

**Company Registration No. 00008848**

**British Medical Association**

**Annual Report and Financial Statements  
for the year ended 31 December 2019**

# British Medical Association

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# British Medical Association

## Annual report and financial statements 2019

### Officers and professional advisers

#### Members of council

Council is the principal executive committee (PEC) of the trade union as set out by trade union legislation (TULCRA). It sets the strategic direction of the Association in line with policy decided by the representative body at the annual representative meeting (ARM), and is responsible for the formulation of policy throughout the year between ARMs, and for delegating the implementation of policy to the company by way of aims and desired outcomes. Council has responsibility for overseeing the co-ordination and timing of policy implementation of the Association, and the authority to resolve disputes between other BMA bodies and to authorise industrial action.

Since 2018 BMA council has between 58 and 74 voting members.

Each is directly elected by the membership to give a geographical and cross-branch of practice mix. There are also 21 ex-officio non-voting members, including those who chair the many committees reporting to council.

Council also appoints members to central boards and committees, can establish additional committees and working groups.

Dr Krishan Aggarwal	Dr Sebastian Hormaeche
Dr Jahangir Alom	Dr Philip Howard
Dr Jackie Applebee	Dr Marie-Louise Irvine
Dr David Bailey	Professor Anil Jain
Dr Philip Banfield	Dr Krishna Kasaraneni
Dr Jennifer Barclay	Dr Iain Thomas Robert Kennedy
Dr Hannah Barham-Brown	Dr Lucie Kennedy-Cocker
Dr Rob Barnett	Mr Amit Kochhar
Dr Peter Bennie	Professor Dame Parveen J Kumar
Mrs Lesley Bentley	Dr Rajesh Kumar
Dr Tom Black	Mr Joseph Lippincott III
Dr Katie Bramall-Stainer	Dr Mary McCarthy
Dr Kailash Chand	Dr Helena McKeown (Chair of representative body)
Dr John Chisholm	Mr Ian McNab
Dr Christine Clayton	Dr Richard Mithen
Dr Andrew Collier	Dr Lewis Morrison
Dr Christina Costache	Dr Chaand Nagpaul (Chair of council)
Dr David Craigmyle	Dr Kevin O’Kane
Dr Peter Curry	Dr Rinesh Parmar
Professor Peter Dangerfield	Dr Latifa Patel (Deputy chair of representative body)
Dr Paul Darragh	Dr Philip Pearson
Dr Jacqueline Davis	Dr Trevor Pickersgill (Treasurer)
Dr Thomas Dolphin	Dr Moosa Qureshi
Dr Peter M English	Dr George Rae
Dr Glynn Evans	Mr Richard Rawlins
Sir Sam Everington	Professor Michael Rees
Dr Helen Fidler	Dr Emma Runswick
Dr Alex Freeman	Professor Wendy Savage
Dr Claire Gerada	Dr Radhakrishna Shanbhag
Professor Raanan Gillon (President)	Mr Gurdas Singh
Dr Zoe Greaves	Mr Christopher Smith
Dr Andrew Green	Dr David Strain
Dr Gaurav Gupta	Dr Vicky Theakston
Dr Brian Guttridge	Dr Penelope Toff
Dr James Haddock	Dr Richard Vautrey
Dr Sarah Hallett	Dr Mark James Stewart Weir

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### Officers and professional advisers

#### Members of council (continued)

Dr Robert Harwood  
Dr Sarah Hedderwick  
Mr Michael Henley  
Dr Peter Holden

Mr Rajiv Wijesuriya  
Dr David Wrigley (Deputy chair of council)  
Dr Jennifer Yell

#### BMA board of directors

The directors are responsible for the management of the finances and general administration of the BMA. They ensure the implementation of the strategic and operational objectives and resolutions made by council, pursuant to the Articles of the Association.

Dr John Chisholm, Council member  
Mr Tom Grinyer Chief executive (appointed 10 July 2019)  
Dr Chaand Nagpaul, Chair of council  
Ms Elisa Nardi NED (appointed 26 September 2019)  
Dr Trevor Pickersgill, Treasurer  
Dr Helena McKeown, Chair of representative body (appointed 23 February 2019)

Dr Helen Fidler, Council member  
Mr Joseph Lippincott III, BMJ Chair  
Dr Kevin O’Kane, Council member  
Dr David Wrigley Council member (appointed 17 July 2019)

Patrick Murphy (Director of finance and corporate services and BMA Board director) left the BMA at the end of June 2019, Nigel Watson has filled the role in the intervening period, whilst the BMA assesses the future needs of the organisation.

#### Lawyers

Gateley  
Ship Canal House  
98 King Street  
Manchester  
M2 4WU

Capital Law  
Capital Building  
Tyndall Street  
Cardiff  
CF10 4AZ

#### Bankers

NatWest  
Tavistock Square Branch  
PO Box 83  
Tavistock House  
Tavistock Square  
London  
WC1H 9XA

#### Registered Office

BMA House  
Tavistock Square  
London  
WC1H 9JP

#### Auditor

Deloitte LLP  
Statutory Auditor  
London, United Kingdom

# British Medical Association

## Report and financial statements 2019

### Strategic report

The directors, in preparing this strategic report, have complied with s414C of the Companies Act 2006.

#### Strategy review

In the UK, we represent doctors both individually and collectively on a wide variety of employment issues and, since the inception of the NHS, we have been formally recognised for collective bargaining purposes within national negotiating machinery and by individual employers at a local level.

As a professional body, through research and publishing we lead debate on key ethical, scientific and public health matters and award grants to encourage individual research in medicine.

Our strategic mission remains to “look after doctors so they can look after you” as this is designed to ensure we place our members and all doctors at the heart of what we do, so that they can concentrate on ensuring patients receive the best possible care, as we stand as one profession of doctors. Tom Grinyer joined as Chief Executive Officer in July 2019 and is working across the organisation at all levels (employees through to Council) to further develop our strategic priorities. Member engagement, looking after doctors at work, ensuring the BMA is an influential voice and running the BMA to achieve its mission are central themes of the developing strategy.

Through the BMJ, our independent publishing company, the focus and direction is about creating a healthier world with a mission to advance healthcare worldwide by sharing knowledge and expertise to improve experiences and outcomes.

Our vision: A profession of valued doctors delivering the highest quality health services.

Our values are designed to ensure we place our members and all doctors at the heart of what we do.

- Expert: we are an indispensable source of credible information, guidance and support throughout doctors’ professional lives.
- Committed: we are committed to all doctors and place them at the heart of every decision we make.
- Reliable: we are doctors’ first port of call because we are trusted and dependable.
- Challenging: we are unafraid to challenge effectively on behalf of all doctors.
- Leading: we are an influential leader in supporting the profession and improving the health of our nation.

Our strategic goals are:

- All doctors have strong representation and expert guidance, whenever and wherever they need it.
- All doctors have their individual needs responded to, through career long support and professional development.
- All doctors are championed by the BMA and their voices are sought, heard and acted upon.
- All doctors can connect with each other as a professional community.
- All doctors can influence the advancement of health and the profession.

#### Governance

##### *Representative body*

BMA policies are determined by doctors in local, regional and national forums. They send motions to the representative body (RB), which is the main policy-making body. The representative body is made up of 560 doctors from all parts of the profession. They come together at the annual representative meeting (ARM) to debate the motions and vote on them to formulate policy of the BMA.

##### *Council*

Council sets the strategic direction of the BMA in line with policy decided by the representative body at the annual representative meeting. Council is responsible for the formulation of policy throughout the year and for ensuring the implementation of that policy. Council is the principal executive committee of the trade union.

# British Medical Association

## Report and financial statements 2019

### Strategic report (continued)

#### *Board*

The BMA board is tasked with directing the activities of the company in accordance with the Companies Act. The relationship with Council is via two routes:

- The articles of association of the company, which require the Board to ensure the implementation of strategic and operational objectives. Provided they are legal and do not constitute a breach of fiduciary duty to the company, all resolutions made by the BMA Council (who in turn maintain the existing relationship with the Representative Body), must be translated into the policy and activity of the company.
- The Audit and Risk Committee, which is the primary source of oversight accountable to Council, tasked with risk management, the monitoring of effective controls and ongoing operational effectiveness.

The BMA board has group oversight of the BMJ Publishing Group Limited and BMA Investments Limited.

During 2019, the BMA board instigated a number of high-profile reviews into a number of governance issues, namely, the Romney report which covered behavioural issues within the BMA, external influencing and policy communications, member services review and wider governance issues relating to how we govern ourselves. Many of the review are completed and a programme of implementing the recommendations is underway.

#### **Business review**

BMA Group income for 2019 was similar to 2018 levels £139.2m (2018: £138.8m).

The group's net worth of the Association remains very strong at £128.4m (2018: £124.7m). BMA House remains on the balance sheet at nominal value and was valued in the region of £75m in March 2012. The defined benefit pension scheme, under FRS102 as at 31<sup>st</sup> December 2019, indicated a deficit of £10.3m (2018: surplus £18.1m). This deficit is largely attributable to the change in the discount rate assumption, driven by the adjustment to corporate bond yields over the past year.

Our investment portfolio held by BMA Investments Limited has increased by 14.1% (2018: 3.2% decrease) to £138.7m in 2019 (2018: £121.6m), reflecting the global financial markets, which was in line with the various benchmarks within the investment portfolio for 2019.

Membership numbers have grown by 2.37% over the last year and we now have 159,690 members at 31 December 2019, our highest number at year end since 2016 and our first year of real, sustained membership growth since 2015. Membership revenue grew to £48.6m (2018: £48.0m). Revenue from other income sources such as events and financial services performed well during the year, £8.9m (2018: £7.6m). BMJ Publishing Group Limited (BMJ), seeks to advance healthcare by sharing knowledge and expertise to improve experiences, outcomes and value worldwide aiming to do this by stimulating and informing debate on health and healthcare as well as by creating the best evidence-based services and tools. The BMJ group continued to make good progress towards these objectives during the year, in particular the continued growth of international revenues. BMJ group income for 2019 was £81.7m (2018: £83.1m)

In conclusion, the BMA Group remains strong financially, despite difficult political and economic factors in the UK and globally. Our financial stability and strength enables us to continue our core work of supporting doctors and promoting the health of the nation.

