



# ANNUAL REPORT 2019-2020



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## PRESIDENT'S FOREWORD



# I. PRESIDENT'S FOREWORD

I am delighted to present this report after a rather turbulent start to my second year as president of ENT UK.

Many of the plans for our national efforts to improve the high-quality services in otolaryngology for the benefit of our patients took second place to protecting our colleagues and patients from the ravages of a new virus, unprecedented in our lifetimes, the nature of which we were having to learn about rapidly. However, we also brought out the best in each other; our collaborative efforts working with all sub-specialty colleagues taking account of all needs was a highlight, and our next generation provided the real focal point in the frontline.

The number of trainee-led audits and research, as well as the high quality of patient information that we put up on the ENT UK website, led to a rapid increase in web traffic and our education for the rest of the world in guidelines and audit/research outputs was of the highest order.

The efforts made by the entire team at ENT UK in converting the BACO conference to a virtual format was singular, while the academic strengths of BACO were maintained and even enhanced. Our pre-COVID shortage in workforce numbers with the key challenges of delivering high standards of care while recovering from the effects of the pandemic will test our resilience and resolve.

I did not choose to be President during this pandemic but remain indebted to each and every one of the members, ENT UK staff members, executives and trustees who have worked tirelessly. I am reminded of the adage that 'kindness is realising that we are all in it together'.

*B. Nirmal Kumar*

Professor B Nirmal Kumar, President of ENT UK





## REFERENCE AND ADMINISTRATIVE DETAILS

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## 2. REFERENCE AND ADMINISTRATIVE DETAILS

### Principal office

The Royal College of Surgeons England  
35-43 Lincoln's Inn Fields  
London  
WC2A 3PE  
The charity is incorporated in England  
and Wales.

### Company Registration Number

6452601

### Charity Registration Number

1125524

### Solicitors

SA Law  
60 London Road  
St Albans  
Hertfordshire  
AL1 1NG

### Bankers

National Westminster Bank Plc  
Bloomsbury Parr's  
PO Box 158  
214 High Holborn  
London  
WC1V 7BX

### Independent Examiner

Edmund Carr LLP  
Chartered Accountants  
146 New London Road  
Chelmsford  
Essex  
CM2 0AW

### Investment fund managers

Brewin Dolphin Limited  
12 Smithfield Street  
London  
EC1A 9BD





## TRUSTEE'S REPORT

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## 3. TRUSTEE'S REPORT

### Charter

ENT UK is the professional membership body representing Ear, Nose and Throat surgery, as well as its related specialities, in the United Kingdom. ENT UK supports members at every stage of their careers, from student-level right through to retirement – a total of more than 2000 medical practitioners.

As well as supporting surgeons and associated medical professionals, ENT UK promotes the understanding of ENT in the media and provides the specialty with a voice. ENT UK is a source of valuable medical information for patients as well as practitioners, and supports research, provides continuing education for specialists, and champions high standards in training. In all of our activities we seek to improve the care available to patients suffering from conditions of the ear, nose, throat, head and neck.

### Mission statement

The mission of the association consists of the following aims:

- To improve the care available to patients suffering from conditions of the ear, nose, throat, head and neck through supporting research and guideline development.
- To promote the understanding of the range of conditions treated by the specialty through better public education.
- To provide information on the specialty to the general public and media through improved web-based information.
- To support and provide continuing education for specialists through courses, conferences and e-learning.
- To encourage recruitment into the specialty through greater exposure in medical school and foundation year training.
- To promote high standards in the training of specialists through support for trainees seeking subspecialist training and academic career pathways.
- To represent the specialty at the Royal Colleges of Surgeons and to government bodies through increased representation.

### Strategic aims

The strategy aims to be:

1. Patient-centred by focusing on
  - patient outcomes
  - patient information
  - closer liaison with related ENT charities
  - advocacy for patients.
2. Supportive to members from medical school to retirement through provision of or support for:
  - continuing medical education and training
  - maintaining professional standards
  - advancing knowledge of ear, nose and throat disorders through research and education
  - specialty-specific professional capabilities
  - addressing the non-medical elements of the NHS
  - adequate representation in the Royal Colleges.





## STRUCTURE, GOVERNANCE AND MANAGEMENT

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## 4. STRUCTURE, GOVERNANCE AND MANAGEMENT

The following provides the governance and management of ENT UK during the period 2019-2020

### The Board of Trustees

**Prof Nirmal Kumar**  
President

Trustee since 4 Feb 2011 as Asst Honorary Secretary of ENT UK (2011-2015). Honorary Secretary & Company Secretary of ENT UK (3 Feb 2015 to 31 March 2017) and President-elect of ENT UK March 2017 to March 2019. President of ENT UK since March 2019

**Mr Andrew Swift**  
President-elect

Trustee and President-elect since March 2019

**Prof Carl Philpott**  
Honorary Secretary

Trustee and Honorary Secretary and Company Secretary from June 2017 to March 2020

**Mr Taran Tatla**  
Honorary Secretary

Trustee and Honorary Secretary and Company Secretary since 1 April 2020

**Miss Kay Seymour**  
Honorary Treasurer

Trustee and Honorary Treasurer since Sept 2018

**Prof Gerry O'Donoghue**  
Master of BACO 2020

Trustee since 3 Dec 2015 and BACO Master 2020

**Miss Catherine Spinou**  
BACO Treasurer/Project Lead

Trustee since September 2019

**Miss Victoria Ward**  
Clinical Trustee

Trustee since December 2018

**Mr Tim Mitchell**  
Clinical Trustee

Trustee since April 2020

**Mr Brian Bingham**  
Past President

Past President from March 2019 to March 2020

**Mr Stephen Evans**  
Lay Member

Lay Trustee since 31 March 2017 and Chair of Finance Committee of ENT UK from Sept 2015 to December 2019

**Mr Andrew Gamble**  
Lay Member

Lay Trustee since 6 May 2016

**Mr Andrew Foster**  
Lay Member

Lay Trustee since April 2020





## STRUCTURE, GOVERNANCE AND MANAGEMENT

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### The Executive Committee

<b>Prof Nirmal Kumar</b>	President
<b>Mr Andrew Swift</b>	President-elect
<b>Prof Carl Philpott</b>	Honorary Secretary <i>until March 2020</i>
<b>Mr Taran Tatla</b>	Honorary Secretary <i>since April 2020</i>
<b>Miss May Yaneza</b>	1 <sup>st</sup> Assistant Honorary Secretary
<b>Miss Nara Oban</b>	2 <sup>nd</sup> Assistant Honorary Secretary
<b>Miss Kay Seymour</b>	Honorary Treasurer
<b>Mr William Hellier</b>	Assistant Honorary Treasurer
<b>Miss Catherine Spinou</b>	BACO Treasurer/Project Lead
<b>Prof Philippa Tostevin</b>	Director of Education
<b>Mr Craig Murray</b>	Chair of SAC in Otorhinolaryngology

### The Finance Committee

<b>Mr Stephen Evans</b>	Chair until December 2019
<b>Mr Andrew Swift</b>	President-elect, Chair
<b>Prof Carl Philpott</b>	Honorary Secretary <i>until March 2020</i>
<b>Mr Taran Tatla</b>	Honorary Secretary <i>since April 2020</i>
<b>Miss Kay Seymour</b>	Honorary Treasurer
<b>Miss Catherine Spinou</b>	BACO Treasurer/Project Lead
<b>Mr William Hellier</b>	Assistant Honorary Treasurer
<b>Mr Patrick Way</b>	Lay Member
<b>Mr Andrew Foster</b>	Lay Trustee
<b>Ms Julianne Ilebode-Akisanya</b>	General Manager
<b>Mr Bikram Gurung</b>	Financial Officer





## STRUCTURE, GOVERNANCE AND MANAGEMENT

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### ENT UK Office

<b>Ms Julianne Ilebode-Akisanya</b>	General Manager <i>since October 2019</i>
<b>Ms Janet Stephen</b>	Education Officer
<b>Ms Lidija Ivnik</b>	Membership and Committees Officer <i>left July 2020</i>
<b>Mr Bikram Gurung</b>	Finance Officer
<b>Ms Christy Hillman</b>	Events Officer and BACO Organiser
<b>Ms Jessica Leigh</b>	Events Officer
<b>Ms Phillippa Chinery</b>	Communications Officer <i>left July 2020</i>
<b>Mr Davide Gorgoglione</b>	IT/Website Officer
<b>Mr John Nixon</b>	Copywriter and Content Editor

### The ENT UK Council

<b>Prof Nirmal Kumar</b>	President
<b>Mr Andrew Swift</b>	President-elect
<b>Prof Carl Philpott</b>	Honorary Secretary <i>until March 2020</i>
<b>Mr Taran Tatla</b>	Honorary Secretary <i>since April 2020</i>
<b>Miss Kay Seymour</b>	Honorary Treasurer
<b>Prof Gerry O'Donoghue</b>	Master of BACO 2020
<b>Miss Catherine Spinou</b>	BACO Treasurer/Project Lead
<b>Mr Brian Bingham</b>	Past President
<b>Miss May Yaneza</b>	1 <sup>st</sup> Assistant Honorary Secretary
<b>Miss Nara Oban</b>	2 <sup>nd</sup> Assistant Honorary Secretary
<b>Mr William Hellier</b>	Assistant Honorary Treasurer
<b>Prof Philippa Tostevin</b>	Director of Education







## STRUCTURE, GOVERNANCE AND MANAGEMENT

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## Regional Representatives

<b>Ameera Abdelrahim</b>	West Midlands (RSPA West Midlands)
<b>Robin Adair</b>	Northern Ireland
<b>Mohiemen Anwar</b>	N. W. Thames (RSPA N W Thames)
<b>David Baring</b>	Scotland – East
<b>Nazir Bhat</b>	East Anglia (RSPA East of England)
<b>Mriganka De</b>	West Midlands (RSPA West Midlands)
<b>Sam Fishpool</b>	Wales
<b>Rhodri Costello</b>	Wales
<b>Tony Jacob</b>	S. Thames (RSPA S.E. Coast ) & S.W. Thames (RSPA S W Thames)
<b>Simon Lloyd</b>	North Western (RSPA North West and Mersey)
<b>Ram Moorthy</b>	Oxford (RSPA South Central and Wessex)
<b>Yujay Ramakrishnan</b>	Trent (RSPA East Midlands)
<b>Paul Spraggs</b>	ENT UK rep on RCS England council
<b>Frank Stafford</b>	Northern (RSPA Northern)
<b>Beverley Yu</b>	Yorkshire (RSPA Yorkshire and Humber)





## OUR MEMBERSHIP

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## 5. OUR MEMBERSHIP



During the 2019/20 financial year ENT UK welcomed 554 new members. This was a net gain of 255 members bringing our total membership at the end of the financial year to 2,097.



