

COMPANY REGISTRATION NUMBER: 05962281
CHARITY NUMBER: 1118063

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

COMPANY LIMITED BY GUARANTEE

FOR THE YEAR ENDED 31 DECEMBER 2021

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

**REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY, ITS TRUSTEES AND ADVISERS
YEAR ENDED 31 DECEMBER 2021**

Executive Trustees

Professor Peter Sagar	(President appointed 05 July 2021)
Professor Steven Brown	(President resigned 05 July 2021)
Mr Athur B Harikrishnan	(Treasurer appointed 05 July 2021)
Mr Seamus Kelly	(Treasurer resigned 05 July 2021)
Mr James Wheeler	

Non-Executive Trustees

Mr Graham Williams	Chair
Mr Jonathan Bell	Financial Representative
Mrs Maria Bentley	Patient Representative
Ms Jay Bradbury	Nurse Representative
Mrs Anne Demick	Patient Representative
Ms Nicola Fearnhead	Past President
Professor Paul Finan	Past President
Professor John Northover	Past President
Professor Karen Nugent	Past President
Mr Peter Rowbottom	Non-Executive Representative
Mrs Janis Sanders	Legal Representative
Mr Nigel Scott	Past President
Professor Robert Steele	Past President
Mr Howard Young	Non-Executive Representative

Company registered number

05962281

Charity registered number

1118063

Registered office

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

Company Secretary

Mrs Adele Sutton

Auditors

Ford Bentall LLP
60 High Street
Chobham
Surrey
GU24 8AA

Bankers

Natwest
Queens Square
Wolverhampton
WV1 1TR

Solicitors

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

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TRUSTEES ANNUAL REPORT
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The Trustees present their report together with the accounts of the Charity, Association of Coloproctology of Great Britain and Ireland; (ACPGBI) for the year ending 31 December 2021.

PUBLIC BENEFIT STATEMENT

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

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

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

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

Strategic Aims

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

The report on ACPGBI's activities during the year 2021, which forms a significant part of this Annual Report, provides further information on our progress and achievements against these and other objectives

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STRUCTURE, GOVERNANCE AND MANAGEMENT

The ACPGBI, established in 1990, was registered with the Charity Commissioners. The Charity was an unincorporated Association (registration number 1013924) until 30 June 2007. All the assets of the former Charity were transferred to the Association of Coloproctology of Great Britain and Ireland, a company limited by guarantee (company number 05962281) and registered as a charity with the Charity Commission (charity number 1118063).

The ACPGBI business, organisational structure and working practices are governed by its constitution. This document is updated yearly, and changes made approved at the AGM. ACPGBI is led by an Executive Committee and guided by a representative Council. Administration and marketing are carried out by its Secretariat. The Executive formulates policy and considers all matters concerning the Association. All decisions are notified to Council regularly for approval. Posts for Council, chapter representatives and major positions (President, Secretary, Treasurer etc.) are advertised on the website and ballots are held where appropriate.

Along with the ACPGBI office bearers (President, Honorary Secretary and Honorary Treasurer), the Executive Committee includes chairs of the Education and Training, External Affairs, Multidisciplinary Clinical and Research and Audit committees.

The executive appointments are made as either 'Assistant' (e.g., secretary and treasurer) or in waiting/elect (e.g., President). This gives appointees sufficient time (2 years) to become thoroughly acquainted with the roles they are due to take up at the Annual Meeting.

The Board of Trustees comprises the Executive members (President, Honorary Secretary and Honorary Treasurer) and non-executive members who include medical (at least five medical trustees and ideally will include one nurse) and lay members. The medical trustees are members with previous experience in holding office in the Association, none of whom currently sit on committees of the Association. The lay members would include a minimum of two patient representatives, a lawyer, a trustee from a financial background and a non-medical academic. Additional or replacement Trustees will be appointed by the Board of Trustees as they see fit, as there are no formal policies for inducting new Trustees.

ACPGBI has undergone a formal risk assessment process to help identify areas of concern and formulate suitable action plans. ACPGBI's short, medium and long-term priorities and goals are discussed in the annual strategy meetings, and appropriate action plans are finalised.

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The following Trustees served the charity from 1st January 2021 to 31st December 2021.

Executive Trustees

President:

Professor Peter Sagar	(appointed 05 July 2021)
Professor Steven Brown	(resigned 05 July 2021)

Honorary Secretary:

Mr J Wheeler

Honorary Treasurer:

Mr Seamus Kelly	(resigned 05 July 2021)
Mr Athur Hari Krishnan	(appointed 05 July 2021)

Non-Executive Trustees

Mr J Bell	
Mrs M Bentley	
Ms J Bradbury	
Mrs A Demick	
Mrs N Fearnhead	(resigned June 2021)
Prof P Finan	(resigned January 2022)
Prof J Northover	
Prof K Nugent	(appointed July 2021)
Mr P Rowbottom	(appointed July 2021)
Mrs J Sanders	(appointed January 2022)
Mr N Scott	
Prof R Steele	
Mr G Williams (Chair)	
Mr H Young	

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OBJECTIVES AND ACTIVITIES

Principal policies to achieve the objectives

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

Strategy to achieving the objectives

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

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

The strength of ACPGBI continues to be its representation throughout the UK & Ireland mediated via the regional chapter structure. Each chapter has meetings to disseminate scientific, best practices and political strategies agreed upon at Council meetings. Equally, in a democratic manner, concerns and clarifications raised at a regional level concerning central policy can be brought back to both the Council and Executive.

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

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

Executive meetings are held four times, and Council meetings are held three times per year in addition to an Annual General Meeting. The Trustees meet thrice a year, under the leadership of the chairperson, and oversee the activities and performance of the Association. The Annual Meeting is the flagship event of the year. It is organised by the President, and in 2021 was held in Harrogate and attended virtually by nearly 900 delegates.

Administration

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

The administration of the Annual Meeting is outsourced to a conference management company. In addition, Mrs Adele Sutton organises the Annual Meeting's commercial exhibition and speaker management.

The administrative centre of ACPGBI is located at the Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE. Since July 2017, ACPGBI has leased an office directly from the Royal College of Surgeons (RCS) located in the refurbished RCS Building. In line with Association's strategy, in May 2018, ACPGBI set up an independent payroll for our employees, and ACPGBI has its employer reference at HMRC. The website was redesigned under a new company and released in July 2021. This website (www.acpgbi.org.uk) has sections aimed for the public, patients and professionals.

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ACHIEVEMENTS AND PERFORMANCE DURING THE YEAR ENDED 31 DECEMBER 2021

GENERAL

In 2021, the ACPGBI adapted to the challenges imposed by the Covid-19 pandemic and successfully adjusted its activities and delivery of strategic objectives. The Association is proud to maintain a high level of performance during this demanding period.

This year saw the implementation of a newly designed website. This new website has sections for professionals, patients and allied stakeholders to access information clearly and easily.

The adoption of virtual meeting platforms enabled the Association to run the annual meeting and other educational events in the pandemic environment, albeit at a considerable additional expense. The scale of registrations in all events was appreciable and substantial and was worth the extra effort to organise these events.

The Trustees, executive committee and Council met virtually to plan and deliver what amounted to an excellent portfolio of activities, events and meetings to the benefit of members and associates.

The Advanced Coloproctology Course (ACC) was held in May 2021 on a virtual online platform and broadcast presentations of outstanding quality to a large worldwide audience of more than 1500 registrants free of charge.

The annual meeting in July 2021 was held in Harrogate in a face-to-face venue attended by faculty only, while the delegates joined online. This hybrid virtual event had over 800 delegates from all over the world, providing refreshing educational and networking opportunities in the middle of the pandemic and travel restrictions.

The equality, diversity and inclusivity (EDI) sub-committee was formed in 2021. A series of EDI task force meetings were held throughout the year in all chapters of the Association, Regional nominations and elections led to the formation of the EDI sub-committee, tasked with spearheading an otherwise challenging agenda of levelling representation and acknowledging the heterogeneous diversity in our society and the medical profession.

The current economic climate demanded a review of the Association's financial health. To reduce inflationary loss and safeguard asset preservation, a group of executive members and trustees embarked on an exploratory mission to identify an appropriate strategy to invest surplus cash reserves under the governance stipulated by the charity commission's guidelines.

Essentially, 2021 was a busy, fulfilling and productive year amongst several waves of pandemic restrictions led by an enthusiastic and dynamic leadership team.

The salient achievements and aspirations of the ACPGBI events and committees in 2021 are outlined below.

ACPGBI 2021 ANNUAL MEETING

The annual meeting in July 2021 (5th – 7th) was held in Harrogate in a face-to-face venue attended by faculty only, while the delegates joined online. This hybrid virtual event had over 800 delegates from all over the world, providing refreshing educational and networking opportunities in the middle of the pandemic and travel restrictions.

