

**Charity Registration No. SC029247 (Scotland)**

**Company Registration No. SC198418 (Scotland)**

**BRITISH INFECTION ASSOCIATION  
REPORT AND UNAUDITED FINANCIAL  
STATEMENTS  
FOR THE YEAR ENDED  
30 SEPTEMBER 2017**

# BRITISH INFECTION ASSOCIATION

## LEGAL AND ADMINISTRATIVE INFORMATION

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<b>Trustees</b>	Dr Katherine Jeffery Dr Michael Kelsey Prof Martin Llewelyn Dr Albert Mifsud Dr Hitendrakumar Thaker
<b>Charity number (Scotland)</b>	SC029247
<b>Company number</b>	SC198418
<b>Registered office</b>	Balfour & Manson LLP 54-66 Frederick Street Edinburgh EH2 1LS
<b>Independent examiner</b>	RSM UK Tax and Accounting Limited Chartered Accountants First Floor, Quay 2 139 Fountainbridge Edinburgh EH3 9QG
<b>Bankers</b>	The Royal Bank of Scotland 40 Albyn Place Aberdeen AB10 1YN
<b>Solicitors</b>	Balfour & Manson LLP 54-66 Frederick Street Edinburgh EH2 1LS
<b>Investment advisors</b>	Speirs & Jeffrey Ltd George House 50 George Square Glasgow G2 1EH  Rathbone Investment Management 28 St Andrew Square Edinburgh EH2 1AF

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### Council Members – from May 2017

President	Dr Albert Mifsud (London, Public Health England)
Vice President	Professor Martin Llewelyn (Brighton & Sussex University Hospitals NHS Trust)
Honorary Secretary	Dr Katie Jeffery (Oxford University Hospitals NHS Trust)
Honorary Treasurer	Dr Michael Kelsey (Whittington Health NHS)
Meetings Secretary	Dr Hiten Thaker (Hull and East Yorkshire Hospitals NHS Trust)
Manpower and Training Secretary	Dr Bridget Atkins (Oxford University Hospitals NHS Trust)
Scientific and Research Secretary	Dr Chris Chiu (Imperial College, London)
Guidelines Secretary	Dr Anna Goodman (Guy's & St Thomas' NHS Foundation Trust)
Membership Secretary	Dr Mark Melzer (WXUH Barts Health NHS Trust)
Clinical Services Secretary	Dr Natasha Ratnaraja (Sandwell & West Birmingham Hosp NHS Trust)
Clinical Services Secretary	Dr Anna Checkley (Hosp for Tropical Diseases, London), & Dr Jo Herman (Imperial College London)
Communications Secretary	Dr David Partridge (Sheffield Teaching Hospitals NHS Foundation Trust)
Trainee Representatives	Dr Rebecca Bamber (University Hospital Wales)
Trainee Representatives	Dr Sara Boyd (Imperial College, London)
Newsletter Editor	Dr Mike Ankcorn (Sheffield Teaching Hospitals NHS Foundation Trust)
Devolved Administrations Secretary	Dr Ray Fox (Gartnavel General Hosp, Glasgow)
Associate Members Secretary	Post vacant
Editor, Journal of Infection	Professor Rob Read (University of Southampton)

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## TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 30 SEPTEMBER 2017

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The Trustees present their report and financial statements for the year ended 30 September 2017.

The financial statements have been prepared in accordance with the accounting policies set out in note 1 to the financial statements and comply with the Association's Constitution, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 and "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)" (as amended for accounting periods commencing from 1 January 2016).

#### Structure, governance and management

British Infection Association is a charitable company limited by guarantee, company registration no. SC198418, established under a Memorandum of Association and is governed under its Articles of Association. It is a charity registered in Scotland, charity registration no. SC029247 and its registered office is located at 54-66 Frederick Street, Edinburgh.

The members have each agreed to contribute £1 in the event of the charity being unable to meet its debts. The membership of the Association at 30 September 2017 consisted of 1,400 people (2016: 1,449).

The Trustees, who are also the directors for the purpose of company law, and who served during the year were:

Dr Katherine Jeffery (secretary)	(Appointed 4 May 2017)
Dr Michael Kelsey (treasurer)	
Prof Martin Llewelyn (vice president)	(Appointed 25 May 2017)
Dr Albert Mifsud (president)	
Dr Hitendrakumar Thaker	(Appointed 25 May 2017)
Dr Martin Wiselka	(Resigned 31 July 2017)

#### Election of Trustees

The sections of the constitution dealing with the recruitment and appointment of Trustees are as follows:

- (a) The affairs of the Association shall be conducted by the Trustees consisting of elected members from among the general membership: President (Chairman of Council), Secretary, Treasurer, Membership Secretary, Meetings Secretary, Scientific Affairs Co-ordinator, Professional Affairs, Co-ordinator, Manpower and Training Co-ordinator, Clinical Services Co-ordinator, Training grade members x 3, Associate Member.
- (b) Each member who agrees to become a Trustee shall be proposed and seconded in writing by Association members one of whom must be of at least 2 years' standing.
- (c) The Editor of the Journal of Infection will be an ex-officio member and will be accountable to and appointed by the Trustees.
- (d) The Trustees reserve the right to co-opt new members as and when this is deemed appropriate.
- (e) A quorum for business shall comprise a majority of its membership.

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### Office Bearers of the Association

(a) The Trustees should ensure that there are sufficient nominations for the posts of President, Treasurer, Secretary and Meetings Secretary (the Principal Officers) when these fall vacant. Additional nominations from the membership will also be welcomed. The Association should aim to include representation from the different disciplines concerned with infection on the Board. The Trustees may decide that one of its members shall become a Principal Officer in place of an Officer who has had to demit office prematurely.

(b) The President shall serve for a term of two years and shall not be eligible for re-election for a consecutive term as President, except in exceptional circumstances.

(c) Both the Secretary and the Treasurer shall serve a term of three years and shall be eligible for re-election.

### Other Trustees

(a) Training grade Trustees shall serve for two years each; in the event of promotion to a consultant or equivalent post such members will be entitled to complete their term of office. Other Trustees shall serve for three years each, with approximately one-third of their number retiring from office each year. Trustees shall not be eligible for immediate re-election except in exceptional circumstances.

(b) The Trustees shall have the rights to establish and dissolve specific Committees, Sub-Committees or working groups as deemed appropriate for the advancement of the Association's business.

The Constitution states that:-

(a) The Association shall hold an Annual General Meeting on a date and at a time to be decided by the Trustees.

(b) A quorum for business at the AGM shall comprise at least 5 per cent of the full voting membership.

In addition there are at least four meetings annually where all decisions are made. No strategic decisions are delegated to service providers who act in an administrative capacity only.

There were no related party transactions during the year.

The Trustees acknowledge their responsibility to assess and manage the risks that the Association faces or might face in the future. Officers and service providers are required to identify and analyse risks relevant to their responsibilities, assess risks according to their likely occurrence and impact and report on procedures that are in place to manage the risks. The risk management process is overseen and reviewed by the Council.