**16%**   
Growth in total membership



**5%**  
Growth in membership revenue



We continue to experience a year-on-year increase in membership with this year's growth being the largest at 16% over the past decade. Our fastest growing cohort continues to be YCOHNS which has grown by 148% in the past year. This is followed by the Students and Foundation doctors' grade (SFO) which has grown by 34% over the past year.



Whilst there has been a significant increase in membership there has not been a comparable growth in membership revenue. Total membership revenue during the 2019/20 financial year was £434k. This represented a 5% growth on revenue from the previous year.





## OUR MEMBERSHIP

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### Membership income by year

Year	Revenue	YoY%	Head count	YoY%
2014-15	325k		1262	
2015-16	342k	5	1340	6
2016-17	371k	8	1387	4
2017-18	410k	11	1485	7
2018-19	411k	0	1617	9
2019-20	434k	5	1880	16

Paying members by grade	This year	Last year
<b>Total</b>	<b>1880</b>	<b>1617</b>
Consultant	572	593
Trainees	358	399
SFO	375	279
International	162	107
YCOHNS	149	60
Associate	124	104
Allied	96	45
Retired	44	30

Free members	This year	Last year
<b>Total</b>	<b>221</b>	<b>199</b>
Hinari	86	53
Life	81	92
Honorary	44	43
Parental leave	10	11



The background is a solid blue gradient, transitioning from a lighter shade at the top to a darker shade at the bottom. Overlaid on this are several hexagonal shapes. Some are faint, light blue outlines, while others are solid, darker blue. One solid hexagon is located in the bottom right corner. The text is centered within the frame.

# ACTIVITIES AND ACHIEVEMENTS DURING 2019-20



## COVID-19 PANDEMIC RESPONSE

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## 6. COVID-19 PANDEMIC RESPONSE

Provided by Taran Tatla, Honorary Secretary

The COVID-19 pandemic started to adversely impact upon UK healthcare service delivery from March 2020. ENT UK, through the association's leadership working closely with its sub-specialty groups, key personnel in a streamlined back-office, and a highly engaged membership, was motivated and galvanized by the pandemic in a way that few issues have necessitated since the organisation was established.

Building upon existing structures at the very outset of COVID-19, we developed a COVID response team using a responsive communications process for disseminating potentially life-saving guidance to our members, allied professional groups and the public, when information about the disease was scarce and the NHS under enormous pressure.

Early development, distribution and report of our national member survey suggesting shortfalls and regional variation for Personal and Protective Equipment (PPE) availability underscored the need for safety during ENT face-to-face clinical encounters, so minimising avoidable risk and harm through virus cross-transmission. We also engaged with Public Health England to ensure that the Aerosol Generating Procedure list included upper airway interventions and appropriate PPE was used by all clinicians undertaking these procedures.

Diverse and inclusive expert working groups were established early to consider 'ground-truth' member feedback on safety in the hospital care environment, as well as the evolving impact on ENT services.

Recommendations and steps to mitigate risks for healthcare workers and patients allowed ongoing delivery of emergency adult and paediatric ENT services. Although elective outpatient services were initially halted for ENT like most other specialties, early guidance for minimising impact on Head and Neck and thyroid cancer patient care was established.

Novel guidelines were released to advise upon suitable PPE for upper airway endoscopy amidst high hospital COVID-19 patient numbers, suitable surgical tracheostomy technique and airway after-care in ventilated patients to mitigate cross-transmission risk, as well as streamlined emergency adult and paediatric ENT care pathways, designed to avoid unnecessary hospital admission wherever safely possible. The latter addressed common management of non-COVID airway infections and associated complications including abscesses, epistaxis and ENT foreign body retrieval.

Further guidelines to emphasise the need for early recognition of anosmia as a presenting symptom of COVID-19, in order to minimise undetected virus spread, were published promptly.

The ENT UK office staff switched readily to remote home working, embracing the power of information technology to support executive, working group and other office meetings, as well as ensuring that online resources, guidelines and communications were optimally presented and readily and widely disseminated. Website and social media communications were supplemented by twice-weekly emailing of 'Letters to Members' during the first critical months of the pandemic.

ENT UK's claim to be an exemplary professional association and organisation, advocating for patients as well as its own members and wider healthcare workforce, is attested to by the numerous initiatives, activities and materials produced during the initial and ensuing months of the pandemic.





## ANNUAL GENERAL MEETING JULY 2020

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## 7. ANNUAL GENERAL MEETING JULY 2020

For the first time in its history, the annual general meeting (AGM) was held in a virtual environment via video conferencing, due to the then ongoing restrictions of the coronavirus pandemic. The meeting began by acknowledging and holding a minute's silence for the ENT colleagues who had lost their lives during the pandemic.

The meeting was used to formally welcome three new trustees to the ENT UK Board, namely Taran Tatla (Honorary Secretary), Andrew Foster (Lay Trustee) and Tim Mitchell (Clinical Trustee), and two new executive officers, May Yaneza (First Assistant Honorary Secretary) and Nara Orban (Second Assistant Honorary Secretary).

There was also the presentation of an honorary membership to Professor Janet Wilson and the announcement of Dominic Gardner (University of Edinburgh) as the winner of the 2019 Undergraduate Essay Prize.





## EDUCATION

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## 8. EDUCATION

Provided by Philippa Tostevin, Director of Education ENT UK

This report has been produced with the assistance of Education Officer Janet Stephen who has provided exemplary support for all educational activities under the remit of the Education and Training Committee over this challenging period in our history.

The ENT UK Education and Training committee, with representation from the leadership of established educational groups CPD, SFO, SAS, AOT, PESC, ESCC and SAC has met and updated the executive, trustee and council throughout the year. They have been joined this year by the new community ENT group bringing General Practice representation formally into the heart of ENT UK educational activities for the first time.

This report represents a summary of educational activities to demonstrate how they have progressed in alignment with the mission statement (MS) of the organisation, noting the strategic objectives and key deliverables in the 5-10-year strategy document of September 2018. For all educational courses the ENT UK events policy has been followed and the feedback has been produced and analysed in timely fashion with huge thanks to Christy Hillman and Jessica Leigh of the events team.

### 1. Mission Statement:

To promote an understanding of the range of conditions treated by the specialty

#### a. e-lefENT

There has been a change in the leadership of the virtual learning team this year as Victoria Ward stepped down as Editor-in-Chief. We are enormously grateful for the sustained effort that she has dedicated to this project over many years. Following her departure, James Tysome was appointed Director of e-learning and Somiah Siddiq became the new Editor-in Chief of e-lefENT, working with the digital transformation team from Medtronic. Together they have led the final design, build and beta testing of the new platform with the review of content of 450 sessions. In February 2020, the new Medtronic-supported platform was launched, featuring enhanced functionality including search, ability to log in via the ENT UK website and the addition of new sessions. Mapping of new curricula to support the needs of different groups has been undertaken. The mapping of the new GMC medical licensing assessment (MLA) content for ENT to the platform by the SFO team is the first of these to complete this year to support access to key learning resources for all medical students in the UK as they prepare for the new MLA in 2024.

#### b. Community ENT Group

In February 2020 a new group was developed by the DoE under the umbrella of the Education and Training Committee to support the ENT educational needs of GPs, GPs with an extended role in ENT and allied healthcare workers who care for ENT patients. The community group has met virtually during the pandemic and has membership from around the UK. Having identified a need for support for GPs who







## EDUCATION

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are interested in ENT, and having consulted the Royal College of General Practitioners (RCGP), a curriculum guidance document was created by the group which over the next year will be mapped to the VLE. Biographies to outline the career paths of different GPs with an extended role in ENT were written for the ENT UK website. The input from the community group was integral to the development of the GP Day for BACO 2021.

### c. BACO GP and Allied Professionals Day

The BACO GP and Allied Professionals day in Birmingham in July 2020 was postponed and transformed into a virtual day for delivery in January 2021.

## 2. Mission Statement:

To support and provide continuing education for specialists

### a. CPD

The CPD committee led by Declan Costello has provided kite mark accreditation on behalf of ENT UK as a marker of quality of educational provision. Over this time period, 47 applications for CPD approval were received, 11 of which were cancelled or rescheduled due to the pandemic; two applications were received for advertising only. It is noted that this is a decrease, compared to 67 applications last year, possibly due to the pandemic. The regular programme of quality assurance visits to courses was not achieved due to travel restrictions, but oversight has been rigorously maintained, with feedback from all courses reviewed and action taken if required.

### b. Specialty Doctor Group (SAS)

The SAS group led by Shyam Sunder Singham changed their BACO plans smoothly to develop a virtual BACO experience to include CESR, education and tongue tie clinic talks. SAS members also contributed to the pandemic guidance for telephone clinics. Sadly, the plans for the 6<sup>th</sup> annual ENT UK SAS conference in Wales had to be postponed; the current plans are for the conference to take place in June 2022. The ENT UK CESR buddy scheme to support applicants across the UK continues to be a useful resource to the membership. The new CESR guidelines released in the autumn of 2020 have caused some concerns for our SAS members that are being discussed with the SAC. The SAS contract negotiations with the Department of Health may have significant implications for this group of doctors over the coming year.

### c. Webinars

The webinar series is a free resource that is live streamed through the RCSEd using a webex platform. The subsequent learning resource videos are then uploaded onto ENT UK website and the e-lefENT virtual learning platform. This popular series attracted an international audience of trainees, SAS doctors and consultants. Topics covered included facial nerve palsy post-parotid and post-ear-surgery, pharyngeal leak, vocal cord palsy, post-operative hearing loss, CSF leak, chyle leak, flap failure and displaced tracheostomy tube. Mira de Kruif was appointed to a new role as ENT UK webinar coordinator, and she has planned an exciting new series covering the multidisciplinary approach to ENT conditions for the next academic year. The







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administration of this activity falls within the remit of the RCSEd under the leadership of Mr Omar Hilmi collaborating with the ENT UK team.

### **d. Paediatric Emergency Surgical Skills Course**

#### **Course leads Michael Saunders and Neil Bateman**

This simulation course has been developed for ENT consultants who do not work in tertiary paediatric ENT centres. This is an ongoing requirement. Due to the pandemic, only one course ran this year, on 27 November 2019. This took place at the Royal London Hospital, organised by Yogesh Bajaj, and had excellent feedback. Plans for a pre-BACO course had to be transformed into recorded sessions at the virtual conference.

