

THE BRITISH PAIN SOCIETY

ANNUAL REPORT & ACCOUNTS

2011



## BRITISH PAIN SOCIETY ANNUAL REPORT

<b>Introduction</b>	<b>3</b>
<b>Officers, Elected Council Members, Co-opted Members of Council &amp; Staff</b>	<b>4</b>
<b>President's Report</b>	<b>7</b>
<b>Honorary Secretary's Report</b>	<b>14</b>
<b>Honorary Treasurer's Report</b>	<b>16</b>
<b>Cancer Pain Committee Report</b>	<b>18</b>
<b>Communications Committee Report</b>	<b>19</b>
<b>Education Committee Report</b>	<b>22</b>
<b>Patient Liaison Committee Report</b>	<b>25</b>
<b>Science &amp; Research Committee Report</b>	<b>27</b>
<b>Scientific Programme Committee Report</b>	<b>29</b>
<b>Society Special Interest Group (SIG) reports</b>	
<b>Acute Pain SIG Report</b>	<b>31</b>
<b>Clinical Information SIG Report</b>	<b>33</b>
<b>Interventional Pain Medicine (IPM) SIG Report</b>	<b>34</b>
<b>Medicolegal SIG Report</b>	<b>36</b>
<b>Neuropathic Pain SIG Report</b>	<b>37</b>
<b>Pain in Children SIG Report</b>	<b>38</b>
<b>Pain Education SIG Report</b>	<b>40</b>
<b>Pain in Older People SIG Report</b>	<b>42</b>
<b>Pain Management Programme (PMP) SIG Report</b>	<b>43</b>
<b>Philosophy &amp; Ethics SIG Report</b>	<b>45</b>
<b>Primary and Community Care SIG</b>	<b>48</b>
<b>Pain in Developing Countries SIG</b>	<b>50</b>
<b>AUDITED ACCOUNTS</b>	
<b>Legal and administrative information</b>	<b>A-2</b>
<b>Directors' Report</b>	<b>A-3</b>
<b>Auditor's Report</b>	<b>A-10</b>
<b>Statement of Financial Activities</b>	<b>A-12</b>
<b>Balance Sheet</b>	<b>A-14</b>
<b>Notes to the Accounts</b>	<b>A-15</b>
<b>Statement of Director's Responsibilities</b>	<b>A-24</b>

## INTRODUCTION

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

Membership comprises medical pain specialists, nurses, physiotherapists, scientists, 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 1,500 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).

OFFICERS, ELECTED COUNCIL MEMBERS,  
CO-OPTED MEMBERS OF COUNCIL & STAFF

YEAR END 2011

OFFICERS AND COUNCIL

PROF. RICHARD LANGFORD, PRESIDENT

*Consultant in Anaesthesia & Pain*

DR WILLIAM CAMPBELL, VICE PRESIDENT

*Consultant in Anaesthesia & Pain Management*

DR PATRICIA SCHOFIELD, HONORARY SECRETARY

*Director, Centre for Advanced Studies in Nursing*

DR JOHN GODDARD, HONORARY TREASURER

*Consultant Paediatric Anaesthesia & Pain Medicine*

DR ANDREW BARANOWSKI

*Consultant in Pain Medicine*

DR SAM ELDABE

*Consultant Anaesthetist*

DR ROGER KNAGGS

*Specialist Pharmacist – Anaesthesia & Pain  
Management*

DR AUSTIN LEACH

*Consultant in Pain Medicine*

DR EDWARD LIN

*Consultant in Anaesthetics & Pain Management*

DR RAJESH MUNGLANI

*Consultant in Pain Management*

DR MICK SERPELL

*Consultant and Senior Lecturer, Anaesthesia*

DR THANTHULLU VASU

*Consultant in Anaesthetics & Pain Management*

MS SUZY WILLIAMS

*Occupational Therapist/ Directorate Lead (Retired)*

STAFF

JENNY NICHOLAS

*Secretariat Manager*

RIKKE SUSGAARD-VIGON

*Communications Officer (1st Jan – 20th May)*

LEILA TALEB

*Communications Officer*

*(Maternity Cover 16th May -31 December)*

KEN OBBARD

*Events & Membership Officer*

CO-OPTED MEMBERS

PROF. SAM AHMEDZAI

*Representative, Association for Palliative Medicine*

DR NICK ALLCOCK

*Chair, Communications Committee*

MR NEIL BERRY

*Representative; Psychology*

DR HEATHER CAMERON

*Representative; Physiotherapy Pain Association*

DR BEVERLY COLLETT

*Representative; Chronic Pain Policy Coalition*

MS FELICIA COX

*Editor, Reviews in Pain*

DR MARIA FITZGERALD

*Representative; Science*

DR MARTIN JOHNSON

*Representative; Royal College of General Practitioners*

PROF. GARY MACFARLANE

*Chair, Scientific Programme Committee*

MS CELIA MANSON

*Representative; Royal College of Nursing*

PROF. DAVID ROWBOTHAM

*Representative; Faculty of Pain Medicine of the Royal  
College of Anaesthetists*

MR DOUGLAS SMALLWOOD

*Chair, British Pain Society Patient Liaison Committee*

PROF. IRENE TRACEY

*Representative; International Association for the Study  
of Pain (IASP)*

OFFICERS AND ELECTED MEMBERS OF COUNCIL



FROM LEFT TO RIGHT

*Back row:* DR MICK SERPELL, DR EDWARD LIN, DR AUSTIN LEACH, DR ROGER KNAGGS, DR ANDREW BARANOWSKI, DR THANTHULLU VASU, DR SAM ELDABE

*Front row:* DR PAT SCHOFIELD, DR WILLIAM CAMPBELL, PROF. RICHARD LANGFORD, DR JOHN GODDARD, MS SUZY WILLIAMS

*Absent from photograph:* DR RAJESH MUNGLANI

STAFF

JENNY NICHOLAS  
RIKKE SUSGAARD-VIGON  
KEN OBBARD  
LEILA TALEB



5

OFFICERS, ELECTED COUNCIL MEMBERS AND CO-OPTED COUNCIL MEMBERS



FROM LEFT TO RIGHT

*Back Row:* DR NICK ALLCOCK, MS CELIA MANSON, PROF. SAM AHMEDZAI, PROF. MARIA FITZGERALD, MS FELICIA COX, DR BEVERLY COLLETT, DR MARTIN JOHNSON

*Middle Row:* DR MICK SERPELL, DR EDWARD LIN, DR AUSTIN LEACH, DR ROGER KNAGGS, DR ANDREW BARANOWSKI, DR THANTHULLU VASU, DR SAM ELDABE

*Front Row:* DR PAT SCHOFIELD, DR WILLIAM CAMPBELL, PROF. RICHARD LANGFORD, DR JOHN GODDARD, MS SUZY WILLIAMS

*Absent from photograph:* DR RAJESH MUNGLANI, MR NEIL BERRY, DR HEATHER CAMERON, PROF. GARY MACFARLANE, PROF. DAVID ROWBOTHAM, MR DOUGLAS SMALLWOOD, PROF. IRENE TRACEY







## P R E S I D E N T ' S   R E P O R T

P R O F .   R I C H A R D   L A N G F O R D

This report will cover the Society's activities for the calendar year 2011.

I would like to start by expressing my personal and the Society's gratitude to Joan Hester, who kindly agreed to serve a second year as Immediate Past President of the Society, in order to support me during my first year of office. Dr Hester has now demitted from office and Council, after many years of dedicated service both to the Society and pain medicine, particularly cancer pain. Amongst her many noteworthy contributions to the Society, as President, were the launching of 'Reviews in Pain' and the initiation of the highly successful joint Annual Scientific Meeting in 2011 with the Canadian Pain Society.

Three elected Council Members completed their three-year terms of office: Dr Nick Allcock (2nd Term), Dr Mick Serpell (1st Term) and Dr Stephen Ward (1st Term).

In addition to providing the nurses' perspective, Dr Allcock carried the enormous workload of being our co-ordinator for NICE communications, as well as making important contributions as a member of both the Education Committee and as a professional member of the Patient Liaison Committee. (Dr Allcock kindly agreed to become Chair of the Communications Committee, for which role he continued on Council as a co-opted member.)

Dr Stephen Ward's leadership role on behalf of the Society in the National Pain Audit has been a most significant contribution in this high profile project, and he has kindly agreed to continue in this post. Dr Ward also acted as Council liaison with the Society's Interventional Pain Medicine Special Interest Group.

Dr Serpell, whose major contributions have been as Chair of the Science and Research Committee and as one of our co-ordinating respondents for NICE consultations, was re-elected and continued in these roles.

Two further candidates were successfully elected to the vacated Council seats in this election by the general membership, conducted under the auspices of the Electoral Reform Society and announced at the AGM on 23rd June 2011: Professor Roger Knaggs and Dr Raj Munglani.

Following an Extraordinary General Meeting, held on 17th February 2011, the Society voted to create the new role of Vice President (VP), Council approved the related Regulations and the Honorary Secretary called for nominations. Dr William Campbell was elected by Council to be the first incumbent, and he took up office as VP after announcement at the 2011 AGM.

Following a call in the Autumn to the general membership of the Society, nominations, Dr Martin Johnson and Dr Andrew Baranowski were proposed for Honorary Secretary elect and Honorary Treasurer elect, respectively. They were elected unanimously by Council, and will take up their roles, following ratification at the 2012 AGM.

The AGM was also witness to the presentations of Honorary Membership of the Society to Dr William Campbell, Dr Peter Evans and Ms Nia Taylor for their exceptional contributions to the Society.

#### THE ANNUAL SCIENTIFIC MEETING (ASM)

The Annual Scientific Meeting (ASM) is the flagship educational event of the Society, which in 2011 was the joint meeting (as referred to above) held in Edinburgh from 21st to 24th June 2011. With an exceptional faculty and around 850 attendees, it was considered to be a resounding success. The Society is most grateful to Dr Suellen Walker, Chair of the Scientific Programme Committee, for her truly excellent stewardship of the ASM.



Professor Gary Macfarlane assumed the chairmanship of the Scientific Programme Committee in 2011 and has prepared an impressive programme for the 2012 ASM to be held in Liverpool from 24th to 27th April.

#### THE SOCIETY'S STRATEGIC ACTIVITIES IN 2011 INCLUDED:

A meeting of pivotal importance to the Society took place with Professor Sir Bruce Keogh, Medical Director of the National Health Service in England, on 10th January 2011. In addition to myself for the Society, Dr Beverly Collett attended to represent the Faculty of Pain Medicine and the Chronic Pain Policy Coalition.

Prof. Keogh expressed considerable support for priority being given to improvement of the management of pain, by way of education for all healthcare professionals in the NHS, audit and inclusion in the planned Quality Standards. He endorsed the Society's Patient Pain Pathways strategy as the right response to the needs of the evolving NHS and was enthusiastic regarding the concept of a Pain Summit. He also suggested the inclusion of pain as a theme for the next 'NHS Atlas of Variation in Healthcare' programme.

Another significant event was a 'Pain Workshop' hosted by NICE on 10th June 2011 to scope the rationale and shape of wide-ranging guidelines in acute and chronic pain, at which the Society joined representatives of the Faculty of Pain Medicine, the Chronic Pain Policy Coalition, the Royal College of General Practitioners, psychology, palliative medicine and orthopaedic/spinal surgery.

Later in 2011, the National Quality Board and NICE announced their engagement exercise on the library of NICE Quality Standard NHS healthcare topics. 'Pain management (young people and adults)' was included in the proposed list of NHS healthcare topics for Quality Standard development, in the 'Other/crosscutting' section and further categorised as one of the topics provisionally referred to NICE to allow assessment of suitability for Quality Standard development. The Society responded to the consultation, which closed in October 2011, for which the outcome is expected in the first quarter of 2012.

In 2011, the Society has continued to address its governance, and led by Dr William Campbell (VP), concentrated on developing a Complaints Procedure, which was approved by Council at its December meeting.

The Society has also responded to a question raised by Dr Frances Cole at the 2011 AGM regarding a 'Green Agenda', by asking her to lead on this matter with the support of an assigned Secretariat member.

#### PAIN PATIENT PATHWAYS

The development in 2011 of care pathways for patients with painful conditions represents the largest single project the Society has ever undertaken, and much gratitude is owed to the sixty-five members whose untiring efforts culminated in the template pathways and the amassing of a large body of evidence, consensus statements and expert opinion. In late 2011, after careful consideration, we entered into contract with the 'Map of Medicine' organisation to host our pathways. The five Maps will be uploaded sequentially from Spring 2012 at six-weekly intervals. Especial thanks are due to Dr Andrew Baranowski (Chair) and my fellow members of the Executive Committee: Dr Cathy Price, Dr Martin Johnson, Dr Beverly Collett (Ex officio, CPPC) and Ms Jenny Nicholas (BPS Secretariat Manager).

#### NICE LOW BACK PAIN GUIDELINES

These Guidelines continue to be a source of grave concern to our members, and Dr Sam Eldabe, Dr Stephen Ward and I met with Jennifer Field at NICE to resolve the matter of prevalence and costing which we believed were flawed. It was accepted that the NICE costings may be out by a factor ranging from at least 10-20 fold, and NICE agreed to withdraw their costings from their website pending further review and revision as necessary.

In addition, in the run-up to the expected triennial review of the NICE LBP Guidelines, I have written on behalf of the Society to Professor Peter Littlejohns expressing the above concerns and other aspects regarding the review process, including a request that Pain Medicine is represented on the panel.

