

THE BRITISH PAIN SOCIETY

ANNUAL REPORT & ACCOUNTS



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INTRODUCTION

The British Pain Society is the largest multidisciplinary professional organisation in the field of pain within the UK.

Membership comprises medical pain specialists, scientists, nurses, physiotherapists, psychologists, occupational therapists and other healthcare professionals actively engaged in the diagnosis and treatment of pain and in pain research for the benefit of patients. There are over 1,600 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. The Society is involved in all aspects of pain and its management through the work of the Council, Committees, Working Parties, Special Interest Groups and via its Annual Scientific Meeting, publications and guidelines.

The British 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).

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OFFICERS, COUNCIL & CO-OPTED MEMBERS OF COUNCIL

YEAR END 2005

OFFICERS AND COUNCIL

DR BEVERLY J COLLETT, PRESIDENT
Consultant in Anaesthesia & Pain Management

DR JOAN B HESTER, PRESIDENT ELECT
Consultant in Pain Medicine

DR GEORGE R HARRISON, HONORARY TREASURER
Consultant in Anaesthesia & Pain Management

DR CATHY STANNARD, HONORARY SECRETARY
Consultant in Pain Medicine

DR NICK ALLCOCK
Senior Lecturer, Nursing

DR MIKE CHESTER
Director, National Refractory Angina Centre, Liverpool

DR KATE GRADY
Consultant in Anaesthesia & Pain Management

DR KEITH MILLIGAN
Clinical Director, Pain Management

PROF. STEPHEN MORLEY
Professor of Clinical Psychology

DR ANDREW S C RICE
Reader in Pain Research

DR JONATHAN RICHARDSON
Consultant in Anaesthesia & Pain Management

DR PATRICIA SCHOFIELD
Senior Lecturer, Nursing

DR SIMON THOMSON
Consultant in Pain Medicine & Anaesthesia

FROM LEFT TO RIGHT

Back row:

DR JONATHAN RICHARDSON
DR KATE GRADY
PROF. STEPHEN MORLEY
DR KEITH MILLIGAN
DR PATRICIA SCHOFIELD
DR ANDREW RICE

Front row:

DR JOAN HESTER
DR GEORGE R HARRISON
DR BEVERLY COLLETT
DR CATHY STANNARD





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CO-OPTED MEMBERS

PROF. SAM AHMEDZAI
Representative, Association for Palliative Medicine

PROF. SIR MICHAEL BOND
Representative, International Association for the Study of Pain (IASP)

PROF. ALASTAIR CHAMBERS
Representative, Association of Anaesthetists of Great Britain and Ireland

MS RUTH DAY
Honorary Editor, British Pain Society Newsletter

MRS JEAN GAFFIN OBE
Chair, British Pain Society Patient Liaison Committee

PROF. MIKE HARMER
Representative, Royal College of Anaesthetists

DR DEREK JONES
Occupational Therapy representative

DR ROGER LAISHLEY
Representative, Royal College of Anaesthetists

DR RICHARD POTTER
Representative, Royal College of General Practitioners

DR CATHY PRICE
Chair, Healthcare Resource Group (HRG) Working Party

DR PAUL J WATSON
Chair, British Pain Society Courses & Meetings Committee



FROM LEFT TO RIGHT

Back row:

- DR CATHY PRICE
- DR KATE GRADY
- MS RUTH DAY
- DR DEREK JONES
- DR PATRICIA SCHOFIELD

Middle row:

- DR JONATHAN RICHARDSON
- DR RICHARD POTTER
- DR ROGER LAISHLEY
- PROF. STEPHEN MORLEY
- DR PAUL WATSON
- DR ANDREW RICE
- DR KEITH MILLIGAN

Front row:

- DR JOAN HESTER
- DR GEORGE HARRISON
- DR BEVERLY COLLETT
- DR CATHY STANNARD



PRESIDENT'S REPORT

DR BEVERLY COLLETT

2005 has been an exciting and successful year for the British Pain Society during which there has been a steady growth in its activities and influence. I am gratified that the British Pain Society is further developing its ambition to be the foremost professional authority on multidisciplinary pain management in the UK.



ANNUAL SCIENTIFIC MEETING

Our Annual Scientific Meeting in Edinburgh was a great success. The scientific content was stimulating and eclectic and the venue offered many delights for delegates. Congratulations to Dr Paul Watson and the members of his Courses and Meeting Committee for their hard work in maintaining the reputation of our ASM as one of the best annual scientific pain meetings in the international calendar.

LOCATION

Relocation into our new accommodation, Churchill House, should take place by the end of 2006. This is an exciting and necessary move. We will be enlarging our Secretariat accommodation and improving the educational facilities available to us, whilst maintaining our own integrity within the building. Our Learning in Pain educational seminars in June will take place in Churchill House and we hope that those who attend will also be impressed by their surroundings.

We are grateful to the Association of Anaesthetists of Great Britain and Ireland who have hosted us over many years. Their hospitality to our staff individually and to us as an organisation has been more than generous. We will be always grateful for their kind hospitality.



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FINANCES

Whilst the British Pain Society finances are detailed in the Honorary Treasurer's Report and the Annual Accounts, it is important to recognise that it would have been difficult to support the growth in activities without the solid financial foundation that has been built over the past few years. The Society will move into its new premises safe in the knowledge that it is financially secure. This is testament to the work of current and past Treasurers.



ROYAL COLLEGE OF ANAESTHETISTS

The British Pain Society is delighted that the Council of the Royal College of Anaesthetists has formally approved the establishment of a Faculty of Pain Medicine. Dr Joan Hester and I are on the Founding Board of the Faculty, together with Mrs Jean Gaffin, nominated by the British Pain Society as the lay representative. We hope that the Faculty will be the start of the official recognition of Pain Medicine as a subspecialty amongst anaesthetists in the UK. At present, the draft Ordinances and Regulations for the Faculty are being prepared and progress can be viewed on the College website in the 'News' section. However, the establishment of the Faculty of Pain Medicine will in no way diminish the relevance of the British Pain Society. The role of the Faculty will be to advise on training and education in pain medicine for anaesthetists in the first instance and then possibly for non-anaesthetic medical practitioners and non-medical healthcare practitioners if required. Pain management is far more than the activity of doctors and the views of a multidisciplinary pain society will be those that are truly relevant to patient care.





BRITISH PAIN SOCIETY HOUSE OF COMMONS RECEPTION

The British Pain Society held a very successful Parliamentary reception to support IASP's Global Day Against Pain and EFIC's European Week Against Pain. We were delighted to have increased interest from both Houses and from the media. There is a proposal to establish a Chronic Pain Policy Coalition (CPPC)- a coalition of parliamentarians, patients and professionals aiming to work constructively with Government to develop solutions to improve pain management services. Baroness Rennie Fritchie has agreed to chair this coalition and we will be working closely with her over the next few months to ensure the success of this exciting initiative.



POLITICS

The political landscape in the NHS is evolving. It is important that alterations in health care delivery are seen as opportunities rather than threats and certainly a balanced view of proposed changes will assist our voice being heard within Government. We await how Choose and Book, Payment by Results and the recent White Paper will affect the delivery of Pain Management Services. Dr Cathy Price and her Healthcare Resource Groups Working Party have been working hard to ensure that all pain management assessments and procedures are appropriately coded and I am sure that we will reap the benefit from this in the near future.

We have been working increasingly with the Department of Health, the MHRA, the Health Technology Assessment programme, NICE and the Healthcare Commission in 2005 and expect this to continue. Increased media interest reflects the growing importance of pain to the public and the increasing awareness of the British Pain Society.





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SPECIAL INTEREST GROUPS

Council has approved six Special Interest Groups (SIGs) since Incorporation. Council cannot always fully reflect the various areas in which members are interested and SIGs offer British Pain Society members the opportunity to link with others sharing a common interest or area of work and to pursue this further. Incorporation has brought clarity to the relationship between the Society and its SIGs. The new arrangements should improve communication between Council and the SIGs and should be beneficial to both.



COUNCIL

I should like to thank the elected and co-opted Council who have worked so hard on your behalf over the last year. My special thanks to Cathy Stannard and George Harrison, our Honorary Secretary and Honorary Treasurer who have provided me with great support. Co-opted members improve our links with other professional bodies and I hope that the Royal College of Anaesthetists, the Royal College of General Practitioners, the Association of Anaesthetists, the Association for Palliative Medicine, the British Association of Occupational Therapists and IASP have found this liaison to be useful to them and to their members.

The British Pain Society has fought for recognition as a professional organisation and it is only by the perseverance of all Council members that we have achieved this. The scope of the British Pain Society's work has become increasingly complex and diverse. This has resulted in much extra work for Council and I thank them all for their willingness to undertake this.