### **e. Adult Emergency Surgical Skills Course (ESSC)**

#### **Course lead Raj Lakhani**

There has been a change in leadership of the ESSC course this year with huge thanks to Philip Clamp for his fine tuning of the course to its current iteration. The course planned for December 2020 under the new leadership of Raj Lakhani has been postponed to December 2021. It is of note that some surgical simulation events are so expensive to deliver they might not be sustainable in the long term. A strategic approach to try to deliver this course as a membership benefit has been adopted in the past. The use of cadaveric material is the main challenge in relation to the cost of this course, although the geographical area and its facilities also contribute to the range of costings. The last course in Guildford was delivered as a membership benefit at the subsidised rate of £200 each. Each course requires six faculty to deliver, so while they are popular and enormously beneficial to the maintenance of general emergency skills in the increasingly specialised consultant workforce, this has to be balanced against a considerable cost to the organisation.

### **f. International Paediatric Anaesthesia and Airway Course**

#### **Course lead David Howard**

Travel restrictions in the period covered by this document have limited the delivery of international courses this year. This course is designed for the needs of nurse anaesthetists and medical students rather than the UK consultant workforce for the PESC course.

### **g. Medical Training Initiative scheme (MTI)**

The MTI scheme is run by HEE on behalf of the Department of Health (the government sponsor) operating under the Home Office Tier 5 Government Authorised Exchange visa scheme. In alignment to the strategic objective to run an effective recruitment scheme for MTI, ENT UK aims to sponsor clinical training and improve the quality of healthcare in developing countries. Four MTI doctors were accepted during the period covered by this document. The main change this year was interviewing by videoconference, conducted by an ENT UK executive representative and host trust representatives. The appointees were from Nigeria (Hereford), Sri Lanka (St. George's), Egypt (Nottingham) and India (Medway). Over the course of the pandemic, the programme was suspended and then restarted with a cautious approach to the appointment of further MTI doctors in the presence of home trainees whose training and progression had been negatively impacted by COVID.





## EDUCATION

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### 3. Mission Statement:

To encourage recruitment into the specialty

#### a. SFO group

##### Chair Dheeraj Karamchandani

In alignment with the 2018 strategy to support the training of members from medical school, the SFO has seen a period of remarkable growth in membership and activity. With enormous thanks for the transformative leadership of Jayesh Doshi, the chair of this group was handed to Dheeraj Karamchandani. The membership of the SFO group is now over 400 and there were 100 applications from students around the UK to be ENT UK representatives for their medical school. During the pandemic the SFO group supported the undergraduates around the UK with free access to the e-book, 'the official handbook for medical students and junior doctors', produced by ENT UK. It also negotiated free access for the e-lefENT platform, while there was restricted access to clinical placements in ENT due to the potential infection risk posed by the usual ENT clinics and theatre sessions. As mentioned above, the ENT MLA content has been mapped to the VLE in preparation for the new national assessments putting ENT ahead of other specialties in considering the learning needs of all students in the UK, irrespective of medical school.

The SFO team has made tremendous progress by establishing an undergraduate forum to bring together 22 educational leads for ENT from UK medical schools for the first time. This has enabled sharing of best practice and innovations to overcome the challenges of the delivery of ENT education safely in the COVID era. The SFO BACO team has been able to develop an exciting virtual equivalent of the SFO day for January 2021, to encourage interest in the specialty. An ENT UK careers video has been produced that is available for all medical school to use at careers events when face-to-face events have been cancelled.

#### b. AOT

A key relationship that has been actively nurtured throughout the year is that of ENT UK with the AOT group (not an ENT UK group). The President of AOT, Manish George and the Education representative, Shilpa Ojha have been active contributors to the Education and Training committee and as such provide a key bridge of essential communication between the organisations. The AOT Education team are to be congratulated on their fantastic achievements during the pandemic to support all the UK trainees. Their online resources of 70 new ENT lectures had 20,000 hits over the year.

### 4. Mission Statement:

To promote high standards in the training of specialists

#### a. SAC

The critical relationship between educational committees and ENT UK is maintained by the President of ENT UK and the DoE sitting on the SAC and the chair of the SAC,





## EDUCATION

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Craig Murray, as a member of the executive of ENT UK and the Education and Training committees.

During this year the new outcomes-based curriculum has been approved by the GMC, although the start date was postponed by a year to August 2021. A new assessment system for all surgical trainees will also begin in August 2021, introducing the multi-consultant reporting system, which we will all need to become familiar with. Helen Cocks has taken over from Paul Spraggs as the curriculum lead for the SAC.

### b. Recruitment

National Selection could not take place as planned in 2020 and took the form of portfolio review due to the lockdown restrictions. For 2021 the plans are to have a blended approach of virtual portfolio review and interviews with the highest scoring candidates using a virtual communication platform.

### c. Examinations

The DOHNS OSCE examination took place in October 2020 with health and safety adjustments simultaneously in London, Dublin and Glasgow. The loss of the otoscopy and nasendoscopy components was regrettable but necessary on this occasion. The DOHNS examination team should be congratulated for delivering a fair and safe assessment under such difficult circumstances.

## 5. Mission Statement:

To represent the specialty at the Royal Colleges

### a. Fellowships

ENT UK provides support to the RCS England fellowship scheme by reviewing applications. In the last year review of fellowship applications from Mid Glamorgan, Charing Cross and the Royal National ENT Hospitals have been undertaken.

### b. Genomics

The DoE and representative from AOT have worked with the RCS England to establish aspects of genomics that are relevant to the specialty in order to contribute to a project exploring genomics in the curriculum of all specialties.





## **SPECIALIST ADVISORY COMMITTEE (SAC): OTOLARYNGOLOGY**

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## **9. SPECIALIST ADVISORY COMMITTEE (SAC): OTOLARYNGOLOGY**

Provided by Craig Murray, Chair of SAC

### **SAC membership and governance**

All liaison member and lead roles were filled. Two new members were appointed within the timescale of the report.

### **Selection and recruitment**

National Selection in 2020 was affected by COVID. Due to lockdown restrictions the recruitment was based solely upon portfolio. Despite the willingness and availability of the ENT Consultant body to engage with the SAC preferred options, the decision was made by MDRS unilaterally that any portfolios submitted were not validated and selection would additionally have no interview component. Discussion is in place for 2021 and MDRS have agreed that validation or portfolio will be a requirement with video interview in addition if manpower permits.

### **Workforce**

We remain concerned regarding the workforce position within the UK and are keen to increase numbers. We are aware that prior to COVID John Stock had disengaged from the process. Communication was sent as a group via JCST to four statutory bodies. However, this has not been followed up on in the timescale laid out in the report, due to the focus on COVID management, but it does remain on the SAC and JCST agendas.

### **Training program and trainee issues**

The impact of COVID has been felt throughout the latter timescale of this report. The logbook for surgical specialties was compared from June 2020 to June 2019. While all specialties were impacted with reduced throughput, none apart from ENT fell below 40%. We were at 32%. The reduction will not be equal across ENT with H&N cancer throughput being least affected. Throughput for the non-cancer work, notably rhinology and otology, has been affected disproportionately.

Many trainees were given the COVID specific ARCP outcome 'outcome 10' to allow progression and reassessment at the next ARCP. However, with the onset of the second wave of COVID any recovery and improved throughput was only temporary and had fallen back again by timescale of report.

Curriculum derogations will remain in place for as long as COVID impacts training. This allows use of alternative evidence to substitute requirements for progression and CCT. However, the need for robust evidence regarding technical skills and knowledge, including examination outcome, remains a vital requirement for progression.

The impact of COVID on training is well recognised and JCST and the statutory bodies led on attempts to improve training opportunities in these difficult times. This has included an attempt to increase opportunities for training and by HEE





## **SPECIALIST ADVISORY COMMITTEE (SAC): OTOLARYNGOLOGY**

# 9

agreeing a contract with private providers that enables and encourages training in the private sector.

Despite all this it is likely we are going to see an extension of training time for many trainees, especially where the special interest area is other than H&N. This should not be seen as a failing by the trainees themselves but simply a result of external circumstances outside of their control. The primary aim of training has always been to provide confidence to the GMC and the public that any trainee fulfilling CCT has been trained to the appropriate standard. If this means extension to training time as a result of COVID then this needs to be accepted. We will work hard with the various relevant parties to ensure all efforts are made to minimise any disruption or extension if feasible and safe.

## **Curriculum and logbook**

The curriculum has been fully agreed by the GMC and was initially planned to commence in August 2020. However, this has been pushed back to 2021.

The new assessment tool, the MCR, is in final stages of completion. To facilitate its introduction several online training tools and presentations are available and the process of developing and training 'MCR Champions' has begun.

Logbook is making some progress. There is now better integration into ISCP.

## **Other matters**

Run-through training is progressing. This will be assessed formally in the coming year for the decision to continue permanently and will depend upon the outcome of the GMC assessment of the pilot. We are aware of the issue of trainees applying for ST run-through posts after a year of Core and being moved automatically into ST2. This is the benefit of a pilot; you can identify if there are unforeseen issues and ensure they are effectively managed. At this junction we are positive that run-through can work and will be accepted by the GMC. If accepted, it is hoped it will be available in the majority of regions and will work as a 'mixed economy' alongside ST3 entry to ENT, thereby widening the scope for entry in ENT.

## **Finally**

This most certainly has been a challenging period for training, the like of which has never been encountered in our lifetimes. COVID has created several challenges and I would like to think we have shown a balanced approach in our response. I would like to take the opportunity to thank all those who have been responsible for ensuring that safe and effective training has continued in some format. It is also important to recognise and thank the trainees who have first and foremost prioritised the needs of the patients. As we start to regain some overall control with the pandemic, we must now repay these trainees for their patience by ensuring we focus our energy in re-establishing well motivated, effective training environments.





## CLINICAL EXCELLENCE AWARDS

# 10

## 10. CLINICAL EXCELLENCE AWARDS

Due to the government focus on tackling COVID-19, the Advisory Committee on Clinical Excellence Awards' (ACCEA) decided to suspend the applications for the 2020 national Clinical Excellence Awards competition.

Consultants and academic GPs unable to submit a renewal application in 2020 (whose awards expired 1 April 2021) were not disadvantaged and their awards were extended by one year.

In November 2020, ACCEA confirmed that the 2021 Clinical Excellence Awards application would open from Monday 7 December 2020 closing on Thursday 18 March 2021. The application window was extended from eight to 14 weeks because of the extraordinary pressures that NHS staff were facing during the winter.

As a membership benefit, ENT UK supports its Consultant members by offering informal advice on improving their applications and in providing formal citations and ranking for new awards.





## PATIENT INFORMATION LEAFLETS



## 11. PATIENT INFORMATION LEAFLETS

Provided by John Nixon

From October 2019 to March 2020, the ENT UK patient information leaflets continued to be a popular resource, with regular orders coming in to the ENT UK office from around the country. These orders dropped off considerably during the first and subsequent waves of COVID-19 infection, although this is almost certainly a temporary decline in interest.

