part of its work.”*



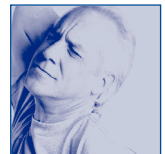
CONTINUED

- Keeping the Pain Society list of Self Help Groups and Useful Information for People in Pain under review.
- Developing the Five Pledges drawn up by a RCGP/Pain Society Working Party on which the PLC was represented.

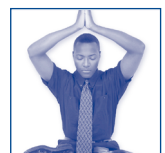


Matters discussed at meetings during 2003 include:

- Patient held records
- Patients' concerns about prescribing
- European Pain Patients' Network
- Expert Patients Programme
- The EIF declaration that differentiates between acute and chronic pain (which after debate the PLC did not support)



Between meetings PLC lay members contribute to the work of the Pain Society in many ways including commenting on draft documents and representing the PLC at a wide range of meetings including the Arthritis and Musculoskeletal Standards of Care Project and the DIPEX project on chronic pain.





## SCIENCE & RESEARCH COMMITTEE

DR AMANDA C DE C WILLIAMS

### MEMBERS AS AT 31 DECEMBER 2003

DR AMANDA C DE C WILLIAMS  
CHAIRMAN

DR ELOISE CARR

DR BEVERLY J COLLETT

DR GEORGE R HARRISON

DR ANDREW SC RICE

DR KAREN SIMPSON

The Science and Research Committee is still developing its functions after separating from the Courses and Meetings Committee, although with some common members, and deciding not to proceed in the suggested direction of a clinical trials unit which was raised in the root and branch review several years ago.

The main activity this year has been on judging and awarding research grants. Pfizer kindly gave money to the Pain Society for competitive grants in the area of neuropathic pain. There was a good response to the first research grant competition: 14 applications were received and two awards made: to Dr Clare Daniel of Imperial College/Chelsea and Westminster Hospital, London, and to Dr Lesley Colvin, Western General Hospital, Edinburgh. Both are now proceeding with their research and we look forward to hearing the results at a forthcoming ASM. The second year of these major grant awards is already underway. In addition, Pfizer provided money for a prize for a 3000 word dissertation on an area of research in neuropathic pain: the winner will be announced at the ASM.

We have also awarded travel and meetings bursaries to members to attend pain meetings in the UK and elsewhere. A further resource for research, the generous bequest from Mildred B Clulow, whose interest is available for basic science or clinically oriented research, has this year been augmented by money from the Society's reserve funds to make it a more attractive award. The SRC also keeps a running list of pain topics which are prepared and forwarded as proposals in response to calls from the Health Technology Assessment programme.

*"In addition, Pfizer provided money for a prize for a 3000 word dissertation on an area of research in neuropathic pain: the winner will be announced at the ASM"*

Grants and bursaries, although they certainly help to promote research, may only concern a minority of members. We would like to be more proactive in fostering the research output of

members, in quality and in quantity. However, a small committee cannot take on the task of serving as advisors on members' research projects and proposals, although we do a certain amount in response to approaches. We have been discussing how to make more accessible the acquisition of research skills, starting with a website page of resources we often recommend.

Members of the SRC have been active on the guidelines working groups. An old set of recommendations on pain management, "Desirable Criteria for Pain Management Programmes", was revised by the Committee of the Pain Management Programmes SIG, and the revision is now on the website. A brief consultation on this revised draft elicited several suggestions that the criteria could usefully be rewritten as guidelines, consistent with other Pain Society documents on treatment, so a working party is in formation to start the process.





## REPORT FROM THE SECRETARIAT

SANDRA SCHIA, EDUCATION CO-ORDINATOR  
DIANA WYLIE-HARRIS, MEMBERSHIP SECRETARY

There are two permanent members of staff at the Secretariat; Sandra Schia, the Education Coordinator and Diana Wylie-Harris, who joined the Society as the Membership Secretary, in September.

2003 was a very busy year for the Secretariat. The first quarter, as is the case every year, was the busiest period. The annual membership subscription renewals, the organisation of the Annual Scientific Meeting, which in turn generates a surge in membership applications, and the annual Elections to Council ensures that the staff is kept on its toes!

The 2003 Annual Scientific Meeting which was held in Glasgow at the beginning of the April was an extremely successful Meeting, and with over 1,050 delegates attending (an increase of 250 from 2002) meant that the work was really cut out for the team both in the lead up to meeting and at the event – an extremely rewarding achievement.

