

Form AR21

Trade Union and Labour Relations (Consolidation) Act 1992

Annual Return for a Trade Union

Name of Trade Union:	British Medical Association		
Year ended:	31 December 2022		
List no:	397T		
Head or Main Office address:	BMA House		
	Tavistock Square		
	London		
Postcode	WC1H 9JP		
Website address (if available)	www.bma.org.uk		
Has the address changed during the year to which the return relates?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	('X' in appropriate box)
General Secretary:	Professor Philip Banfield		
Telephone Number:	020 7383 6000		
Contact name for queries regarding the completion of this return	Ushma Bharakhada		
Telephone Number:	020 3058 7469		
E-mail:	ubharakhada@bma.org.uk		

Please follow the guidance notes in the completion of this return

Any difficulties or problems in the completion of this return should be directed to the Certification Officer as below or by telephone to: 0330 109 3602

You should send the annual return to the following email address stating the name of the union in subject:

returns@certoffice.org

Contents

Trade Union's details.....	1
Return of members.....	2
Change of officers.....	2
Officers in post.....	2a
General fund.....	3
Analysis of income from federation and other bodies and other income.....	4
Analysis of benefit expenditure shown at general fund.....	5
Accounts other than the revenue account/general fund.....	6-8a
Political fund account.....	9-9vii
Analysis of administrative expenses	10
Analysis of officials' salaries and benefits.....	11
Analysis of investment income.....	12
Balance sheet as at.....	13
Fixed assets account.....	14
Analysis of investments.....	15
Analysis of investment income (controlling interests).....	16
Summary Sheet.....	17
Summary sheet (Only for Incorporated Bodies).....	17a
Information on Industrial action ballots.....	18-19
Information on Industrial action.....	20-21
Notes to the accounts.....	22
Accounting policies.....	23
Signatures to the annual return.....	23
Checklist.....	23
Checklist for auditor's report.....	24
Auditor's report (continued).....	25
Membership audit certificate.....	i-iii
Guidance on completion.....	26

Return of Members

(see notes 10 and 11)

	Number of members at the end of the year				
	Great Britain	Northern Ireland	Irish Republic	Elsewhere Abroad (including Channel Islands)	Totals
	162,488	5,721	133	2,291	170,633
Total	162,488	5,721	133	2,291	A 170,633

Number of members at end of year contributing to the General Fund

160,681

Number of members included in totals box 'A' above for whom no home or authorised address is held:

3,442

Change of Officers

Please complete the following to record any changes of officers during the twelve months covered by this return

Position Held	Name of Officer ceasing to hold Office	Name of Officer Appointed	Date of change
Chair of Council	Dr Chaand Nagpaul	Professor Philip Banfield	30th June 2022
President	Professor Neena Modi	Clifford Martin Mckee	30th June 2022
Chief Executive Officer	Tom Grinyer	Mrs Neeta Major / Mrs Rachel Podolak	28th May 2022
Chair of Divis Publishing Group	Roger Horton	Mr Peter Vicary-Smith	30th June 2022
Deputy Chair of Council	Dr David Wrigley	Dr Emma Runswick	13th July 2022

State whether the union is:

a. A branch of another trade union?

Yes

No

If yes, state the name of that other union:

b. A federation of trade unions?

Yes

No

If yes, state the number of affiliated unions:

and names:

General Fund

(see notes 13 to 18)

	£	£
Income		
From Members: Contributions and Subscriptions		
From Members: Other income from members (specify)		
Total other income from members		
Total of all income from members		
Investment income (as at page 12)		
Other Income		
Income from Federations and other bodies (as at page 4)		
Income from any other sources (as at page 4)		
Total of other income (as at page 4)		
Total income		
Interfund Transfers IN		
Expenditure		
Benefits to members (as at page 5)		
Administrative expenses (as at page 10)		
Federation and other bodies (specify)		
Total expenditure Federation and other bodies		
Taxation		
Total expenditure		
Interfund Transfers OUT		
Surplus (deficit) for year		
Amount of general fund at beginning of year		
Amount of general fund at end of year		

Analysis of income from federation and other bodies and other income

(see notes 19 and 20)

Description	£
Federation and other bodies	
Total federation and other bodies	
Any Other Sources	
Total other sources	
Total of all other income	

Analysis of benefit expenditure shown at the General Fund

(see notes 21 to 23)

			£
Representation – Employment Related Issues		brought forward	
		Advisory Services	
Representation – Non Employment Related Issues		Other Cash Payments	
		Education and Training services	
Communications			
		Negotiated Discount Services	
Dispute Benefits			
		Other Benefits and Grants (specify)	
carried forward		Total (should agree with figure in General Fund)	

(See notes 21 and 23)

Fund 6		Fund Account	
Name:		£	£
Income	From members		
	Investment income (as at page 12)		
	Other income (specify)		
	Total other income as specified		
	Total Income		
	Interfund Transfers IN		
Expenditure	Benefits to members		
	Administrative expenses and other expenditure (as at page 10)		
	Total Expenditure		
	Interfund Transfers OUT		
	Surplus (Deficit) for the year		
	Amount of fund at beginning of year		
	Amount of fund at the end of year (as Balance Sheet)		
	Number of members contributing at end of year		

Fund 7		Fund Account	
Name:		£	£
Income	From members		
	Investment income (as at page 12)		
	Other income (specify)		
	Total other income as specified		
	Total Income		
	Interfund Transfers IN		
Expenditure	Benefits to members		
	Administrative expenses and other expenditure (as at page 10)		
	Total Expenditure		
	Interfund Transfers OUT		
	Surplus (Deficit) for the year		
	Amount of fund at beginning of year		
	Amount of fund at the end of year (as Balance Sheet)		
	Number of members contributing at end of year		

(See notes 21 and 23)

Fund 8		Fund Account	
Name:		£	£
Income	From members		
	Investment income (as at page 12)		
	Other income (specify)		
	Total other income as specified		
	Total Income		
	Interfund Transfers IN		
Expenditure	Benefits to members		
	Administrative expenses and other expenditure (as at page 10)		
	Total Expenditure		
	Interfund Transfers OUT		
	Surplus (Deficit) for the year		
	Amount of fund at beginning of year		
	Amount of fund at the end of year (as Balance Sheet)		
	Number of members contributing at end of year		

Fund 9		Fund Account	
Name:		£	£
Income	From members		
	Investment income (as at page 12)		
	Other income (specify)		
	Total other income as specified		
	Total Income		
	Interfund Transfers IN		
Expenditure	Benefits to members		
	Administrative expenses and other expenditure (as at page 10)		
	Total Expenditure		
	Interfund Transfers OUT		
	Surplus (Deficit) for the year		
	Amount of fund at beginning of year		
	Amount of fund at the end of year (as Balance Sheet)		
	Number of members contributing at end of year		

Political fund account

(see notes 24 to 33)

£

£

Political fund account 1		To be completed by trade unions which maintain their own political fund	
	Income		
	Members contributions and levies		
	Investment income (as at page 12)		
Other income (specify)			
	Total other income as specified		
	Total income		
Expenditure under section (82) of the Trade Union and Labour Relations (Consolidation) Act 1992 on purposes set out in section (72) (1) where consolidation of expenditures from the political funds exceeds £2,000 during the period			
	Expenditure A (as at page i)		
	Expenditure B (as at page ii)		
	Expenditure C (as at page iii)		
	Expenditure D (as at page iv)		
	Expenditure E (as at page v)		
	Expenditure F (as at page vi)		
	Non-political expenditure (as at page vii)		
	Total expenditure		
	Surplus (deficit) for year		
	Amount of political fund at beginning of year		
	Amount of political fund at the end of year (as <u>Balance Sheet</u>)		
	Number of members at end of year contributing to the political fund		
	Number of members at end of the year not contributing to the political fund		
	Number of members at end of year who have completed an exemption notice and do not contribute to the political fund		
Political fund account 2		To be completed by trade unions which act as components of a central trade union	
Income	Contributions and levies collected from members on behalf of central political fund		
	Funds received back from central political fund		
	Other income (specify)		
	Total other income as specified		
	Total income		
Expenditure	Expenditure under section 82 of the Trade Union and Labour Relations (Consolidation) Act 1992 (specify)		
	Administration expenses in connection with political objects(specify)		
	Non-political expenditure		
	Total expenditure		
	Surplus (deficit) for year		
	Amount held on behalf of trade union political fund at beginning of year		
	Amount remitted to central political		
	Amount held on behalf of central political fund at end of year		
	Number of members at end of year contributing to the political fund		
	Number of members at end of the year not contributing to the political fund		
	Number of members at end of year who have completed an exemption notice and do not therefore contribute to the political fund		

Analysis of administrative expenses and other outgoings excluding amounts charged to political fund accounts

(see notes 34 and 35)

	£
Administrative Expenses	
Remuneration and expenses of staff	
Salaries and Wages included in above	[]
Auditors' fees	
Legal and Professional fees	
Occupancy costs	
Stationery, printing, postage, telephone, etc.	
Expenses of Executive Committee (Head Office)	
Expenses of conferences	
Other administrative expenses (specify)	
[]	
Other Outgoings	
[]	
Outgoings on land and buildings (specify)	
[]	
Other outgoings (specify)	
[]	
tretert	
Total	
Charged to:	General Fund (Page 3)
Total	

Fixed assets account

(see notes 53 to 57)

	Land and Buildings		Furniture and Equipment £	Motor Vehicles £	Not used for union business £	Total £
	Freehold £	Leasehold £				
Cost or Valuation						
At start of year						
Additions						
Disposals						
Revaluation/Transfers						
At end of year						
Accumulated Depreciation						
At start of year						
Charges for year						
Disposals						
Revaluation/Transfers						
At end of year						
Net book value at end of year						
Net book value at end of previous year						

Analysis of investments

(see notes 58 and 59)

Quoted	All Funds Except Political Funds £	Political Fund £
Equities (e.g. Shares)		
Government Securities (Gilts)		
Other quoted securities (to be specified)		
Total quoted (as Balance Sheet)		
Market Value of Quoted Investment		
Unquoted		
Equities		
Government Securities (Gilts)		
Mortgages		
Bank and Building Societies		
Other unquoted investments (to be specified)		
Total unquoted (as Balance Sheet)		
Market Value of Unquoted Investments		

Summary sheet

(see notes 62 to 73)

	All funds except Political Funds	Political Funds £	Total Funds £
Income			
From Members			
From Investments			
Other Income (including increases by revaluation of assets)			
Total Income			
Expenditure (including decreases by revaluation of assets)			
Total Expenditure			
Funds at beginning of year (including reserves)			
Funds at end of year (including reserves)			
Assets			
	Fixed Assets		
	Investment Assets		
	Other Assets		
		Total Assets	
Liabilities		Total Liabilities	
Net Assets (Total Assets less Total Liabilities)			

Summary sheet

(see notes 62 to 73)

	All funds except Political Funds £	Political Funds £	Total Funds £
Income			
From Members	52,217,000		52,217,000
From Investments	113,000		113,000
Other Income (including increases by revaluation of assets)	94,535,000		94,535,000
Total Income	146,865,000		146,865,000
Expenditure (including decreases by revaluation of assets)			
Total Expenditure	-164,844,000		-164,844,000
Funds at beginning of year (including reserves)	220,143,000		220,143,000
Funds at end of year (including reserves)	202,164,000		202,164,000
Assets			
Fixed Assets			14,339,000
Investment Assets			201,546,000
Other Assets			78,973,000
		Total Assets	294,858,000
Liabilities		Total Liabilities	-92,694,000
Net Assets (Total Assets less Total Liabilities)			202,164,000

Ballots & Industrial Action- If you have 6 or more entries for either of these, please complete the Excel Spreadsheet

(see notes 74 to 80)

Did the union hold any ballots in respect of industrial action during the return period?	<input type="text" value="No"/>
If Yes How many ballots were held: <input style="width: 50px;" type="text"/>	
For each ballot held please complete the information below:	
Ballot 1	
Number of individual who were entitled to vote in the ballot	<input style="width: 80px;" type="text"/>
Number of votes cast in the ballot	<input style="width: 80px;" type="text"/>
Number of Individuals answering "Yes" to the question	<input style="width: 80px;" type="text"/> ¹
Number of individuals answering "No" to the question	<input style="width: 80px;" type="text"/> ²
Number of invalid or otherwise spoiled voting papers returned	<input style="width: 80px;" type="text"/> ³
	1-3 should total "Number of votes cast"
Were the number of votes cast in the ballot at least 50% of the number of individuals who were entitled to vote in the ballot	<input style="width: 60px;" type="text"/>
Does section 226(2B) of the 1992 Act apply in relation to this ballot (see notes 76-80)?	<input style="width: 60px;" type="text"/>
If yes, were the number of individuals answering "Yes" to the question (or each question) at least 40% of the number of individuals who were entitled to vote in the ballot	<input style="width: 60px;" type="text"/>
Ballot 2	
Number of individual who were entitled to vote in the ballot	<input style="width: 80px;" type="text"/>
Number of votes cast in the ballot	<input style="width: 80px;" type="text"/>
Number of Individuals answering "Yes" to the question	<input style="width: 80px;" type="text"/> ¹
Number of individuals answering "No" to the question	<input style="width: 80px;" type="text"/> ²
Number of invalid or otherwise spoiled voting papers returned	<input style="width: 80px;" type="text"/> ³
	1-3 should total "Number of votes cast"
Were the number of votes cast in the ballot at least 50% of the number of individuals who were entitled to vote in the ballot	<input style="width: 60px;" type="text"/>
Does section 226(2B) of the 1992 Act apply in relation to this ballot (see notes 76-80)?	<input style="width: 60px;" type="text"/>
If yes, were the number of individuals answering "Yes" to the question (or each question) at least 40% of the number of individuals who were entitled to vote in the ballot	<input style="width: 60px;" type="text"/>
Ballot 3	
Number of individual who were entitled to vote in the ballot	<input style="width: 80px;" type="text"/>
Number of votes cast in the ballot	<input style="width: 80px;" type="text"/>
Number of Individuals answering "Yes" to the question	<input style="width: 80px;" type="text"/> ¹
Number of individuals answering "No" to the question	<input style="width: 80px;" type="text"/> ²
Number of invalid or otherwise spoiled voting papers returned	<input style="width: 80px;" type="text"/> ³
	1-3 should total "Number of votes cast"
Were the number of votes cast in the ballot at least 50% of the number of individuals who were entitled to vote in the ballot	<input style="width: 60px;" type="text"/>
Does section 226(2B) of the 1992 Act apply in relation to this ballot (see notes 76-80)?	<input style="width: 60px;" type="text"/>
If yes, were the number of individuals answering "Yes" to the question (or each question) at least 40% of the number of individuals who were entitled to vote in the ballot	<input style="width: 60px;" type="text"/>

Ballots & Industrial Action: If you have 6 or more entries for either of these, please complete the Excel Spreadsheet

Ballot 4

Number of individual who were entitled to vote in the ballot

Number of votes cast in the ballot

Number of Individuals answering "Yes" to the question 1

Number of individuals answering "No" to the question 2

Number of invalid or otherwise spoiled voting papers returned 3

1-3 should total "Number of votes cast"

Were the number of votes cast in the ballot at least 50% of the number of individuals who were entitled to vote in the ballot

Does section 226(2B) of the 1992 Act apply in relation to this ballot (see notes 76-80)?