Throughout this period, May Yaneza continued to oversee the project, successfully progressing the development of a number of leaflets. The overall scope of the patient information resources was expanded, with new titles added to the existing suite where necessary, as prospective authors were identified. A number of infographics were developed and illustrations sourced or created to accompany the leaflets, and work progressed at a steady pace, with new content going through a process of editing and review from both clinical, lay and editorial perspectives, engendering input from several stakeholders. A major contributor in this effort was Nashreen Oozer, who assisted May with many of the leaflets and who it was agreed would step in as interim project lead when May goes on maternity leave in early 2021.

Unfortunately, the advent of the COVID-19 pandemic in March 2020 slowed development considerably throughout the ensuing months. Work continued, but at a reduced pace due to the diversion of resources and effort elsewhere. This situation was changing by the summer, and by the end of September the project was gathering momentum again, and the pace of development picking up.





GETTING IT RIGHT  
FIRST TIME: GIRFT

12

## 12. GETTING IT RIGHT FIRST TIME: GIRFT

Provided by Andy Marshall and Peter Andrews

The past year has been another highly productive year within the GIRFT programme, with ENT front and centre.

The ENT GIRFT Programme National Specialty Report was published in November 2019's [Ear, Nose and Throat Surgery - Getting It Right First Time - GIRFT](#), and a formal launch event held in Nottingham in January 2020, just prior to the pandemic that has dominated our clinical lives throughout the last 12 months.

Throughout the summer the GIRFT programmes worked with clinical and system colleagues in six surgical specialties (including ENT) within the five London Integrated Care Systems (ICSs).

Through a number of stakeholder and expert workshop events, four standardised clinical pathways were agreed (adult tonsillectomy, myringoplasty, nasal airway surgery, and endoscopic sinus surgery) with appropriate endorsement from ENT UK and the sub-specialty associations. These pathways mapped out the patient journey from initial referral to discharge, and were agreed across the London ICSs.

Through this work, and the leadership and contribution of ENT colleagues to the Clinical Reference Group, elective ENT surgical restoration remains a priority at system level.

Peter Andrews has been appointed National Lead for the ENT GIRFT elective recovery programme to support this work nationally, and he is a hugely welcomed addition to the team.

A number of regional workshops, facilitated by the NHSI regional teams, have begun to work with regional ENT colleagues and support ENT elective recovery throughout England.

The GIRFT team has been working closely with Model Hospital, to update ENT metrics, and allow departments and the wider healthcare system to access appropriate metrics.

We have created a 'gateway' summary, to assist departments and ICSs in undertaking their restoration work, benchmarking against best practice metrics as described in the ENT National Specialty Report.

We would like to thank both ENT UK and ENT colleagues who have been involved in the GIRFT work over the last 12 months in the most challenging of circumstances. Their enthusiasm and commitment to their patients have been highly admirable and a credit to our specialty and profession.







## BSO REPORT

# 13

## 13. BSO REPORT

Provided by Peter Rea (President of BSO), Kay Seymour (Treasurer) and Simon Lloyd (Secretary)

2020 has certainly been a turbulent year for the BSO, as it has been for all of us. We had an outstanding start to the year with our annual meeting at St Bartholemew's Hospital in London in February. Many congratulations to Mike Wareing and Kay Seymour for organising it. The meeting covered a wide range of issues from difficult-to-deal-with dizziness to technological advances in otology and how to manage necrotising otitis externa and pulsatile tinnitus. Little did we know that this would be the last time that we would meet face to face for more than a year. The hangover from the COVID pandemic remains and our forthcoming annual meeting on 18 and 19 March won't be in Cambridge as hoped but will be virtual. Nevertheless, the programme is extremely exciting and will take advantage of the fact that online platforms allow eminent speakers to join us from around the world. We have contributions from New York, Copenhagen and Nijmegen as well as some of the UK's leading experts (including a rhinologist!), and we are very much looking forward to it. The BSO Juniors will be running a parallel session for the first time and we are delighted to include them in the programme.

Thankfully, the 2020 balance course took place just before the first lockdown and, as with previous years, was extremely popular. The 2021 course has just taken place virtually with excellent feedback and a record attendance. Despite significant delays and having to move to a virtual platform, BACO was a great success, attracting over 1,000 delegates. The otology programme demonstrated the depth of expertise within the UK and showcased current research being undertaken in otology. We are very grateful to all of those who contributed. Council members have contributed to a wide range of virtual training sessions, not only for otologists but many allied specialities.

Despite most of our hospitals shutting down to all but cancer-, emergency- and COVID-related services at the start of the first lockdown, the BSO Council in collaboration with the ENT UK Council has been very busy supporting otologists across the UK through the development of guidelines for the return to practice during the pandemic. BSO also guided NHSE on return-to-practice guidelines early in the pandemic, in a helpful collaboration, and wrote to the Secretary of State for Health and Chief Medical Officer when urgent problems arose. The work on guidelines developed over time as our knowledge of the virus changed and the pandemic progressed. A number of the guidelines we contributed to have been adopted around the world. BSO has also been in close communication with the Federation of Surgical Specialty Associations to ensure that otological procedures receive the correct prioritisation. We have also supported our trainees throughout the pandemic in order to facilitate training opportunities and ensure that the selection process for specialist training does not disadvantage those who have spent longer in the specialty because of changes in training rotations.

Other initiatives have moved forward. We have continued to develop the otology consent documents that will provide an evidence-based proforma for otologists to use if they wish to. The tympanoplasty and ossiculoplasty document is complete and the working group is currently developing forms for grommet insertion, mastoid surgery and stapedectomy. Arun Iyer has continued to work hard on updating the otology-related ENT UK clinical information leaflets and we have





## BSO REPORT

# 13

supported some COVID-related research, including a BAPO/BSO collaboration investigating acute mastoiditis during the COVID pandemic.

Through our academic secretary, Manohar Bance, we have driven forward our research agenda with a call for small grant applications related to otology and encouraging collaboration and involvement of trainees. We had a fantastic response with 12 universally high-quality applications, eventually awarding five grants. These included an analysis of the microbiome of the adenoids in otitis media with effusion, establishment of a national registry for balloon Eustachian tuboplasty, the development of a systematic review workshop, the use of bone erosion markers in monitoring necrotising otitis externa and validation of smartphone audiogram apps.

The BSO Juniors, led by Elinor Warner, have continued to demonstrate a dynamism and enthusiasm that bodes well for the future of UK otology. Eli and Reshma Ghedia have done an amazing job of setting up a UK-wide audit of otology during the COVID pandemic, the results of which will be presented at the forthcoming BSO annual meeting.

Ian Bottrill has continued to liaise with PHIN but there remains concern about the quality of data that they are presenting.

We started 2020 with a very healthy bank balance but some uncertainty about how we would be able to use the existing funds, due to a lack of clarity concerning the financial relationship between BSO and ENT UK. Through the hard work of our Treasurer, Kay Seymour, we now have a memorandum of understanding in place and we have a three-year financial plan in place which will support our goals going forward.

The coming year will see a number of developments. We plan to re-develop the BSO website under the supervision of Peter Monksfield, allowing a more user-friendly interface with additional functionality. We will continue to support research and education through our small grant programme and we will continue to develop otology-related educational material. We also plan to support travelling fellowships once travel is allowed again.

Finally, on behalf of the BSO council, we hope that you all have a successful transition back to what we hope will be more normal practice over the coming months and very much look forward to meeting face to face again very soon.





**BOARS**

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## 14. BOARS

Provided by Lucy Truman, Secretary

BOARS was formed in 2017 by a merger of the Otorhinolaryngological Research Society (ORS) with the British Society of Academic Otorhinolaryngology (BSAO). BOARS aims to provide a forum for the best current research in ENT, hearing and balance in the UK. Two meetings are held each year, combining oral presentations in the style of the ORS with research education for academic trainees. Over the last year, BOARS has gradually become more integrated into ENT UK.

A very successful Autumn BOARS meeting was held on 15 November 2019 and was hosted by Professor Jaydip Ray at Halifax Hall in Sheffield. We were warmly welcomed to Sheffield University by Mr Tony Pedder OBE. We were glad that the Dutch ENT Society (KNO) prize winners had managed to make their way to Sheffield, despite heavy rain and floods that had made travel exceptionally difficult across the Midlands that day. Raymond Van de Berg presented his work on the feasibility of vestibular implants in humans and Hanneke Bruijnzeel discussed international variations in cochlea implant protocols in children. Matthew Farr won the Phillip Stell Prize for his doctoral work on the radiological demonstration of otoconial debris in the posterior semi-circular canal, and has been invited to the Netherlands to present his work at their national ENT conference.

At the Autumn Council Meeting Professor Carl Philpott was elected President of BOARS and Professor Jaydip Ray was elected Vice President. Professor Anne Schilder completed her term as President of BOARS and was thanked for her contribution to the formation of the new society. It was agreed that the Spring 2020 BOARS meeting would be replaced by a special council meeting to discuss the aims and future direction of the society.

BOARS council members contributed to the organisation and planning of the British Academic Conference in Otolaryngology 2020. In lieu of a Spring BOARS meeting, the council members met at the Royal College of Surgeons of England on 6 March 2020. The meeting was called to discuss the future of BOARS, to produce a strategy for the society and to discuss its role within ENT UK. The BOARS constitution was drawn up in 2017 after the merger of the ORS and BSOA and included eight wide-ranging remits historically linked to the former societies. The council discussed clarifying the remit of BOARS and drafting an over-arching aim for the society. It was agreed that a memorandum of understanding between BOARS and ENT UK would be drawn up, clearly defining the working relationship between the two societies. We discussed ways to attract academic ENT trainees to our meetings and how BOARS can support research-active trainees, consultants, medical students, audiological, SLT colleagues and scientists in our specialty.




**INTEGRATE**
**15**

## 15. INTEGRATE

Provided by John Hardman, Fellow and Matthew Smith, Chair at INTEGRATE

### Publications

- INTEGRATE (The UK ENT research trainee network). Admission avoidance in acute epistaxis: a prospective national audit during the initial peak of the COVID-19 pandemic. Clin Otolaryngol 2021; published online 16 Jan. <http://doi.org/fqzg>.
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- Milinis K, Swords C, Hardman J, Slovick A, Hutson K, Kuhn I, Smith ME, INTEGRATE (The UK ENT Trainee Research Network). Dissolvable intranasal haemostatic agents for acute epistaxis: a systematic review and meta-analysis. Clin Otolaryngol 2021. Published online 16 Jan. <http://doi.org/ghwkm8>.
- Rocke J, McLaren O, Hardman J, Garas G, Smith ME, Ishii H, et al. The role of allied healthcare professionals in head and neck cancer surveillance: A systematic review. Clin Otolaryngol 2020;45(1):83–98. <http://doi.org/ggk3bw>.