On 13 October 2003, to mark the European Week Against Pain, the Society organised a Voluntary Sector Meeting. The Meeting, which was led by Mrs Jean Gaffin as Chair of the Patient Liaison Committee, was organised in-house by the Secretariat and took the form of an inter-active workshop with over 60 representatives from patient groups, pharmaceutical companies, together with members of government bodies and members of the Pain Society Council in attendance.

The Secretariat is also responsible for the coordination and printing of the Society's publications, which in 2003 included the launch of the "Provisional recommendations for the appropriate use of opioids in patients with non-cancer related pain", together with the accompanying "Information for patients: Opioid medication for chronic, painful conditions" and the "Understanding and managing pain: Information for

*"Over the last year or so, the Secretariat has looked into ways of creating a 'corporate image' for the Society and to standardise all the printed material that the Society produces."*

patients.” The Secretariat also played a vital role in the production of the recently launched Pain Scales in Multiple Languages and influenced the ‘revamp’ of the Pain Society’s quarterly Newsletter. More recently, the Secretariat applied and obtained ISBN numbers (International Standard Book Numbering) for the Society’s publications.



Over the last year or so, the Secretariat has looked into ways of creating a ‘corporate image’ for the Society and to standardise all the printed material that the Society produces. All the publications that the Society has launched over the last two years now have a standardised look, and more recently the membership application form has followed suit. One of the aims of the Secretariat for 2004 is to re-develop the website and explore ways of improving the look, content, layout so as to provide a more useful and user-friendly tool for members and non-members.



On an ongoing basis throughout the year, the Secretariat continues to organise and assist with all Council and Committee work, provide secretarial support for the Special Interest Groups of the Society, as and when requested, in addition to providing as much helpful information as possible to pain sufferers who regularly contact the Society. The Secretariat is always looking for ways to improve the way it functions and so if you have any comments or suggestions, we would be pleased to hear from you.

OFFICERS, COUNCIL &  
CO-OPTED MEMBERS OF COUNCIL  
AS AT YEAR END 31 DECEMBER 2003

OFFICERS AND COUNCIL

DR BEVERLY J COLLETT, PRESIDENT

*Consultant in Pain Management & Anaesthesia, Leicester*

DR DOUGLAS M JUSTINS, IMMEDIATE PAST PRESIDENT

*Consultant in Pain Management & Anaesthesia, London*

DR KAREN SIMPSON, HONORARY SECRETARY

*Consultant in Pain Management & Anaesthesia, Leeds*

DR GEORGE R HARRISON, HONORARY TREASURER

*Consultant in Anaesthesia & Pain Management, Birmingham*

DR CATHERINE F STANNARD, HONORARY ASSISTANT SECRETARY

*Consultant in Pain Medicine, Bristol*

DR ELOISE CARR, COUNCIL MEMBER

*Senior Lecturer, Bournemouth*

MS RUTH DAY, COUNCIL MEMBER

*Nurse Consultant, Luton*

DR KATE M GRADY, COUNCIL MEMBER

*Consultant in Anaesthesia & Pain Medicine, Manchester*

DR ANDREW S C RICE, COUNCIL MEMBER

*Senior Clinical Lecturer on Pain Research, London*

DR PATRICIA SCHOFIELD, COUNCIL MEMBER

*Lecturer, Sheffield*

DR AMANDA C DE C WILLIAMS, COUNCIL MEMBER

*Consultant Clinical Psychologist, London*

CO-OPTED MEMBERS

MRS LOUISE AYLWIN

*Representative, National Occupational Therapy Pain Association*

PROF. SIR MICHAEL BOND

*Representative, International Association for the Study of Pain*

DR ALASTAIR CHAMBERS

*Representative, Association of Anaesthetists of Great Britain and Ireland*

MRS JEAN GAFFIN

*Chair, Pain Society Patient Liaison Committee*

DR PARESH GAJJAR

*Representative, Association for Palliative Medicine*

DR CHRIS SPANSWICK

*Chair, 2003 ASM Local Organising Committee*

DR STEPHEN WARD

*Editor, Pain Society Newsletter*

DR PAUL J WATSON

*Chair, Pain Society Courses & Meetings Committee*

# THE PAIN SOCIETY

## ACCOUNTS



Subscriptions  
 Industry Membership  
 Donations, Legacies & Similar  
 Label Sales  
 Main Week Income  
 Meeting Income  
 Newsletter Advertising & Booklets  
 Research Awards  
 Other Income  
 Interest Received