If yes, were the number of individuals answering "Yes" to the question (or each question) at least 40% of the number of individuals who were entitled to vote in the ballot

Ballot 5

Number of individual who were entitled to vote in the ballot

Number of votes cast in the ballot

Number of Individuals answering "Yes" to the question 1

Number of individuals answering "No" to the question 2

Number of invalid or otherwise spoiled voting papers returned 3

1-3 should total "Number of votes cast"

Were the number of votes cast in the ballot at least 50% of the number of individuals who were entitled to vote in the ballot

Does section 226(2B) of the 1992 Act apply in relation to this ballot (see notes 76-80)?

If yes, were the number of individuals answering "Yes" to the question (or each question) at least 40% of the number of individuals who were entitled to vote in the ballot

Ballot 6

Number of individual who were entitled to vote in the ballot

Number of votes cast in the ballot

Number of Individuals answering "Yes" to the question 1

Number of individuals answering "No" to the question 2

Number of invalid or otherwise spoiled voting papers returned 3

1-3 should total "Number of votes cast"

Were the number of votes cast in the ballot at least 50% of the number of individuals who were entitled to vote in the ballot

Does section 226(2B) of the 1992 Act apply in relation to this ballot (see notes 76-80)?

If yes, were the number of individuals answering "Yes" to the question (or each question) at least 40% of the number of individuals who were entitled to vote in the ballot

Ballots and Industrial Action: If you have 6 or more entries for either of these, please complete the Excel Spreadsheet

(see note 81)

***Categories of Nature of Trade Dispute**

- A: terms and conditions of employment, or the physical conditions in which any workers require to work;
- B: engagement or non-engagement, or termination or suspension of employment or the duties of employment, of one or more workers;
- C: allocation of work or the duties of employment between workers or groups of workers;
- D: matters of discipline;
- E: a worker's membership or non-membership of a trade union;
- F: facilities for officials of trade unions;
- G: machinery for negotiation or consultation, and other procedures, relating to any of the above matters, including the recognition by employers or employers' associations of the right of a trade union to represent workers in such negotiation or consultation or in the carrying out of such procedures

Did Union members take industrial action during the return period in response to any inducement on the part of the Union? YES/NO

If **YES**, for each industrial action taken please complete the information below:

Industrial Action 1

1. please tick the nature of the trade dispute for which industrial action was taken using the categories* below:

A B C D E F G

2. Dates of the industrial action taken: to

3. Number of days of industrial action:

4. Nature of industrial action.

Industrial Action 2

1. please tick the nature of the trade dispute for which industrial action was taken using the categories* below:

A B C D E F G

2. Dates of the industrial action taken: to

3. Number of days of industrial action:

4. Nature of industrial action.

Industrial Action 3

1. please tick the nature of the trade dispute for which industrial action was taken using the categories* below:

A B C D E F G

2. Dates of the industrial action taken: to

3. Number of days of industrial action:

4. Nature of industrial action.

use a continuation page if necessary

Industrial Action 4

1. please tick the nature of the trade dispute for which industrial action was taken using the categories* below:

A B C D E F G

2. Dates of the industrial action taken: to

3. Number of days of industrial action:

4. Nature of industrial action.

Industrial Action 5

1. please tick the nature of the trade dispute for which industrial action was taken using the categories* below:

A B C D E F G

2. Dates of the industrial action taken: to

3. Number of days of industrial action:

4. Nature of industrial action.

Industrial Action 6

1. please tick the nature of the trade dispute for which industrial action was taken using the categories* below:

A B C D E F G

2. Dates of the industrial action taken: to

3. Number of days of industrial action:

4. Nature of industrial action.

Industrial Action 7

1. please tick the nature of the trade dispute for which industrial action was taken using the categories* below:

A B C D E F G

2. Dates of the industrial action taken: to

3. Number of days of industrial action:

4. Nature of industrial action.

Industrial Action 8

1. please tick the nature of the trade dispute for which industrial action was taken using the categories* below:

A B C D E F G

2. Dates of the industrial action taken: to

3. Number of days of industrial action:

4. Nature of industrial action.

Ballots & Industrial Action- If you have 6 or more entries for either of these, please complete the Excel Spreadsheet

Notes to the accounts

(see notes 82 and 83)

All notes to the accounts must be entered on or attached to this part of the return.

Registered number: 00008848



**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**ANNUAL REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)****COMPANY INFORMATION**

DIRECTORS

Dr Krishan Aggarwal (Council Member)
Professor Philip Banfield (Chair of Council and BMA Board)
(appointed June 2022)
Dr Alexandra Freeman (Council member) (appointed August
2022)
Mr Tom Grinyer (Chief Executive Officer) (resigned May 2022)
Mr Roger Horton (Chair of BMJ Publishing Group Limited) (resigned June 2022)
Mrs Neeta Major (Group Chief Financial Officer & Co-Chief Executive
Officer)
Mrs Catherine Mayor (Non-Executive Director)
Dr Chaand Nagpaul (Chair of Council and BMA Board) (resigned June 2022)
Ms Elisa Nardi (Non-Executive Director)
Dr Kevin O'Kane (Council Member) (resigned August 2022)
Dr Latifa Patel (Chair of Representative Body)
Dr Trevor Pickersgill (Treasurer)
Mrs Rachel Podolak (Co-Chief Executive officer) (appointed May 2022)
Dr Emma Runswick (Deputy Chair of Council) (appointed July 2022)
Dr Vishal Sharma (Council Member)
Mr Peter Vicary-Smith (Chair of BMJ Publishing Group Limited) (appointed
September 2022)
Dr David Wrigley (Deputy Chair of Council) (resigned July 2022)

REGISTERED NUMBER

00008848

REGISTERED OFFICE

BMA House
British Medical Association
Tavistock Square
London
WC1H 9JP

INDEPENDENT AUDITORS

Grant Thornton UK LLP
30 Finsbury Square
London
EC2A 1AG

LAWYERS

Bates Wells & Braithwaite London LLP
10 Queen Street Place
London
EC4R 1BE

Capital Law
Capital Building
Tyndall Street
Cardiff
CF10 4AZ

BANKERS

NatWest Bloomsbury Parr's
214 High Holborn
London
WC1V 7BF

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)****CONTENTS**

	Page
Welcome	1
Group strategic report	2 - 15
Directors' report	16 - 23
Directors' responsibilities statement	24
Audit and risk committee report	25 - 26
Independent auditor's report	27 - 29
Consolidated income statement	30
Company income statement	31
Consolidated statement of comprehensive income	32
Company statement of comprehensive income	33
Consolidated statement of financial position	34 - 35
Company statement of financial position	36 - 37
Consolidated statement of changes in equity	38 - 39
Company statement of changes in equity	40
Consolidated statement of cash flows	41
Consolidated analysis of net debt	42
Notes to the financial statements	43 - 79

Welcome

We are pleased to present our annual report for the year ending 31 December 2022. The Group has worked hard to deliver for our members and customers in what has been an incredibly challenging year. Supporting our members who face significant and relentless pressures remains our key priority and focus. High inflation, a cost of living crisis and the human and economic costs of the COVID pandemic have created a very challenging environment for the BMA Group.

Despite the scale of the challenges we have faced, we have much to be proud of. Our membership numbers have been strong and are increasing; and this is reflected in our increased membership income. Similarly, the BMJ has achieved and exceeded its expectations for careers and journals income, whilst events and venues income across the group has started to recover towards pre-pandemic levels.

Whilst the Group has delivered over 5% growth in income, our costs have also risen due to a combination of inflationary pressures, costs of implementing change and also preparations for industrial action. This, coupled with a reduction in the values of our investments and a reduction in the value of BMA House, has led to a significant loss for the 2022 year. We remain committed to our 2022-2026 financial recovery programme which is progressing well and we have recently agreed an estates strategy to ensure that the unique location of BMA House is used to generate revenue for the Group in the longer term, in order to protect the future of our member services across all four nations.

Our overall target is for the Association to break even within five years and reduce our dependency on group dividends. This will enable significant further investment in key member priorities and also allow the BMJ to re-invest to secure its future. In 2022, we had strong staff engagement with an initiative to submit ideas for financial savings, some of which have been incorporated into the programme of work. Unfortunately, pressures from the external environment have eroded savings made through the recovery programme to date but we are in a stronger financial position than we would otherwise be, were it not for the positive progress made by the financial recovery programme.

Our focus is on being fit for the future – with a growing membership, sustainable finances and building a supportive culture.

To support this vision, we refreshed the Association's strategy in November following the election of a new UK council chair and deputy chair and the election of 69 voting members to serve a four-year term from summer 2022. The new council was directly elected by the membership to ensure a diverse geographical and cross-branch of practice mix, including five seats for members who identified as ethnic minority. The new members joined an additional 26 non-voting ex-officio members.

The refreshed strategy endorsed by this newly elected Council has four key themes at its core:

Membership density growth: Actively increase our membership density by listening to our members and improving services

Representing the profession: Act upon the concerns of our profession to achieve the best possible outcomes, both individually and collectively, as a strong trade union and professional association

External influencing: Be the leading voice of doctors to bring about change.

Running the BMA: Build a sustainable, carbon neutral, efficiently run organisation for a changing world.

Implementation of this strategy is gathering significant momentum and we are focused on supporting our members now and into the future.

We are resolute that we can't implement our strategy without continuing our drive to promote equal rights and opportunities, proactively tackle discrimination or disadvantage in all forms and create an open and inclusive culture for our members, staff and stakeholders. A newly formed Culture Inclusion Implementation Group comprising staff and members is in place focused on ensuring that recommendations around sexism and sexual harassment are implemented. Externally, we continue to work with NHS England on a new medical workforce race equality standard (WRES) action plan, and an EDI workforce action – both due by spring 2023.

We are incredibly proud of the progress we have made in 2022; it has been hard won and it is down to the commitment, expertise, and dedication of our staff and members.

Best wishes

Neeta Major

Rachel Podolak

Philip Banfield

Neeta Major and Rachel Podolak
 Co-Chief Executive Officers

Phil Banfield
 UK Council Chair

GROUP STRATEGIC REPORT
FOR THE YEAR ENDED 31 DECEMBER 2022

STRATEGIC REVIEW

The BMA represents, supports and negotiates on behalf of all UK doctors and medical students. We are member-run and led, and we negotiate both individually and collectively with respect to terms and conditions of employment.

As a trade union, we are formally recognised for collective bargaining purposes by national governments across the UK and with individual employers at a local level.

As a professional body, we lobby and campaign on issues impacting the medical profession. Through our research and publishing we lead the debate on key ethical, scientific and public health matters and award grants to encourage research in medicine.

Our vision remains unchanged: to be “a profession of valued doctors delivering the highest quality health services, where all doctors:

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

This vision permeates our strategy and directorate plans, to ensure we place our members and all doctors at the heart of what we do.

A refreshed strategy

During 2022, a newly elected Council endorsed a refreshed strategy for the BMA, building on the previous strategy launched in 2020.

The strategy remains a living document and we regularly review and report on progress with an emphatic focus for 2023 being on driving acquisition and retention of members so that we can better represent them in national negotiations and policy formation.

Key 2022 developments against our strategic priorities are described below:

<p>Priority 1: Member density growth (Formerly ‘member centred’)</p>	<p>Actively increase our membership density by listening to our members and improving services</p>
<p>Priorities include the following activities:</p> <ul style="list-style-type: none"> • Improving our offer around recruitment and retention growth projects and communication – focusing on low density groups • Improving our services including digital member services – to ensure members access the right advice, in the right place at the right time • Listening to members through closer teamwork, networks and business intelligence – to garner consistent data and insights and better understand affected, underrepresented groups 	<p>A small team has been established to focus explicitly on driving forward membership density growth. A combination of tactical meetings informed by live density data, coupled with 6-weekly touch points with Board sponsors is monitoring progress. The cross-association team comprises staff with skills in strategy, market research, product management, segmentation, content creation, sales, marketing/communications and channel management.</p>
<p>Priority 2: Representing the profession</p>	<p>Act upon the concerns of our profession to achieve the best possible outcomes, both individually and collectively, as a strong trade union and professional association</p>
<p>Priorities include the following activities:</p> <ul style="list-style-type: none"> • Improve pay and conditions – to deliver measurable improvements in pay and conditions for members • Change pensions taxation rules – to deliver changes to UK/NHS pensions tax rules to remove the incentives to retire early • Improve member representation, structures and visibility – through more engagement and training of members delivering improved working conditions for colleagues 	<p>A new five pillar approach is being implemented to improve coordination between local and national negotiations. In addition, new support teams for all committees have been introduced as part of this five pillar approach.</p>

**GROUP STRATEGIC REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**

<p>Priority 3: External influencing</p>	<p>Being the leading voice of doctors to bring about change</p>
<p>Priorities include the following activities:</p> <ul style="list-style-type: none"> • Public health and COVID – to influence governments to ensure improvements in public health policy with particular reference to health inequality, and to ensure the voice of doctors is heard in the COVID inquiries being undertaken by UK and Scottish governments • Regulatory reform – to work towards significant reforms to UK medical regulation to improve the experience of doctors and the fairness of the system • Support for the NHS and wider health services – to provide demonstrable improvements to the working lives of doctors and create a fairer, more equal and more inclusive NHS. 	<p>In 2022, significant effort was made responding to requests regarding the UK government COVID inquiry. We are also actively involved in the consultation under way for the new Medical Act (with GMC expecting to regulate anaesthesia associates and physician associates) and GMC reform.</p>
<p>Priority 4: Running the BMA</p>	<p>Build a sustainable, carbon neutral organisation for a changing world</p>
<p>Priorities include the following activities:</p> <ul style="list-style-type: none"> • Financial recovery plan – to be financially sustainable so that BMJ dividend can be used to invest in membership (including potential for a strike fund) and to break even by 2026 • Improving our culture – through improving membership demographics information and better representation on committees, and clear, efficient, fair processes to report concerns about elected members' conduct • Improving our infrastructure – ensuring secure systems, effective governance and certified standards and controls with 50/50 onsite/hybrid meetings for reliable member engagement 	<p>The financial recovery programme is progressing well. Comprising cost reduction and income generation workstreams, our overall target is to break even in five years thereby reducing our dependency on group dividends. In 2022 we had strong staff engagement with an initiative to submit ideas for financial savings, some of which have been incorporated into the programme of work. Pressures from the external environment have eroded savings made through the recovery programme but we acknowledge that we are in a stronger financial position than we might otherwise be, were it not for the positive progress made.</p> <p>A newly formed Culture Inclusion Implementation Group comprising staff and members is in place – this group is ensuring that recommendations around sexism and sexual harassment are implemented. Outward facing, we continue to work with NHS England on a new medical workforce race equality standard (WRES) action plan, and an EDI workforce action – both due by spring 2023.</p> <p>Our new CRM system is expected to go live in April 2023. In preparation for the launch, user acceptance testing is being finalised, CRM staff champions are in place and wider staff training is under way. Progress on our aim to reduce our carbon footprint is detailed on page 21 of this report.</p>

**GROUP STRATEGIC REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**

BMJ Progress against the strategic priorities**Digital transformation**

In 2022, the BMJ digital transformation initiative was launched, with the aim of delivering, for each user of The BMJ online, a delightful, informative and customised user journey over the course of the next two years. In 2023, BMJ are working with external experts to construct a programmatic platform capable of delivering the right content to the right user at the right time and in the right format for the right device.