### Presentations

#### BACO Oral presentations

- Haemostatic agents for epistaxis systematic review
- DECODE project (core outcomes and diagnostic criteria for AOE)
- COVID epistaxis emergency care audit
- Tonsillitis and quinsy emergency care audit
- Collaborative research techniques.

#### BACO Poster presentation

- Predictors of success of nasal packs.

#### National Research Collaborative Annual Meeting Oral presentation

- COVID epistaxis emergency care audit (**Won Best Oral Presentation**).

#### National Research Collaborative Annual Meeting Poster presentation

- COVID tonsillitis/peritonsillar abscess emergency care audit.

#### AOT grand round oral presentation

- Lessons learned during the pandemic: INTEGRATE COVID-19 Emergency Care Audits.





The UK ENT Trainee Research Network

INTEGRATE

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## Main committee developments

- Our website has been a focal resource for study documents and dissemination of our research and audit work: <https://entintegrate.co.uk>.
- We continue to update our list of participating sites at <https://bit.ly/entintegrate> and have now had an INTEGRATE study **reach 156 different UK centres**.

We have established a REDCap Server with security adequate to handle patient-identifiable data which we hope to use for forthcoming studies. This will incur a cost of around £6,000 per annum which we had hoped to cover on a project-by-project basis through grant applications, though would be very willing to accept central funding from supporting organisations.

## H&N subspecialty committee

- Our BAHNO supported study of post-treatment HNC surveillance in the UK has been published.
- We have helped deliver the ENT UK- and BAHNO-supported National Service Evaluation of the safety of telephone triage for HN cancer, with around 4,000 suspected HN cancer and 1,000 post-treatment HN cancer patients from over 40 UK centres included. Our interim report was disseminated to ENT UK members in June and our final report, including 6-month minimum follow-up, will be completed and submitted for peer review in February.
- Pre-COVID, we were developing a national tonsillectomy audit focused on patient outcomes with PROMs up to one year post-op. We hope this work will be picked up by the incoming HN subspecialty committee.

## Rhinology subspecialty committee

- Publications this year as highlighted above: further analysis of the success of nasal packs from the 2016 epistaxis audit and a systematic review of dissolvable intranasal haemostatic agents.
- Pre-COVID, we were working with The East of England Research Development Service towards an NIHR Research for Patient Benefit application to fund a study exploring ED delivered dissolvable haemostats for acute epistaxis in place of non-dissolvable packs. The COVID-19 epistaxis emergency care audit, and associated ENT UK guidelines, have added further impetus to this goal.

## Otology subspecialty committee

- The DECODE project has been submitted to PLoS One for consideration: Acute otitis externa: Consensus definition, diagnostic criteria and core outcome set development.
- We are working towards developing a PROM for AOE off the back of this project.
- We continue to support trainee involvement in SeaSheL, an observational NIHR portfolio study exploring the risk factors for sudden sensorineural hearing loss and subsequent hearing recovery.
- We have rolled out the National Audit of Paediatric Mastoiditis in 57 UK centres, as of 1 November 2020.

We are grateful for the continued support from ENT UK. We are inviting applications for new members with a closing date of 29 January 2021. We look forward to



mentoring the next generation of ENT trainees with our ethos delivering high quality research and audit with transparent recognition for the trainees' involvement in meaningful projects.

Please note: If the UK ENT community would like the trainees to continue this seemingly worthwhile, nationally coordinated multicentre collaborative research, we would encourage discussions with the coordinators of the ST3 selection process and with the SAC to explore formalising recognition for participation, so as not to disincentivise the enthusiasm that clearly exists among the trainee body to deliver high-quality research and audit.

**INTEGRATE**  
The UK ENT Trainee Research Network

**INTEGRATE**

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**GLOBAL HEALTH  
COMMITTEE**

**16**

## 16. GLOBAL HEALTH COMMITTEE

Provided by Vijay Pothula, President

Global Health committee used to meet twice a year, face to face at a venue in Birmingham. The last face-to-face meeting was held on 9 September 2019 at Children's Hospital Birmingham, with the subsequent meeting scheduled for 20 April. The intervening pandemic necessitated the use of Zoom, and the committee started meeting virtually every six weeks, beginning in April 2020.

ENT UK Global Health and the British Society of Audiology (BSA) collaboratively ran a conference on 2 October 2020, which was very successful and received very good feedback. Speakers and delegates from across the globe participated in the virtual, interactive conference. Having learnt from the financial loss incurred in the 2019 conference, this year a small surplus was made. Committee discussed how best to follow this model in 2021, as well as options for a hybrid model.

ENT UK successfully applied for and gained membership of the Global Hearing Forum of the World Health Organisation (WHO), and the first meeting at Geneva was attended by Mr Kambekar, representing ENT UK.

The Royal Society of Medicine (RSM) held a Global Health conference on ENT in March 2020 and one of our members, Mr Bhutta, was the invited speaker promoting Global Health.

The Global Health committee successfully represented ENT UK and gained BACO fellowships for doctors from LMIC to attend the conference as delegates. In addition, the committee successfully represented the BACO academic committee and secured four sessions for Global Health, and invited speakers from across the globe to display their work, including the research work supervised by our committee members. While BACO was postponed and finally held in January 2021, the groundwork was prepared by July 2020. These talks by the speakers have enlightened the delegates with the problems in LMIC and how a difference can be made in the lives of many by pure dedication and commitment.

A Fellowship was secured for doctors from LMIC to attend courses in Facial Plastics and Temporal Bone at St. Georges Hospital, sponsored by both ENT UK and Karl STORZ to an amount of £1,500.

Global Health has successfully represented the board of ENT UK and gained free access for doctors of HINARI A and B countries for the e-lefENT resource for educational development. Global Health is trying to promote this resource to the most needful in low-income countries.





## GLOBAL HEALTH COMMITTEE

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The Global Health Committee has produced the ENT UK Journal of Global Health in 2018, 2019 and 2020, which offered an opportunity for doctors in Otolaryngology across the world to report their Global Health work, inspiring a younger generation of Otolaryngologists to offer their services and learn from the experience of people in the field. In addition, this journal is also raising the funds necessary for the activities of the Global Health committee. The Committee also raised some funds from other sources and plans to ramp up their fundraising efforts to help larger projects to create infrastructure, teaching, and training in countries which lack or have limited ENT services.

Committee members such as Mr Youngs and Mr Bhutta are supervising research projects related to Global Health, leading to a higher degree and PhD.

Committee members Mr Cheka Spencer and Ms Heer have updated the Global Health section of the ENT UK website to better display our activities, and also increased their presence in social media, attracting thousands of followers.

Committee member Matt Clarke is leading a project in Zambia at the request of ENT surgeons from that country, and has already written a curriculum for medical and non-medical officers and offered them training in the delivery of ENT services in rural parts. The Committee is also planning to improve their infrastructure by procuring equipment from the industry in order to help our surgeons to visit and train the local surgeons.

Committee member Mr Kambekar participates in the Educational Committee meetings of ENT UK and promotes Global Health related education. Committee members are also coordinating efforts to collect educational resources from other sources and make them available to LMIC. We also plan to deliver teaching and training by webinars.

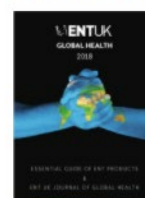
### ENT UK Global Health Journal 2021



### ENT UK Global Health Journal 2019



### ENT UK Global Health Journal 2018







**WOMEN IN ENT  
SURGERY (WENTS  
UK)**

**17**

## 17. WOMEN IN ENT SURGERY (WENTS UK)

Provided by Paula Coyle, President

Women in ENT Surgery (WENTS) shall inspire, empower and support women and diversity in all stages of training and working in ENT around the UK. We currently have 150 members.

The 2018-2021 committee set eight goals to achieve in their tenure; one was to launch a mentorship scheme. In February 2020 at one of the last face-to-face events of the year, Hold Your Space, this mentorship scheme was officially launched. The Royal Academy of Dramatic Arts (RADA) led by Sheelagh McNamara, an internationally recognised voice, speech and presentation skills coach, challenged our body language, voice projection and power poses. She has previously worked with politicians, CEOs, judges and Oscar nominees. It was an interactive evening and there were lots of laughs as medical students to consultants got involved, working on 'soft skills' we often have no formal teaching on. The event and mentoring scheme were very well received, and the event was kindly sponsored by WINS, DP Medical Systems and Lockton Medical Indemnity.



Since launch, we have 100 participants in our mentoring scheme (male and female). The mentoring subcommittee has created resources to aid and support mentor-mentee relationships and will be running future events to support our mentors.

WENTS representatives have been asked to attend The International Undergraduate & Foundation Surgery Conference (iNUGSC) at UCL and present at The Cambridge Surgical Society, Surgery for Schools Day. These events are great opportunities for us to inspire the future generation of surgeons.





## WOMEN IN ENT SURGERY (WENTS UK)

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During this year many of our members were deeply passionate about male only panels ('manels') at conferences and so, jointly with ENT UK, we wrote our manels statement.

### ENT UK and WENTS Statement on 'manels'

WENTS appreciates that over 83% of ENT consultants are male<sup>1</sup>, and that an even larger majority of colleagues in visible roles are male. We value and respect our colleagues, mentors and role models of all genders, ethnicities and backgrounds.

We share the widely held concern that all-male panels (manels) give a poor impression of our specialty, serving to perpetuate the unfortunate stereotype that all surgeons, and all experts, are male. On a positive note, it is increasingly recognised that diversity adds richness of experience, a wider perspective, and more productivity than homogeneous teams<sup>2-4</sup>.

We therefore encourage our male allies to consider their position on all-male panels and faculties, and to ask themselves whether they know of a worthy female surgeon who could be invited to join them, in order to break the stereotype, to enrich the team, to promote diversity, and to encourage and represent the next generation of colleagues, experts and mentors.

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4. Hunt V, Prince S, Dixon-Fyle S, Yee L Delivering through diversity. McKinsey & Company, 2018 <https://www.mckinsey.com/business-functions/organization/our-insights/delivering-through-diversity>

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Finally, we could not have imagined how COVID-19 would affect us all. For our pregnant trainees, we have published advice on our webpage on how they can be supported throughout the pandemic. As always, we thank ENT UK for their advice, support and encouragement.





## FINANCIAL REVIEW

# 18

## 18. FINANCIAL REVIEW

Provided Kay Seymour, Honorary Treasurer (2018 – present)

### Operational financial position

This financial report covers the year 1 October 2019 – 30 September 2020, and therefore includes the outbreak of the global COVID-19 pandemic early in 2020, the resulting lockdown, and the longer-term impact of the pandemic on the activity of ENT UK. The pandemic led to a suspension of all face-to-face courses and events from 16 March, and a resulting drop in revenue flow. The office was closed in line with government guidance, and staff either worked from home or were furloughed. However, despite this, the operational figures ex-BACO for the year show that ENT UK kept close to its operational budget, and made a small overall operational loss of £12k, which included redundancy and settlement costs.