A reduced registration fee was offered to support the online virtual conference format. However, the cost of setting up a hybrid virtual conference far exceeded the registration income and reduced sponsorship revenue. Lower conference venue charges balanced the overall reconciliation to a certain degree. This meeting made a deficit of £33,578 in the end. However, the impressive feedback as outlined below reflected the investment in educational pursuit in line the ACPGBI's objectives and engagement with the members and professional stakeholders in the middle of the pandemic.

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Total registered delegates	867
Countries of origin of delegates excluding UK	18
Proportion of non-UK delegates	11%
Overall impression of the conference	45% Excellent/ 47% Good
Rate topics covered in the conference	50% Excellent/ 43% Good
Variety of speakers at the conference	48% Excellent/ 45% Good

EDUCATION & TRAINING COMMITTEE

Education and Training Report January – December 2021

The Education and Training (E&T) Committee is chaired by Miss Laura Hancock.

The highlight of 2021 for the Education and Training Committee was the Advanced Coloproctology Course which was held on May 13th and 14th. The pandemic had a devastating impact on Education and Training, and we faced the unprecedented challenges of adapting to virtual platforms when technology was rapidly evolving. This was balanced against the uncertainty of when restrictions would be lifted and face-to-face events would resume. We decided to look for a format that would stand out from what was becoming a crowded space of webinars and recorded conferences. This was leading to digital fatigue, corresponding with dwindling numbers in webinar attendance.

The loosening of restrictions allowed faculty to be co-located for the purposes of education. We felt that having the panel discussions, which are a hallmark of ACC, with face-to-face faculty would significantly improve the interaction and quality of the debate. Appreciating that two full days on online education in a webinar format would be challenging for the delegates, we were attracted by a live television format, which we were all already familiar with watching and processing. The vision for ACC in the context of the restrictions was to deliver a combination of live expert presentations, interactive face-to-face discussions and vivas hosted on a state-of-the-art digital platform that would allow voting and questions as if the online delegates were in the room. It would be recorded and accessible to our members who could not attend online. It would also have the added advantage of reaching a new audience for ACC, which is usually 80 delegates face to face. This includes UK clinicians who don't or can't attend the face-to-face event and reaching surgeons globally who don't usually have access to this type of educational content. Therefore, we sought the Executive's support to explore the exciting format of a live online event with faculty filmed in a television studio and streamed to the audience watching at home/work.

Having investigated available options, we found a company that was able to provide solutions to deliver the impactful event that we were looking for. SaySo Medical are a digital communications agency based in London with a CEO, Tim Cave. He is a qualified physician with 25 years of experience in the pharmaceutical industry delivering virtual global meetings. They have a track record in filmed medical events, host their interactive platform and are extremely impressive as a team whilst being competitively priced for this type of event. It was apparent, however, that it was significantly more expensive to deliver the course in the format we envisaged and that a calculated leap of faith was required.

Transformation of the course using this strategy brought new challenges, which were predominantly financial but also assembling faculty in London with all the uncertainty of the ongoing pandemic. We relied upon support from our industry partners, who were sceptical about the value of online events but shared our vision regarding the benefits of this approach to the colorectal clinical community whose training had been affected by COVID-19. We are hugely grateful for their support. However, the industry's support did not go all the way to covering the event's costs, and we had to decide whether to charge the delegates a fee to attend. Training and morale were low, this was the first course of its kind, and most courses and conferences were being run free of charge at the time. We believed this was a unique opportunity to demonstrate ACPGBI's commitment to education and showcase the flagship course to the largest possible audience. Doing so would raise the profile and membership of the ACPGBI. The Executive agreed to provide the necessary investment and make the course free to attend, accepting the potential risks.

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The course took place in May, and the success exceeded our expectations. It was viewed live by 533 ACPGBI members and 463 non-members, with over 1000 delegates joining live or playing back on demand from 61 countries. Over 3000 poll votes were cast, with 91% of the online audience engaging with the course platform. The feedback was overwhelmingly positive and is summarised below. We are extremely proud of the success and impact of the course, which would not be possible without the outstanding faculty who were willing to give up their time (including a rehearsal day), the ACPGBI team, including Adele and Nicole, for their hard work and commitment, the Executive for sharing and supporting our vision and the help from industry, including SaySo. Our thanks go to everyone involved in the massive team effort. We have come a long way from the start of the pandemic and have produced a world-class educational resource accessible to all our members on our website as they need it. We are also pleased to say that the previous Crowne Plaza booking in Sheffield that had rolled over did not go to waste and was taken by the RSM for the Presidential Meeting in Sheffield. The final ACC budget is available through the Honorary Treasurer's accounts, but the indirect benefits of the course to ACPGBI cannot be underestimated. The next challenge is working out the best model for future ACCs considering cost, feedback and the changing landscape of healthcare post-pandemic.

This year we created the ACPGBI Trainer of the Year award to recognise exemplary trainers in coloproctology. Trainees nominated 17 trainers, and the nominations were marked by a panel of Executive members and the President of The Dukes' Club. The winner was Mr Philip Tozer from St Marks Hospital, and this was awarded at the annual meeting in Harrogate. Congratulations to Phil. We also had an international award in the light of the strong nominations, which went to Mr Ronnie Mathew in Singapore. The Trainee Coloproctologist of the Year went to Peter Vaughan Shaw following a competitive shortlisting and interview process. Congratulations to Peter.

Regarding other Education and Training Committee activities, 7 or the 8 ACPGBI-RCS fellowships in the scheme now have fellows in post. We plan to assess the success of these fellowships as they are completed. Discussions are ongoing regarding the Basic Coloproctology Course and taking this forward. We continue to support educational activity across all ACPGBI committees.

Summary of ACC 2021 feedback

Total registrations	1520
Unique viewers	996
Countries of viewers	61
Number of active delegates	911
Total poll votes cast	3364
Course objectives met	9.31/10
Technical arrangements	9.25/10

MULTIDISCIPLINARY CLINICAL COMMITTEE

Elected Members:

Michael Davies (Chair)
Martyn Evans
Michael Lim
Rick Saunders
Dermot Burke
Kai Leong

Subcommittee Chairs:

Sarah Mills: Colonoscopy
Tom Pinkney: IBD
Richard Guy: Emergency Surgery
Ian Jenkins: Advanced Malignancy
Tom Cecil: Peritoneal Malignancy
Dominic Slade: Abdominal Wall
Phil Tozer: Proctology
Jim Khan: Robotic Surgery
Carolynne Vaisey: Intestinal Failure
James Wheeler: Clinical Governance

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MCC Committee:

I am completing the second year of a three-year term as the MCC Chair. Within this role, there have been many key activities:

- A) Undertaking an active focus on increasing links with allied organisations, including NICE, NHSE and the Scottish NHS. As part of this, I have formulated a response from the ACPGBI Executive to a series of requests for consultation (since the last Trustees Report this has included:
- 1) ACPGBI Response to NICE request for Consultation regarding IP1184 - Transanal total mesorectal excision for rectal cancer – May 2021
 - 2) Royal College of Surgeons: Diagnosis and management of gastrointestinal manifestations of vaccine-induced thrombosis & thrombocytopenia (VITT) syndrome – May 2021
 - 3) Letter to Mr Simon Dean, Deputy Chief Executive NHS Wales - Highlighting Colonoscopy Training Issues in Wales including potential Endoscopy Academy Solution – May 2021
 - 4) ACPGBI Response to NICE request for Consultation regarding NICE Colorectal Cancer Quality Standards – August 2021
- B) Development of a new ACPGBI Guideline (with the British Society of Gastroenterology):

Faecal Immunochemical Testing (FIT) in patients with signs or symptoms of suspected colorectal cancer (CRC): A joint guideline from the Association of Coloproctology of Great Britain & Ireland (ACPGBI) and the British Society of Gastroenterology (BSG).

Following an approach to the ACPGBI Executive from one of the ACPGBI Members Mr Muti Abulafi (Consultant Colorectal Surgeon, Croydon), who was the Senior Author of the NICE FIT Study, I initiated a process to produce a four nations guideline on Symptomatic FIT testing. As part of this process, I set up a 21-member Multidisciplinary Guideline Development Group (including Colorectal Surgeons, Gastroenterologists, GPs, Radiologists, an Epidemiologist, a Biochemist, a Guideline Methodologist, a Colorectal Nurse Specialist, Research Fellows and Patient Representatives. I invited the British Society of Gastroenterology to nominate members to the GDG and worked to achieve joint sponsorship of the Guideline Development with BSG. This included inviting Dr Kevin Monahan (BSG) to Co-Chair the GDG.