#### **Section 172(1) statement**

The Directors are well aware of their duty under s.172 of the Companies Act 2006 to act in the way which they consider, in good faith, would be most likely to promote the success of the Association for the benefit of its members as a whole and, in doing so, to have regard (amongst other matters) to:

- the likely consequences of any decision in the long term,
- the interests of the company's employees,
- the need to foster the company's business relationships with suppliers, customers and others,
- the impact of the company's operations on the community and the environment,

# British Medical Association

## Report and financial statements 2019

### Strategic report (continued)

- the desirability of the company maintaining a reputation for high standards of business conduct, and
- the need to act fairly as between members of the company.

The impact of long-term decisions is assessed as a matter of course when reviewing proposed projects and during the annual budget and strategic review process, where future plans for the BMA are reviewed and refreshed.

Induction materials provided on appointment include an explanation of Directors' duties, and the Board is regularly reminded of the s.171(1) Matters, including as a rolling agenda item at every Board meeting.

As a trade union, working with and for our members is key to the future success of the organisation. In 2019 the BMA successfully concluded salary negotiations on behalf of both junior and consultant doctors, in addition we successfully lobbied government to change policy in relation to pensions which was causing doctors to either substantially reduce their working hours or leave the profession all together.

The BMA group works with key suppliers to ensure the delivery of services to members and key customers globally through regular review meetings and monitoring of key performance indicators. The supply of major services is regularly tendered to ensure that members/customers continue to receive high levels of service, delivered cost effectively.

Corporate, social, environmental, responsibility is key when developing new and existing business relationships. The BMA has long acted as a responsible organisation; we are the oldest medical association in the world to award grants to encourage and further medical research and have always advocated the highest standards of human rights in healthcare. We undertake a wide range of CSER activities, which can be grouped under three main themes:

#### – Workplace

We recognise that we have a responsibility to promote and adopt organisational policies that support sustainable practices and improve the health and wellbeing of our employees. We are committed to promoting equal rights and opportunities, pro-actively tackling discrimination or disadvantage in all forms and creating an open and inclusive culture for our employees.

#### – Communities

We recognise that we have a duty towards wider society and the communities we work with and within. The BMA seeks to give back to the community through activities such as widening participation into medicine, upholding fundamental human rights in health practice, creating key partnerships with stakeholders, supporting research careers through funding, mental wellbeing through our wellbeing support services, and doctors' financial needs through the BMA charitable network.

#### – Sustainability and health

We recognise the detrimental effects climate change has on health and aim to minimise our impact on the environment. Doctors and other health professionals have a vital role in supporting and advocating for better approaches to tackling climate change that protect and promote public health, while also reducing the burden on health services.

Staff and member engagement is a key component of our activities and weaves into these three themes.

BMA House as a venue has recently been voted "Greenest Venue" and "Best Conference Venue" at the 2019 Hire Space Awards.

### Principal risks and uncertainties

The BMA group is carefully monitoring developments relating to the Covid-19 global pandemic. Business continuity plans have been activated to safeguard core activities and target minimal disruption to customers, suppliers and employees. These plans include regular reviews of the developing situation by management and the establishment of a central team to assess risk daily and direct appropriate responses as necessary.

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## **Report and financial statements 2019**

### **Strategic report (continued)**

It is clear the health system in the UK continues to face crisis after crisis which is well documented in all forms of media. The profession is facing unparalleled and systemic pressure from all possible sources. This is further complicated with the devolution of healthcare across the four UK nations and the uncertainty around the impact of Brexit on healthcare.

The BMA needs to ensure that it continues to influence policy and change within the UK health service. In addition, the BMA continues to increase its relevance to all doctors through all of our services to members and the profession e.g. leading negotiations for pay and benefits, providing support through employment disputes, career advice and life-long learning.

Through our service delivery mechanism, we are making significant progress in protecting our members through agreements with healthcare stakeholders. Nonetheless, we are also supporting record numbers of members individually through our member relations activities.

In terms of financial risk, the BMA group closed its defined benefit pension scheme to future accrual in July 2014. As of that time, the pension scheme was fully funded. Subsequently through abnormal external market conditions, the scheme went into deficit, then surplus and back to a deficit position. The Association works collaboratively with the scheme's Pension Trustees to manage the on-going financial risk. The next triennial valuation of the scheme is due on 31 March 2021.

With the management of the investment fund, an investment sub-committee is appointed via the finance committee to manage its investment portfolio. Experienced outsourced investment managers manage the funds to agreed investment benchmarks. The present benchmark used for the pool of investments held within BMA Investments Limited, is LIBOR + 3%.

The key business risks and uncertainties affecting the BMJ are considered to relate to global economic conditions and competition from other publishers, and the company recognises the need to invest and innovate to retain its market leading position which it will continue to do in 2020. The management of the BMJ review the level of currency risk inherent within the business and they hedge a level of currency risk via currency forward contracts.

#### **Key performance indicators (KPI)**

The BMA's most important KPI is its membership which stood at 159,690 (2018: 155,792) at the end of the financial year. By ensuring that we are representative and provide up to date, relevant services, the BMA aims to retain and grow its membership. With our membership, this ensures the BMA can maintain its position as a key player when negotiating and influencing health related policy.

BMJ measures performance by reference to its profitability and its influence in the medical community. Influence is monitored by a number of measures, including readership (both online and in print), usage and article citations.

#### **Future developments**

The BMA intends to carry on its activities during the forthcoming year, with further open and honest conversations with the profession about the sort of NHS doctors want to work in. The BMA will continue to set out the key issues which government must work to address to deliver a truly sustainable NHS. One which is underpinned by adequate funding and terms and conditions for doctors to relieve system pressures.

Both the BMA and BMJ have carried out as exercise to identify and assess the impact of the possible Brexit scenarios on our on our business and the necessary mitigating actions which could be taken. Given the complex and ever-changing nature of Brexit discussions, it cannot be guaranteed that services provided will be completely unaffected. However, as a result of this internal review which continues, no circumstances arising from the most likely Brexit scenarios are currently anticipated to materially impact on business operations.

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## Report and financial statements 2019

### Strategic report (continued)

#### Events after the balance sheet date

COVID-19 – Our number one priority at this moment of national emergency is to ensure that doctors are able to go about their vital work and treat patients in the knowledge that they are as safe and supported as possible. The BMA is carefully monitoring developments relating to the Covid-19 global pandemic. Business continuity plans have been activated to safeguard core activities and target minimal disruption to members, customers, suppliers and employees. These plans include regular reviews of the developing situation by management and the establishment of a central team to assess risk daily and direct appropriate responses as necessary. Details of significant events since the balance sheet date are contained in note 23 to the financial statements.

Reviews and reforecasts have not identified events or conditions that prevent the business from being able to meet obligations as they fall due. With strong cash reserves at both entity and Group level, possible adverse impact to working capital can be safely and effectively managed. What is important during the pandemic is that relevant content is accessible to those on the frontline treating patients and the business continues to provide and augment this support.

#### Approval

Approved by the Board and signed on its behalf by:



Dr Trevor Pickersgill

Treasurer  
17 June 2020

# **British Medical Association**

## **Report and financial statements 2018**

### **Directors' report**

The directors present their annual report and the audited consolidated financial statements of the British Medical Association (BMA) for the year ended 31 December 2019.

#### **Principal activities**

The principal activity of the BMA is to provide personal professional and representation services for its members.

BMJ Publishing Group Limited (BMJ) and BMA Investments Limited are both wholly owned subsidiaries of the BMA. BMJ and its subsidiaries' principal activities are the production and distribution of medical information through various media including the flagship journal The BMJ. BMA Investments Limited is the investment holding subsidiary for the BMA.

#### **Directors**

The directors, who served throughout the year except is noted on page 2.

#### **Financial risk management objectives and policies**

The BMA's activities expose it to a number of financial risks including credit risk, cash flow risk and liquidity risk. The use of financial derivatives is governed by the BMA's policies approved by the board of directors, which provide written principles on the use of financial derivatives to manage these risks. The BMA does not use derivative financial instruments for speculative purposes. Details of other risks and the management of these can be found in the strategic report on page 5 and also the report on the audit and risk committee on page 12.

#### **Employment matters and information**

The BMA is committed to employment policies, which follow best practice, based on equal opportunities for all employees, irrespective of gender, race, age, colour, disability or sexual orientation. The BMA gives full and fair consideration to applications for employment from disabled persons, having regard to their particular aptitudes and abilities. Appropriate arrangements are made for the continued employment and training, career development and promotion of disabled persons employed by the BMA. If members of staff become disabled the BMA continues employment, either in the same or an alternative position, with appropriate retraining being given.

#### **Future developments**

Commentary on future developments is included within the strategic report.

#### **Employee involvement**

The BMA systematically provides employees with information on matters of concern to them, consulting them or their representatives regularly, so that their views can be taken into account when making decisions that are likely to affect their interests.

Employee involvement in the BMA is encouraged, as achieving a common awareness on the part of all employees of the financial and economic factors affecting the BMA. The BMA encourages the involvement of employees by means of an intranet, email updates, notice boards, information bulletins and circulars. In addition, regular meetings are held with staff representatives on general and specific matters.

#### **Political and charitable donations**

The BMA made no political donations during the year (2018: £nil). It made various charitable donations totalling £176,000 (2018: £203,000). £151,000 (2018: £178,000) was donated to medical education and research and £25,000 (2018: £25,000) was donated to the humanitarian support of doctors.

#### **BMA House valuation**

The directors consider that the market value of BMA House, London, based on its existing use, was in the region of £75m at 31 March 2012. As stated in note 13 to the financial statements, this is significantly higher than the carrying value included within the balance sheet.

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## **Report and financial statements 2019**

### **Directors' report (Continued)**

#### **Qualifying third party indemnity provision**

A qualifying third-party indemnity provision which was in force during the financial year and also at the date of approval of the financial statements is held on behalf of the directors of the BMJ by the company's ultimate parent undertaking, the BMA.

#### **Going concern**

Given the current impact and ongoing uncertainty created by the COVID-19 pandemic, the BMA has undertaken an assessment of going concern and considered the level of disclosure relating to these issues within the financial statements and full details of this can be found in note 23 to these financial statements.

#### **Post balance sheet events**

Commentary on post balance sheet events is included within the strategic report.

#### **Independent auditor**

Deloitte LLP have indicated their willingness to continue in office and a resolution concerning their re-appointment will be proposed at the Annual General Meeting.