Notes	Unrestricted Funds	Restricted Funds	Total Funds 2003	Total Funds 2002
	112,152	-0-	112,152	93,393
9	5,000	-0-	5,000	18,000
	100,463	-0-	100,463	4,859
2	1,192	-0-	1,192	2,021
	-0-	-0-	-0-	30,000
	341,980	-0-	341,980	277,409
	4,157	-0-	4,157	3,272
5	400	50,000	50,000	-0-
	15,518	-0-	15,518	1,671
		4,053	4,053	16,826
	580,862		580,862	447,451

**RESOURCES EXPENDED**  
**COSTS OF GENERATING FUNDS**

Industry Membership Scheme  
 Charitable Expenditure  
 Communications

	1,763	-0-	1,763	55
	13,874	-0-	13,874	14,417
	516	-0-	516	390
	6,708	-0-	6,708	4,449

**GRANTS PAYABLE IN FURTHERANCE OF THE CHARITY'S OBJECTS**

Bursaries Awarded  
 Research Grants  
 Cost of activities in furtherance of charity's objects

10	686	-0-	686	3,964
		30,000	30,000	2,200

Meeting Expenses  
 Council Expenses  
 Sub-Committee Meetings  
 Main Week Expenses  
 Core Com/SIGS  
 Other Meetings Expenses  
 Miscellaneous Expenses

	278,624		278,624	222,395
	7,350		7,350	9,685
	3,496		3,496	1,216
	8,193		8,193	5,102
	1,345		1,345	-0-
	1,819		1,819	3,290
	126		126	773

**MANAGEMENT AND ADMINISTRATION**

Use of Address and Office Facilities  
 Secretarial and Other Staff Costs  
 Printing and Postage  
 Telephone and Fax Costs  
 Computer System and Software  
 Insurance  
 Office Stationery, Photocopying  
 Audit and Accountancy  
 Legal Fees  
 Professional Fees  
 Travelling & Entertainment  
 Subscriptions  
 Equipment Hire and Rental  
 Repairs/Renewals & Maintenance  
 Bank Charges  
 Depreciation

	11,091		11,091	11,091
	17,091		17,091	23,378
	4,477		4,477	2,381
	1,000		1,000	2,431
	11,960		11,960	11,907
	1,038		1,038	2,500
	8,700		8,700	4,364
	11,264		11,264	3,221
	8,371		8,371	-0-
	-0-		-0-	629
	-0-		-0-	1,098
	-0-		-0-	1,331
	47		47	2
	-0-		-0-	2,241
	-0-		-0-	6,355
10	1,819		1,819	3,290
	126		126	773
	3,200		3,200	3,200
	4,504		4,504	4,504
	2,080		2,080	2,080
	134,300		134,300	134,300
	2,233		2,233	2,233

FOR THE YEAR ENDED  
 31<sup>ST</sup> DECEMBER 2003

Net Movement in Funds  
 Balances Brought Forward  
 Balances Carried Forward



# THE PAIN SOCIETY



REGISTERED CHARITY NO. 278685

REGISTERED OFFICE            21 PORTLAND PLACE  
LONDON  
W1B 1PY

BANKERS                        CAF BANK  
PO BOX 289  
KINGS HILL  
WEST MALLING  
KENT  
ME19 4TA

SOLICITOR                      HEMPSONS SOLICITORS  
HEMPSONS HOUSE  
40 VILLIERS STREET  
LONDON  
WC2N 6NJ

AUDITOR                        SANDISON LANG & CO  
2 ST. MARY'S ROAD  
TONBRIDGE  
KENT  
TN9 2LB

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# TRUSTEES'S REPORT OF THE PAIN SOCIETY

FOR THE YEAR ENDED 31ST DECEMBER 2003

The Pain Society is the representative body for all healthcare professionals involved in the management and understanding of pain in the United Kingdom. The Pain Society is the British Chapter of the International Association for the Study of Pain (IASP) and is part of the European Federation of IASP Chapters (EFIC). The Society is a Registered Charity, number 278685.

The Trustees present their Annual Report and audited Financial Statements for the year to 31st December 2003. The Report is prepared in accordance with the recommendations of the Statements of Recommended Practice (SORP) – Accounting and Reporting by Charities – and complies with applicable law.

## 1 MEMBERSHIP

The membership of the Society is multidisciplinary and includes doctors, nurses, physiotherapists, psychologists, psychiatrists, occupational therapists, scientists and other healthcare professionals. As of 31st December 2003 there were 1,607 members.