Increasing operational efficiency

By delivering efficiencies, BMJ can either crystallise cost savings or free up funds to reinvest in areas likely to have improving returns. In 2022, BMJ were able to leverage the creation of a truly hybrid, supported, and a motivated workforce to deliver further reductions in the company's physical footprint, closing one UK office and successfully transitioning staff to full remote working. Rationalisation of central resourcing across finance, strategy, risk management and people services delivered a more effective and efficient structure of enabling functions which should drive further efficiencies and opportunities across 2023.

Optimising the product portfolio

BMJ can improve overall returns by emphasising common themes across the organisation's complex and varied portfolio. In 2022, BMJ launched or rebranded three new journal titles and expanded into an entirely new sector of research impact with the development of the BMJ Impact Analytics tool. This and other exploratory partnerships with cutting edge medical technology firms have delivered promising initial results and will expand into 2023 and beyond. Impact, influence, and capabilities in healthcare are all the mainstay for global organisations. We are benchmarked against the very best - we can and will step up to the challenge.

Strengthening organisational effectiveness

By reinforcing a commonality of approach across the business, teams can share customer insight and best practices across accounts and products, enabling a consistent user experience. Over time, this will generate improved customer satisfaction and retention. In 2022, BMJ engaged the entire workforce in a series of initiatives to further enhance company culture, working with external specialists. During 2023, this program is expected to drive increased employee engagement, empowerment and talent retention across the entire organisation.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**GROUP STRATEGIC REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**

STRUCTURE, GOVERNANCE AND MANAGEMENT CONSTITUTION

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 RB is made up of 560 voting member 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 is the principal executive committee (PEC) of the trade union as set out by trade union legislation (TULRCA 1992). 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.

In the 2021-22 session Council had 54 voting members. Elections to elect 69 new voting members of council concluded in February 2022 resulting in 68 voting members being elected to serve a four-year term (except the three medical student members who were elected for a two-year term) from the start of the new session at the end of June 2022. The remaining vacancy was filled in a by-election in October 2022.

Each was directly elected by the membership to give a geographical and cross-branch of practice mix in addition to five seats for members who identified as ethnic minority. BMA Council also has non-voting ex-officio members, including the BMA's President, UK chairs/co-chairs of branch of practice committees and chairs of national councils of which there are currently 26.

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

Dr Rebecca Acres* (from 29 June 2022)	Prof Anil Jain
Prof Raymond Agius	Dr Gabrielle Jee* (from June 2022)
Dr Krishan Aggarwal	Dr Terry John* (from June 2022)
Miss Lara Akinnawonu	Dr Omer Karim* (from June 2022)
Dr Shah Ali* (from June 2022)	Dr Krishna Kasaraneni* (until June 2022)
Dr Shohaib Ali* (from June 2022)	Dr Iain Kennedy
Dr Jahangir Alom* (until June 2022)	Mr Zain Khan* (from June 2022)
Dr Jackie Applebee	Dr Amit Kochhar* (from June 2022)
Dr David Bailey*	Prof Dame Parveen J Kumar (until June 2022)
Prof Philip Banfield* (Chair of Council from June 2022)	Dr Rajesh Kumar (until September 2022)
Dr Jennifer Barclay* (until June 2022)	Dr Robert Laurenson (from September 2022)
Dr Hannah Barham-Brown* (until June 2022)	Dr Jeremy Lawrance
Dr Rob Barnett* (until June 2022)	Dr Sumi Manirajan* (from June 2022)
Miss Rebecca Bates* (from June 2022)	Dr Mary McCarthy* (until June 2022)
Dr Peter Bennie* (until June 2022)	Prof Martin McKee (President from June 2022)
Dr Tom Black	Mr Ian McNab* (until June 2022)
Dr Stuart Blake* (from June 2022)	Miss Khadija Meghrawi* (until June 2022)
Dr Katie Bramall-Stainer* (from October 2022)	Prof Neena Modi (President until June 2022)
Mr Corey Briffa* (from June 2022)	Dr Kitty Mohan* (from June 2022)
Dr Andrew Buist (from September 2022)	Dr Ujjwala Mohite (from September 2022)
Mr Ollie Burton* (from June 2022)	Dr Lewis Morrison*
Dr Hannah Cagney* (from June 2022)	Dr Anvarjon Mukhammadaminov* (from June 2022)
Dr Anne Carson* (from June 2022)	Dr Chaand Nagpaul (Chair of Council until June 2022)
Dr John Chisholm*	Mr Kayode Oki* (from June 2022)
Dr Christine Clayton*	Dr Kevin O'Kane* (until June 2022)
Dr Lucie Cocker* (until June 2022)	Dr Serge Omanyodo* (from June 2022)
Dr Iona Collins (from August 2022)	Dr Susan Overal* (from June 2022)
Dr Emma Coombe* (from June 2022)	Dr Siddhant Parashar* (from June 2022)

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**GROUP STRATEGIC REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**

Dr Cristina Costache*	Dr Latifa Patel (Chair of Representative Body)
Dr David Craigmyle* (until June 2022)	Dr Simon Parkinson (until June 2022)
Mr Vassili Crispj* (from June 2022)	Dr Philip Pearson* (until June 2022)
Dr Peter Curry* (until June 2022)	Dr Trevor Pickersgill (Treasurer)
Dr Adam Daneshmend* (from June 2022)	Dr Siobhan Quinn* (from June 2022)
Dr Paul Darragh* (until June 2022)	Dr George Rae* (until June 2022)
Dr Jacqueline Davis*	Dr Richard Rawlins* (until June 2022)
Dr Philip De Warren-Penny (until June 2022)	Prof Michael Rees* (until June 2022)
Dr Thomas Dolphin*	Dr Emma Runswick* (Deputy chair of council from July 2022)
Mrs Chrissie Douglass	Dr Helen Salisbury* (from June 2022)
Mr Louis Dowland* (from June 2022)	Prof Wendy Savage*
Mr Raymond Effah (from October 2022)	Dr Selvaseelan Selvarajah* (from June 2022)
Dr Peter English* (until June 2022)	Dr Radhakrishna Shanbhag* (until June 2022)
Dr Paul Evans* (from June 2022)	Dr Vishal Sharma*
Sir Sam Everington*	Dr Nitin Shrotri (until June 2022)
Dr Helen Fidler* (until June 2022)	Dr Arjan Veer Singh Nagra* (from June 2022)
Dr Alex Freeman*	Mr Christopher Smith* (until June 2022)
Miss Preethi George Pandeth* (from June 2022)	Dr Tom Stocks* (from June 2022)
Dr Rannan Gillon* (from June 2022)	Dr Alan Stout* (from June 2022)
Dr Zoe Greaves*	Dr David Strain*
Dr Andrew Green* (until June 2022)	Dr Jo Sutton-Klein* (from June 2022)
Dr Gaurav Gupta*	Dr Reshma Nasreen Syed* (from June 2022)
Dr Brian Guttridge	Dr Vicky Theakston* (until June 2022)
Dr James Haddock* (until June 2022)	Dr Penelope Toff*
Dr Sarah Hallett (until September 2022)	Dr Vivek Trivedi (from June 2022)
Dr Sara Hedderwick*	Dr Richard Vautrey*
Mr Michael Henley*	Mr Peter Vicary-Smith (BMJ Chair from September 2022)
Dr Peter Holden*	Dr Poh Jia Wang* (from June 2022)
Dr Sebastian Hormaeche* (until June 2022)	Dr Mark Weir* (from June 2022)
Mr Roger Horton (BMJ Chair until June 2022)	Dr Philip White (until September 2022)
Dr Philip Howard* (until June 2022)	Dr Rajiv Wijesuriya* (until June 2022)
Dr Ian Hume* (from June 2022)	Dr Jan Wise (from August 2022)
Dr Shan Hussain* (from June 2022)	Dr David Wrigley* (Deputy chair of council until July 2022)
Dr Louise Irvine* (until June 2022)	Dr Jennifer Yell*
Dr Nyree Jackson* (from June 2022)	

*Indicates voting members

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.

**GROUP STRATEGIC REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**

BUSINESS REVIEW

Financial review

The BMA Group is made up of the British Medical Association (a company limited by guarantee), BMJ Publishing Group (BMJ), BMA Investments Limited (BMAI) and BMA Law Limited (BMA Law). The group results shown on pages 30-33 reflect the combined results for the entire group.

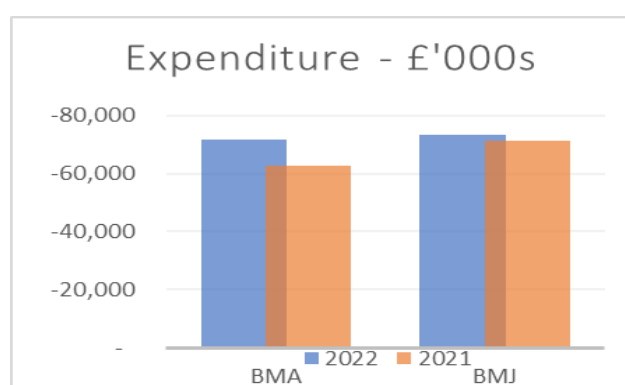
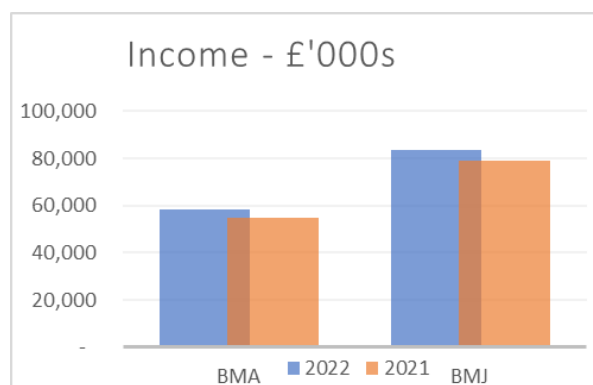
Group results

Overall, the BMA Group ended the year by incurring losses of £19.1m, £30.0m higher than the previous year (2021: £10.9m profit). The main drivers are the losses incurred by the BMA at an operational level, the reduction in the value of the investment portfolio as a result of the geo-political instability, higher interest rates, double-digit inflation and a decline in the value of BMA House.

Group revenue at £142.6m is £8.0m higher than 2021 (2021: £134.6m). Revenue growth has come from a combination of increased BMA subscription income as a result of higher membership and the 2% increase in subscriptions together with increased BMJ income generated by higher Careers, Journal and Event sales. Administrative expenses for the group have increased £11.2m to £146.3m (2021: £135.1m). The key drivers are increased BMJ cost of sales resulting from higher revenues, higher staff costs across the group, cost of implementing changes at the Association and preparations for industrial action.

The Group Operating Loss for the year at £0.6m is a fall of £3.7m compared to 2021 profit (2021: £3.1m). This represents the combined trading operating profits/losses of the different entities within the BMA Group – BMA, BMJ, BMA Investments (BMAI) and BMA Law, as set out below:

Group Income graph 2022 vs 2021



Operating Profit/(Loss)

£m	2022	2021
BMA	(£10.4m)	(£5.2m)
BMJ	£9.9m	£7.6m
BMA Investments	(£0.1m)	(£0.2m)
BMA Law	-	-
Group adjustments	-	£0.9m
Total	(£0.6m)	£3.1m

**GROUP STRATEGIC REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**

Other gains and (losses)

Negative fair value movement of investment property of £9.4m is due to the reduction in the value of BMA House from £190m in 2021 to £170m at the end of 2022 and is attributable to the element of BMA House that is leased to tenants (c47%). The investment portfolio held by BMAI fell by £15.9m as a result of the impact of market movements due to the geo-political uncertainty, higher interest rates and inflation. Dividends received and automatically re-invested back into the portfolio of £2.6m compared with £2.3m in 2021.

The investment losses in 2022 of £15.9m contrast with investment gains of £13.0m in 2021 highlight how fluctuations in the market can significantly impact the unrealised (non-cash) financial gains and losses within the group.

The BMA is reliant on the BMJ to fund its deficit and BMA Investments to provide working capital support, with the longer-term financial strategy to significantly reduce this dependency. BMA Investments is primarily used to underpin the defined benefit pension fund liability and provide investment / emergency funds as required. The unrealised losses from BMA Investments are due to the falls in the global financial markets and would only be realised if part of the portfolio was to be sold.

Group balance sheet

The net worth of the BMA Group remains strong at £202.2m (Re-stated 2021: £220.1m). The re-statement of the balance sheet reflects the change in accounting treatment of the element of BMA House that is leased to tenants as an investment property at £74.8m at the end of the financial year (2021 as restated: £89.0m). BMA House will be increasingly used to generate revenue to support member services in the medium to long term as part of the Association's recovery plan. The overall value of BMA House fell from £190.0m to £170.0m due to a decline in property values.

The remaining part of BMA House used for BMA operational activities and the Queen Street Edinburgh offices remain on the balance sheet at nominal value except for the element of BMA House that has transferred back into BMA operational use during 2022 and is valued at £4.8m at the time of transfer.