#### **Statement required by the Trade Union and Labour Relations (Consolidation) Act 1992**

A member who is concerned that some irregularity may be occurring, or has occurred, in the conduct of the financial affairs of the union may take steps with a view to investigating further, obtaining clarification and, if necessary, securing regularisation of that conduct. The member may raise any such concern with one or more of the following as it seems appropriate to raise with: the officials of the union, the trustees of the property of the union, the auditor or auditors of the union, the Certification Officer (who is an independent officer appointed by the Secretary of State) and the police. Where a member believes that the financial affairs of the union have been or are being conducted in breach of the law or in breach of rules of the union and contemplates bringing civil proceedings against the union or responsible officials or trustees, he/she should consider obtaining independent legal advice.

#### **Equality diversity and inclusion (EDI)**

Our aim is to foster a culture where individual differences and diversity are welcomed. We are committed to promoting equal rights and opportunities, pro-actively tackling discrimination or disadvantage in all forms and creating an open and inclusive culture for our members, employees and stakeholders.

We believe that EDI is integral to our work as a trade union, a professional body and an employer for several reasons:

- It strengthens our ability to stand up for doctors, both individually and collectively, on a wide variety of employment issues and influence on key ethical, scientific and public health matters, by helping to maintain the trust and confidence of all our partners and stakeholders.
- We want to demonstrate that we understand and respond to the diverse needs of doctors and patients and tailor our services accordingly.
- Our membership profile needs to reflect the make-up of the medical profession. Our committee structures must be representative of the membership and medical workforce.
- Having an inclusive and diverse workforce which reflects the rich diversity of the UK population, and the communities in which we operate, is key to achieving our mission and vision. There is also strong evidence that organisations which embrace inclusion and diversity perform better and achieve more.
- We want to attract talent, retain productive and committed staff, and be part of creating a positive culture change that spreads throughout the Association.
- There are important legislative measures affecting equalities and human rights issues. We want to be recognised as an association that aspires to high standards and good practice in all that we do.

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## Report and financial statements 2019

### Directors' report (Continued)

#### Modern Slavery Act 2016

In compliance with the Modern Slavery Act, BMA's website has a statement on the steps the BMA takes to ensure that slavery and human trafficking do not occur in its supply chain or operations.

#### Gender pay

The gender pay gap legislation introduced in April 2017 requires that UK employers with 250 employees or more publish data about their gender pay. The BMA is committed to championing equal rights and opportunities, and proactively tackling discrimination or disadvantage in all forms to create an open and inclusive culture for our employees, members, customers and stakeholders.

As an employer the BMA / BMJ group is committed to reducing our gender pay gap. We are working with our employees to identify ways in which we can do this. The gender pay gap is difference in average pay between men and women in the workforce. We have calculated the median gender pay gap for the BMA/BMJ group to be 12.2%, which means that on average men earn 12.2% more per hour than women. Our median gender pay gap is lower than the national figure, which shows that on average men earn 17.3% more per hour than women.

#### Auditor

Each of the persons who is a director at the date of approval of this report confirms that:

- so far as the director is aware, there is no relevant audit information of which the Company's auditor is unaware; and
- the director has taken all the steps that he/she ought to have taken as a director in order to make himself/herself aware of any relevant audit information and to establish that the company's auditor is aware of that information.

This confirmation is given and should be interpreted in accordance with the provisions of s418 of the Companies Act 2006.

Approved by the Board and signed on its behalf by:



Dr C Nagpaul  
Chair of council  
17 June 2020

# **British Medical Association**

## **Report and financial statements 2019**

### **Directors' report (Continued)**

#### **Statement of directors' responsibilities**

The directors are responsible for preparing the Annual Report and the group and parent company financial statements (the "financial statements") in accordance with applicable law and regulations.

Company law requires the directors to prepare financial statements for each financial year. Under that law the directors have prepared the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including Financial Reporting Standard 102 The Financial Reporting Standard Applicable in the UK and Republic of Ireland (FRS 102).

Under company law the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the group and the company and of the profit or loss of the group for that period. In preparing these financial statements, the directors are required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and accounting estimates that are reasonable and prudent;
- state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

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

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

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## **Report and financial statements 2019**

### **Report of the audit and risk committee**

#### **Audit and risk committee's report**

During 2019, the audit and risk committee comprised the following members: Stuart Cruickshank (chair), Jacques Cadranel, Jill Ainscough, Peter Holden and Krishan Aggarwal.

In addition, Trevor Pickersgill (BMA treasurer), Tom Grinyer (BMA chief executive), Patrick Spencer (BMJ interim chief executive), Nigel Watson (acting director of finance and corporate services) and Alex Ritchie (BMJ finance director) normally attend meetings. Other senior representatives of management, as well as the external and internal auditors, are invited to attend as and when required.

The committee met three times in 2019 and its agendas are designed to enable it to meet the requirements of its terms of reference, which include the following set out below.

#### **Integrity of financial reporting**

The committee receives regular reports from the acting director of finance and corporate services and the treasurer regarding the financial performance, systems and processes operating within the BMA and its subsidiary, the BMJ Publishing Group Ltd. The committee considers the annual directors' report and financial statements and recommends their approval to BMA council. The audit and risk committee obtained sufficient assurance from both the internal and the external auditors that the integrity of the Association's financial reporting was materially maintained during 2019.

#### **External auditor**

The committee receives regular reports from Deloitte, the external auditor, throughout the year. The committee is responsible for approving the proposed audit strategy, for agreeing the schedule of audit fees and for receiving the auditors' final report at the conclusion of their audit work. In addition, the committee continues to ensure the independence and objectivity of the external auditors by:

- Setting out an appropriate policy on the provision by the external auditor of non-audit work; and
- Receiving written confirmation of their continued independence from the auditors, having carried out sufficient internal enquiries within their firm as they considered necessary.

#### **Governance and management process**

The audit and risk committee is responsible for monitoring the ongoing effectiveness of the BMA's governance regime. In 2019 KPMG had been commissioned by the audit and risk committee to undertake a review of the effectiveness of:

- BMJ risk management
- Group finance system implementation
- BMJ treasury management
- BMA risk management
- BMA project management and governance
- BMJ project management and governance
- Recharges

This piece of work was completed in 2019 with assistance from the BMA and BMJ CEOs/CFOs (Tom Grinyer, Patrick Spencer, Nigel Watson and Alex Ritchie, respectively) who had resolved a number of issues in the initial report of the working party and had obtained definitive agreement from management right across the group. The letter of agreement had been approved and signed by the BMA and BMJ boards.

# British Medical Association

## Report and financial statements 2019

### Report of the audit and risk committee (continued)

#### Internal audit

The internal audit function is provided by KPMG and in this capacity reports to the chair of the audit and risk committee. The acting director of finance and corporate services exercises day to day management control over KPMG and during 2019 four audit assignments were completed.

KPMG's audit findings produced recommendations for improvements in a number of areas. Each assignment results in a detailed report of the actions which have been agreed with managers to improve systems and controls and the audit and risk committee monitors management's progress in implementing agreed actions by way of regular reports from management.

The audit and risk committee approved a detailed plan of internal audit work to be undertaken during 2019.

#### Risk assessment/management

The processes surrounding the identification, mitigation and control of risk form a major part of the audit and risk committee agenda. The risks the committee considers fall within three broad categories; financial, operational and reputational, with certain risks culminating in exposure across all categories.

The committee dynamically concerns itself with the changing risk landscape and through its programme of work seeks to ensure that the efficacy of the risk management controls within the Association are fit for purpose.

To this end the committee works closely with the chief officers and senior management. A risk register identifies risk and actions taken or proposed by management in mitigation and receives close scrutiny by the committee. It also periodically reviews risk assessment methodology to ensure that it is appropriate to the current circumstances of the BMA Group and changes are introduced as appropriate.

During 2019, the approach to risk reporting fits in with the Three Lines of Defence model local management, local supervisors/risk managers and independent review by, for example Internal Audit. An Integrated Assurance Map continues to be developed to aid communication of the overall risk condition of the organisation to both the BMJ and the BMA Boards. As part of the Governance review, which commenced in September 2019, the BMA Board will review how the organisation manages risk to provide a more robust approach to risk management in the future.

In light of the new CEO and forthcoming updated strategic plan for the BMA, the committee has been discussing the important aspects for the Board to consider, in particular regarding the Board's risk appetite, with regards to both executing the strategy as well as other risks being managed by the business. In addition to this it has considered further enhancements in developing a risk management focused mindset as part of the cultural development of the BMA.



Stuart Cruickshank

**Chair, Audit and Risk Committee**

17<sup>th</sup> June 2020

# **Independent auditor’s report to the members of British Medical Association**

## **Report on the audit of the financial statements**

### **Opinion**

In our opinion the financial statements of the British Medical Association (the ‘parent company’) and its subsidiaries (the ‘group’):

- give a true and fair view of the state of the group’s and of the parent company’s affairs as at 31 December 2019 and of the group’s surplus and the parent company’s surplus for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice including Financial Reporting Standard 102 “The Financial Reporting Standard applicable in the UK and Republic of Ireland”;
- have been prepared in accordance with the requirements of the Companies Act 2006; and
- have been prepared in accordance with the requirements of the section 28 to 36 of the Trade Union and Labour Relations (consolidation) Act 1992.

We have audited the financial statements which comprise:

- the company and consolidated income and expenditure;
- the company and consolidated statement of comprehensive income;
- the company and consolidated balance sheets;
- the company and consolidated statement of changes in equity;
- the consolidated statement of cash flows; and
- the related notes 1 to 23.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 “The Financial Reporting Standard applicable in the UK and Republic of Ireland” (United Kingdom Generally Accepted Accounting Practice).

### **Basis for opinion**

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor’s responsibilities for the audit of the financial statements section of our report.

We are independent of the group and the parent company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Councils (FRC’s) Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Conclusions relating to going concern**

We are required by ISAs (UK) to report in respect of the following matters where:

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

We have nothing to report in respect of these matters.

# **Independent auditor's report to the members of British Medical Association**

## **Report on the audit of the financial statements**

### **Other information**

The directors are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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

We have nothing to report in respect of these matters.

### **Responsibilities of directors**

As explained more fully in the statement of directors' responsibilities, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

### **Auditor's responsibilities for the audit of the financial statements**

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

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

### **Report on other legal and regulatory requirements**

#### **Opinions on other matters prescribed by the Companies Act 2006**

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

- the information given in the strategic report and the directors' report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report have been prepared in accordance with applicable legal requirements.

In the light of the knowledge and understanding of the group and of the parent company and their environment obtained in the course of the audit, we have not identified any material misstatements in the strategic report or the directors' report.