Membership revenue income increased by 5%, with a total cumulative membership income of £434k (£411k in 2019) and a net increase over the year of 255 members. The loss of revenue from face-to-face courses and products resulted in a 10% drop in the budgeted operational income, which was balanced by a 10% fall in the budgeted operational expenditure, due in large part to a service charge reduction from RCS (England) as the building was not accessible during the pandemic.

### Investment portfolio income

The Finance Committee oversees all matters pertaining to financial planning and performance, including investment management, and advises and reports to the Board of Trustees on the performance of the investment portfolios and the appointed fund managers. Brewin Dolphin have been our fund managers since 2010.

The book value of our investments at year end 2020 was £1.8m (compared with £1.8m for year-end 2019). The market value was £2.4m (£2.5m in 2019) with a dividend income of £55k (£65k in 2019).

The pandemic caused an initial fall in value of the financial markets, resulting in a 17% drop in the market value of our portfolio. The value of the market subsequently recovered, and overall, our investment portfolio since the start of the pandemic has outperformed the market average for similar charitable investors (source - ARC Charity Steady Growth).

Trustees have commissioned a review of ENTUK's position regarding ethical investment. Currently, the only exclusion from our investment portfolio is tobacco. A review aims to identify the ethical, social and governance (ESG) credentials of our portfolio, and where possible to invest in ESG products whilst maintaining long term investment returns.

### Expenditure activity

Historical commitments to the new initiative fund (draw down from ENT UK reserve) totalled £52k, due to pre-existing commitments to the John Hardmann fellowship (£45k over two years) and the Tonsillectomy project (£7k). There were also additional costs associated with office restructuring. The financial impact of rescheduling our headline triennial conference, BACO, has been mitigated as far as possible by transferring the event to an online platform, and carrying forward venue costs for the face-to-face event until 2023.





## FINANCIAL REVIEW

# 18

## Summary and financial outlook for 2020-21

The day to day operational deficit excluding BACO for the financial year was £12k. A one-off loss of £175k was recognised in this financial year for the cancelled BACO2020-cancelled due to the Covid-19 pandemic. There was a withdrawal of £52k from the reserves of ENT UK to fund a Head and Neck fellowship and Tonsillectomy research grant.

On 30 September 2020, the market value of the investment portfolio of ENT UK had dropped by £56k on the balance sheet. This reduction was recognised on the income and expenditure statement at the year-end.

Thus the final deficit on the income and expenditure statement for the financial year is £296k.

Post year update - On January 2021, a virtual BACO was held. It generated a healthy surplus which has helped reduce the overall impact of the deficit from the cancelled BACO2020 meeting to £54k.

The impact of the pandemic on every aspect of ENT UK's function has been unprecedented, not least financially. Nevertheless, ENT UK remains in a robust financial position, and has been agile in transferring to new working patterns, which have enabled the organisation to continue to support members whilst maintaining its business activity. The trustees are satisfied that we continue to manage our operational and financial risks successfully and have sufficient resource to remain in operational existence for the foreseeable future.

## Reserves policy

The object of the policy is to ensure that the charity is able to maintain the performance of its fiduciary duty. In effect this means enabling the charity to undertake its charitable objects and, in circumstances where this may prove no longer possible, to effect its winding up, leaving no burden on those whom it was established to help.

The policy is therefore intended to set out the means by which those objects might be achieved by prudent management of the resources at its disposal in any given financial year. Each year there should be an assessment of risk and a commensurate identification of resources to mitigate those risks.

Currently, two major risks exist: the possible failure of a BACO event and the contingent liabilities related to winding up the charity. The latter will always exist. The former risk is a function of decisions by Trustees, first, to hold a BACO and, secondly, its related liabilities in any given year.

Once the risks for each year have been assessed, the charity will need to identify the means by which those risks may be managed within its resources. These factors will be put before Trustees, who will be required to decide actions appropriate to the performance of their fiduciary duties and to ensure that they are carried out. It follows that the charity must ensure that in each financial year it holds resources sufficient to deliver this policy.

This policy is subject to approval by the Board of Trustees and the Financial Audit Committee, and will be reviewed in the light of changing circumstances but, in any event, on an annual basis.





## FINANCIAL REVIEW

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## Statement of Trustees' responsibilities

The Trustees (who are also directors of ENT UK for the purposes of company law) are responsible for preparing the annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP (FRS 102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

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

In so far as the Trustees are aware:

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

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.



Nirmal Kumar  
President of ENT UK



Kay Seymour  
Honorary Treasurer

6th May 2021





# INDEPENDENT EXAMINER'S REPORT



## FINANCIAL STATEMENTS

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## 19. FINANCIAL STATEMENTS

### Independent Examiner's Report

**Independent Examiner's Report to the Trustees of ENT UK trading as British Academic Conference in Otolaryngology (BACO) and British Association of Otorhinolaryngology - Head and Neck Surgery (BAO-HNS) ("the Company")**

I report to the charity trustees on my examination of the accounts of the Company for the year ended 30 September 2020 which are set out on pages 39 to 53.

### Respective responsibilities of trustees and examiner

As the charity's trustees of the Company (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the Company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's accounts as carried out under section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

### Independent examiner's statement

Since the Company's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants of England and Wales, which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

1. accounting records were not kept in respect of the Company as required by section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a 'true and fair view' which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

**C A Barker**

Colin Barker FCA  
146 New London Road  
Chelmsford, Essex  
CM2 0AW

27th May 2021







## FINANCIAL STATEMENTS

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## Statement of Financial Activities for the Year Ended 30 September 2020

(Including Income and Expenditure Account and  
Other Comprehensive Income)

	Note	Unrestricted funds £	Restricted funds £	Total 2020 £	Total 2019 £
<b>Income and Endowments from:</b>					
Charitable activities	3	528,224	-	528,224	580,965
Investment income	4	56,181	-	56,181	69,492
Other income	5	7,487	-	7,487	-
<b>Total Income</b>		<b>591,892</b>	<b>-</b>	<b>591,892</b>	<b>650,457</b>
<b>Expenditure on:</b>					
Raising funds	6	12,869	-	12,869	14,641
Charitable activities	7	818,959	-	818,959	675,348
<b>Total Expenditure</b>		<b>831,828</b>	<b>-</b>	<b>831,828</b>	<b>689,989</b>
Gains/losses on investment assets		(56,006)	-	(56,006)	47,804
Net movement in funds		(295,942)	-	(295,942)	8,272
<b>Reconciliation of funds</b>					
Total funds brought forward		3,061,785	-	3,061,785	3,053,513
Total funds carried forward	20	2,765,843	-	2,765,843	3,061,785

All of the charity's activities derive from continuing operations during the above two periods.







## FINANCIAL STATEMENTS

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### Balance Sheet as at 30 September 2020

	Note	2020 £	2019 £
<b>Fixed assets</b>			
Tangible assets	12	21,994	29,618
Investments	13	2,426,058	2,522,331
		<u>2,448,052</u>	<u>2,551,949</u>
<b>Current assets</b>			
Stocks	14	8,839	10,967
Debtors	15	326,538	310,611
Cash at bank and in hand	16	374,233	396,765
		<u>709,610</u>	<u>718,343</u>
<b>Creditors: Amounts falling due within one year</b>	17	<u>(391,819)</u>	<u>(208,507)</u>
<b>Net current assets</b>		<u>317,791</u>	<u>509,836</u>
<b>Net assets</b>		<u>2,765,843</u>	<u>3,061,785</u>
<b>Funds of the charity:</b>			
<b>Unrestricted income funds</b>			
Unrestricted funds		<u>2,765,843</u>	<u>3,061,785</u>
<b>Total funds</b>	20	<u>2,765,843</u>	<u>3,061,785</u>

The financial statements on page 39 to 53 were approved by the trustees, and authorised for issue on 6 / 5 / 2021 and signed on their behalf by:



Kay Seymour  
Honorary Treasurer

(Registration number: 6452601)





## FINANCIAL STATEMENTS

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## Statement of Cash Flows for the Year Ended 30 September 2020

	Note	2020 £	2019 £
<b>Cash flows from operating activities</b>			
Net movement in funds		(295,942)	8,272
<b>Adjustments to cash flows from non-cash items</b>			
Depreciation	12	17,394	15,547
Investment income	4	(56,181)	(69,492)
Loss on disposal of investments		103,497	14,469
Unrealised gains/losses on investment assets	13	(47,491)	(62,273)
		(278,723)	(93,477)
<b>Working capital adjustments</b>			
Decrease in stocks	14	2,128	510
Increase in debtors	15	(15,927)	(162,962)
Increase/(decrease) in creditors	17	123,378	(45,249)
Increase in deferred income		59,934	24,776
Net cash flows from operating activities		(109,210)	(276,402)
<b>Cash flows from investing activities</b>			
Interest receivable and similar income	4	1,408	4,058
Purchase of tangible fixed assets	12	(9,770)	(3,230)
Purchase of investments	13	(500,625)	(306,289)
Sale of investments		540,892	317,946
Income from dividends	4	54,773	65,434
Net cash flows from investing activities		86,678	77,919
Net decrease in cash and cash equivalents		(22,532)	(198,483)
Cash and cash equivalents at 1 October		396,765	595,248
Cash and cash equivalents at 30 September		374,233	396,765

All of the cash flows are derived from continuing operations during the above two periods.





## FINANCIAL STATEMENTS

# 19

## Notes to the Financial Statements for the Year Ended 30 September 2020

### 1. Charity status

The charity is limited by guarantee, incorporated in England & Wales, and consequently does not have share capital. Each of the trustees is liable to contribute an amount not exceeding £1 towards the assets of the charity in the event of liquidation.

### 2. Accounting policies

#### Summary of significant accounting policies and key accounting estimates

The principal accounting policies applied in the preparation of these financial statements are set out below.

These policies have been consistently applied to all the years presented, unless otherwise stated.

#### Statement of compliance

The financial statements have been prepared in accordance with Accounting and Reporting by Charities:

Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). They also comply with the Companies Act 2006 and Charities Act 2011.

#### Basis of preparation

ENT UK trading as British Academic Conference in Otolaryngology (BACO) and British Association of Otorhinolaryngology - Head and Neck Surgery (BAO-HNS) meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy notes.

#### Going concern

The trustees have considered the impact of the Covid-19 pandemic in their assessment of the charitable company's ability to prepare accounts as a going concern. Because of the uncertainties surrounding the effects of the economic slowdown, it is difficult to predict the impact on the charitable company and its beneficiaries, but having taken all the factors into account, the trustees are of the opinion that the charitable company has sufficient resources to continue trading for the next 12 months from the date of signing these accounts.