The aim of the risk management process is to ensure the integrity of British Infection Association as a charity is protected through continued scrutiny and the development of a published strategy which explains how the Association is governed and managed, to the satisfaction of its Membership, Office of the Scottish Charity Regulator (OSCR) and any other interested parties.

The following actions have been proposed:

- To ensure the Memorandum of Understanding and Articles of Association for the Association are regularly reviewed by Council;
- To make available and publish copies of the annual report, accounts, and records of meetings;
- To review, and further develop the role of Council members;

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- To promote opportunities for Council office, sub-committees and other association activities to the Membership; and
- To establish mechanisms for ensuring continuity on Council and Association sub-committees.

### Objectives and activities

The constitution states that the objectives of the Association is to ensure the optimum delivery of healthcare to patients and diagnosed with infection.

The Trustees agree a programme of work for the forthcoming year. This programme of work is dedicated to promote the science and practice of medicine in relation to further research, training and education in the subject, by organising high quality scientific meetings, awarding research and travel grants and ensuring that the infection disciplines have a voice in national decision making.

The Association aims to enable the best care for patients with infectious disease through:

- Setting & reviewing standards in infection practice, including the development of guidelines, working in collaboration where appropriate;
- Supporting infection specialists in the performance of their professional duties by facilitating communication and providing useful resources;
- Developing and providing excellent education and training in infection for all and in particular to support training grades through meetings and presentations (alone and in collaboration with other scientific societies);
- Fostering excellence in all aspects of infection-related research by supporting high quality clinical and basic science research through competitive award of funding to research applicants;
- Disseminating new research and best practice via the Association's publication: the Journal of Infection;
- Working with government, Public Health England, NHS England, and other interested bodies to promote best practice in areas related to infectious disease;
- Providing expert opinion on infection related matters to external agencies, patients, and the wider public;
- Supporting all aspects of communication between different branches of infection and to work towards the development of an integrated voice for infection specialists.

*(A copy of the BIA Constitution is available to view on the BIA website)*

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These areas will be explored further within the following pages, under the broad headings of:

President's report  
Membership and communications  
Standard setting & guideline development  
Clinical services  
Education and meetings  
Manpower and training  
Journal of infection editor's report  
Annual trainees' report  
Science and research  
Governance and finance  
Honorary treasurer's report  
Honorary secretary's report

#### **President's report**

I am delighted to introduce the British Infection Association's Trustees' Report. The Association continues to meet its charitable objectives and this report describes our activities in various domains.

I should like to thank members of Council who demitted office at the AGM in May 2017, in particular Professor Wiselka, outgoing President. Sincere thanks are also due to Professor Steve Green, to whom the Association owes a debt of gratitude for the excellent series of conferences that he organised, and to Professor Evans for setting up a governance structure for our grants and awards programme. Thanks are also due to members of Council, Clinical Services and others who have served the Association without whom the Association could not achieve its objectives.

We have had a busy and challenging year which saw consultation on a proposed specialised infectious diseases service by NHS England Specialised Commissioning which the Association supported. NHS Improvement's new proposals on laboratory networks were released in the summer and I engaged with the Presidents / Chairs of the principal pathology specialist societies and the Royal College to provide pathologists' perspective on their proposals.

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#### Membership and communications

##### Aims:

To ensure that infection specialists and trainees are aware of the Association; that membership of it is attractive to them, and that it is responsive to their evolving requirements.

##### Membership Statistics 2016 / 2017:

Category	BIA Member Stats May 2017	
Full	Full Membership (print and electronic JOI)	94
Full	Full Membership (electronic JOI only)	467
Full	Postal Address Only	38
Trainee	Trainee Membership (electronic JOI only)	77
Trainee	Trainee Membership (print and electronic JOI)	49
Trainee	Trainee Membership (no JOI access)	592
Retired	Retired Membership (no JOI access)	20
Retired	Retired Membership (electronic JOI only)	1
Associate	Associate Membership (electronic JOI only)	4
Associate	Associate Membership (no JOI access)	79
Council	Council Member	27
Inactive	Expired/Lapsed	54
Guest	Guest Membership (electronic JOI only)	1
	Total	1,503

##### Membership split:



##### Website:

BIA continued to develop and manage their now well-established website during 2017. Online membership application continues to grow with the improved self-service membership fee collection method offering a simple and quick sign up facility with no reported issues. Historically collected



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legacy annual renewals via Direct Debit Services continue to reduce as more members migrate to the new online options with minimal disruption. Members have the facility to update their own member profile online, upgrade or swap journal access easily and quickly, set or cancel their own member fees collection and print their own personalised invoice copies for HMRC submission. The external technical service provider continues to support the BIA website and web content management continues to be part of the BIA secretariat support provided by Pat Leonard. Full SSL certification ensures a secure environment for the data and content of the BIA website is in place and actively maintained. Active use includes guideline and SMI feedback requests as part of the process for document storage with easy access and review reducing the size and volume of emails to members. The guidelines section of the website continues to be developed and is considered a useful resource. It is now an integral part of the member response process and is refreshed regularly as and when updates and new guidelines are issued to offer an alternative access to supporting documentation and response forms.

#### Communications:

The potential of an online only second journal has been investigated by Communications Secretary David Partridge. This would be proposed to include case reports and best practice type articles and would provide a forum for trainees to "get published" as well as a useful resource for the profession. Other developments have included transferring the BIA Domain name and also the BIA eList to the new BIA managed service environment. Both these tasks were completed successfully and seamlessly with the ongoing support of Richard Pavey, BIA Technical support. The Association has also contributed to a number of relevant discussions in the national media.

#### Monthly Members Digest:

The monthly members digest continues to develop and is the main tool for sharing information and circulating updates and requests for Guideline feedback, Events and job opportunities. It contains links to more detail of all content noted and helps encourage more regular visitors to the BIA website. The digest has been well received by members and well supported by Council offering content and updates. Previous copies are stored on the BIA website for reference to all members and as a look up option for content.

#### Twitter:

Dr Sara Boyd the Trainee Representative for Professional Affairs continued to encourage the BIA Twitter News feeds, following groups of interest and increasing BIA followers. This was done very successfully and numbers grew rapidly. BIA will continue to look at alternative communications tools and methods as we grow the membership through the next stages.

#### Newsletter:

The 2017 Spring Edition of the BIA newsletter, was edited by Mike Ankcorn, prepared and published in time for the BIA Spring Annual Meeting. A Winter edition was prepared and published in time for the FIS 2017 Event. The next edition will be published in November in time for the FIS Event.

#### BIA-eList:

2017 also saw notable improvements in the BIA elist, following migration to the BIA domain and services provided by Richard Pavey. The BIA eList remains a popular, well-known and well used forum for medical professionals, members and non-members share information and discuss items

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and topics of interest between themselves. The discussion forum continues to grow and is now managed and maintained within the secure environment of the managed service.

#### **Standard setting and guideline development**

##### **Aims:**

To support infection practitioners through the development of appropriate guidelines and relevant standards of practice.