Dr Andrew Rice, Dr Patricia Schofield and Dr Kate Grady who come to the end of their term of office this year deserve a special thanks. Dr Rice has made an outstanding contribution as chairman of the Science and Research Committee in bridging links between the British Pain Society and basic scientists and in regularising our industry sponsorship and our procedures for allocating bursaries. Dr Patricia Schofield and Dr Kate Grady, joint chairs of the Education Committee, have organised an excellent Primary Care Education Day and the ongoing roll-out of the IASP core curriculum with the Learning in Pain Series.

Mrs Jean Gaffin comes to the end of her term of office as the inaugural Chair of the Patient Liaison Committee. Jean was an inspired choice for this role. She has extensive knowledge and experience of the NHS and its workings and is well-connected within the Department of Health, the NHS and in Parliament. She has a genuine interest in health and in acute, chronic and cancer pain management and has worked tirelessly to make this new committee succeed. Her input into Council has always been appropriate and we will miss her wise counsel. I am delighted that the British Pain Society will be honouring her with Honorary Membership at the AGM.

SECRETARIAT

Sandra Schia, our Education Co-ordinator, became Sandra Upali this year and we wish her and her husband Massimo a very happy future together. Our Secretariat expanded by one member of staff due to our increasing workload. I am extremely grateful to Sandra, Rita Amartey and Claudette Kellar for their stalwart work to ensure the continued smooth running of the Society.

I am exceptionally fortunate for the privilege of serving as President of the British Pain Society. I am supported by a Council of immense diverse expertise and dynamism who have enabled us to achieve success in a wide variety of areas in 2005. In turn, Council is underpinned by a hard-working Secretariat, who respond assuredly to the varying demands placed upon them by Council, the membership, the media and the general public. I express my sincere thanks and gratitude to you all.

controlled drugs

2005

SIGS

ASM

strategic goals

seminars

national bodies



HONORARY SECRETARY'S REPORT

DR CATHY STANNARD



The British Pain Society now has 1,630 members. Membership of the Society is open to healthcare professionals with an interest in the Objects of the Society. We receive applications from a range of professionals involved in pain management as well as researchers in the field. Our multi-professional membership makes us uniquely placed to provide definitive comment on matters relating to pain and gives us a perspective different from but closely complementary to the many patient organisations that represent those in pain. There are an increasing number of individuals who work formally with pain management services and we now recognise that not all of these key team members have professional qualifications. One of our principal criteria for membership is that individuals should hold a contract with a recognised healthcare organisation to deliver services to patients with pain. Currently our membership comprises members from medical disciplines (including anaesthesia, rheumatology, neurology, orthopaedic surgery and neurosurgery) nurse members, psychologists, physiotherapists, occupational therapists, and scientists. Our database has been updated this year. In accordance with laws regarding data protection, members must now indicate whether they agree or otherwise to have their contact details shared with third party organisations approved by the Council of the Society. Organisations and individuals wishing to make contact with members can no longer purchase mailing labels for the whole membership and are now advised that advertisement in our quarterly Newsletter is a more effective way of communicating with our members.

The Society has now approved formally six applications to form Special Interest Groups (SIGs). The Society's Council has approved the formation of SIGs for Pain in Children, Acute Pain, Philosophy and Ethics, Clinical Information, Interventional Pain Medicine and Neuropathic Pain. Other

SIG applications are being considered and the Society hopes to speed up the mechanism for approving applications in order that professional groupings are not held up in their important work. The process by which a group of professionals can become recognised is tightly defined by our regulations and is thus a legal requirement. This imposes a significant burden on the chairs and officers of our SIGs but forms a firm foundation for the activities of the SIGs on the Society's behalf.

Last years Annual Scientific Meeting of the British Pain Society in Edinburgh was a great success with 1,045 participants and as always a scientific programme which positions it rightly as one of the premier pain meetings in the world. This year the Society awarded bursaries to 30 members to attend the meeting. This year the Society has augmented this important annual event by launching a programme of one day educational seminars as well as holding a first joint meeting with the British Neuroscience Association. The 11th World Congress of Pain took place in Sydney, Australia this year and the Society was able to provide financial support to 11 members to attend.

The British Pain Society plays an important role in representing the views of those professionals working in the field of pain to various national bodies. This year we have made a number of contributions in relation to prescribing of pain-relieving drugs. Representatives of Council have met with the Medicines and Healthcare Products Regulatory Agency and contributed to the debate on the withdrawal of Coproxamol and the updated guidance on pain management given to prescribers. We have also provided information and opinion on the Home Office Consultation regarding the reclassification of Ketamine as a controlled drug. Additionally we have contributed to the ongoing collaboration between the Department of Health and healthcare and other professionals



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regarding changes in legislation regarding controlled drugs. Strengthened governance arrangements to support the prescription of controlled drugs are also being implemented and the Society has had representation on the group advising the Department of Health on these important changes.

The elected members of Council met in February to assess progress towards the many strategic goals outlined in the previous year. Many of the Society's activities have now been set within a solid framework and plans for the future have been defined and are being implemented. This sound foundation is continually built on by hard working contribution from Council members despite the ever increasing pressures placed on them by a target driven healthcare system. My own job as Honorary Secretary, and I'm sure those of the other officers and Council members, would not be possible without the enormous and effective effort from our secretariat who not only provide administrative and organisational support but who bring innovative ideas and guidance to strengthen the Society as it moves forward.

trustees

2025
reserves

income

expenditure

Funding

balance sheet

SORP



HONORARY TREASURER'S REPORT

DR GEORGE R HARRISON



The Society's funds remain in good health, although there has been a drop in the level of restricted reserves. The current reserves of the society stand at £815,666, of which £123,199 is in restricted funds. There has been a net movement in funds of £6,525 in unrestricted reserves. This has been in part due to the receipt of a further part of the bequest of Irene Bainbridge, but is somewhat lower than it might have been in view of the ASM having an excess expenditure over income of £42,000. This was due to the venue being more expensive than others in the past.

There is a section of the unrestricted reserves which has accumulated as a result of unusually large turnouts at the Annual Scientific Meeting, therefore making an unexpected and unbudgeted excess of income over expenditure. Because of an agreement with Her Majesties Revenue and Customs relating to the non-imposition of value added tax, this money can only be used for educational purposes, and covering any shortfall in the ASM budget. These funds form part of the designated reserves, along with the SIG funds, and it is from this that the money has been taken to cover the shortfall in this years ASM budget. Some of this money will also be used in the coming years to cover the cost of the rental of Churchill House.

This year we have continued to produce a formal reserves policy to determine the way in which we use the money 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, and the money given from Pfizer to support the Pfizer research grant.

The remaining reserves are designated to be used as follows: £120,000 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, £120,000 to cover the ASM against a shortfall of income due to a fall in the number of delegates. The remainder is to be used to assist the Society to further the aims and objects 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. It was agreed through Council that this was probably because the sum of money was not sufficient to allow a suitable project to be financed, and therefore the sum of £25,000 was put forward for the award this year. The decision was made in Council this year that the award should be made in alternating years, but that the sum should be of £50,000. This is to take recognition of the fact that nowadays the universities are looking at total funding for projects, which is to include overheads as well as the basic costs of the project.

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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 £1,000 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. This year there were two applicants for travel grants, both of which were successful.

THE IASP TRAVEL GRANT

In order to help members of the Society get to the IASP World Congress, which took place in August 2005, the Society offered travel grants of up to £1,000. A total of £7,782 was awarded to members of the society. This grant is specific for the World



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Congress, and will again be offered for those wishing to apply for travel grants to the next World Congress which will be held in Glasgow in 2008.

SPECIAL INTEREST GROUPS (SIGS)

This year for the first time the SIGs appear on the balance sheet. Each of the SIGs that has so far been approved by Council will have their own line of income and expenditure as shown in the notes to the accounts, to demonstrate that their monies are being accounted for openly.

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 Law and other issues is invaluable and I recommend that we continue to use their services.

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APPOINTMENT OF AUDITORS

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

SORP 2005

Since our turnover exceeds £250,000 it is necessary for the Trustees to identify and minimise areas of potential risk within the Society as recommended by the Statement of Recommended Practice (SORP 2005). 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.

BRITISH PAIN SOCIETY 2006 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. However, there has also been concern about the apparently large increase in subscriptions in the year past. After considerable debate within Council, it was decided by a majority vote to have a small annual increase, rather than a larger increase every two or three years. Therefore the subscription for the year commencing 2007 will be increased by 5% across the board, so that, on this occasion, there will not be any complaints about the percentage increase for some bands being greater than others.

I would also like to express my thanks to the members of the secretariat, for the enormous amount of work that they have put into the Society in general, and in particular to the support that they have given to me.