#### Income and endowments

##### *Donations and legacies*

General donations and other similar types of voluntary income are brought into account when receivable and donated income is included gross of any attributable tax recoverable, where relevant. Donations given for specific purposes are treated as restricted income.

##### *Deferred income*

Deferred income relates to conference attendance fees and exhibitor fees received for conferences due to take place after the year end.





## FINANCIAL STATEMENTS

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### *Investment income*

Investment income is accounted for on a receivable basis once the dividend or interest has been declared.

### *Charitable activities*

#### *Subscriptions*

Subscriptions are accounted for on a receivable basis, with the exception of life subscriptions that are recognised as income in full in the period in which they are received.

### *Other income*

All other types of income are accounted for on an accrual's basis.

### **Expenditure**

All expenditure is recognised once there is a legal or constructive obligation to that expenditure, it is probable settlement is required and the amount can be measured reliably. All costs are allocated to the applicable expenditure heading that aggregate similar costs to that category. Where costs cannot be directly attributed to particular headings, they have been allocated on a basis consistent with the use of resources, with central staff costs allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use. Other support costs are allocated based on the spread of staff costs.

All resources expended are inclusive of irrecoverable VAT.

### *Raising funds*

These are costs incurred in attracting voluntary income, the management of investments and those incurred in trading activities that raise funds.

### *Charitable activities*

Charitable expenditure comprises those costs incurred by the charity in the delivery of its activities and services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them.

### *Grant expenditure*

Grants payable are recognised in the period in which the approved offer is conveyed to the recipient except in those cases where the offer is conditional, such grants being recognised only when the conditions attaching to the award are fulfilled. Grants offered subject to conditions, which have not been met at the balance sheet date, are noted as a potential commitment, but are not treated as a liability.

### *Grant provisions*

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty about either the timing of the grant or the amount of grant payable.

### **Support costs**

Support costs include central functions and have been allocated to activity cost categories on a basis consistent with the use of resources, for example, allocating property costs by floor areas, or per capita, staff costs by the time spent and other costs by their usage.





## FINANCIAL STATEMENTS

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### Taxation

The charity is considered to pass the tests set out in Paragraph 1 Schedule 6 of the Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the charity is potentially exempt from taxation in respect of income or capital gains received within categories covered by Chapter 3 Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

### Tangible fixed assets

Individual fixed assets costing £1,000 or more are initially recorded at cost, less any subsequent accumulated depreciation and subsequent accumulated impairment losses.

### Depreciation and amortisation

Depreciation is provided on tangible fixed assets so as to write off the cost or valuation, less any estimated residual value, over their expected useful economic life as follows:

Asset class	Depreciation method and rate
Office refurbishment	Over 5 years, straight-line
Computers	Over 4 years, straight-line
Office equipment	Over 5 years, straight-line

### Fixed asset investments

Fixed asset investments are included at market value at the balance sheet date. Realised gains and losses on investments are calculated as the difference between sales proceeds and their market value at the start of the year, or their subsequent cost, and are charged or credited to the Statement of Financial Activities in the period of disposal.

Unrealised gains and losses represent the movement in market values during the year and are credited or charged to the Statement of Financial Activities based on the market value at the year end.

### Stock

Stock is valued at the lower of cost and estimated selling price less costs to complete and sell, after due regard for obsolete and slow-moving stocks. Cost is determined using the first-in, first-out (FIFO).

### Trade debtors

Trade debtors are amounts due from members and delegates for subscription and conference fees.

Trade debtors are recognised initially at the transaction price. A provision for the impairment of trade debtors is established when there is objective evidence that the Association will not be able to collect all amounts due according to the original terms of the receivables.

### Cash and cash equivalents

Cash and cash equivalents comprise cash on hand, deposits and cash balances held by investment managers.

### Trade creditors

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Accounts payable are classified as current liabilities if the Association does not have an unconditional right, at the





## FINANCIAL STATEMENTS

# 19

end of the reporting period, to defer settlement of the creditor for at least twelve months after the reporting date. If there is an unconditional right to defer settlement for at least twelve months after the reporting date, they are presented as non-current liabilities.

Trade creditors are recognised at the transaction price.

### **Fund structure**

Unrestricted income funds are general funds that are available for use at the trustees' discretion in furtherance of the objectives of the Association.

### **Pensions and other post retirement obligations**

The charitable company participates in the Superannuation Arrangements of the University of London (SAUL), which is a centralised defined benefit scheme and is contracted-out of the Second State Pension. SAUL is a "last man standing" scheme so that in the event of the insolvency of any of the participating employers in SAUL, the amount of any pension funding shortfall (which cannot otherwise be recovered) in respect of that employer will be spread across the remaining participant employers and reflected in the next actuarial valuation. A formal valuation of SAUL is carried out every three years by professionally qualified and independent actuaries using the Projected Unit method. Informal reviews of SAUL's position are carried out between formal valuations.





## FINANCIAL STATEMENTS

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### 3. Income from charitable activities

	Unrestricted funds £	Restricted funds £	Total 2020 £
Subscription income from members	434,457	-	434,457
Meeting and conference income	54,375	-	54,375
ENT UK product income	25,978	-	25,978
Other income	13,414	-	13,414
	<u>528,224</u>	<u>-</u>	<u>528,224</u>
	Unrestricted funds £	Restricted funds £	Total 2019 £
Subscription income from members	411,342	-	411,342
Meeting and conference income	114,609	-	114,609
ENT UK product income	43,231	-	43,231
Specialty group income	9,000	-	9,000
Other income	2,783	-	2,783
	<u>580,965</u>	<u>-</u>	<u>580,965</u>

### 4. Investment income

	Unrestricted funds £	Restricted funds £	Total 2020 £
Dividends receivable from other listed investments	54,773	-	54,773
Interest receivable on bank deposits	1,408	-	1,408
	<u>56,181</u>	<u>-</u>	<u>56,181</u>
	Unrestricted funds £	Restricted funds £	Total 2019 £
Dividends receivable from other listed investments	65,434	-	65,434
Interest receivable on bank deposits	4,058	-	4,058
	<u>69,492</u>	<u>-</u>	<u>69,492</u>

### 5. Other income

	Unrestricted funds £	Restricted funds £	Total 2020 £
Job retention scheme grant	7,487	-	7,487

### 6. Expenditure on raising funds

#### Investment management costs

	Note	Unrestricted funds £	Restricted funds £	Total funds £
Other investment management costs;				
Investment management costs		12,869	-	12,869
<b>Total for 2020</b>		<u>12,869</u>	<u>-</u>	<u>12,869</u>
<b>Total for 2019</b>		<u>14,641</u>	<u>-</u>	<u>14,641</u>





## FINANCIAL STATEMENTS

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### 7. Expenditure on charitable activities

	Activity undertaken directly £	Activity support costs £	2020 £
Clinoto Journal and other support costs	16,800	490,056	506,856
Conference costs	44,676	183,692	228,368
ENT UK product costs	3,163	14,140	17,303
Grants, bursaries and prizes awarded to individuals	1,811	-	1,811
Director of Education costs	6,840	-	6,840
Subscription to other relevant bodies	5,461	-	5,461
Donations	45,000	-	45,000
Surgical specialty lead costs	7,320	-	7,320
	<b>131,071</b>	<b>687,888</b>	<b>818,959</b>

	Activity undertaken directly £	Activity support costs £	2019 £
Clinoto Journal and other support costs	15,936	546,275	562,211
Conference costs	63,219	11,434	74,653
ENT UK product costs	11,799	7,631	19,430
Grants, bursaries and prizes awarded to individuals	4,900	-	4,900
Director of Education costs	1,741	-	1,741
Subscription to other relevant bodies	4,713	-	4,713
Donations	200	-	200
Surgical specialty lead costs	7,500	-	7,500
	<b>110,008</b>	<b>565,340</b>	<b>675,348</b>

### 8. Analysis of support costs

#### Support costs allocated to charitable activities

	Governance costs £	Administration costs £	Total 2020 £
Staff costs	-	488,049	488,049
Travel and meetings expenses	-	21,104	21,104
Website and other computer costs	-	56,643	56,643
Advertising and marketing	-	10,231	10,231
Rent	-	17,895	17,895
Other office costs	-	45,593	45,593
Legal and professional fees	-	7,105	7,105
Independent examination fees	3,800	-	3,800
Accountancy fees	3,235	-	3,235
Depreciation	-	17,394	17,394
Bank and credit charges	-	4,421	4,421
Sundry expenses	-	12,418	12,418
	<b>7,035</b>	<b>680,853</b>	<b>687,888</b>

	Governance costs £	Administration costs £	Total 2019 £
Staff costs	-	299,642	299,642
Travel and meetings expenses	-	34,861	34,861
Website and other computer costs	-	40,570	40,570
Advertising and marketing	-	16,068	16,068
Rent	-	22,710	22,710
Other office costs	-	83,175	83,175
Legal and professional fees	-	31,872	31,872
Independent examination fees	3,800	-	3,800
Accountancy fees	4,375	-	4,375
Depreciation	-	15,547	15,547
Bank and credit charges	-	3,827	3,827
Sundry expenses	-	8,893	8,893
	<b>8,175</b>	<b>557,165</b>	<b>565,340</b>







## FINANCIAL STATEMENTS

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### 9. Net incoming/outgoing resources

Net outgoing resources for the year include:

	2020 £	2019 £
Operating leases - other assets	17,895	22,710
Audit fees / Independent examination fees	3,800	3,800
Other non-audit services	3,235	4,375
Loss on disposal of investments	103,497	14,469
Depreciation of fixed assets	17,394	15,547

### 10. Trustees remuneration and expenses

No trustees, nor any persons connected with them, have received any remuneration from the charity during the year.

During the year, 5 Trustees (2019: 5) were reimbursed for reasonable travel and meetings expenses amounting to £2,654 (2019: £6,730).

### 11. Staff costs

The aggregate payroll costs were as follows:

	2020 £	2019 £
<b>Staff costs during the year were:</b>		
Wages and salaries	393,393	223,221
Social security costs	32,299	28,568
Pension costs	53,282	47,853
Other staff costs	9,075	-
	<u>488,049</u>	<u>299,642</u>

The monthly average number of persons (including senior management team) employed by the charity during the year expressed by head count was as follows:

	2020 No	2019 No
Administration	<u>9</u>	<u>9</u>

9 (2019 - 9) of the above employees participated in the defined benefit pension scheme.

Contributions to the employee pension scheme for the year totalled £53,282 (2019 - £47,853).

During the year, the charity made redundancy and/or termination payments which totalled £9,055 (2019 - £30,000).

The number of employees whose emoluments fell within the following bands was:

	2020 No	2019 No
£60,001 - £70,000	-	1
£70,001 - £80,000	<u>1</u>	<u>-</u>

The total employee benefits of the key management personnel of the charity were £102,024 (2019 - £85,060).