#### INTERVENTIONAL PAIN RESEARCH INITIATIVE

The sequence of events and discussions relating to the NICE Low Back Pain Guidelines highlighted the need for a strengthening of the evidence base for Interventional Pain practice. The British Pain Society has continued to support its Interventional Pain Medicine Special Interest Group (IPMSIG) in developing a research strategy. IPMSIG convened a series of meeting of clinical and research leaders, at which research protocols and grant applications were developed and submitted.

#### PAIN NEWS AND REVIEWS IN PAIN

Dr Mike Basler completed his most excellent term as Editor of Pain News, the Society's main vehicle for communication and dialogue, and we welcomed Dr Thanthullu Vasu on his appointment as the new Editor of Pain News.

A very exciting and important piece of work led by Felicia Cox (Editor, Reviews in Pain), with a great deal of executive and Council input was to enter into contract with SAGE Publishing to produce and circulate Pain News and the newly named British Journal of Pain, with the aims for the latter of achieving inclusion of original research and scientific listings.

#### NATIONAL PAIN AUDIT AND 'ATLAS OF VARIATION 2'

As proposed in the recommendations of the Chief Medical Officer 2008 Report, the National Pain Audit, funded by the Healthcare Quality Improvement Partnership (HQIP), is being conducted by a partnership of the BPS and Dr Foster Intelligence (<http://www.nationalpainaudit.org>). In 2011, the second phase was piloted in twelve sites and then rolled out nationally. Over 10,500 new patients attending pain clinics were recruited in nearly 70% of the listed centres in England and Wales, to collect information regarding the pain, diagnoses, treatments and then Patient Reported Outcomes in telephone follow-up at six months.

Meanwhile, data collected in Phase 1 of the NPA regarding staffing of the pain services was provided to generate a map, demonstrating very patchy availability and distribution of 'Multidisciplinary Pain Services', which was published in the 'Atlas of Variation 2', in November 2011.

#### PAIN SUMMIT

Working in collaboration with our Society, the Faculty of Pain Medicine, the Royal College of General Practitioners, and patient organisations, the Chronic Pain Policy Coalition led this vibrant, landmark event. It was the culmination of our collective lobbying and canvassing activities spanning 2011, that over 150 highly placed policymakers, commissioners and notables in healthcare participated and attended.

It took place on 22nd November 2011 in Westminster Central Hall, with distinguished keynote speakers: Earl Howe (Under-Secretary of State for Health), Sir Bruce Keogh (NHS Medical Director), Dame Carol Black and Sir Liam Donaldson.

#### BRITISH PAIN SOCIETY – INTERNAL AND EXTERNAL RELATIONS

The Society continues to strive to maintain the profile of pain in the media. In 2011, in addition to frequently responding to media enquiries, we also contributed to a series of articles on Pain Management in a twelve-page supplement in The Guardian on 30th September, which we believe served to inform, educate and raise public awareness of acute and chronic pain.

The Society's Educational Seminars continue to be highly acclaimed with excellent feedback. The study day format will continue in 2012 with four more planned across the year.

In 2011 (and following on from last year's Strategy Away Day), further consideration was given to the Society's internal and external communications with Members and SIGs, outside bodies and the public. A Website Committee was convened to review and update the Society's website, and the Secretariat staff received web management training.

#### SPECIAL INTEREST GROUPS (SIG)

Led by Val Conway as its Chair, The Primary and Community Care SIG, formed in 2010, held a highly successful launch meeting on Saturday 9th April 2011 at BMA House, London, with over eighty attendees,

The Society welcomed the newly Medicolegal SIG approved by Council in June 2011 and led by Dr Jon Valentine, who became its first chair.

In total, the Society now has twelve Society Special Interest Groups (SIGs); Clinical Information, Neuropathic Pain, Acute Pain, Pain Education, Pain in Children, Pain in Older People, Interventional Pain Medicine, Pain Management Programmes, Philosophy and Ethics, Primary and Community Care, Pain in Developing Countries and the new SIG described above.

The Interventional Pain Medicine, Pain Education, Philosophy & Ethics and Pain Management Programmes SIGs all held successful events in 2011.

Considerable effort goes into all our publications and we thank the Communications Committee, Publication Working Group Chairs and all of the contributors for their success.

#### ASM 2012

Preparations are well under way for the 45th Annual Scientific Meeting of the Society in Liverpool from 24th – 27th April 2012. I especially look forward to presenting Honorary Membership to Prof. Andrew Moore and Prof. Stephen Morley for their outstanding contributions to pain medicine and the Society.

To conclude, I would very much like to thank the Executive Officers; Dr Joan Hester, Dr William Campbell, Dr Pat Schofield and Dr John Goddard, all members of Council, the SIG Chairs and the Secretariat, especially their Manager, Ms Jenny Nicholas, for their outstanding work and support during the past year.



## HONORARY SECRETARY'S REPORT

DR PATRICIA SCHOFIELD

Membership of the Society remains stable and continues to grow steadily. We are currently around 1500 members and all of the professions are represented including, anaesthetics, nursing, physiotherapy, psychology, pharmacy and occupational therapy. Representation exists from practice, academia and research. We also have a very enthusiastic and growing student membership which will be our future active members. This is a truly multidisciplinary Society and we are proud to all work together for the benefit of patients experiencing acute, chronic or cancer pain living in the UK.

Council reflects the multidisciplinary nature of the Society; we have 9 elected members and 3 executive members (4 with the new role of Vice President). We also have a further 13 members who have been co-opted on to Council from professional organisations linked to the Society such as the RCGP, RCN, Physiotherapy Pain Association and others such as the Faculty of Pain Medicine, Chronic Pain Policy Coalition. We also ensure where membership of Council does not represent key groups that such representatives are co-opted. For example we currently have a co-opted member representing Psychology.

Full Council meetings occur four times during the year and take up most of the day discussing a huge range of topics that come to the Society on a daily basis including; media, clinical issues, educational issues, policy matters and many more. Outside of these meetings there is a vast amount of email discussion addressing daily matters and a number of other issues that arise unexpectedly. All of this work is supported on a daily basis by our very experienced Secretariat who deal with many issues themselves when appropriate and direct further enquiries to an appropriate Council or Executive Officer along with servicing the needs of the membership and preparing for the annual ASM.

The BPS also have a number of Committees which have been established to work in particular areas such as Cancer, Education, Science & Research and the Scientific Programme Committee. These groups have their own terms of reference, agenda and plans for activity, such as the Education Committee which plans the learning in pain series and the Science and Research committee which sets the research agenda for the society. [http://www.britishpainsociety.org/about\\_committee.htm](http://www.britishpainsociety.org/about_committee.htm)

Apart from these Committees, the Society has Working Parties that act on short term activities such as the Healthcare Resource Group and Opioid Guideline Development Group. Details of these groups can be seen here: [http://www.britishpainsociety.org/about\\_working\\_party.htm](http://www.britishpainsociety.org/about_working_party.htm)

Members who have a particular interest in an area, can establish a Special Interest Group (SIG). We currently have 12 SIGs. These groups can develop their own forum to discuss the issues related to their own topic area and the work of the SIGs is currently encouraged and supported by the Society as they can lead to developments relative to the SIG on behalf of the Society such as guidelines and other publications. Alternatively they can hold study days open to all BPS members and offer a workshop at the ASM particularly promoting their area of interest. SIG Chairs meet with the Officers and Council Liaison Officers of the British Pain Society on an annual basis, usually during the Annual Scientific Meeting and each SIG has a Council Liaison Officer which provides a link for communication of activities. [http://www.britishpainsociety.org/members\\_sigs.htm](http://www.britishpainsociety.org/members_sigs.htm) . Information on setting up a SIG can be found on the web site.

The Society provides published guidance on matters related to pain within their publications and these are updated every three years. Members planning to develop a publication need to follow the process developed by the Communications Committee, but are encouraged by the Society to use their expertise to develop such documents as they form an important contribution to the work of the Society. [http://www.britishpainsociety.org/pub\\_professional.htm](http://www.britishpainsociety.org/pub_professional.htm)

The Patient Liaison Committee (PLC) was created in 2001 to act in an advisory capacity to Council of the British Pain Society. The PLC works to ensure that the views of patients are represented within the Society. The role of the Committee is to respond to requests for comments from Council and its Committees, to consider the provision of information for patients about pain and pain management services, to consider means of improving communication between patients and professionals and to encourage patients to be better informed and involved in decisions about their care. The Committee also works to improve patient information within the Society and at least one member of the committee is invited to sit on each publication working party.

We are now encouraging more involvement of the PLC and SIGs are encouraged to involve the PLC in their work. The Patient Liaison Committee is made up of between eight and twelve members; 3-4 healthcare professionals and 5-8 lay members. The Chairman is appointed by Council of the British Pain Society and is a lay member; the Chair is a co-opted member of Council. The PLC keeps in touch with a range of voluntary organisations concerned with pain, and has held three seminars bringing these organisations together to look at common issues.



## HONORARY TREASURER'S REPORT

DR JOHN GODDARD

### SOCIETY ASSETS

As we are all aware the economic climate is getting tougher, a factor I shall return to when reporting on the 2012 budgets. Nonetheless, the accounts for 2011 continue to demonstrate that the British Pain Society maintains a sound financial basis. Accumulated reserves held by the Society are £1,231,238 of which £267,418 is in restricted funds.

The Society continues to apply a formal reserves policy to determine the way in which accumulated funds are utilised. Reserves are designated as restricted or unrestricted. Restricted funds are bequests and donations, including interest, which are to be used specifically for research into the causes and treatment of pain.

Unrestricted reserves are further divided into designated reserves and general funds. Designated reserves include the Irene Bainbridge fund (£66,658), SIG funds (£54,972) and the funds for Study Days and Seminars (£34,855). The designated ASM fund (£314,787) exists to support future ASMs against a shortfall of income.

In line with guidance from the Charity Commission, the Directors have reviewed the Society's need for reserves and have made the following provision from unrestricted, undesignated funds: a sum of £200,000 to cover continuing function of the Society in the event of failure to maintain income; the remaining £267,548 to be used to further the aims and objects of the Society.

### 2011

The Society's year end position shows a surplus of £291,638. A major contributing factor to this position was further legacy payments of £185,304 from the estate of Elaine Clulow, which has been allocated to the Clulow restricted fund. Membership has remained steady and income supports the activities of the Society. Investment income has improved by transferring some reserves to a fixed rate bond. Sponsorship from the pharmaceutical and medical equipment industries continues to support targeted activities of the Society and its SIGs.

The joint ASM with the Canadian Pain Society in Edinburgh was a very successful event. Exceptional attendance resulted in a surplus of £57,613, which has been added to the ASM fund.



The Society continues to maintain its educational programme of study days and support for the development and updating of its publications. SIGs remain active and financially viable. A new SIG, Medicolegal, was launched in 2011. Significant numbers of ASM, study day and Patrick Wall bursaries were awarded this year.

The biennial Clulow research award – renamed to recognise the significant contribution from the estate of Elaine Clulow - of £50,000 continues.

A major focus for the Society this year has been the production of patient pain care pathways to provide guidance for commissioning bodies. A contract has been signed with Map of Medicine to produce a web based resource. The Society has also signed a contract with SAGE publishing to produce both Pain News and the British Journal of Pain (BJP - Reviews in Pain renamed) to a new high standard. Both SAGE and the Society are hopeful that the BJP will evolve into a major scientific journal, which remains free for members. Our lease with the Royal College of Anaesthetists has been renewed this year; we will remain at Churchill House until at least 2016.

I would like to take the opportunity, on your behalf, of thanking the Secretariat, particularly Jenny Nicholas, Secretariat Manager, and our bookkeepers, Independent Examiners Ltd, for their excellent operational management of the Society's finances. The Society's accounts, audited by Sandison Lang and Co of Tonbridge, are included in this annual report and are available on the Society's website.

#### 2012 DRAFT BUDGETS

The Society continues to be heavily committed to a large number of activities that are detailed in both the President's and Directors' reports. In the current NHS environment, Council considers these activities vital to the maintenance and development of services for patients suffering from pain. Council is also committed to developing the activities of the Society's Patient Liaison Committee and providing appropriate Secretariat support. In order to support these activities, it is planned to employ an additional temporary member of the Secretariat for one year. The funding for this post will come from the Society's reserves.

There is always some uncertainty with regard to delegate numbers at the ASM. Liverpool in 2012 is no exception, particularly in the current economic climate. Registration fees have been held this year. A balanced budget is planned with some support from the ASM fund.

Membership fees are increasing in 2012 by a maximum of 2%; there is no increase at all in the lowest bands. Our costs tend to follow the inflationary rate which is well above this increase, and so, Council believes, the membership fee continues to reflect good value for the membership.



## CANCER PAIN COMMITTEE REPORT

PROF. MICHAEL BENNETT, CHAIR

Since the 'Cancer Pain Management' publication was published in 2010, the Cancer Committee has remained dormant. There are plans to reconstitute this Committee in 2012 and further details will be made available via Pain News and the British Pain Society website in due course



## COMMUNICATIONS COMMITTEE REPORT

DR NICK ALLCOCK, CHAIR

## Members Year End 2011

*Dr Nick Allcock - Chair**Dr Thanthullu Vasu -Editor of Pain News**Ms Felicia Cox – Editor of Reviews in Pain**Dr William Campbell, Vice-President**Ms Stephanie Stokes, Patient Liaison Committee Representative**Ms Dorothy Helme, Patient Liaison Committee Representative**Dr Rajesh Munglani, Council Member**Ms Jenny Nicholas – Secretariat**Ms Leila Taleb – Secretariat Staff Support*

The Communications Committee oversees the content and production of the written and electronic material produced on behalf of the Society. It also deals with various requests to the Society including patient or patient group enquiries, website link requests, permission to reproduce publications and media enquiries. The aim is to facilitate communication to a wider audience through publication, media, internet and other information technology. The past year has seen the departure of the former chair Professor Eloise Carr. The Committee would like to thank Eloise for her enormous contribution to the development of the publication process and policies the Committee now has in place.