The importance of this guideline is that Symptomatic FIT testing is a newer test that can identify patients with bowel symptoms at higher risk for Colorectal Cancer as a cause for symptoms. It can therefore be used in Primary Care to triage patients into those who require "Fast Track Referral" for investigation and into a lower risk group who can be monitored and reassessed in Primary Care. GFIT has been introduced in an ad-hoc way across the four nations during the Covid Pandemic to help rationalise referral. Four large population studies in the UK have confirmed the value of FIT, and there was an urgent need for a national guideline. In response to this urgent need, the GDG has undertaken a phenomenal effort to produce a robust, high-quality guideline in 12 months (May 2021-May 2022). This included a vast amount of work by 3 Research Fellows (Nigel D'Souza, Richard Booth and Rachel Carten under the supervision of Mr Muti Abulafi). They reviewed 13,500 published articles on the subject area. Sixty-one invited individuals from the four nations, including representatives from Colorectal Surgery, Gastroenterology, Radiology, Epidemiology, Biochemistry, Colorectal Nursing, Patient Representatives and Charities, participated in a 3 stage Delphi process and contributed to the content of the guideline. The recommendations have been placed on the ACPGBI and BSG websites as a "Rapid Communication" (after consultation with NICE and NHSE). The guideline is currently at an advanced stage of the publication process with GUT.

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Future Plans for MCC:

- 1) Guidelines: Active role in Guideline Development Training, Selection and Development of ACPGBI Guidelines
- 2) Website: Development of Resources for the ACPGBI Website, including Guidelines and potentially Key Publication Reviews.

Subcommittees:

The Subcommittees have undertaken enormous activity over the last year, promoting Clinical Guidance and Education for the ACPGBI Membership. There has been the addition of a new Intestinal Failure Subcommittee chaired by Miss Carolynne Vaisey.

1) Colonoscopy (Chair – Sarah Mills):

- Continuation of successful ACPGBI Colonoscopy webinar series
- Collaboration with GIEQs on bespoke polypectomy course for surgical endoscopists
- Engagement with NHS-E Endoscopy Academies National Steering Group (SM on group)
- Collaboration with JAG on trainee endoscopy feedback dashboard WG (SM now appointed as JAG Training Lead)
- Piloting of Immersion Fellowships (SW and London pilots)
- Collaboration with industry and allied associations (KingsLive Foundation/BSG etc.) on educational events/online content/training platform
- Editorial on the future of surgical endoscopy (published Colorectal Disease)
- Promotion of Consultant engagement with Colonoscopy TTT and upskilling/BCSP courses
- Representation on PCCRC National pilot and NEDi2 rollout
- Publication of the ACPGBI trainee survey- submitted
- Development of committee website page with educational content/course promotion
- Colonoscopy session at ACPGBI conference 2022

2) Inflammatory Bowel Disease (Chair – Tom Pinkney):

- ACPGBI IBD Meeting Newcastle – 18th October 2021 – successful, well received and attended the national meeting. A 2022 meeting is planned for London in September 2022.
- IBD Database (IBD-S / Amplitude): This has proved to be a significant problem. Due to difficulties with setting up across the UK and the inability of the database to recruit and deliver appropriate outcome data, despite significant input to Amplitude from Prof Steve Brown (President 2020-2021), Mr Justin Davies (Former Chair IBD Subcommittee) and Mr Tom Pinkney (Current Chair IBD Subcommittee). After a series of high-level discussions between ACPGBI and Amplitude without success and a review of the issues by the Executive and Council of the ACPGBI, there has been a regretful end to the Amplitude IBD database.
- Mr Tom Pinkney is currently undertaking an active role in developing an alternative PROMS-based utility to replace the Amplitude Database. Importantly the data from the IBD Database, including the
- Pouch Registry Database, has been received by ACPGBI from Amplitude and will be stored on the ACPGBI Cloud for future use.
- Other Future Plans:
 - Help with new NCEPOD study on abdominal Crohn's surgery
 - Roll-out 2x newly funded HTA trials in Crohn's Ileocolonic surgery:
 - i) MEERKAT (2x2 study of resection/anastomosis technique)
 - ii) OCEAN (pre-operative EEN for 6/52 versus standard care)

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3) Emergency General Surgery (Chair: Richard Guy):

Subspecialty Commitment to EGS Rota - UK Survey:

This "Snap Shot" audit was undertaken by the EGS Subcommittee to inform the ACPGBI Council and Executive regarding the current delivery of EGS across the UK, particularly regarding the input from Colorectal Surgeons. This received a response from 39 trusts which was felt to be a representative sample. Findings:

- The structure of delivery of EGS is very heterogeneous across the UK but is mainly delivered by Colorectal and UGI Surgeons. Colorectal Surgeons make up the majority.
- Larger Trusts may have simultaneous subspecialty commitment to the EGS rota, especially in larger units, but frequently subspecialties rotate to provide the EGS in smaller units
- The length of the on-call period varies between 4/3-day vs 7-day structures
- 35% of trusts have Emergency General Surgeons
- This summary concludes that there is genuine concern about an increasing trend to appoint more Colorectal Surgeons to expand EGS rotas with a significant reduction in the elective component to these posts. The ACPGBI needs to encourage further collaborative work with RCS, AUGIS and ASGBI to define the structure of EGS care across the UK and, in particular, work towards defining the role and training of EGS Surgeons. The President (Mr Peter Sagar) agreed to bring this to the attention of ASGBI and RCS.

Other EGS Subcommittee Activity:

- Educational Activity:
- Webinars: 2 successful webinars with live online voting have taken place, with a further one planned for June 2022. These have been well supported with very positive feedback
- KPIs in Emergency Colorectal Surgery- to be developed

4) Advanced Colorectal Malignancy (Chair- Ian Jenkins):

- "Watch & Wait" following Complete Clinical Response to Neoadjuvant Therapy for Rectal Cancer - document finalised and for submission for publication
- Delphi Exercise - Exenteration Training for a) Trainees b) Consultants - In progress
- MRI for Surgeons ACPGBI / Dukes' Club - Well received

5) Peritoneal Disease (Chair – Tom Cecil):

- Return to face-to-face annual UK meeting
- Finish curriculum development with Dukes club
- Complete CRS and HIPEC outcome papers from the National registry database
- Work with commissioners to develop a fourth centre in England
- Support the development of a Centre in Wales

6) Abdominal Wall (Chair – Dominic Slade):

ACPGBI Dukes Club Abdominal Wall Training Course – Successful Course undertaken at Dukes' Club Weekend with positive feedback. Plan to build on this to develop a national Abdominal Wall Training Course.

Future Plans:

- The rollout of a questionnaire on the closure of elective midline incisions using Dukes & ASiT
- Development of national faculty for abdominal wall reconstruction course in conjunction with British Hernia Society
- Delphi exercise for parastomal hernia (PSH) to help with PROPER (N Smart)
- Global collaborative Delphi on PSH to create a consensus document on best practice

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7) Proctology (Chair – Phil Tozer):

- Anal Fissure Guideline – Substantial work ongoing to Update this Guideline with High-Quality Methodology – submission for publication anticipated 2022
- Proctology training sessions in coordination with Dukes club – undertaken and well received.
- Joint statement on the importance of proctological disease– published Colorectal Disease 2022

Future Plans:

- Report on existing coding in proctology and suggest improvements
- Stimulate regional fistula MDTs
- Develop a proctology map, identifying trainers and practitioners across the deaneries

8) Robotic Surgery (Chair – Jim Khan):

- Development of a framework for proctors in robotic surgery
- Centralised accredited fellowships using ACP GBI platform for post-CCT trainees (Industry Supported Fellowships to be appointed: Intuitive (5), CMR (2).
- Development of educational material for the patients, trainees and surgeons using the website and social media
- Delphi on changes in surgical curriculum to include robotics

9) Intestinal Failure (Chair – Carolynne Vaisey):

- Commenced September 2021
- Has met twice to establish objectives
- Plans:
- Introduce standardised outcome measures for IF surgery
- Investigate the feasibility of a “faculty” of IF surgeons to enhance standards and training
- Establish formal training pathways for future specialist IF surgeons
- Revision of the ASGBI Booklet – Issues in Professional Practice Series The Surgical Management of Patients with Acute Intestinal Failure
September 2010. G Carlson, K Gardiner, R McKee, J MacFie, C Vaisey

10) Clinical Governance (Chair – James Wheeler)

- Mr Jim Hill demitted from office after three years.
- Future Role of CGC to be defined by a committee with four new members

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RESEARCH & AUDIT COMMITTEE

The Research and Audit Committee is currently chaired by Jim Tiernan, who took over from Austin Acheson in July 2020. Elected members consist of Jared Torkington, Andrew Beggs, Tom Pinkney, Frank McDermott and Sarah Duff; The ACPGBI/RCS Surgical Specialty Leads (SSLs) are Susan Moug and Dale Vimalachandran, supported by Associate SSLs Nick Heywood and Abigail Vallance; Ed Dickinson replaced Mohamed Rabie as the Duke's Club Representative; Gabby Thorpe is Nursing representative, and Sue Blackwell joined us as a patient representative, giving a total of 13 members. Andrew Beggs resigned during the year as he could not fulfil the required time commitment, and elections are currently underway for his replacement.