##### **BIA involvement in Guidelines published in Oct 2016-Sept 2017:**

Guidelines Secretary Dr Anna Goodman continued to improve and generate more interest in responses to Guideline input requests during 2017. The BIA have submitted comments on 25 guidelines. BIA participated in two UK National Screening Committee (UK NSC) consultations. Representatives were sent to the NICE meeting to consider appraisal of bezlotoxumab for preventing recurrent *Clostridium difficile* infection. Significantly improved response rate since introducing certificates for feedback submitted.

##### **Future Guidelines:**

Guidance on the Prevention of Infection in Orthopaedic Surgery guidelines are in process. The BIA/BSAC guidelines on treatment of MRSA are in development with the literature search now completed. This is in parallel with the development of the updated MRSA prevention guidance. More details and current activity can be found on the Consultations page on BIA Website: <https://www.britishinfection.org/professional-affairs/consultations/>

#### **Clinical services**

##### **Aims:**

To support infection specialists in their daily work, addressing issues of current concern and importance in the delivery of clinical microbiology, infectious diseases and other infection-related clinical specialties, public health and infection control.

##### **Progress during 2017:**

Responding to key consultation documents.  
Contributing to debate and organisational responses at College sub-specialty meetings.  
Utilisation of the BIA email discussion forum to support members in their daily clinical practice.  
Development of advice on Consultant Competencies.  
General Medical Council (GMC) Audits reviews.

##### **Microbiology:**

Transformation of pathology and the proposed NHSi pathology networks have continued to dominate discussions, with a noted impact on attendance at meetings thought to have been as a result of staff shortages.

The proposed curriculum for the shape of training has also been debated, with concern raised over the impact increasing the amount of GIM training could have on the current microbiology curriculum.

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The committee worked to produce a draft document on consultant competencies to support consultants working in laboratories being assessed by UKAS.

### Infectious Diseases:

The possibility of setting up an online clinical discussion forum to support infectious diseases that before exploring this idea further, the use of the e-list by ID physicians should be encouraged. It currently has a strong microbiological flavour, but clinical queries are sometimes discussed. Promoting awareness among ID physicians continues, and the e-list's utility for this group of doctors will be reviewed.

### Education and meetings

#### Aims:

To organise and promote scientific meetings on behalf of the Association (alone, or in collaboration with other scientific bodies) to disseminate knowledge in infection disciplines.

To provide a forum for the presentation of clinical and basic science research by clinical academics, including those in training.

To award prizes for outstanding presentations, encouraging the production of high quality material.

#### Highlights from 2017:

##### BIA Spring Meeting

BIA's Annual Spring Scientific meeting was held in London on 25th May 2017, incorporating the BIA AGM. Another interesting programme designed by Professor Green was delivered. The meeting was attended by 202 delegates, some of whom also attended the Trainee day held on the previous day. The keynote international speaker was James McCarthy, from Brisbane, Australia, speaking about antimalarial drug development. The two invited UK-based speakers were Professor Jon Sayers, talking about developing new drugs for targeting and treating infections and Dr Bridget Atkins, speaking on better treatment of bone and joint infection.

- Prizes for best presentations were awarded to:
- Free Paper - 1st Prize - Antonio Ho, (Monklands),
- BIA Clinical Lesson prize - Anastasia Theodosiou (Southampton),
- BIA Poster Prize winner - Sam Tweed (Aberdeen).

##### BIA Spring Meeting- Associate Breakout Session

A programme put together by Dr Mark Melzer– Membership secretary and Dr Mark Wilks was delivered to a sub group of the Scientific Meeting attendees. The meeting was well received and will become a regular item on the Spring meeting agenda next year, the intention being to encourage and increase inclusion of Associate members with a specific interests component for these members to join the meeting.

##### Junior Doctors Supper Meeting evening of 25th May 2017

Held as a follow-on evening after the Spring Trainee day, the programme designed and organised by Farnaz Bazeghi and Naeem Desai. The meeting was part of a new initiative brought to the Council earlier in 2016 with a view to encourage new trainees to join the infection related specialties with a

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tailored programme to entice a targeted audience. The meeting was oversubscribed and considered very successful. A second meeting will be considered next year with a view to being part of the ongoing meeting programme going forward.

#### Trainee Meetings December 2016 and May 2017

- On the 2<sup>nd</sup> December 2016 at The Studio, Birmingham.
- On the 24<sup>th</sup> May 2017 at SOAS (see Scientific & Research section for prizes).
- There are further details within the Trainee Meetings section of this report.

#### BIA 1st Infection Dilemmas Meeting January 2017

This took place at Manchester Conference Centre on the 26<sup>th</sup> January 2017, held the day before and complimenting the well-established HIV Dilemmas Meeting series. It was chaired by BIA President Professor Martin Wiselka. The feedback was excellent. There were several excellent interactive lectures delivered by leading figures from the around the UK including Dr David Dockrell, Dr Nick Beeching and Dr Anne Tunbridge that helped ensure this event was such a big success.

#### FIS/HIS 2016 29th November 2016

BIA was a major contributor to this Edinburgh based Conference, which was hosted by HIS in conjunction with their International Conference. Fitwise were the supporting event agency.

Professor John Oxford delivered the JD Williams lecturer. There were BIA-sponsored sessions on the Respiratory Microbiome and on Typhoid.

The Barnet Christie lecture was presented by James Price who delivered his winning presentation on The Staphylococcus aureus controversy: hospital hygiene or bad bugs?

#### Conferences and forthcoming conferences

The FIS 2017 was hosted by BSAC in Birmingham. The BIA Spring 2018 meeting has also taken place. BIA's preparation for FIS 2018 where BIA will be the host society is under way. FIS 2018 is scheduled for November and will be held in in the SAGE building in Gateshead, Newcastle.

#### BIA Spring Scientific Meeting & Trainee Meetings

The BIA Trainee and Scientific meetings continue to grow in popularity. These have been provided free of charge and again new members joining in time for the Annual Scientific meeting were evident, with specific note given to the growth of Associate Members following the dedicated breakout session added to the Scientific programme agenda and inclusion of the special supper meeting dedicated to junior doctors and trainees on the evening of the trainees day meeting. Meeting output and the meeting books from all previous BIA meetings can also be found on the BIA website.

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BIA Delegates Year on Year	Spring Meeting	Trainees Meeting
2017	202	236
2016	210	191
2015	193	178
2014	173	126
2013	152	119

### Manpower and training

Aims:

To provide evidence on the requirements for consultant numbers in infection nationally;

To support trainees in infection specialities and provide ongoing support to members in substantive posts.

Review of 2017 with plans for 2018:

#### A) *Shape of training*

The Shape of Training Independent review was led by Professor David Greenaway and reported in October 2013. The key messages from this include;

- Patients and the public need more doctors who are capable of providing general care in broad specialties across a range of different settings. This is being driven by a growing number of people with multiple co-morbidities, an ageing population, health inequalities and increasing patient expectations.
- We will continue to need doctors who are trained in more specialised areas to meet local patient and workforce needs.
- Postgraduate training needs to adapt to prepare medical graduates to deliver safe and effective general care in broad specialties.
- Medicine has to be a sustainable career with opportunities for doctors to change roles and specialties throughout their careers.
- Doctors in academic training pathways need a training structure that is flexible enough to allow them to move in and out of clinical training while meeting the competencies and standards of that training.

