



British Thoracic Society



Looking to the future

Annual Report 2011

BTS members make all the difference!
The Society is grateful to all those listed for their assistance and efforts on our behalf during the year.

Executive Committee – The Society’s Trustees: Dr Martin Allen Dr David Baldwin Dr Graham Burns Dr Robina Coker (Honorary Treasurer, from December 2010) Dr Jo Congleton (Honorary Treasurer, to December 2010) Professor Paul Corris (President to December 2010) Dr Craig Davidson Dr Lisa

Davies Professor Tony Davison Professor Andy Fisher Professor Andrew Greening (President-Elect, from December 2010) Professor Mike Morgan (Chair) Dr Ed Neville (President, from December 2010) Dr Mike Ward Dr John White Mr Chris Wiltsher BTS Council (Trustees are also members of the Council). Elected members of Council serve for three years, taking up post in December each year: Dr Jonathan Bennett Dr Lesley Bennett Dr Charlotte Bolton Dr Howard Branley Dr Lisa Davies Professor Robert Davies (to November 2010) Professor Ratko Djukanovic Professor Madeleine Ennis Dr Ian Forrest Dr Rachel Garrod Professor Andy Greening Dr Adam Hill Dr Alastair Innes Dr Toby Maher Dr Andrew Menzies-Gow Dr Robert Milroy Dr John O’Reilly Dr Irem Patel Professor Tariq Sethi Dr David Smith Dr Noel Snell Dr David Spencer Dr Lisa Spencer Professor Monica Spiteri Dr Mark Toshner Dr John Wiggins Ex-officio members of Council: Dr Colin Wallis (Chair of British Paediatric Respiratory Society, from April 2010) Dr Jenni Quint (Chair of the BTS Specialist Trainees Advisory Group) Mrs Jane Scullion (Chair of the BTS Nurses Advisory Group) Dr J Alastair Innes (ERS National delegate) Dr Simon Watkin (Council member, Royal College of Physicians of London, to December 2010) Professors Andy Bush and Ian Pavord (Editors of Thorax) Members of the Executive Committee and Council also serve on the Society’s Nominations and Remuneration Committees Education And Training Committee Dr Caroline Baxter Dr Craig Davidson (Chair, to December 2010) Professor Ratko Djukanovic Mr Ron Finlay Dr Patrick Flood-Page Dr Ian Forrest (Chair, from December 2010) Professor Jonathan Grigg Dr Andrew Hardy Dr Adam Hill Dr Steve Holmes Dr Adrian Kendrick Dr Eleanor Main Dr Andrew Menzies-Gow Dr Robert Milroy Dr N Shanti Paramothayan Dr John Park Dr Irem Patel Mrs Samantha Prigmore Dr Grace Robinson Dr Mark Tosher Dr Paul Walker Public Liaison Committee Mrs Beryl Bennett Mr Steve Catling Mr David Evans Mr Ron Finlay Mr Andy Harrison Mrs Anne McCloy Mr Chris Wiltsher (Chair) Professor And Organisational Standards Committee Dr Jonathan Bennett Dr Christine Bucknall (BTS Audit Lead) Dr Graham Burns (Chair) Dr James Calvert Mr David Evans Dr David Honeybourne Dr Claire Hooper Dr Neil Leitch Dr James McCreanor Dr Hannah Morgan Ms Elaine Stevenson Standards Of Care Committee Dr Lesley Bennett Dr Howard Branley Dr Felix Chua Professor Robert Davies Dr Ingrid Du Rand-Darwood Mr David Evans Dr Johanna Feary Mrs Sian Goddard Dr Jeremy Hull Mrs Anne McCloy Dr Michael McKean Miss Karen Newell Mrs Sarah-Jane Peffers Dr Najib Rahman Professor Tariq Sethi Dr Dinesh Shrikrishna Dr David Smith Dr Noel Snell Professor Monica Spiteri Dr Jay Suntharalingam Dr Simon Watkin Dr John White (Chair) Dr John Wiggins Science And Research Committee Dr Hannah Bayes Mrs Beryl Bennett Dr Charlotte Bolton Dr A Colin Church Professor Andrew Fisher (Chair) Dr Rachel Garrod Professor Jonathan Grigg Dr Richard Iles Dr Toby Maher Dr William Man Mrs Melanie McFeeters Professor Ann Millar Dr David Spencer Dr Lisa Spencer Dr Michael Steiner Professor Moira Whyte Dr Janelle Yorke Specialty Workforce Committee Dr Nabeel Ali Dr Rob Angus Dr Marta Babores Dr Stephen Bicknell Dr Brian Bradley Dr Gordon Christie Dr Andrea Collins Dr Christopher Davies Dr Lisa Davies (Chair) Dr Owen Dempsey Dr Nicola Downer Dr David Evans Dr Annika Graham Dr Jane Gravil Dr Liam Heaney Dr Bernard Higgins Dr Adam Hill Dr Philip Hughes Dr I Hussain Dr Gareth Jones Dr Jack Kastelik Dr Richard Leach Dr Neil McAndrew Dr Andrew Menzies-Gow Dr Andrew Molyneux Dr Mohammed Munavvar Dr Yee Ean Ong Dr Mark Pasteur Dr Gerrard Phillips Dr Simon Quantrill Dr Jackie Rendall Dr Trevor Rogers Dr Nicky Simler Dr Ian Smith Dr Robin Smith Dr Nicola Stevenson Mrs Sandy Walmsley Dr Adam Whittle Mr Chris Wiltsher IMPRESS Mrs Stephanie Austin Dr Stephen Connellan Professor Tony Davison (co-Chair) Dr Stephen Gaduzo Dr Kevin Gruffydd-Jones Ms Sharon Haggerty Mr Andy Harrison Dr Steve Holmes (co-Chair) Dr Hilary Pinnock Dr Louise Restrict Mrs Jane Scullion Mrs Bronwen Thompson Dr Mike Ward Dr John Williams Mrs Sian Williams Specialist Advisory Groups Asthma Professor Neil Barnes Dr Liam Heaney (Chair, from April 2011) Dr Steve Holmes Dr Bernard Higgins (Chair, to April 2011) Dr Philip Ind Professor Ian Pavord Dr David Spencer COPD Dr Mark Cotton Karen Heslop Christine Mikelsons Dr John O’Reilly (Chair, to December 2010) Dr Hilary Pinnock Dr Richard Russell Professor Sally Singh Dr Mike Ward (Chair, from December 2010) Critical Care Dr Ben Creagh-Brown Dr Ian Crossingham Dr Mark Griffiths Dr Nicholas Hart (Chair) Dr Matthew Wise Cystic Fibrosis Dr Ian Balfour-Lynn Miss Valerie Hall Dr David Honeybourne (Chair, to December 2010) Dr J Alastair Innes Dr R I Ketchell Ms S Ammani Prasad Dr Chris Sheldon Dr Dannie Watson Dr Martin Walshaw (Chair, from December 2010) Interstitial Lung Disease Dr Paul Beirne Dr Andrea Collins Dr Owen Dempsey Dr Simon Hart Dr Nik Hirani (Chair) Professor Richard Hubbard Dr Colm Leonard Dr Gillian Tomlinson Interventional Procedures Dr Ingrid du Rand-Darwood Dr James Finnerty Professor Richard Lewis Dr Nicholas Maskell Dr Mohammed Munavvar Dr Pallav Shah (Chair) Dr Suveer Singh Dr Mark Slade Lung Cancer and Mesothelioma Mr Sion Barnard Dr Paul Beckett (Chair) Dr Matthew Callister Dr Richard Harrison Dr Mark Slade Dr John White Mr Tony White Lung Infection **continued on p11**