Putting Evidence into Practice

This virtual event brought together the authors of the two major haemorrhoid papers of the last decade, a trialist and the R&A panel. The aim was to discuss the nuance of designing a surgical trial, reasons for the choice of endpoints and reflections on what would have been done differently, particularly with modern era developments in PPI and dissemination since publication. It was attended by over 130 delegates from 18 countries and received excellent feedback.

The next event will examine minimally invasive rectal cancer resection trials and run jointly with The Dukes Club (provisionally booked for September 2022).

Harrogate 2021

The Research Plenary featured a talk by Paul Reynolds, Co-Chair of Bowel Research UK and bowel cancer survivor. He talked passionately about the recent charity merger of BDRF and BC&R and explained what the membership could do to help the charity.

We ran our inaugural Research MDT session, where an expert panel advised two research pitches, with great success: both studies are proceeding.

We updated the membership regarding recruiting trials, new and almost-closing, via submitted videos.

Upcoming Initiatives

The role of the R&A Committee has changed hugely since the charity merger, as we no longer administer a grants process directly. We don't feel we have genuinely defined this yet, but upcoming initiatives should further our progress:

- The Research Plenary in Edinburgh 2022 will include a live audience interaction event where we aim to define two ACPGBI studies to start work on.
- We plan to run further Research MDTs to support members getting their research projects off the ground.
- We shall engage heavily with BRUK to help promote awareness to the membership.

EXTERNAL AFFAIRS COMMITTEE

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

Web site & Members Database

The new website has been built and successfully launched. The feedback has been good, and changes have been made as needed. The website continues to attract a growing number of hits, and the Twitter account has over 5000 followers. The Chair is incredibly grateful to Nicole Taub and committee members.

Newsletter

This remains weekly and targeted to membership needs. The feedback has been good.

Independent Health Care Committee

The committee has highlighted issues in the independent sector, especially after recent high-profile cases and access to MDT.

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International Affairs Committee

The function of this committee is to ensure that overseas fellows are appropriately placed. This committee also has oversight of the Trainee coloproctology award, which continues to attract a high standard of applications.

Attendance at other professional organisations

Members of the committee ensure regular attendance at council meetings with our sister organisations, such as the British Society of Gastroenterology, AUGIS and Association of Laparoscopic Surgeons, and the Royal Colleges. This networking allows the development of mutually beneficial plans. The Dukes' club chapter representatives have started holding sessions to encourage students and junior doctors into a surgical career. There was some slow down after COVID, but this is starting again.

EARLY YEARS CONSULTANT NETWORK (EYCN)

The EYCN is chaired by Katie Adams and supported by a team of enthusiastic committee members.

The EYCN was in the second year of operation in 2021. They held three webinars in the first year and started the pilot mentorship scheme. In the second year, four webinars and two face-to-face meetings were held besides completing the mentorship pilot.

The EYCN mentorship scheme has created a valuable interaction between newly started consultants and established consultants who have completed accredited mentorship training.

The EYCN plans a dedicated session in the future annual meetings and will continue with the regular webinars and face-to-face meetings and roll out the next tranche of the mentorship scheme.

EQUALITY, DIVERSITY AND INCLUSION (EDI) COMMITTEE

The Equality, diversity and inclusivity (EDI) sub-committee was formed in 2021 and is chaired by Kiran Altaf. The elected members are Aarti Kalyanaraman, Sreelakshmi Mallappa, Jim Khan and Evripidis Tokidis (trainee representative). The EDI committee have set an agenda which includes formal EDI training for the council members and plans to implement several measures which will reach out to sections of the profession at all levels and to our patients. Evripidis Tokidis has applied for a research fellowship on EDI in surgery with the Royal College of Surgeons, England.

PELVIC FLOOR SOCIETY

The Pelvic Floor Society (TPFS) was formed in 2012 and is an affiliate of ACPGBI.

The Executive Committee is currently made up of the following members: K. Telford (Chair 2020-2022), C. Vaizey (Chair in Waiting), J. Cornish (Hon Sec), S. Siddiqi (Treasurer), W. Lai (Hon Membership Sec), M. Mercer-Jones (Chair Accreditation, Q&A), T. Dudding (Chair R&D), J. Randall (Chair Training), J. Grainger (External Affairs Officer), M. Chapman (ACPGBI Representative), K. Gorrisen (Programmes Committee Chair), L. Reza (Dukes Club Rep), K. Walsh (Physiotherapy Committee Chair), S. Fourie (Specialist Nurse Committee Chair), E. Jones (Clinical Scientist Committee Chair), S. Squires (Patient Rep), D. Ziyaie (Chapter Rep Scotland), R. Griffiths (Chapter Rep Wales), R. McBride (Chapter Rep Ireland including NI), A. Farmer (BSG Rep).

The society is free to join, provided the healthcare professional is a member of their society or Association. Our membership numbers grow yearly, and we currently have over 390 members (compared to 251 in 2019). Approximately two-thirds of our members are consultants, mainly colorectal consultants, but we also have consultants from gastroenterology, gynaecology, urology, pain speciality and radiology. Allied health professionals (nurses, physiotherapists, and clinical scientists) form the second largest group within the society. All these members have voting rights within our society, creating an inclusive membership. We have approximately 20 non-voting members: trainees, overseas specialists and honorary members.

In November 2021, we held our annual conference in glorious Dundee, a well-attended face-to-face meeting with over 120 delegates with a gala dinner at St. Andrew's University. We are indebted to all the hard work done by Dorin Ziyaie, our local organiser. Before the conference, two cadaveric courses were held in Dundee- The Dundee Rectal Prolapse Surgical Management Cadaveric course and a Sacral Nerve Stimulation Study Day. Both courses were well attended by

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peri-CCT higher colorectal trainees or early years consultants. In addition, we hosted two very successful workshops, the Endoanal Ultrasound Workshop and a Pelvic Floor workshop for our Allied Health Professionals members. At our AGM, our members voted in favour of amendments to our constitution and by-laws creating new positions on the Executive committee. Replacing the AHP Committee Chair, we now have three additional positions - Physiotherapy, Clinical Nurse Specialist and Clinical Scientist Committee Chairs.

TPFS also works closely with NHSE and NHS Digital (NHSD) through the Pelvic Floor Health Oversight Group. Nine Mesh Centres have opened in England, and although the surgery for complications after mesh rectopexy was not included in the Specialist Mesh Centres Service Specification, we are working closely with NHSE for their inclusion. In addition, we are hopeful and excited about the potential future development of a mandatory NHS pelvic floor database – to capture data for all procedures in the treatment of SUI, POP and Rectal Prolapse, including the collection of data for procedures requiring mesh implantation and explantation. It is anticipated that this surgical database will incorporate PROMs and link to HES data and MHRA, building information and knowledge about outcomes and side effects from PF surgical treatments. NHSD is from 2022 collecting data from all healthcare organisations for some of the pelvic floor procedures, and we encourage our surgical members to engage with this process.

Our treasurer has reported an adequate balance from now on into 2022, with a balance of over 120k, and we continue to financially support courses and education, including our modular courses: Cardiff Current Concept in Pelvic Floor Management; Dundee Rectal Prolapse Surgical Management Cadaveric course and Sacral Nerve Stimulation Study Day.

Finally, TPFS introduced Unit Accreditation four years ago, a process of voluntary submission of evidence from Pelvic Floor MDTs to identify units that provide high-quality care for patients with pelvic floor disorders. The committee recently agreed that any PF unit awarded unit accreditation will receive TPFS approval for their clinical fellowship. So far, nine sites in the UK have successfully achieved Unit Accreditations, with an additional two units preparing for submission and two preparing for re-accreditation. TPFS encourages all units to submit data to this peer review process. Accreditation details and how to apply are available on our website.

ASSOCIATION OF COLOPROCTOLOGY NURSES (ACPN)

The Association of Coloproctology Nurses currently has 88 active and 12 Committee members, with Committee vacancies for North West Thames, South West, West Midlands and Scotland. No members have stepped down from the committee this year, and we have welcomed a new Committee member Lisa Gibb (Wirral). Current Committee members are Gabrielle Thorpe (Chair), Jay Bradbury, Jane (Alison) Turner, Nichola Richards, Samantha Seeker, Carol Katte, Julie Lane, Debbie Cottrell, Jane McCulloch, Oonagh Staunton, Tracey Becker, and Lisa Gibb. The ACPGBI confirmed in 21/22 that the subscription fee for ACPN members would remain at £25 per annum and that they would continue to offer 50 free places at the Annual Meeting per year for ACPN members. The ACPN are incredibly grateful for this generous concession for its members, which is likely to contribute to the increase in ACPN membership in 2021/2.