As a result of this review postgraduate training in the physicianly specialties has been substantially revised by the JRCPTB in order to incorporate these Shape of Training principles and the GMC General Professional Capability Framework.

Two of the key Shape of Training principles – i) increasing generalist content of training to CCT level; and ii) enhancing the care of acutely ill patients by doctors in training and newly appointed consultants have been addressed by increasing the time spent in core medical training from 2 to 3 years (now termed internal medicine (IM) stage 1) and increasing the general medical content in the subsequent specialist training years. Given the imperative not to increase total training time, most specialty training programmes will be decreased by a year with specialised areas of practice no longer accommodated in the curriculum to CCT level being moved to post-CCT credentialing.

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The basic model of physician training will change from a model of 2 years of core medical training and 5 years of specialist training to 3 years of IM1 and 4 years of specialist training (5 in some specialities that do not currently train with GIM e.g. cardiology, neurology). JRCPTB Specialities with this model will be in GROUP 1.

Due to concerns about the relevance of general medical experience to some smaller specialities and the effect of the reduction on training time on others, the Internal Medicine curriculum includes the flexibility for agreed specialities to offer NTN recruitment to trainees who have completed two years of the basic Internal Medicine curriculum and passed the MRCP and thus retaining the current 5 years of specialty training without any increase in the overall duration of training to CCT level. Specialities in which this is agreed will be GROUP 2 specialities.

The combined infection training (CIT) committee have discussed the options for infection training in detail, which was also informed by the results of a recent survey sent to trainees. Training in infection can be done as Medical Microbiology (MM), Medical Virology (MV), Infectious Diseases (ID), Tropical Medicine (TM) or dual training in MM/ID, MV/ID, ID/GIM, TM/General Internal Medicine (GIM). The committee have agreed to support the following proposal;

- ID to be a group 1 specialty i.e. to dual train with GIM (Foundation then 3 years IM1, 2 years CIT, 2 years ID including more GIM (IM2)).
- Monospecialty training in MM, MV to be a group 2 specialty (Foundation then 2 years IM1 + MRCP, 2 years CIT and 2 years Higher Specialist Training (HST) in MM or MV as before).
- Dual training in MM/ID or MV/ID to be a group 2 specialty (Foundation then 2 years IM1 + MRCP, 2 years CIT and 3 years HST in MM/ID or MV/ID as before).

The proposal for the JRCPTB specialities are in the table below. These are now going to curriculum oversight and approval groups for consideration.

<b>Group 1 Medical specialties (dual train with Internal medicine)</b>	<b>Group 2 specialties</b>
Acute Internal Medicine	Allergy
Cardiology	Audiovestibular medicine
Clinical Pharmacology and Therapeutics	Aviation and space medicine
Endocrinology and Diabetes mellitus	Clinical genetics
General Internal medicine	Clinical neurophysiology
Geriatric Medicine	Dermatology
Gastroenterology	Haematology
Genitourinary Medicine	Immunology
Infectious Diseases/Tropical medicine	Infectious Diseases and Microbiology
Neurology	Infectious Diseases and Virology
Palliative medicine	Medical Ophthalmology
Renal medicine	Nuclear medicine
Respiratory medicine	Paediatric Cardiology
Rheumatology	Pharmaceutical medicine
	Rehabilitation Medicine
	Sport and Exercise medicine

The practical delivery issues in the infection specialties include the different entry criteria to combined infection training depending on final CCT. Posts in ID/GIM will require 3 years of internal medicine training (plus MRCP) before entry. Posts in ID/MM, ID/MV and mono-speciality training in MM or MV

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will be eligible to apply after 2 years of internal medicine training (plus MRCP) although trainees will also be able to apply after three years IM training if they chose to do so or need the extra time to get MRCP.

#### *B) Recruitment*

Round one national recruitment is planned for completion for 2018. The numbers of applicants in combined infection training has increased every year since its inception in 2014.

#### *C) Consultant posts*

There are a large number of vacancies in the infection specialties that remain unfilled across the UK. This is not specific to our specialty and represents a general recruitment problem at this level. It is hoped that there will be sufficient trainees obtaining CCTs in the near future to fill some of these vacancies. There are increasing numbers of posts offered for broadly trained infection doctors able to participate or lead in antimicrobial stewardship in the acute hospital setting in addition to ward based consults, outpatient clinics and infection control services.

#### *D) Plans for 2018*

BIA Council have discussed the need to support teaching and training opportunities and materials for trainees in infection. It is proposed that there should be a BIA subcommittee with a number of Council and trainee representatives focusing on these matters. The representatives on this committee will be discussed and terms of reference created.

#### **Journal of Infection editor's report**

- In 2017 the Journal of Infection received 1,277 submissions compared to 1,231 the previous year.
- The average rejection rate reached a new high of approx. 86%.
- The time taken to reach a first decision on a manuscript was 2.3 weeks in 2017, same as it was in 2016.
- The average time from submission of an article to it appearing online in a citeable format and downloadable in 2017 was 22.1 weeks (was 20.6 in 2016).
- The Journal's latest impact factor fell slightly to 4.201, with the Journal ranking 16/84 in the Infectious Diseases category of the Journal Citation Reports (in 2016, the IF was 4.382 and the ranking 13/82).
- Its CiteScore Tracker for 2017 is already at 3.21, an increase on the full-year 2016 CiteScore figure. (CiteScore is the citation metric which is derived from Elsevier's Scopus database).
- A total of 411,426 papers were downloaded in 2017 (across all platforms), an average of 34,280 per month. This is a 4% fall on the 2016 total of 429,187 papers, an average of 35,765 per month. The number of downloads from the journalofinfection.com site increased, but downloads from sciencedirect.com decreased. Increased security on the ScienceDirect site may be partly responsible for the latter.
- The journal's ScienceDirect homepage was redesigned to provide quicker access and over 80,000 ScienceDirect Topic pages were introduced to give readers a new source of information, derived using machine learning from Elsevier book content.
- PlumX is being used to capture the impact of articles above and beyond citations – the PlumPrint provides a visual image that communicates the level of engagement for an article

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including via the media (in print and online), social media (eg blogs, tweets), citations in books and journals.

- Researcher Academy has been launched by Elsevier – this free resource is aimed at Early Career Researchers and provides countless e-learning resources designed to support researchers on every step of their research journey.

*A full report has been made available to members on request to [BIA@hartleytaylor.co.uk](mailto:BIA@hartleytaylor.co.uk);*

### **Annual trainees' report**

Meeting Highlights from 2016 - 2017:

The Trainees had two very successful meetings, facilitated by the Trainee Reps.

Autumn Trainee Meeting 2nd December 2016 - The Studio, Birmingham

Chaired by and with a program designed by Dr Rebecca Bamber supported by Sara Boyd, three main speakers presented a variety of topics around imported diseases including: Ebola, Zika and the returning traveler.