By its own standards BTS has had another successful year. The Meetings and courses have been well attended, *Thorax* is thriving under new editors and the committee structures are running smoothly. As usual this is due to the selfless contributions of members and the seemingly effortless expertise of the staff at Doughty Street. This may give the impression that nothing has changed but under the surface the Society has been preparing itself for the future by undergoing radical changes in its structures and outlook. As this Report describes, the administration of the Society has been refreshed by new appointments and a new pay and grading structure to support staff. We are also undergoing a major IT refit that will allow us to make full use of modern technology and also explore how new technology can impact on our work and learning. We have produced a five-year Strategic Plan that has undergone consultation by the membership who have also informed us this year through a comprehensive survey.

These preparations should allow us to fulfil some important future ambitions. The first of these is the completion of the e-learning programme that will now be a free benefit to members and linked directly to the training curriculum, as well as a potential aid to revalidation. We hope in this way to encourage trainees and younger members to join the Society earlier on in their career. We also want to engage the public by demonstrating the value of the trained specialist. In this respect we hope, with the help of the BTS Public Liaison Committee, to publish a Charter for Respiratory Health. Radical changes in national health services will also require greater awareness and engagement by members who will need support to operate beyond their comfort zone. In recent years we have largely withdrawn from any overseas activity but the time has come to revisit this and regain contact with our overseas members.

We are very much looking forward now to a period of positive activity and growth, but that is not to say that the BTS will abandon its old values. Evidence that we are still held in high regard was pleasingly reflected in the National Patient Safety Award the Society received this year for the Emergency Oxygen Guidelines and related work. This is an example which shows that making progress does not mean abandoning our principles. I hope you will find something of interest in this report and do not discover too much grass growing under our feet.

