AUDIENS

The Newsletter of the
British Association of Paediatricians in Audiology

Issue No. 50
February 2013

amplivox

Success with tympanometry

The Amplivox Otowave is ergonomically shaped to ensure tympanometry can be completed quickly, and with confidence and accuracy.

Intuitive to use, test results can be printed, saved in memory or exported electronically.

Designed for portability, the Otowave can be used for both clinic and mobile requirements.

- **Totally portable**
- **Intuitive use**
- **Large graphics display**
- **Programmable reflex test**
- **Optional portable printer and PC interface**
- **No external power or data cables**

Tel: +44 (0)1865 842411
E-mail: sales@amplivox.ltd.uk
www.amplivox.ltd.uk

World class solutions for audiological and occupational health requirements

AUDIENS

The Newsletter of the British Association of Paediatricians in Audiology

BAPA is registered as a charity, No.1142712

CONTENTS

AUDIENS EDITOR:
This edition: Jeanette Nicholls
New Editor: Dr. Anne Marsden
Email: anne.marsden@nhs.net

The BAPA Executive is comprised of the Directors/Trustees, the regional representatives and the other members as listed.

Directors/Trustees

Gillian Painter	*Chair*	*gill.painter@cmft.nhs.uk*
Kathleen Coats	*Vice Chair*	*Kathleen.coats@hdft.nhs.uk*
Ken Abban	*Honorary Treasurer*	*ababio@ic24.net*
Veronica Hickson	*Honorary Secretary*	*veronica.hickson@wales.nhs.uk*
Adrian Dighe	*SIG Convenor to RCPCH*	*Adrian.Dighe@sirona-cic.org.uk*
Jane Lyons	*Past Chair and Rep to BACCH*	*jane.lyons@nhs.net*

Other members of the executive

Rosamund Aylett	*UKCoD Rep (co-opted)*	*Rosamund.Aylett@esth.nhs.uk*
Winifred Baddoo	*NE and Yorkshire Rep*	*Winifred.baddoo@nhs.net*
Jane Dalzell	*Meeting Secretary*	*jane.dalzell@nhs.net*
Mahadeva Ganesh	*Midlands Rep*	*m.ganesh@telfordpct.nhs.uk*
Esther Harper	*NI Rep*	*esther.harper@westerntrust.hscni.net*
Ruth Henderson	*Scottish Rep*	*ruth.henderson@luht.scot.nhs.uk*
John Irwin	*President BAAP*	*john.irwin@nhs.net*
Breege MacArdle	*Vice President BAAP*	*breege.macardle@nhs.net*
Anne Marsden	*Newsletter Editor*	*anne.marsden@nhs.net*
Dolores Umapathy	*NW and N Wales Rep*	*dumapathy@doctors.org.uk*
Claire Wilson	*SW and S Wales Rep*	*claire.wilson@wales.nhs.net*
Vacant	*SE Rep*	

***BAPA SECRETARIAT**:*
Mrs. P Williams,
23, Stokesay Road,
Sale, Cheshire M33 6QN
Tel./answerphone: 0161 962 8915
Fax: 0161 291 9398
Email: pamelawilliams@onetel.com

Editorial: So Long, farewell, auf wiedersehen and goodbye!

As I write this editorial I am reflecting on my time as the newsletter editor. I had a hard act to follow with Jane Lyons, my predecessor, having developed Audiens over a considerable number of years. I, for my part in the story, have not managed to last as long but hope that during my time I have made some positive changes and found some interesting feature articles for you all to read.

As a result of changing both the size of the copy from A4 to A5 and the printing company our loyal advertisers have enabled us to generally cover the full cost of printing and postage.

We are now entering a new phase; members were asked at the recent London Conference their preferences regarding regular communication and method of receiving Audiens. There is still a chance for anyone who did not attend to register their preference by completing the survey on line; the details are on the separate slip. It only takes a few minutes and is very easy to complete. (I found this out for myself following my altercation with black ice and resultant fracture preventing travel down to London!) So far the membership response unanimously supports email becoming the method for regular contact rather than postal communication. Therefore it is imperative that your contact details are kept up to date. Isabelle Robinson who holds the membership details for BAPA needs to informed isabelle.robinson@rcpch.ac.uk

Regarding Audiens there is significant agreement with it moving to being sent out as a pdf file rather than as a paper copy. This is something that my successor will tackle.

At the BAAP audit meeting last November, which was held in Manchester, I made the presentation on behalf of BAPA which will hopefully appear in a future edition of Audiens along with an article by Professor Margaret Harris who spoke at the afternoon Paediatric Neurology update session. Working at the Oxford Brookes University in the department of psychology she presented on the challenges for deaf children and the impact of new technologies on their ability to learn how to read. So please watch out for her article. Also as a response to the needs of revalidation BAAP

will be changing their programme of audit. BAPA members should have more opportunities to present any completed audits as they prepare for revalidation over the coming years.

Congratulations to our treasurer, Ken Abban and his wife. As you can see from her picture on our inside back cover she has been installed as Nana Yaa Boatemaa 1st of Nkonya Ahenkro in Ghana,

I would like to thank all those of you who have contributed to Audiens, to Alan Batchelor for typesetting and to our Advertisers for their support and finally to wish Anne Marsden all the best as she takes over the mantle as Newsletter Editor;

Jeanette Nicholls,
Retiring Newsletter Editor

Notice For BAPA Members

'It has recently become apparent that BAPA is not listed by the tax office (HMR&C) as a Professional or a Learned body, as such may present difficulties for the purpose of tax relief. The name BACDA is still listed as a Professional and a Learned body. We are in contact with HMR&C to rectify this situation but it will take time. In the interim one can still use BACDA (British Association of Community Doctors in Audiology) for tax relief purposes as the amount is the same (£40.00) until the situation is rectified, which is for BAPA to replace BACDA on the HMR&C's list of professional and learned bodies. Thank you for your understanding.'