This has been an exciting year in the development of the Society's publication strategy with the signing of an agreement with SAGE to publish both Pain News and Reviews in Pain. This agreement will provide an opportunity for the Society to develop its publications in the future and the Committee would like to thank Ms Felicia Cox for her work on developing this agreement.

## PROCESS MANUAL FOR PUBLICATIONS

The Committee completed the Process Manual for our publications in 2010 which provides guidance for contributors and working parties to improve the quality of our publications. The Committee works with authors to review and monitor the Society's publications in line with the Process Manual and the requirements of external accreditation including NHS Evidence Accreditation and the NHS Information Standards. This will enable the Society to apply in future for NHS Evidence Accreditation should we decide to do so.

#### WEBSITE DEVELOPMENT

The Website of the British Pain Society is an important element of the Society's communication with both members and the wider pain community. The developments in relation to publications have given us an opportunity to review the website and a working group chaired by Dr Rajesh Munglani has begun work on reviewing the web site and developing proposals for its future development.

#### PAIN NEWS

Dr Thanthullu Vasu took over the editorship from Dr Mike Basler in Summer 2011. The four issues in 2011 have been a huge success, representing the multidisciplinary membership of the Society. We had interesting articles from all over the world; the feedback has been very good. We have used art pictures from members in the cover twice in this year. We also had two interesting debates by elite professionals from various backgrounds. We are also thankful to patients who have provided their stories and views in every issue of Pain News. The Editor has actively involved all the members to contribute for the newsletter and requests them to continue this support.

#### BRITISH JOURNAL OF PAIN (FORMERLY REVIEWS IN PAIN)

Four themed issues of Reviews in Pain have been published in 2011 focusing on neuropathic, acute and orofacial pain. Topics agreed for 2012 include opioids, headache and education. The Editorial Board continues to expand to meet the aim that all disciplines have adequate representation; however the majority of the content continues to be commissioned. This year key MeSH terms and opinion pieces have been included to enhance the content. The Editorial team and Council have met with SAGE Publications on a number of occasions to discuss the BPS Publication Strategy for Pain News and Reviews in Pain. By signing an agreement with SAGE, the readership of the Journal will be significantly increased as non-members will be able to access content free of charge through the SAGE Journals Platform powered by HighWire. It is also proposed that Reviews in Pain undergoes a change of title and that abstracts of posters from the ASM will be published as a hard copy supplement of the newly launched journal.

#### PUBLICATIONS

Although no new publications were produced in 2011, a number of publications are in production including: A Core Pain Curriculum for Preregistration Healthcare Education, Recommendations for the Management of Chronic Non-Malignant Pain in Children and Young People, The Safe and Effective Use of Opioids for Persistent Pain in Primary Care and the Community, Guidelines for the Management of Pain in Older Adults (joint publication with the British Geriatric Society). A number of publications are also currently being reviewed including Use of drugs beyond licence in

palliative care and pain management and Using medicine beyond licence - information for patients, Recommended guidelines for Pain Management Programmes for adults, Pain and substance misuse: improving the patient experience and Pain and problem drug use - information for patients.

#### PATIENT INFORMATION

Most professional publications by the Society are accompanied by an information booklet for patients. These are produced in close collaboration with patients or members of the public to ensure they meet the needs of individuals who experience pain or their families. The Communications Committee continues to strengthen its consultation with voluntary sector groups and is working closely with the Society's Patient Liaison Committee.

#### WEB LINKS AND REPRODUCTION REQUESTS

The Committee received a number of requests for web links and reproduction of publications this year. The request forms are available from our website: [http://www.britishpainsociety.org/pub\\_producting.htm](http://www.britishpainsociety.org/pub_producting.htm)



## EDUCATION COMMITTEE REPORT

PROF. PAUL WATSON, CHAIR

### Members Year End 2011

*Prof Paul Watson - Chair (period of appointment 2011- 2014)*

*TBC, Vice Chair*

*Ken Obbard – Secretariat*

*Dr Patricia Schofield (Council representative)*

*Dr Michael Serpell*

*Dr Ted Lin*

*Neil Berry*

*Prof Roger Knaggs*

*Ann Taylor*

*Jane Brown (PLC)*

Prof Watson took over the Chair of the education committee in July of 2011. The Committee has had one teleconference since Prof Watson was appointed.

### STUDY DAYS 2011-12

The study day on Crises in Pain Management had to be cancelled due to insufficient registrants which may have been affected by the proximity of the meeting to both the ASM and the EFIC meeting. Study days have limited places to enable learning to take place in small groups. The meeting on Pain Management in the Vulnerable Patient was attended by 21 people. A study day on Acute Pain in January was attended by 23 people. The study day programme continues to be successful and well attended.

The Education Committee has developed a set of Terms of Reference which have been agreed by Council which are published here for your information.

### EDUCATION COMMITTEE: TERMS OF REFERENCE

#### **Operational definitions**

##### *Core function*

To provide continuing professional development (CPD) and learning experiences for members of The British Pain Society through study days, information technology and publications.

#### **Scope of work**

The Committee is responsible for:

- Developing an annual programme of study days relevant to the aims of the Society (excluding the Annual Scientific Meeting)
- Seeking information from the membership on their learning needs.
- Receiving requests to develop learning materials and making recommendations to Council accordingly.
- Responding to Council requests regarding the development and provision of learning and CPD.
- Allocating CPD points to study days and learning materials produced by the BPS.
- Developing and producing learning materials for publication through web based learning.
- Providing regular reports to Council (to include overview and specific topics, Committee recommendations for consideration, financial issues)
- Providing web based learning support to the Web site committee.
- Informing the website review group and the Communications Committee of ongoing and planned work through providing minutes of the meetings.

### **Supporting infrastructure**

- The membership of the Committee should comprise of; the Chair, representative of Council, lay member (from PLC), member of the Secretariat.
- The professional committee members will be appointed by the Chair in consultation with the BPS President and should reflect a range of disciplines.
- The President of the Society will appoint the Chair of the Committee normally for a period of 3 years.
- Professional and lay members of the committee will be appointed for two years.
- Members may serve on the committee for up to three consecutive periods

- The Chair may appoint a Vice-Chair from the members of the Committee to act in his/her absence.

The Education Committee will meet four times each year, at least one of these will be face to face.

Minutes will be taken at each meeting/conference call and the Secretariat will endeavour to circulate copies to all Committee members within two weeks of the meeting date.

#### FUTURE STUDY DAYS 2012-13

- Update on the treatment of Low back pain (13th June 2012). This had previously been cancelled in December 2010 due to severe weather.
- Commissioning Pain Services (10th September 2012)
- Psychological therapies in Pain Management (23rd November 2012)
- Pain management in older people (Spring 2013)

#### FUTURE DEVELOPMENTS

The committee intends to develop web-based materials for dissemination through the web site. Initially these will be selected presentations from the study days and ASM which will be available to members only. The commencement of these pod casts is contingent on further developments of the Society's website to increase capacity. We will keep you informed of progress.

The Education committee is committed to develop recognised CPD points allocation for all the professions represented in the Society and is in contact with the Faculty of Pain Medicine on how best to achieve this.

#### CPD POINT ALLOCATION

The Education Committee is discussing ways to ensure that CPD points can be allocated to all BPS study days. This is being conducted in association with the Faculty of Pain Medicine and other key organisations. It is the intention of the Committee to make the CPD point relevant to all members.

#### BPS WEBSITE AND EDUCATION

The Education Committee will pilot making the content of study days available on line to members. Recent developments in the BPS website should make this possible in the next year. This will broaden access to the educational experiences provided by the Society.





## PATIENT LIAISON COMMITTEE (PLC) REPORT

MR DOUGLAS SMALLWOOD, CHAIR

### Members Year End 2011:

#### *Lay Members*

*Ms Jane Brown*

*Ms Jo Cumming*

*Ms Dorothy Helme*

*Ms Geraldine Granath*

*Ms Rose Murphy*

*Ms Stephanie Stokes*

#### *Professional Members:*

*Dr Sam Eldabe*

*Dr Austin Leach*

*Prof Paul Watson*

I am delighted to provide this report at the end of my first year as Chairman.

The focus of the first half of the year was in recruitment and redefining our objectives. Four new lay members and one new professional were recruited to the Committee. This meant that more than half the members were new. We quickly got up to speed and the Committee produced a plan for our work which was presented to Council in September.

Central to this is to improve the communication with the members of the Society about the experience of people living with pain of the service they receive. The plan also focuses on our work with Council and the membership to develop our engagement with people living with pain so that their experience influences the work of the British Pain Society even more strongly. This is a challenging objective and is one that the Committee is already pursuing with great purpose.

The second half of the year has required each member of the Committee to contribute significantly to a range of projects. This included contributions to several publications and reviewing others. The pages on the British Pain Society web site were reviewed and updated. Several articles were produced and members spoke at conferences including the Pain Summit in November.

The annual seminar arranged by the Committee was held on 14th November and focused on the National Pain Audit and the important Pain Pathways project being led by the Society. The views of the voluntary organisations present were fed into both pieces of work. Many thanks to Dr Stephen Ward, Dr Martin Johnson and Dr Claire Daniel for excellent presentations.

By the end of the year our work was also developing in line with our plan to focus on communication and engagement with both people living with pain and the health professional members of the Society. With the support of our President, the Committee is now involved in several more of the Society's Special Interest Groups. We are beginning to work with health professional members in Research and in particular identifying key questions for future research to address. We recognise the potential to achieve more by working with others including Pain UK, the newly formed alliance of patient based organisations working in pain which aims to provide a voice for people living with pain.

We hope to host a major seminar in 2012 focused on patient needs and experience which we hope will be of great interest to the members of the Society as well as people living with pain and their carers.

Going into 2012 there is real strength in terms of our people and our clarity of purpose from which to build. My thanks to the Committee and the Secretariat for all their hard work.



## SCIENCE & RESEARCH COMMITTEE REPORT

DR MICHAEL SERPELL, CHAIR

### Members Year End 2011

*Dr Mick Serpell (Chair)*

*Prof Pat Schofield*

*External reviewers:*

*Prof Jose Closs*

*Dr Ted Lin*

*Ann Taylor*

*Prof Sam Ahmedzai*

*Prof Maria Fitzgerald*

*Prof Roger Knaggs*

*Dr Martin Johnson*

*Dr Heather Cameron*

The Science and Research Committee (SRC) are responsible for fostering research in the field of pain medicine to advance our knowledge in basic scientific, clinical and epidemiological aspects. The Committee has been expanded to comply with the recommendations of the Association of Medical Research Charities (AMRC).

The applications for the biennial Mildred B Clulow award 2011 are being judged as this report is being written. The winner will be announced shortly. The 2009 applicant holder, Prof Tara Renton, KCL Dental Institute, is completing her study on “Mapping of central changes, using cASL, induced by post surgical pain after third molar surgery before and after Perfalgan infusion.”

The responses to the Research/Audit survey of BPS members have been distilled down to eight domains from over 400 specific topics;

- 1) Preventing Acute to Chronic pain
- 2) Opioid use for chronic non-cancer pain
- 3) Pain through the lifespan – young & elderly
- 4) Cancer pain
- 5) Education of pain, what are the novel approaches?
- 6) Primary Care aspects of chronic pain
- 7) Pain service delivery
- 8) Back to work

These are currently being ranked in importance and priority with a second survey. In combination with this process, we are working with NETSCC (NIHR Evaluation, Trials and Studies Co-ordinating Centre), in order to define specific research questions which will be more likely to succeed in external grant applications. We will liaise with the Royal College of Anaesthetists and the National Institute of Academic Anaesthesia to identify specific research activities, which could be delivered by using Clinical Research Networks.

Results from the BPS survey have enabled us to collate a database of members interested in Research and Audit, and this will be available to BPS members. It is our intention to promote both of these forms of activity, and the database should facilitate this. Our main strength is that we bring together nearly 1600 professionals from many different specialities with great expertise in pain. We are particularly strong in having access to a large number of patients and a multitude of clinical therapies which are in dire need of a stronger evidence base. All of us have a duty to contribute to this endeavour.



## SCIENTIFIC PROGRAMME COMMITTEE

PROF. GARY MACFARLANE, CHAIR

## Members Year End 2011:

*Professor Gary J Macfarlane (Chair)**Professor Mike Bennett**Dr. Suellen Walker**Professor Kate Sears**Professor Stephen Morley**Dr. Beverly Collett**Professor Paul Watson**Suzy Williams**Professor Tony Dickenson**Ex-officio-members:**Professor Richard Langford, BPS President**Dr John Goddard, BPS Honorary Treasurer**Ms Leila Taleb, BPS Communications Officer*

The Committee had the challenging task of following on from the 2011 highly successful joint meeting with the Canadian Pain Society in Edinburgh. In 2012 we return for our second visit to the convention centre in Liverpool. One of the challenges was that the Committee normally have a whole year to prepare for the meeting but because of the changed timing for the 2011 meeting, we only had ten months and the initial preparatory phases coincided with the summer holidays!