Professor Mike Morgan
Chair, BTS Executive Committee

Strong Foundations and

OUR VISION


The main driver for the Society's work will continue to be our concern to **raise standards of respiratory health care for all**. Core activities will continue to have this objective as their central driving force.

As well as improving the quality, scope and reach of these activities, and developing new ones, the Society will be prepared to **praise good standards and highlight inadequate standards of respiratory care in an assertive and robust way**.

The Society's Trustees consider it is of great importance to **highlight the nature and value of the specialty** directly to the public, and to demonstrate the **positive impact of having specialist respiratory care** by championing excellence.

HOW DID WE DO?

The work plan for 2010/11 indicated that the Society, under the guardianship of its Trustees, would:

TASK	TO BE COMPLETED BY	PROGRESS
Undertake a members' survey	March 2011	Completed
Complete a major IT development programme	by March 2012	On target
Complete our new Communications Strategy	by April 2011	Completed
Continue work on 8 current Guidelines , with related activities (including training for new Guideline groups, and development of clinical audit tools where indicated)	Work is ongoing through the year	Four Guidelines published in 2010/11
Re-apply to NHS Evidence for accreditation as a Guideline provider		done in July 2011
Develop an Implementation Framework for BTS Guideline activity	by December 2011	On target
Develop BTS Quality Standards linked to all current BTS Guidelines, and those in development		Ongoing
Develop BTS Opinion Sheets , as part of the Communications Strategy	work to start in August 2011	Delayed
Develop and refine BTS clinical audits		Ongoing
Develop the BTS Lung Diseases Registry		Ongoing
Continue to collect and report workforce and training data , and work closely with the Centre for Workforce Intelligence and Royal Colleges of Physicians (and nursing and other AHP organisations, as appropriate) so that accurate information is available to support national and local discussions		Ongoing
Develop a series of support activities for clinicians who are taking the lead in service delivery and service re-design. The first BTS Business Leadership course for respiratory clinicians took place in March 2011. More activities will come on stream later in 2011		On target
Establish a Health Technology Working Party which will report in the late summer of 2011	by end of 2011	On target
Evaluate the Society's relationships with strategic partners in line with the revised strategy and start discussions about a new Respiratory Alliance		Ongoing
Continue to be responsive to the need for the Society to be involved in discussions at the highest level in Scotland, Wales and Northern Ireland as well as within England, working in partnership with leaders in the national Societies in each of these nations		Ongoing
Continue to regard patient safety as a significant driver for improvements in respiratory care. The Society was delighted that its work was recognised by a Health Service Journal/Nursing Times Patient Safety Award in March 2011		Ongoing
		
Present another excellent Winter Scientific Meeting in December 2011		On target
Evaluate the success of our first venture as co-supporters of the 2011 Medical Futures Innovations Awards and consider whether BTS should continue to support in 2012 and beyond	By September 2011	Achieved
Continue to play a full part in the work of the UK Respiratory Research Collaborative , including providing secretariat assistance to the group		Ongoing
Continue to offer strong ongoing support to our journal <i>Thorax</i> , and will work in partnership with the editors and the BMJ. BTS staff plan to assist with the marketing activities during the ATS and ERS Congresses in May and September respectively		Ongoing
Develop e-learning activities and appropriate business models over the year to come, and review the Education & Training strategy	by June 2011	Review took place in April 2011
Provide an excellent Summer Meeting in Cardiff in June 2011, and a first class Short Course programme through the year		Completed
Depending on feedback from a survey of Trainees and Regional Training Programme Directors in March 2011, hold a Specialty Certificate Examination preparation course in December 2011 for the 2012 SCE candidates		This will take place as planned
Continue to support the work of our BTS Stop Smoking Champions and TB Champions .		Ongoing



a Clear Way Ahead

STRATEGIC PLAN

In September 2010 Trustees made radical changes to the purpose and focus of the Strategic Plan for 2011-16. Members' views on the draft Plan were sought when the Members' Survey was activated in early 2011, and subsequent adjustments were confirmed when BTS Council met in

June. The Plan can be viewed on the Society's website in the section "About BTS". This Report summarises progress towards the targets for 2011 and highlights some pieces of work that were in progress pending the major strategy review. The BTS website contains details of all of the Society's

activities, and a copy of the Trustees Report and Accounts giving full financial information about the year ending June 2011. www.brit-thoracic.org.uk

COMMUNICATING OUR PLANS

An **internal & external communications strategy** was approved by Trustees in June 2011. It sits alongside the Strategic Plan and is central to effective relationships with members and external organisations. It covers a range of activities.