K. Abban, BAPA Treasurer.

Audiens is prepared and typeset by:
Alan Batchelor
167, Chester Road,
Macclesfield, Cheshire. SK11 8QA
Tel. 01625 425087,
Email: alanbatchelor@hotmail.co.uk

Audiens is printed by
Newton Press
27a Coleshill Road
Sutton Colfield
West Midlands
B75 7AX.
Tel. 0121 378 3711

A letter to the Editor (An email to be precise!)

Dear Jeanette,

I have just read the recent BAPA newsletter and would like to respond to your quest. (This is my personal view and not representative of any the organisations I am associated with.)

In view of the association and the value/voice that BAPA representatives now have in the RCPCH I think it is important that BAPA continues to exist for as long as possible and exercise its voice for an appropriate medical care for children.

Secondly joint work with BAAP is required in order to make our voices heard such that the needs of the children & families we serve are listened to.

Thirdly I believe that BAPA members should all join BSA. The medical view in this multidisciplinary body would lead to significant representation and continued medical representation.

At present I am a BSA council member, trustee and BSA PAIG chair. PAIG will be the voice for paediatric concerns to influence future care for children with hearing and balance problems or tinnitus.

Within BSA even those who have no specific audiological training are welcome and could find peer support.

I just came back from the DoH Audiology Advisory Group meeting regarding the long-term condition document and together with other representatives we can have a voice. We just need leaders to take this forward. As these are difficult to find at times, we need to work together closely.

I am a strong believer in the multidisciplinary voice with a medical touch, getting others to support our aims. I see BSA as the future for this paediatric medical one in association with the RCPCH/RCP depending only on how people want to listen.

(PS the next BSA PAIG conference in Sheffield in May (16+17) will be around “Complex needs - Complex challenges” so really in line with BAPA philosophy.)

Best wishes,

Dr Sebastian Hendricks (September 2012)
BAPA member/BAAP member
BSA council member & trustee
BSA PAIG Chair (2012+13)

"No Pudding Left! *- Memoirs of a Meetings Secretary
Lesley Batchelor

Everyone knows that the most important part of any Day Conference is the lunch! It has to be appetising, easy to eat, served on time and with no queues, and generous in quantity. There must be a good selection, not forgetting the vegetarian option and other specialised requirements. Ensuring that everyone is well fed and somnolent for the first post-prandial lecture is solely the responsibility of the meetings secretary. I never had a job description but if I had had one, it would have been the first bullet point.

Apart from choosing the menu, the meetings secretary has many other onerous tasks. Second only in importance to the food issue is the quality of the ladies' loos! Their design and functionality, as well as cleanliness and adequacy of numbers and proximity to the main happening are subjects that weigh heavily on the 'essential' list of the meetings secretary.

The secret of a successful conference is to plan early. Of course this doesn't preclude last minute panics. In the mid 1990s when I fulfilled the meetings secretary role BAPA (or BACDA as it then was) still had 2 study days per year – the London meeting in January which incorporated the AGM, and a summer meeting in the north. The latter was traditionally in Manchester but as suitable venues became more expensive and elusive, we spread our wings to places like York, often enlisting organisational help from the local audiological paediatricians (mainly SCMOs in those days). Their local expertise was often invaluable particularly on topics where paediatrics and audiology overlap.

Planning ahead is something my dad always taught me. Getting a good venue for the conference often requires a site visit or someone in the know. Pam Williams was my 'right hand woman' in this respect and in many other organisational ways as well. She has visited many unsuitable places but knowing exactly what we had in mind she would narrow the choice down so that the final decision was easy. I won't say we didn't have any bad venues but sometimes things happen that are outside your control.

We tend to stick to SOAS for the London meeting because we are comfortable there and we can all find it blindfold. But one year we were moved to another part of the site to eat, because Friday prayers were being said. That was a bit of a disaster. And it wasn't just the pudding that ran out because I think we were invaded by students!

Another hugely important part of the role of meetings secretary is to ensure that the books balance. Whilst we have always had very lenient treasurers it really is a

bit terrifying to guess how many delegates and weigh that up against the cost of venue and speakers. In those far off times in the 1990s we somehow assumed speakers would be honoured to be invited to address us, so no lecture fee was offered, only expenses. But we soon started to pay a small honorarium as the importance of attracting top-rank specialists became essential while we all sought CPD points and study leave became a scarce commodity.

Registering the conference for CPD points was an art form in itself. Two different royal colleges with separate rule books which evolved year on year added to the fun. Devising meaningful post-meeting evaluations was also a task to tax the mind.

In later years I was to fulfil the same meetings secretary role for BAAP. This was an even bigger challenge – overnight accommodation was involved. This metamorphosed from the almost Hogwartian atmosphere of Gregynog into four star hotels with dedicated conference facilities.

So what are the requirements in the 'person spec' of a meetings secretary? In no particular order I think that hard-working, organised, well read, tenacious and mind-reader might fit the bill. Some of my biggest challenges have been in that last category. Things like 'You know I always come to the conference' or 'I didn't think I actually needed to book' were heard more than once.