Due to the ongoing impact of the Covid-19 pandemic, the Annual General Meeting of the ACPGBI took place as a hybrid event in Harrogate from 5th to 7th July 2021, with speakers attending in person and delegates attending online. At the ACPN AGM, members of the committee currently holding key positions were voted in by the members, with Gabrielle Thorpe as Chair and ACPN representative on the Research & Audit Committee and Carol Katte as ACPN representative on the Multidisciplinary Clinical Committee. There remains no Deputy Chair in position and no ACPN representation on the Education Committee or the External Affairs Committee. Gabrielle Thorpe has agreed to remain as Chair for a further year in the hope that a Deputy Chair will step forward in this time to take over from July 2023. The ACPN plenary session centred on the theme of the microbiome in coloproctology, with four excellent presentations from Professor Andrew Beggs, who gave the Edward Salt Lecture on 'Faecal microbiota transplantation in inflammatory bowel disease', Mr James Kinross on 'The role of colonic microbiota in colorectal cancer', Professor Dean Harris on 'What happens to the colonic microbiome in the defunctioned bowel?' and Duncan Cunningham of The Insides Company on 'The Insides System for chyme reinfusion'. Two short oral presentations were delivered as part of the AGM session, which was followed by the ACPN Workshop on Motivational Interviewing, delivered by Dr Gabrielle Thorpe (Chair). All sessions were well attended online.

We have progressed with our plan to establish nurse membership on the ACPGBI clinical subcommittees through open competition among ACPN members by coming to a joint arrangement with the Gastrointestinal Nursing journal, which allows ACPN members to gain a 25% discount on subscription and provides an opportunity to promote the work of the group. ACPN has now had two papers published in GI Nursing, the first providing an overview of the work of the group and benefits of membership; the second providing an overview of the ACPN representative on the Colonoscopy Clinical Sub Committee, written by Maria Pettman, who currently provides nurse representation on this group.

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Having now promoted the work of ACPNs more widely, open competition for nurse representation on the ACPGBI clinical subcommittees will commence after the annual meeting, with ACPN members invited to apply with their CV and a supporting covering letter.

DUKES' CLUB

The Dukes' Club is the body representing trainees in coloproctology within the UK. It is run and supported by trainees in registered UK training programmes. The Dukes' Club President for 2021/22 is Panchali Sharmah, supported by a wider executive committee. Members of the Dukes' Club are all subscribing Associate members of ACPGBI. Dukes' has continued to receive its own sponsorship from the industry to facilitate running its annual educational weekend.

The Dukes' Club is the official training arm of the Association of Coloproctology of Great Britain and Ireland. The society is run by elected colorectal surgery trainees to represent the views of trainees across the UK and Ireland on education and training. The Dukes' Club committee is currently led by Miss Panchali Sharmah, with Mr Peter Vaughan-Shaw as the immediate past president (2020/21). Mr Mohamed Rabie is the president-in-waiting with a wider executive committee and a number of regional representatives to ensure full representation and dissemination across the UK and Ireland.

As the official training arm of the Association of Coloproctology of Great Britain and Ireland, we believe that The Dukes' Club has strongly supported and represented trainees throughout the year. Here, we review our activities during 2021.

Dukes' COVID-19 Taskforce

The Dukes' COVID-19 Taskforce was set up in March 2020. This task force has worked alongside ASiT and ACPGBI in representing colorectal trainee views on a range of training issues, including progression of training, FRCS examinations, ARCPs and CCT competencies. Our key priorities during the first wave of COVID-19 were to support colorectal surgery trainees to continue delivering high-quality emergency and elective services and to maintain trainee well-being. Our outcomes have included publications as part of the COVID-STAR Collaborative and the production of well-being-focused podcasts. We continue to support trainees as the pandemic continues.

Dukes' Educational Strategy

Throughout the year, we worked hard to deliver high-quality educational content.

Colorectal classrooms

We launched our 'Colorectal Classroom' series in late 2020 and delivered regular, well-received virtual classrooms during 2021, including: 'haemorrhoids', 'Updates in Emergency surgery', 'Critical appraisal', 'The open abdomen', 'Updates in IBD', 'FRCS preparation', 'Colorectal careers'. Feedback was highly positive, with 95% of attendees rating events as good or very good.

Fundamentals of Colorectal Surgery video series

We published our first instructional operative video illustrating an end-to-end sutured bowel anastomosis on the Colorectal Disease YouTube channel. We have recently completed a TME and laparoscopic right hemicolectomy video, which we are preparing for imminent submission. We thank our consultant trainers for allowing us to record and submit these videos.

Live at St. Mark's

We have delivered a small number of live operating sessions recorded at St. Mark's hospital and in collaboration with Proximie. We are excited by this mode of surgical education and look forward to developing this as a stable platform for delivering remote operative exposure.

ACPGBI conference Dukes' Programme

In July, the Dukes' Club enjoyed a successful and integrated programme at the ACPGBI conference. In addition to our live Schwartz Round (see below), we had a fascinating session on colonoscopy training, with key figures from JAG and surgical training from across the UK. We are grateful to Miss Boyle, who delivered a stunning and thought-provoking lecture for this year's Dukes' keynote lecture titled 'Compassion in Surgical Training.'

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Dukes' Educational Weekend

The Dukes' Club annual education weekend returned to a face-to-face format, with a selection of courses and lectures across the 3rd, 4th and 5th of September in the Nottingham Marriott. We also delivered a hybrid virtual event to increase our reach and audience, providing free virtual access to our Saturday programme. We had three ambitious simulation courses on Friday, including advanced laparoscopic skills, TME and abdominal wall reconstruction. On Saturday, we delivered a jam-packed schedule of stimulating and controversial topics. We were delighted that over 20 consultants gave up their time to come and speak. Over 60 trainees were in attendance in person, with over 300 attendees from all over the world signing in virtually. We are hugely grateful to our brilliant speakers, generous sponsors, and ACPGBI for their support in delivering this fantastic event.

Dukes' Research Strategy

The Dukes' Club Research Collaborative published its first study - CLOSE-IT, in Colorectal Disease in 2021. The collaborative continues to support other national projects, including Damascus and IMPACT.

Colonoscopy Training

We are delighted that the new UK General Surgical curriculum now includes an indicative requirement of 200 diagnostic colonoscopies for surgical trainees who have declared colorectal as their subspecialty interest is now active. We are proud of the joint Dukes' / ACPGBI Colonoscopy statement relating to endoscopy training that has now been published in the Colorectal Disease journal.

Professional Development

The Dukes' Club is dedicated to the professional development of senior colorectal trainees. We delivered a webinar on colorectal careers and Schwartz Round exploring EDI challenges and surgical training.

EDI

We are proud of the diversity within our executive committee, regional representatives and membership. This year we delivered "A Celebration of Women in Colorectal Surgery" to celebrate the 30th anniversary year of the Women in Surgery network. We showcased over 30 nominations from across the globe of innovative, inspiring and influential female colorectal surgeons. The campaign was brilliantly received, creating a huge up-rise in Dukes' website clicks and Twitter impressions. We also delivered a fully anonymised executive committee and regional representative vote, which encouraged a wider range of applications from across the UK and Ireland and published a new set of Dukes' Club EDI guidelines. We have played an active role within the ACPGBI EDI Taskforce, taking part in webinars, co-chairing regional workshops and delivering an EDI-focused Schwartz Round at the ACPGBI Annual Meeting in Harrogate (see above). We continue to be actively involved with the ACPGBI EDI Steering Committee.

Industry Partnership

Our platinum industry sponsor during 2021 has been Ethicon. Our expansion in the portfolio has been generously supported by a number of industry partners, including Ethicon, 3M, Cook Medical and Gore. We have strengthened our relationships with all industry partners over the last 12 months, which has enabled us to provide a range of high-quality teaching and educational opportunities to our membership.

Future Plans

Overall, we have enjoyed a very successful year despite continuing disruption due to the pandemic. We continue to see a significant expansion of our membership alongside our portfolio activities on a regional and national scale. We will continue to build on our successes over the last 12 months to deliver high-quality, innovative educational and research opportunities to our membership. We hope to contribute to the ACPGBI Annual Meeting in Edinburgh in July and our face-to-face residential course in September 2022.

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THE JOURNAL- COLORECTAL DISEASE

Colorectal disease journal continued to perform well in 2021. Elisa Pappalarado took over as Wiley's Senior Journal Publishing Manager in September 2021.