We have introduced a small number of changes in preparation for and during the meeting this year. Firstly we asked the membership for suggestions for plenary speakers and took this into account in our planning meetings. Secondly we took on board the most frequent comment in last year's feedback sheets – namely delegates would prefer more time for poster viewing. To accommodate this we have used one of the former plenary sessions as a dedicated poster session and there will be no other planned activities during this time. Thirdly, to further enhance the status of the poster sessions, there will be five poster prizes awarded this year. Now that the oral prize presentation session is restricted to trainees there are many abstracts which are not eligible for an oral presentation and we are likely to have more excellent abstracts from trainees than we can accommodate in the oral session. These poster prizes therefore provide an additional way to identify research excellence. During poster viewing sessions at the conference, members of the Scientific Programme Committee will circulate viewing the posters and speaking to presenters to decide the recipients of the poster prizes. Fourthly, we have re-instated the oral prize presentation to its previous plenary status and therefore there will be no other events running in parallel. This will allow us all to hear the excellent work submitted by researchers of the future.

Our plenary speakers this year come from the US and continental Europe in addition to our UK speakers. The topics relating to pain include psychology, basic science, older persons, neuropathic pain, musculoskeletal pain management in primary care, and cancer pain. We have tried to include topics which have been under-represented in recent conferences.

To reflect the theme of the IASP “Global Year Against Headache” we will have a plenary lecture on “Chronic migraine”.

As in previous years all the Special Interest Groups (SIGs) have all been offered a workshop slot at the ASM including our newest SIG on Medicolegal aspects of pain management. This year we have ensured, again, that most of our plenary speakers will participate in workshops where there will be an opportunity for them to expand on one aspect of their chosen topic and also provide more of an opportunity for interaction than the plenary lectures allow.

I would like to thank the Scientific Programme Committee for their help with designing the programme, evaluating the workshop proposals and abstracts and undertaking all the other tasks which are required. We held a meeting at the BPS Offices in early June 2011 when most of the planning was undertaken and thereafter most of the communications have been by e-mail.

A meeting will take place in February 2012 after all the abstracts have been scored to finalise acceptances of abstracts and to identify the abstracts suitable for oral prize presentation. I would like to thank Leila Taleb for her support to myself and to the Committee and to Jenny Nicholas and Ken Obbard also for their help.

I look forward to seeing many of you in Liverpool. We will hold our reception in the recently opened Museum of Liverpool, and this stunning new building will provide a wonderful backdrop for meeting up with old and new colleagues. Please do also take the opportunity to stop me and in particular to give feedback on the conference and your own ideas for how we can make these annual meetings even better.



## ACUTE PAIN SOCIETY SPECIAL INTEREST GROUP REPORT

DR JANE QUINLAN, CHAIR

On behalf of the Acute Pain Special Interest Group, I would like to thank Dave Counsell, who stepped down as Chairman last year, for the huge amount of work he has done for the SIG.

Last year was the Global Year against Acute Pain, an International Association for the Study of Pain (IASP) initiative to draw attention to, and promote understanding of, the most common form of pain. To reflect this, the Acute Pain SIG has had a very successful year culminating on the 16th September with the National Day against Acute Pain. This provided the perfect opportunity for inpatient pain teams across the country to promote their services within their hospitals and raise awareness to patients of the importance of treating pain. APSIG developed its website to provide further information for patients and staff, with links to IASP fact-sheets on various aspects of acute pain. In addition, during the year, Thanthullu Vasu kindly published acute pain articles in "Pain News" (including a particularly evocative personal view) and there was an acute pain-themed issue of "Reviews in Pain".

We hope to develop the APSIG website further to provide useful resources for our members and, with this in mind, plan to incorporate the RADAR website, led by Andrew Vickers, to provide a more permanent site for this innovative approach to enabling better pain management by all healthcare professionals.

We are now also about to embark on the exciting opportunity of working with the East of England Ambulance Service to improve out of hospital pain assessment and treatment.

Phase 1 of the National In Patient Pain Survey (NIPPS), developed by Dave Counsell, was launched in April with a web-based questionnaire sent to all anaesthetic departments in the UK. This will provide us with a snapshot of the current provision of acute pain services across the UK and allow us to establish a benchmarking system to promote quality in acute pain.

As in previous years, the Acute Pain SIG will meet twice this year: at the BPS Annual Scientific Meeting in April and again at a lunchtime session following the National Acute Pain Symposium in September.

This year's AGM will be held at the Liverpool ASM and we are always keen to encourage new members to our SIG and to catch up with the regulars, so please come along with your enthusiasm and ideas for development of the SIG.

We also look forward to a lively debate at the APSIG workshop entitled "Enhanced recovery: is ketamine the answer?", where we are delighted to have Dr Nick Scott and Dr Rae Bell proposing contrasting views.





CLINICAL INFORMATION SOCIETY  
SPECIAL INTEREST GROUP REPORT

DR BARBARA HOGGART, CHAIR

The SIG continues to be part of the National Pain Audit Board.

The Board have finished collecting all the patient data from the participating hospitals. The patients who agreed to follow up have been contacted and their data has started to be analysed. The Board are planning to produce a full report in Oct 2012 which examines all of the PROMS (initial and follow-up data) and case mix data collected during the audit. Comparative analysis of provider performance will form a key part of the document. The report will be made available via HQIP, the British Pain Society newsletter and audit website. Hard copies will be distributed to all providers and key stakeholders. Additionally each participating provider will be able to examine their data and performance against standards and benchmarks via an online portal. This facility will be useful for service planning and organisation.

I am pleased to report that our workshop proposal has been accepted for the ASM in 2012. At this workshop we will report on the outcomes of the progress of the data collected.

The analysis of the questionnaire is very extensive and will be a basis for future audit work by pain clinicians. The Clinical Information SIG are now working on ways to continue collecting data by setting up links with various groups such as Cardiff University. The hope is to have a strategy to present at the ASM for future data collections.



INTERVENTIONAL PAIN MEDICINE  
(IPM) SOCIETY SPECIAL INTEREST  
GROUP REPORT

DR SANJEEVA GUPTA, CHAIR

Members Year End 2011:

Officers:

*Dr Sanjeeva Gupta, Chair (Dr Manohar Sharma from April 2012)*

*Dr Stephen Ward, Secretary (Dr Baranidharan from April 2012)*

*Dr Manohar L. Sharma, Treasurer (Dr Neil Collighan from April 2012)*

IPM SIG Committee:

*Dr R Munglani*

*Dr J Richardson*

*Dr C Wells*

*Dr A Hammond*

*Dr S Thomson*

*Dr A Lawson*

*Dr S Balasubramanian*

*Dr AR Cooper*

*Dr S Dolin*

*Dr A Bhaskar*

*Dr A Erdmann*

Total membership: 175

IPM SIG WORKSHOP: BPS ASM JUNE, 2011.

IPM SIG in association with the IPM SIG of the Canadian Pain Society organised a very successful parallel session at the annual meeting. This session was very well attended and was of very high standard and educational value.

IPM SIG ANNUAL LUNCH TIME MEETING DURING BPS ASM JUNE, 2011

This meeting was well attended. SIG membership was updated regarding recent events. Some plans were suggested to improve SIG membership numbers. SIG membership suggested considering other alternative venues for annual IPM SIG meeting and these will be considered for future meetings.

FEASIBILITY OF NATIONAL INTERVENTIONAL PAIN MEDICINE RESEARCH FOR LBP MEETINGS AND FUTURE PLANS:

Research group led by Dr Simon Thompson and Dr Tony Hammond was set up during 2009 IPM SIG meeting to encourage and co-ordinate research efforts and generate evidence base in interventional pain medicine. The research strategy group has been active over the last two years and has submitted two major grant applications in this period. Although the application to the NIHR for Research for Patient Benefit Grant (RfPB) for a pilot study on radiofrequency neurotomy for facet joint early low back pain was unsuccessful in a very tough competition, the application had several positive comments and research group itself was reviewed very highly in the feedback. The reviewer's comments are being collated and planned to be incorporated in future submissions. The group has also submitted an outline proposal in response to the NIHR Health Technology Assessment call for facet Joint injections for people with persistent non specific low back pain. This is being followed up by preparation of NIHR Program Grant application to develop a series of nested

projects to generate large outcome data on interventions in back pain management. Prof Richard Langford is the Principal Investigator and Dr Vivek Mehta would be coordinating these research initiatives and grant application processes.

#### GOOD PRACTICE GUIDELINES IN INTERVENTIONAL PAIN MEDICINE

We have submitted proposals to the BPS to produce two good practice guidelines. If approved this will be a joint venture by the BPS and the Faculty of Pain Medicine of the Royal College of Anaesthetists.

1. Good Practice Guidelines for Medial Branch Block and Radiofrequency Denervation for Lumbar Facet Joint Pain.
2. Good Practice Guidelines for Percutaneous Spinal Interventional Procedures (excluding epidural)

Many IPM SIG members are contributing to these guidelines.

Everyone is invited to attend the IPM SIG parallel session on “Assessment and Management of Pelvic Pain” on the 25th April 2012 and also the IPM SIG lunch time meeting during the BPS Annual Meeting.

The next IPM SIG annual meeting will be held on 28th September, 2012 at Manchester (SAS Radisson, Manchester Airport). Please send your topics of interest to Dr Manohar Sharma ([manoharpain@yahoo.co.uk](mailto:manoharpain@yahoo.co.uk)) or Dr Baranidharan ([g\\_barani@yahoo.com](mailto:g_barani@yahoo.com)) or Dr Neil Collighan ([neil@collighan.co.uk](mailto:neil@collighan.co.uk)). Please consider submitting your audit projects. There will also be a separate session to discuss the importance of relevant clinical audits in pain medicine.



## MEDICOLEGAL SOCIETY SPECIAL INTEREST GROUP REPORT

DR JONATHAN VALENTINE, CHAIR

The Medicolegal SIG was established in July 2011. The SIG has 37 members. The activities over the past six months have been to hold a first meeting of the members in September 2011 and to secure a workshop at the forthcoming ASM at Liverpool in April 2012.

The first SIG meeting was primarily to establish the officers of the SIG. The following officers were nominated and approved:

- Dr Jon Valentine as chairman.
- Dr Kevin Markham as vice chairman.
- Dr Rajesh Munglani as secretary.
- Dr Joshua Adedokun as treasurer.
- Dr Chris Jenner as an officer.
- Dr George Harrison as an officer.
- Dr Neil Collighan as an officer.

The 2nd meeting of the members of the MLSIG will take place at the British Pain Society ASM at Liverpool in April 2012. The MLSIG will link in to the second Cambridge medicolegal conference in September and stand-alone meetings are planned for 2013 onwards.

The SIG has neither received nor spent any money to date.



## NEUROPATHIC PAIN SOCIETY SPECIAL INTEREST GROUP REPORT

DR MICK SERPELL, CHAIR (SINCE APRIL 2004)

*Office and Committee Members:*

*Mick Serpell, Chair (since April 2004)*

*Chris Wells, Secretary (since April 2009)*

*Vacant Treasurer*

*Elected Committee Members:*

*Jayne Gallagher (since April 2005)*

*Deji Okubadejo (since April 2007)*

*Frank Bernhard*

We had two excellent and well attended workshops at the Edinburgh BPS ASM. These were run jointly with the Canadian Pain Society NeuP SIG. The workshop topics were

Trigeminal Neuralgia -mechanisms, diagnosis and rational management, and Fibromyalgia – is it a Central Neuropathic Pain or a condition of Psychological Distress?

We have planned a further workshop for Liverpool 2012, themed on “Neuroinflammatory mechanisms and future treatments” with Prof Stephen McMahon, Drs David Bennett and Andreas Goebel

Dwight Moulin, Chairman of the NeuP SIG of the CPS, presented at our AGM, an update on the Canadian Multicentre Neuropathic Pain database. This database recorded the long-term real world clinical effectiveness of pharmacologic interventions for chronic neuropathic pain. They plan to repeat a similar process for other interventions such as epidural injections, spinal cord stimulation, IV infusions and nerve blocks.

The first phase of the BPS Research & Audit survey generated over 400 questions, and neuropathic pain was one of the more common topics. The 2nd survey will rank the priority of research domains and may identify a solid research theme concerning NeuP. This exercise, combined with the experience of the CPS NeuP SIG database would be very relevant for our own research/audit efforts.

The SIG relies on active membership to achieve its aims. Our AGM will be held during the Wednesday lunchtime at this year’s ASM, and I encourage as many of you as possible to attend. We are keen to attract new members to the SIG and especially to Council, so please think about the role you could have in your SIG.



## PAIN IN CHILDREN SOCIETY SPECIAL INTEREST GROUP REPORT

DR GWEN PORTER, CHAIR

### *Committee*

*Dr Gwen Porter, Chair*

*Dr Alison Bliss, Secretary*

At the SIG business meeting, which was held at the ASM in Edinburgh, Dr Gwen Porter took over as Chair of the SIG from Dr John Goddard and Dr Alison Bliss succeeded Dr Christina Liossi as Secretary. We thank both John and Christina for their hard work on behalf of the SIG. The BPS has assigned all SIGs a patient representative and Rose Murphy has been invited to join us.

It has been agreed that the SIG should produce information leaflets for young patients and their families on various aspects of pain in young people. Hannah Connell is coordinating the production of many of the leaflets. We would encourage anyone who has developed information leaflets for their own practice to share these with the group via the Secretary.