So what were the positives? Meeting really nice people; big names who were so generous and gracious in giving their time and sharing expertise. Some were unable to attend personally but sent someone senior from their team and contacted me afterwards to ask how it went. One even sent chocolates and flowers by way of atonement! I don't remember having any stand-offish speakers at all. The exhibition was also an enjoyable task to organise. The reps became personal friends and were keen to support us (and very lucrative they are too, so be nice to them!)

What about scary moments? Well of course, IT wins that category. One of my main priorities was always to book the in-house IT technician even if it meant spending some of your money. There is nothing more humiliating for a speaker than to suddenly find that their key movie clip doesn't work! Huge unexpected expenses bills and speakers overstepping their remit and time slot have all played their part in raising my blood pressure.

And the best bit? Realising by 2 o'clock that all the speakers had turned up, the verbal feedback so far had been good, the coffee hot and the lunch enjoyed, and I could sit back and listen to the rest of the day without a care in the world!

*Otherwise translated as:' the WiFi in my room doesn't work', 'the waitress poured the wine from the wrong side' or 'I don't have my cheque book with me'.

Lesley Batchelor

The BAPA Website
www.bapa.com.uk

The British Association of Paediatricians in Audiology (BAPA) was inaugurated in 2007 as an association of paediatricians practising audio-vestibular medicine. BAPA has its roots in the former British Association of Community Doctors in Audiology (BACDA) an organisation begun in 1985 by a small group of clinicians dedicated to the development of high quality hearing assessments for children. For a small society BACDA has been remarkably effective for over 20 years. It has made significant contributions to the education of clinicians in the field of paediatric audiology, particularly doctors practising within Community Child Health Departments where historically most children's hearing assessment services have been managed. During recent years there have been many technical advances and considerable organisational change, so that service structure and delivery is radically different from when BACDA began. BAPA continues to represent all paediatricians with an interest in children's hearing, and in whatever setting this is delivered. BAPA also seeks to be at the forefront of professional development in the field of paediatric audiovestibular medicine. BAPA has an additional role as a special interest group of the Royal College of Paediatrics and Child Health (RCPCH) and has taken up the challenge to work closely with the RCPCH on workforce planning, specialist training and development of competencies and standards for the paediatric speciality of audiovestibular medicine.

Audiens, the newsletter of BACDA and now BAPA has reached its 50th Edition and our thanks go to Jane Lyons, Gill Parry, Jane Lyons (again), Jeanette Nicholls and thanks in anticipation to Anne Marsden.

Some past editions of Audiens are available on the website.

National Deaf Child and Adolescent Mental Health Service (NDCAMHS)

Dr R A Walker MBChB, MRCP, MRCPsych
Consultant Child and Adolescent Psychiatrist
Dudley and Walsall Mental Health Partnership NHS Trust
Castlemill, Burnt Tree Dudley, DY4 7UF

There is a higher prevalence of mental health difficulties in deaf children, and yet historically these children and their families have had poor access to generic child and adolescent mental health services (CAMHS). Poor access was best demonstrated by the 2005 National Deaf Children's Society (NDCS) study in Northern Ireland which showed that only 4 of the estimated 35 deaf children and young people who should have been receiving specialist mental health input were known to local CAMHS. Even when families do access generic CAMHS, they often report the experience to be unsatisfactory, with poor understanding of issues such as communication and deaf awareness. The higher prevalence of mental health difficulties in deaf children is due to an increased number of risk factors, which can broadly be divided into two groups. Firstly, additional medical and developmental difficulties directly associated with the cause of deafness e.g. meningitis or prematurity. Secondly, risk factors associated with adjustment to the deafness and particularly meeting the communication and language needs of deaf children within families and within educational settings (Table 1).

Risk factors for mental health problems in deaf children
Learning disability, multi-sensory impairment, central nervous system damage and neurodevelopmental difficulties
Poor communication skills
Often no shared language in early years
Late diagnosis of deafness
Lack of incidental learning
Limited social opportunities and isolation – peer relationships, family dynamics
Added difficulties when brought up in Bilingual community (eg, parents speak Urdu, school uses English, friends use BSL)
Hospitalisation and residential schooling
Physical health problems associated with syndromes

Risk factors for mental health problems in deaf children
Difficulties in education – low achievements
Unresolved feelings or non-acceptance of deafness by family
Difficulties with discipline
Higher risk of abuse
Attachment difficulties
Individual and cultural identity
Prejudice, discrimination, social adversity

Specialist mental health services for the Deaf started with adult services run by Dr John Denmark in Preston in 1963, followed by similar services in London and Birmingham, in the 1970's and 1980's. Outpatient children's services developed first in London in 1991, but running a national mental health service from London created a number of challenges not least around funding and geography. Plans to develop children's inpatient services in London with support from the National Specialist Commissioning Advisory Group (NSCAG) were agreed in 1998 and Corner House inpatient unit at Springfield Hospital in Tooting opened in 2001. In 2004 NSCAG went on to support a pilot project looking at the development of additional outpatient services in York and Dudley. This project was partly focused on working with residential deaf schools and also explored the use of teleconferencing. It was evaluated positively by the Social Policies Research Unit at York University, which resulted in designation of the outpatient service as a nationally-commissioned service.