## 2 RECENT ACTIVITIES

- The Pain Society held its 36th Annual Scientific Meeting (ASM) at the Scottish Exhibition Conference Centre in Glasgow on 1-4 April 2003, which was attended by 1,066 delegates (an increase of 250 from the previous year).
- The Society awarded 38 members of the Society bursaries to attend the ASM in Glasgow.
- The Society joint forces with Pfizer Ltd and created two new awards available to its members; a Neuropathic Pain Aware, (2 awards of up to £25,000) and an Educational Award/Travel Bursary (prizes of £1,000 and £500).
- On 13th October 2003, the Society once again held a seminar for the Voluntary Sector; this year entitled "Barriers to Effective Care for People Living with Pain; an Interactive Workshop, which was attended by 56 participants.
- The Society published three publications in 2003, which were as follows:
  - Understanding and Managing Pain: Information for Patients
  - Pain Management Services: Good Practice (in collaboration with the Royal College of Anaesthetists)
  - Provisional Recommendations for the Appropriate Use of Opioids in Patients with Chronic Non-Cancer Related Pain with accompanying document Opioid Medication for Chronic, Painful Conditions: Information for Patients (in collaboration with the Royal Colleges of Anaesthetists, Psychiatrists and General Practitioners)
- All the Society's patient information leaflets have been approved by the Centre for Health Information Quality and are available to download free of charge from the Pain Society website.
- The Society has obtained ISBN numbers for its publications.
- Dr. Stephen Ward was appointed the new Honorary Editor of the Pain Society Newsletter, which is published quarterly.
- The Society continues to be a generic stakeholder for NICE (National Institute for Clinical Excellence) guidelines.
- The Society continues to be an NCCHTA (National Coordinating Centre for Health Technology Assessment) Affiliate Organisation.
- In 2003 the Society embarked on a joint initiative with the Royal College of General Practitioners to develop the 'Five pledges to help people living with persistent pain'.

- The Society, namely the President and the Chair of the Patient Liaison Committee, attend meetings of the Associate Parliamentary Health Group, which aims to raise awareness of the issues surrounding pain within Parliament.
- The Society launched a series of ‘Pain Scales in Multiple Languages’ to assist in the assessment of people for whom English is not their first language. The scales are intended to be used by GPs and Accident and Emergency staff but may well prove useful in a wider range of situations in which the communication of pain is necessary. The scales are available in 16 languages and are available to download free of charge from the Pain Society website. A Welsh language version is currently being prepared.
- The Society continues to have nine Special Interest Groups (SIGs). The SIGs are Acute Pain, Angina, Clinical Information, Pain Intervention Interest, Neuromodulation, Neuropathic, Pain Management Programmes, Pain in Children, Psychology & Pain.
- A list of pain management programmes is now available on the Pain Society website and is free to download.
- The Society has representation on the Pain Management Committee of the RCA and reciprocal representation on the Executive of the Association for Palliative Medicine.
- The Society maintains strong links with the IASP, with Society members sitting on various IASP committees. The current President of IASP, Sir Michael Bond, is an Honorary Member of the Society.

### 3 FUTURE ACTIVITIES

- The Society will become an incorporated body with charity status in 2004
- The Pain Society’s 37th Annual Scientific Meeting will be held at the G-MEX & International Convention Centre in Manchester on 30th March to 2nd April 2004.
- The Society will launch guidelines for Pain Management Programmes.
- The Society will publish the final version of the April 2003 Provisional recommendations for the appropriate use of Opioids in patients with chronic non-cancer related pain and its accompanying Opioids medication for chronic painful conditions: information for patients. It is hoped that this final version will be jointly produced with the Royal College of Anaesthetists, the Royal College of Psychiatrists and the Royal College of General Practitioners.
- The Society will publish a consensus document entitled Spinal cord stimulation: recommendations for best clinical practice.
- The Society intends to prepare and publish a consensus document entitled Intrathecal Drug Delivery: recommendations for best clinical practice.
- The Society is planning on holding a further Voluntary Sector Seminar.
- The Council of the Society will be looking into holding training seminars for its members.
- The Society is looking into becoming generic stakeholders for Interventional Procedures and Health Technology Assessment for NICE in addition to being generic stakeholders for NICE guidelines.