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

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	2004	2005	2006	2007
MEMBERSHIP BAND A <i>Taxable Income over £45,000</i>	£110.00	£110.00	£130.00	£136.50
MEMBERSHIP BAND B <i>Taxable Income £30,000- 44,999</i>	£85.00	£85.00	£85.00	£89.25
MEMBERSHIP BAND C <i>Taxable Income £20,000- 29,999</i>	£50.00	£50.00	£60.00	£63.00
MEMBERSHIP BAND D <i>Taxable Income £10,000-19,999</i>	£25.00	£25.00	£30.00	£31.50
MEMBERSHIP BAND E <i>Retired members, income<£10,000</i>	£20.00	£20.00	£25.00	£26.25



COMMUNICATIONS COMMITTEE REPORT

DR CATHY STANNARD



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

MEMBERS YEAR END 2005

The British Pain Society Newsletter is published quarterly and is sent to all members of the Society. The current Newsletter editor is Ms Ruth Day who has created a contemporary and popular format and made changes to the administration of the publication which now ensures timely production and informative content. The Newsletter is also a vehicle for advertisers to bring their products to the attention of members as well as a means by which members can share news of meetings, surveys and other activities of interest.

DR CATHY STANNARD, CHAIRMAN

MS RUTH DAY

DR BEVERLY COLLETT

The Society produces a regular series of publications relating to best clinical practice. *Spinal cord stimulation for the management of pain: recommendations for best clinical practice* was launched in March of this year. The recommendations had been launched in provisional form one year previously and the final version incorporated feedback from all relevant professional and patient stakeholder groups. The document was produced by a consensus group in collaboration with the Society of British Neurological Surgeons. The document was accompanied by a leaflet for patients *Spinal cord stimulation for pain: information for patients*. This document has been awarded the Centre for Health Information Quality triangle mark. The 2002 publication *The use of drugs beyond licence in palliative care and pain management* has been revised and updated and was published in November 2005 together with its accompanying leaflet *Using medicines beyond licence: information for patients*. This latter has also been awarded the Plain English Campaign Crystal Mark.

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The Society has two publications in progress to be launched this year. The Society will publish a consensus document on

Intrathecal drug delivery for the management of pain and spasticity in adults: recommendations for best clinical practice and Pain and substance misuse (both with patient information leaflets). The 2002 publication *Desirable criteria for pain management programmes* is also being revised and updated and will be published this year.

The Society, although an organisation for healthcare professionals, provides the following information for people with pain: a list of their ten nearest pain clinics, a copy of the British Pain Society publication *Understanding and managing pain: information for patients* and a list of self-help groups and other useful addresses.

The website of the British Pain Society has been redesigned and will be launched following approval of content. The new site will be easy to navigate and provides 60 pages of information for members, industry colleagues, the public and the media. All the Society's publications are downloadable free of charge from the website.

The multidisciplinary nature of the British Pain Society make it uniquely positioned to comment on matters of interest in the field of pain. In 2005 representatives of the Society appeared on national and local radio, television and provided information for the written media. In October, to coincide with IASP's Global Day Against Pain and EFIC's European Week Against Pain, Dr Beverly Collett, Dr Joan Hester and Dr Cathy Stannard appeared on a number of local BBC radio stations raising the awareness of the prevalence of pain in the UK and the consequences for individuals.

COURSES & MEETINGS COMMITTEE REPORT

DR PAUL J WATSON, CHAIR



In a year that was dominated by the IASP meeting one might be forgiven for worrying that our own meeting might have suffered from a lower attendance as people saved their money to go “down under”. We need not have feared because the attendances were once again well over 1000. And there was still a healthy contingent of BPS members in Sydney not only as participants but also as plenary speakers, workshops presenters and refresher course presenters.

As some of you might have noticed Edinburgh was only just big enough for our meeting but I am assured that it will be expanding and will be a better fit in future years. This reduction in space resulted in a restriction on the number of posters and we had to accept posters based on the quality of the abstract submitted. I understand that some people were upset when their poster was not accepted for presentation. However, there was an overall improvement in the scientific quality of the posters and the Council are keen to keep up the momentum on this matter to ensure that the quality of the posters improves to the standard of an international meeting. To this end we will once again be submitting posters to close scrutiny to ensure the work is of an acceptable standard. The details of this and the reasons for the rejection of posters last year was given in the autumn 2005 edition of the newsletter (p16) which I encourage you to read.

The next annual scientific meeting will be in Harrogate, a place which is new to the BPS. The conference centre with its new suite of breakout rooms is more than roomy enough to accommodate our meeting. Harrogate is a very pleasant place in spring, all we need is the weather to go with it. We have perhaps the best range of international speakers we have ever assembled including Allan Basbaum who will deliver the Patrick Wall lecture. We also have introduced a new lecture in recognition of the work done by people from disciplines

MEMBERS YEAR END 2005

DR PAUL J WATSON, CHAIR

DR KATE GRADY

DR GEORGE HARRISON

DR DEREK JONES

PROFESSOR STEPHEN MORLEY

DR ANDREW RICE

DR PATRICIA SCHOFIELD

other than basic science through the establishment of the British Pain Society Lecture and we have an excellent first recipient of this honour the identity of whom will be revealed in Harrogate. To further acknowledge the contribution of our Patrick Wall lecturers and the new British Pain Society Lecturer Council have given permission for a medal to be struck to honour the people who deliver these lectures and this will be antedated to previous speakers. We will now have an annual Patrick Wall Medal and British Pain Society Medal.

In the last annual report the concerns about the loss of contact with basic science had been the subject of a meeting at Portland Place. From this a joint meeting of the BPS and the British Neuroscience Association (BNA) took place in Milton Keynes and was attended by over 100 people. This interdisciplinary meeting was a great success and demonstrated that such meetings can open our eyes and minds to other ways of viewing the problem of pain. There are plans afoot to have a second such meeting in the next year with another kindred society; I hope to see more members of the BPS in attendance.

The Annual Report gives me the opportunity to give my annual thanks to the Secretariat who have supported the Courses and Meetings Committee and who work so hard to get the conference off the ground. Remember this is one of the largest meetings of its kind in the world and it is run in-house – we should be proud of the secretariat for being able to do this as well as manage the day to day running of the Society.

As is usual at this time of year I am looking forward to the future ASM meetings, Glasgow will host the meeting for 2007, and will serve as a “dry run” for the IASP meeting which will be held there in 2008. The Council was keen to stage our own meeting in 2008 and felt there was little fear of it threatening the leviathan that is the IASP World Congress. Can I take



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this opportunity of thanking those people who have suggested speakers and topics for the ASMs and please keep them coming by sending an email to the secretariat or to me personally. At the time of going to press we are looking at venues for beyond 2008 and the new venue in Liverpool looks like the front runner at the moment, we just need them to build it on time.

See you in Harrogate!



EDUCATION COMMITTEE REPORT

DR KATE GRADY (CO-CHAIR)

DR PATRICIA SCHOFIELD (CO-CHAIR)



STRATEGIC AIMS OF THE EDUCATION COMMITTEE

- To deliver the IASP Core Curriculum for Education to those professionals involved in the management of pain through the interprofessional sharing of knowledge and experience.
- To translate the curriculum into the dynamic delivery of improved patient care.

MEMBERS YEAR END 2005

DR KATE GRADY, CO-CHAIR

DR PATRICIA SCHOFIELD,
CO-CHAIR

DR BEVERLY COLLETT

DR JOAN HESTER

PROFESSOR STEPHEN MORLEY

DR JONATHAN RICHARDSON

These aims were determined in 2004. Following a very successful GP study day in January 2005, and in keeping with its aims, the Education Committee has developed the 'Learning in Pain Series'. The series is loosely based upon the International Association for the Study of Pain Core Curriculum which was published in August 2005. The programme will run as a number of study days over the next three years. The study days can be complementary or stand alone. This programme will provide the opportunity for small groups to take part in lectures and interactive workshops around key issues in pain management highlighted within the IASP curriculum. The overall programme will be published on the British Pain Society's web site and in forthcoming issues of the newsletter. The first of the education days was held in January '06 and covered interventional pain management. Experts in interventional approaches delivered a combination of lectures, demonstrations and interactive workshops. The day was well subscribed with the maximum thirty delegates and the feedback was very positive. Further days are planned for June and September and will be offered in the exciting new facilities at Churchill House.



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The Education Committee is thus pleased the short term objective of last year's report has been achieved and it continues to develop the medium and long terms objectives as described:

MEDIUM TERM (2-5 YEARS)

1. Preliminary development of the web site to upload study day presentations
2. Development of a protocol to capture the essence of learning from each study day
3. To produce an educational resource with links to other sites

LONG TERM (5-10) YEARS

- I. To continue the cycle of study days
2. To develop a web based learning resource



PATIENT LIAISON COMMITTEE (PLC) REPORT

MRS JEAN GAFFIN OBE, CHAIR

MEMBERS YEAR END 2005

LAY MEMBERS:

MRS JEAN GAFFIN OBE

MRS SUE CLAYTON

MR IAN SEMMONS

MRS HEATHER WALLACE

PROFESSIONAL MEMBERS:

DR BEVERLEY COLLETT

MS RUTH DAY

DR NICK ALLCOCK

When the Patient Liaison Committee was set up, the terms of reference included three major strands of work. The Committee was set up to be advisory to the British Pain Society Council, and one way of doing this in 2005 was continuing to comment on relevant Council publications and serving on British Pain Society Working Parties. The PLC was asked to provide a channel of communication between patients and the Council and one way in which this was achieved was organising the October Seminar for representatives of the voluntary sector organisations concerned with the pain agenda. The third strand was to communicate to Council areas of concern amongst patients and raising issues around prescribing, particularly the withdrawal of coproxamol, is an example of this strand of work.