Since October 2009, we have therefore had a national outpatient service in England which provides care for deaf young people with mental health problems between the ages of 0 and 18 and which is linked to the inpatient service at Corner House. This service, National Deaf CAMHS (NDCAMHS) is funded by the National Specialist Commissioning Team, who top-slice money from every PCT in the country, and therefore no additional funding is required at the point of referral provided young people meet the referral criteria for the service. There are now four main centres in London, York and Dudley with a new centre in Taunton, which provides a service for the Southwest peninsula. The service is largely organised on a "hub and spoke" model, with each of the original three main centres (London, York and Dudley) having two outreach

centres in adjoining regions. These are Maidstone and Cambridge for London, Newcastle and Manchester for York, and Nottingham and Oxford for Dudley (Figure 1). Although there are notional boundaries between the teams, NDCAMHS is expected to operate as one national service, and families can choose to attend whichever centre is most convenient for them.

Teleconferencing facilities are available in each of the 10 centres, and also in most of the residential schools for the deaf e.g. RSD Derby, St John's Boston Spa, and Doncaster. Whilst teleconferencing is only occasionally suitable for direct clinical work with young people and families and even then it needs to be supported by regular face to face meetings, it has been very useful for professional meetings and peer support e.g. consultation, supervision and other management and clinical meetings such as reviews and this has reduced travel time and costs. The use of other new technologies such as Skype and texting is also being explored.

Each centre has a multi-disciplinary team (MDT) with some staff being based in one centre and others providing cover across two or three centres. Nationally, we have a wide variety of professionals, including nurses, occupational therapists, clinical psychologists, child psychiatrists, family therapists, play therapists, language therapists, and deaf family support workers. The service employs both Deaf and hearing staff. The role of the deaf family support worker includes individual work with young people, acting as a positive Deaf role model, providing "being deaf" training in both the home and school, communication and language screening assessments, relay interpreting. The deaf family support worker is also responsible for providing bespoke communication training for families within the home and providing advice and expertise regarding the deaf aspect of care to other members of the multi-disciplinary team. (figure 1)

National Deaf CAMHS recognises the importance of working with deaf staff and therefore funding was obtained via QIDIS (Quality improvement) to explore the development of professional roles for deaf people within the service. Currently most deaf staff within the service are unqualified support workers, therefore this money was sourced to bridge this gap. A new role of Deaf Service Consultant was developed to provide strategic input and influence in the design and development of a highly specialist deaf service making sure there is deaf representation throughout all levels of the service.

Hearing staff are expected and supported to learn British Sign

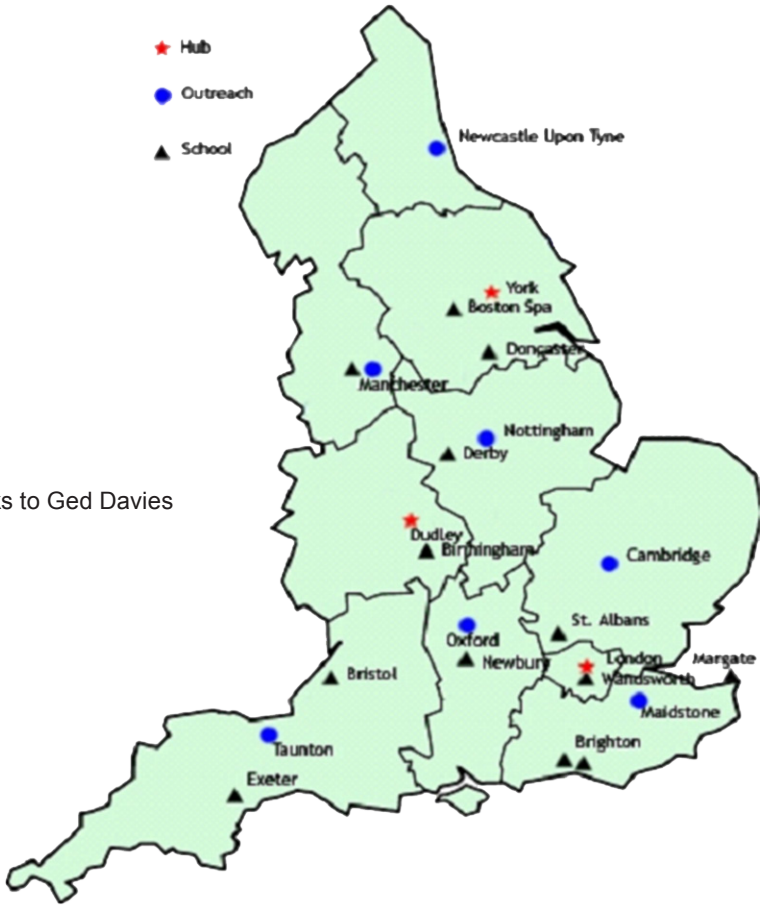


Figure 1

With thanks to Ged Davies

Language (BSL) to at least Level 2 as the service is bi-lingual and bi-cultural and this enables colleagues to communicate directly with each other with ease. Although some hearing staff are able to work directly with young people in BSL, there is often a need to work alongside BSL interpreters and Deaf staff particularly for new assessments and family work. Some centres employ BSL interpreters as part of the MDT whilst others work closely with a small pool of qualified freelance interpreters. All interpreters have experience and specialist training in the fields of mental health and deafness and working with children. It is important to acknowledge the need to book the same interpreter to work regularly with a particular child or family.