# **Independent auditor's report to the members of British Medical Association**

## **Report on the audit of the financial statements**

### **Matters on which we are required to report by exception**

Under the Companies Act 2006 we are required to report in respect of the following matters if, in our opinion:

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

We have nothing to report in respect of these matters.

### **Use of our report**

This report is made solely to the company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's 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 company and the company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Reza Motazed FCA, Senior statutory auditor  
For and on behalf of Deloitte LLP  
Statutory Auditor  
London, United Kingdom  
17<sup>th</sup> June 2020

# British Medical Association

## Company and consolidated income and expenditure

For the year ended 31 December 2019

	Note	BMA (only)		Consolidated	
		2019 £000	2018 £000	Group 2019 £000	Group 2018 £000
<b>Income</b>					
Membership subscriptions		48,583	48,019	48,583	48,019
Income from other activities		9,943	9,805	8,895	7,642
Publishing:					
Subscriptions and advertising		-	-	81,687	83,115
		<u>58,526</u>	<u>57,824</u>	<u>139,165</u>	<u>138,776</u>
<b>Expenditure</b>					
Members' services		69,090	65,625	70,171	66,596
Other activities		1,814	2,862	-	-
Publishing		-	-	71,158	71,836
		<u>70,904</u>	<u>68,487</u>	<u>141,329</u>	<u>138,432</u>
<b>Operating (deficit)/surplus</b>					
Members' services		(12,378)	(10,663)	(12,693)	(10,935)
Publishing		-	-	10,529	11,279
		<u>(12,378)</u>	<u>(10,663)</u>	<u>(2,164)</u>	<u>344</u>
Income from fixed assets	5	17,110	11,239	7,633	6,310
Interest receivable	6	5	17	231	39
Interest payable (inter-company)	7	-	(60)	-	-
Other finance expenditure	11	(506)	(1,900)	(506)	(1,900)
Gain on sales of fixed asset investments		-	-	-	258
		<u>4,231</u>	<u>(1,367)</u>	<u>5,194</u>	<u>5,051</u>
<b>Surplus/(deficit) before taxation</b>					
Taxation	10	(1,096)	(1,108)	(3,244)	(3,682)
		<u>(1,096)</u>	<u>(1,108)</u>	<u>(3,244)</u>	<u>(3,682)</u>
<b>Net surplus/(deficit) for the year</b>					
	19	<u><u>3,135</u></u>	<u><u>(2,475)</u></u>	<u><u>1,950</u></u>	<u><u>1,369</u></u>

All activities derive from continuing operations.

The notes on pages 23 to 42 form part of these financial statements.

There are no material differences between the deficit before taxation and the loss for the year stated above and their historical cost equivalents.

## British Medical Association

### Company and consolidated statement of comprehensive income

For the year ended 31 December 2019

		BMA		Consolidated	
	Note	2019 £000	2018 £000	2019 £000	2018 £000
Net surplus/(deficit) for the financial year		3,135	(2,475)	1,950	1,369
Other comprehensive income:					
Re-measurements of net defined benefit obligation	11	(9,798)	25,344	(9,798)	25,344
Unrealised gains/(losses) on investments	14	-	-	14,816	(6,359)
Deferred tax on revaluation of investment	10	-	-	(1,688)	1,430
Deferred tax on pension	11	(1,581)	-	(1,581)	-
<b>Total comprehensive income for the year net of tax</b>		<u>(8,244)</u>	<u>22,869</u>	<u>3,699</u>	<u>21,784</u>

# British Medical Association

## Company and consolidated balance sheet

For the year ended 31 December 2019

	Note	BMA		Consolidated	
		2019 £000	2018 £000	2019 £000	2018 £000
<b>Fixed assets</b>					
Intangible assets	12	485	874	1,381	1,470
Tangible assets	13	7,950	8,085	8,136	8,173
Investments	14(a)(b)	-	-	139,017	121,900
Subsidiary undertaking	14(c)	140,878	140,878	-	-
		<u>149,313</u>	<u>149,837</u>	<u>148,534</u>	<u>131,543</u>
<b>Current assets</b>					
Inventories	15	-	-	12	14
Debtors	16	5,885	7,488	27,555	29,927
Cash held in liquidity fund		-	3,005	-	7,010
Cash and bank balances		6,256	3,233	24,044	18,649
		<u>12,141</u>	<u>13,726</u>	<u>51,611</u>	<u>55,600</u>
<b>Creditor: amounts falling due within one year</b>	17	<u>(35,733)</u>	<u>(39,861)</u>	<u>(56,647)</u>	<u>(59,301)</u>
<b>Net current liabilities</b>		<u>(23,592)</u>	<u>(26,135)</u>	<u>(5,036)</u>	<u>(3,701)</u>
<b>Total assets less current liabilities</b>		<u>125,721</u>	<u>123,702</u>	<u>143,498</u>	<u>127,842</u>
Provisions for liabilities	18	(127)	(168)	(4,839)	(3,186)
Defined pension scheme	11	(10,304)	-	(10,304)	-
<b>Net assets</b>		<u>115,290</u>	<u>123,534</u>	<u>128,355</u>	<u>124,656</u>
<b>Capital and reserves</b>					
Revaluation reserve – freehold property	13	454	454	454	454
Revaluation reserve – investments	20	-	-	54,155	39,339
Revaluation reserve – subsidiary undertakings	14(d)	59,000	59,000	-	-
Retained earnings	19	55,836	64,080	73,746	84,863
<b>Total equity</b>		<u>115,290</u>	<u>123,534</u>	<u>128,355</u>	<u>124,656</u>

The BMA surplus for the financial year before taxation is £4,231,000 (deficit 2018: £1,367,000). The group consolidated surplus for the financial year before taxation is £5,194,000 (2018: £5,051,000)

The notes on pages 23 to 42 form part of these financial statements.

The financial statements of British Medical Association (registered number 00008848) were approved by the board of directors and authorised for issue on 17 June 2020. They were signed on its behalf by:



Dr T Pickersgill  
Treasurer



Dr C Nagpaul  
Chair of council

## British Medical Association

### Company and consolidated statement of changes in equity

For the year ended 31 December 2019

	Revaluation reserves £000	BMA retained earnings £000	Total equity £000	Revaluation reserves £000	Consolidated retained earnings £000	Total equity £000
Balance at 1 January 2018	59,454	41,211	100,665	46,152	56,720	102,872
(Deficit)/surplus for the financial year	-	(2,475)	(2,475)	-	1,369	1,369
Other comprehensive income for the year	-	-	-	-	1,430	1,430
Net pension deficit movement	-	25,344	25,344	-	25,344	25,344
Unrealised loss on investments	-	-	-	(6,359)	-	(6,359)
<b>Balance at 31 December 2018</b>	<u>59,454</u>	<u>64,080</u>	<u>123,534</u>	<u>39,793</u>	<u>84,863</u>	<u>124,656</u>
Balance at 1 January 2019	59,454	64,080	123,534	39,793	84,863	124,656
Surplus for the financial year	-	3,135	3,135	-	1,950	1,950
Other comprehensive income for the year	-	-	-	-	(1,688)	(1,688)
Net pension movement	-	(9,798)	(9,798)	-	(9,798)	(9,798)
Unrealised gains on investments	-	-	-	14,816	-	14,816
Movement on deferred tax relating to pension	-	(1,581)	(1,581)	-	(1,581)	(1,581)
<b>Balance at 31 December 2019</b>	<u>59,454</u>	<u>55,836</u>	<u>115,290</u>	<u>54,609</u>	<u>73,746</u>	<u>128,355</u>

# British Medical Association

## Consolidated statement of cash flows

For the year ended 31 December 2019

	Note	Consolidated	
		2019 £000	2018 £000
<b>Net cash from operating activities</b>	a	2,217	6,509
Taxation paid		(3,745)	(4,235)
<b>Net cash generated from operating activities</b>		(1,528)	2,274
<b>Cash flow from investing activities</b>			
Purchase of intangible assets		(356)	(1,117)
Purchase of tangible assets		(867)	(519)
Proceeds from disposals of tangible assets		60	19
Interest received		231	39
Dividends received		845	723
<b>Net cash used in investing activities</b>		(87)	(855)
Net (decrease) increase in cash and cash equivalents	b	(1,615)	1,419
Cash and cash equivalents at the beginning of the year		25,659	24,240
Cash and cash equivalents at the end of the year		24,044	25,659
<b>Cash and cash equivalents consists of:</b>			
Cash held in liquidity fund		-	7,010
Cash and bank balances		24,044	18,649
<b>Cash and cash equivalents</b>		24,044	25,659

## British Medical Association

### Consolidated statement of cash flows (continued)

For the year ended 31 December 2019

	Consolidated	
	2019	2018
	£000	£000
<b>Note a: Reconciliation of net surplus to net cash inflow from operating activities</b>		
Net surplus for the year	1,950	1,369
Adjustments for:		
Tax on surplus	3,244	3,682
Income from fixed assets	(7,633)	(6,310)
Income from current assets	(231)	(39)
Other finance expenditure	506	1,900
Gain on sale on fixed assets investments	-	(258)
	<hr/>	<hr/>
Operating (deficit)/surplus	(2,164)	344
Surplus on rental income	4,524	3,928
Depreciation of tangible assets	883	964
Amortisation of intangible assets	445	715
Profit on disposal of tangible fixed assets	(60)	(19)
Working capital movements:		
Increase / (decrease) in creditors	963	(2,341)
(Increase) / decrease in debtors	(2,372)	2,930
Increase in inventories	(2)	(12)
	<hr/>	<hr/>
Net cash inflow from operating activities	<u>2,217</u>	<u>6,509</u>
<b>Note b: Reconciliation of net cash flow to movements in net (deficit)/funds</b>		
Increase in cash in the year	5,395	6,103
Decrease in cash held in liquidity fund	(7,010)	(4,684)
	<hr/>	<hr/>
Change in net funds	<u>(1,615)</u>	<u>1,419</u>

# British Medical Association

## Notes to the financial statements

For the year ended 31 December 2019 (continued)

### 1. Statutory information

British Medical Association is a private company registered in England and Wales, incorporated in the United Kingdom, registration number 00008848. The registered office is BMA House, Tavistock Square, London, WC1H 9JP. The Association is a company limited by guarantee, the liability of members being limited to one pound sterling each.