Public affairs: to bring to the attention of policy makers and national and local providers issues concerning standards of care - what is needed to improve these, and where they are under threat. The Society will continue to seek to meet governments and health departments in all four nations of the United Kingdom as and when Trustees feel this is necessary, or when advised by national Thoracic Societies that this would be beneficial.

Awareness of BTS activities in pursuit of high standards of care: these include dissemination of Guidelines, clinical audit tools, position statements and policy commentaries. Our audiences are BTS

members among members, other healthcare professionals, commissioners and providers, and the public. The re-designed website which was launched in June 2011 is one of the main ways in which the information can be available, combined with "push" activities such as targeted emails and use of social media tools.

Clinical engagement: the target audience is Society members and one of the key messages is how to respond to rapid changes in health care delivery systems throughout the UK without compromising standards. This is currently achieved by means of monthly e-Newsletters, targeted email communications and frequent refreshing of the website to bring up-to-date information and the opportunity to become involved with Society activities.

Public engagement: the Society is keen to engage its members, other organisations and the general public in the debate which is needed to secure and ensure availability of specialist respiratory care. This can

be achieved via the website and the work of the Public Liaison Committee and its suggestions for re-focussing activities, such as a public lecture as part of the arrangements for an annual BTS Meeting.

Pro-active media campaigns: will be needed to promote some of the Society's activities during each year. These will be identified annually in the Strategic Plan.

Reacting to media enquiries: BTS has a number of media-trained spokespeople available at all times. Referrals are also made to other organisations as needed.

Promoting the Society's educational activities: – by developing a more active marketing strategy towards members and non-members, and organisational users.

DIGITAL STRATEGY

Trustees have also invested in two related areas to make sure that the Society is equipped to face the future.

Use of technology in respiratory treatment. A Working Party was established to report back to the Trustees at the September 2011 Awayday, so that a BTS Position Statement can be developed.

IT systems in place at BTS head office. Although they work well individually, the IT systems in place at BTS head office for different functions have had to be developed on a number of different

platforms and cannot easily be combined. These functions include membership and delegate bookings; events management; and an organisations database to support projects such as clinical audit and surveys, and communication with BTS Leads and Respiratory Champions in areas such as Oxygen, Tuberculosis and Smoking Cessation. Technology has moved on since the Society last invested in its membership software, in 1999, and the software is not completely "web compatible". The two databases also need to be brought together into one, using Customer Relations Management software. Trustees therefore decided

to invest in a major IT re-fit, involving a full specification and tendering exercise and selection of a suitable supplier to undertake the work. Work began in July 2011 with the aim of having the changes in place by the end of March 2012. This will be a substantial investment and the impact and improvement in head office structures and services will be significant.

Education and Training

A tradition of excellence

“...to provide added value at a time when budgets are tight and study leave more difficult to come by”

The Society has a long-standing reputation for excellence in its educational provision. The Society's **Summer Meeting** attracts a multi-professional audience and attracts between 300 and 550 delegates each year. Since 2001, 5936 delegates have attended the Summer Meetings, which have been held as far afield as Aberdeen and Bournemouth. In recent years the Meeting has usually been held in venues in the central spine of England in response to delegate feedback, although Trustees feel that it is also important to hold Meetings outside England on a regular basis.

The Society has developed the Summer Meeting programme in recent years to provide added value at a time when budgets are tight and study leave is more difficult to come by. The most recent change has been to include two “**mini short courses**” in the Summer Meeting since 2009 – the format comprises a morning with 2 linked symposia looking at clinical advances and developing service provision. Topics covered in recent years have included Cystic Fibrosis, Intensive care, Tuberculosis and ILD. **The Clinical Grand Round** competition has attracted some excellent presentations in recent years and is now a highly sought-after award for trainee doctors. 479 attended the Summer Meeting in Cardiff in June 2011. New for 2011 is the production of a web-based record of symposia for delegates after the event.

The **BTS short course programme** has several objectives, which the Education and Training Committee reviews regularly and adjusts according to feedback and demand:

- to provide medical trainees with high quality courses in areas where it is not easy to obtain regional access to learning - for example lung transplantation and radiology;
- to provide the means by which a multi-disciplinary audience can receive updates about new BTS Guidelines and application in practice – usually from a panel of Guideline authors;
- to respond to developments such as the Specialty Certificate Examination and the need to equip clinicians with business and leadership knowledge and skills



In the period July 2010 to June 2011, the Society held 12 short courses, attracting 423 delegates:

Radiology

Oxford, September 2010

Interstitial Lung Disease for Nurses

Manchester, September 2010

Cardio-Pulmonary Exercise Testing

London, October 2010

Thoracic Ultrasound

Oxford, October 2010

Intensive Care Medicine

London, November 2010

Chronic Cough

Hull, November 2010

Non-Invasive Ventilation

Birmingham, February 2011

Business Leadership for Respiratory Clinicians

London, March 2011

Emergency Use of Oxygen

Birmingham, March 2011

Thoracic Ultrasound

Bristol, March 2011

Radiology

Newcastle, May 2011

Interventional Bronchoscopy/ Thoracoscopy

Preston, June 2011

The Society also presented a 2-day Airways course in March in Kolkata, India, in conjunction with the National Allergy Asthma & Bronchitis Institute following an expression of interest in developing collaborative working. This event was the first ever venture of this nature for the Society. It received extremely positive feedback from delegates and the BTS faculty also found the experience to be of great interest and most enjoyable. Trustees will be evaluating the outcome and discussing future overseas activities at their Awayday in September 2011.

Looking to the future

The most significant development since 2009 has been the creation of the **BTS Learning Hub**, incorporating **BTS e-learning**. This has been a challenging task, and it has been achieved because of the vision and dedication of a number of people to whom the Society owes a great debt of gratitude. All concerned are listed on our acknowledgments pages. The modules that are now available, and are being widely used by individuals and increasingly within Hospital Trusts, are of excellent quality and support patient safety and quality care as well as reflective learning.

Phase One of the project was launched in February 2010 and used PODs (plug-in data devices) to access the modules. The modules contain large video files, links to current Guidelines and other key information sources, multiple-choice questions and other teaching materials. The Society took a conscious decision to produce modules relating to interventional procedures first, and the first two to be completed were:

- **Pleural Aspiration and Seldinger Chest Drain**
- **Thoracoscopy and In-dwelling Pleural Catheter**

Sales of the modules in the remainder of that financial year were steady (57 in total) and it became clear very quickly that the modules would need to be web-based, and more freely available.

Work therefore began in 2010 with our suppliers on **Phase Two** – the web-based solution. In August 2011 two more modules were launched, on the new BTS Learning Hub:

- **Bronchoscopy**
- **Cyberbronchoscopy**

Four more modules are expected to be available before the beginning of 2012:

- **Emergency Oxygen**
- **Lung Transplantation**
- **Lung Cancer Staging**
- **Sleep**

Plans are also in hand to commission several others, for launch in 2012.

The Society has funded all of the work involved in the acquisition of technological solutions and Trustees took the decision in the summer of 2011 to make all e-learning content available to BTS members as part of their membership subscription. Since the current modules were launched in August, there have been 607 separate module views and 107 MCQ users in a six week period. It is gratifying also to see Trusts buying licences to use video and other module contents in their in-house educational programmes which cover topics such as chest drain insertion.

In the coming year BTS will be developing packages of materials, including Guidelines, Quality Standards, clinical audit tools and practical aids such as Oxygen Alert cards and policy documents for adoption within Trusts and other workplaces. In this way the Society hopes to facilitate effective implementation and monitoring of Guidelines and recommendations, and to promote improved standards of care.

Specialist Certificate Examination

The Specialty Certificate Examination or SCE (formerly known as KBA or Knowledge Based Assessment)

is now a compulsory component of assessment for Certificate of Completion of Training (CCT) for all UK respiratory trainees whose specialist training began in or after August 2007.

Three diets of the respiratory examination have now taken place – in the spring each year since 2009. In April 2011 the Society signed an agreement with the Federation of Royal Colleges for the next three years' provision of the SCE. The cost/income sharing agreement has not been entirely satisfactory from the point of view of the Specialist Societies involved, and, although there was a small surplus in 2009, the Society will be obliged to pay a small sum to the Federation for the 2011 event. BTS, in common with other Societies, is continuing to monitor progress closely and to question the high cost involved in providing the examination, which leads to the high rate of the examination fee. The BTS website contains some valuable information about how to prepare for the SCE exam, and sample questions. The Society surveyed its Specialist Trainee members during the year about education and training provision, and as a result of feedback received has arranged to hold the first preparation for the examination course in December 2011.

Masterclasses for clinicians as business leaders

The NHS landscape presents many challenges, and those who provide clinical care are obliged to engage with some of these challenges head-on. BTS has a duty to help. The first BTS Business Leadership for Respiratory Clinicians course was held in March 2011, and will be followed by a Masterclass on Service Development for Respiratory Consultants in December 2011.

More events will be provided in the coming year, based on feedback and demand, and information will be actively provided for those who are seeking to develop leadership roles and skills.