Richard Howard, as lead of the PICSIG Clinical Study Group, is leading a National Audit of Paediatric Chronic Pain Services. Collection of data, including patient demographics, is still on-going. When complete, the information will indicate opportunities for research.

Following the award of an unrestricted educational grant from Grunenthal, a national multi-centre evaluation of the use of lidocaine 5% patch (Versatis) is on-going. Results are being co-ordinated by Sheffield Children's Hospital and will be presented at the next ASM.

John Goddard spoke to the Pain Summit 2011 on the subject of pain in children and adolescents and in particular of the impact on parents of children who live with pain. He highlighted the importance of multi-disciplinary teams in the management of young people with pain and the difficulties of ensuring consistency of quality and availability of appropriate services.

At the Edinburgh Annual Scientific Meeting, the SIG workshop was very well attended. Professor Candy McCabe presented an up to date review of the use of mirror boxes and Garrath Ford offered an inspirational approach to challenging the outlook of young people with pain. The SIG sought a consensus opinion from delegates on the use of ketamine in children and this is available from the Secretary.

The SIG is establishing closer links with the National Paediatric Pain Travelling Club (PPTC) and this year, the PPTC's annual conference is welcomed to the opening day of the ASM.

The SIG workshop this year will focus on the problems of communicating with culturally diverse groups and disenfranchised adolescents.

The SIG relies on the enthusiasm and participation of its membership. We hope to continue to influence and inform national opinion on Pain in Children and Adolescents. We look forward to welcoming you to our group at the 2012 ASM.



## PAIN EDUCATION SOCIETY SPECIAL INTEREST GROUP REPORT

DR EMMA BRIGGS, CHAIR

*SIG Officers:*

*Mrs Maggie Whittaker (Treasurer)*

*Dr Paul Wilkinson (Secretary)*

*Dr Nick Allcock*

*Dr Sarah Henderson*

*Dr Janet McGowan*

*Dr William Notcutt*

*Co-opted members:*

*Mrs Dorothy Helme*

*Miss Ethel Hili*

*Ms Despoina Karargyri*

The Pain Education SIG continues to go from strength to strength as we move into our fifth year. Membership stands at over 90 members-lay people, clinicians and academics who are passionate about pain education. At the 2011 AGM, we were able to express our heartfelt thanks to Prof Eloise Carr who co-founded the SIG and is now working in Calgary. The dedication and contribution of Dr Marcia Schofield and Mrs Ann Taylor were also appreciated as their terms of office came to an end. A warm welcome was extended to Dr Sarah Henderson, previously co-opted members- Drs Janet McGowan and William Notcutt and new co-opted members- Mrs Dorothy Helme, Miss Ethel Hili, Ms Despoina Karargyri.

With our Canadian Education SIG colleagues, the SIG presented a workshop at the 2011 ASM called 'Jointly mapping the challenges and bringing solutions.' With presentations from Prof Eloise Carr, Prof Judy Watt-Watson (Toronto) and Dr Philip Peng (Toronto), the fascinating event raised the level of debate and discussion around pain education.

Nick Allcock continues to lead the development of an interprofessional curriculum document that will support educators to enhance pain teaching in the undergraduate programmes. This document will offer some practical and realistic solutions for those involved in undergraduate work and we are looking forward to discussing it at this year's workshop at the ASM; '*Citius, Altius, Fortius: Launching our Olympic pain education campaign.*' This is a joint workshop with the Primary Care SIG as we examine the challenges in undergraduate and primary care arenas.

The fourth annual seminar in November focused on 'Interprofessional Working and Learning: Rewards and Challenges.' It was exciting and worthwhile day for the SIG and all those engaged in pain education with keynote speakers Helena Lowe (Vice Chair of Centre for Advancement of



Interprofessional Education-CAIPE) and Jayne Frisby (IPE Lead, King's College London). The SIG are currently looking at ways exploiting technology for future seminars and educational events in 2012.

The strategic aims for 2012 include developing a formal communication strategy (led by Sarah Henderson), a core strand of work on patient education to help professionals to implement the most effective patient education (led by our co-opted members- Dorothy Helme, Ethel Hili, Despoina Karargyri) and commissioning one of the early editions of the British Journal of Pain (formally Reviews in Pain). Resources and updates on the SIGs activities are always available from the recently refreshed SIG website (managed by Janet McGowan and William Notcutt).



PAIN IN OLDER PEOPLE SOCIETY  
SPECIAL INTEREST GROUP REPORT

DR PATRICIA SCHOFIELD, CHAIR

Whilst preparing this report, I took a look at last years and was interested to note that we were planning to publish the management guidelines in time for the ASM and sadly it did not happen. But I am confident that we will get these guidelines out this year. The main focus of our activity this year has been towards the development of the guidelines for the management of pain in older adults. This has been a joint project with the British Geriatric Society and has been more of a challenge that we originally thought. Nevertheless, the document is complete and available for comments on the BPS web site, for launch later in the year. One of the important things for me is to make sure that we get the guidelines out there and being used. We will be holding a workshop at the ASM to promote the guidelines and then a publication will follow later in the year.

When these guidelines have been published, we really need to move on with updating the assessment guidelines – anyone interested in getting involved with this work please get in touch.

We made an active decision last year not to offer any study days particularly focussed on older adults. I still feel confident that this was the right decision. We were able to offer an interesting workshop at the ASM with another planned for this year.

Of interest to anyone in the field is the COST EU project that will be looking at pain assessment in older adults with dementia [http://www.cost.esf.org/domains\\_actions/isch/Actions/td1005](http://www.cost.esf.org/domains_actions/isch/Actions/td1005) . Take a look at the web site and keep an eye on what is happening.

We have been having some interesting discussions on how to take forward our links with the British Geriatric Society and we plan to continue these discussions over the next few months. Hopefully some more news on this will follow.



## PAIN MANAGEMENT PROGRAMMES (PMP) SOCIETY SPECIAL INTEREST GROUP REPORT

DR FRANCES COLE, CHAIR

*Committee Members:*

*Chair: Dr Frances Cole (Medical)*

*Secretary: Leila Heelas (took over from Dr Sue Peacock, September 2011)*

*Treasurer: Sara Brookes*

*Sara Brookes (Nursing)*

*Emma Wheatley (Occupational Therapist)*

*Eve Jenner (Physiotherapy)*

*Dr Sue Peacock (Psychology)*

*Alternate Members:*

*Dr Paul Wilkinson (Medical)*

*Dr Dee Burrows (Nursing)*

*Louise Haynes (Occupational Therapist)*

*Leila Heelas (Physiotherapy)*

*Dr Kerry Mathews (Psychology)*

*BPS Link:*

*Suzy Williams*

*PMP Conference Link for Bath:*

*Sarah Wilson*

*By Dr Frances Cole and Sara Brookes*

During 2011, the PMP SIG has continued to work well alongside the BPS with valuable support from the BPS Secretariat.

The SIG meet every couple of months alternating face-to-face meetings at the BPS Offices with teleconferencing.

The PMP SIG co-delivered with the Canadian Pain Society led an informative workshop at the Edinburgh ASM on “Better Patient Journeys”. The workshop looked at the different approaches in each country to achieving improved pathways of care and was well received and valued by participants.

The workshop proposal for ASM in Liverpool in April 2012 will focus on PMP effectiveness from patients, commissioners and clinicians’ points of view.

One of the main areas of focus during 2011 was the PMP Conference in Bath entitled “the Context of Pain and Suffering”. The delegate numbers were very encouraging at 250 despite the current financial challenges within the NHS. The organisers provided a very comprehensive programme of topics and speakers drawn from the UK, Europe and North America. Conference feedback was very positive and the venue was very well received with valuable networking opportunities.

The SIG committee are currently developing a set of criteria for future conference hosting to enable the process for choosing hosts to be both fair and transparent.

The SIG committee has also done some work which involved an amendment of the SIG constitution. This is in relation to length of terms of committee members. The aim is to improve continuity within the committee and have more effective working by not renewing the entire committee at the same time. There is ongoing work in this area.

The PMP Guidelines for Pain Management Programmes (2007) are under review led by Dr Paul Wilkinson and have been through the editing process. These are expected to be published in March 2012 following ratification by the BPS council.

The PMP SIG continues to maintain a healthy positive balance in excess of £20,000 (31.10.11). This has been boosted significantly by educational funding with good attendance at the PMP SIG conference. Expenses are kept at a minimum by using the teleconferencing facility which also allows alternate members to participate in committee meetings.

Ongoing work within the SIG includes updating the PMP Directory, development of the SIG website and work around patient involvement and information. It is envisaged that Douglas Smallwood, Chair of the Patient Liaison Committee, will attend the next SIG committee meeting to discuss patient information.



PHILOSOPHY AND ETHICS SOCIETY  
SPECIAL INTEREST GROUP REPORT

DR MICHAEL PLATT, CHAIR

*Officer:*

*Dr Diana Brighouse, Secretary/Treasurer*

The 2011 meeting of the SIG at Launde Abbey had a total of 38 delegates, including visitors from Canada, the USA, Australia and New Zealand.

As this was the 11th meeting of the Group, it was decided in some way to commemorate the ten (seven as a SIG) that have gone before it.

The topic was ‘Virtue Ethics and the Ethos of Pain Medicine’. Virtue Ethics emphasizes the role of character and virtue in moral philosophy over doing one’s duty, or acting in order to bring about good consequences. Although we have never previously identified the topic in our discussions it became apparent that in many ways the ideas it embodies underlie much of our discourse over the years, and might even be said to be embodied in the ethos of the group. Indeed it might not be too much to hope that what we have learnt, or absorbed, from our speakers and each other has shaped what we are as human beings and as practitioners as much, if not more, than it has influenced what we do in our practice of pain medicine.

Although in the past we have been privileged to hear many distinguished invited speakers, we have been doubly fortunate in the quality of the contributions submitted by participants. The six people invited to speak at this commemorative meeting were chosen by vote as those whose previous contributions have stayed most in the memory. Although they all spoke on widely different subjects it was remarkable to see how much their talks (and the subsequent discussions) tied in with each other and very strongly, with Virtue Ethics as a topic in itself.

The meeting was judged by many as the best ever, and it is to be hoped that we will build on the messages and inspire colleagues in their day-to-day work with suffering people. The main topics of the meeting consisted of the following:

Firstly, “A dialogue” between: Alastair Campbell (Professor of Medical Ethics, School of Medicine, National University of Singapore) and Richard Huxtable (Senior Lecturer in Medical Ethics, Bristol). Alastair helped us define virtue ethics and its role in society and the profession, while Richard gave a fascinating commentary on its application with a distressing real-life situation.

The Gradient of the Virtues was a talk given by Jeremy Swayne (GP, priest and homeopath from Yeovil). He gave a fascinating insight into the problems of modern medicine and traditions of medicine, with an insight into some of the moral issues facing medicine.

Following this, an entertaining and informative talk was given regarding Virtue Ethics and End of Life Care by Robert Zalenski (Director, Palliative Medicine, Sinai Grace Hospital and Professor, Wayne State University, Detroit) and Richard Raspa (Professor of English, College of Liberal Arts and Sciences, and adjunct professor in the College of Medicine, Detroit).

Then Alastair Campbell summed up the whole of Virtue Ethics.

The meeting continued with an excellent set of presentations on other topics including:

- *The Tao of Pain* by Willy Notcutt (Consultant in Anaesthesia and Pain Medicine, James Paget Hospital, Great Yarmouth).
- *The (cost) Effectiveness of Pain Clinics: who are we kidding?* Ian Yellowlees (Consultant in Pain Medicine, the Borders)
- *Being Human in Pain* by Kate Maguire (Social Anthropologist, Psychotherapist, Programme Leader Institute for Work Based Learning, Middlesex University).
- *The Gift of Knowledge* by Michael Bavidge (Retired lecturer in Philosophy, Newcastle-upon-Tyne).
- *Revisiting Reductionism* by Diana Brighthouse (Secretary of the SIG, Retired Consultant in Pain Medicine, Southampton, and Psychotherapist)
- *Mindfulness – the Art of Presence* by Andy Graydon (Priest, Sheffield)

Abridged versions of some of the talks will appear in Pain News. The complete transcript will be published as a booklet, hopefully in April or May.

At the Edinburgh ASM we shared a workshop with Canadian colleagues, comparing the ways in which our different health systems nurture (or are inimical to) the ideals of care and healing which are at the heart of all pain medicine. Dr Michael Platt and Dr Joyce D'Eon gave fascinating and illuminating presentations on the different approaches and weaknesses of our two health systems in terms of the ethos of care and compassion.

We will return to Rydal Hall for this year's meeting 2 – 5 July 2012 on 'The Ethics of Care'. Our keynote speakers will be: Dr Havi Carel (senior lecturer in philosophy, UWE); Professor Raymond Tallis (physician, writer, and philosopher); and Revd Bryan Vernon (senior lecturer in ethics, Newcastle University School of Medicine, & general secretary, Institute of Medical Ethics).

Generally speaking our finances are in good shape having made an adequate surplus last year, but increasing costs and the withdrawal of help from NAPP, our usual sponsors, together with the above anxiety and its possible effects in terms of attendance, would disallow any complacency.

The collection of essays by previous speakers from the last 10 years has been published by the Radcliffe Press and is now available. Copies will be available for purchase at the next ASM.

The SIG continues to grow, as evidenced by the numbers attending and with increasing international interest. We appear to be the only Special Interest Group on Philosophy and Ethics in Pain globally, apart from the one attached to the American Pain Society.

We look forward to increased interest and participation in the future!