Our main aim remains as it was since our formation in 1991: to push the issue of pain higher up the public, professional and political agenda which includes awareness of the importance of current changes within the NHS in terms of enabling the needs of people living with chronic pain to be met

The lay members of the PLC were delighted when Council decided that they should be invited to attend the Annual Scientific Meeting of the British Pain Society, which reflects recognition of their contribution to the work of the Society.

The PLC Chair is a co-opted member of Council and is an active member of the Committee of Chairs of Patient Liaison Committees of Royal Colleges and Faculties which is coordinated by the Academy of Royal Colleges.

During 2005 the PLC gave detailed consideration to the information the British Pain Society makes available to patients, discussing in detail the letter sent by the office to general enquiries, verifying the information about useful



CONTINUED

organisations and, towards the end of the year, the information on the “patient” pages of the website.

The PLC played a major part in the British Pain Society contribution to Global Day against Pain by devising the programme of the Voluntary Sector Seminar held on 18th October, at which presentations were made by Dr Beverly Collett, Mr Ian Semmons, Mrs Sue Clayton, Ms Ruth Day, and Mr Pete Moore. With some 13 voluntary organisations working with people living with pain represented, extensive and lively discussion was an important part of the day, a full report of which appears in the Winter 2006 British Pain Society Newsletter.

Other matters discussed during 2005 included the work of the Scottish Cross Party Group on Pain, the launch of the Chronic Pain Coalition, Epidural Steroid Injections and access to controlled drugs.

In November the Committee was delighted to welcome to their meeting Mrs Nia Taylor, selected to be the chair-elect of the PLC when the current Chair stands down after 5 years in April 2006. Nia who is Chief Executive of BackCare, was chosen after open advertising and a day of interviewing (by the President and President Elect of British Pain Society as well as PLC Chair) an excellent shortlist.

The Committee is looking forward to another year of constructive activities during 2006.



SCIENCE & RESEARCH COMMITTEE REPORT

DR ANDREW RICE, CHAIR

The Science and Research Committee (SRC) was active in a number of areas in 2005, including:

1. ASSOCIATION OF MEDICAL RESEARCH CHARITIES (AMRC)

The SRC considered the potential impact of the Full Economic Costing calculation of research grants, which all United Kingdom universities have been required to undertake since September 2005. Potentially, FEC could inflict a major negative impact on the amount of funding which the British Pain Society will be able to award in research grants. Having a credible, strong and justifiable policy on FEC was one of the justifications for the SRC's recommendation to Council that the British Pain Society join the AMRC (www.amrc.org.uk). This recommendation was adopted and an application has been submitted. If the application is successful, the British Pain Society will be obliged to follow AMRC rules, including external peer review of grant applications and adoption of their policy on FEC.

The AMRC application also required the formulation of a British Pain Society research strategy, which is: 'The British Pain Society awards grants for research that advances the understanding and treatment of acute, cancer and chronic pain and the wider impact thereof. Awards may be made for projects that advance basic scientific, epidemiological or clinical knowledge in all fields relevant to pain. The British Pain Society invites applications from all disciplines of pain research'.

2. GRANTS

In 2005 Council increased the budget for the Mildred B Clulow award to £25,000. A competition was held and a strong field of applications was received, covering the full spectrum of pain research. Applications were judged by a panel chaired by Professor Stephen Morley, after they had been sent for external

MEMBERS YEAR END 2005

DR ANDREW RICE, CHAIR

DR KEITH MILLIGAN

PROFESSOR STEPHEN MORLEY

DR PATRICIA SCHOFIELD

DR SIMON THOMSON



CONTINUED

peer review. The award was made to Professor Maria Fitzgerald, University College London, for a project entitled ‘Cortical pain processing in preterm infants’. Council discussed how the British Pain Society should award the relatively small amount available annually from the Mildred B. Clulow bequest to obtain best value for money in terms of high quality research. It has been decided not to make an award in 2006, but instead have a “rollover” award of at least £50,000 in 2007. A case was also put to Council to make a single award from the Bainbridge bequest in 2006, but it was felt that research was not an appropriate use of these funds at the present time.

3. NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (NICE)

In 2006 the SRC absorbed the Clinical Governance Committee. The major inherited responsibility is to ensure that the British Pain Society continue its dialogue with the National Institute for Health and Clinical Excellence (NICE) and related bodies, on issues which are appropriate to the interests of British Pain Society members. Although pain impacts on most areas of medicine, and it would be perhaps desirable if the British Pain Society raised the issue of pain and its relief in the wide range of fields being considered by NICE, the SRC have decided that this is simply not feasible and it thus only responds to issues which are core to the British Pain Society activities. This inevitably requires the occasional pragmatic judgement, especially since the response deadlines are often very short. One area of activity in 2005 was responding to briefing notes from the National Coordinating Centre for Health Technology Assessment. These documents, in turn, are sent to the Advisory Committee on Topic Selection, the body that makes recommendations as to which areas should be examined by NICE. In formulating British Pain Society responses the SRC attempts to identify British Pain Society members who are experts in the field and who are able to rapidly write with balance and authority on

the subject in question. The SRC is grateful to members who have been able to help in this way and is keen to hear from members who would be willing to assist the SRC with future responses. For example, in 2005 we responded to briefing notes on: drugs in neuropathic pain (Dr Andrew Rice); duloxetine for fibromyalgia (Dr Anthony Jones); appraisal of spinal cord stimulation for chronic pain (Dr Cathy Stannard); clinical and cost effectiveness of implanted drug delivery systems for the treatment of chronic pain and spasticity (Dr Kate Grady); clinical and cost effectiveness of Cognitive Behavioural Therapy (Professor Stephen Morley) and guideline on the management of post herpetic neuralgia (Dr Andrew Rice). The British Pain Society registered as stakeholders for the guidelines for osteoarthritis and multimodal approaches to peri-operative care of surgical patients.

4. RELATIONSHIP WITH PAIN BASIC SCIENTISTS

Last year we reported on a workshop that was held with pain basic scientists in order to identify how the British Pain Society could better serve their needs. The first major tangible outcome of this workshop was evident in 2005 in the form of a one day meeting held jointly with the British Neuroscience Association – an account of which is given in the Courses & Meetings Committee report. The SRC also conducted a feasibility appraisal of employing professional fundraisers to generate substantial capital funds from which the British Pain Society could award larger research grants than it is able to award at present. An analysis was presented to Council and it was decided, on balance, that the cost of employing fundraisers did not merit their engagement.



HEALTHCARE RESOURCE GROUPS (HRG) WORKING PARTY REPORT

Healthcare Resource Groups form the basis for grouping units of activity into pricing bands (or tariffs) in the National Health Service in England. A differing system operates in Scotland and Wales. Each HRG contains units of activity that consume the same amount of healthcare resource and reflect broadly the same type of activity. The British Pain Society has been actively engaged in the Expert Working Groups that have developed HRG's that are fit for purpose. This has included new OPCS codes for treatments carried out in pain management that spread beyond surgical activity and include rehabilitation and psychological treatments for pain. This has been an important step forward and recognises the importance of multi-disciplinary working in the management of patients.

MEMBERS YEAR END 2005

DR CATHY PRICE, CHAIR

DR DEREK JONES

MRS HEATHER MUNCEY

DR KEITH MILLIGAN

DR PATRICIA SCHOFIELD

Outpatient activity, which forms the bulk of pain management work, will be properly included from 2008 as will rehabilitation. This will enable treatments to be setting independent and provide more flexibility in provision of care.

On the British Pain Society website there is a page devoted to updates on this topic. It can be found under "working parties". The main work is likely to be completed this year. Feedback from members has played an important part in development and is strongly encouraged.

REPORT FROM THE SECRETARIAT 2005

SANDRA UPALI, *Education Co-ordinator*

RITA AMARTEY, *Membership & Communications Co-ordinator*

CLAUDETTE KELLAR, *Administrative & Events Assistant*



In 2005, Sandra Upali and Rita Amarteay were joined by a third, full-time member of the Secretariat; Claudette Kellar. Claudette joined the Society as the Administrative and Events Assistant.

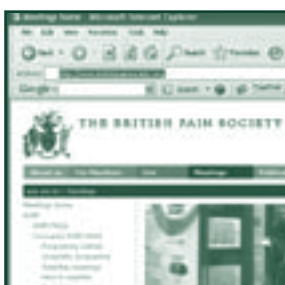
The past year has seen a huge increase in the work of the Secretariat. The development of the Society's education programme has contributed greatly to this increase through the introduction of one-day study days, education days with primary care teams and joint one-day specialist seminars with other organisations.