### 2. Compliance with accounting standards

The financial statements have been prepared in compliance with United Kingdom Accounting Standards, including Financial Reporting Standard 102, "The Financial Reporting Standard applicable to the United Kingdom and the Republic of Ireland" ("FRS102") and the Companies Act 2006.

### 3. Accounting policies

The principal accounting policies applied in the preparation of these consolidated and separate financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

#### a Basis of preparation

These consolidated financial statements have been prepared on a going concern basis and in accordance with the Companies Act 2006 and applicable Accounting Standards in the United Kingdom, including Financial Reporting Standard FRS102. Given the current impact and ongoing uncertainty created by the COVID-19 pandemic, the BMA has undertaken an assessment of going concern and considered the level of disclosure relating to these issues within the financial statements and full details of this can be found in note 23 to these financial statements.

The financial statements have been prepared on the historical costs basis except for the revaluation of freehold premises, revaluation of fixed asset investments and for the modification to a fair value basis for certain financial instruments as specified in the accounting policies below. The accounting policies have been applied consistently. The format of the income and expenditure account in the financial statements departs from the requirements of the Companies Act 2006, which states that a company's profit and loss account shall show all the items as listed in any one of its prescribed formats. This departure is, in the opinion of the board members, necessary to give a true and fair view of the activities of the Association. The remainder of the financial statements have been prepared in accordance with the Companies Act 2006. The financial statements are presented in Sterling (£). The Company meets the definition of a qualifying entity under FRS102 and has therefore taken advantage of the disclosure exemption available to it in respect of its separate financial statements in relation to presentation of a cash flow statement and key management personnel disclosures.

The preparation of financial statements in conformity, with FRS 102 requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the Association's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements are disclosed in note 4.

#### Adjustment in respect of prior periods

Prior period comparatives have been restated to correctly reflect the disclosure of the deferred tax relating to the pension scheme. Previously the deferred tax balance had been offset against the pension scheme balance in Note 11 Post-employment benefit and within the balance sheet. Under FRS 102 deferred tax in respect of a defined benefit liability or asset should be presented with other deferred tax assets or liabilities. It should not be netted off against the defined benefit liability or asset. This has been corrected in the current year and has resulted in an adjustment in respect of prior year to ensure comparability. There is nil impact on the prior period net assets and income and expenditure statement.

The comparative for the year ended 31 December 2018 has been restated as follows:

1. Note 10 taxation - £2,165k deferred tax on pension scheme has been disclosed. This reduced the net deferred tax liability to £927k.
2. Note 11 post-employment benefit - £2,165k deferred tax asset has been removed. This reduced the net defined benefit to £nil.
3. Note 16 debtors - £2,165k deferred tax asset has been disclosed. This increased BMA debtors to £7,488k and Consolidated debtors to £29,927k.

# British Medical Association

## Notes to the financial statements

For the year ended 31 December 2019 (continued)

### 3. Accounting policies (continued)

4. Total current assets on the balance sheet has increased by £2,165k to £55,600k.
5. Net current liabilities on the balance sheet has decreased by £2,165k to £3,701k.
6. Total assets less current liabilities has increased by £2,165k to £127,842k.

#### b Basis of consolidation

The consolidated financial statements are of the British Medical Association and its 100% owned subsidiaries – BMA Investments Ltd, BMA Law Limited, BMJ Publishing Group Ltd, BMJ Publishing Inc. (incorporated and registered in California, USA), BMJ Group India Private Limited, BMJ (Beijing) Medical Science and Technology Co Limited and Medelect Limited. Intra-group sales and profits are eliminated on consolidation. Profits and losses of companies entering or leaving the Association are included from the date of acquisition or up to the date of disposal. Subsidiaries are fully consolidated from the date on which control is transferred to the Association. Control exists when the Association has the power directly or indirectly, to govern the financial and operating policies. The net assets of subsidiaries acquired are included on the basis of their fair value at the date consideration passes, or an offer is declared unconditional. Accounting policies of subsidiaries have been changed where necessary to ensure consistency with the policies adopted by the Association.

#### c Revenue recognition

##### (i) Membership subscriptions

All subscriptions are taken into income in the year to which they relate. Amounts received by the balance sheet date in respect of future years are deferred and any income earned under future contracts is accrued.

##### (ii) Publishing subscriptions and advertising

Income and expenditure relating to publications is accounted for in the year within which the date of the publication falls. Income from publications subscriptions and service contracts are deemed to accrue evenly over the period of the subscription and service delivery respectively. The proportion of subscriptions invoiced but unearned at the balance sheet date is deferred and any income earned under service contracts is accrued. Advertising income is recognised as soon as obligations are fulfilled. Where results relate to discontinued activities, these are disclosed separately on the face of the income and expenditure account. Any income from learning events and conferences are accounted for in the financial year in which the events and conferences are held.

##### (iii) Venue event hire

Income and expenditure relating to venue event hire is accounted for in the year in which the date of the event occurs. Deposits received by the balance sheet date in respect of events in future periods are deferred.

#### d Foreign exchange

The Association maintains certain monetary assets and liabilities in foreign currencies. These have been converted at the midmarket rate ruling at the year-end. All such exchange differences are taken to the income and expenditure account. Assets and liabilities of subsidiaries in foreign currencies are translated into sterling at rates of exchange ruling at the end of the financial period and the results of foreign subsidiaries are translated at the average rates of exchange. Differences on exchange arising from the retranslation of the opening net investment in subsidiary companies, and from the translation of the results of these companies at average rate, are taken to reserves and are reported in the statement of comprehensive income. Other transactions expressed in foreign currencies are translated into sterling and recorded at rates of exchange approximating to those ruling at the date of the transaction. Monetary assets and liabilities are translated at rates ruling at the balance sheet date and exchange differences are included in operating profit.

# British Medical Association

## Notes to the financial statements

For the year ended 31 December 2019 (continued)

### 3. Accounting policies (continued)

#### e Financial instruments

The Association uses derivative financial instruments to hedge its exposures to fluctuations in foreign exchange rates however hedge accounting is not being applied. Sales made in foreign currencies are recognised in the income and expenditure account at the exchange rate ruling at the date of the transaction. Derivatives are initially recognised at fair value on the date a derivative contract is entered into and are subsequently re-measured at their fair value. Changes in the fair value of derivatives are recognised in the income and expenditure account under finance costs or income as appropriate

#### f Deferred tax

Deferred tax is recognised in respect of all timing differences which are differences between taxable profits and total comprehensive income that arise from the inclusion of income and expenses in tax assessments in periods different from those in which they are recognised in the financial statements, except that:

- provision is made for deferred tax that would arise on remittance of the retained earnings of overseas subsidiaries, associates and joint ventures only to the extent that, at the balance sheet date, dividends have been accrued as receivable;
- where there are differences between amounts that can be deducted for tax for assets (other than goodwill) and liabilities compared with the amounts that are recognised for those assets and liabilities in a business combination a deferred tax liability/(asset) shall be recognised. The amount attributed to goodwill is adjusted by the amount of the deferred tax recognised; and
- unrealised tax losses and other deferred tax assets are recognised only to the extent that the directors consider that it probable that they will be recovered against the reversal of deferred tax liabilities or other future taxable profits.

Deferred tax is measured on an undiscounted basis at the tax rates that are expected to apply in the periods in which timing differences reverse, based on tax rates and laws enacted or substantively enacted at the balance sheet date.

#### g Employee benefits

The Association provides a range of benefits to employees, including paid holiday arrangements and defined benefit and defined contribution pension plans.

##### (i) Short term benefits

Short term benefits, including holiday pay and other similar non-monetary benefits, are recognised as an expense in the period in which the service is received.

##### (ii) Defined contribution pension plan

A defined contribution plan is a pension plan under which the Association pays fixed contributions into a separate entity. Once the contributions have been paid the Association has no further obligations. The contributions are recognised as an expense when they are due. Amounts not paid are shown in accruals in the balance sheet. The assets of the plan are held separately from the Association in independently administered funds.

# British Medical Association

## Notes to the financial statements

For the year ended 31 December 2019 (continued)

### 3. Accounting policies (continued)

#### (iii) Defined benefit pension plan

The Association operated a defined benefit plan for certain employees. A defined benefit plan defines the pension benefit that the employee will receive on retirement, usually dependent upon several factors including age, length of service and remuneration. A defined benefit plan is a pension plan that is not a defined contribution plan.

Defined benefit scheme assets are measured using market value. Liabilities are measured using a projected unit credit method and discounted at the current rate of return on a high quality corporate bond of equivalent term and currency to the liability. The increase in the present value of the liabilities expected to arise from employee service in the period is charged to operating profit. The expected return on the assets and the increase during the period in the present value of the liabilities arising from the passage of time are included in other finance income. Actuarial gains and losses are recognised in the consolidated statement of comprehensive income. The individual companies within the Association have taken advantage of the multi-employer exemption provided by FRS 102 and account for the defined benefit scheme as if it were a defined contribution scheme. This is because they are unable to identify their share of the underlying assets and liabilities of the scheme on a reasonable and consistent basis.

#### h Goodwill and amortisation

Goodwill represents the excess of the cost of an acquisition over the fair value of the company's net assets at acquisition date. Goodwill is capitalised in the Association's balance sheet and amortised in equal instalments over its expected useful life which is estimated to be 20 years. Were the Association is unable to make a reliable estimate of useful life, goodwill is amortised over a period not exceeding 5 years. The Association evaluates the carrying value of goodwill in each financial year if a trigger of impairment has occurred to determine if there has been impairment in value, which would result in the inability to recover the carrying amount. When it is determined that the carrying value exceeds the recoverable amount, the excess is written off to the income and expenditure account.

#### (i) Impairment

The company reviews its goodwill for triggers of impairment each year; however no trigger of impairment has been identified in 2019. In accordance with Accounting Standards any impairment would be charged to the income statement in the year.

#### i Intangible assets

Intangible assets are stated at cost less accumulated amortisation and accumulated impairment losses. Amortisation is calculated, using the straight-line method, to allocate the depreciable amount of the assets to their residual values over their estimated useful lives. Software is currently 20% per year and is amortised to the income and expenditure account.

Costs associated with maintaining computer software are recognised as an expense as incurred. Development costs that are directly attributable to the design and testing of identifiable and unique software products controlled by the Association are recognised as intangible assets when the following criteria are met:

- It is technically feasible to complete the software so that it will be available for use;
- Management intends to complete the software and use or sell it;
- It can be demonstrated how the software will generate probable future economic benefits;
- Adequate technical, financial and other resources to complete the development and to use or sell the software are available; and
- The expenditure attributable to the software during its development can be reliably measured.