Financial information

Statement of financial activities (incorporating an income and expenditure account)

For the year ended 30 June 2011

	Note	Restricted £	Unrestricted £	2011 Total £	2010 Total £
Incoming resources					
Incoming resources from generated funds					
Voluntary income		-	2,460	2,460	11,375
Activities for generating funds		-	441,533	441,533	412,628
			776	776	-
Investment income	2	1,584	72,248	73,832	52,258
Incoming resources from charitable activities					
Education and standards	3	30,960	230,421	261,381	376,425
Research	3	5,000	944,329	949,329	921,680
Total incoming resources		37,544	1,691,767	1,729,311	1,774,366
Resources expended					
Costs of generating funds					
Membership costs		-	64,203	64,203	56,911
Investment management fees		-	21,407	21,407	17,132
Charitable activities					
Education and standards		94,635	777,231	871,866	793,688
Research		12,367	711,555	723,922	688,893
Profile		-	151,111	151,111	131,138
Governance costs		-	88,769	88,769	88,271
Total resources expended	4	107,002	1,814,275	1,921,277	1,776,033
Net outgoing resources before other recognised gains and losses	5	(69,458)	(122,508)	(191,966)	(1,667)
Unrealised gain/(loss) on investment assets		-	278,307	278,307	252,154
Net movement in funds		(69,458)	155,799	86,341	250,487
Reconciliation of funds					
Total funds brought forward		158,430	3,901,984	4,060,414	3,809,927
Total funds carried forward	13,14	88,972	4,057,783	4,146,755	4,060,414

All the above results are derived from continuing activities.
There were no other recognised gains or losses other than those stated above.

Balance sheet

As at 30 June 2011

	Note	£	2011 £	2010 £
Fixed assets				
Tangible fixed assets	8		1,142,238	1,169,074
Investments	9		2,498,587	2,173,832
			3,640,825	3,342,906
Current assets				
Debtors	10	428,270		380,516
Short term deposits		-		500,000
Cash at bank and in hand		704,245		410,358
		1,132,515		1,290,874
Liabilities				
Creditors: amounts due within one year	11	626,585		573,366
Net current assets			505,930	717,508
Net assets	13		4,146,755	4,060,414
Funds				
Restricted funds	14		88,972	158,430
Unrestricted funds				
Designated funds			3,262,627	3,126,844
Revaluation fund			405,198	248,540
General funds			389,958	526,600
Total charity funds			4,146,755	4,060,414

The summary financial statement contains information from the statement of financial activities and the balance sheet for the year ended 30 June 2011, but is not the full statutory report and accounts. The full financial statements were approved by the trustees on 8 September 2011 and subsequently submitted to the Charity Commission and to Companies House.

The auditor has issued an unmodified report on the full financial statements and on the consistency of the trustees' annual report with those financial statements.

Their report on the full annual financial statements contained no statement under sections 498 (2) (a), 498 (2) (b) or 498 (3) of the Companies Act 2006.

Copies of the full annual accounts including the Trustees' Annual Report may be obtained from the charity's head office.

Signed on behalf of the Trustees



Dr Robina Coker
Honorary Treasurer, 8th September 2011

Independent auditor's statement to the Trustees of the British Thoracic Society

We have examined the summary financial statement for the year ended 30 June 2011, which comprises the statement of financial activities and the Balance Sheet.

Respective responsibilities of Trustees and the auditor

The trustees are responsible for preparing the summary financial statement in accordance with applicable United Kingdom law and the recommendations of the charities SORP.

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the summary annual report and with the full annual financial statements and the Trustees' Annual Report, and its compliance with the relevant requirements of section 427 of the Companies Act 2006 and the regulations made thereunder.

We also read the other information contained in the summary annual report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summary financial statement. The other information comprises only the list of committees and groups serving in the year and details of short courses held.

Basis of opinion

We conducted our work in accordance with Bulletin 2008/3 issued by the Auditing Practices Board. Our report on the charitable company's full annual financial statements describes the basis of our opinion on those financial statements and on the Trustees' Annual Report.

Opinion

In our opinion the summary financial statement is consistent with the full annual financial statements and the Trustees' Annual Report of The British Thoracic Society for the year ended 30 June 2011 and complies with the applicable requirements of section 427 of the Companies Act 2006, and the regulations made thereunder.

We have not considered the effects of any events between the date on which we signed our report on the full annual financial statements on 9 September 2011 and the date of this statement.

Sayer Vincent
Statutory Auditors
8 Angel Gate
City Road
LONDON EC1V 2SJ
22nd September 2011

The Future

The medium-term strategy for BTS for the period 2011-2013 is as follows:

In the next two years Trustees will develop a **Charter for Respiratory Health**. Work will continue on the development of BTS Quality Standards, Clinical Audits and Position Statements so that those involved in respiratory care can refer to benchmarks and related measurement and quality improvement tools.