Attendees: 76

Spring Trainee Meeting 24th May 2017 - SOAS

A number of topics were covered under the theme of Meet the Experts, by 8 invited speakers including; Professor Martin Wiselka who talked about his career in infection. Other topics covered were based around infection; making changes in infection control, mimics of infection and difficult symptoms on the ID clinic and the changing face of pertussis.

Attendees: 236

BIA Website - trainee area 2017

Feedback from our Trainee members is welcome for content and networking ideas. The trainee membership continues to grow and expand, particularly as this allows free attendance at BIA Trainee meetings.

Professional Affairs 2017:

Sara Boyd has represented trainee colleagues at the JRCPTB Specialty Advisory Committee for Infectious Diseases and Tropical Medicine. Over the past year these meetings have involved high level debate and decision-making on what the response of the Infection specialties should be to the Shape of Training report. Sara and Julia Colston devised a survey to poll trainee opinion on the issues involved. The results of this survey have now been used to inform the decision that trainees obtaining a CCT in Infectious Diseases and Microbiology may elect to complete either 2 or 3 years of Internal Medicine (IM) stage 1 training, prior to Higher Specialty Training. Trainees dual accrediting in Infectious Diseases and General Internal Medicine will be required to complete all 3 years of IM stage 1 training. These changes are trainee-driven and positively result in greater flexibility. Anxiety surrounding the new CICE examination has decreased since the first sitting and Sara is pleased to report that her colleagues, on the whole, find it to be a fair examination. Sara manages the moderation and updating of the BIA Twitter account. This has been done with great effect and continues to grow and develop.



# **BRITISH INFECTION ASSOCIATION**

## **TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)**

### **FOR THE YEAR ENDED 30 SEPTEMBER 2017**

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#### **Science and research**

Highlights from 2017:

Dr Chris Chiu was voted into the post of Scientific and Research Secretary in May 2017.

Another very successful Spring Meeting was held in May 2017 at which awards totaling £1,300 were made for the best scientific free paper, the best clinical case, and best poster presentation. Prize winners were: Antonio Ho (Monklands), Anastasia Theodosiou (Southampton), and Sam Tweed (Aberdeen).

The Association made a total of around £141,000 worth of grant awards as follows:

The BIA Research Fellowship of £70,000 was awarded to Dr Anna Jeffery-Smith (London) selected from four shortlisted for peer review out of a total of 12 applicants.

Three small project grants for £20,000 were awarded to Michael Marks (LSHTM), Kate el Bouzidi (UCL) and Catherine Houlihan (LSTHM) - 8 submissions were reviewed.

Eight travel awards were made out of 19 applications.

No Clinical Exchange award was made as no applications were received this round.

Four applications were received to give the Barnet Christie Lecture at the Federation of Infection Societies Meeting 2016 in Edinburgh. Dr James Price (Brighton & Sussex University) was selected and presented his talk entitled "The Staphylococcus aureus controversy: hospital hygiene or bad bugs? that was extremely well-received.

Aside from the BIA grants awarded, in view of current funds available, Council recommended that the 3 year co-funded MRC/ BIA Clinical Research Training Fellowship available through the Infection and Immunity Board would be put on hold. This decision was approved at the 2017 AGM. No applications had been received in January 2017 and the scheme will be reviewed by Council to determine its impact.

The addition of a Students Essay prize in the awards portfolio has been discussed by Council; more details on this will be available in next year's report.

The 2017 scientific assessment committee (SAC) members are: David Dockrell, Shiranee Sriskandan, Tristan Clark, Katie Jeffrey and Tom Evans, without whom the work of review and selection would not be possible. The selection process is always to include a Principal Officer as part of the agreed standards.

#### **Governance and finance**

Aims:

To ensure the integrity of BIA as a charity is protected through open and transparent financial and organisational management, and compliance with the requirements of the Office of the Scottish Charity Regulator (OSCR) this included updates to the information held by Companies House and

# BRITISH INFECTION ASSOCIATION

## TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT) FOR THE YEAR ENDED 30 SEPTEMBER 2017

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OSCR in line with Council Officer changes where new Principal Officers were taking up active principal officer posts from May 2017.

The updated GDPR regulations in 2018 regarding personal data privacy have been acknowledged and preparation is ongoing. BIA is registered with the ICO, Information Commissioner's Office.

A report on the activity and finances of the Association was presented at the Annual General Meeting in May 2018.

### Honorary treasurer's report

See the financial review on page 17.

### Honorary secretary's report

Highlights from 2017:

The year saw a number of changes to the council members

Officer Roles elected unopposed;

Vice President

Meetings Secretary

CSC MMV Secretary

CSC ID Secretary

Professor Martin Llewelyn

Dr Hiten Thaker

Dr Natasha Ratnaraja

Drs Anna Checkley & Jo Herman

BIA Member voting results;

Science & Research Secretary

Dr Chris Chiu

Feedback is always welcome for additional topics and content or ideas from our members old and new.

External administrative support and a dedicated Secretariat Services continued to be supplied by Hartley Taylor Medical Communications Ltd (HT). Further to a formal review of the support service provided by HT undertaken by Vice President, Hon Sec and Treasurer, BIA confirmed they were happy with the support provided to date and approved a renewal of the agreement, additional work to be invoiced at the previously agreed rate. Richard Pavey would continue to provide Technical Support on all Web Services and Pat Leonard continued in the role of BIA Web Editor.

### Contact details

Postal Address:

British Infection Association

C/o Hartley Taylor Ltd

Suite GC

Caledonian House

Tatton Street

Knutsford

WA16 6AG

# BRITISH INFECTION ASSOCIATION

## TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2017

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Telephone:

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[bia@hartleytaylor.co.uk](mailto:bia@hartleytaylor.co.uk)

Council members contact details:

President, Dr Albert Mifsud, [president@britishinfection.org](mailto:president@britishinfection.org)

Vice President, Professor Martin Llewelyn, [vicepresident@britishinfection.org](mailto:vicepresident@britishinfection.org)

Honorary Secretary, Dr Katie Jeffery, [secretary@britishinfection.org](mailto:secretary@britishinfection.org)

Honorary Treasurer, Dr Michael Kelsey, [treasurer@britishinfection.org](mailto:treasurer@britishinfection.org)

Meetings Secretary, Dr Hiten Thaker, [meetings@britishinfection.org](mailto:meetings@britishinfection.org)

Membership Secretary, Dr Mark Melzer, [membership@britishinfection.org](mailto:membership@britishinfection.org)

Clinical Services (ID), Drs Anna Checkley & Jo Herman, [clinicalservicesid@britishinfection.org](mailto:clinicalservicesid@britishinfection.org)

Clinical Services (Micro & Virology), Dr Natasha Ratnaraja, [clinicalservicesmv@britishinfection.org](mailto:clinicalservicesmv@britishinfection.org)

Guidelines Secretary, Dr Anna Goodman, [guidelines@britishinfection.org](mailto:guidelines@britishinfection.org)