Other development expenditure that do not meet these criteria are recognised as an expense as incurred. Development cost previously recognised as an expense are not recognised as an asset in a subsequent period.

# British Medical Association

## Notes to the financial statements

For the year ended 31 December 2019 (continued)

### 3. Accounting policies (continued)

#### j Tangible assets

##### (i) Freehold premises

With the exception of a surplus of £454,000 that arose on the revaluation of BMA House, London in 1957, all acquisitions of, and additions to, freehold premises are shown in the balance sheet at cost. Expenditure since 1957 is capitalised where it is probable that future economic benefit in excess of that valuation will flow as a result of that expenditure. Depreciation on this expenditure is calculated on a straight-line basis over the estimated useful lives of the asset categories, the rates of depreciation varying from 1% to 33.3%. All other expenditure is treated as an expense.

##### (ii) Long leasehold improvements

Expenditure on leasehold improvements is depreciated over the term of the lease.

##### (iii) Plant and office equipment and motor vehicles

Tangible fixed assets are stated at historic purchase cost less accumulated depreciation. Items of plant and office equipment and motor vehicles costing more than £1,500 are capitalised at cost, except for laptop computers which are capitalised even if they cost less than £1,500. Depreciation is calculated on a straight-line basis over the estimated useful lives of the assets. Useful lives vary according to the asset category. Plant and office equipment and laptop computers 10% – 33.33%, Motor vehicles 25%.

#### k Leases

Costs and rental income in respect of operating leases (net of any incentives) are recognised on a straight-line basis over the lease term.

#### l Investments

Investments mainly comprise equities, unit trusts and gilts, which are included at market value. These are treated as fixed asset investments due to the permanent nature of the investment fund. Profit / loss on disposal of investments is the difference between the proceeds of sale and book value. Investments are carried at market value. The carrying book value is the market value at the previous year end (or cost if purchased during the year of sale). Market value is calculated using the weighted average basis. Where there is a current tax charge on the movement in market value, this is then taken to the revaluation reserve through the statement of comprehensive income to the extent that the revaluation reserve is utilised. Increases and temporary decreases in market value are taken to the revaluation reserve whereas permanent decreases below book value are recognised in the income and expenditure account. The tax on profit of investments recognised in the revaluation reserve is taken to reserves through the statement of comprehensive income instead of through the income and expenditure account. This avoids inconsistency between the tax and accounting treatments.

#### m Impairment of assets

Assets, other than those measured at fair value, are assessed for indicators of impairment at each balance sheet date. If there is objective evidence of impairment, an impairment loss is recognised in the income and expenditure account as described below.

#### Non-financial assets

An asset is impaired where there is objective evidence that, as a result of one or more events that occurred after initial recognition, the estimated recoverable value of the asset has been reduced. The recoverable amount of an asset is the higher of its fair value less costs to sell and its value in use.

The recoverable amount of goodwill is derived from measurement of the present value of the future cash flows of the cash-generating units of which the goodwill is a part. Any impairment loss in respect of a CGU is allocated first to the goodwill attached to that CGU, and then to other assets within that CGU on a pro-rat basis.

#### n Inventories

Inventories comprise of paper only and are stated at the lower of cost and estimated selling price, which is equivalent to the net realisable value. Cost is calculated using the FIFO (first in first out) method.

# British Medical Association

## Notes to the financial statements

For the year ended 31 December 2019 (continued)

### 3. Accounting policies (continued)

#### o Liquid resources

Liquid resources are defined as being cash balances held on deposit that are readily available (they usually require less than 24 hours' notice in order to be accessed).

### 4. Critical accounting judgements and estimation uncertainty

The preparation of financial statements in conformity with FRS 102 requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the company's and the group's accounting policies. Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The Association makes estimates and assumptions concerning the future. The resulting accounting estimates will, by definition, seldom equal the related actual results. The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are addressed below.

#### Accounting judgements

The Association considers whether intangible assets and/or goodwill are impaired. Where an indication of impairment is identified the estimation of recoverable value requires estimation of the recoverable value of the cash generating units (CGUs). This requires estimation of the future cash flows from the CGUs and also selection of appropriate discount rates in order to calculate the net present value of those cash flows.

#### Management estimation

Provisions are made for doubtful debts at the end of each financial year. This requires management to consider the recoverability of debtor balances and with regard to those deemed to be doubtful in nature to estimate the risk of doubtful debts becoming irrecoverable based on existing knowledge and past experience.

The Association has obligations to pay out pensions at retirement based on service and final pay. The cost of these benefits and the present value of the obligation depend on a number of factors, including; life expectancy, salary increases, asset valuations and the discount rate on corporate bonds. Management estimates these factors in determining the net pension obligation in the balance sheet. The assumptions reflect historical experience and current trends.

# British Medical Association

## Notes to the financial statements

For the year ended 31 December 2019 (continued)

### 5. Income from fixed assets

	BMA		Consolidated	
	2019 £000	2018 £000	2019 £000	2018 £000
Gross rental income	5,685	5,089	4,313	3,778
Service and maintenance income	-	-	211	150
Net property income	5,685	5,089	4,524	3,928
Dividends and interest	11,425	6,150	3,128	2,467
Investment management fees	-	-	(19)	(85)
	<u>17,110</u>	<u>11,239</u>	<u>7,633</u>	<u>6,310</u>

### 6. Interest receivable

	BMA		Consolidated	
	2019 £000	2018 £000	2019 £000	2018 £000
Interest on bank deposit accounts	5	17	231	39
	<u>5</u>	<u>17</u>	<u>231</u>	<u>39</u>

### 7. Interest payable (inter-company)

Interest payable by the BMA relates to interest paid to other group companies.

# British Medical Association

## Notes to the financial statements

For the year ended 31 December 2019 (continued)

### 8. Surplus/(deficit) before taxation

Surplus/(deficit) before taxation is stated after charging:

	<b>BMA</b>		<b>Consolidated</b>	
	<b>2019</b>	<b>2018</b>	<b>2019</b>	<b>2018</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Wages and salaries	26,654	26,294	52,020	53,491
Social security costs	2,792	2,692	5,289	5,106
Other pension costs – defined contribution	2,635	2,984	4,851	5,548
	<u>32,081</u>	<u>31,970</u>	<u>62,159</u>	<u>64,145</u>
<b>Depreciation of tangible assets</b>	799	901	883	964
<b>Amortisation of intangible assets</b>	389	231	445	715
<b>Profit on disposal of fixed assets</b>	(60)	(19)	(60)	(19)
<b>Auditor's remuneration</b>				
Audit of financial statements - BMA	58	56	58	56
Audit of financial statements - subsidiaries	-	-	84	81
<b>Operating lease rentals:</b>				
Land and buildings	272	272	472	472
	<b>Number</b>	<b>Number</b>	<b>Number</b>	<b>Number</b>
Monthly average number of employees during year:				
Members' services	508	498	508	498
Publishing	-	-	408	443
	<u>508</u>	<u>498</u>	<u>916</u>	<u>941</u>

# British Medical Association

## Notes to the financial statements

For the year ended 31 December 2019 (continued)

### 9. Directors' emoluments

	BMA		Consolidated	
	2019 £000	2018 £000	2019 £000	2018 £000
Aggregate emoluments/honoraria (excluding pensions)	933	1,093	2,237	2,367
Aggregate pension – defined contribution scheme	-	13	21	36
<b>Highest paid director</b>				
Total amount of emoluments and amounts receivable under long-term incentive plans	171	196	422	321

For the purposes of FRS102, the directors of the BMA are deemed to be the key management personnel.

### 10. Taxation

	BMA		Consolidated	
	2019 £000	2018 £000	2019 £000	2018 £000
<b>Current tax</b>				
UK corporation tax @ 19% (2018: 19%)	1,192	1,132	3,029	3,569
Adjustments in respect of prior years	(55)	(30)	(58)	(61)
Foreign tax	-	-	383	60
<b>Total current tax</b>	1,136	1,102	3,354	3,568
<b>Deferred tax</b>				
Origination and reversal of timing differences	(12)	(17)	(20)	104
Changes in tax rates or laws	-	-	-	(13)
Adjustments in respect of prior years	(28)	23	(90)	24
<b>Total deferred tax</b>	(40)	6	(110)	115
<b>Total taxation on surplus</b>	1,096	1,108	3,244	3,683

A reduction in the UK corporation tax rate to 21% from 1 April 2014 and 20% from 1 April 2015 has been substantively enacted together with a further reduction in the UK corporation tax to 19% from 1 April 2017 and 17% from 1 April 2020. Profits for this accounting year are taxed at an effective rate of 19%.

# British Medical Association

## Notes to the financial statements

For the year ended 31 December 2019 (continued)

### 10. Taxation (continued)

UK taxation is based on the surplus/(deficit) for the year arising on income from properties, investments, publishing and financial services activities.

Reconciliation of total tax charge	BMA		Consolidated	
	2019 £000	2018 £000	2019 £000	2018 £000
Surplus/(deficit) before tax	4,231	(1,367)	5,194	5,051
Surplus/(deficit) before tax multiplied by standard rate of corporation tax in the UK of 19% (2018: 19%)	804	(260)	987	959
Expenses not deductible for tax	2,546	2,541	1,923	1,919
Other timing differences	-	-	(14)	534
Adjustments in respect of prior years	(84)	(6)	(151)	(38)
Goodwill and amortisation	-	-	712	716
Rate change	-	-	-	(13)
Foreign tax	-	-	209	29
Income not taxable	(2,171)	(1,169)	(437)	(315)
Capital allowances in excess of depreciation	1	2	15	(108)
<b>Total tax charge for the year</b>	<b>1,096</b>	<b>1,108</b>	<b>3,244</b>	<b>3,683</b>
Deferred tax	BMA		Consolidated	
	2019 £000	2018 £000	2019 £000	2018 £000
Provision for deferred tax				
Accelerated capital allowances	(127)	(167)	(195)	(256)
Revaluation of investments	-	-	(4,712)	(3,018)
Short term timing differences	-	-	237	182
	<b>(127)</b>	<b>(167)</b>	<b>4,670</b>	<b>(3,092)</b>
At 1 January	(167)	(161)	(3,092)	(4,407)
Deferred tax credit/(charge) in income and	40	(6)	110	(115)
Deferred tax in statement of comprehensive income	-	-	(1,688)	1,430
Deferred tax on pension scheme	584	2,165	584	2,165
<b>At 31 December</b>	<b>457</b>	<b>1,998</b>	<b>(4,086)</b>	<b>(927)</b>

The above consolidated deferred tax liability of £4,086,000 (2018: £927,000) represents the net of the deferred tax asset of £753,000 (2018: £2,259,000) per note 16 and the £4,839,000 (2018: £3,186,000) deferred tax liability per note 18.