Six Special Interest Groups were created in 2005 and the Secretariat has been involved with the organisation of SIG conferences and meetings and has offered support wherever possible. It is envisaged that co-ordination of SIG business will expand greatly in 2006.

The Edinburgh ASM was a huge success and the team worked extremely well together to organise the most successful ASM to date. For the first time in four years, the same team will be working together for the 2006 ASM.

The Secretariat has also been involved in the recent revamp of the Society's quarterly newsletter and has proactively looked at advertising as a strategy to produce the Newsletter as a self-financing publication. The team is also heavily involved with the creation of the new website.

2005 has also seen a huge increase in enquiries from the media and patients and the Secretariat continues to offer as much information as possible, including assisting with the creation of dedicated sections on the new website to the media and to patients.





CONTINUED

We had a great response to the ‘members update’ mailing sent out this summer with over 1,200 members responding; all changes have been updated on the system.

On an ongoing basis throughout the year, the Secretariat continues to support the development and expansion of Society business by providing support to all Council, Committee and Working Party work.

ACUTE PAIN SOCIETY
SPECIAL INTEREST GROUP REPORT
DR DAVE COUNSELL, CHAIRMAN

The Acute Pain Society SIG held two meetings this year in parallel with the British Pain Society Annual Scientific Meeting and the National Acute Pain Symposium in April and September respectively.

The subject of both meetings was the proposed National Confidential Acute Pain Critical Incident Audit (NCAPCIA), a web-based data collection system for the collation of major incidents. It was generally agreed that this project was badly needed. A show of hands suggested that most hospitals have by now experienced a major incident of one kind or another; these need to be reported and analysed in some way ideally with some calculation of frequency against national activity. The project has recently received funding from the Royal College of Anaesthetist to cover setting up and administration costs for the first two years. We are seeking support from other bodies including ESRA and the AAGBI.



CLINICAL INFORMATION SOCIETY SPECIAL INTEREST GROUP REPORT

CISIG was formally incorporated into the British Pain Society in October 2005.

DR CATHY PRICE, CHAIRMAN
DR TOM HOLLWAY, TREASURER
DR PIERS LESSER, SECRETARY

The mutually agreed aims of the SIG is to “promote the collection and analysis of clinical data relating to pain management from providers of NHS and private secondary and primary health care services”. This is becoming ever more important with the advent of Patient Choice and Payment by Results. CISIG’s activities have informed the development of OPCS 4.3 and gave the British Pain Society high credibility.

Whilst the discussion was continuing over incorporation into the Society the SIG did not commence new activities. Thus the SIG’s only activity was completion of a comprehensive validation exercise of the PAIN database that had been developed over the past 5 years. This was sponsored by Pfizer and the Pain Relief Foundation and carried out by Dr Gillian Hall an independent epidemiologist with a special interest in health databases and Dr Trevor Bryant Reader in Biostatistics at the University of Southampton. We thank Laura Merrett, researcher, for her hard work in visiting all centres using the database. Results will be presented to members to inform further activity over the next year.

CISIG’s current balance is £25,019.44. This is a small amount in its specialist area! Current membership is 59 members.

INTERVENTIONAL PAIN MEDICINE (IPM) SOCIETY SPECIAL INTEREST GROUP REPORT

DR JONATHAN RICHARDSON, CHAIRMAN - DR SANJEEVA GUPTA, TREASURER - DR PATRICK MCGOWAN, SECRETARY

The IPM came into being in June 2005. I am pleased to say it was started as a response to enthusiasm from the general membership of the British Pain Society and the desire for the existence of such a Group from the Council of the British Pain Society.

A “Steering Group” meeting took place on 24th September in London. In order to get the SIG started, I took it upon myself to invite individuals whom I knew felt passionate about this venture. Those invited were Physicians, a Rehabilitation Physiotherapist, a Clinical Psychologist and a Specialist Pain Nurse: making up a multidisciplinary “team”. Not everyone could attend, but the meeting was lively and enthusiastic and a framework for our future activity was produced.

The general aims of the SIG are to educate members of the British Pain Society and other health professionals, politicians and health care purchasers about interventional pain management techniques and the benefit these provide to patients.

There are two types of SIG within the British Pain Society. It was unanimously agreed that a “Society” SIG was the most appropriate (please see British Pain Society Regulations).

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A formal constitution has not been fully agreed. It was proposed and agreed that a committee should be formed and officers appointed if at all possible from those present. An alternative would be to have had to hold another meeting which would be difficult from a practical point of view. It is recognised that the Committee and its Officers are interim appointments pending elections which will be planned for next year.

The following officers were appointed: Dr Jonathan Richardson Chairman, Dr Patrick McGowan Secretary, Dr Sanjeeva Gupta Treasurer (meetings need to be costed, sponsorship secured etc), Dr Glyn Towleron educational officer, Ms. Helen Jones Nursing Liaison Officer, Mr Paul Ankers Physiotherapy Liaison Officer. Appointed Council Members were Dr Adnan Al Kaisy, Dr Ron Cooper, Dr Charles Gauci, Dr Nigel Kellow, Dr Andrew Lawson, Dr Simon Thomson, Dr Stephen Ward, Dr Christopher Wells, Dr Sean White, Dr Mark Miller.

The IPM SIG will have a Committee meeting twice per year. One meeting will take place during the British Pain Society Annual Scientific Meeting. The other meeting will take place, generally speaking, in the month of November every year, coinciding with a scientific meeting.

The First Scientific Meeting, 5th December, was held in Portland Place, London and was deemed to be very successful. Excellent speakers, who had put a great deal of effort into their contributions, got the SIG off to a flying start. The attendance was excellent. The next meeting will take place in Northern Ireland to be hosted by Dr Ron Cooper.

The current membership stands at 91.

The work of Pain Intervention Interest Group is acknowledged, especially the supreme efforts of Charles Gauci, followed on by Andrew Lawson.



NEUROPATHIC PAIN SOCIETY SPECIAL INTEREST GROUP REPORT

The Neuropathic Pain (NP) SIG has been active behind the scenes during 2005. Like many other SIGs during this time when the Pain Society transformed into the British Pain Society, we have undertaken the application process to be a Society SIG. We have been successful in this regard and have updated our membership details into an electronic e-mail database. This will soon be tested with a flyer so we can rapidly contact our membership and vice versa. If any members fail to receive this please contact us via neuropsig@fsmail.net

*DR MICK SERPELL,
CHAIRMAN*

*DR STEVE ALLEN,
HONORARY SECRETARY*

*DR BABARA HOGGART,
HONORARY TREASURER*

*DR JAYNE GALLAGHER,
ELECTED COMMITTEE MEMBER*

*DR SIMON THORP,
ELECTED COMMITTEE MEMBER*

Our Scientific programme has been quiet this year. The workshop planned at the Edinburgh ASM 2005 was postponed at the request of the BPS as there were three other sessions which involved NP (a good sign that NP is a popular subject).

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We are back on track in Harrogate 2006 as we are hosting a workshop on “Non-medical treatments for NP” which includes Psychological and Complementary & Alternative Medicine. We will also be having our SIG AGM during the conference. We hope to see you all at one or both of these meetings!

PAIN IN CHILDREN SOCIETY SPECIAL INTEREST GROUP REPORT

DR MARY ROSE, CHAIRMAN

MS LINDA BUCHANAN, SECRETARY

At the 2005 Annual Scientific Meeting in Edinburgh the Pain in Children SIG hosted a workshop entitled “Non-pharmacological approaches to the management of chronic pain in children”.

The SIG is taking part in a multi-disciplinary working group commissioned by the Association of Paediatric Anaesthetists to develop evidence based recommendations for the management of acute & post-operative pain in children.

Throughout the year the SIG has acted as a source of information on pain in children and the treatments available to children’s organisations and the media.



PHILOSOPHY AND ETHICS SOCIETY SPECIAL INTEREST GROUP REPORT

The 3 day annual meeting of the SIG was held at Scargill House in Yorkshire again in June 2005. There was a broad program of topics based loosely on the theme of “Pain Relief as Human Right”. There were approximately 30 participants from a range of disciplines including non-medical.

DR WILLY NOTCUTT, CHAIRMAN

*DR PETER WEMYSS-GORMAN,
SECRETARY/TREASURER*

Contrasting pain management in two third world countries with the affluent west was followed by an examination of the problems of rationing pain management. Ethical issues and the drug industry were looked at from both sides of the fence. The therapeutic relationship was explored in variety of ways including case presentations. The ethical problems of the drug dependent patient were also discussed.

The formal presentations were supplemented by the ongoing discussions during meals and afternoon walks, an invaluable part of the meeting!