PRIMARY AND COMMUNITY CARE  
SOCIETY SPECIAL INTEREST GROUP

DR VAL CONWAY, CHAIR

*Officers:*

*Val Conway*

*Martin Johnson, Vice Chair*

*Johanna Theron, Secretary*

*Sonja Bigg, Treasurer*

*By Dr Martin Johnson, Chair (January 2012)*

Number of members: 54

ACTIVITIES

Following our initial meetings in 2010, we officially launched the Primary & Community SIG with a spectacular meeting on 9th April 2011. This was held at BMA House in London. Despite the glorious sunshine and the Grand National running, we had an excellent turn out of approaching 100 delegates. The meeting was chaired by Richard Langford & radio doctor, Mark Porter. There were several topical talks about the management of pain in Primary Care and the specialist flavour was provided by Richard & also Irene Tracy.

Overall we had an excellent launch. Thanks go to all concerned with making the day happen, with a special note of thanks to the agency LA Medica who provided a polished professional event. Also thanks must go to our colleagues from the pharmaceutical industry who supported the event.

Following the launch we had several requests to repeat the event in the North of England but unfortunately funding could not be obtained.

The SIG had its AGM during the BPS ASM in Edinburgh (June 2011). The usual attached lunch time meeting slot was passed to the Pain Pathways Group.

Several of our members have been very busy during the year helping out with the five Pain Pathways Groups. Also Frances Cole & Martin Johnson have been active in the group developing the Primary Care Opioid Guidelines (chaired by Joan Hester).

May I thank all members of the SIG that delivered plenary lectures & also helped plan & facilitate parts of the England Pain Summit in November 2011



## THE FUTURE

A further lunchtime meeting is planned at the Liverpool ASM in April 2012. Dr Frances Cole will be talking about self management (& her wealth of experience in Kirklees) and Dr Johanna Theron will discuss GPwSI's.

A further separate educational meeting will take place probably in late summer.

The SIG will continue to be involved in the Pain Pathways work, especially in the implementation strategy – this will particularly involve looking at a commissioning strategy for pain.

May I thank all members of the SIG for their involvement and also thanks to my fellow officers with a huge thank you to Val for her leadership over the last 12 months.



PAIN IN DEVELOPING COUNTRIES  
SOCIETY SPECIAL INTEREST GROUP

DR CLARE ROQUES, CHAIR

Officers:

Dr Clare Roques – Chair

Dr Sam Eldabe - Treasurer

Dr Vijayan Senthil - Secretary

A WHO briefing note published in 2009 states ‘*The World Health Organization (WHO) estimates that 5 billion people live in countries with... no or insufficient access to treatment for moderate to severe pain.*’ This is just one of many similar statements that prompted the creation of the Pain in Developing Countries SIG in November 2010.

The SIG was launched with a very successful workshop at the ASM in Edinburgh with three impressive international speakers. Prof M. R. Rajagopal from Kerala, India outlined the on-going issues surrounding access to pain relief in developing countries. Prof David Clark from Glasgow University described his work mapping palliative care services across the globe. Finally, Dr Roger Goucke from Perth, Australia described his very successful teaching package ‘Essential Pain Management’. These eminent speakers inspired an enthusiastic and productive debate in the SIG meeting that followed.

A committee has now been formed, and following our first meeting at the end of last year and from discussions in Edinburgh, we have set out three main aims as follows:

1. Liaison with related groups and societies.  
Given the large number of organisations involved in this field we think it is vital to encourage communication, both to avoid duplication and to target resources. We have started by liaising with the Association of Anaesthetists of Great Britain and Ireland, and IASP.
2. Advocacy for improved access to pain management.  
Mike Basler published an article in the Winter 2011 edition of Pain News, outlining current issues and on-going initiatives, as well as detailing the work of the SIG. We are hoping to continue this with further articles detailing projects our members have been involved in, which we hope this will not only improve awareness of important issues but also initiate dialogue.

3. Original work.

Given the importance of sharing knowledge and resources and hence avoiding 're-inventing the wheel', we are carrying out a survey of BPS members to document their experiences of working in developing countries. We are planning to present the results at the SIG meeting at the ASM in Liverpool. If this is successful we are planning to repeat the survey with a wider sample.

We have a workshop confirmed for the ASM with Dr Karen Frame speaking on 'Palliative Care Issues and Solutions in Africa' and Dr David Snell on 'Analgesia in the Obstetric and Post-Operative Frontline - key issues.' I am sure these will again provoke some lively discussion.

Unfortunately, Mike Basler had to step down as Chair of the PDCSIG in October last year. Dr Sam Eldabe is remaining as Treasurer, Dr Vijayan Senthil is our new Secretary and I have taken over as Chair. On behalf of the SIG committee and members I would like to thank Mike for his hard work and enthusiasm in setting up and publicising the work of the SIG. I hope to be able to maintain the momentum he has created.



## CONTENTS

Legal and administrative information	A-2
Directors' Report	A-3
Auditor's Report	A-10
Statement of Financial Activities	A-12
Balance Sheet	A-14
Notes to the Accounts	A-15
Statement of Director's Responsibilities	A-24

THE BRITISH PAIN SOCIETY

ACCOUNTS FOR THE YEAR ENDED  
31ST DECEMBER 2011

REGISTERED CHARITY NO. 1103260  
REGISTERED CHARITY IN SCOTLAND NO. SC039583  
REGISTERED COMPANY NO. 5021381

SANDISON LANG & CO.  
CHARTERED ACCOUNTANTS  
2, ST. MARY'S ROAD  
TONBRIDGE  
KENT TN9 2LB

LEGAL & ADMINISTRATIVE INFORMATION

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  35 RED LION SQUARE  
  LONDON  
  WC1R 4SG

BANKERS:                               CAF BANK  
  25 KINGS HILL AVENUE  
  KINGS HILL  
  WEST MALLING  
  KENT ME19 4JQ

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

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

## THE BRITISH PAIN SOCIETY DIRECTORS' REPORT FOR THE PERIOD 1ST JANUARY – 31ST DECEMBER 2011

The British Pain Society is the largest multidisciplinary professional organisation in the UK. It comprises of: doctors, nurses, physiotherapists, scientists, psychologists, occupational therapists, and other healthcare professionals actively engaged in the diagnosis and management of pain and in pain research. As of 31st December 2011 there were 1559 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 2011. 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.

### I. 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 British Pain Society is a company limited by guarantee.

The Directors are appointed by ballot of the members, except for the Vice President, Honorary Secretary and Honorary Treasurer who are appointed by the Directors. Any Ordinary or Honorary 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 (EFIC) are eligible to stand for the post of President, Vice President, Honorary Secretary or Honorary Treasurer, however, if no person who falls within the eligibility categories is willing to be considered for election, Council may consider a candidate or candidates from the Ordinary and Honorary Members. All new directors undertake an induction training half-day on appointment.

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 President sets the Agenda for the Board meeting, and takes overall responsibility for the day-to-day running of the Society along with the Executive Officers. There is support for the Board from the following subcommittees: Cancer Pain Committee, Scientific Programme 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, 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 Vice President (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.

There are currently twelve Society Special Interest Groups; Acute Pain, Clinical Information, Interventional Pain Medicine, Medicolegal, Neuropathic Pain, Pain in Children, Pain Management Programmes, Philosophy & Ethics, Pain Education, Pain in Older People, Primary and Community Care and Pain in Developing Countries. The governance of these groups is established within the Articles and Regulation of the Society.

Since the Society's annual turnover exceeds £250,000, it is necessary to identify areas of risk within the Society and actions that have been taken by Council to minimise or eliminate these. The 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 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 whereby career aspirations and training needs can be identified. The Society also makes a 5% salary contribution to the staff pension scheme, which increases to 10% after three years of service providing staff contribute a minimum of 5%.
- *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. 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*
  - The board accepts formally and publicly its collective role in providing health and safety leadership in its organisation
  - Each member of the board accepts their individual role in providing health and safety leadership for their organisation
  - The board will ensure that all board decisions reflect its health and safety intentions, as articulated in the health and safety policy statement
  - The board recognises its role in engaging the active participation of workers in improving health and safety
  - The board will ensure that it is kept informed of and alert to, relevant health and safety risk management issues. In view of the Health and Safety Commission recommendations, the board will appoint one of its number to be the “health and safety director”

In line with Statutory requirements, the Society has Employers Liability Insurance and Public Liability 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 healthcare 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;
- to disseminate the useful results of research;
- to sponsor and hold meetings, symposia, conferences, lectures, classes, seminars, courses and exhibitions either alone or with others; and
- to encourage and promote the study and research into aspects of pain, the Society offers five bursaries/grants that are available to its members; the "Clulow Research Award", the "Patrick Wall International Meetings Bursary", the "British Pain Society Annual Scientific Meeting Bursary", "The British Pain Society Study Day 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 website.

### 3. ACHIEVEMENTS AND PERFORMANCE

The Society continued 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. It has been successful in producing the following series of meetings and publications:

#### SOCIETY MEETINGS/EVENTS

- The Society held its 44th Annual Scientific Meeting (ASM), as a joint meeting with the Canadian Pain Society in Edinburgh on 21-24 June 2011, which was attended by 874 participants.
- On 14th November, the Patient Liaison Committee of the Society, organised a seminar entitled 'Pathways for Pain Management – Giving Them Life!' which was attended by 26 representatives from different organisations interested in matters related to pain and physical disability.
- The Education Committee continued its 'Learning in Pain Series' which aims to provide comprehensive learning in pain medicine as per the IASP curriculum as a series of one day study days. Two study days were held in 2011:
- 20th Study Day 'Acute Pain' was held on 10th January.
- 22nd Study Day 'Pain management issues in the vulnerable patient' was held on 26th October.

A further study day was originally planned; 21st Study Day 'Crises in pain management' was to be held on 21st September but cancelled due to low attendance numbers.

- On the 21st November, the first ever National Pain Summit was held at Westminster Hall, London. This was a joint initiative between the Chronic Pain Policy Coalition, the Faculty of Pain Medicine, the Royal College of General Practitioners and the British Pain Society.

#### SIG MEETINGS/EVENTS

- On 4th March, the Interventional Pain Medicine Society SIG held a meeting in London.
- The newly formed Primary & Community Care Society SIG held their launch event on the 9th April in London.

- On 16th – 19th May, the Philosophy & Ethics Society SIG held a meeting at Launde Abbey on ‘Suffering and Culture’.
- On 8-9th September, the Pain Management Programmes Society SIG held their biennial conference in Bath on ‘The context of pain and suffering’.
- The Pain Education Society SIG held a one day seminar on 29th November on ‘Interprofessional Working and Learning: Rewards and Challenges’.
- The Pain in Older People Society SIG endorsed a workshop on ‘Pain and Ageing’ held on the 22nd March 2011 in Edinburgh.

#### PUBLICATIONS

- As of December 2011, the Society entered in a contract with SAGE Publishing for the production and circulation of *Pain News* and *British Journal of Pain* (formerly *Reviews in Pain*).
- The Society continues to provide its quarterly Newsletter *Pain News* free of charge to its members.
- The Society continues to provide its quarterly newsletter supplement *British Journal of Pain* (formerly *Reviews in Pain*) free of charge to its members. Only Members are currently able to access the online version of the *British Journal of Pain* from the Society’s website.
- All the Society’s publications and patient information leaflets are available to download free of charge from the website.

#### BURSARIES & GRANTS

- The Society awarded 21 members of the Society bursaries to attend its ASM at Edinburgh .
- The Society awarded 2 members of the Society the Patrick Wall Overseas Travel Bursary.

#### INVOLVEMENT WITH OTHER BODIES

- The Society has continued to be involved in the work of the Chronic Pain Policy Coalition, which is a 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 a generic stakeholder for Interventional Procedures and Health Technology Assessments for NICE.
- The Society is a member of the Association of Medical Research Charities (AMRC).
- A representative from the British Pain Society Council sits on the British Medical Association (BMA) Specialist Sub-Committees.
- A representative of the British Pain Society is a member of a Royal College of Physicians publication working party for ‘Concise Guideline on CRPS’.
- The Society has a representative on the Scottish Government Chronic Pain Steering Group.
- The Society has representation on the Airing Pain radio Advisory Board, an initiative from Pain Concern.

- Alternate representatives from the British Pain Society sit on the Joint Neuroscience Council (JNC).
- Two Society members co-chair the Healthcare Resource Group working party, with links to the Royal College of Physicians 'Payment by Results' initiative.
- The Society has reciprocal representation on the Board of the Faculty of Pain Medicine.
- A representative from the Faculty of Pain Medicine of the Royal College of Anaesthetists, the Association for Palliative Medicine, the Physiotherapy Pain Association, the Chronic Pain Policy Coalition, the Royal College of General Practitioners, the Royal College of Nursing and the International Association for the Study of Pain (IASP) sits on the British Pain Society Council as co-opted members.
- The Society has established a positive relationship with the Department of Health.
- The Society has representation on the Royal College of General Practitioners Stakeholder Group.

#### INFORMATION FOR PEOPLE AFFECTED BY PAIN

- The Society, although an organisation for healthcare professionals, provides a list of the 150 PCTs in England, 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 £1,231,238 of which £267,418 is in restricted funds, £267,418 being the sum of the Clulow legacy and interest. In 2011 a further sum of £185,304 was received as a legacy from Elaine Clulow. 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 £54,972 are designated within the Society accounts to further the activities of the specific SIGs.