The remit of the service is to provide direct work through specialist assessments and interventions

where appropriate, but also to support local CAMHS and other professionals through consultation, training and joint work. One of our aims is to skill-up local CAMHS teams so that wherever possible deaf young people can access their local service. In order to do this, we are encouraging the development of a Link Worker role within every CAMHS team in the country. The service also works closely with local specialist mental health teams, such as Early Intervention, Eating Disorders and Learning Disability. National Deaf CAMHS also provides support and consultation to other professionals in health, education, social care and voluntary organisations who work directly with young people.

The service is designated as a highly-specialist service and is currently funded to deal with approximately 360 referrals nationally per year. There are therefore quite strict referral criteria, both regarding the degree of deafness and also the severity of mental health difficulties. These are outlined in Tables 2 and 3.

Table 2

Deafness Criteria: Where a child or young person has:
a severe or profound hearing loss
OR -considers sign language (e.g. BSL, SSE) as their first or preferred language
However, referrals are also considered if there is:
a significant language impairment related to moderate to profound hearing loss
OR - a hearing child with a parent who has severe/profound hearing loss or who uses BSL

Table 3

Mental Health Criteria: Where a child or young person has an additional mental health need, such as:
Emotional or mood difficulties
Severe behavioural difficulties
Inappropriate social skills and/or developmental concerns
Eating disorders
Risk-taking behaviours, such as self-harm
Trauma-related difficulties
This is not an exhaustive list

In order to be referred to the service, the young person should have a CGAS (Children's Global Assessment Scale) score of less than 50.

CGAS Score of 41-50
A moderate degree of interference in functioning in most social areas (home, school or with peers) or severe impairment of functioning in one area, such as might result from, for example
- suicidal preoccupations and ruminations
- school refusal and other forms of anxiety
- obsessive rituals
- major conversion symptoms
- frequent anxiety attacks
- poor-to-inappropriate social skills
- frequent episodes of aggressive or other anti-social behaviour, with some preservation of meaningful social relationships

The service will accept referrals from any professional working with a deaf young person, provided they have parental consent. If young people meet the referral criteria, then there are no issues regarding funding to access the service. If there is doubt about whether a young person meets the referral criteria then clinicians from the service will be happy to discuss potential referrals by telephone, teleconferencing, Skype or face to face meeting and if there is still some doubt will offer an initial assessment, preferably in conjunction with local CAMHS, and will then signpost the referral onto other services if necessary. After initial assessment with the local CAMHS team, we will take on appropriate cases for work ourselves, we may work jointly with the local CAMHS team, or we may suggest the case is appropriate for local CAMHS, perhaps with additional consultation or training from our service.

Although the service has been designated since 2009, it has taken some time to recruit and train all of the staff, but this process is now largely complete across the country and the service is now able to deal with the number of referrals which it is commissioned to provide. There are a number of ongoing challenges

for the new service such as working out how best to provide an equitable and accessible service over such a large geographical area whilst working cooperatively with local CAMHS and other organisations. Other challenges include developing new assessment tools which are valid for deaf children e.g. autism assessment tools and evaluating and potentially adapting therapeutic interventions for deaf children e.g. cognitive behavioural therapy. There is also a unique opportunity to undertake research on a national caseload of deaf children referred to the service.

Finally, although the service is not directly commissioned to undertake preventative work, it is vital that we gather evidence gained from working with this highly-specialist group of children and share this knowledge with other professionals through teaching and publishing, in order to reduce the high prevalence of mental health difficulties in future generations of deaf children and adults. The risk factors for mental health problems in deaf children (Table 1) suggest two clear messages which we need to prioritise. Firstly, evidence has shown that the use of sign language at an early age has promoted effective communication which reduces the risk of mental health issues later in life. Secondly, where there are concerns about the educational progress or the social and emotional development of deaf young people, our work highlights the importance of early specialist assessment for additional neurodevelopmental difficulties and mental health problems.

Acknowledgements

Thanks to Rachel Hayes, Deaf Service Consultant for her helpful comments on an earlier draft of this paper.

References

Beresford, B., Greco, V., Clarke, S., & Sutherland, H. (2008). An evaluation of specialist mental health services for deaf children, Research Works, 2008-2. Social Policy Research Unit, York University.

National Deaf Children's Society (2005). Developing mental health services for deaf children and young people in Northern Ireland.

Schaffer, D., Gould, M.S., Brasic, J., et al. (1983). A children's global assessment scale (CGAS). Archives of General Psychiatry, 40, 1228-1231.

British Association of Paediatricians in Audiology
(A company limited by guarantee)
Annual Report and Financial Statements
for the Year Ended 30 November 2012

Contents

N.B.

The following page does not form part of the statutory financial statements:

Statement of financial activities per fund

Referenee and Administrative Details

Charity name	British Association of Paediatricians in Audiology
Charity registration number	1142712
Company registration number	0744S618
Principal office	22 Goring Road Llanelli, SAIS 3HN
Registered office	22 Goring Road Llanelli. SAIS 3HN
Trustees	Dr Jane Lyons Dr Veronica Hickson Dr Gillian Painter Dr Adrian Dighe Dr Ken Abban Dr Kathleen Coats.(Appointment 7 February 2012)
Bankers	Royal Bank of Scotland Preston Fulwood Branch 2 Lytham Road, Fulwood Preston. PR2 8JB

Accountant	Hallidays LLP Riverside House Kings Reach Business Park Yew Street Stockport SK42HD

Trustees Report

Structure, governance and management

British Association of Paediatricians in Audiology (BAPA) was incorporated on I 9th November 2010 and is govemed by the Memorandum and Articles of Association as amended by special resolution dated I 0th June 20 I I .It became a registered charity on 4th July 20 I I. The assets of a not for profit organisation of the same name which was not a registered charity were transferred to BAPA on its registration.