- **The Respiratory Report:** in 2012/13 the Society will publish the "Respiratory Report" – a snapshot of respiratory provision in the UK, with updated epidemiological information and detailed audit reports.
- **The BTS Lung Diseases Registry** will be expanded. Initial work will cover Sarcoidosis and IPF.
- **Quality Improvements** in the coming 12-18 months BTS will develop a "joined-up" approach to future clinical improvement work. This will include developing implementation strategies for Guidelines, including education and communications activities; monitoring and quality improvement tools; and a coherent system for selecting which topics should receive attention.
- **Championing Excellence in Respiratory Care** will continue via Committees, Advisory Groups, Respiratory leads and Clinical Champions will continue. The Society will provide a more focussed direction, via the Strategic Plan, to harness these efforts, and will also provide individuals with the necessary tools to enable them to lead and champion improved care in their local work settings.
- Strengthening the Society's work in relation to **Stopping Smoking** will continue. Respiratory clinicians should be leaders in this area, providing expert assistance (for example in relation to education) to other healthcare professionals and leadership within health care settings so that Stop Smoking policies are implemented and every opportunity taken to help smokers quit.
- **Working with Strategic Partners** such as Primary Care Respiratory Society UK in the IMPRESS project, will continue to lie at heart of the Society's work, with decisions about such partnerships being informed by the Society's vision for the future.
- **A Respiratory Alliance.** Trustees judge that the time is now right to start talking again about the development of a "loose-knit" community of interest or coalition with other professional bodies and lung charities. This would enable governments to hear clear messages from one voice but would not prevent individual organisations developing their programmes of activity and having a role to play in which their particular expertise has value.
- Trustees will critically evaluate the Society's work in relation to outside the UK, and will publish an **Overseas Policy** (if one is judged necessary) during 2011-2012.

BTS Staff & Associates Sheila Edwards (Chief Executive) Louise Preston Andi Morgan Dominique Pizzingrilli Kerry Reid Christopher Routh Nick Summerfield Joan Thompson Sally Welham Jackie Ford Sandra Nagre Karin Smyth Cathryn Stokes Luke Wilson Sian Williams

Dr Tom Bewick Dr Di Bilton
Dr Jeremy Brown (Chair,
from December 2010) Dr
Adam Hill Dr John Hurst
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December 2010) Dr Michael