Total revenues for 2021 were £451,276, of which non-subscription revenue was £193,062. The total shared profit was £265,285, with a net royalty payable to ACPGBI of £132,643. This value was 3% up from 2020 figures.

The journal is officially recognised by Index Medicus and is listed on Medline. The journal's 2-year Impact Factor stands at 3.778 for 2021-22, an increase from the previous year highlighted on the journal's web page.

Neil Smart's editorship was renewed for a further 3-year term. Affiliation with the Greek Society of Coloproctology was formalised and signed this year. This affiliation will enable the Greek society's membership to access the journal at a subsidised rate.

FINANCIAL REVIEW

Financial results 1st January to 31st December 2021

The income to ACPGBI was primarily from direct membership subscriptions and from the Annual General Meeting. Additionally, ACPGBI received a small amount of interest on deposited reserves. Additional income was derived from the Pelvic Floor Society and the Dukes' Club. ACPGBI also received revenue from a profit share arrangement with Wiley, the publisher of the journal Colorectal Disease. The Trustees are confident that all tax liabilities have been recognised and administered.

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

Total income from all sources for the year ending 31st December 2021 was £778,443. The total expenditure in the year ending 31st December 2021 was £623,502. The net income in the year ending 31st December 2021 was £159,941. The total funds on 31st December 2021 in all bank accounts held by the Association were £969,808.

Risk analysis

ACPGBI recognises the financial risks inherent with the funding of the annual meeting. The annual meeting's financial success depends on the number of delegate registrations, exhibition income and sponsorship, which may vary from year to year.

Currently, the estimated funds required for hosting an Annual Meeting are in the region of £450,000. For this reason, the ACPGBI retains funds of over £450,000 to cover the costs of an Annual Meeting, which may fail due to factors outside the Association's control. Although ACPGBI takes out routine insurance in this respect, including anti-terrorism cover, this would not protect against the general financial reserves and running costs of ACPGBI. In the current pandemic environment, no insurance policy will cover the loss of capital or revenue from a cancellation or disruption due to a pandemic. The incorporation of ACPGBI has removed the personal financial risk born by the Trustees.

The adoption of virtual meeting platforms enabled the Association to run the annual meeting and other educational events in the pandemic environment, albeit at a considerable additional expense. The registrations in all events were appreciable and substantial and were worth all the extra effort to organise these events.

We have noticed a reduced appetite for sponsoring online virtual events by the industry. The changes in the post-pandemic landscape that affect meetings and events will be closely monitored, and appropriate measures will be adopted to mitigate the loss of revenue from such matters.

Launching the new ACPGBI website and subscription platform will enable faster subscription and timely renewal of membership to the benefit of the members and the Association.

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Investment Policy

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

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

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

However, it was evident that over the years, the Association has accumulated surplus cash balances in these two accounts totalling about 800-1000K. The current nominal interest rate earned by the two accounts is 0.01%, which is well below prevailing inflation rates. The rising inflation will exaggerate the depreciation and loss of value in such accounts. The net loss over successive years perpetrates a substantial loss of value for the accumulated capital. This net loss is a substandard and unacceptable value to the members' subscriptions and does not stand in good stead for the Association's long-term worth. Depreciation of the reserve cash reduces the capacity of the Association to weather the losses in challenging times such as those imposed by the Covid-19 pandemic.

The Honorary Treasurer proposed a framework to mitigate the current depreciation of the Association's surplus cash reserves. Initial enquiries led to a series of deliberations which revealed how similar professional associations manage their excess funds. The case for safe investment of surplus funds was discussed in the ACPGBI executive meeting on 20/09/2021. With the concurrence of the Executive and the Trustees, an effort to explore safe investment by a team of Trustees is now ongoing. The outcome will be elucidated in the next financial year.

FUTURE FINANCIAL STRATEGY

The plans, priorities and actions for the next 12 months are outlined below under principal strategic themes.

Operations

- Balance income and outgoings within the principal business account
- Fund future initiatives based on the annual strategy plan using profits from the annual meeting and the agreed capital allocation
- Maintain cost centres for identified entities (ACC, EYCN, EDI) to make them self sufficient
- Ensure profitability and sustainability of our organisation's events

Revenue stream

- Retain current membership base
- Attract new members through reduced subscription rates for the first year
- Offer membership benefits, offers and discounts with industry partnership
- Make it expensive for non-members to attend the annual meeting. It will be cheaper to become a member of ACPGBI

Investments

- Finalise investment strategy with trustees and protect cash reserve from inflationary loss

Funding fellowships

- Continue to fund two Dukes' Club travelling fellowships
- Continue to fund the South African Fellow together with the American, Australasian and European Fellows (there is a reciprocal arrangement with the Americans and Australasians)
- Continue to fund the 8 ACPGBI/RCS badged fellowships
- Finalise new fellowship sponsorship/partnership funding with respective committees, e.g. robotic surgery

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Regional activity and initiatives

- Continue limited (max £1,000 per year) funding to facilitate Chapters to run meetings during the year
- Audit chapter bank accounts

Annual meeting

- Continue to provide 50 free places at the annual meeting to nurse members
- Continue to allow medical students free registration for the Annual Meeting and reimburse their travelling expenses if they are presenting at the conference, but not their accommodation costs

Industry partnership

- Meet key players to discuss and plan collaboration details

Colorectal disease

- Colorectal Disease strategy and financial planning meeting with Wiley

Staff

- Provide annual appraisal and salary scale review for our staff
- Explore restructuring staff activities and job configuration to support our organisation's functioning to improve outcomes, satisfaction and cost-effectiveness

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TRUSTEES RESPONSIBILITIES

The Board of Trustees were set up to add oversight to the governance of ACPGBI, separate from the Executive.

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

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

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

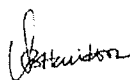
The trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps to prevent and detect 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 they ought to have taken to make themselves aware of any relevant audit information and establish that the auditor is aware of that information.

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

Approved by the Trustees and signed on their behalf by



Athur Harikrishnan
Honorary Treasurer
Association of Coloproctology of Great Britain and Ireland

Dated 30.06.2022

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INDEPENDENT AUDITORS' REPORT TO THE TRUSTEES
YEAR ENDED 31 DECEMBER 2021

Opinion

We have audited the financial statements of The Association of Coloproctology of Great Britain and Ireland (the charitable company) for the year ended 31 December 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

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

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 December 2020 and of its incoming resources and application of resources, including the charitable company's income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- the financial statements have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

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

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

Other information

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

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material inconsistency or apparent material misstatements of this other information, we are required to report that fact.

We have nothing to report in this regard.

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

INDEPENDENT AUDITORS' REPORT TO THE TRUSTEES (Continued)
YEAR ENDED 31 DECEMBER 2021

Opinion on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

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

Responsibilities of Trustees

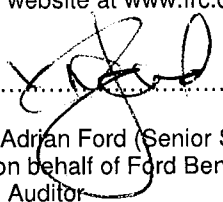
As explained more fully in the Statement of Trustees Responsibilities, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for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

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

Our responsibilities for the audit of the financial statements

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

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our Report of the Independent Auditors.

.....

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

Dated: 30 June 2022

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

STATEMENT OF FINANCIAL ACTIVITIES (INCOME AND EXPENDITURE ACCOUNT)
YEAR ENDED 31 DECEMBER 2021

		Unrestricted Funds Year to 31 Dec 21 £	Restricted Funds Year to 31 Dec 21 £	Total Funds Year to 31 Dec 21 £	as restated Total Funds Year to 31 Dec 20 £
	Note				
INCOME AND ENDOWMENTS FROM					
Donations and legacies	3	-	-	-	65,157
Charitable activities	6				
Education		135,429	-	135,429	52,764
Provision of publication		132,643	-	132,643	128,343
Annual General Meeting		218,833	-	218,833	61,059
Other trading activities	4	291,444	-	291,444	274,859
Investment income	5	94	-	94	904
TOTAL INCOME		778,443	-	778,443	583,086
EXPENDITURE ON					
Raising funds	7	-	-	-	-
Charitable activities:					
Bursaries	7		-	-	
Education	7	115,981	-	115,981	90,805
Provision of publications	7	59,526	-	59,246	59,248
Annual General Meeting	7	268,092	-	268,092	189,288
Governance costs	7	180,183	-	180,183	164,181
BDRF net		-	-	-	155,417
TOTAL EXPENDITURE	7	623,502	-	623,502	655,939
NET INCOME/(EXPENDITURE)		154,941	-	154,941	(72,853)
Subsidiary demerger	14	-	-	-	(273,833)
Net Movement in funds		154,941	-	154,941	(346,686)
RECONCILIATION OF FUNDS					
Total funds brought forward		1,227,745	8,532	1,236,277	1,582,963
Total funds carried forward		1,382,686	8,532	1,391,218	1,236,277

The statement of financial activities includes all gains and losses recognised in the year.