BAPA is a private company limited by guarantee.

New trustees, who are also directors, are recruited by the exsisting trustees. Trustees retire by roatation . The charity may by ordinary resolution appoint a person who is willing to be a trustee, and determine the rotation in which any trustees are to retire.

Objectives and activities

BAPA ‘s objectives are the relief of the handicap by the furtherance of the study of audiology and the prevention. diagnosis and management of hearing impairment in children and other groups for the benefit of the public.

The objectives are met by the following activities-

a. The promotion of standards in both train ing and professional qualifications of Paediatricians working in audio-vestibular medicine and to contribute to the training of other professionals working in related disciplines.
b. The promotion of multidisciplinary working for the benefit of children and their families
c. The promotion of multidisciplinary working by maintaining and developing links with other professional bodies.
d. The holding of meetings, lectures and discussions in various regions and the publication at regular intervals of a newsletter for members.

Achievements and performance

During the period under review BAPA held its annual clinical meeting in London which was attended by 72 delegates.

For the furtherance of higher learning, BAPA interacted with other professional bodies including:The Royal College of Paediatrics and Child Health, the British Association of Audiological Physicians, the British Society of Audiology, the Royal National Institute for the Deaf. the National Deaf Children's Society and the British Association for Teachers of the Deaf.

Financial Review

At the year-end BAPA had free reserves equivalent to approximately 30 months expenditure.

The Trustees and Directors have approved a reserve policy of £34,000.

Small company provisions

This report has been prepared in accordance with the small companies regime under the Companies Act 2006.

Approved by the Board and signed on its behalf by:

Dr Ken Abban (Trustee)

Date: 15_01_2013

Chartered Accountants' Report to the Trustees on the Unaudited Accounts of British Association of Paediatricians in Audiology

In accordance with the engagement letter, and in order to assist you to fulfil your duties under the Companies Act 2006. we have compiled the financial statements of the charity which comprise the Statement of Financial Activities. and the related notes rrom the accounting records and information and explanations you have given to us.

This report is made to the Charity's Board of Directors, as a body, in accordance with the tenns of our engagement. Our work has been undertaken so that we might compile the financial statements that we have been engaged to compile, report to the Charity's Board of Directors that we have done so, and state those matters that we have agreed to state to them in this 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 Charity and the Charity's Board of Directors, as a body. for our work or for this report.

We have carried out this engagement in accordance with technical guidance issued by the Institute of Chartered Accountants in England and Wales and have complied with the ethical guidance laid down by the Institute relating to members undertaking the compilation of financial statements.

You have acknowledged on the balance sheet as at 30 November 201.2 your duty to ensure that the charity has kept proper accounting records and to prepare financial statements that give a true and fair view under the Companies Act 2006. You consider that the charity is exempt from the statutory requirement for an audit for the year.

We have not been instructed to carry out an audit of the financial statements. For this reason, we have not verified the accuracy or completeness of the accounting records or information and explanations you have given to us and we do not, therefore. express any opinion on the financial statements.

Date; 22_01_2013

Hallidays LLP, Chartered Accountants

Riverside House

Kings Reach Business Park

Yew Street, Stockport. SK42HD

Statement of Financial Activities (including Income and Expenditure Account) for the Year Ended 30 November 2012

	Note	Unrestricted Funds £	Total Funds 2012 £	Total Funds 2011 £
Incoming resources				
Incoming resources from generated funds				
Voluntary income	2	-	-	35.235
Activities for generating funds	4	16,348	16.348	15.805
Investment income	5	8	8	21
Total incoming resources		16.356	16.356	51,061
Resources expended				
Charitable activities	6	9,948	9,948	8,395
Governance costs	6	5,240	5,240	5,719
Total resources expended		15,188	15,188	14,114

Net movements in funds	1,168	1,168	36.947
Reconciliation of funds			
Total funds brought forward	36,947	36,947	-
Total funds carried forward	38,115	38,115	36,947

Balance Sheet as at 30 November 2012

	Note	2012 £	2012 £	2011 £	2011 £
Fixed assets					
Tangible assets	10		30		40
Current assets					
Cash at Bank and in Hand		46,136		45,636	
Creditors: Amonuts falling due within one year	11	(8,051)		(8,729)	
Net Current Assets			38,085		36,907
Net Assets			38,115		36,947
The funds or the charity:					
Unrestricted funds					
Unrestricted income funds			38,115		36,947
Total charity funds			38,115		36,947

For the financial year ended 30 November 2012. the charity was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

The members have not required the charity to obtain an audit of its accounts for the year in question in accordance with section 476.

The directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of accounts.

These accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies regime and with the Financial Reporting Standard for Smaller Entities (effective April 2008).

Approved by the Board on 15_01_2013. and signed on its behalf by:

Dr Veronica Hickson (Trustee) Dr Gillian Painter (Trustee)

British Association of Paediatricians in Audiology
Notes to the Financial Statements for the Year Ended 30 November 2012

1. Accounting policies

Basis of preparation

The financial statements have been prepared under the historical cost convention and in accordance with the Statement of Recommended Practice 'Accounting and Reporting by Charities (SORP 2005)', issued in March 2005. the Financial Reporting Standard for Smaller Entities (effective April 2008) and the Companies Act 2006.