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A workshop on Pain as a Human Right is planned for the next British Pain Society Annual Scientific Meeting in Harrogate and the next meeting of the SIG will be in Launde Abbey, Leicestershire, June 26-29th 2006.

THE BRITISH PAIN SOCIETY
REGISTERED CHARITY NO. 1103260
REGISTERED COMPANY NO. 5021381

ACCOUNTS FOR THE YEAR ENDED
31st DECEMBER 2005

SANDISON LANG & CO.
2, ST. MARY'S ROAD
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LEGAL & ADMINISTRATIVE INFORMATION

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THE BRITISH PAIN SOCIETY DIRECTORS' REPORT

For the period 1st January – 31st December 2005

The British Pain Society is the largest multidisciplinary, professional organisation comprising doctors, nurses, physiotherapists, scientists, psychologists, occupational therapists, and other healthcare professionals actively engaged in the diagnosis and treatment of pain and in pain research, within the UK. As of 31st December 2005 there were 1,630 members. The 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 Directors present their Annual Report and audited Financial Statements for year 1st January – 31st December 2005. The Report is prepared in accordance with the recommendations of “Accounting and Reporting by Charities: Statement of Recommended Practice” (revised 2005) – and complies with applicable law.

1. ORGANISATIONAL STRUCTURE

The governing document of the British Pain Society is the Memorandum and Articles of Association, along with the Regulations. There are no restrictions in the governing documents on the activity of the Society.

The Directors are appointed by ballot of the members, except for the Honorary Secretary and Treasurer who are appointed by the Directors. Any Ordinary Member of the Society is entitled to stand for election to the post of Director/Trustee. Only Members who have previously served as Trustees of the Pain Society, the British Pain Society, or as Board members of either the International Association for the Study of Pain (IASP) or the European Federation of IASP Chapters are eligible to stand for the post of Honorary Secretary or Treasurer. It is planned for all new directors to have a half-day for training and induction.

The Board of the Society meets at least four times a year. All the decisions related to the management of the Society are made by the Board at these meetings. The Executive and Finance committee sets the Agenda for the Board meeting, and takes overall responsibility for the day-to-day running of the Society. There is support for the Board from the following subcommittees: Courses and Meetings Committee, Communications Committee, Patient Liaison Committee, Science and Research Committee and Education Committee.

The Board is supported by a Secretariat of three. The Secretariat deals with the day to day running of the Society, in the organisation of the various meetings promoted by the Society and managing the membership of the Society. All executive decisions are made by the Board or the Officers, who are the President, the President-elect (if applicable), the Honorary Treasurer, the Honorary Treasurer-elect (if applicable), the Honorary Secretary and the Honorary Secretary-elect (if applicable) and the immediate Past President (if applicable).

An Annual General Meeting of the members is held at the time of the Annual Scientific Meeting.

During the last year, the Society has approved the formation of six Society Special Interest Groups; Acute Pain, Clinical Information, Interventional Pain Medicine, Neuropathic Pain, Pain in Children and Philosophy & Ethics. The governance of these groups is established within the Articles and Regulation of the Society.

The Directors are aware of the necessity to identify areas of risk within the Society and have determined actions that need to be taken by Council to minimise or eliminate these. The specific areas of risk identified are as follows:

- **Financial probity:** The Directors 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 have been formalized within the past twelve months and are set out as Finance Procedures for the Society.

The internal controls are subject to ongoing assessment and evaluation by the directors. 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 Board meeting of the

Society, 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:** 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 Directors 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 Directors 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**
 - o The Board accepts formally and publicly its collective role in providing health and safety leadership in its organisation;
 - o Each member of the Board accepts their individual role in providing health and safety leadership for their organisation;
 - o The Board will ensure that all Board decisions reflect its health and safety intentions, as articulated in the health and safety policy statement;
 - o The Board recognises its role in engaging the active participation of workers in improving health and safety; and
 - o 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".

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.

2. OBJECTIVES AND ACTIVITIES

The British Pain Society aims to:

- provide facilities for the exchange of information, opinions and experience about pain between active workers in the field;
- increase awareness of pain prevalence, disability and pain management among health care and other professionals and the public;
- promote education and training in pain management and research into the understanding and relief of pain;
- institute or assist in instituting, and provide continuing support for, pain research;
- cause to be written, published, produced and circulated, and to encourage contributions to and publication and production of, periodicals, journals, books, papers, abstracts, pamphlets, posters and other documents and films, videos, recorded tapes and communications in any medium;
- endow Chairs, Readerships, Scholarships, Fellowships and Lectureships at, and provide other support to, appropriate institutions to facilitate the conduct of study and research in furtherance of the Objects;
- disseminate the useful results of research;

- sponsor and hold meetings, symposia, conferences, lectures, classes, seminars, courses and exhibitions either alone or with others; and
- encourage and promote the study and research into aspects of pain, the Society offers four bursaries/grants that are available to its members; the "Mildred B Clulow Research Award", the "Patrick Wall Overseas Travel Bursary", the "British Pain Society Annual Scientific Meeting Bursary" and the "International Association for the Study of Pain World Congress Bursary". Full details of the awards, including eligibility and application forms, are available on the Society web-site.

3. ACHIEVEMENTS AND PERFORMANCE

The Society had set out this year to provide an educational programme to increase the knowledge of pain management to both professionals and lay people within the remit of the Memoranda and Articles of Association, as specified in the Directors report for 2004. It has been successful in producing the following series of meetings and publications:

SOCIETY MEETINGS/EVENTS

- The Society held its 38th Annual Scientific Meeting (ASM) in Edinburgh on 8-11 March 2005, which was attended by over 1,000 participants. Thursday 10th March was a joint meeting with the Association for Palliative Medicine;
- The Society held a Parliamentary Reception on 18th October in order to coincide with the European Week Against Pain and the International Association for the Study of Pain's Global Day Against Pain;
- On 18th October, the Patient Liaison Committee of the Society organised a free workshop entitled 'The Pain Cookbook: recipes for more effective pain management for people living with persistent pain' which was attended by representatives from 16 different voluntary organisations interested in matters related to pain;
- The Courses & Meetings Committee organised a joint one-day specialist seminar on 'Long term potentiation as a mechanism for pain' in conjunction with the British Neuroscience Association on 19th October in Milton Keynes;
- The Society held an Education Day for Primary Care Teams on 20th January, to enhance links between primary and secondary care teams and to raise awareness of pain and its management in primary care; and
- The seminar on Basic Sciences organised by the Education Committee was deferred to June 2006.

SIG MEETINGS/EVENTS

- On 27-30 June, the Philosophy & Ethics Society SIG held its annual meeting at Scargill House, Kettlewell, Yorkshire on 'Pain Relief – a Human Right'; and
- The Interventional Pain Medicine Society SIG held a one-day seminar on 'An introduction to the art of interventional pain medicine' on 5th December 2005.

PUBLICATIONS

- The Society's 2002 publication *The use of drugs beyond licence in palliative care and pain management* together with its accompanying information for patients leaflet *Using medicines beyond license* has been reviewed in accordance with the Society's 3-year publication review policy. The information leaflet has been assessed by the Plain English Campaign and has been awarded its crystal mark;
- The Society has published one publication in the current year: *Spinal cord stimulation for the management of pain: recommendations for best clinical practice*, with accompanying information for patients leaflet *Spinal cord stimulation for pain*;
- The publication on *Recommended Guidelines for Pain Management Programmes* will be presented at the Annual Scientific Meeting in 2006;

CONTINUED

- The consensus document on *Intrathecal drug delivery for the management of pain and spasticity in adults; recommendations for best clinical practice* will be presented at the Annual Scientific Meeting in 2006;
- The consensus document on *Pain and Substance Misuse* will be presented at the Annual Scientific Meeting in 2006;
- The Society continues to publish a quarterly Newsletter which is provided free of charge to its members;
- All the Society's publications and patient information leaflets are available to download free of charge from the website; and
- The Society's website has been reviewed and will be launched in 2006.

BURSARIES & GRANTS

- The 2005 Mildred B Clulow Award was awarded to Prof Maria Fitzgerald, University College London for her research on 'Cortical pain processing in preterm infants'; Prof. Fitzgerald was awarded £25,000;
- The Society awarded 30 members of the Society bursaries to attend its ASM in Edinburgh in March;
- The Society awarded 12 members of the Society bursaries to attend IASP's World Congress in Sydney in August;
- The Society awarded 2 members of the Society Patrick Wall Overseas Travel Bursaries; and
- The Pfizer award for study into neuropathic pain was not awarded as there was no suitable applicant

INVOLVEMENT WITH OTHER BODIES

- The Society has been actively involved in setting up the new government initiative, *The Chronic Pain Policy Coalition*, which is an umbrella organisation uniting patients, professionals and parliamentarians which will develop and help to implement a strategy for improving the prevention and treatment of chronic pain in the UK;
- The Society is a generic stakeholder for NICE (National Institute for Health and Clinical Excellence) guidelines;
- The Society is working with the British Geriatrics Society on a joint document entitled 'Assessment of pain in the older person' by the end of 2006;
- The Society is a generic stakeholder for Interventional Procedures and Health Technology Assessment for NICE in addition to being generic stakeholders for NICE guidelines;
- The Society is an NCCHTA (National Coordinating Centre for Health Technology Assessment) Affiliate Organisation;
- The Society provided feedback to the Shipman Inquiry and is represented on two working parties;
- The Society is represented on the Joint Committee on Good Practice, which is run jointly by the Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland; and
- The Society has representation on the Founding Board of the Faculty of Pain Medicine and the Pain Management Committee of the Royal College of Anaesthetists and reciprocal representation on the Executive of the Association for Palliative Medicine.