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

BALANCE SHEET

YEAR ENDED 31 DECEMBER 2021

	Note	2021 £	2021 £	as restated 2020 £
FIXED ASSETS				
Intangible assets	11a		54,802	5,040
Tangible assets	11b		<u>1,493</u>	<u>1,640</u>
			56,295	6,680
CURRENT ASSETS				
Stocks		479		479
Debtors	12	505,428		339,613
Cash at bank		<u>969,808</u>		<u>982,949</u>
		1,475,715		1,323,041
CREDITORS:				
Amounts falling due within one year	13	(140,792)		(93,444)
NET CURRENT ASSETS			<u>1,334,923</u>	<u>1,229,597</u>
TOTAL ASSETS LESS CURRENT LIABILITIES			1,391,218	1,236,277
NET ASSETS			<u>1,391,218</u>	<u>1,236,277</u>
FUNDS				
Unrestricted			1,382,686	1,227,745
Restricted	15		<u>8,532</u>	<u>8,532</u>
TOTAL FUNDS			<u>1,391,218</u>	<u>1,236,277</u>

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

These accounts were approved by the members of the committee and authorised for issue on 30 June 2022 and are signed on their behalf by:

.....
Mr P Sagar
President
Association of Coloproctology of Great Britain and Ireland

Company Registration Number: 05962281

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

CASH FLOW STATEMENT

YEAR ENDED 31 DECEMBER 2021

	2021	as restated 2020
	£	£
Cash flows from operating activities		
Cash generated from operations	46,643	(75,431)
Interest Paid	-	-
Net cash provided by (used in) operating activities	46,643	(75,431)
Net cash provided by (used in) Investing activities		
Purchase of fixed assets	(59,784)	(449)
Change in cash and cash equivalents in the reporting period	(13,141)	(75,880)
Cash and cash equivalents at The beginning of the reporting period	982,949	1,058,829
	969,808	982,949

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE – REGISTRATION NUMBER 05962281)5
NOTES TO THE CASH FLOW STATEMENT**

YEAR ENDED 31 DECEMBER 2021

2. RECONCILIATION OF NET INCOME TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2021	as restated 2020
	£	£
Net income for the reporting period (as per the statement of financial activities)	154,941	22,567
Adjustments for:		
Depreciation charges	7,649	3,509
Loss on asset disposal	2,520	-
Current assets less current liabilities:		
Decrease / (increase) in debtors	(165,815)	(104,234)
Increase / (decrease) in creditors	47,348	2,727
	46,643	(75,431)

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

NOTES TO THE ACCOUNTS

YEAR ENDED 31 DECEMBER 2021

1. ACCOUNTING POLICIES

Basis of preparing the financial statements

The financial statements of the Charitable group, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)' Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

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

Preparation of the accounts on a going concern basis

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

Income

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

Legacies

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

Expenditure

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

Fund accounting

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

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

Allocation and apportionment of costs

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

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

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2021

1. ACCOUNTING POLICIES CONTINUED

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

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

Taxation

The charity is exempt from corporation tax on its charitable activities

Fixed assets

All fixed assets are initially recorded at cost.

Depreciation

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

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

Stocks

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

Pension costs and other post retirement benefits

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

Debtors

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

Cash at bank and in hand

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

Creditors and provisions

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

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

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2021

2. PRIOR YEAR RESTATEMENT

The prior year restatement is required because Group accounts are not applicable for the year ended 31 December 2021.

The Company ceased to own its subsidiary (BDRF) on 12 June 2020 and the restatement provides an accurate comparison of the Charities activities between the two years.

3. DONATIONS AND LEGACIES

	2021	2020
	£	£
Donations (from trusts, events, private companies, individuals, etc)	-	65,157
	<u>-</u>	<u>65,157</u>

4. OTHER TRADING ACTIVITIES

	2021	2020
	£	£
Subscriptions	291,444	274,859
	<u>291,444</u>	<u>274,859</u>

5. INVESTMENT INCOME

	2021	2020
	£	£
Bank interest receivable	94	904
	<u>94</u>	<u>904</u>

6. INCOME FROM CHARITABLE ACTIVITIES

		2021	2020
	Activity	£	£
Pelvic Floor Society	Education	42,023	5,500
Coloproctology motorway course	Education	-	650
Dukes' Club	Education	58,000	29,189
Other meetings	Education	35,406	2,425
Ileal Pouch	Education	-	15,000
Publication Income	Provision of Colorectal journal	132,643	128,343
Annual General Meeting	Annual General Meeting	218,833	61,059
		<u>486,905</u>	<u>242,166</u>

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

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2021

**7. TOTAL EXPENDITURE
FUNDRAISING AND CHARITABLE
ACTIVITIES**

	Raising Funds £	Bursaries £	Education £	Provision of publications £	Annual meeting £	Governance costs £	Total Funds Dec 2021 £	Total Funds Dec 2020 £
AGM and other meetings	-	-	-	-	268,092	-	268,092	189,288
Travel fellowship	-	-	14,850	-	-	-	14,850	6,832
Other meetings	-	-	5,762	-	-	-	5,762	7,621
Pelvic Floor Society	-	-	32,657	-	-	-	32,657	10,857
Subscription to colorectal disease	-	-	-	59,526	-	-	59,526	59,248
Surgical Specialty Lead	-	-	7,134	-	-	-	7,134	5,027
Bowel Research UK	-	-	15,000	-	-	-	15,000	30,249
Coloproctology motorway course	-	-	-	-	-	-	-	6,232
Dukes' Club	-	-	39,298	-	-	-	39,298	19,534
Chapter meetings	-	-	1,000	-	-	-	1,000	1,543
Sub total	-	-	115,981	59,246	268,092	-	443,319	336,341
SUPPORT COSTS								
Management	-	-	-	-	-	89,084	89,084	147,062
Meetings and travel costs	-	-	-	-	-	11,376	11,376	11,389
Information Technology	-	-	-	-	-	5,179	5,179	10,857
Administration services	-	-	-	-	-	15,330	15,330	114,165
Finance	-	-	-	-	-	984	984	1,187
Accountancy & audit fees	-	-	-	-	-	14,125	14,125	15,252
Legal & professional	-	-	-	-	-	15,706	15,706	8,373
Other costs	-	-	-	-	-	28,399	28,399	11,223
Sub total	-	-	-	-	-	180,183	180,183	319,508
TOTAL RESOURCES EXPENDED	-	-	115,981	59,246	268,092	180,183	623,502	655,939

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

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

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2021

8. GRANTS PAYABLE TO INSTITUTIONS

	2021 £	2020 £
:		
Bowel Research UK	15,000	30,249
	-	-

9. NET INCOMING/ (OUTGOING) RESOURCES

Net resources are stated after charging/(crediting)	2021 £	2020 £
Auditors remuneration	11,625	12,752
Auditors remuneration for non-audit work	2,500	2,500
Depreciation – owned assets	7,649	3,509
Loss on asset disposal	2,520	-

10. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 December 2021 nor the year ended 31 December 2020.

	2021 £	2020 £
Trustees' expenses	2,340	1,669

During the year 6 (2020:5) trustees received reimbursed expenses for travel costs to trustees meetings.

11. STAFF COSTS

	2021 £	2020 £
Wages and salaries	73,329	79,911
Social security costs	3,840	5,127
Pension costs	11,915	12,273
	<u>89,084</u>	<u>97,311</u>

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

	2021	2020
Fundraising and administration	<u>2</u>	<u>5</u>

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

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

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

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2021

11a. INTANGIBLE FIXED ASSETS

	Software & Website £
COST	
At 1 Jan 2021	12,600
Addition	59,784
Disposal	(12,600)
At 31 Dec 2021	<u>59,784</u>
DEPRECIATION	
At 1 Jan 2021	7,560
Charge for the year	7,502
Disposal	(10,080)
At 31 Dec 2021	<u>4,982</u>
NET BOOK VALUE	
AT 31 DEC 2021	<u>54,802</u>
AT 31 DEC 2020	<u>5,040</u>

11b. TANGIBLE FIXED ASSETS

	Office Equipment £	Computer equipment £	Office & medal dies £	Total £
COST				
At 31 Dec 2021	<u>2,329</u>	<u>889</u>	<u>4,064</u>	<u>7,282</u>
DEPRECIATION				
At 1 Jan 2021	2,070	456	3,116	5,642
Charge for the year	37	108	-	147
At 31 Dec 2021	<u>2,107</u>	<u>564</u>	<u>3,116</u>	<u>5,789</u>
NET BOOK VALUE				
AT 31 DEC 2021	<u>222</u>	<u>325</u>	<u>948</u>	<u>1,493</u>
AT 31 DEC 2020	<u>259</u>	<u>433</u>	<u>948</u>	<u>1,640</u>
(b) CHARITY NET BOOK VALUE				
AT 31 DEC 2021	<u>220</u>	<u>325</u>	<u>948</u>	<u>1,493</u>
AT 31 DEC 2020	<u>259</u>	<u>433</u>	<u>948</u>	<u>1,640</u>