Fund accounting policy

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

Further details of each fond are disclosed in note 14.

Incoming resources

Donations are recognised where there is entitlement. certainty of receipt and the amount can be measured with sufficient reliability.

Income derived from events is recognised as earned (that is. as the related goods or services are provided).

Investment income is recognised on a receivable basis.

Resources expended

Liabilities are recognised as soon as there is a legal or constructive obligation committing the charity to the expenditure. All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category.

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

Governance costs

Governance costs include costs of the preparation and examination of the statutory accounts, the costs of trustee meetings and the cost of any legal advice to trustees on governance or constitutional matters.

Support costs

Support costs include central functions and have been allocated to activity cost categories on a basis consistent with the use of resources. for example,

allocating property costs by floor areas, or per capita, staff costs by the time spent and other costs by their usage.

Fixed assets

Individual fixed assets costing£100 or more are initially recorded at cost.

Depreciation

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

Audiology equipment	25% written down value
Fixtures and fittings (including computers)	25% written down value

2 Voluntary income

	Unrestricted Funds £	Total Funds 2012 £	Total Funds 2011 £
Donations and legacies			
Appeals and donations	-	-	34,640
Other income	-	-	595
			35,235

The £34,640 assets of the not for profit organisation the British Association of Paediatricians in Audiology were transferred to BAPA on incorporation and are shown as donations in the comparative above.

4 Activities for generating funds

	Unrestricted Funds £	Total Funds 2012 £	Total Funds 2011 £
Subscriptions			
Subscriptions	6,530	6,530	6.870
New Resource			
Clinical meetings			
- delegate fees	8,413	8,413	6,565
Advertisers & exhibitors	1,405	1,405	2,370
	9,818	9.818	8,935
	16.348	16,348	15,805

5 Investment income

	Unrestricted Funds	Total Funds 2012	Total Funds 2011
	£	£	£
Interest on cash deposits	8	8	21

6 Total resources expended

	Membership	Clinical meetings	Other charitable activities	Governance	Total
	£	£	£	£	£
Direct costs					
Cost of goods sold	1,226	7.352			8.578
Auditors' remuneration				1,980	1,980
Depreciation of tangible fixed assets			10		10
	1.226	7,352	10	1,980	10.568
Support costs					
Office expenses		1,001			1.001
Printing, posting and stationery	128				128
Subscriptions and donations			171		171
Sundry and other costs			60		60
Cost of trustee meetings				3,083	3.083
Bank charges				177	177
	128	1.001	231	3,260	4.620
	1,354	8.353	241	5,240	15.188

7 Trustees' remuneration and expenses

No trustees received any remuneration during the year.

8 Net income

Net income is stated after charging:

	2012	2011
	£	£
Depreciation of tangible fixed assets	10	14

9 Taxation

The company is a registered charity and is, therefore, exempt from taxation

10 Tangible fixed assets

	Plant and machinery including motor vehicles	Fixtures, fittings and equipment	Total
	£	£	£
Cost			
As at I December 2011 and 30 November 2012	29	24	53
Depreciation			
As at 1 Dec. 2011	7	6	13
Charge for the year	5	5	10
As at 30 Nov. 2012	12	11	23
Net book value			
As at 30 November 2012	17	13	30
As at 30 November 2011	22	18	40

11Creditors: Amounts falling due within one year

	2012	2011
	£	£
Other creditors	6,527	6,922
Accruals and deferred income	1,524	1,807
	8,051	8,729

12 Members' liability

The charity is a private company limited by guarantee and consequently does not have share capital. Each of the members is liable to contribute an amount not exceeding £I 0 towards the assets of the charity in the event of liquidation.

13 Related parties

Controlling entity

The charity is controlled by the trustees who are all directors of the company.

14 Analysis of funds

	At 1 December 2011	Incoming Resources	Resources Expended	At 30 November 2012
	£	£	£	£
General Funds				
Unrestricted income fund	36,947	16,356	(15,188)	38.115

15.. Net assets by fund

	Unrestricted Funds	Total Funds 2012	Total Funds 20ll
	£	£	£
Tangible assets	30	30	40
Current assets	46.136	46.136	45.636
Creditors: Amounts falling due within one year	(8,051)	(8.051}	(8.729)
Net assets	38,115	38,115	36,947

Statement of financial activities by fund
Year Ended 30 November 2012

	Unrestricted income fund 2012	Unrestricted income Fund 2011
	£	£
Incoming resources		
Incoming resources from generated funds		
Voluntary income		35,235
Activities for generating funds	16,348	15,805
Investment income	8	21
Total incoming resources	16,356	51,061
Resources expended		
Charitable activities	9,948	8,395
Governance costs	5,240	5,719
Total resources expended	15,188	14,114
Net movements in funds	1,168	36,947
Reconciliation of funds		
Total funds brought forward	36,947	-
Total funds carried forward	38,115	36,947

This page does not form part of the statutory financial statements.