The Society continues to expand its educational activities, including Special Interest Group Conferences and a series of Seminars. These meetings are supported by unconditional educational grants from various companies, and for transparency they are accounted for separately. This reserve of £34,855 is to support the extra educational activity of the Society. £314,787 are accumulated ASM surpluses, which can only be used for educational purposes and to support future Annual Scientific Meetings.

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:

- £200,000 is to be kept in reserve to cover the ongoing costs of the Society should there be a failure of income from subscriptions.
- The residue of £267,548 to be used to further the aims and objects of the Society.
- 2011 increase in general fund budgeted for ongoing activities in 2012.

This year has seen the Society maintain a good financial base although 2011 has been another difficult year financially for the Society. 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 45th Annual Scientific Meeting will be held at the ACC/BT Convention Centre, Liverpool from 24-27 April 2012.
- The British Pain Society continues to review the publication *The use of drugs beyond licence in palliative care and pain management* which will be completed in 2012.
- The British Pain Society continues to review the publication *Pain Management Programmes for Adults*, which will be completed in 2012.
- The Society will continue work on producing a new BPS publication: *Recommendations for management of chronic non-malignant pain in children and young people*, which will be led by the Pain in Children SIG.
- The Society will continue work on producing a new BPS publication: *A core pain curriculum for preregistration healthcare education*.
- The Society will continue to work on producing a new joint publication with the British Geriatrics Society on *The Management of Pain in Older People* due to be completed in 2012.
- The Society will continue to work on joint publications with the Royal College of General Practitioners with a publication on *The Safe and Effective Use of Opioids for Persistent Pain in Primary Care and the Community*.
- The British Pain Society is undertaking a review of the publication *Pain and substance misuse: improving the patient experience* which will be launched in 2012.
- The British Pain Society is undertaking a review of the publication *Intrathecal drug delivery for the management of pain and spasticity in adults; recommendations for best clinical practice* which will be launched in 2012.
- The Philosophy & Ethics Society SIG will hold its annual meeting on 2-5 July 2012 at Rydall Hall, Cumbria.
- The Society will hold 4 study days during the course of the year; 'Acute Pain: Preventing Chronicity', 'Back Pain', 'Psychological therapies in the management of pain' and 'Commissioning Pain Services'.
- The Patient Liaison Committee of the British Pain Society will hold its annual voluntary seminar on the 5th November 2012.
- The Primary and Community Care Society SIG will hold a meeting in Autumn 2012.
- The Pain Education Society SIG will hold their annual one day seminar on the 29th November 2012.
- The Interventional Pain Medicine Society SIG will hold their annual one day seminar in Manchester.
- The Society continues to investigate the feasibility of instigating a Research Foundation, with a substantial fundraising project to acquire a capital sum that would generate sufficient income to support one or two pre- or post-doctorate fellows engaged in clinically orientated pain research.
- The Science and Research Committee will continue to survey the Society members with regards to their views on research priorities for the Society.
- The National Pain Audit, a joint project with Dr Fosters Research Ltd continues, with phase 1 complete and Phase 2 underway.

- The Society will continue work on producing pain patient pathways, with support and advice from various interested organisations, including the Department of Health, the Chronic Pain Policy Coalition and the Royal College of General Practitioners.

## 6. DIRECTORS FOR THE PERIOD 1ST JANUARY – 23RD JUNE 2011

Prof. R. M. Langford	President
Dr J. B Hester	Immediate Past President
Dr P. Schofield	Honorary Secretary
Dr J. Goddard	Honorary Treasurer
Dr N. Allcock	Council Member
Dr A. Baranowski	Council Member
Dr S. Eldabe	Council Member
Dr A. Leach	Council Member
Dr E. Lin	Council Member
Dr M. Serpell	Council Member
Dr T. Vasu	Council Member
Dr S. Ward	Council Member
Ms S. Williams	Council Member

## DIRECTORS FOR THE PERIOD 23RD JUNE – 31ST DECEMBER 2011

Prof. R. M. Langford	President
Dr W. Campbell	Vice President
Dr P. Schofield	Honorary Secretary
Dr J. Goddard	Honorary Treasurer
Dr A. Baranowski	Council Member
Dr S. Eldabe	Council Member
Dr R. Knaggs	Council Member
Dr A. Leach	Council Member
Dr E. Lin	Council Member
Dr R. Munglani	Council Member
Dr M. Serpell	Council Member
Dr T. Vasu	Council Member
Ms S. Williams	Council Member

## STAFF MEMBERS AS AT 31ST DECEMBER 2011

Mrs Jenny Nicholas	Secretariat Manager
Mrs Rikke Susgaard-Vigon	Communications Officer (1st Jan – 20 May)
Ms Leila Taleb	Communications Officer (Maternity Cover from 16 May)
Mr Ken Obbard	Events & Membership Officer



Dr John Goddard (Honorary Treasurer)

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

This report is issued in respect of an audit carried out under Section 495 of the Companies Act 2006.

We have audited the Financial Statements of the British Pain Society for the year ended 31st December 2011 on pages 10 - 19. These Financial Statements have been prepared under accounting policies set out therein and the requirements of the Financial Reporting Standard for Smaller Entities (effective April 2008)

This report is made solely to the Society's members, as a body, in accordance with Section 495 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the Society's members those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Society and the Society's members as a body, for our audit work, or for the opinions we have formed.

### RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND AUDITORS

As described in the Statement of Director's Responsibilities, the Trustees (who are also the Directors of the British Pain Society for the purposes of common law), are responsible for the preparation of the Trustees' Annual Report and Financial Statements in accordance with applicable law and United Kingdom Standards. (United Kingdom Generally Accepted Accounting Practice).

Our responsibility is to audit the Financial Statements in accordance with the relevant legal and regularity requirements and International Standards on Auditing (UK and Ireland).

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 United Kingdom Generally Accepted Accounting Practice, and have been prepared in accordance with the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005. We also report to you if, in our opinion, the Trustees' Annual Report is consistent with the Financial Statements, if the Society 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 International Standards on Auditing (UK and Ireland) 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 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 Society's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all 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.

In our opinion the Financial Statements give a true and fair view in accordance with United Kingdom Generally Accepted Accounting Practice (application to Smaller Entities) of the state of the Society's affairs as at 31st December 2011 and of its incoming resources and applications of resources, including its income and expenditure in the year then ended and have properly prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

In our opinion the information given in the Trustees' Annual Report is consistent with the Financial Statements.

In our opinion the information given in the Trustees' Annual Report is consistent with the Financial Statements.

Handwritten signature in blue ink, followed by the letters 'FCA' in blue ink.

Mr. A.C.D. Lang, FCA  
Senior Statutory Auditor  
For and on Behalf of Sandison Lang and Co  
Registered Auditors  
2 St Mary's Road  
Tonbridge  
Kent TN9 2LB

Dated: ..... 12/31 ..... 2012

THE BRITISH PAIN SOCIETY

STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31st December 2011

<b>INCOMING RESOURCES</b>	<b>Notes</b>	<b>Unrestricted Funds</b>	<b>Restricted funds</b>	<b>Total Funds 2011</b>	<b>Total Funds 2010</b>
<b>INCOMING RESOURCES FROM GENERATED FUNDS</b>					
<b>Voluntary Income</b>					
Subscriptions		183,958	-	183,958	172,788
Donations, legacies & similar	11	470	185,304	185,774	50,790
<b>Activities for generating funds</b>					
Label sales		1,333	-	1,333	914
<b>Investment income</b>					
Interest received	11	10,524	779	11,303	2,884
<b>INCOMING RESOURCES FROM CHARITABLE ACTIVITIES</b>					
Meeting income	2	603,700	-	603,700	456,336
Newsletter advertising & booklets		22,867	-	22,867	46,824
General Publications		444	-	444	454
Publications	8	716	-	716	4,407
Research Awards and Grants		20,000	-	20,000	-
PLC Annual Voluntary Seminar		95	-	95	-
SIGS	5a	94,233	-	94,233	42,090
Study Days	6a	4,070	-	4,070	15,690
Education Days	6b	-	-	-	-
Map of Medicine		42,500	-	42,500	-
<b>OTHER INCOMING RESOURCES</b>					
Other income		1,639	-	1,639	4,257
<b>TOTAL INCOMING RESOURCES</b>		<b>£986,549</b>	<b>£186,083</b>	<b>£1,172,632</b>	<b>£797,434</b>



THE BRITISH PAIN SOCIETY  
STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31st December 2011 (continued)

RESOURCES EXPENDED	Notes	Unrestricted Funds	Restricted Funds	Total Funds 2011	Total Funds 2010
<b>Costs of generating voluntary income</b>					
Functions costs-BPS promotions		-		-	600
Public Affairs		-		-	
<b>Charitable expenditure</b>					
Research grants	11	3,169	21,825	24,994	25,545
IASP Travel bursary award		-	-	-	2,695
Meeting expenses	2	546,087	-	546,087	449,075
Sub-Committee expenses		6,298	-	6,298	5,436
Core Com/SIGS	5a	90,639	-	90,639	40,193
Working Parties	5b	7,455	-	7,455	1,882
PLC Annual Voluntary Seminar		1,680	-	1,680	1,629
Study Days	6a	8,836	-	8,836	13,720
Education Days	6b	-	-	-	-
Professional Meetings	9	40,002	-	40,002	11,431
Other meeting expenses		1,794	-	1,794	1,584
Miscellaneous expenses		1,003	-	1,003	2,436
Newsletter & Journal		45,868	-	45,868	49,495
Website		2,926	-	2,926	3,409
Publications	8	15	-	15	(14,334)
Rent & Service Charges		11,371	-	11,371	10,503
Secretariat & other staff costs		54,472	-	54,472	51,451
Printing & postage		1,805	-	1,805	2,978
Telephone & fax costs		1,527	-	1,527	2,908
Computer system & software		7,919	-	7,919	9,094
Equipment hire & storage		738	-	738	604
Donations		40		40	-
Premises Rates & Insurance		1,537	-	1,537	1,015
Office stationery & photocopying		3,261	-	3,261	2,939
Professional fees		582	-	582	904
Subscriptions		365	-	365	156
Bank charges	11	594	10	604	1,858
Depreciation		1,968	-	1,968	2,460
<b>Governance Costs</b>					
Council expenses	7	4,969	-	4,969	5,546
Induction of Trustees		191	-	191	350
Accountancy		8,075	-	8,075	7,955
Legal fees		522	-	522	6
Annual Election Expenditure		2,310	-	2,310	2,186
Annual Report		1,141	-	1,141	2,847
<b>TOTAL RESOURCES EXPENDED</b>		<b>859,159</b>	<b>21,835</b>	<b>880,994</b>	<b>700,556</b>
<b>Net movement in funds</b>		127,390	164,248	291,638	96,878
Total funds brought forward		836,430	103,170	939,600	842,722
Transfers between funds				-	-
<b>TOTAL FUNDS CARRIED FORWARD</b>		<b>£963,820</b>	<b>£267,418</b>	<b>£1,231,238</b>	<b>£939,600</b>

THE BRITISH PAIN SOCIETY BALANCE SHEET  
as at 31st December 2011

31.12.10	Notes	31.12.11
<b>FIXED ASSETS</b>		
<b>Office Equipment</b>		
12,301	Balance at 1st January	9,841
-	Additions	-
12,301		9,841
2,460	Less: Depreciation	1,968
9,841		7,873
<b>CURRENT ASSETS</b>		
175,701	Debtors and Prepayments 3	243,254
114,480	CAF Gold Account	18
33,504	Barclays Account	38,399
78	Barclays Business Base Rate Tracker	78
462,902	Charities Deposit Fund	792,208
149,668	Caf Cash Account	164,851
20	Petty Cash	65
250,000	Santander Business Bond	256,262
	Barclays Business Card	-
1,186,353		1,495,135
<b>CURRENT LIABILITIES</b>		
256,594	Creditors and Accruals 4	271,770
929,759		1,223,365
<b>939,600</b>	<b>NET ASSETS</b>	<b>1,231,238</b>
<b>Represented by:</b>		
<b>ACCUMULATED RESERVES</b>		
<b>Unrestricted Reserves</b>		
396,599	General	467,548
66,658	Designated: I. Bainbridge 10	66,658
257,174	Designated: ASM	314,787
51,378	Designated: SIGS	54,972
39,621	Designated: Study Days & Education Days	34,855
25,000	Designated: Reserves	25,000
-	Designated: PLC Seminar	-
		963,820
<b>Restricted Reserves 11</b>		
103,170	Clulow	267,418
-	Pfizer Grant	-
<b>939,600</b>		<b>1,231,238</b>

These financial statements have been prepared in accordance with the special provisions relating to small companies within Part 15 of the Companies Act 2006 and with the Financial Reporting Standard for Smaller Entities (effective April 2008).

Approved by the Board for issue on 1<sup>st</sup> March 2012

by: Dr John Goddard, Director



## NOTES TO THE ACCOUNTS

for the year ended 31st December 2011

### I ACCOUNTING POLICIES

#### A) ACCOUNTING CONVENTION

The financial statements have been prepared under the historical cost convention, and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008), the Charities Act 1993 and the requirements of the Statement of Recommendation Practice, Accounting and Reporting by Charities.

#### B) INCOMING RESOURCES

All incoming resources are included on the Statement of Financial Activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy.

#### C) RESOURCES EXPENDED

Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources. Grants offered subject to conditions which have not been met at the year end date are noted as a commitment but not accrued as expenditure.

#### D) TANGIBLE FIXED ASSETS

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

Office Equipment - 20% on a reducing balance basis.

#### E) TAXATION

The charity is exempt from tax on its charitable activities.