### 4 STATEMENT OF RECOMMENDED PRACTICE (SORP 2000)

Since the Society’s annual turnover exceeds £250,000, it is necessary to identify areas of risk within the Society and actions that have been taken by Council to minimise or eliminate these.

The Trustees have established systems of internal control, comprising financial estimates and annual budgets, delegated authorities for operational management and segregation of duties, reviews of

financial and investment performance and the identification and management of risks, in accordance with the publication CC8 “Internal Financial Controls for Charities”.

The internal controls are subject to ongoing assessment and evaluation by the Trustees. At least two meetings a year are held to consider financial management and performance in detail. In addition, the Honorary Treasurer reports on financial matters to each Council meeting of the Trust, comprising directors and co-opted members. These meetings record the formal review and approval of all aspects of finance, internal controls and accounts.

- Staff retention: As far as possible the Society wishes to retain its Secretariat staff. They become familiar with the Society’s activities over a year or so and it is in our interests to avoid rapid turnover. To this end the Trustees have attempted to provide a better and structured salary system and improve morale by allocating specific areas of responsibility on a regular basis. Appraisal is now a regular event for members of the secretariat.
- Information Technology and Data Protection: The Society has a database system in operation and has also developed a website. Data protection and antiviral systems are in place, the data is backed up daily and a member of the Secretariat takes a backup copy home each evening. To ensure compliance with data protection, legislation, the Trustees will appoint one of their number to be the Data Protection Compliance Officer. Compliance with the data protection act is assessed regularly and procedures are in place to ensure that this compliance is maintained.
- Health and Safety:
  - The Board accepts formally and publicly its collective role in providing health and safety leadership in its organisation
  - Each member of the board accepts their individual role in providing health and safety leadership for their organisation
  - The board will ensure that all board decisions reflect its health and safety intentions, as articulated in the health and safety policy statement.
  - The board recognises its role in engaging the active participation of workers in improving health and safety
  - The board will ensure that it is kept informed of, and alert to, relevant health and safety risk management issues. In view of the Health and Safety Commission recommendations, the board will appoint one of its number to be the “health and safety director”.

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In line with Statutory requirements, the Society has Employers Liability Insurance, Public Liability Insurance and Personal Accident Insurance, the levels of which are reassessed on a regular basis.

- Stated Reserve Policy:
  - As shown in the accounts there are accumulated reserves of £780,286, of which £152,613 is in restricted funds. The Trustees have reviewed the Society’s needs for reserves in line with the guidance issued by the Charity Commission and have made the following provision:
  - £100,000 is to be kept in reserve to cover the ongoing costs of the Society should there be a failure of income from subscriptions.
  - £100,000 is to be kept in reserve to cover the potential loss that would arise should there be a fall in the number of delegates attending the Annual Scientific Meeting below the expected level
  - Surplus from the Annual Scientific Meetings (which is run on a non-profit basis) continues to be set aside to further the educational activities of the Society. At the balance sheet date this policy was under review by the board of trustees. The surplus to date is £347,632
  - The residue of £80,041 is to be kept in reserve to enable the Society to purchase a building or part of a building to act as its Headquarters. The Trustees would consider the requirement

to be approximately a quarter of the size of the building in which it is currently acting. The current value of 21 Portland Place is £4,044,474. This figure has been obtained from the Association of Anaesthetists of Great Britain and Ireland Education and Research Trust Directors' and Trustees' Report and Financial Statements for the year end 31st March 2003, dated 6th June 2003. The trustees would therefore wish to maintain a reserve up to the sum of £1,000,000 for this purpose.

#### 5. TRUSTEES FOR THE PERIOD APRIL 2002 - APRIL 2003

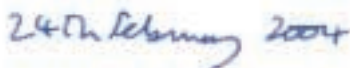
Dr. D. Justins	President
Dr. B.J. Collett	President Elect
Dr. K. Simpson	Honorary Secretary
Dr. W. Campbell	Honorary Treasurer
Dr. A. Vickers	Honorary Assistant Secretary
Dr. G.R. Harrison	Honorary Assistant Treasurer
Dr. P.D. Collins	Council Member
Dr. A.C. de C Williams	Council Member
Dr. P. Watson	Council Member
Ms. R. Day	Council Member
Dr. F. Campbell	Council Member <sup>1</sup>
Dr. E. Carr	Council Member