INFORMATION FOR PEOPLE AFFECTED BY PAIN

- The Society, although an organisation for healthcare professionals, provides a list of 10 nearest pain clinics, a copy of the British Pain Society publication *Understanding and Managing Pain*:

Information for Patients and a list of self-help groups and other useful addresses to people affected by pain who contact the Society.

4. FINANCIAL REVIEW

As shown in the financial statements there are accumulated reserves of £815,801 of which £123,199 is in restricted funds, this being the sum of the Mildred B. Clulow legacy and interest (note 8 to the financial statements). The sum of £66,658 (the income from the Irene Bainbridge legacy) has been put into a designated reserve to support the restricted fund. The net SIG funds of £7,657 are designated within the Society accounts to further the activities of the specific SIGs. £320,556 are accumulated ASM surpluses, which can only be used for educational purposes. The Directors have reviewed the Society's needs for reserves in line with the guidance issued by the Charity Commission and have made the following provision:

- £120,000 is to be kept in reserve to cover the ongoing costs of the Society should there be a failure of income from subscriptions;
- £120,000 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. This would be met from the prior year accumulated surpluses, as noted above; and
- The residue of £57,731 is to be used to further the aims and objects of the Society.

This year has seen the Society maintain a good financial base. The principal source of funding comes from the subscriptions of the members. We have received bequests and grants, which are specified in the accounts of the Society. This income has supported the activity of the Society recorded above. The Annual Scientific Meeting is expected to be self-funding, and no surplus is budgeted for.

5. PLANS FOR FUTURE PERIODS

- The British Pain Society's 39th Annual Scientific Meeting will be held at the Harrogate International Centre on 24-27 April 2006;
- The Society will re-launch its 1997 *Desirable Criteria for Pain Management Programme* publication;
- The Society will publish a consensus document on *Intrathecal drug delivery for the management of pain and spasticity in adults; recommendations for best clinical practice* together with an accompanying information for patient leaflet, which will be evaluated by the Plain English Campaign;
- The Society will produce a consensus document on *Pain and Substance Misuse*, together with an accompanying information for patient leaflet, which will be evaluated by the Plain English Campaign;
- The Society is planning on producing a collaborative publication on pain relief in the prison population with the Department of Health;
- The Education Committee will be launching a series of seminars based on the International Association for the Study of Pain's Core Curriculum;
- The Courses & Meetings Committee will be organising further one-day specialist seminars in conjunction with other organisations i.e. the British Pharmacological Society and the British Physiological Society;
- A working party has been set up to review the Society's website which will be launched in 2006; and
- The Secretariat of the Society intends to move into Churchill House, 35 Red Lion Square, London WC1R 4SG in the summer of 2006. This move will increase the office space for the Secretariat. Churchill House is the home of the Royal College of Anaesthetists and has excellent educational facilities, which will be available to the Society, thus expanding our educational opportunities.

CONTINUED

6. DIRECTORS FOR THE PERIOD 1ST JANUARY-11TH MARCH 2005

Dr. B.J. Collett	President
Dr. C. Stannard	Honorary Secretary
Dr. G.R. Harrison	Honorary Treasurer
Dr. E. Carr	Council Member
Dr. M. Chester	Council Member
Ms. R. Day	Council Member
Dr. K.M. Grady	Council Member
Dr. K. Milligan	Council Member
Prof. S. Morley	Council Member
Dr. A.S.C. Rice	Council Member
Dr. P. Schofield	Council Member


DIRECTORS FOR THE PERIOD 11TH MARCH - 31ST DECEMBER 2005

Dr. B.J. Collett	President
Dr. J. B. Hester	President Elect
Dr. C. Stannard	Honorary Secretary
Dr. G.R. Harrison	Honorary Treasurer
Dr. N. Allcock	Council Member
Dr. M. Chester	Council Member
Dr. K. M. Grady	Council Member
Dr. K. Milligan	Council Member
Prof. S. Morley	Council Member
Dr. A.S.C. Rice	Council Member
Dr Jonathan Richardson	Council Member
Dr. P. Schofield	Council Member
Dr. S. Thomson	Council Member

A 7

STAFF MEMBERS AS AT 31ST DECEMBER 2005

Mrs. Sandra Upali	Education Co-ordinator
Miss Rita Amartey	Membership & Communications Co-ordinator
Miss Claudette Kellar	Administrative & Events Assistant



24th February 2006.

DR. G. R. HARRISON (HONORARY TREASURER)

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

We have audited the financial statements of The British Pain Society for the period ended 31st December 2005 on pages A9-A17, which have been prepared under the historical convention and the accounting policies set out on page A11.

This report is made solely to the charity's members, as a body, in accordance with Section 235 of the Companies Act 1985. Our audit work has been undertaken so that we might state to the Charity's members 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 members 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 A18 the charity's trustees, who are also the directors of The British Pain Society for the purposes of company Law, 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 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 Companies Act 1985. 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.

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

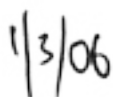
BASIS OF OPINION

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 2005 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 Companies Act 1985.

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

THE BRITISH PAIN SOCIETY
STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31st December 2005 incorporating income and expenditure account

INCOMING RESOURCES	Notes	Unrestricted Funds	Restricted Funds	Total Funds 2005	Total Funds 2004
Subscriptions		117,987		117,987	116,209
Donations, legacies & similar		67,028		67,028	80,818
Label sales		941		941	1,957
Meeting income	2	385,274		385,274	361,016
Newsletter advertising & inserts		17,083		17,083	15,472
General publications		33		33	-
Publications		10,309		10,309	-
Research Awards	8	-	25,000	25,000	30,000
SIGS	5b	15,958		15,958	-
Other income		11,651		11,651	7,021
Interest received	8	22,417	5,666	28,083	28,240
		648,681	30,666	679,347	640,733
CHARITABLE EXPENDITURE					
Grants payable in furtherance of the charity's objects					
Research grants	8/12	14,213	95,000	109,213	-
Costs of activities in furtherance of the charity's objects					
Meeting expenses	2	427,358		427,358	346,588
Council expenses	6	14,240		14,240	10,660
Sub-committee expenses		5,985		5,985	2,273
Pain week expenses		-		0	9,264
Core com/SIGS	5b	8,301		8,301	1,145
Working parties	5a	5,311		5,311	-
Basic science meeting		-		0	2,728
Strategy day		41		41	8,035
Education days		3,610		3,610	-
Other meeting expenses		10,431		10,431	7,397
Miscellaneous expenses		200		200	1,865
Communications					
Newsletter & journal		23,702		23,702	22,348
Website		1,756		1,756	562
General publications		14,997		14,997	-
Publications		15,531		15,531	26,618
Managing and administering the charity					
Use of address & office facilities		13,976		13,976	11,932
Secretarial & other staff costs		21,542		21,542	32,369
Printing & postage		7,472		7,472	6,785
Telephone & fax costs		636		636	1,153
Computer system & software		15,648		15,648	15,064
Insurance		1,612		1,612	3,406
Office stationery & photocopying		2,764		2,764	4,948
Audit & accountancy		13,675		13,675	12,249
Legal fees		9,841		9,841	9,599
Professional fees		114		114	1,000
Travelling & entertainment		-		0	230
Equipment hire & rental		-		0	70
Subscriptions		35		35	1,934
Annual election expenditure		2,318		2,318	-
Repairs/renewals & maintenance		-		0	100
Bank charges		3,965	10	3,975	3,609
Bad Debts(write offs)		(135)		(135)	-
Depreciation		2,882		2,882	3,603
		642,021	95,010	737,031	547,534
NET MOVEMENT IN FUNDS					
		6,660	(64,344)	(57,684)	93,199
Total funds brought forward		685,942	187,543	873,485	780,286
TOTAL FUNDS CARRIED FORWARD		£692,602	£123,199	£815,801	£873,485

The statement of financial activities includes all gains and losses recognised in the period. All incoming resources and resources expended derive from continuing activities. The notes on pages 12 to 17 form part of these financial statements

THE BRITISH PAIN SOCIETY BALANCE SHEET

as at 31st December 2005

31.12.04	Notes	31.12.05
FIXED ASSETS		
Office Equipment		
14,411	Balance at 1st January	10,808
	Additions	3,604
<u>14,411</u>		<u>14,412</u>
3,603	Less: Depreciation	<u>2,882</u>
<u>10,808</u>		<u>11,530</u>
CURRENT ASSETS		
96,956	Debtors and Prepayments 3	4,554
137,543	CAF Gold Account	143,199
15,594	Barclays Account	223,791
203,949	Barclays Business Base Rate Tracker	210,152
-	Barclays Business Card	-
226,591	Charities Deposit Fund	236,871
244,559	Caf Cash Account 12170	<u>25,326</u>
<u>925,192</u>		<u>843,893</u>
CURRENT LIABILITIES		
62,515	Creditors and Accruals 4	<u>39,622</u>
<u>862,677</u>		<u>804,271</u>
<u>£873,485</u>		<u>£815,801</u>
Represented by:		
ACCUMULATED RESERVES		
685,942	Unrestricted Reserves	692,602
187,543	Restricted Reserves 8	123,199
<u>£873,485</u>		<u>£815,801</u>

These accounts are prepared in accordance with the special provisions of Part VII of the Companies Act 1985 relating to small entities.