#### F) FUND ACCOUNTING

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

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

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

<b>2011 Income and Expenditure Account</b>		£	£
<b>Income</b>			603,700
			603,700
<b>Expenses</b>			
Room Hire	120,911		
Venue-miscellaneous	1,640		
Printing	18,237		
Help at Venue	12,517		
Speakers expenses (inc.travel & accom)	34,052		
Refreshments	52,516		
Coaching	443		
Poster Prizes	1,408		
Poster Boards & Advertising	4,061		
Gifts	1,666		
Van Hire	278		
Presidents Dinner	3,160		
Council	31,276		
Staff	3,102		
PLC Committee Members	544		
Social programme	36,434		
Insurance	4,154		
Flowers	1,110		
AVA's / Data Protection	35,018		
Miscellaneous	2,677		
Bursaries	9,173		
Stuffing Delegates Bags	7,079		
ASM registration fee bank charges	4,812		
			386,268
Office Cost Contribution			159,819
Total cost			546,087
<b>Net Surplus</b>			<b>£57,613</b>

## APPORTIONED ASM EXPENDITURE

As agreed for 2011 some staff and office costs are apportioned 60% to the Annual Scientific Meeting and 40% to general fund costs.

100% of the annual audit cost is attributed this year to this meeting being £2,220 (2010 £2,160).

## 3 DEBTORS AND PREPAYMENTS

	<b>2011</b>	<b>2010</b>
Advance Meeting Costs	107,357	103,663
Secretariat Invoices	135,897	72,038
	<u>£243,254</u>	<u>£175,701</u>

## 4 CREDITORS AND ACCRUALS

	<b>2011</b>	<b>2010</b>
Creditors	184,594	41,613
Creditor AAGBI	30,614	29,244
Annual Scientific Meeting 2011	56,562	185,737
	<u>£271,770</u>	<u>£256,594</u>

## 5 A SIGS

	<b>Opening Balance</b>	<b>Income</b>	<b>Expenditure</b>	<b>Closing Balance</b>
	<b>01.01.2011</b>			<b>31.12.2011</b>
Philosophy & Ethics	2,781	11,642	12,152	2,271
Acute Pain	4,792	-	69	4,723
Neuropathic Pain	650	-	-	650
Interventional Pain Medicine	15,633	680	8,672	7,641
Clinical Information	16,919	122	590	16,451
Pain Management Programmes	9,670	42,049	33,069	18,650
Pain Education	1,838	5,310	1,025	6,123
Older People	(925)	-	-	(925)
Primary Care	(480)	34,430	34,992	(1,042)
Developing Countries	500	-	70	430
	<u>51,378</u>	<u>94,233</u>	<u>90,639</u>	<u>54,972</u>

## 5 B WORKING PARTIES

	<b>Opening Balance</b>	<b>Income</b>	<b>Expenditure</b>	<b>Closing Balance</b>
	<b>01.01.2011</b>			<b>31.12.2011</b>
Nurses Working Party	(1,421)	-	-	(1,421)
Opioid Recommendations	(62)	-	-	(62)
Desirable Criteria for PM	(1,335)	-	-	(1,335)
HRG	(718)	-	25	(743)
Intrathecal Drug Delivery System	(2,869)	-	-	(2,869)
Pain & Substance Misuse	(3,248)	-	-	(3,248)
Understanding & Managing Pain	(1,151)	-	-	(1,151)
Pain Management Programme	(420)	-	1,262	(1,682)
Nurse Recommendations	(1,662)	-	-	(1,662)
Cancer Pain Committee	(926)	-	-	(926)
Rec Man.of Chronic Pain in Children	(2,426)	-	3,488	(5,914)
Drugs Beyond Licence	(756)	-	-	(756)
Opioids for non cancer pain	(64)	-	-	(64)
RCGP/BPS Guide Lines	(1,140)	-	2,025	(3,165)
Core Curriculum for Healthcare prof.	-	-	655	(655)
	<u>(18,198)</u>	<u>-</u>	<u>7,455</u>	<u>(25,653)</u>

A-18

## 6 A STUDY DAYS

	<b>Opening Balance</b>	<b>Income</b>	<b>Expenditure</b>	<b>Closing Balance</b>
	<b>01.01.2011</b>			<b>31.12.2011</b>
Prior Study Day Surpluses	19,419	-	-	19,419
16th Study Day - 25th January 2010	1,688	-	45	1,643
17th Study Day - 8th June 2010	1,382	-	-	1,382
18th Study day- 1st November 2010	1,538	-	-	1,538
19th Study Day - 2nd December 2010	(998)	-	-	(998)
20th Study Day - 10th January 2011	689	2,080	2,949	(180)
21st Study Day 21st September 2011	(174)	700	1,047	(521)
22nd Study Day - 26th October 2011	(174)	1,290	3,579	(2,463)
23rd Study Day - 24th January 2012	(174)	-	709	(883)
24th Study Day - 13th June 2012	-	-	169	(169)
25th Study Day- 10th September 2012	-	-	169	(169)
26th Study Day - 23rd November 2012	-	-	169	(169)
Study Day - miscellaneous	(42)	-	-	(42)
	<u>£23,154</u>	<u>£4,070</u>	<u>£8,836</u>	<u>£18,388</u>

## 6B EDUCATION DAYS

	<b>Opening Balance</b>	<b>Income</b>	<b>Expenditure</b>	<b>Closing Balance</b>
	<b>01.01.2011</b>			<b>31.12.2011</b>
1st March 2007	21,147	-	-	21,147
1st March 2008	(4,880)	-	-	(4,880)
Primary Care Ed. Day Sponsorship	200	-	-	200
	<u>£16,467</u>	<u>£-</u>	<u>£-</u>	<u>£16,467</u>
TOTAL Study days & Education Days	<u>£39,621</u>	<u>£4,070</u>	<u>£8,836</u>	<u>£34,855</u>

## 7 COUNCIL EXPENSES

(40% charged to general fund and 60% to ASM meeting costs)

	<b>2011</b>	<b>2010</b>
Meeting - Catering	1,121	902
Meeting - Room Hire	193	-
Meeting - Travelling	3,261	3,258
Meeting - Hotels	394	831
Misc. Expenses	-	555
	<u>£4,969</u>	<u>£5,546</u>

A-19

## 8 PUBLICATIONS

	<b>Opening Balance</b>	<b>Income</b>	<b>Expenditure</b>	<b>Closing Balance</b>
	<b>01.01.2011</b>			<b>31.12.2011</b>
Nursing Practice	(359)	-	-	(359)
Understanding & Managing Pain	(5,701)	219	-	(5,482)
Spinal Cord Stimulation	(2,930)	14	-	(2,916)
Opioid Recommendations	(1,181)	246	15	(950)
PMS Good Practice	12	-	-	12
Drugs Beyond Licence	(177)	12	-	(165)
Intrathecal Drug Delivery	(3,599)	12	-	(3,587)
Pain & Substance Misuse	(178)	15	-	(163)
Pain Management Programme	(607)	42	-	(565)
Rec. Management of Chronic Pain	1,521	-	-	1,521
Cancer Pain Management	(6,572)	25	-	(6,547)
Prov. Of Chronic Pain Serv. For Adults	25	-	-	25
Help The Aged	-	-	-	-
RCGP/BPS Pain Man. in Primary Care	25,221	131	-	25,352
Pain Management Guide Lines	(11,737)	-	-	(11,737)
VAT Reimbursement on printing costs	<u>30,327</u>	<u>-</u>	<u>-</u>	<u>30,327</u>
	<u>£24,065</u>	<u>£716</u>	<u>£15</u>	<u>£24,766</u>

## 9 PROFESSIONAL MEETINGS

	<b>2011</b>	<b>2010</b>
BPS/Industry Drinks Reception	-	-
DoH/Professional Bodies	551	5,776
Primary Care Meeting 2009	1,669	-
Finance Meetings	1,072	458
Strategic Planning Meeting	481	5,197
Pain Summit Planning Meeting	194	-
Map of Medicine Meeting	35,289	-
EGM	746	-
	<u>£40,002</u>	<u>£11,431</u>

## 10 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”.

	<b>2011</b>	<b>2010</b>
Balance at 1st January	66,658	66,658
Incoming Resources	-	-
Expenditure	-	-
Balance as at 31st December	<u>£66,658</u>	<u>£66,658</u>

### 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:

	<b>2011</b>	<b>2010</b>
Balance at 1st January	257,174	249,913
Incoming Resources ASM	603,700	456,336
Expenditure ASM	(546,087)	(449,075)
Additional cost allocation	-	-
Balance as at 31st December	<u>£314,787</u>	<u>£257,174</u>



## 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 5a.

These funds are represented by:

	<b>2011</b>	<b>2010</b>
Balance at 1st January	51,378	49,481
Incoming Resources SIGS	94,233	42,090
Expenditure SIGS	<u>(90,639)</u>	<u>(40,193)</u>
Balance as at 31st December	£54,972	£51,378

## STUDY DAYS

The Designated Study Days Funds also accumulate surpluses which are to be spent on Study and Education Days

	<b>2011</b>	<b>2010</b>
Balance at 1st January	23,154	21,184
Incoming Resources Study Days	4,070	15,690
Expenditure Study Days	<u>(8,836)</u>	<u>(13,720)</u>
Balance as at 31st December	£18,388	£23,154

## EDUCATION DAYS

The Designated Education Days Funds also accumulate surpluses which are to be spent on Study and Education Days.

	<b>2011</b>	<b>2010</b>
Balance at 1st January	16,467	16,467
Incoming Resources Education Days	-	-
Expenditure Education Days	<u>-</u>	<u>-</u>
Balance as at 31st December	£16,467	£16,467

## DESIGNATED RESERVES

	<b>2011</b>	<b>2010</b>
Balance at 1st January	25,000	-
Incoming Resources	-	-
New Reserve	<u>-</u>	<u>25,000</u>
Expenditure	<u>-</u>	<u>-</u>
Balance as at 31st December	£25,000	£25,000

#### PLC SEMINAR SPONSORSHIP

The PLC Seminar again received no sponsorship and therefore the brought forward loss has been written off against the general fund:

	<b>2011</b>	<b>2010</b>
Balance at 1st January	-	-
Incoming Resources	-	-
Expenditure	(1,680)	(1,629)
Transfer from General Funds	1,680	1,629
Balance at 31st December	-	-
Total Designated Reserves at 31st December	<b>£496,272</b>	<b>£439,831</b>

#### II RESTRICTED FUNDS

##### LEGACY

The following restricted fund is the sum and associated interest from a legacies received from Mildred B and Elaine Clulow. The restriction is as follows: "Basic research into the causes and cures for pain".

	<b>2011</b>	<b>2010</b>
Balance at 1st January	103,170	80,128
Incoming Resources	185,304	47,798
Expenditure	(25,000)	(25,000)
Reimbursed award	3,175	-
Charges	(10)	(10)
Interest	779	254
Balance as at 31st December	<b>£267,418</b>	<b>£103,170</b>

##### PFIZER CHARITABLE DONATION

	<b>2011</b>	<b>2010</b>
Balance at 1st January	-	25,000
Incoming Resources	-	-
Transfer for Pain Education activities costs	-	(25,000)
Expenditure	-	-
Balance at 31st December	-	-
Total Restricted Reserves at 31st December	<b>£267,418</b>	<b>£103,170</b>

## I 2 ANALYSIS OF NET ASSETS BETWEEN FUNDS

	<b>Unrestricted Reserves</b>	<b>Restricted Reserves</b>	<b>Total 31.12.2011</b>
Fixed Assets	7,873	-	7,873
Net Current Assets	955,947	267,418	1,223,365
	<b>£963,820</b>	<b>£267,418</b>	<b>£1,231,238</b>

## I 3 DIRECTORS EXPENSES

During the period a total of £10,690.18 was reimbursed to Directors for expenses incurred. (Reimbursements for 2010 £13,359.65)

## I 4 EMPLOYEES' REMUNERATION

(40% charged to general fund and 60% to ASM meeting costs).

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

Salaries (2011 less SMP)	<b>2011</b>	<b>2010</b>
General Charitable Activities	43,558	41,758
Average number of staff in year- 3		
Apportioned ASM	65,618	62,637
Average number of staff in year- 3		
Temporary staff		666
Average number of staff in year- 1		
	<u>£109,176</u>	<u>£105,061</u>
Employer's contributions:	<b>2011</b>	<b>2010</b>
Employers Pension Contribution	4,369	2,091
Employers Nat. Insurance Contribution	4,735	4,516
	<u>9,104</u>	<u>6,607</u>
Total cost to charity	<u>£118,280</u>	<u>£111,668</u>

## I 5 GRANTS

The annual report details the grants offered by the charity. In 2011 the allowance for the Clulow award was £25,000, which was paid out in 2010. A reimbursement of £3,175 was received being the balance of an award unspent in 2010. The 2011 award is due to be paid out in 2012.

## STATEMENT OF DIRECTORS' RESPONSIBILITIES

Company law requires the directors to prepare financial statements for each financial year which gives a true and fair view of the state of affairs of the company and of the profit or loss of the company during that period. In preparing those financial statements the directors are required to:

- (i) select suitable accounting policies and then apply them consistently,
- (ii) make judgements and estimates that are reasonable and prudent,
- (iii) prepare financial statements on a going concern basis unless it is inappropriate to presume that the company will continue in business.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the company and to enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. In preparing this report the directors have taken advantage of special provisions of the Companies Act 2006 relating to small companies.





THE BRITISH PAIN SOCIETY

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