#### 6. TRUSTEES FOR THE PERIOD APRIL 2003 - APRIL 2004

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Dr. B.J. Collett	President
Dr. D. Justins	Immediate Past President
Dr. K. Simpson	Honorary Secretary
Dr. G.R. Harrison	Honorary Treasurer
Dr. A. Vickers	Honorary Assistant Secretary <sup>2</sup>
Dr. A.C. de C. Williams	Council Member
Ms. R. Day	Council Member
Dr. E. Carr	Council Member
Dr. K.M. Grady	Council Member
Dr. A.S.C. Rice	Council Member
Dr. P. Schofield	Council Member
Dr. C.F. Stannard	Council Member <sup>3</sup>

<sup>1</sup>Resigned in December 2002 - <sup>2</sup>Resigned in September 2003 - <sup>3</sup>Due to the vacant post for Honorary Assistant Secretary, Council needed to co-opt an existing elected Officer to take on this role. An election was carried out in October, as per the terms set out in the Constitution, and Dr. C.F. Stannard was elected as an interim until April 2004.

Dr. George R. Harrison  
(Honorary Treasurer)

On behalf of the Trustees

# REPORT OF THE INDEPENDENT AUDITORS TO THE TRUSTEES OF THE PAIN SOCIETY

We have audited the financial statements of The Pain Society for the year ended 31st December 2003 on pages 47-52, which have been prepared under the historical convention and the accounting policies set out on page 49.

This report is made solely to the charity's trustees, as a body, in accordance with Section 44 of the Charities Act 1993. Our audit work has been undertaken so that we might state to the Charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To use fullest extent permitted by law we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work for this report, or for the opinions we have formed.

## RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND AUDITORS

As described on page 53 the charity's trustees are responsible for the preparation of the financial statements in accordance with applicable law and United Kingdom Accounting Standards,

Our responsibility is to audit the financial statements in accordance with the relevant legal and regulatory requirements and United Kingdom Auditing Standards,

We have been appointed as auditors under Section 43(2) of the Charities Act 1993 and report in accordance with regulations made under Section 44 of that Act.

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Charities Act 1993. We also report to you if, in our opinion, the Report of the Trustees is not consistent with the financial statements, if the charity has not kept proper accounting records, if we have not received all the information and explanations we require for our audit, or if information is specified by law regarding trustees' remuneration and transactions with the company is not disclosed.

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We read the Report and Trustees and consider the implications for our report if we become aware of any apparent misstatements within it.

## BASIS OF OPINION

We conducted our audit in accordance with United Kingdom Auditing Standards issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the charity's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

## OPINION

In our opinion the financial statements give a true and fair view of the state of the Society's affairs as at 31st December 2003 and of its incoming resources and applications of resources, including its income and expenditure, in the year then ended and have been properly prepared in accordance with the Charities Act 1993.

A handwritten signature in blue ink, followed by the date '1/3/04' written in blue ink.

Sandison Lang & Co.  
Registered Auditors  
2 St. Mary's Road  
Tonbridge  
Kent TN9 2LB