Also by the end of December 2022, the investment portfolio had reduced by £19.8m. This was due to the sale of £6.5m of investments to support the BMA working capital requirements (currently held as cash to provide operational financing) and the reduction of the value of the portfolio of £15.9m due to market movements. This is offset by the receipt of dividends directly re-invested into the funds of £2.6m.

The defined benefit pension scheme, under FRS102, at 31 December 2022 indicated a surplus of £17.3m (2021: £43.5m), which is not recognised in the financial statements, see Notes 3 and 30. The reduction in surplus is attributable to the increase in the discount rate over the year and change in the mortality rate. Group cash at bank and in hand has increased to £51.8m, up from £44.6m in 2021, mainly due to BMA Investment's divestment of £6.5m of funds to support BMA working capital requirements. BMJ holds significant cash balances in order to provide working capital flexibility for its global business and in readiness for planned investment opportunities. Deferred tax liability has reduced by £7.4m due to the reduction in valuation of the investment portfolio and the reduction in the valuation of BMA House.

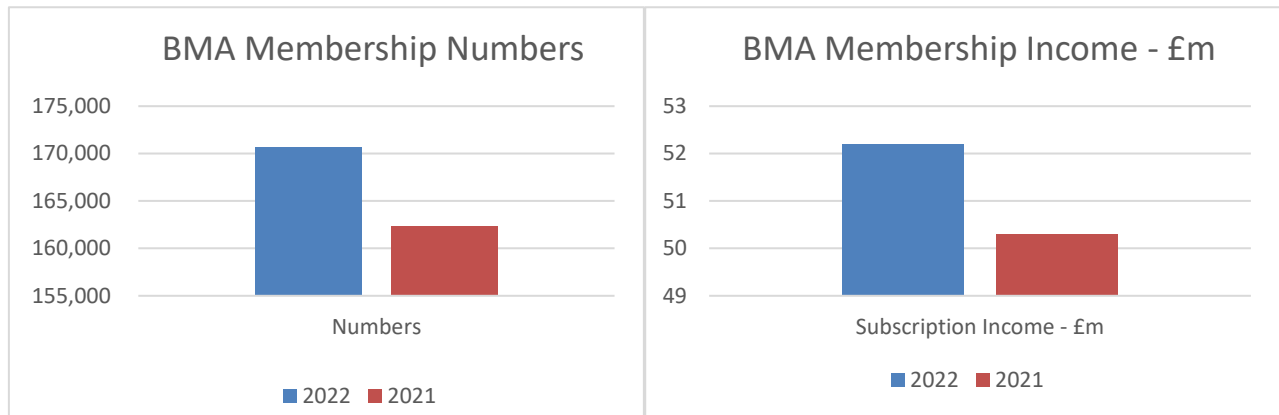
Individual entities within the Group

BMA

The BMA incurred an operating loss of £10.4m (2021: £5.2m). This represents the operations of running the trade union and excludes corporation tax and any of the unrealised gains/losses impacting the 2022 accounts.

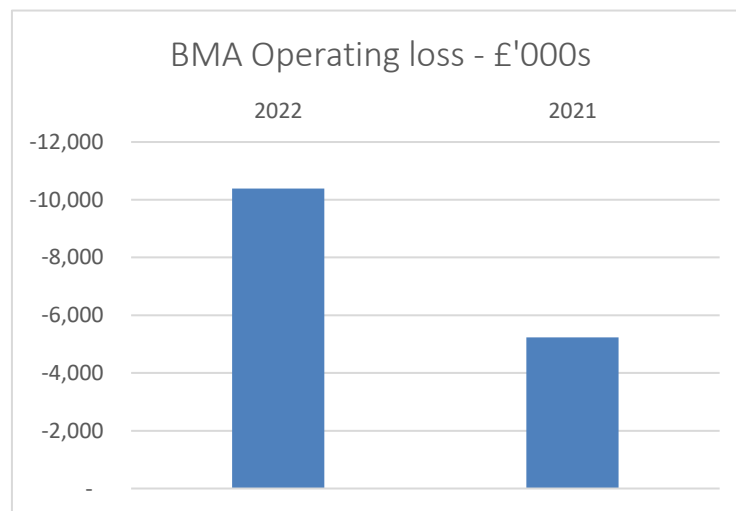
Overall revenue has increased to £58.3m, £3.7m above 2021 (2021: £54.6m). Membership has increased over the last year and the Association had 170,633 members as at 31 December 2022 compared to 162,346 at 31 December 2021. Higher membership is due to organic growth and an increase in Junior doctors joining as a result of industrial action seeking pay restoration. Membership revenue grew to £52.2m (2021: £50.3m) due to higher membership and higher average subscription rates. Events and Property lease revenue have grown by a combined £1.3m to £7.9m in 2022 (2021: £6.6m). This is due to increased events bookings and property income stabilising with fewer tenants relinquishing/downsizing their space requirements during the year.

**GROUP STRATEGIC REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**



Administrative expenses have increased by £9.8m due to inflationary pressures on staff costs, the hybrid ARM in 2022, whereas the 2021 ARM was virtual, higher legal costs of defending a prominent primary care case and increases in staff related third party contractor costs. In addition, the BMA incurred one-off costs of £3.9m in relation to industrial action and the cost of change. BMJ staff costs are included within the BMA administrative expenses, but are re-imbursed through other operating income.

Operating Loss for the year graph 2022 vs 2021



Re-statement of 2021

The 2021 accounts have been re-stated due to the decision to treat the element of BMA House that is leased to tenants as an investment property. The investment property element of BMA House was included in the balance sheet at £89.0m in 2021 and has been reduced to £74.8m due to the lower valuation of BMA House at the end of 2022.

This has resulted in a £88.0m fair value gain and a deferred tax liability of £21.7m through the statement of comprehensive income. For further details see note 28.

**GROUP STRATEGIC REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**

BMJ Publishing Group Limited (BMJ)

Overall, trading performance and the general financial profile grew pleasingly, confirming the strategic course of the business, with the consolidated profit before taxation equalling £6,417,000 (2021: £4,080,000). Revenues grew by 6% year on year and direct costs increased by 6%. Maintaining gross margin ratios in a challenging inflationary environment whilst growing revenues has been a major focus for management in 2022 and will continue to be so into 2023 and beyond.

BMA Investments

Our investment portfolio (excluding cash) held by BMA Investments Limited (BMAI) closed the year at £125.3m, versus £145.1m at the end of 2021. The fall in value is due to the impact of geo-political uncertainty, higher interest rates and higher inflation.

In early 2022 BMAI crystallised growth from 2021 by disinvesting £6.5m, and the cash is currently held within BMAI and will be utilised to support future working capital requirements of the BMA. BMAI also paid a £9m dividend to the BMA, which was partly used to repay debts between the 2 entities.

BMAI does not hold any shares directly and invests through a number of different funds. BMAI works closely with fund managers to ensure funds are invested ethically and investment managers are invited on a rotational basis to all Investment Sub-committee meetings. We have invested in a number of ESG funds and are working with advisors to develop a long-term plan to transfer all remaining investments into ESG funds, whilst seeking to minimise the impact on returns.

BMA Law

BMA Law has broken even after tax in 2022. The overriding purpose of BMA Law is to deliver bespoke legal services to members, with any profits re-invested back into the BMA. During the year we have concluded a strategic review of the operations and the panel firms. Greater marketing collaboration with panel firms and improved margins are expected to drive future profits which should then enable sustainable growth.

BMA 2002

After a successful application to have BMA 2002 struck off the register of companies, the company was dissolved on 5 April 2022.

GROUP

In conclusion, despite challenges in the Association's results and difficult political economic factors in the UK and globally, the BMA Group remains strong due to the ongoing performance of the BMJ and the resilience provided by the investment portfolio. Our financial stability and strength coupled with a clearly articulated strategy and recovery programme enables us to continue our core work of supporting doctors and promoting the health of the nation.

**GROUP STRATEGIC REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022****STATEMENT BY THE DIRECTORS IN PERFORMANCE OF THEIR STATUTORY DUTES IN ACCORDANCE
WITH S.172(1) OF THE COMPANIES ACT 2006**

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 long-term 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 and needs of both members and employees;
- the need to foster business relationships with suppliers, customers and others;
- the impact of the company's operations on the community and the environment;
- 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.

Long-term decisions are assessed against the overall strategic objectives of the company, their financial viability within the current year budget and the 3-year plan.

The Board is regularly reminded of the s.172 (1) Matters through regular training sessions and induction materials provided on appointment include an explanation of Directors' duties and responsibilities.

Corporate, social, environmental, responsibility is key when developing new and existing 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.

ENGAGEMENT WITH MEMBERS, SUPPLIERS, STAFF AND OTHERS**Working with our Members**

As a professional association and trade union, working with and for our members is key to the future success of the organisation. 2022 has been another extraordinary year for the profession as the BMA stepped up our fight for pay restoration and addressing unfair pension taxation. This included preparing for the first ballot of junior doctors in England and Scotland in seven years, rolling out rate cards for consultants and SAS doctors across England, Northern Ireland and Wales, campaigning to end punitive pension taxation charges, launching our Rebuild General Practice campaign, agreeing on the Welsh GP contract for 22/23, and negotiating a new SAS contract with the Scottish Government and employers.

Aside from our core trade union work, we have captured the experiences of members on race equality, experiences of LGBTQ+ doctors, doctors with disabilities and neurodiversity across the UK through surveys and features in the Doctor magazine. Improvements have been made to our processes for listening to members' feedback and complaints, with a renewed focus on customer service, swift and satisfactory resolutions, and sharing lessons learned.

The BMA has also been externally influencing on COVID by conducting our own review into the lessons learnt from the COVID pandemic. We also attained core participant status in the UK's COVID Inquiry. More broadly, we launched a campaign profiling increasing health inequalities as part of our broader influencing on public health.

Working with our Suppliers

Our suppliers and agencies are experts in their fields and help us to deliver quality services to our members and customers to meet our strategic goals. The BMA group works with key suppliers to develop strong mutually beneficial partnerships ensuring delivery of high-quality 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. During any tender process we take steps to identify the most appropriate partner based on a combination of cost, and quality, our due diligence review includes looking at a range of ESG matters to help identify potential partners whose ethos is aligned with ours.

**GROUP STRATEGIC REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**

Working with our Staff

Our staff are a key resource without whom we would not be able to deliver high quality products and services to our members and customers. The BMA recognises the GMB unions for collective bargaining and beyond that we also have a collaborative working arrangement whereby leadership regularly meet GMB representatives to update on future developments and discuss a wide range of topics impacting staff. Throughout the pandemic and in returning to office based working we have taken a 'safe staff first' approach with GMB representatives being involved in key decisions. Staff involvement through forums/workshops have helped refresh the future BMA strategy.

We also engage with staff through quarterly, anonymous, on-line 'pulse' surveys, tracking engagement and opinion on a wide range of work-place issues. The tool enables insight to engagement data at a team level and also enables anonymous exchange of ideas and views between staff and leadership. We hold regular all-staff virtual events to enable the whole organisation to interact with the senior leadership team including a Q&A session. We continue to support staff networks who share common interests or characteristics such as our forums covering ethnicity, gender, sexual orientation or those at a similar 'life-stage', such as new parents. Our staff are concerned with opportunities for personal development, career progression, inclusion, fair pay and the ability to make a difference. 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.

Working with our Communities

The BMA's mission is "We look after doctors, so they can look after you". Through our social responsibility and wellbeing activities, we live out this mission to contribute positively to the wider society for the benefit of doctors, the communities they serve and, crucially, the environment. We fulfil our social responsibility through activities such as:

- Widening participation in medicine
- Upholding fundamental human rights in health practice
- Funding research careers through the BMA Foundation
- Supporting doctors and medical students through our wellbeing support services
- Adapting and delivering our charitable activities to meet the changing needs of our doctors and wider society.

We launched our first CSER strategy in 2018; since then, the pandemic has had a profound impact on everyone, not least our doctors. Our CSER work adapted due to the pandemic, stepping up our charitable activities to meet the changing needs of our doctors and wider society. We are proud of this response, and the BMA's focus on supporting doctors and medical students.

SUSTAINABILITY AND HEALTH

We recognise the detrimental effects climate change has on the health of individuals and communities 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. The BMA is a founding member of the UK Health Alliance on Climate Change, a coalition of health professionals advocating to protect the public's health in response to these health threats.

BMA House is an award-winning venue and holds a Gold Accreditation from Green Tourism. We have also retained our Platinum level status with Greengage's ECOsmart Accreditation.

**GROUP STRATEGIC REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**

PRINCIPAL RISKS AND UNCERTAINTIES

The Board is responsible for ensuring that proper arrangements are in place for adequate risk management and control. The Audit & Risk Committee provides assurance to the Board and Council on these matters and has a remit that includes:

- considering the annual report of the directors and the financial statements prior to their submission to Council
- establishing an internal audit function to ensure the effectiveness of the governance structure and the internal controls
- monitoring key risks against the different risk appetites in each of the group companies

The backdrop for the Association's work in 2022 was a profession facing unparalleled and systemic pressure heightened by the recovery from the pandemic. Pressures impacting our members included but were not limited to increasing demand for services heightened post COVID, increasingly lengthy waiting lists, significant workforce shortages, burn out and increasing numbers of the profession looking to relocate abroad or retire early. These external factors have continued to influence the Association's priorities. In 2022 therefore, the Association has directed resources to addressing pay, lobbying for changes to pension scheme arrangements and recommending pay review body reform to address these issues. Associated risks are being mitigated through full cross-organisation coordination, unifying campaigns and messaging, and organising actions coherently across all trusts in each Nation. In relation to pensions and pay review body reform, the Association continued to seek discussions with Government to lobby for change.

It is clear the health system in the UK continues to be severely strained, with the complexities of devolution of healthcare across the four UK nations adding to uncertainty for the profession across all nations. During 2023, the BMA will continue to build on these priorities and ensure that it continues to influence policy and inspire the political landscape whilst continuing to provide steadfast support to its membership.

Financial risks

In terms of financial risks, 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 has fluctuated between deficit and surplus and is currently in a small surplus position (as at 31 March 2021, the latest triennial valuation). Pension Trustees manage the on-going financial risk. The next triennial valuation of the scheme is due on 31 March 2024. It should be noted that the triennial valuation forms the basis for additional cash contribution requests from the Group (as opposed to the FRS102 valuations which are for statutory accounts purposes and do not reflect potential cash requests from the scheme).