The BAPA Annual Prize Rules

- 1. The award is named the BAPA Annual Prize
- 2. Any BAPA member (Full, Associate or Retired) will be eligible for the award apart from members of the Panel (see below)
- 3. The award will be given for work that promotes the aims of BAPA, which are:
- (a) The promotion of standards in both training and professional qualifications of paediatricians working in audiovestibular medicine and to contribute to the training of other professionals working in related disciplines.
- (b) The promotion of multidisciplinary working for the benefit of children and their families.
- (c) The promotion of multidisciplinary working by maintaining and developing links with other professional bodies.
- (d) The holding of meetings, lectures and discussions in various regions and the publication at regular intervals of a newsletter for members.
- 4. This work can be in the form of:
- (a) a report or publication
- (b) a presentation to an educational or audit meeting
- (c) an outstanding contribution to service development and/or multi-disciplinary working.
- 5. Candidates can themselves apply for the Prize by submitting a report or presentation. Alternatively candidates can be proposed by any full member of BAPA by submission of a citation.
- 6. The Awards Panel will comprise three assessors, two of whom are BAPA members (one of whom is a committee member) and one non-BAPA member who is actively involved in children's hearing services. The Panel will be nominated annually by the Committee.
- 7. Submissions should be sent to the Secretariat or Chairman by 30th September each year for consideration by the Panel. If the Panel agrees to make an award this will be presented at the next BAPA Annual General Meeting. If the recipient is unable to attend, the award will be presented in absentia.
- 8. The award will be in the form of tokens of the recipient's choosing. The value of the award is currently £250.

Any changes?

If any of your details have changed, please let BAPA know by sending your details to Isabelle Robinson

Please be sure to include the following:

Name, _____

Address, _____

Post code. _____

Preferred Email address,_____

Home Tel. No., _____

Work Tel. No. _____

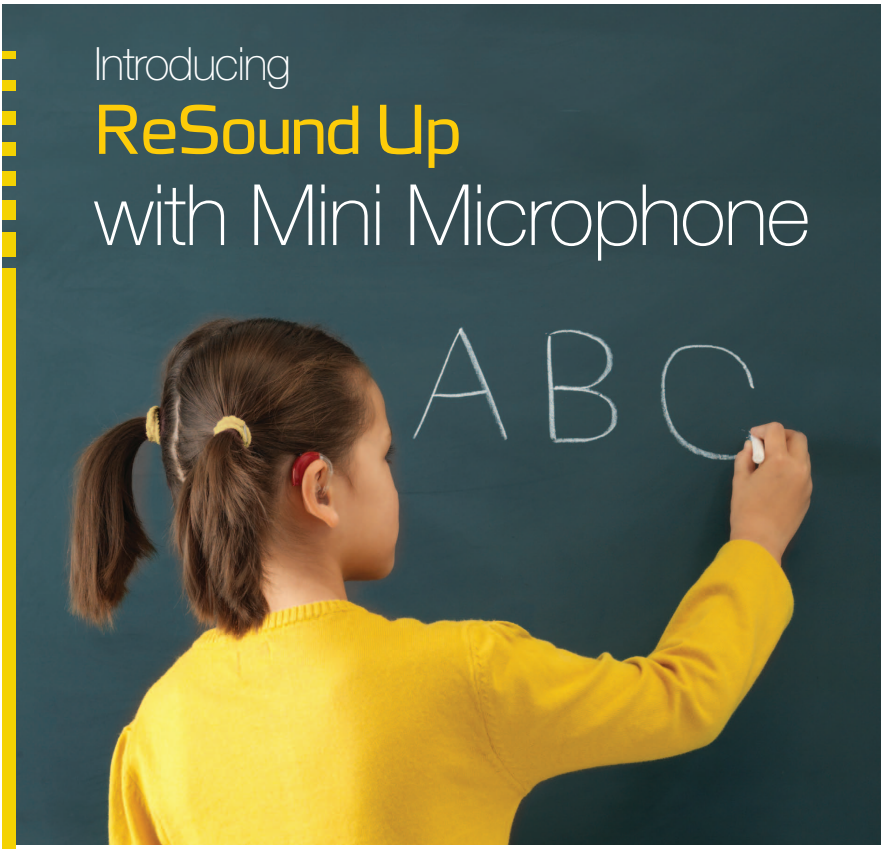
AUDIENS ADVERTISING RATES FOR 2013 are as follows:
Colour A5 Commercial £200 Academic £150
For Monochrome rates apply to editor
Format for advertising:
Camera ready artwork, preferably colour separated or on disc.
Artwork to be sent to the Editor:
Dr. Anne Marsden
Email: anne.marsden@nhs.net

Prices for inserts:
£100 per single A4 sheet, ready printed.
Next edition – all copy to be received by 15th August

"Nana Yaa Boatemaa 1st of Nkonya Ahenkro, Ghana"

Introducing

ReSound Up with Mini Microphone



Join our revolution to improve signal to noise ratio for more children

In the UK only one in four children who would benefit from an FM system in their classroom actually has access to one.

You can make the benefits of FM available to all

ReSound Up hearing aids paired with Mini Microphone provide the same proven signal quality and range as traditional FM systems.* The complete system is available for the cost of a single microlink shoe.

How is this possible…

- Direct wireless connection to the hearing aid without a neck loop or FM shoe
- ReSound Up includes built-in digital receiver
- Mini Microphone includes built-in digital transmitter
- Small ergonomic design with no need for shoes, cables or neck loops
- Easy to set up and easy to use
- Strong, stable connection via 2.4GHz wireless technology as licensed to Cochlear
- Ideal for use in the classroom and in a full range of challenging, dynamic situations

Validated by The Ear Foundation

To find out more about ReSound Up and Mini Microphone, contact Heather Dowber on hdowber@gnresound.co.uk

ReSound Up
Every word counts

UK01.17 Rev A 10.2012