Loebinger Professor Robert Miller Dr A Jonathan Simpson Dr Matthew Thompson Dr Anne Thomson Dr Louise Wilson Dr Mark Woodhead Occupational & Environmental Health Professor Jonathan Ayres Professor P Sherwood Burge Professor T Paul Cullinan Dr David Evans Dr David Fishwick Dr Jennie Hoyle Dr S Christopher Stenton Dr Christopher Warburton (Chair) Orphan Lung Diseases Dr Howard Branley (Chair, to December 2010) Dr Steve Cunningham Dr Abbey Leahy Dr Toby Maher (Chair, from December 2010) Dr Rebecca Mason Dr Claire Shovlin Pulmonary Vascular Disease Professor Paul Corris Dr Manish Gautam Dr Luke Howard Dr Martin Johnson Dr David Kiely (Chair) Dr Rachel Limbrey Professor Nicholas Morrell Dr Jo Pepke-Zaba Dr Jay Suntharalingam Sleep Apnoea Dr Stephen Banham Mr Keith Butterfield Dr Mark Elliott (Chair) Mr Frank Govan Dr Ian Mortimore Dr Renata Riha Dr Sophie West Tobacco Dr Charles Godden Dr Irfan Harfeez Dr Keir Lewis (Chair, from May 2011) Dr Ari Manuel Dr Alan Roberts Dr Elin Roddy (Chair, to May 2011) Dr Alison Talbot-Smith Dr Huw Thomas Tuberculosis Dr Ibrahim Abubakar Ms Alyson Anderton Professor Peter Davies Dr Sarah Doffman Dr Onn Min Kon Dr Marc Lipman (Chair) Dr Ben Marshall Dr James Paton Dr Anna Rich Dr William Ricketts Mr Alastair Story Dr John Watson Mrs Nuala Whitehead Members of the TB SAG also serve on the Joint Tuberculosis Committee, a multi-professional Committee which exists to provide advice to the governments of the 4 nations in the United Kingdom on TB-related matters which require national attention and action. (Acting Chair, Professor Peter Ormerod) BTS Nurses Advisory Group Mrs Helena Dunbar Mrs Melanie McFeeters Mr John McPhelim Miss Karen Newell Mrs Sarah-Jane Peffers Mrs Samantha Prigmore Mrs Jane Scullion (Chair) Mrs Gail South Ms Elaine Stevenson Mrs Sandy Walmsley Dr Janelle Yorke BTS Specialist Trainees Advisory Group Dr Hannah Bayes Dr Nazia Chaudhuri Dr Andrea Collins Dr Timothy Felton Dr Anthony Gibson Dr Clare Hooper Dr Ed Paterson Dr Zara Pogson Dr Jenni Quint (Chair) Dr Naj Rahman Dr Stephen Rowan Dr Joanna Szram Dr Gurinder Tack Dr Roger Thompson Four Guidelines were published in the year, and work continued a number of others. Our thanks go to all those involved in the Guidelines published this year as well as to all those currently involved in BTS Guideline Groups: BTS Guideline for non-CF Bronchiectasis (July 2010) Dr Mark C Pasteur Dr Diana Bilton Dr Adam T Hill Professor Andrew Bush Dr Charles Cornford Dr Steven Cunningham Dr Xavier Emmanuel Mrs Jane French Dr Mike Greenstone Professor David M Hansell Ms Alex Harvey Dr Richard Herriot Mrs Karen Heslop Dr Pota Kalima Mrs Frances Sinfield Dr Samantha Sonnappa Dr David A Spencer Professor Robert A Stockley Mrs Lorna Willcox Dr Robert Wilson Mr G Wyn Parry The assistance of Miss Julia Bott, Jennifer Pryor and Dr Colin Wallis is gratefully acknowledged. BTS Pleural Disease Guideline (August 2010) Dr Nick Maskell (Chair) Dr Nabil Ali Dr George Antunes Dr Anthony Arnold Professor Robert Davies Dr Chris Davies Dr Fergus Gleeson Dr John Harvey Dr Diane Laws Professor YC Gary Lee Dr Edmund Neville Dr Gerrard Phillips Dr Richard Teoh Dr Naj Rahman Dr Helen Davies Dr Tom Havelock Dr Clare Hooper Dr Andrew MacDuff Dr Mark Roberts Mr Richard Berrisford Mr Jim McGuigan Mr Richard Page BTS/SCTS Guidelines on the radical management of patients with lung cancer (October 2010) Mr Eric Lim Dr David Baldwin Dr Michael Beckles Mr John Duffy Dr James Entwisle Ms Corinne Faivre-Finn Dr Keith Kerr Mr Alistair Macfie Mr Jim McGuigan Dr Simon Padley Dr Sanjay Popat Dr Nicholas Screatton Dr Michael Snee Dr David Waller Dr Chris Warburton Dr Thida Win BTS/SIGN Guideline on the Management of Asthma (May 2011) (Executive and Steering Group members) Dr Graham Douglas Dr Bernard Higgins Professor Neil Barnes Dr Anne Boyter Professor Sherwood Burge Ms Elaine Carnegie Dr Chris Cates Dr Gary Connett Dr Jon Couriel Dr Paul Cullinan Dr Graham Devereux Ms Monica Fletcher Professor Chris Griffiths Dr Liam Heaney Dr Steve Holmes Dr Roberta James Ms Jan Manson Mrs Ruth McArthur Mr Michael McGregor Dr Cathy Nelson-Piercy Dr James Paton Professor Ian Pavord Miss Cher Piddock Dr Hilary Pinnock Professor Colin Robertson Professor Mike Shields Dr Stephen Turner Ms Sally Welham Dr John White Short Courses and e-learning The Society offered 13 short courses in the year, and published 4 e-learning modules during the course of the year. Oxford Radiology – September 2010 Dr Fergus Gleeson Dr Rachel Benamore Interstitial Lung Disease – September 2010 Mrs Annette Duck Mrs Gail South Cardio-Pulmonary Exercise Testing – October 2010 Dr Luke Howard Dr Jonathan Fuld Dr Martin Johnson Thoracic Ultrasound – October 2010 Dr Fergus Gleeson Dr Naj Rahman Dr Clare Hooper Dr Nick Maskell Intensive Care Medicine – November 2010 Dr Craig Davidson Chronic Cough – November 2010 Professor Alyn Morice Non-invasive ventilation – February 2011 Dr Craig Davidson Mrs Gail South Emergency Use of Oxygen – March 2010 Professor Tony Davison Dr Ronan O’Driscoll Professor Wisia Wedzicha Bristol Thoracic Ultrasound – March 2010 Dr Fergus Gleeson Dr Naj Rahman Dr Clare Hooper Dr Nick Maskell Newcastle Radiology – May 2010 Dr Sylvia Worthy Interventional Bronchoscopy/Thoracoscopy – June 2011 Dr Mohammed Munavvar



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