Communications Secretary, Dr David Partridge, [communications@britishinfection.org](mailto:communications@britishinfection.org)

Manpower & Training Secretary, Dr Bridget Atkins, [manpowertraining@britishinfection.org](mailto:manpowertraining@britishinfection.org)

Scientific & Research Secretary, Dr Chris Chiu, [scientificresearch@britishinfection.org](mailto:scientificresearch@britishinfection.org)

Trainee (Meetings), Dr Rebecca Bamber, [traineemeetings@britishinfection.org](mailto:traineemeetings@britishinfection.org)

Trainee (Professional Affairs), Dr Sara Boyd, [traineeprofaffairs@britishinfection.org](mailto:traineeprofaffairs@britishinfection.org)

Newsletter Editor, Dr Mike Ankcorn, [newsletter@britishinfection.org](mailto:newsletter@britishinfection.org)

### Abbreviations used within this review:

ACCEA Advisory Committee on Clinical Excellence Awards

BIA British Infection Association

BSAC British Society for Antimicrobial Chemotherapy

CCT Certificate of Completion of Training

FIS Federation of Infection Societies

GMC General Medical Council

HIS Healthcare Infection Society

OSCR Office of the Scottish Charity Regulator

PHE Public Health England

IPS Infection Prevention Society

JRCPTB Joint Royal Colleges of Physicians Training Board

MRC Medical Research Council

MRCP (UK) Membership of the Royal College of Physicians (UK)

NHSI National Health Service Improvement

NICE National Institute for Clinical Excellence

RCPPath Royal College of Pathologists

RCP Royal College of Physicians

SAC Specialty Advisory Committee

SMI Standards for Microbiology Investigations

UEMS European Union of Medical Specialists

UKAS United Kingdom Accreditation Service

UK NSC UK National Screening Committee

# BRITISH INFECTION ASSOCIATION

## TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT) FOR THE YEAR ENDED 30 SEPTEMBER 2017

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### Achievements and performance

#### Financial review

The financial statements reflect the introduction of the Charities SORP (FRS 102) and FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland for the first time. There was no requirement to restate comparative figures. The Association's income has reduced from £339,955 in 2016 to £309,104 in 2017. This comprises investment income of £37,390 (2016: £36,999), income from charitable activities of £271,214 (2016: £295,179) and £500 (2016: £7,667) for sponsorship income for meetings. The income from charitable activities includes subscription income of £49,295 (2016: £52,881) and royalty income from the Journal of Infection of £221,919 (2016: £242,298).

Supplying members' Journal copies cost £29,852 (2016: £33,885) in the year and grants awarded in the year amounted to £141,042 (2016: £164,133). Grants payable are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the Trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation they will receive a grant and any condition attaching to the grant is outside the control of the charity.

Expenditure has reduced from £380,819 in 2016 to £352,542 in 2017. This includes £9,186 of expenditure on raising funds i.e. investment managers' costs plus £343,356 of expenditure on charitable activities. A breakdown of the expenditure on charitable activities can be seen in note 8.

The total income and expenditure detailed above has resulted in net outgoing resources for the year of £43,438 (2016: £40,864).

Net gains on investment assets for the year amount to £119,547 (2016: £178,928), with the majority of this gain being unrealised, therefore increasing the fixed asset investments figure in the balance sheet.

Investments have increased from £1,545,065 in 2016 to £1,675,233 in 2017. This comprises a portfolio valued at £1,490,922 managed by Speirs & Jeffrey Ltd, a portfolio valued at £184,310 managed by Rathbone Investment Management and a £1 investment in the Association's subsidiary, BIA Conferences Limited. The Association made an unrealised gain of £116,648 in the year (2016: unrealised gain of £172,108). This is the result of changes in stock market conditions in the year.

Debtors at 30 September 2017 have decreased by £2,355 to £5,423. This includes a prepayment of £4,672 in respect of a deposit for the 2018 Annual Conference and VAT of £751.

Creditors at 30 September 2017 have decreased by £68,628 to £329,242. This fall is mainly attributable to the value of grants awarded but not yet paid of £270,545 (2016: £340,672). The outstanding grants can be broken down into the following year of award - 2014: £2,942, 2015: £29,558, 2016: £102,528 and 2017: £135,517.

The reserves of the Association at 30 September 2017 amounted to £1,746,843 (2016: £1,670,734).

The Association does not exist to build up reserves, however, the Trustees have given consideration to a reserves policy as required by the Statement of Recommended Practice in order to demonstrate

# BRITISH INFECTION ASSOCIATION

## TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2017

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that it acts prudently to ensure the adequacy of resources available to it. The Trustees consider that the level of reserves should be adequate to support its activities over the next five years and it is the intention to continue to generate income in excess of resources expended.

Under the memorandum and articles of association, the Association has the power to make any investment which the Trustees see fit.

This report has been prepared in accordance with the special provision of Part 15 of the Companies Act 2006 relating to small companies

The Trustees' report was approved by the Board of Trustees.



Dr Michael Kelsey (Treasurer)

Trustee

Dated: 27/6/18

# BRITISH INFECTION ASSOCIATION

## INDEPENDENT EXAMINER'S REPORT

### TO THE TRUSTEES OF BRITISH INFECTION ASSOCIATION

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I report on the financial statements of the charity for the year ended 30 September 2017, which are set out on pages 20 to 30.

#### **Respective responsibilities of Trustees and examiner**

The charity's trustees (who are also the directors of the company for the purposes of company law) are responsible for the preparation of the accounts in accordance with the terms of the Companies Act 2006, Charities and Trustee Investment (Scotland) Act 2005 (the 2005 Act) and the Charities Accounts (Scotland) Regulations 2006 (the 2006 Accounts Regulations).

The charity trustees consider that the audit requirement of Regulation 10(1)(a) to (c) of the 2006 Accounts Regulations does not apply and that an independent examination is needed.

It is my responsibility to examine the accounts as required under section 44(1) (c) of the 2005 Act and to state whether particular matters have come to my attention.

#### **Basis of independent examiner's statement**

My examination is carried out in accordance with Regulation 11 of the 2006 Accounts Regulations. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeks explanations from the trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently I do not express an audit opinion on the view given by the accounts.