## FINANCIAL STATEMENTS

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### 12. Tangible fixed assets

	Computers and office equipment £	Office refurbishment £	Total £
<b>Cost</b>			
At 1 October 2019	149,649	133,361	283,010
Additions	9,770	-	9,770
At 30 September 2020	159,419	133,361	292,780
<b>Depreciation</b>			
At 1 October 2019	120,031	133,361	253,392
Charge for the year	17,394	-	17,394
At 30 September 2020	137,425	133,361	270,786
<b>Net book value</b>			
At 30 September 2020	21,994	-	21,994
At 30 September 2019	29,618	-	29,618

### 13. Fixed asset investments

	Listed investments £
<b>Cost or Valuation</b>	
At 1 October 2019	2,522,331
Revaluation	47,491
Additions	500,625
Disposals at cost	(644,389)
At 30 September 2020	2,426,058
<b>Net book value</b>	
At 30 September 2020	2,426,058
At 30 September 2019	2,522,331

### 14. Stock

	2020 £	2019 £
Patient leaflets	8,839	10,967

The cost of stock recognised as an expense in the year amounted to £5,290 (2019 - £7,929).

### 15. Debtors

	2020 £	2019 £
Trade debtors	34,000	50,641
Prepayments	267,647	258,549
Accrued income	300	-
VAT recoverable	24,339	-
Other debtors	252	1,421
	326,538	310,611

### 16. Cash and cash equivalents

	2020 £	2019 £
Cash at bank	374,233	396,765





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### 17. Creditors: amounts falling due within one year

	2020 £	2019 £
Trade creditors	31,576	52,067
Other taxation and social security	7,907	19,445
Other creditors	164,537	23,252
Pension scheme creditor	5,833	6,233
Accruals	85,438	70,916
Deferred income	96,528	36,594
	<u>391,819</u>	<u>208,507</u>

	2020 £
Deferred income at 1 October 2019	36,594
Resources deferred in the period	96,528
Amounts released from previous periods	<u>(36,594)</u>
Deferred income at 30 September 2020	<u>96,528</u>

Deferred income relates to delegate and exhibitor fees for conferences and meetings due to take place after the year-end.

### 18. Obligations under leases and hire purchase contracts

#### Operating lease commitments

Total future minimum lease payments under non-cancellable operating leases are as follows:

	2020 £	2019 £
Within one year	6,786	12,598
Between one and five years	-	6,786
	<u>6,786</u>	<u>19,384</u>

### 19. Pension and other schemes

#### Defined benefit pension schemes

##### *Superannuation Arrangements of the University of London (SAUL)*

The charitable company participates in the Superannuation Arrangements of the University of London (SAUL), which is a centralised defined benefit scheme and is contracted-out of the Second State Pension for all eligible employees with the assets held in separate Trustee administered funds.

The charitable company has adopted FRS 102 for accounting for pension costs. It is not possible to identify the Charity's share of the underlying assets and liabilities of SAUL. Therefore contributions are accounted for as if SAUL were a defined contribution scheme and pension costs are based on the amounts actually paid (i.e. cash amounts) in accordance with FRS 102. SAUL is subject to triennial valuations by professionally qualified and independent actuaries.

The last available valuation was carried out as at 31 March 2017 using the projected unit credit method in which the actuarial liability makes allowance for projected earnings.

The main assumptions used to assess the technical provisions were:

- Pre-retirement discount rate 4.06% (31/03/2014: 5.96%)
- Post-retirement discount rate 1.96% (31/03/2014: 3.86%)





## FINANCIAL STATEMENTS

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- General salary increases 3.49% (31/03/2014: 3.72%)
- Price inflation - RPI 3.39% (31/03/2014: 3.57%)
- Price inflation - CPI 2.49% (2017: 2.72%)
- Pension increases in payment 2.49% (31/03/2014: 2.72%)

As a whole, the market value of the scheme's assets was £3.204 million (31/03/2014: £1.927 million) representing 102% (31/03/2014: 97%) of the liability for benefits after allowing for expected future increases in salaries. The Trustee and the employers agreed to increase employer contributions to 16% of salaries from 1 April 2016. Member contributions are set at 6% of salaries.

The total cost relating to defined benefit schemes for the year recognised in profit or loss as an expense was £53,283 (2019 - £47,853).

### 20. Funds

	Balance at 1 October 2019 £	Incoming resources £	Resources expended £	Other recognised gains/(losses) £	Balance at 30 September 2020 £
<i>Unrestricted funds</i>					
General fund	3,029,785	590,418	(828,664)	(56,006)	2,735,533
<i>Designated funds</i>					
The Prakash Narula Fund	17,000	489	-	-	17,489
ORS Fund	15,000	-	(3,164)	-	11,836
Global Health Committee	-	985	-	-	985
	<u>32,000</u>	<u>1,474</u>	<u>(3,164)</u>	<u>-</u>	<u>30,310</u>
<b>Total funds</b>	<u>3,061,785</u>	<u>591,892</u>	<u>(831,828)</u>	<u>(56,006)</u>	<u>2,765,843</u>

Comparative information in respect of the preceding period is as follows:

	Balance at 1 October 2018 £	Incoming resources £	Resources expended £	Other recognised gains/(losses) £	Balance at 30 September 2019 £
<i>Unrestricted funds</i>					
General fund	3,021,513	650,457	(689,989)	47,804	3,029,785
<i>Designated funds</i>					
The Prakash Narula Fund	17,000	-	-	-	17,000
ORS Fund	15,000	-	-	-	15,000
	<u>32,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>32,000</u>
<b>Total funds</b>	<u>3,053,513</u>	<u>650,457</u>	<u>(689,989)</u>	<u>47,804</u>	<u>3,061,785</u>

The specific purposes for which the funds are to be applied are as follows:

A sum of £25,000 was left to the charity by the estate of Mrs Prakash Narula. These funds have been designated by the Trustees to be used for travelling fellowship awards.

The Otorhinolaryngological Research Society transferred £15,000 to ENT UK on transferring its activities to the charity.





## FINANCIAL STATEMENTS

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### 21. Analysis of net assets between funds

	Unrestricted funds £	Restricted funds £	Total funds 2020 £
Tangible fixed assets	21,994	-	21,994
Fixed asset investments	2,426,058	-	2,426,058
Current assets	709,610	-	709,610
Current liabilities	(391,819)	-	(391,819)
Total net assets	2,765,843	-	2,765,843

	Unrestricted funds £	Restricted funds £	Total funds 2019 £
Tangible fixed assets	29,618	-	29,618
Fixed asset investments	2,522,331	-	2,522,331
Current assets	718,343	-	718,343
Current liabilities	(208,507)	-	(208,507)
Total net assets	3,061,785	-	3,061,785

### 22. Prior year Statement of Financial Activities

	Note	Unrestricted £	Restricted £	Total 2019 £
<b>Income and Endowments from:</b>				
Charitable activities	3	580,965	-	580,965
Investment income	4	69,492	-	69,492
Total income		650,457	-	650,457
<b>Expenditure on:</b>				
Raising funds	6	14,641	-	14,641
Charitable activities	7	675,348	-	675,348
Total expenditure		689,989	-	689,989
Gains/losses on investment assets		47,804	-	47,804
Net income		8,272	-	8,272
Net movement in funds		8,272	-	8,272
<b>Reconciliation of funds</b>				
Total funds brought forward		3,053,513	-	3,053,513
Total funds carried forward	20	3,061,785	-	3,061,785





# GLOSSARY



## GLOSSARY

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## 20. GLOSSARY

<b>AAO-HNS</b>	American Academy of Otolaryngology-Head and Neck Surgery
<b>AOMRC</b>	Academy of Medical Royal Colleges
<b>AOT</b>	Association of Otolaryngologists in Training
<b>ASGBI</b>	Association of Surgeons of Great Britain and Ireland
<b>AsiT</b>	Association of Surgeons in Training
<b>BACO</b>	British Academic Conference of Otolaryngology
<b>BAETS</b>	British Association of Thyroid and Endocrine Surgeons
<b>BAOMS</b>	British Association of Oral and Maxillofacial Surgeons
<b>BAPO</b>	British Association of Paediatric Otorhinolaryngologists
<b>BAPRAS</b>	British Association of Plastic Reconstructive and Aesthetic Surgeons
<b>BAPS</b>	British Association of Paediatric Surgeons
<b>BLA</b>	British Laryngological Association
<b>BOARS</b>	The British Otorhinolaryngology and Allied Sciences Research Society
<b>BRS</b>	British Society of Rhinology
<b>BSACI</b>	British Society for Allergy and Clinical Immunology
<b>BSHENT</b>	British Society for the History of ENT
<b>BSFPS</b>	The British Society of Facial Plastic Surgery (formerly FPS UK, see below)
<b>BSO</b>	The British Society of Otolaryngology
<b>BTA</b>	British Thyroid Association
<b>BVA</b>	British Voice Association
<b>e-lefENT</b>	e-learning platform
<b>EAFPS</b>	The European Academy of Facial Plastic Surgery
<b>ENT</b>	common abbreviation for ear, nose and throat
<b>ERS</b>	European Rhinological Society
<b>ESPO</b>	The European Society of Paediatric Otorhinolaryngology
<b>FPS UK</b>	former name of The British Society of Facial Plastic Surgery (BSFPS)
<b>FSSA</b>	Federation of Surgical Specialty Associations
<b>GMC</b>	General Medical Council
<b>H&amp;N</b>	Head and Neck Society
<b>IOS</b>	Irish Otorhinolaryngology/Head & Neck Surgery Society
<b>IPC</b>	Independent Practice Committee
<b>MTI</b>	Medical Training Initiative
<b>NICE</b>	National Institute for Health and Care Excellence
<b>RCGP</b>	Royal College of General Practitioners
<b>RCN</b>	Royal College of Nursing
<b>RCPSG</b>	Royal College of Physicians and Surgeons of Glasgow
<b>RCSEd</b>	Royal College of Surgeons of Edinburgh
<b>RCSEng</b>	Royal College of Surgeons of England
<b>RCSI</b>	Royal College of Surgeons of Ireland
<b>RSM</b>	Royal Society of Medicine
<b>SAC</b>	Special Advisory Committee
<b>SAS</b>	Staff and Associate Specialists (i.e. the ENT Staff and Associate Specialist Doctors' Group of the Education and Training Committee)
<b>SFO UK</b>	Student and Foundation Doctors in Otolaryngology
<b>TWJ Foundation</b>	Thomas Wickham Jones Foundation
<b>WENTS UK</b>	Women in ENT Surgery
<b>YCOHNS</b>	Young Consultants in Otolaryngology Head and Neck Surgery