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 overall pool of investments held within BMA Investments Limited is SONIA + 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 2023. The management of BMJ review the level of currency risk inherent within the business, as they deem this a key risk, and they hedge a level of foreign exchange risk via forward contracts.

Despite significant debtor balances being held at each balance sheet date, credit risk is considered low given the nature of trade debtors (which are primarily well funded and established medical institutions), the historically low profile of bad debt write offs and the presence of an appropriate level of bad debt provision.

Below are the key corporate risks that have been identified for monitoring across the group:

**GROUP STRATEGIC REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**

Risk description	Risk consequence	Controls, actions, mitigations
Cybercrime resulting in data loss or other significant breach of data	Significant regulatory fine and reputational damage	Ongoing training of all staff; coherent approach to cyber security implemented by cyber security engineer
Clarity of mandate from membership in relation to nature of actions and acceptable parameters to support key priority areas of pay restoration, pensions and independent pay review body reform.	Outcomes are not delivered to member expectations	Data cleansing, targeted and regular communications, key operational task and finish groups, clear call to action
Supporting members and helping them navigate complex choices, with significant tax implications, related to their pensions	Members feel inadequately supported and do not benefit from adjustments they can make because of the McCloud judgement	Pensions team resource enhancement; recruitment of pensions expertise to support the pensions committee; tax advisor partner being sought for pensions tax guidance
Operational activity not driven by the strategy	This would threaten our ability to increase membership density, improve representation and make a meaningful difference to the working lives of doctors	Directorate business plans built around actionable objectives and measures; an online HR tool used to set objectives and align to strategic themes to ensure all staff understand their role delivering elements of the strategy
Potential pension scheme deficit	Additional group contributions would be required, which would impact funds available to support members	Engagement with trustees and advisors to implement proactive strategy to reduce liability over the longer term

FINANCIAL KEY PERFORMANCE INDICATORS

The BMA's most important KPI is its membership which stood at 170,633 (2021: 162,346) at the end of the financial year. By ensuring that we are representative and provide up to date, relevant, progressive and supportive services for our members, the BMA aims to retain and grow its membership and from 2023 we will also be closely monitoring membership density (ie the % of practicing doctors who are members of the BMA). Strong membership ensures the BMA can maintain its position as a key player when negotiating and influencing health related policy. This is highlighted by the growth in membership during the year, with increased numbers of junior doctors joining to support the industrial action seeking pay restoration. Other key performance indicators include profit/loss after tax, member satisfaction, and staff engagement.

BMJ measures performance by reference to its profitability (gross profit and operating profit) 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 has set its sights on several important future developments to improve the lives of our members. The Association has launched major campaigns to support juniors and consultants' pay restoration and end unfair pension tax rules. It also intends to address GPs' contract and workload issues and support all branches of practice across all nations by advocating for pay restoration. This will involve intensive campaigning and local organising to run successful ballots and carry out industrial action to bring the Government to the negotiating table.

The BMA is undertaking a project to explore the future of general practice to develop a vision that meets the changing needs of patients and healthcare systems. It also plans to continue its activism and influencer programs

**GROUP STRATEGIC REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**

to raise awareness of issues affecting the medical profession and healthcare system.

The BMA will also play a key role in the COVID Inquiry as a core participant and will provide Rule 9 witness statements. The Association will continue to champion equalities in the NHS and engage with upcoming bills in UK Parliaments that could impact on members.

In addition, the BMA will also continue to influence policy on medical ethics, the future of the NHS, public Health, medical regulation, and equalities to improve the healthcare system and the lives of medical professionals in the UK.

EVENTS AFTER THE BALANCE SHEET DATE

The BMA is carefully monitoring the impact of industrial action on the finances of the BMA group. Contingency plans are in place to fund any long-term industrial action from reserves.

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 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 Association continues to provide and augment this support

This report was approved by the board on 19 April 2023 and signed on its behalf.

Philip Banfield

Professor Philip Banfield (Chair of Council and BMA Board)
Director

Date: 22/5/2023

**DIRECTORS' REPORT
FOR THE YEAR ENDED 31 DECEMBER 2022**

The directors present their report and the financial statements for the year ended 31 December 2022.

PRINCIPAL ACTIVITY

The principal activity of the BMA is to provide trade union representation and personal professional 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.

RESULTS

The loss for the year, after taxation, amounted to £19.1m (2021: £10.9m profit). See additional information included in the Strategic Report.

DIRECTORS

The directors who served during the year were:

Dr Krishan Aggarwal (Council Member)
 Professor Philip Banfield (Chair of Council and BMA Board) (appointed June 2022)
 Dr Alexandra Freeman (Council member) (appointed August 2022)
 Mr Tom Grinyer (Chief Executive Officer) (resigned May 2022)
 Mr Roger Horton (Chair of BMJ Publishing) (resigned June 2022)
 Mrs Neeta Major (Group Chief Financial Officer & Co-Chief Executive Officer)
 Mrs Catherine Mayor (Non-Executive Director)
 Dr Chaand Nagpaul (Chair of Council and BMA Board) (resigned June 2022)
 Ms Elisa Nardi (Non-Executive Director)
 Dr Kevin O'Kane (Council Member) (resigned August 2022)
 Dr Latifa Patel (Chair of Representative Body)
 Dr Trevor Pickersgill (Treasurer)
 Mrs Rachel Podolak (Co-Chief Executive officer) (appointed May 2022)
 Dr Emma Runswick (Deputy Chair of Council) (appointed July 2022)
 Dr Vishal Sharma (Council Member)
 Mr Peter Vicary-Smith (Chair of BMJ Publishing) (appointed September 2022)
 Dr David Wrigley (Deputy Chair of Council) (resigned July 2022)

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 and also in the Audit and Risk Committee Report.

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.

**DIRECTORS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**

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 CONTRIBUTIONS

The BMA made no political donations during the year (2021: £NIL).

Charitable donations in the year totalled £182,000 (2021: £213,000) to various medical education and research charities to support a number of healthcare related initiatives.

BMA HOUSE AND EDINBURGH OFFICE VALUATION

The directors consider that the market value of owned property (BMA House and Queen Street, Edinburgh) at the last valuation undertaken as at 31 December 2022, which gave a value of £172.65m is significantly higher than the carrying value in the balance sheet of £85.6m - of which £74.8m is included as investment property, and £10.8m is included in tangible fixed assets (as stated in notes 18 and 20).

QUALIFYING THIRD PARTY INDEMNITY PROVISIONS

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

The BMA has undertaken an assessment of going concern and considered the level of disclosure relating to these issues within the financial statements. The directors have completed a detailed cashflow analysis for 2023 and pushing the viability review to 2026, including performing reverse stress testing which looked at a number of different scenarios such as a loss of members. Following this review and given the mitigating controls, some of which are discussed in the strategic report, along with the cash and investment portfolio controlled by the BMA group, the directors have concluded that the BMA and BMA group have sufficient resources to meet its ongoing liabilities for twelve months from the date that these financial statements have been signed, that there are no material uncertainties and as a result the accounts have been prepared on a going concern basis.

POST BALANCE SHEET EVENTS

Commentary on any post balance sheet events is included within the Strategic Report.

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.

**DIRECTORS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**

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, staff and stakeholders.

Ensuring we are a diverse and inclusive organisation for our members, staff and stakeholders is important for the following reasons:

- **Sustainability:** The medical profession across the UK is becoming increasingly diverse. Our membership should reflect the medical workforce and student body to be sustainable, to grow and to allow the voices of all groups to be heard in the decisions we make as a trade union, professional association, and as a business.
- **Policy making:** Embedding values of equality, diversity and inclusion in our organisational processes and policies strengthens our ability to stand up for our members, both individually and collectively, on a wide variety of policy and employment issues. It also ensures our policy making is grounded in creating improved conditions for work and study, ensuring fair treatment of all, and equal access to working and educational opportunities.
- **External influence:** Embedding equality, diversity and inclusion into the heart of our work allows us to respond to and influence effectively, quickly and coherently on key issues affecting our members' working lives and wider public health matters. These values ensure our work is aligned with our legal obligations around equalities and that we can create a strong moral case for our advocacy for our members and the wider medical workforce.
- **High-performance organisation:** Organisations that are more inclusive and embrace diversity perform better and achieve more. An organisational commitment to equality, diversity and inclusion helps us in attracting and retaining talented and committed staff and members, who can thrive in a positive working environment in which individual differences are valued and welcomed.

The BMA's EDI work is carried out by teams who work closely and in collaboration with one another: our corporate EDI team is accountable for the BMA's corporate commitment to EDI, the EIC (equality, inclusion and culture) policy team is accountable for the formulation and delivery of the BMA's external policy on equality, inclusion and workplace culture issues in England, and the BMA HR (human resources) team are responsible and accountable for equality, diversity, and inclusion related matters for BMA staff. The EIC policy and corporate EDI teams also work with BMA Scotland, BMA Northern Ireland and BMA Cymru Wales to understand the unique equality, diversity and inclusion considerations for all four countries in the UK.

Find out more about our EDI work here: www.bma.org.uk/about-us/equality-diversity-and-inclusion

MODERN SLAVERY ACT 2016

The Modern Slavery Act requires the BMA to prepare and publish a "slavery and human trafficking statement" for each financial year (the 'Statement'). The Statement:

- sets out the steps which the BMA has taken, each year, to ensure modern slavery (that is, slavery, servitude, forced and compulsory labour and human trafficking) is not taking place in the BMA's own business and its supply chains; and
- is published on the BMA website.

A link to the current statement can be found here: www.bma.org.uk/modern-slavery-statement

**DIRECTORS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**

GENDER PAY

The gender pay gap legislation introduced in April 2017 requires that UK employers with 250 employees or more on the snapshot date (5 April) publish data about their gender pay gap.

The BMA group workforce is 62% female and 38% male. The gender pay gap has been calculated as:

Gender pay gap	2022	2021	2020
Mean gender pay gap	13.2%	10.6%	11.5%
Median gender pay gap	13.7%	11.7%	11.9%

While work remains to be done to close the gender pay gap at the BMA Group, our median pay gap remains lower than the national figure reported by the Office for National Statistics (13.9% in 2022).

As part of the Group gender pay gap submission, we include a breakdown of the profile of women and men across four pay quartiles. This data gives us a better understanding of what is driving the Group's gender pay gap.

Quartile	Men	Women
Upper	45%	55%
Upper middle	47%	63%
Lower middle	36%	64%
Lower	25%	75%

The data shows that the over representation of women in the lower pay quartile is the principal driver of the gender pay gap.

The BMA/BMJ Group is determined to reduce our gender pay gap and we are working with our employees to identify practical ways in which we can do this.

Some of the actions we have introduced to close the gender pay gap include:

- Unconscious bias training
- Active bystander training
- Gender balanced recruitment and selection panels for senior roles
- Mixed gender candidate shortlists
- Online training modules to support equality, diversity and inclusion
- Career development discussion included in quarterly manager review meetings
- Flexible working guarantee for staff
- Launched a new mentoring programme
- Recruitment software introduced that allows blind shortlisting to reduce unconscious bias
- Monitor quarterly pulse survey scores by gender for differences
- Staff Women's network meet HRD and CEO (with other staff network chairs) on quarterly basis to discuss issues
- Reviewed menopause policy and awareness campaign on menopause for managers
- Creation of parents/career staff network

We have also run focus groups with colleagues in the lower pay quartile to understand perceived barriers to career progression. The outcomes of these focus groups will inform the action plan for 2023.

The BMA/BMJ group will continue to work with colleagues to reduce the gender pay gap and we are firmly 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.

**DIRECTORS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**

GREENHOUSE GAS EMISSIONS, ENERGY CONSUMPTION AND ENERGY EFFICIENCY ACTION

Streamline Energy and Carbon Reporting (SECR)

The BMA operates in multiple office locations including London (BMA House), Cardiff, Belfast, and Edinburgh. Our London office (BMA House) is heated through gas oil and burning oil. Our office in Edinburgh is heated through gas and our electricity is purchased. Both of our offices in Cardiff and Belfast are in serviced buildings. Our office in Cardiff uses an electricity-powered aircon system for heating. Gas is used in the common areas of the building in Belfast, and electricity is used in the BMA occupied work areas. The BMA had a fleet of 18 company cars until September 2022. As of January 2023, the BMA has 17 company cars and 51 grey fleet drivers (staff who are in receipt of an allowance for using their own car). Any member of staff can claim mileage as a business expense if they use their car for a relevant business journey (not for commuting). Though not employed by the BMA, we have included mileage claimed by BMA committee members in our reporting.

Energy source	2022 Consumption kWh	2021 Consumption kWh	Scope	2022 Emissions calculation - tCO ₂ e	2021 Emissions calculation - tCO ₂ e
Gas oil (ULS gas oil)	505,897	470,436	Scope 1	129.65	120.80
Burning oil (premium boiler heat)	807,085	1,401,799	Scope 1	199.16	345.92
Gas	163,838	151,171	Scope 1	29.91	27.68
Electricity	1,571,515	1,924,792	Scope 2	303.9	408.70
Transport – company cars	24,941	2,540	Scope 1	6.02	0.63
Transport – BMA members	260,283	46,884	Scope 3	64.18	11.55
TOTAL	3,333,559	3,997,622		732.82	915.28
Intensity ratio				0.808 per BMA/BMJ FTE	0.944 per BMA/BMJ FTE

**DIRECTORS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**

Quantification and reporting methodology

We have followed the 2019 HM Government Environmental Reporting Guidelines.

To calculate our consumption and GHG emissions, we have followed the GHG Reporting Protocol – Corporate Standard and have used the 2020 UK Government's Conversion Factors for Company Reporting and the Carbon's Trust Conversion Factors to calculate litres of gas oil and burning oil into kWh.

GHG protocol scope	Definition
Scope 1 (Direct) GHG emissions	These include emissions from activities owned or controlled by your organisation that release emissions into the atmosphere. They are direct emissions. Examples of Scope 1 emissions include emissions from combustion in owned or controlled boilers, furnaces, vehicles; emissions from chemical production in owned or controlled process equipment.
Scope 2 (Energy indirect) emissions	These include emissions released into the atmosphere associated with your consumption of purchased electricity, heat, steam and cooling. These are indirect emissions that are a consequence of your organisation's activities, but which occur at sources you do not own or control.
Scope 3 (Other indirect) emissions	Emissions that are a consequence of your actions, which occur at sources which you do not own or control and which are not classed as Scope 2 emissions. Examples of Scope 3 emissions are business travel by means not owned or controlled by your organisation, waste disposal which is not owned or controlled, or purchased materials.

Intensity measurement

The chosen intensity measurement ratio is total gross emissions in metric tonnes CO₂e per FTE member of staff.