#### **Independent examiner's statement**

In the course of my examination, no matter has come to my attention:

- (a) which gives me reasonable cause to believe that in any material respect the requirements:
  - (i) to keep accounting records in accordance with section 44(1)(a) of the 2005 Act and Regulation 4 of the 2006 Accounts Regulations, and
  - (ii) to prepare accounts which accord with the accounting records and comply with Regulation 8 of the 2006 Accounts Regulationshave not been met, or
- (b) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

*K Adams.*

Kelly Adams MA (Hons) CA  
Chartered Accountant  
On behalf of RSM UK Tax and Accounting Limited  
First Floor, Quay 2  
139 Fountainbridge  
Edinburgh  
EH39QG

Dated: 28/6/18

# BRITISH INFECTION ASSOCIATION

## STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 30 SEPTEMBER 2017

	Notes	Unrestricted funds £	Restricted funds £	Total 2017 £	Total 2016 £
<b><u>Income from:</u></b>					
Donations and legacies	3	-	-	-	110
Charitable activities	4	271,214	-	271,214	295,179
Other trading activities	5	-	500	500	7,667
Investments	6	37,390	-	37,390	36,999
<b>Total income</b>		<b>308,604</b>	<b>500</b>	<b>309,104</b>	<b>339,955</b>
<b><u>Expenditure on:</u></b>					
Raising funds	7	9,186	-	9,186	7,782
Charitable activities	8	342,856	500	343,356	373,037
<b>Total resources expended</b>		<b>352,042</b>	<b>500</b>	<b>352,542</b>	<b>380,819</b>
Net gains on investments	13	119,547	-	119,547	178,928
<b>Net movement in funds</b>		<b>76,109</b>	<b>-</b>	<b>76,109</b>	<b>138,064</b>
Total funds brought forward		1,670,734	-	1,670,734	1,532,670
<b>Total funds carried forward</b>		<b>1,746,843</b>	<b>-</b>	<b>1,746,843</b>	<b>1,670,734</b>

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

All income and expenditure derive from continuing activities.

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.

**BRITISH INFECTION ASSOCIATION****BALANCE SHEET****AS AT 30 SEPTEMBER 2017**

	Notes	2017		2016	
		£	£	£	£
<b>Fixed assets</b>					
Investments	14		1,675,233		1,545,065
<b>Current assets</b>					
Debtors	16	5,423		7,778	
Cash at bank and in hand		395,429		515,761	
		400,852		523,539	
<b>Creditors: amounts falling due within one year</b>	17	(329,242)		(397,870)	
Net current assets			71,610		125,669
<b>Total assets less current liabilities</b>			1,746,843		1,670,734
<b>Income funds</b>					
Unrestricted funds			1,746,843		1,670,734
			1,746,843		1,670,734

The company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 30 September 2017. No member of the company has deposited a notice, pursuant to section 476, requiring an audit of these financial statements.

It is the Trustees' responsibility for ensuring that the charity keeps accounting records which comply with section 386 of the Act and for preparing accounts which give a true and fair view of the state of affairs of the company as at the end of the financial year and of its incoming resources and application of resources, including its income and expenditure, for the financial year in accordance with the requirements of sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to accounts, so far as applicable to the company.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.

The financial statements were approved by the Trustees and authorised for issue on 27/06/18

  
 Dr Michael Kelsey  
 Trustee



# BRITISH INFECTION ASSOCIATION

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 SEPTEMBER 2017

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### 1 Accounting policies

#### Charity information

British Infection Association is a private company limited by guarantee incorporated in Scotland (SC198418). The registered office is 54-66 Frederick Street, Edinburgh, EH2 1LS. A description of the charity's activities is included in the Trustees' Report.

#### Accounting convention

The financial statements have been prepared in accordance with the charity's Memorandum and Articles of Association, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 and "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)" (as amended for accounting periods commencing from 1 January 2016). The charity is a Public Benefit Entity as defined by FRS 102.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

These financial statements for the year ended 30 September 2017 are the first financial statements of British Infection Association prepared in accordance with FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland. The date of transition to FRS 102 was 1 October 2015. The financial statements of the charity for the year ended 30 September 2016 were prepared in accordance with applicable accounting standards and the Charities SORP (FRSSE). The reported financial position and financial performance for the previous period are not affected by the transition to FRS 102.

#### Going concern

At the time of approving the financial statements, the Trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus the Trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

#### Charitable funds

Funds are classified as either restricted or unrestricted funds, defined as follows:

Restricted funds are funds subject to specific purposes which may be declared by the donor or with their authority (e.g. by the restrictive wording of an appeal). A transfer from unrestricted to restricted funds will be made to prevent any restricted fund deficit.

Unrestricted funds are expendable at the discretion of the Trustees in furtherance of the general objectives of the Association. Designated funds represent those unrestricted funds set aside by the Trustees for particular purposes.

#### Incoming resources

Donations are recognised in the period in which they are receivable, which is when the charity becomes entitled to the resource, it is probable that it will be received and it can be reliably measured.

Income from charitable activities includes royalty income from the charity's publication and membership subscriptions. Income is recognised where the charity is entitled to the resource, it is probable that it will be received and it can be reliably measured.

Income from other trade activities includes sponsorship income from hosting third-party conferences and meetings and is recognised on a receivable basis.

Investment income is recognised in the year in which it is receivable, which is when the Association becomes entitled to use the resources.

# BRITISH INFECTION ASSOCIATION

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2017

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### 1 Accounting policies (Continued)

#### **Resources expended**

Resources expended are included in the Statement of Financial Activities on an accruals basis and are recognised when a legal or constructive obligation arises.

Expenditure on raising funds includes costs incurred in relation to the management of the charity's investment portfolio and those costs associated with the hosting of third-party conferences and meetings.

Expenditure on charitable activities comprises those costs incurred by the charity in the delivery of activities and services undertaken to further the purposes of the charity. This includes costs that can be allocated directly to such activities, those costs of an indirect nature necessary to support them and governance costs.

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include secretarial costs, computer running costs and other similar costs.

Governance costs include those incurred in the governance of the charity and its assets and are primarily associated with constitutional and statutory requirements.

Grants payable are payments to third parties in the furtherance of the objectives of the charity and payments made to members in respect of travel awards granted in the year. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the Trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation they will receive a grant and any condition attached to the grant is outside the control of the charity.

#### **Fixed asset investments**

Fixed asset investments are initially measured at transaction price excluding transaction costs, and are subsequently measured at fair value at each reporting date. Changes in fair value are recognised in net movement in funds for the year. Transaction costs are expensed as incurred.

A subsidiary is an entity controlled by the charity. Control is the power to govern the financial and operating policies of the entity so as to obtain benefits from its activities.

#### **Financial instruments**

The charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the charity's balance sheet when the charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

#### **Basic financial assets**

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

# BRITISH INFECTION ASSOCIATION

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

### FOR THE YEAR ENDED 30 SEPTEMBER 2017

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#### 1 Accounting policies (Continued)

##### **Basic financial liabilities**

Basic financial liabilities, including creditors, are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

##### **Derecognition of financial liabilities**

Financial liabilities are derecognised when the charity's contractual obligations expire or are discharged or cancelled.

#### 2 Critical accounting estimates and judgements

In the application of the charity's accounting policies, the Trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

#### 3 Donations and legacies

	<b>Total 2017 £</b>	<b>Total 2016 £</b>
Donations and gifts	-	110

#### 4 Charitable activities

	<b>2017 £</b>	<b>2016 £</b>
Subscriptions	49,295	52,881
Journal of Infection	221,919	242,298
	<u>271,214</u>	<u>295,179</u>

All income from charitable activities in both the current and the prior year was unrestricted.