### Factors that may affect future tax charges

No deferred tax is recognised on the unremitted earnings of overseas subsidiaries, as the group has no liability to additional taxation should such amounts be remitted due to the availability of double taxation relief and or UK tax legislation.

# British Medical Association

## Notes to the financial statements

For the year ended 31 December 2019 (continued)

### 11. Post-employment benefits

The British Medical Association (“Association”) has applied FRS102 and the following disclosures relate to this standard.

The Association operates a defined benefit scheme called the BMA Staff Pension Scheme (the “Scheme”) that pays out pensions at retirement based on service and final pay. The scheme operates under UK trust law and the trust is a separate legal entity from the Association. The assets of the Scheme are held separately from those of the Association, being invested in trustee administered funds, mainly through investment management agreements with specialist Fund Managers. Pension costs are charged to the income and expenditure account so as to spread the cost of the defined benefit scheme over the employees’ period of employment with the Association, based on the advice of an independent qualified actuary using the projected unit method.

The most recent formal actuarial valuation of the Scheme was at 31 March 2018 and at this date there were no contributing members in the Scheme. The majority of the pensions in the Scheme, in excess of Guaranteed Minimum Pension (GMP), increase in payment in line with RPI inflation. Other pensions, in excess of GMP, increase in payment in line with RPI subject to a maximum of 5% each year. The actuarial valuation assumed that present and future pensions would increase at a rate of 2.95% per annum, and pensions with capped increases would increase at 2.90% pa.

The actual return on assets over the year to 31 December 2019 was a gain of £26.4 million.

The Association expects to make nil contributions to the Scheme in the next financial year.

	<b>2019</b>	<b>2018</b>
	<b>£000</b>	<b>£000</b>
<b>Principal actuarial assumptions:</b>		
Future pension increases		
- Increasing in line with RPI	3.20%	3.40%
- Increasing in line with RPI subject to a maximum of 5%	3.00%	3.10%
Discount rate	2.00%	2.80%
RPI inflation	3.20%	3.40%
CPI inflation	2.50%	2.40%

The life expectancy for mortality tables used to determine benefit obligations at:

	<b>2019</b>	<b>2018</b>
	<b>£000</b>	<b>£000</b>
Male member age 65 (current life expectancy)	22.4	22.4
Male member age 40 (life expectancy at age 65)	23.8	23.8
Female member age 65 (current life expectancy)	24.7	24.7
Female member age 40 (life expectancy at age 65)	26.3	26.2

## British Medical Association

### Notes to the financial statements

For the year ended 31 December 2019 (continued)

#### 11. Post-employment benefit (continued)

	Value at 31 December	
	2019 £000	2018 £000
Equities	87,288	107,899
Indexed Linked Government Bonds	175,240	133,023
Corporate Bonds	35,734	54,713
Property	48,743	40,795
Liability Driven Investment (LDI)	17,498	18,141
Other	35,633	20,148
	<u>400,136</u>	<u>374,719</u>
Fair value of scheme assets	400,136	374,719
Present value of funded obligations	(410,440)	(356,589)
	<u>(10,304)</u>	<u>18,130</u>
Scheme (deficit)/surplus	(10,304)	18,130
Irrecoverable surplus (effect of asset ceiling)	-	(18,130)
	<u>(10,304)</u>	<u>-</u>
Net defined (liability)/benefit	(10,304)	-

#### The movement in the fair value of scheme assets during the year was as follows:

	2019 £000	2018 £000
Fair value of scheme assets at 1 January	374,719	393,974
Interest income on scheme assets	10,348	9,700
Actuarial gain/(loss)	26,381	(16,048)
Benefits paid from scheme	(10,298)	(11,946)
Scheme administration expenses	(1,014)	(961)
	<u>400,136</u>	<u>374,719</u>
Fair value of scheme at 31 December	400,136	374,719

# British Medical Association

## Notes to the financial statements

For the year ended 31 December 2019 (continued)

### 11. Post-employment benefit (continued)

The movement in the present value of defined benefit obligation during the year was as follows:

	<b>2019</b>	<b>2018</b>
	<b>£000</b>	<b>£000</b>
Defined benefit obligation at 1 January	356,589	417,418
Interest cost	9,840	10,286
Actuarial loss/(gain) due to change in assumptions	54,309	(59,522)
Plan introduction, changes, curtailments and settlements	-	353
Benefits paid from scheme	(10,298)	(11,946)
	<u>410,440</u>	<u>356,589</u>
Defined benefit obligation at 31 December	<u>410,440</u>	<u>356,589</u>

The amounts recognised in profit or loss are as follows:

	<b>2019</b>	<b>2018</b>
	<b>£000</b>	<b>£'000</b>
Net interest on net defined benefit liability	508	(939)
Scheme administration expenses	(1,014)	(961)
	<u>(506)</u>	<u>(1,900)</u>

Analysis of amount recognised in Other Comprehensive Income (OCI):

	<b>2019</b>	<b>2018</b>
	<b>£000</b>	<b>£000</b>
Return on assets, excluding interest income	26,381	(16,048)
Actuarial (loss)/gain arising from changes in assumptions	(54,309)	59,522
Gain due to the asset ceiling	18,130	(18,130)
Total gain recognised in the OCI at 31 December	<u>(9,798)</u>	<u>25,344</u>

# British Medical Association

## Notes to the financial statements

For the year ended 31 December 2019 (continued)

### 12. Intangible assets

	<b>BMA Software £000</b>	<b>Goodwill £000</b>	<b>Consolidated Software £000</b>	<b>Total £000</b>
At 1 January 2019				
Cost	874	37	1,433	1,470
Additions	-	-	356	356
Amortisation	(389)	(37)	(408)	(445)
Closing net book amount	<u>485</u>	<u>-</u>	<u>1,381</u>	<u>1,381</u>

### Intangible assets

The software intangible assets include the Association's new membership system, HR payroll systems and finance system, which were created by external development firms for the Association's specific requirements and have a remaining amortisation period of 2.5 year, 3.5 years and 5.0 years respectively.

Development costs have been capitalised in accordance with FRS 102 Section 18 Intangible Assets other than Goodwill and are therefore not treated, for dividend purposes, as a realised loss.

### 13. Tangible assets

<b>(i) BMA</b>	<b>Freehold premises £000</b>	<b>Long leasehold improvements £000</b>	<b>Plant and office equipment £000</b>	<b>Motor vehicles £000</b>	<b>Total £000</b>
<b>Cost or valuation</b>					
At 1 January 2019	13,047	1	1,857	719	15,624
Additions during year	258	-	292	135	685
Disposals during the year	-	-	-	(155)	(155)
At 31 December 2019	<u>13,305</u>	<u>1</u>	<u>2,149</u>	<u>699</u>	<u>16,154</u>
Less:					
Accumulated depreciation					
At 1 January 2019	(5,620)	(1)	(1,453)	(465)	(7,539)
Charge for the year	(351)	-	(290)	(158)	(799)
Disposals and amounts written off during the year	-	-	-	134	134
At 31 December 2019	<u>(5,971)</u>	<u>(1)</u>	<u>(1,743)</u>	<u>(489)</u>	<u>(8,204)</u>
Net book value	7,334	-	406	210	7,950
At 31 December 2019	<u>7,334</u>	<u>-</u>	<u>406</u>	<u>210</u>	<u>7,950</u>
At 31 December 2018	<u>7,427</u>	<u>-</u>	<u>404</u>	<u>254</u>	<u>8,085</u>

# British Medical Association

## Notes to the financial statements

For the year ended 31 December 2019 (continued)

### 13. Tangible assets (continued)

(ii) Consolidated	Freehold premises £000	Long leasehold improvements £000	Plant and office equipment £000	Motor vehicles £000	Total £000
<b>Cost or valuation</b>					
At 1 January 2019	13,047	1	2,067	719	15,834
Additions during year	258	-	474	135	867
Disposals during the year	-	-	-	(155)	(155)
At 31 December 2019	<u>13,305</u>	<u>1</u>	<u>2,541</u>	<u>699</u>	<u>16,546</u>
Less:					
Accumulated depreciation					
At 1 January 2019	(5,620)	(1)	(1,575)	(465)	(7,661)
Charge for the year	(351)	-	(374)	(158)	(883)
Disposals during the year	-	-	-	134	134
At 31 December 2019	<u>(5,971)</u>	<u>(1)</u>	<u>(1,949)</u>	<u>(489)</u>	<u>(8,410)</u>
Net book amount					
At 31 December 2019	<u>7,334</u>	<u>-</u>	<u>592</u>	<u>210</u>	<u>8,136</u>
At 31 December 2018	<u>7,427</u>	<u>-</u>	<u>492</u>	<u>254</u>	<u>8,173</u>

With the exception of a surplus of £454,000 that arose on the revaluation of BMA House, London in 1957, all acquisitions of, and additions to freehold premises are shown in the balance sheet at cost. In the opinion of the directors, the market value of freehold premises at 31 December 2019 is significantly higher than the carrying value recorded above.

### 14. Investments

(a) Reconciliation of market value of investments	Consolidated	
	2019 £000	2018 £000
Market value at 1 January	121,900	126,022
Additions	2,301	7,137
Proceeds of sale	-	(4,900)
Increase/(decrease) in market value	<u>14,816</u>	<u>(6,359)</u>
Total at 31 December	<u>139,017</u>	<u>121,900</u>
Cost at 31 December	<u>84,536</u>	<u>82,239</u>

## British Medical Association

### Notes to the financial statements

For the year ended 31 December 2019 (continued)

#### 14. Investments (continued)

(b) Analysis of market value of investments	Consolidated	
	2019 £000	2018 £000
UK equity passive index funds	29,129	24,453
Global equity passive index funds	42,620	35,498
Multi asset diversified funds	19,766	17,852
Sustainable real return funds	28,464	25,407
Secured property income fund	18,706	18,368
Locum Tap*	332	322
	<u>139,017</u>	<u>121,900</u>

\*In 2018, the BMJ Publishing group purchased a 10% minority interest in LocumTap Limited (trading as Patchwork Limited), to help hospitals better manage demand for NHS temporary staff. Patchwork Limited is a marketplace that connects healthcare employers directly with locum clinicians.