Approved by the Directors and Signed on their behalf

by:



Dated:

24th February 2006.

NOTES TO THE ACCOUNTS

FOR THE YEAR ENDED 31ST DECEMBER 2005

1 ACCOUNTING POLICIES

ACCOUNTING POLICIES

The Financial statements are prepared under the historical cost convention (as modified by the revaluation of fixed asset investments) and in accordance with applicable accounting standards, Statement of Recommended Practice, Accounting and Reporting Charities (SORP 2000) issued in October 2000, SORP Update Bulletin 1 issued in December 2002 and the Companies Act 1985. The principal accounting policies adopted in the preparation of the financial statements are as follows:

DONATIONS AND GRANTS

Income from donations and grants, including capital grants, is included in incoming resources when these are receivable , except as follows:

When donors specify that donations and grants given to the charity must be used in future accounting periods, the income is deferred until these periods.

When donors impose conditions which have to be fulfilled before the charity becomes entitled to use such income, the income is deferred and not included in income until the pre-conditions for use have been met. When donors specify that donations and grants, including capital grants, are for particular restricted purposes, which do not amount to pre-conditions regarding entitlement , this income is included in incoming resources of restricted funds when receivable.

INTEREST RECEIVABLE

Interest is included when receivable by the charity.

RESOURCES EXPENDED

Resources expended are included in the Statement of Financial Activities on an accrual basis, inclusive of any VAT which cannot be recovered.

FUND ACCOUNTING

Funds held by the charity are either:

- Unrestricted general funds- these are funds which can be used in accordance with the charitable objects at the discretion of the trustees;

- Designated funds- these are funds set aside by the directors out of unrestricted general funds for specific purposes or projects; and
- Restricted funds- these are funds that can only be used for particular restricted purposes within the object of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

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

DEPRECIATION

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

Office Equipment - 20% on a reducing balance basis.

CONTINUED

2 ANNUAL SCIENTIFIC MEETING

2005 Income and Expenditure Account		£	£
Income			385,274
			<hr/>
			385,274
Expenses			
Room Hire	110,068		
Venue-miscellaneous	15,543		
Printing	21,931		
Help at Venue	7,832		
Speakers expenses (inc.travel & accom.)	30,432		
Refreshments	40,740		
Coaching	1,875		
Poster Prizes	350		
Gifts	819		
Poster Boards	2,262		
AVA's/Data Protection	39,477		
Van Hire	2,165		
Council	8,025		
Staff	3,587		
Social program	53,122		
Insurance	3,759		
Badges	619		
Miscellaneous	8,145		
Bursaries	6,197		
Evaluation Form Prize(2004)	100		
			<hr/>
			357,048
Prior Year adjustments			(100)
Office Cost Contribution			<hr/>
			70,310
Net Surplus/(Deficit)			<u><u>(41,984)</u></u>

The deficit shown is met by prior year surpluses as shown in note 7 to these accounts.

APPORTIONED ASM EXPENDITURE

As agreed for 2005 some staff and office costs are apportioned 75% to the Annual Scientific Meeting and 25% to general fund costs.

3 DEBTORS AND PREPAYMENTS

	2005	2004
Advance Meeting Costs	4,554	96,956
Other Debtors	-	-
	<u>4,554</u>	<u>96,956</u>

4 CREDITORS AND ACCRUALS

	2005	2004
Creditors	36,465	26,285
Annual Scientific Meeting 2005	-	34,115
Payment received in advance	-	-
Accruals	3,157	2,115
	<u>39,622</u>	<u>62,515</u>

5 A SIGS

	Opening Balance	Income	Expenditure	Closing Balance
Philosophy & Ethics	-	5,708	5,337	371
Acute Pain	-	6,580	-	6,580
Neuropathic Pain	-	650	-	650
Interventional Pain Management	-	3,020	2,963	57
Clinical Information	-	-	1	(1)
	<u>-</u>	<u>15,958</u>	<u>8,301</u>	<u>7,657</u>

5 B WORKING PARTIES

Opioid Recommendations	-	-	-	-
Desirable Criteria for PM	-	-	472	(472)
Intrathecal Drug Delivery System	-	-	2,524	(2,524)
Pain & Substance Misuse	-	-	2,315	(2,315)
	<u>-</u>	<u>-</u>	<u>5,311</u>	<u>(5,311)</u>

6 COUNCIL EXPENSES

	2005	2004
Meeting - Catering	2,817	1,880
Meeting - Room Hire	1,163	229
Meeting - Travelling	8,334	7,517
Meeting - Hotels	1,697	1,034
Misc. Expenses	229	-
	<u>14,240</u>	<u>10,660</u>

CONTINUED

7 DESIGNATED RESERVES

IRENE BAINBRIDGE LEGACY

The following designated fund is the sum from a legacy received in 2005, from Irene Bainbridge.

Its designation is as follows: “Basic research into the causes and cures for pain”.

	2005
Balance at 1st January	-
Incoming Resources	66,658
Expenditure	
	66,658

ASM

The Designated ASM Funds are accumulation of surpluses from meetings over several years and are to be spent on education and research. These funds are represented by:

	2005	2004
Balance at 1st January	362,640	383,212
Incoming Resources ASM	385,274	345
Expenditure ASM	(427,358)	(20,917)
	320,556	362,640

SIGS

The Designated SIGS funds also accumulate surpluses which are to be spent to further the work of the individual SIGS as listed in note 5.

These funds are represented by:

Incoming Resources SIGS	15,958	-
Expenditure SIGS	(8,301)	-
	7,657	-
Balance at 31st December	394,871	362,640

8 RESTRICTED FUNDS

LEGACY

The following restricted fund is the sum and associated interest from a legacy received in 2001, from Mildred B. Clulow, original amount £121,281.62.

Its restriction is as follows: “Basic research into the causes and cures for pain”.

	2005	2004
Balance at 1st January	137,543	132,613
Incoming Resources	-	-
Expenditure	(20,000)	-
Charges	(10)	-
Interest	5,666	4,930
Balance at 31st December	<u>£123,199</u>	<u>£137,543</u>

2005 Funds for Pfizer Neuropathic Pain Awards

Balance at 1st January	50,000	20,000
Incoming Resources	25,000	30,000
Expenditure	(75,000)	-
Charges		
Interest		
Balance at 31st December	<u>123,199</u>	<u>187,543</u>

9 ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted Reserves	Restricted Reserves	TOTAL
Fixed Assets	11,530	-	11,530
Net Current Assets	<u>681,072</u>	<u>123,199</u>	<u>804,271</u>
	<u>£692,602</u>	<u>£123,199</u>	<u>£815,801</u>

10 DIRECTORS EXPENSES

During the period a total of £20,401.70 was reimbursed to Directors expenses incurred.

CONTINUED

11 EMPLOYEES' REMUNERATION

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

	2005	2004
Salaries - General	17,719	22,872
Salaries - Apportioned ASM	53,156	34,578
Salaries - Temporary staff	4,851	4,073
	<u>75,726</u>	<u>61,523</u>
Employer's contributions:		
	2005	2004
Employers Pension Contribution	1,082	3,446
Employers Nat. Insurance Contribution	1,802	1,238
	<u>2,884</u>	<u>4,684</u>
Total cost to charity	<u><u>78,610</u></u>	<u><u>66,207</u></u>

12 GRANTS

The annual report details the grants offered by the charity. In 2005 the grants awarded were: Patrick Wall £1431, M Clulow £25,000, IASP £7,782 and Pfizer £25,000.

STATEMENT OF DIRECTORS' RESPONSIBILITIES

Company law requires the directors/trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the company 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 then apply them consistently.
- b) Make judgements and estimates that are reasonable and prudent.
- c) State whether 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.
- d) Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The directors/trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the accounts comply with the Companies Act 1985.

They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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THE BRITISH PAIN SOCIETY

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