# BRITISH INFECTION ASSOCIATION

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 30 SEPTEMBER 2017

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### 5 Other trading activities

	2017 £	2016 £
Sponsorship of BIA events	500	7,667

Income from other trading activities amounted to £500 (2016: £7,667) for the year, of which £500 (2016: £nil) was from unrestricted income funds and £nil (2016: £7,667) was from restricted income funds.

### 6 Investments

	2017 £	2016 £
Income from listed investments	37,345	36,299
Interest receivable	45	700
	<u>37,390</u>	<u>36,999</u>

All investment income in both the current and the prior year was unrestricted.

### 7 Raising funds

	2017 £	2016 £
Sponsorship of events	4,000	4,000
Investment management costs	5,186	3,782
	<u>9,186</u>	<u>7,782</u>

All expenditure on raising funds in both the current and the prior year was from unrestricted funds.

# BRITISH INFECTION ASSOCIATION

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

### FOR THE YEAR ENDED 30 SEPTEMBER 2017

#### 8 Charitable activities

	2017 £	2016 £
Travel expenses	75,030	73,651
Meeting expenses	21,403	19,936
Educational workshops	2,725	13,427
Journal of Infection	29,852	33,885
	<u>129,010</u>	<u>140,899</u>
Grant funding of activities (see note 9)	141,042	164,133
Share of support costs (see note 10)	61,063	46,014
Share of governance costs (see note 10)	12,241	21,991
	<u>343,356</u>	<u>373,037</u>
<b>Analysis by fund</b>		
Unrestricted funds	342,856	357,061
Restricted funds	500	15,976
	<u>343,356</u>	<u>373,037</u>

#### 9 Grants payable

	2017 £	2016 £
Grants to institutions:		
To fund research - LSHTM (2 grants)	40,000	40,000
To fund research - University College London (2 grants)	90,000	-
To fund research - University of Sussex (1 grant)	-	20,000
To fund research - Newcastle University (1 grant)	-	70,000
To support event - The Royal College of Pathologists (1 grant)	3,000	-
	<u>133,000</u>	<u>130,000</u>
Grants to individuals	8,042	34,133
	<u>141,042</u>	<u>164,133</u>

LSHTM: London School of Hygiene & Tropical Medicine.

As described in the Trustees' Report, grants to individuals are awarded for travel to infection related conferences and for research projects and fellowships.

# BRITISH INFECTION ASSOCIATION

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

### FOR THE YEAR ENDED 30 SEPTEMBER 2017

#### 10 Support costs

	Support costs	Governance costs	2017	2016
	£	£	£	£
Secretarial assistance	47,290	-	47,290	41,456
Computer running costs	8,614	-	8,614	6,371
Bank charges	259	-	259	253
Legal and professional fees	2,423	-	2,423	400
Insurance	477	-	477	438
Sundry	413	-	413	185
Irrecoverable VAT	1,587	-	1,587	(3,089)
Independent examiner's fee	-	2,860	2,860	2,600
Accountancy fees	-	4,628	4,628	9,172
VAT services	-	4,753	4,753	10,219
	<u>61,063</u>	<u>12,241</u>	<u>73,304</u>	<u>68,005</u>

Governance costs for the year included amounts payable to the charity's independent examiner of £2,860 (2016: £2,600) and £9,381 (2016: £19,391) for other financial services.

#### 11 Trustees

None of the Trustees (or any persons connected with them) received any remuneration from the charity during the year. Four (2016: four) Trustees were reimbursed a total of £2,312 (2016: £2,897) for travel expenditure.

#### 12 Employees

There were no employees during the year.

#### 13 Net gains/(losses) on investments

	2017	2016
	£	£
Revaluation of investments	116,648	172,108
Gain on sale of investments	2,899	6,820
	<u>119,547</u>	<u>178,928</u>

# BRITISH INFECTION ASSOCIATION

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2017

### 14 Fixed asset investments

	Listed investments £
<b>Cost or valuation</b>	
At 1 October 2016	1,545,065
Additions	176,697
Unrealised gain	116,648
Disposals	(163,178)
	<hr/>
At 30 September 2017	1,675,232
	<hr/>
<b>Carrying amount</b>	
At 30 September 2017	1,675,232
	<hr/> <hr/>
At 30 September 2016	1,545,065
	<hr/> <hr/>

	Notes	2017 £	2016 £
Other investments comprise:			
Investments in subsidiaries	15	1	-
		<hr/> <hr/>	<hr/> <hr/>

### 15 Subsidiaries

Details of the charity's subsidiaries at 30 September 2017 are as follows:

Name of undertaking	Registered office	Nature of business	Class of shares held	% Held	
				Direct	Indirect
BIA Conferences Limited	54-66 Frederick Street, Edinburgh, EH2 1LS	To run conferences	Ordinary share capital	100.00	

BIA Conferences Limited did not trade during the year and had capital and reserves of £1 at the year end.

### 16 Debtors

	2017 £	2016 £
<b>Amounts falling due within one year:</b>		
Other debtors	751	4,988
Prepayments and accrued income	4,672	2,790
	<hr/>	<hr/>
	5,423	7,778
	<hr/> <hr/>	<hr/> <hr/>

# BRITISH INFECTION ASSOCIATION

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2017

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

	2017 £	2016 £
Trade creditors	-	2,748
Accruals and deferred income	58,697	54,450
Accruals for grants payable	270,545	340,672
	<u>329,242</u>	<u>397,870</u>

### 18 Financial instruments

	2017 £	2016 £
<b>Carrying amount of financial assets</b>		
Instruments measured at fair value through income and expenditure	1,675,232	1,545,065
	<u>1,675,232</u>	<u>1,545,065</u>
<b>Carrying amount of financial liabilities</b>		
Measured at amortised cost	329,242	397,870
	<u>329,242</u>	<u>397,870</u>

### 19 Restricted funds

The income funds of the charity include restricted funds comprising the following unexpended balances of donations and grants held on trust for specific purposes:

	Movement in funds			Balance at 30 September 2017 £
	Balance at 1 October 2016 £	Incoming resources £	Resources expended £	
Travel & Conference Fund	-	500	(500)	-
	<u>-</u>	<u>500</u>	<u>(500)</u>	<u>-</u>

The Travel & Conference Fund relates to incoming resources and resources expended on travel and conferences.



# BRITISH INFECTION ASSOCIATION

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2017

### 20 Designated funds

The income funds of the charity include the following designated funds which have been set aside out of unrestricted funds by the Trustees for specific purposes:

	Movement in funds				Balance at 30 September 2017 £
	Balance at 1 October 2016 £	Incoming resources £	Resources expended £	Transfers £	
	Designated funds	70,000	-	-	
	70,000	-	-	(70,000)	-

Funds were set aside in the prior year for the purpose of funding the MRC/BIA Research Fellowship. During the year to 30 September 2017 the Trustees decided to withdraw the award, and as such the funds have been transferred to general unrestricted funds.

### 21 Analysis of net assets between funds

	Unrestricted Funds £	Restricted Funds £	Total £
Fund balances at 30 September 2017 are represented by:			
Investments	1,675,233	-	1,675,233
Current assets/(liabilities)	71,610	-	71,610
	1,746,843	-	1,746,843