Measures taken to reduce our environmental impact

The BMA recognises the detrimental effects climate change has on the health of individuals and communities and aims to minimise our impact on the environment. Our 2019 eco-audit evaluated all aspects of our operations to see where our ecological and climate impacts could be reduced, and the further decarbonisation audit of BMA House helped inform our overarching carbon descent plan. The BMA owns our London and Edinburgh offices, providing the opportunity to implement a wider set of energy efficiency measures. The BMA strives to contribute positively to wider society for the benefit of doctors, the communities they serve and, crucially, the environment. The BMA has long advocated for the link between climate change and health to be recognised. Since 1989, our membership has promoted climate change-related motions at the Annual Representatives Meeting (ARM). At the ARM in 2022, two motions relating to sustainability were passed.

We have taken several steps to improve our environmental impact:

In late 2022, we approved the new leasing strategy at BMA House. The refurbishment work, planned to take place between 2024 and 2027, presents the opportunity to replace our legacy heating and cooling systems. With the installation of new, energy efficient plant, equipment, and infrastructure at BMA House, alongside improvements to the building's fabric and energy efficiency, we will soon start a substantial programme of decarbonisation, away from reliance on fossil fuels and old, inefficient plant. In the interim period, sustainability is embedded in everything we do within the BMA Estates team. Sustainable initiatives are an intrinsic part of our thinking.

**DIRECTORS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**

Measures taken to reduce our environmental impact

Our procurement of contractors for our office fit out works have a focus on using sustainable methods and materials. We have repurposed BMA House furniture as a priority in preference to purchasing new when fitting out our new workspaces, refurbishing where appropriate in order to extend its economic and environmental life. Furniture we cannot repurpose is sent for community use in schools via the Business2Schools charity. Monitors and desktop IT equipment are also being repurposed to extend its economic life.

We have minimised the number of lockers and storage rooms on work floors at BMA House, which do not need to be heated or cooled, and streamlined workspaces by using smaller desks, thus making energy use on working floors more efficient. The new workspace has LED lighting and is fitted with motion sensor PIR operation, continuing the work we started before the pandemic.

We ensure that all waste is segregated for collection and hold zero-to-landfill status.

Previously we allowed a free choice of car models for staff company cars, but now only offer the Skoda Karoq Estate, working towards removal of diesel from our fleet and reduction in our overall CO2 output.

Since October 2022, we have removed beef from our menus at BMA House, recognising the detrimental impact its production has on the environment. Our seasonal menus are around 20% vegan and meat has been removed from our Sunday and Monday menus, showing that eating a primarily plant-based diet is possible. We have fixed buffet menus for specific days, reducing the food wastage that occurs when offering multiple, differing buffets on the same day.

The BMJ is a member of ORPL (One Pack Recycling Label), which instructs end-users on the best way to recycle their journals. All weekly journals and five specialist journals which are mailed throughout mainland UK, are done so in paper-wrap, which is kerbside recyclable or biodegradable. In 2022, this equated to 5.5 million paper-wrapped journals. Approximately 500,000 BMJ journals were wrapped in carbon-neutral sugar-cane waste poly.

Since September 2022, BMA Northern Ireland in Belfast has been in a serviced office, meaning we have a smaller space to heat and light (the current space is 66m² compared to the old space dimensions of 596m²). The office is located adjacent to public transport hubs, which encourages more staff members to use public transport.

In Edinburgh, we are in the process of draught-proofing, double-glazing windows, and converting lighting to LED. We are also transitioning the heating of the building from gas-powered to air source heat pumps (ASHP) and green-electric heaters.

We implemented the 'dead band' in our Edinburgh and BMA House offices where possible, which sets heating to 25 degrees and cooling to 19 degrees.

In September 2022, we started sending new members our redesigned membership packs, which are printed on recycled material, produced in a carbon-neutral environment, and fully recyclable.

We have retained our Platinum level status with Greengage's ECOsmart Accreditation at BMA House.

At the London Venue & Catering Awards 2022, our venues team were shortlisted for The Sustainability Award.

We published a follow up to our 2020 Climate change and sustainability: The Health Service and Net Zero report, and the published findings can be found here: <https://www.bma.org.uk/what-we-do/population-health/protecting-people-from-threats-to-health/more-support-needed-to-help-the-nhs-reach-net-zero>.

In 2022, we co-authored a policy brief for the Lancet Countdown on climate change and health - <https://www.bma.org.uk/media/6332/2022-lancet-countdown-uk-policy-brief.pdf>.

**DIRECTORS' REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**

DISCLOSURE OF INFORMATION TO AUDITORS

The directors confirm that:

- so far as each director is aware, there is no relevant audit information of which the company's auditor is unaware; and
- the directors have taken all the steps that they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the company's auditor is aware of that information.

AUDITORS

Grant Thornton UK LLP have expressed their willingness to continue in office as auditor. It is the responsibility of the AGM to appoint our auditors.

This report was approved by the board and signed on its behalf.

Philip Banfield

Professor Philip Banfield (Chair of Council and BMA Board)
Director

BMA House
British Medical Association
Tavistock Square
London
WC1H 9JP

Date: 22/5/2023

**DIRECTORS' RESPONSIBILITIES STATEMENT
FOR THE YEAR ENDED 31 DECEMBER 2022**

The directors are responsible for preparing the Group strategic report, the Directors' report and 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 elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law, including FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'). 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 and profit or loss of the company and 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 UK 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 to 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 hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

**AUDIT AND RISK COMMITTEE REPORT
FOR THE YEAR ENDED 31 DECEMBER 2022**

The chairman presents his statement for the period.

The Group Audit and Risk membership is comprised of the following:

- Jacques Cadranel (lay member, Chair)
- Kathryn Cearns (lay member, Deputy Chair)
- Brian McCarthy (lay member, BMJ)
- Krishan Aggarwal (elected by Council)
- Peter Holden (elected by the membership)

Committee meetings were also attended by the BMA treasurer, BMA chief executive, BMJ chief executive, BMA group chief financial officer and chief accountant and BMJ chief financial officer. The Committee is advised throughout the year by the external auditors (Grant Thornton) and internal auditors (Crowe) who also attend meetings.

The committee met three times in 2022 and meetings were structured to enable it to meet the requirements of its terms of reference (set out at schedule 1 to the byelaws of the BMA's constitution).

The committee advises and makes recommendations to the Board of Directors on matters pertaining to its scope and expertise. As well as regular exchanges between the committee and senior leaders, ARC reported throughout the year to the Board of Directors and to Council in May 2022.

2022 saw the appointment of new co-CEOs as well as the election of a new chair and deputy chair of BMA council. The committee sought assurances that any risks arising from this period of significant transition were being adequately managed.

Integrity of financial reporting

During 2022, the committee received regular reports from the BMA chief financial officer and chief accountant, BMJ chief financial officer and the treasurer regarding the financial performance, systems and processes operating within the BMA and its subsidiary, the BMJ Publishing Group Ltd. The committee considered the annual directors' report and financial statements prior to their approval by the Board of Directors and Council. During 2022, the ARC obtained sufficient assurance from both the internal and the external auditors that the integrity of the Association's financial reporting was maintained.

External auditor

The committee received regular verbal and written reports from Grant Thornton, its external auditor. The committee's work programme for the year included approving the proposed audit strategy, agreeing the schedule of audit fees and 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:

1. Conducting a review into the effectiveness of the auditor annually
2. Setting out an appropriate policy on the provision by the external auditor of non-audit work and;
3. Receiving written confirmation of their independence and objectivity and compliance with the Financial Reporting Council's Ethical Standard.

**AUDIT AND RISK COMMITTEE REPORT (CONTINUED)
FOR THE YEAR ENDED 31 DECEMBER 2022**

Internal controls, systems and processes

During 2022, the committee continued to monitor the effectiveness of the BMA's internal control systems and were advised by internal auditors, Crowe, who reported regularly to the committee and the chair. Day to day liaison and management of the internal auditor's activity was led by the BMA's Chief Financial Officer. A three-year internal audit plan made provision for a 2022 audit plan as follows:

BMA Specific

- Recovery Programme
- Health and Safety
- Lessons learnt review of the processes around legal cases decisions

BMJ Specific

- Major contracts/commercial partnerships
- Data security and Information

Cyclical Reviews

- Follow-up review

Along with each completed review, the organisation was given a detailed report of actions identified for improvement. The actions identified are agreed with managers to improve systems and controls and the committee monitors progress against agreed actions by way of regular reports from management.

Risk management

A key responsibility of the committee is the oversight of risk management. Corporate risk registers were reviewed at each meeting with consideration also being given to emerging risks. The committee reported to the Board after each of its meetings.

The Enterprise Risk Management framework launched at the BMA in 2021 is now embedded throughout the organisation with risk management coordination being overseen by dedicated members of staff. Senior leaders are accountable for the management of principal risks supported by locally networked risk champions responsible for day-to-day risk management activities. Risk registers are also held by each directorate.

In December 2022, the BMA refreshed its Risk Appetite.

Compliance and governance

The committee continued to seek assurance from senior leaders on major areas of regulatory compliance including data protection, health and safety and whistleblowing. The committee also sought assurance on matters such as cyber security, disaster recovery and business continuity.



Mr Jacques Cadranel
Chair, Audit and Risk

23/5/2023

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF BRITISH MEDICAL ASSOCIATION

OPINION

We have audited the financial statements of British Medical Association (the 'parent company') and its subsidiaries (the 'group') for the year ended 31 December 2022, which comprise the Consolidated Income Statement, Consolidated Statement of Comprehensive Income, Consolidated Statement of Financial Position, Company Statement of Financial Position, Consolidated Statement of Changes in Equity, Company Statement of Changes in Equity, Consolidated Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the group's and of the parent company's affairs as at 31 December 2022 and of the group's loss for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the '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 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 responsible for concluding on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group's and the parent company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the group or the parent company to cease to continue as a going concern.

In our evaluation of the directors' conclusions, we considered the inherent risks associated with the group's and the parent company's business model including effects arising from macro-economic uncertainties such as the crisis in Ukraine and the cost of living crisis, we assessed and challenged the reasonableness of estimates made by the directors and the related disclosures and analysed how those risks might affect the group's and the parent company's financial resources or ability to continue operations over the going concern period.

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's and the parent company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

OTHER INFORMATION

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the

**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF BRITISH MEDICAL ASSOCIATION
(CONTINUED)**

annual report.

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.

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 themselves. 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 this regard.

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.

MATTER ON WHICH WE ARE REQUIRED TO REPORT UNDER THE COMPANIES ACT 2006

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

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you 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.

RESPONSIBILITIES OF DIRECTORS

As explained more fully in the directors' responsibilities statement, 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.

**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF BRITISH MEDICAL ASSOCIATION
(CONTINUED)**

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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below:

- The group and parent company are subject to many laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements. We identified the following laws and regulations as the most likely to have a material effect if non-compliance were to occur: the Companies Act 2006, the Trade Union and Labour Relations (Consolidation) Act 1992, FRS102, tax legislation, anti-bribery legislation and employment law;
- We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Directors, and from review of the group's Board minutes. We discussed the policies and procedures regarding compliance with laws and regulations with the Directors;
- Based on the results of our risk assessment, we designed audit procedures to identify non-compliance with such laws and regulations as identified above. These audit procedures were performed at all components within the scope of our audit. Our procedures also involved journal entry testing, with a focus on journals meeting our defined risk criteria based on our understanding of the business; enquiries of in-house legal counsel; and enquiries of group management;
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it;
- Assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
 - Understanding of, and practical experience with, audit engagements of a similar nature and complexity through appropriate training and participation;
 - Knowledge of the industry in which the group and the parent company operates; and
 - Understanding of the legal and regulatory requirements specific to the group and parent company.
- We did not identify any matters relating to non-compliance with laws and regulation or relating to fraud.

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

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.

Grant Thornton UK LLP
Nicholas Page PhD BSc FCA
 Senior Statutory Auditor
 for and on behalf of Grant Thornton UK LLP
 Statutory Auditor, Chartered Accountants
London

Date: 23/5/2023

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**CONSOLIDATED INCOME STATEMENT
FOR THE YEAR ENDED 31 DECEMBER 2022**

	Note	2022 £000	2021 £000
Revenue	4	142,633	134,619
Gross profit		142,633	134,619
Administrative expenses	5	(146,252)	(135,118)
Other operating income	6	2,992	3,620
Operating (loss)/profit	7	(627)	3,121
Property income from fixed asset investments	11	703	610
Fair value movements on investment property revaluation	20	(9,370)	-
Fair value (loss)/gain on fixed asset investments	11	(15,852)	12,953
(Loss)/gain on disposal of fixed asset investments	11	(38)	525
Dividend income on fixed asset investments	11	2,584	2,269
Interest receivable and similar income	12	113	43
Other finance costs	30	(1,127)	(799)
(Loss)/profit before tax		(23,614)	18,722
Tax credit/(charge) on (loss)/profit	14	4,508	(7,843)
(Loss)/profit for the financial year		(19,106)	10,879
(Loss)/profit for the year attributable to:			
Owners of the parent		(19,106)	10,879
		(19,106)	10,879

The notes on pages 43 to 79 form part of these financial statements.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**COMPANY INCOME STATEMENT
AS AT 31 DECEMBER 2022**

	2022	2021
	£000	£000
Revenue	58,265	54,611
Gross profit	58,265	54,611
Administrative expenses	(104,442)	(94,662)
Other operating income	35,789	34,810
Operating loss	(10,388)	(5,241)
Dividend income from unlisted investments in subsidiaries	18,150	4,950
Fair value movements on investment property	(9,370)	-
Other finance costs	(1,127)	(799)
Loss before tax	(2,735)	(1,090)
Tax credit/(charge) on loss	1,529	(707)
Loss for the financial year	(1,206)	(1,797)
Loss for the year attributable to:		
Owners of the parent	(1,206)	(1,797)
	(1,206)	(1,797)

The notes on pages 43 to 79 form part of these financial statements.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 31 DECEMBER 2022**

	Note	2022 £000	As restated 2021 £000
(Loss)/profit for the financial year		(19,106)	10,879
Other comprehensive income			
Unrealised surplus on revaluation of investment property	20	-	87,956
Actuarial (loss)/gain on defined benefit schemes	30	(25,948)	57,559
Irrecoverable surplus other than interest	30	27,075	(43,494)
Deferred tax movement relating to pension		-	(769)
Deferred tax movement on investment property revaluation	28	-	(21,725)
Other comprehensive income for the year		1,127	79,527
Total comprehensive (expense)/income for the year		(17,979)	90,406

The notes on pages 43 to 79 form part of these financial statements.