# THE PAIN SOCIETY

## STATEMENT OF FINANCIAL ACTIVITIES

FOR THE YEAR ENDED 31ST DECEMBER 2003

<u>INCOMING RESOURCES</u>	Notes	Unrestricted Funds	Restricted Funds	Total Funds 2003	Total Funds 2002
Subscriptions		112,152	-0-	112,152	93,393
Industry Membership		5,000	-0-	5,000	18,000
Donations, Legacies & Similar	9	100,463	-0-	100,463	4,859
Label Sales		1,192	-0-	1,192	2,021
Pain Week Income		-0-	-0-	-0-	30,000
Meeting Income	2	341,980	-0-	341,980	277,409
Newsletter Advertising & Booklets		4,157	-0-	4,157	3,272
Research Awards		-0-	50,000	50,000	-0-
Other Income		400	-0-	400	1,671
Interest Received	5	15,518	4,053	19,571	16,826
		<u>580,862</u>	<u>54,053</u>	<u>634,915</u>	<u>447,451</u>
<u>RESOURCES EXPENDED</u>					
<u>COSTS OF GENERATING FUNDS</u>					
Industry Membership Scheme		1,763	-0-	1,763	55
<u>CHARITABLE EXPENDITURE</u>					
<u>COMMUNICATIONS</u>					
Newsletter and Journal		13,874	-0-	13,874	14,417
Website		516	-0-	516	390
Publications		6,708	-0-	6,708	4,449
<u>GRANTS PAYABLE IN FURTHERANCE</u>					
<u>OF THE CHARITY'S OBJECTS</u>					
Bursaries Awarded	10	686	-0-	686	3,964
Research Grants		-0-	30,000	30,000	2,200
Cost of activities in furtherance of Charity's objects					
Meeting Expenses	2	278,624	-0-	278,624	222,395
Council Expenses		7,350	-0-	7,350	9,685
Sub-Committee Meetings		3,496	-0-	3,496	1,216
Pain Week Expenses		8,193	-0-	8,193	5,102
Core Com/SIGS		1,345	-0-	1,345	-0-
Other Meetings Expenses		1,819	-0-	1,819	3,290
Miscellaneous Expenses		126	-0-	126	773
<u>MANAGEMENT AND ADMINISTRATION</u>					
Use of Address and Office Facilities		11,932	-0-	11,932	11,849
Secretarial and Other Staff Costs		37,691	-0-	37,691	25,676
Printing and Postage		4,177	-0-	4,177	3,381
Telephone and Fax Costs		1,020	-0-	1,020	438
Computer System and Software		11,966	-0-	11,966	21,507
Insurance		1,138	-0-	1,138	1,208
Office Stationery, Photocopying		4,706	-0-	4,706	2,438
Audit and Accountancy		11,066	-0-	11,066	12,068
Legal Fees		8,123	-0-	8,123	3,221
Professional Fees		-0-	-0-	-0-	-0-
Travelling & Entertainment		573	-0-	573	629
Subscriptions		329	-0-	329	1,398
Equipment Hire and Rental		47	-0-	47	38
Repairs/Renewals & Maintenance		4	-0-	4	-0-
Bank Charges	5	3,800	10	3,810	3,061
Depreciation		4,804	-0-	4,804	6,405
		<u>425,876</u>	<u>30,010</u>	<u>455,886</u>	<u>361,253</u>
Net Movement In Funds		154,986	24,043	179,029	86,198
Balances Brought Forward		<u>472,687</u>	<u>128,570</u>	<u>601,257</u>	<u>515,059</u>
Balances Carried Forward		<u>£627,673</u>	<u>£152,613</u>	<u>£780,286</u>	<u>£601,257</u>

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# THE PAIN SOCIETY BALANCE SHEET

AS AT 31ST DECEMBER 2003

<u>2002</u>	<u>FIXED ASSETS</u>	<u>Notes</u>	<u>2003</u>
	<b>OFFICE EQUIPMENT</b>		
23,932	Balance at 1.1.03		19,215
1,688	Additions		-0-
<u>25,620</u>			<u>19,215</u>
6,405	Less: Depreciation		4,804
<u>19,215</u>			<u>14,411</u>
	<b>CURRENT ASSETS</b>		
61,271	Debtors and Prepayments	3	87,794
181,715	CAF Cash Account		389,474
128,569	CAF Gold Account		132,612
54,659	Barclays Account		6,685
210,090	Charities Deposit Fund		217,341
<u>636,304</u>			<u>833,906</u>
	<b>CURRENT LIABILITIES</b>		
54,262	Creditors and Accruals	4	68,031
<u>582,042</u>			<u>765,875</u>
<u>£601,257</u>	<b>NET ASSETS</b>		<u>£780,286</u>
	Represented by:		
	<b>ACCUMULATED RESERVES</b>		
472,687	Unrestricted Reserves		627,673
128,570	Restricted Reserves	5	152,613
<u>£601,257</u>			<u>£780,286</u>

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APPROVED BY THE TRUSTEES AND SIGNED ON THEIR BEHALF

  
24th February 2004



# THE PAIN SOCIETY NOTES TO THE ACCOUNTS

FOR THE YEAR ENDED 31ST DECEMBER 2003

## 1. ACCOUNTING POLICIES

### A) BASIS OF PREPARATION OF ACCOUNTS

The accounts have been prepared under the historical cost convention and in accordance with the Statement of Recommended Practice "Accounting Charities"

### B) RESTRICTED AND UNRESTRICTED FUNDS

Restricted funds are subject to specific conditions imposed by the donor which are binding on the Council. Unrestricted funds have no restrictions on their use.

### C) DEPRECIATION

Depreciation is charged to write off the cost of fixed assets at the following rates:

Office Equipment - 25% on a reducing balance basis.