(c) Cost of investments in group undertakings	BMA	
	2019 £000	2018 £000
Balance at 1 January and 31 December	<u>140,878</u>	<u>140,878</u>

Entity name	Holding	Country of incorporation	Company registration numbers	Immediate parent company	Registered Office
BMJ Publishing Group	100%	United Kingdom	03102371	BMA	BMA House, Tavistock Square, London
BMA Investments Limited	100%	United Kingdom	02683429	BMA	BMA House, Tavistock Square, London
BMA (2002) Limited*	100%	United Kingdom	03523034	BMA	BMA House, Tavistock Square, London
Medelect Limited*	100%	United Kingdom	03908486	BMJ Publishing Group Ltd	BMA House, Tavistock Square, London
BMJ Publishing Inc.	100%	Incorporated and registered in California, USA	-	BMJ Publishing Group Ltd	Two Hudson Place, Hoboken, NJ 07030 USA
BMJ Group India Private Limited	99%	India	-	BMJ Publishing Group Ltd	Navkar Marol, Andheri, Mumbai, India
BMJ (Beijing) Medical Science and Technology Co Limited	100%	China	-	BMJ Publishing Group Ltd	1509 Silver Tower No2 East, Chaoyang District, Beijing 100027 China

\*Both BMA (2002) Limited and Medelect Limited were dormant during the year.

#### (d) Revaluation reserve – investment in subsidiary

The £59,000,000 revaluation reserve for an investment in subsidiary in the BMA relates to the transfer of the trade and net assets from BMA to BMJ Publishing Group Ltd on 1 January 2003.

The directors believe that the carrying value of the investments is supported by their underlying net assets and future cash flows.

# British Medical Association

## Notes to the financial statements

For the year ended 31 December 2019 (continued)

### 15. Inventories

	BMA		Consolidated	
	2019 £000	2018 £000	2019 £000	2018 £000
Raw materials and consumables	-	-	12	14

### 16. Debtors

	BMA		Consolidated	
	2019 £000	2018 £000	2019 £000	2018 £000
<b>Amounts falling due within one year:</b>				
Trade debtors	1,162	1,833	16,871	17,299
Amounts owed by group undertakings	1,732	12	-	-
Other receivables	718	654	1,183	947
Deferred tax	584	2,165	753	2,259
Prepayments and accrued income	1,689	2,824	8,748	9,422
	<u>5,885</u>	<u>7,488</u>	<u>27,555</u>	<u>29,927</u>

Amounts owed by group undertaking are repayable upon demand.

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

	BMA		Consolidated	
	2019 £'000	2018 £'000	2019 £'000	2018 £'000
Trade creditors	1,284	3,904	3,679	6,926
Amounts owed to group undertakings	17,807	17,795	-	-
Corporation tax	638	617	1,425	1,966
Other creditors	129	-	277	1,264
Accruals and deferred income	7,350	9,042	33,098	22,277
Subscriptions received in advance	8,525	8,503	18,168	26,868
	<u>35,733</u>	<u>39,861</u>	<u>56,647</u>	<u>59,301</u>

Amounts owed to group undertaking are repayable upon demand.

# British Medical Association

## Notes to the financial statements

For the year ended 31 December 2019 (continued)

### 18. Provisions for liabilities

	BMA		Consolidated	
	2019 £000	2018 £000	2019 £000	2018 £000
<b>Deferred tax</b>				
At 1 January	168	161	3,186	4,567
Provided during the year	(41)	7	1,653	(1,381)
At 31 December	<u>127</u>	<u>168</u>	<u>4,839</u>	<u>3,186</u>
Amounts estimated to be released greater than 12 months	<u>127</u>	<u>168</u>	<u>4,839</u>	<u>3,186</u>

The above excludes the deferred tax asset of £584,000 (2018: £2,165,000) relating to the BMA Staff Pension Scheme see note 10 and the deferred tax asset of £169,000 (2018: £94,000) per note 10 and 16.

### 19. Retained earnings

	BMA		Consolidated	
	2019 £000	2018 £000	2019 £000	2018 £000
Opening accumulated reserves	64,080	41,211	84,863	56,720
Net surplus/(deficit) for the financial year	3,135	(2,475)	1,950	1,369
Actuarial (loss)/gain on pension scheme movement	(9,798)	25,344	(9,798)	25,344
Deferred tax on revaluation of investments	-	-	(1,688)	1,430
Movement on deferred tax relating to pension	(1,581)	-	(1,581)	-
<b>Closing accumulated reserves</b>	<u>55,836</u>	<u>64,080</u>	<u>73,746</u>	<u>84,863</u>

### 20. Revaluation reserve - investments

	BMA		Consolidated	
	2019 £000	2018 £000	2019 £000	2018 £000
At 1 January	-	-	39,339	45,698
Increase/(decrease) in market value for year	-	-	14,816	(6,359)
At 31 December	<u>-</u>	<u>-</u>	<u>54,155</u>	<u>39,339</u>

# British Medical Association

## Notes to the financial statements

For the year ended 31 December 2019 (continued)

### 21. Reconciliation of movements in reserves employed

	BMA		Consolidated	
	2019 £000	2018 £000	2019 £000	2018 £000
Net surplus/(deficit) for the financial year	3,135	(2,475)	1,950	1,369
Net actuarial (loss)/gain on pension scheme movement	(9,798)	25,344	(9,798)	25,344
Deferred tax on revaluation of investments	-	-	(1,688)	1,430
Increase/(decrease) in market value for year	-	-	14,816	(6,359)
Movement on deferred tax relating to pension	(1,581)	-	(1,581)	-
	<hr/>	<hr/>	<hr/>	<hr/>
Net movement in reserves employed	(8,244)	22,869	3,699	21,784
Opening accumulated reserves	123,534	100,665	124,656	102,872
	<hr/>	<hr/>	<hr/>	<hr/>
<b>Closing accumulated reserves</b>	<b>115,290</b>	<b>123,534</b>	<b>128,355</b>	<b>124,656</b>

### 22. Related party transactions

#### Group entities

The Association is exempt from disclosing related party transactions with other companies that are wholly owned within the Association.

#### BMA Board, BMJ Publishing Group Board and Audit Committee members

Transactions the BMA has directly with individual BMA Board, BMJ Publishing Group Board and Audit Committee members, excluding transactions expected in order for the member to carry out their duties, are considered related party transactions.

Transactions occur with these related parties as many are medical practitioners and certain transactions will occur in the normal course of them undertaking that role. These have not been disclosed as they all have standard charges applicable to all medical practitioners and are considered necessary to undertake their role.

Other standard arm's length transactions occur in the normal course of business with Council members' practices, for example, licensing of software and payment for locum services. These are not disclosed here as the Council members would not be able to influence these transactions.

All related party transactions are carried out at arm's length and there were no material related party transactions. Council members are paid Honoraria amounts.

In accordance with Section 409 of the Companies Act 2006, a full list of subsidiaries, the country of incorporation and effective percentage of ownership has been disclosed in note 14c.

# British Medical Association

## Notes to the financial statements

For the year ended 31 December 2019 (continued)

### 23. Post balance sheet events

At the time of approving these financial statements and given the current impact and ongoing uncertainty created by the COVID-19 pandemic, the directors have assessed the going concern of the BMA and its subsidiaries, this assessment and consideration is summarised below:

#### Broad context

BMA specific and the group were in a strong cash position at 31 December 2019 (£6.3m and £24.0m respectively) and remained so at 30 April 2020. Initial cash flow forecasts to July 2021 shows the group having in excess of £20.0m in liquid cash. The Group had net assets of £138.1m at the same balance sheet date. The core activity of the BMA during the COVID-19 crisis is to work tirelessly to campaign for doctors on sufficient PPE provision, testing for health workers, expanding the workforce and death in service.

Membership has grown by just under 1% since December 2019 through the COVID-19 crisis, whilst social distancing rules are in place, face to face recruitment will not be possible and as such we are looking at alternative ways to recruit/retain members through the use of technology/social media. Other non-subscription income streams such as the events and property lease income will be impacted by COVID-19, but the majority of any losses will be mitigated by savings in other areas.

As mentioned in the strategic report one of the main financial risk for the BMA group is the defined benefit pension scheme that closed to future accrual in July 2014. As of that time, the pension scheme was fully funded. Subsequently through abnormal external market conditions, the scheme went into deficit, then surplus and back to a deficit position. The Association is closely monitoring this and is working collaboratively with the scheme's Pension Trustees to manage the on-going financial risk. The next triennial valuation of the scheme is due on 31 March 2021.

#### Level of operational disruption:

Staff are working remotely but as all employees are issued with laptops and cloud-based email, and as our primary sales, financial and product management systems are all cloud-based, day-to-day operations have not been dramatically disrupted. A central team has been established to review the developing situation and necessary responses to ensure business continuity. This team meets daily and has so far been effective in identifying and addressing necessary changes.

Vendor contracts for the supply of services to BMA House, such as catering, porter tasks, cleaning, reception, security and maintenance provided by third party contractors the BMA has agreed for the short term to continue to support these companies that may have furloughed employees on a full basis i.e to cover the 20% the government is not covering, but this will be continually reviewed on a case by case basis.

#### Liquidity and working capital

A reforecast of cashflow has been undertaken in light of the changing economic environment resulting from COVID-19. This analysis clearly shows that the Group remains significantly cash positive throughout 2020 and well into 2021, even with lost revenues and ongoing costs. It should be further noted that this cashflow analysis does not assume that the business takes advantage of any government support schemes nor that any structural cost cutting measures are initiated, which provides further comfort that cashflow will not prevent the business from continuing successfully. A review of the BMA Investments Limited holdings prior to the COVID-19 outbreak resulted in the Finance Committee agreeing to sell £5m worth of assets held with SSGA (State Street Global Assets), so this crystallized additional working capital for the group, and if further liquid cash is required could repeat this as and when required. The value of these investments was £121.2m as at 30<sup>th</sup> April 2020 and group cash amounted to £25.1m at 30<sup>th</sup> April 2020.

#### Asset valuations

There was substantial headroom on all assets across the group, with the BMJ, BMA House and Edinburgh office valuations all recorded at historical rates in the financial statements so this would only strengthen the balance sheet. BMA Investment Limited holdings still valued in excess of £121.2m at the end of April 2020.