For further detail on the prior year adjustment, please see note 28.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**COMPANY STATEMENT OF COMPREHENSIVE INCOME
AS AT 31 DECEMBER 2022**

	2022	As restated
	£000	2021 £000
Loss for the financial year	(1,206)	(1,797)
Other comprehensive income		
Unrealised surplus on revaluation of investment property	-	87,956
Actuarial gain on defined benefit schemes	(25,948)	57,559
Irrecoverable surplus other than interest	27,075	(43,494)
Deferred tax movement relating to pension	-	(769)
Deferred tax movement on investment property revaluation (Note 28)	-	(21,725)
Other comprehensive income for the year	1,127	79,527
Total comprehensive (expense)/income for the year	(79)	77,730

The notes on pages 43 to 79 form part of these financial statements.

For further detail on the prior year adjustment, please see note 28.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**CONSOLIDATED STATEMENT OF FINANCIAL POSITION
AS AT 31 DECEMBER 2022**

	Note	2022 £000	As restated 2021 £000
Fixed assets			
Intangible assets	17	2,924	2,947
Tangible assets	18	11,415	6,750
Investments	19	126,746	146,541
Investment property	20	74,800	89,014
		215,885	245,252
Current assets			
Stocks		4	7
Debtors: amounts falling due within one year	21	27,185	23,940
Cash at bank and in hand	22	51,784	44,551
		78,973	68,498
Creditors: amounts falling due within one year	23	(65,432)	(60,889)
Net current assets		13,541	7,609
Total assets less current liabilities		229,426	252,861
Provisions for liabilities			
Deferred taxation	24	(24,207)	(31,596)
Other provisions	25	(3,055)	(1,122)
		(27,262)	(32,718)
Net assets		202,164	220,143
Capital and reserves			
Profit and loss account: non-distributable	26	125,223	144,926
Revaluation reserve	26	84	86
Other reserves: distributable	26	56,378	56,378
Profit and loss account: distributable	26	20,479	18,753
Total capital and reserves		202,164	220,143

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)
REGISTERED NUMBER:00008848**

**CONSOLIDATED STATEMENT OF FINANCIAL POSITION (CONTINUED)
AS AT 31 DECEMBER 2022**

The financial statements were approved and authorised for issue by the board and were signed on its behalf by:

Philip Banfield

Professor Philip Banfield (Chair of Council and BMA Board)
Director

Date: 22/5/2023

The notes on pages 43 to 79 form part of these financial statements.

For further detail on the prior year adjustment, please see note 28.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)
REGISTERED NUMBER:00008848**

**COMPANY STATEMENT OF FINANCIAL POSITION
AS AT 31 DECEMBER 2022**

	Note	2022 £000	As restated 2021 £000
Fixed assets			
Intangible assets	17	1,253	861
Tangible assets	18	11,307	6,693
Investments	19	140,878	140,878
Investment Property	20	74,800	89,014
		<u>228,238</u>	<u>237,446</u>
Current assets			
Debtors: amounts falling due within one year	21	8,229	6,034
Cash at bank and in hand	22	11,521	8,432
		<u>19,750</u>	<u>14,466</u>
Creditors: amounts falling due within one year	23	(35,790)	(39,345)
Net current liabilities		<u>(16,040)</u>	<u>(24,879)</u>
Total assets less current liabilities		<u>212,198</u>	<u>212,567</u>
Provisions for liabilities			
Deferred taxation	24	(19,691)	(21,915)
Other provisions	25	(3,055)	(1,122)
		<u>(22,746)</u>	<u>(23,037)</u>
Net assets		<u>189,452</u>	<u>189,530</u>
Capital and reserves			
Profit and loss account: non-distributable	26	140,006	147,033
Revaluation reserve	26	84	86
Profit and loss account: distributable brought forward		42,411	52,346
Loss for the year		(1,206)	(1,797)
Other changes in the profit and loss account		8,157	(8,138)
		<u>49,362</u>	<u>42,411</u>
Profit and loss account carried forward		<u>49,362</u>	<u>42,411</u>
Total capital and reserves		<u>189,452</u>	<u>189,530</u>

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)
REGISTERED NUMBER:00008848**

**COMPANY STATEMENT OF FINANCIAL POSITION (CONTINUED)
AS AT 31 DECEMBER 2022**

The financial statements were approved and authorised for issue by the board and were signed on its behalf by:

Philip Banfield

Professor Philip Banfield (Chair of Council and BMA Board)
Director

Date: 22/5/2023

The notes on pages 43 to 79 form part of these financial statements.

For further detail on the prior year adjustment, please see note 28.

BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)
CONSOLIDATED STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 31 DECEMBER 2022

	Revaluation reserve	Profit and loss account: non- distributable	Other reserves: distributable	Profit and loss account: distributable	Total equity
	£000	£000	£000	£000	£000
At 1 January 2022 (as restated)	86	144,926	56,378	18,753	220,143
Loss for the year	-	-	-	(19,106)	(19,106)
Actuarial gains on pension scheme (Note 30)	-	-	-	1,127	1,127
Gains realised on disposal (Note 19)	-	(2,114)	-	2,114	-
Unrealised fair value movement on investments (Note 19)	-	(15,852)	-	15,852	-
Deferred tax on fair value movement on investments (Note 24)	-	7,633	-	(7,633)	-
Transfer of depreciation on revalued property	(2)	-	-	2	-
Fair value loss on investment property (Note 20)	-	(9,370)	-	9,370	-
At 31 December 2022	84	125,223	56,378	20,479	202,164

The notes on pages 43 to 79 form part of these financial statements.

For further detail on the prior year adjustment, please see note 28.

BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)
CONSOLIDATED STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 31 DECEMBER 2021

	Revaluation reserve	Profit and loss account: non- distributable	Other reserves: distributable	Profit and loss account: distributable	Total equity
	£000	£000	£000	£000	£000
At 1 January 2021 (as reported)	454	52,859	56,378	20,046	129,737
Profit for the year	-	-	-	10,879	10,879
Actuarial gains on pension scheme (Note 30)	-	-	-	14,065	14,065
Deferred tax movement on pension asset	-	-	-	(769)	(769)
Gain realised on disposal (Note 19)	-	(4,126)	-	4,126	-
Unrealised fair value movement on investments (Note 19)	-	12,953	-	(12,953)	-
Deferred tax on fair value movement on investments (Note 24)	-	(4,793)	-	4,793	-
Prior year adjustment - fair value gain on investment property (Note 28)	-	-	-	87,956	87,956
Prior year adjustment - deferred tax on fair value movement on investment property (Note 28)	-	-	-	(21,725)	(21,725)
Prior year adjustment - transfer of fair value movement between reserves (Note 28)	-	87,956	-	(87,956)	-
Prior year adjustment - release of excess depreciation from revaluation reserve (Note 28)	(368)	77	-	291	-
At 31 December 2021 (as restated)	86	144,926	56,378	18,753	220,143

The notes on pages 43 to 79 form part of these financial statements.

For further detail on the prior year adjustment, please see note 28.

BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)
COMPANY STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 31 DECEMBER 2022

	Revaluation reserve £000	Profit and loss account: non- distributable £000	Profit and loss account: distributable £000	Total equity £000
At 1 January 2021	454	59,000	52,346	111,800
Loss for the year	-	-	(1,797)	(1,797)
Actuarial gains on pension scheme (Note 30)	-	-	14,065	14,065
Deferred tax on pension asset	-	-	(769)	(769)
Prior year adjustment - fair value gain on investment property (Note 28)	-	-	87,956	87,956
Prior year adjustment - deferred tax on fair value movement on investment property (Note 28)	-	-	(21,725)	(21,725)
Prior year adjustment - transfer of fair value movement between reserves (Note 28)	-	87,956	(87,956)	-
Prior year adjustment - release of excess depreciation from revaluation reserve (Note 28)	(368)	77	291	-
At 1 January 2022 (as restated)	86	147,033	42,411	189,530
Loss for the year	-	-	(1,206)	(1,206)
Actuarial gains on pension scheme (Note 30)	-	-	1,127	1,127
Deferred tax on fair value movement on investments (Note 24)	-	2,343	(2,343)	-
Transfer of depreciation on revalued property	(2)	-	2	-
Fair value loss on investment property (Note 20)	-	(9,370)	9,370	-
At 31 December 2022	84	140,006	49,361	189,451

The notes on pages 43 to 79 form part of these financial statements.

For further detail on the prior year adjustment, please see note 28.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2022**

	2022	As restated
	£000	2021 £000
Cash flows from operating activities		
Loss for the financial year	(19,106)	10,879
Adjustments for:		
Amortisation of intangible assets	526	508
Depreciation of tangible assets	534	761
Income from investments and interest	14,902	(13,606)
Taxation charge	(4,508)	7,843
Decrease in stocks	3	2
(Increase)/decrease in debtors	(3,243)	742
Increase in creditors	5,021	4,640
Increase in provisions	1,933	1,122
Corporation tax (paid)	(3,182)	(3,276)
Other finance expenditure	1,127	799
Fair value movement on investment property	9,370	-
Net cash generated from operating activities	3,377	10,414
Cash flows from investing activities		
Purchase of intangible fixed assets	(503)	(639)
Purchase of tangible fixed assets	(354)	(963)
Purchase of listed investments	(2,595)	(2,746)
Sale of listed investments	6,500	9,725
Interest received	113	43
Dividends received	695	610
Net cash from investing activities	3,856	6,030
Net increase in cash and cash equivalents	7,233	16,444
Cash and cash equivalents at beginning of year	44,551	28,107
Cash and cash equivalents at the end of year	51,784	44,551
Cash and cash equivalents at the end of year comprise:		
Cash at bank and in hand	51,784	44,551
	51,784	44,551

The notes on pages 43 to 79 form part of these financial statements.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)****CONSOLIDATED ANALYSIS OF NET DEBT
FOR THE YEAR ENDED 31 DECEMBER 2022**

	At 1 January 2022 £000	Cash flows £000	At 31 December 2022 £000
Cash at bank and in hand	44,551	7,233	51,784
	44,551	7,233	51,784

The notes on pages 43 to 79 form part of these financial statements.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

1. GENERAL INFORMATION

British Medical Association (the Company) is a private Company, limited by guarantee, incorporated in the United Kingdom under the Companies Act 2006 and is registered in England and Wales. The address of the Company's registered office BMA House, Tavistock Square, London, WC1H 9JP, United Kingdom.

2. ACCOUNTING POLICIES

2.1 BASIS OF PREPARATION OF FINANCIAL STATEMENTS

The financial statements have been prepared under the historical cost convention unless otherwise specified within these accounting policies and in accordance with Financial Reporting Standard 102, the Financial Reporting Standard applicable in the UK and the Republic of Ireland and the Companies Act 2006.

Balances are rounded to a nearest £1,000.

The preparation of financial statements in compliance with FRS 102 requires the use of certain critical accounting estimates. It also requires Group management to exercise judgement in applying the Group's accounting policies (see note 3).

The following principal accounting policies have been applied:

2.2 FINANCIAL REPORTING STANDARD 102 - REDUCED DISCLOSURE EXEMPTIONS

The Parent Company has taken advantage of the following disclosure exemptions in preparing these financial statements, as permitted by the FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland":

- Disclosures required by this section need not be given of transactions entered into between two or more members of a group, provided that any subsidiary which is a party to the transaction is wholly owned by such a member.

2.3 BASIS OF CONSOLIDATION

The consolidated financial statements present the results of the Company and its own subsidiaries ("the Group") as if they form a single entity. Intercompany transactions and balances between group companies are therefore eliminated in full.

The consolidated financial statements incorporate the results of business combinations using the purchase method. In the Statement of Financial Position, the acquiree's identifiable assets, liabilities and contingent liabilities are initially recognised at their fair values at the acquisition date. The results of acquired operations are included in the Consolidated income statement from the date on which control is obtained. They are deconsolidated from the date control ceases.

Control exists when the Association has the power to directly or indirectly to govern the financial and operational policies. Accounting policies of subsidiaries have been changed where necessary to ensure consistency with the policies adopted by the Association.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

2. ACCOUNTING POLICIES (continued)

2.4 GOING CONCERN

The BMA has undertaken an assessment of going concern and considered the level of disclosure relating to these issues within the financial statements. The Directors have completed a detailed cashflow analysis for 2023 and pushing the viability review to 2026, including performing reverse stress testing which looked at a number of different scenarios such as a loss of members. Following this review and given the mitigating controls, some of which are discussed in the strategic report, along with the cash and investment portfolio controlled by the BMA group, the Directors have concluded that the BMA and BMA group have sufficient resources to meet its ongoing liabilities for twelve months from the date that these financial statements have been signed, that there are no material uncertainties and as a result the accounts have been prepared on a going concern basis.

2.5 FOREIGN CURRENCY TRANSLATION

Functional and presentation currency

The Company's functional and presentational currency is GBP.

Transactions and balances

Foreign currency transactions are translated into the functional currency using the spot exchange rates at the dates of the transactions.

At each period end foreign currency monetary items are translated using the closing rate. Non-monetary items measured at historical cost are translated using the exchange rate at the date of the transaction and non-monetary items measured at fair value are measured using the exchange rate when fair value was determined.

Foreign exchange gains and losses resulting from the settlement of transactions and from the translation at period-end exchange rates of monetary assets and liabilities denominated in foreign currencies are recognised in profit or loss except when deferred in other comprehensive income as qualifying cash flow hedges.

Foreign exchange gains and losses that relate to borrowings and cash and cash equivalents are presented in the Consolidated Income Statement within 'finance income or costs'. All other foreign exchange gains and losses are presented in profit or loss within 'other operating income'.

On consolidation, the results of overseas operations are translated into Sterling at rates approximating to those ruling when the transactions took place. All assets and liabilities of overseas operations are translated at the rate ruling at the reporting date. Exchange differences arising on translating the opening net assets at opening rate and the results of overseas operations at actual rate are recognised in other comprehensive income.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

2. ACCOUNTING POLICIES (continued)

2.6 REVENUE

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the Group and the revenue can be reliably measured. Revenue is measured as the fair value of the consideration received or receivable, excluding discounts, rebates, value added tax and other sales taxes. The following criteria must also be met before revenue is recognised:

Sale of goods

Revenue from the sale of goods is recognised when all of the following conditions are satisfied:

- the Group has transferred the significant risks and rewards of ownership to the buyer;
- the Group retains neither continuing managerial involvement to the degree usually associated with ownership nor effective control over the goods sold;
- the amount of revenue can be measured reliably;
- it is probable that the Group will receive the consideration due under the transaction; and
- the costs incurred or to be incurred in respect of the transaction can be measured reliably.