## 2. ANNUAL SCIENTIFIC MEETING

### SUMMARY PROFIT AND LOSS ACCOUNT

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INCOME			341,980
EXPENSES	Direct Meeting Expenses	178,318	
	Speakers Costs	34,256	
	Staff and Office Cost		
	Contribution	49,174	
	Bursaries	8,184	
	Staff and Council Expenses	8,692	
		<hr/>	278,624
	NET SURPLUS FOR THE YEAR		<hr/> <hr/>

### APPORTIONED ASM EXPENDITURE

Some staff and office costs are apportioned 60% to the Annual Scientific Meeting and 40% to the general fund costs.

**3. DEBTORS AND PREPAYMENTS**

	2003	2002
Annual Scientific Meeting 2004	85,034	61,271
Other Debtors	2,760	-0-
	<u>£87,794</u>	<u>£61,271</u>

**4. CREDITORS AND ACCRUALS**

	2003	2002
Other Creditors 33,386	52,541	
Annual Scientific Meeting 2004	3,000	-0-
Payment received in advance	30,000	-0-
Accruals	1,645	1,586
	<u>£68,031</u>	<u>£54,127</u>

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**5. RESTRICTED FUNDS****LEGACY**

During 2001 the sum of £121,281.60 was left to the Society with specific clauses concerning its usage as follows: "Basic research into the causes and cures for pain".

Income Resources at 31.12.02	128,570
Interest	4,053
Charges	(10)
	<u>132,613</u>
2003 FUNDS FOR PFIZER NEUROPATHIC	
PAIN AWARDS	50,000
Awards made during 2003	(30,000)
	<u>£152,613</u>

## 6. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Reserves	Restricted Reserves	Total
Fixed Assets	14,411	-0-	14,411
Net Current Assets	613,262	152,613	765,875
	<u>£627,673</u>	<u>£152,613</u>	<u>£780,286</u>
	<u><u>£627,673</u></u>	<u><u>£152,613</u></u>	<u><u>£780,286</u></u>

## 7. EMPLOYEES' REMUNERATION

Total remuneration (excluding employer's contributions) for the year amounted to:

	2003	2002
Salaries – General	22,872	22,288
Salaries – Apportioned ASM	34,578	33,431
Salaries – Temporary Staff	4,073	75
	<u>61,523</u>	<u>55,794</u>
	<u><u>61,523</u></u>	<u><u>55,794</u></u>
Employer's Contributions:	2003	2002
Employers Pension Contribution	3,446	3,193
Employers Nat. Insurance Contribution	1,238	1,439
	<u>4,684</u>	<u>4,632</u>
	<u><u>4,684</u></u>	<u><u>4,632</u></u>
Total Costs to Charity	<u>£66,207</u>	<u>£60,426</u>
	<u><u>£66,207</u></u>	<u><u>£60,426</u></u>

No employee earned £40,000 p.a. or more

The average numbers of paid staff for the year were:

2 Full-time administrative staff (2002:3)

**8. TRUSTEES REPORT**

Expenses reimbursed for 16 Trustees for the year to 31st December 2003 totalled £10,474.40. (2002: £8,156.79)

No remuneration was paid to Trustees in the year.

**9. DONATIONS, LEGACIES & SIMILAR**

In July 2003 the sum of £100,000 was left to the Society in a legacy to be used for the Society's general purposes.

**10. GRANTS**

The annual report details the grants offered by the charity. In 2003 there was just one grant awarded. This was a Patrick Wall bursary.

# THE PAIN SOCIETY STATEMENT OF TRUSTEE'S RESPONSIBILITIES

Charity law requires the Trustees to prepare financial statements for each financial year, which gives a true and fair view of the state of affairs of the charity and of its financial activities for that year, and adequately distinguish any material special trust or other restricted fund of the charity. In preparing those financial statements the Trustees are required to:

- a) select suitable accounting policies and apply them consistently;
- b) make judgements and estimates that are reasonable and prudent;
- c) state whether the policies are in accordance with the appropriate SORP on Accounting by Charities and the Accounting Regulations and with applicable accounting standards, subject to any material departures disclosed and explained in the financial statements: and
- d) prepare the financial statements on a going concern basis unless it is inappropriate to presume that the charity will continue in business.

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The Trustees are responsible for keeping proper accounting records which disclose, with reasonable accuracy at any time, the financial position of the charity, and enable them to ensure that financial statements comply with applicable Accounting Standards and Statements of Recommended Practice and the regulations made under S44 of the Charities Act 1993. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention of detection of fraud and other irregularities.



2003

2003

2003

2003

2003



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