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

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2021

12. DEBTORS: Amounts falling due within one year

	2021	2020
	£	£
AGM 2024 & 2025 Prepaid expenses	53,966	15,831
AGM 2023 & 2024 Prepaid expenses	21,177	15,831
AGM 2022 Prepaid expenses	231,402	33,561
AGM 2021 Prepaid expenses	-	73,179
Trade debtors	24,776	6,583
Prepayments and accrued income	41,464	82,116
Other debtors	132,643	128,343
	505,428	339,613

13. CREDITORS: Amounts falling due within one year

	2021	2020
	£	£
Deferred income	25,512	31,898
Accruals	26,358	43,404
Trade creditors	73,847	7,189
Other taxation	15,075	10,953
	140,792	93,444

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

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2021

14. SUBSIDIARY COMPANY

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

From 12 June 2020, BDRF ceased to be a subsidiary member of ACPGBI, a company limited by guarantee (company number 06309182) and is registered with the Charity Commission (registered charity number 1120460).

The objects of the BDRF are:-

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

In the period to 12 June 2020, the unconsolidated results of the BDRF were total income of £75,116, total expenditure of £170,537, with net expenditure of £95,421. The BDRF reserves of £273,833 were taken out of the Group accounts as at 12 June 2020, as a result of the demerger

The unaudited BDRF accounts for the period to 12 June 2020 have been consolidated on a line by line basis in the accounts.

The BDRF figures for the year ended 31 December 2020 have been removed where possible to provide comparative results for the Association.

15. RESTRICTED FUNDS

	Balance at 1 Jan 2021	Incoming resources	Resources expended	Transfers between funds	Balance at 31 Dec 2021
	£	£	£	£	£
Laparoscopic Colorectal Surgery	7,532	-	-	-	7,532
Bursaries					
Scottish Chapter	1,000	-	-	-	1,000
	8532	-	-	-	8,532

During 2008, Covidien provided an educational grant of £25,000 to provide travelling bursaries for consultants and colorectal surgeons in training that are members of the ACPGBI to obtain experience of laparoscopic colorectal surgery in the UK and Europe. During 2022, £nil of these bursaries were utilised and £7,532 remains available.

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

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

NOTES TO THE ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2021

16. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Restricted Funds	General Funds	2021	2020
	£	£	£	£
Fixed assets	-	56,295	56,295	6,680
Current assets/liabilities	8,532	1,326,391	1,334,923	1,229,597
	8,532	1,382,686	1,391,218	1,236,277

17. RELATED PARTY TRANSACTIONS

The ACPGBI has a close working relationship with the BDRF which merged to become Bowel Research UK. ACPGBI offers assistance with the running costs of the charity in the forms of grants. In the year to December 2021, the ACPGBI had paid £15,000 (2020: £10,000) to Bowel Research UK.

The ACPGBI is intending to continue its support of the Bowel Research UK with a planned donation of £15,000 to Bowel Research UK in 2022. Future years are to be reviewed on a regular basis.

18. PENSION COMMITMENTS

The company participates in the Superannuation Arrangements of the University of London (SAUL), a centralised defined benefit scheme within the United Kingdom for all qualified employees with assets held in separate Trustee administered funds. The company has adopted FRS17 for accounting for pension costs. It is not possible to identify the Company's share of the underlying assets and liabilities of SAUL. Therefore contributions are accounted for as if SAUL were a defined contributions scheme and pension costs are based on the amounts actually paid (i.e., cash amounts) in accordance with paragraphs 28.11 of FRS 102. The total cost of pension contributions on behalf of employees of the company during the period was £19,826 (2020: £31,790).

The scheme is subject to triennial valuation by professionally qualified independent actuaries. The last available valuation was carried out at 31 March 2021 using the projected credit method in which the actuarial liability makes allowance for projected earnings.

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

		Projected Unit	
		Technical	<i>Future</i>
Valuation method		Provisions	<i>Service</i>
Investment return – pre-retirement		2.45% p.a.	3.62%
Investment return – post-retirement		0.35% p.a.	2.37%
Price Inflation (RPI)	Full unadjusted market implied RPI Curve		
Price Inflation (CPI)	Full Curve derived as RPI Curve less 1% p.a. before 2030 and no deduction thereafter.		
General salary increase	Full Curve derived as RPI Curve less 1% p.a		

(Continued)

**THE ASSOCIATION OF COLOPROCTOLOGY OF GREAT BRITAIN AND IRELAND
(COMPANY LIMITED BY GUARANTEE)
NOTES TO THE ACCOUNTS CONTINUED**

YEAR ENDED 31 DECEMBER 2021

19. PENSION COMMITMENTS (Continued)

The actuarial method applies to the scheme as a whole and does not identify surpluses or deficits applicable to individual employers. SAUL's funding in the lead up to the valuation was affected by an environment of continuing low gilt yields and uncertainty of Brexit. Covid 19 also introduced financial volatility immediately before and during the 2020 valuation process.

The Valuation results show that SAUL's funding level at 31 March 2021 (the valuation date) was 94%, with a funding deficit of £217 million.

SAUL has recovered from the short-term impact of pandemic because of immediate action. On 30th April 2021, SAUL had 109% of the money we need. So SAUL is in good place and we have got more money than needed to pay the pensions already promised too SAUL members. This is now as being in surplus.

20. CAPITAL COMMITMENTS

There were no Capital Commitments or Contingent Liabilities as at 31 December 2021.

21. ULTIMATE CONTROLLING PARTY

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

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

DETAILED PROFIT AND LOSS ACCOUNTS

YEAR ENDED 31 DECEMBER 2021

	Year to 31 Dec 21 £	as restated Year to 31 Dec 20 £
INCOME		
Donations	-	65,157
AGM Income	218,833	61,059
Subscriptions	291,444	274,859
Publication income	132,643	128,343
Pelvic Floor Society	42,023	5,500
Coloproctology motorway course	-	650
Dukes' Club	58,000	29,189
Other meetings/income	35,406	2,425
Ileal Pouch	15,000	15,000
Bank interest receivable	94	904
Total Incoming Resources	778,443	583,086
EXPENDITURE		
Charitable activities		
Annual meeting	268,092	189,288
Subscription to colorectal disease	59,526	59,248
Surgical Specialty Lead	7,134	5,027
Travel fellowship	14,850	6,832
Bowel Research UK	15,000	30,249
Pelvic Floor Society	32,657	10,857
Coloproctology motorway course	-	6,232
Dukes' Club	39,298	19,534
Chapter meetings	1,000	1,543
Other meetings	5,762	7,621
	443,319	336,341

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

DETAILED PROFIT AND LOSS ACCOUNTS CONTINUED

YEAR ENDED 31 DECEMBER 2021

	Year to 31 Dec 21 £	as restated Year to 31 Dec 20 £
Support & Governance		
Costs		
Auditors remuneration	14,125	15,252
Professional fees	15,706	-
Payroll & VAT services	4,218	4,642
Travel and meeting expenses	11,376	10,975
	<u>45,425</u>	<u>30,869</u>
<i>Management</i>		
Wages and salaries	<u>89,084</u>	<u>97,113</u>
<i>Information technology</i>		
Computer maintenance	3,621	6,357
Website expenses	1,558	2,829
	<u>5,179</u>	<u>9,186</u>
<i>Administrative services</i>		
Administration services	9,552	8,488
Postage and stationery	2,086	1,114
Telephone and conference calls	3,692	5,492
	<u>15,330</u>	<u>15,094</u>
<i>Finance costs</i>		
Credit card charges	20	390
Bank charges	964	705
	<u>984</u>	<u>1,085</u>
<i>Other costs</i>		
Sundry costs	500	708
Subscriptions	2,495	-
Bad debts	2,532	-
Depreciation	7,649	3,509
Loss on asset disposal	2,520	-
Insurance	8,485	6,617
	<u>24,181</u>	<u>10,834</u>
TOTAL SUPPORT COSTS	<u>180,183</u>	<u>164,181</u>
BDRF net	<u>-</u>	<u>155,417</u>
TOTAL EXPENDITURE	<u>623,502</u>	<u>655,939</u>
NET INCOMING/ (OUTGOING) RESOURCES FOR THE YEAR	<u>154,941</u>	<u>(72,853)</u>

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