Rendering of services

Revenue from a contract to provide services is recognised in the period in which the services are provided in accordance with the stage of completion of the contract when all of the following conditions are satisfied:

- the amount of revenue can be measured reliably;
- it is probable that the Group will receive the consideration due under the contract;
- the stage of completion of the contract at the end of the reporting period can be measured reliably; and
- the costs incurred and the costs to complete the contract can be measured reliably.

Publishing subscriptions and advertising

Publishing subscriptions and advertising revenue is generated from the BMJ, and is generated by the following distinct revenue streams:

Subscription revenues

Subscription income for online services, information and journals is normally received in advance and is therefore recorded as deferred revenue on the balance sheet. Revenue is then recognised evenly over time as the performance obligations are satisfied over the term of the subscription. These revenue streams relate to one performance obligation that is settled over time and so invoice value is recognised on a straight-line basis because the customers simultaneously receive and consume the benefit of accessing the content.

Licensing revenues

The Group license a number of collaborators, partners and aggregators to access owned content for a finite period of time. As content can be updated or added to and as the period of access is clearly defined, revenue is recognised over the period of the contract.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

2. ACCOUNTING POLICIES (continued)

2.6 REVENUE (CONTINUED)

Advertising revenues

Advertising in print publications is recognised in the month the publication is issued. Online advertising is predominantly invoiced for a month at a time and so is recognised for the month in which the online advert is live and accessible. These revenue streams relate to one performance obligation which is delivered when the advert is live.

Open Access revenues

Fees paid to cover the cost of publishing Open Access articles are recognised in the month that confirmation of article acceptance is delivered, which takes the form of an invoice. At this point, all performance obligations relating to the review and acceptance of the article are complete and all costs have been incurred.

Tailored editions

A variety of bespoke editions, translations and article collections or disaggregations are available for a fee. Once the content has been made available to the paying customer, the performance obligation has been met and the transactional value is recognised.

Event and course revenues

For events and courses, revenue primarily comprises income from exhibitors and sponsors and delegate attendance fees. Event and course revenue is recognised on occurrence of the event or course.

Publishing fees

The Group coordinate the publication, sale and management of some titles on behalf of third parties. Fees received in lieu of these services are recognised on a straight-line basis throughout the period over which the service is delivered.

Publishing royalties

In some instances, the Group receive a royalty based on product financial performance as consideration for coordinating the publication, sale and management of third-party titles. Royalties are recognised in parallel to product financial performance, with the contractual royalty rate applied to the appropriate metric for each period.

Contract delivery

Where the goods or services promised within a contract are distinct, they are identified as separate performance obligations and are accounted for separately. Where separate performance obligations are identified, total revenue is allocated based on relative stand-alone selling prices or management's best estimate of relative value where stand-alone selling prices do not exist. Recognition of each contract component mirrors the nature of the performance obligation, with licence elements straight-lined over the period agreed and service delivery elements recognised based on the percentage of completion method.

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.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

2. ACCOUNTING POLICIES (continued)

2.6 REVENUE (CONTINUED)

Income from other activities

Income from other activities which includes rental, venue event hire and affinity commissions is recognised in the year to which it relates. Deposits received by the balance sheet date in respect of events in future periods are deferred.

Grant Income

Grant income is recognised as income evenly over the deed of grant period. BMA shall use all grants received by it pursuant to the terms of the deed.

2.7 OPERATING LEASES: THE GROUP AS LESSOR

Rental income from operating leases is credited to profit or loss on a straight-line basis over the lease term.

Amounts paid and payable as an incentive to sign an operating lease are recognised as a reduction to income over the lease term on a straight-line basis, unless another systematic basis is representative of the time pattern over which the lessor's benefit from the leased asset is diminished.

2.8 OPERATING LEASES: THE GROUP AS LESSEE

Rentals paid under operating leases are charged to profit or loss on a straight-line basis over the lease term.

Benefits received and receivable as an incentive to sign an operating lease are recognised on a straight-line basis over the lease term, unless another systematic basis is representative of the time pattern of the lessee's benefit from the use of the leased asset.

2.9 INTEREST INCOME

Interest income is recognised in profit or loss using the effective interest method.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

2. ACCOUNTING POLICIES (continued)

2.10 PENSIONS

DEFINED CONTRIBUTION PENSION PLAN

The Group operates a defined contribution plan for its employees. A defined contribution plan is a pension plan under which the Group pays fixed contributions into a separate entity. Once the contributions have been paid the Group has no further payment obligations.

The contributions are recognised as an expense in profit or loss when they fall due. Amounts not paid are shown in accruals as a liability in the Statement of Financial Position. The assets of the plan are held separately from the Group in independently administered funds.

DEFINED BENEFIT PENSION PLAN

The Group operates 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 but not limited to age, length of service and remuneration. A defined benefit plan is a pension plan that is not a defined contribution plan.

The liability recognised in the Statement of Financial Position in respect of the defined benefit plan is the present value of the defined benefit obligation at the end of the reporting date less the fair value of plan assets at the reporting date (if any) out of which the obligations are to be settled.

The defined benefit obligation is calculated using the projected unit credit method. Annually the company engages independent actuaries to calculate the obligation. The present value is determined by discounting the estimated future payments using market yields on high quality corporate bonds that are denominated in sterling and that have terms approximating to the estimated period of the future payments ('discount rate').

The fair value of plan assets is measured in accordance with the FRS 102 fair value hierarchy and in accordance with the Group's policy for similarly held assets. This includes the use of appropriate valuation techniques.

Actuarial gains and losses arising from experience, adjustments and changes in actuarial assumptions are charged or credited to other comprehensive income. These amounts together with the return on plan assets, less amounts included in net interest, are disclosed as 'Remeasurement of net defined benefit liability'.

An asset is recognised to the extent that an employer can recover a surplus in a defined benefit scheme through reduced contributions and refunds. Where this is not the case, no asset is recognised. A liability is recognised to the extent that the deficit reflects the employer's legal or constructive obligation.

The cost of the defined benefit plan, recognised in profit or loss as employee costs, except where included in the cost of an asset, comprises:

- a) the increase in net pension benefit liability arising from employee service during the period; and
- b) the cost of plan introductions, benefit changes, curtailments and settlements.

The net interest cost is calculated by applying the discount rate to the net balance of the defined benefit obligation and the fair value of plan assets. This cost is recognised in profit or loss as a 'finance expense'.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

2. ACCOUNTING POLICIES (continued)

2.10 PENSIONS (CONTINUED)

MULTI-EMPLOYER PENSION PLAN

The Group is a member of a multi-employer plan. Where it is not possible for the Group to obtain sufficient information to enable it to account for the plan as a defined benefit plan, it accounts for the plan as a defined contribution plan.

2.11 CURRENT AND DEFERRED TAXATION

The tax expense for the year comprises current and deferred tax. Tax is recognised in profit or loss except that a charge attributable to an item of income and expense recognised as other comprehensive income or to an item recognised directly in equity is also recognised in other comprehensive income or directly in equity respectively.

The current income tax charge is calculated on the basis of tax rates and laws that have been enacted or substantively enacted by the reporting date in the countries where the Company and the Group operate and generate income.

Deferred tax balances are recognised in respect of all timing differences that have originated but not reversed by the reporting date, except that:

- The recognition of deferred tax assets is limited to the extent that it is probable that they will be recovered against the reversal of deferred tax liabilities or other future taxable profits;
- Any deferred tax balances are reversed if and when all conditions for retaining associated tax allowances have been met; and
- Where they relate to timing differences in respect of interests in subsidiaries, associates, branches and joint ventures and the Group can control the reversal of the timing differences and such reversal is not considered probable in the foreseeable future.

Deferred tax balances are not recognised in respect of permanent differences except in respect of business combinations, when deferred tax is recognised on the differences between the fair values of assets acquired and the future tax deductions available for them and the differences between the fair values of liabilities acquired and the amount that will be assessed for tax. Deferred tax is determined using tax rates and laws that have been enacted or substantively enacted by the reporting date.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

2. ACCOUNTING POLICIES (continued)

2.12 INTANGIBLE ASSETS

GOODWILL

Goodwill represents the difference between amounts paid on the cost of a business combination and the acquirer's interest in the fair value of the Group's share of its identifiable assets and liabilities of the acquiree at the date of acquisition. Subsequent to initial recognition, goodwill is measured at cost less accumulated amortisation and accumulated impairment losses. Goodwill is amortised on a straight-line basis to the Consolidated Income Statement over its useful economic life. The company reviews its goodwill for triggers of impairment each year. The current economic situation has triggered a full impairment review, with no reduction in asset carrying value being deemed necessary. In accordance with Accounting Standards any impairment would be charged to the income statement in the year.

OTHER INTANGIBLE ASSETS

Intangible assets are initially recognised at cost. After recognition, under the cost model, intangible assets are measured at cost less any accumulated amortisation and any accumulated impairment losses.

At each reporting date the company assesses whether there is any indication of impairment. If such indication exists, the recoverable amount of the asset is determined which is the higher of its fair value less costs to sell and its value in use. An impairment loss is recognised where the carrying amount exceeds the recoverable amount.

All intangible assets are considered to have a finite useful life. If a reliable estimate of the useful life cannot be made, the useful life shall not exceed ten years.

The estimated useful lives range as follows:

Goodwill	-	5 to 20 years
Computer software	-	5 years

Computer software

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 computer software expenditure that does 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 subsequent periods.

Assets under construction are not depreciated until they are brought into use.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

2. ACCOUNTING POLICIES (continued)

2.13 TANGIBLE FIXED ASSETS

Tangible fixed assets under the cost model are stated at historical cost less accumulated depreciation and any accumulated impairment losses. Historical cost includes expenditure that is directly attributable to bringing the asset to the location and condition necessary for it to be capable of operating in the manner intended by management.

The Group operates a capitalisation policy, whereby only items in excess of £1,500 are capitalised.

Depreciation is charged so as to allocate the cost of assets less their residual value over their estimated useful lives, using the straight-line method.

Depreciation is provided on the following basis:

Freehold property	- 1% to 33%
Long-term leasehold property	- Term of the lease
Motor vehicles	- 25%
Plant and office equipment	- 10% to 33%

The assets' residual values, useful lives and depreciation methods are reviewed, and adjusted prospectively if appropriate, or if there is an indication of a significant change since the last reporting date.

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount and are recognised in profit or loss.

2.14 REVALUATION OF TANGIBLE FIXED ASSETS

With the exception of a surplus of £454,000 (subsequently reduced to £84,000 following the part transfer of fixed assets to investment property) 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 or deemed cost. Areas of BMA House that no longer meet the definition of investment property are transferred to freehold property within tangible fixed assets. The deemed cost is the fair value of these areas at the date of transfer. 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.

2.15 INVESTMENT PROPERTY

Investment property is carried at fair value determined annually by external valuers and derived from the current market rents and investment property yields for comparable real estate, adjusted if necessary for any difference in the nature, location or condition of the specific asset. No depreciation is provided. Changes in fair value are recognised in profit or loss.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

2. ACCOUNTING POLICIES (continued)

2.16 VALUATION OF INVESTMENTS

Investments in subsidiaries are measured at cost less accumulated impairment.

Investments in unlisted Group shares, whose market value can be reliably determined, are remeasured to market value at each reporting date. Gains and losses on remeasurement are recognised in the Consolidated Income Statement for the period. Where market value cannot be reliably determined, such investments are stated at historic cost less impairment.

Investments in listed company shares are remeasured to market value at each reporting date. Gains and losses on remeasurement are recognised in profit or loss for the period.

2.17 DEBTORS

Short-term debtors are measured at transaction price, less any impairment. Loans receivable are measured initially at fair value, net of transaction costs, and are measured subsequently at amortised cost using the effective interest method, less any impairment.

2.18 CASH AND CASH EQUIVALENTS

Cash is represented by cash in hand and deposits with financial institutions repayable without penalty on notice of not more than 24 hours. Cash equivalents are highly liquid investments that mature in no more than three months from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Consolidated Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and form an integral part of the Group's cash management.

2.19 CREDITORS

Short-term creditors are measured at the transaction price. Other financial liabilities, including bank loans, are measured initially at fair value, net of transaction costs, and are measured subsequently at amortised cost using the effective interest method.

2.20 PROVISIONS FOR LIABILITIES

Provisions are made where an event has taken place that gives the Group a legal or constructive obligation that probably requires settlement by a transfer of economic benefit, and a reliable estimate can be made of the amount of the obligation.

Provisions are charged as an expense to profit or loss in the year that the Group becomes aware of the obligation, and are measured at the best estimate at the reporting date of the expenditure required to settle the obligation, taking into account relevant risks and uncertainties.

When payments are eventually made, they are charged to the provision carried in the Statement of Financial Position.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

2. ACCOUNTING POLICIES (continued)

2.21 FINANCIAL INSTRUMENTS

The Group only enters into basic financial instrument transactions that result in the recognition of financial assets and liabilities like trade and other debtors and creditors, loans from banks and other third parties, loans to related parties and investments in ordinary shares.

Debt instruments (other than those wholly repayable or receivable within one year), including loans and other accounts receivable and payable, are initially measured at present value of the future cash flows and subsequently at amortised cost using the effective interest method. Debt instruments that are payable or receivable within one year, typically trade debtors and creditors, are measured, initially and subsequently, at the undiscounted amount of the cash or other consideration expected to be paid or received. However, if the arrangements of a short-term instrument constitute a financing transaction, like the payment of a trade debt deferred beyond normal business terms or in case of an out-right short-term loan that is not at market rate, the financial asset or liability is measured, initially at the present value of future cash flows discounted at a market rate of interest for a similar debt instrument and subsequently at amortised cost, unless it qualifies as a loan from a director in the case of a small company, or a public benefit entity concessionary loan.

Financial assets that are measured at cost and amortised cost are assessed at the end of each reporting period for objective evidence of impairment. If objective evidence of impairment is found, an impairment loss is recognised in the Consolidated Income Statement.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

**3. JUDGEMENTS IN APPLYING ACCOUNTING POLICIES AND KEY SOURCES OF ESTIMATION
UNCERTAINTY**

The preparation of the financial statements requires management and Directors to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the balance sheet date and the amounts reported for revenues and expenses during the year. However, the nature of estimation means that actual outcomes could differ from those estimates. The critical judgments and estimates which have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities are outlined below.

Provisions and contingent liabilities

The company exercises judgement in measuring and recognising provisions and the exposures to contingent liabilities related to pending litigation or other outstanding claims subject to negotiated settlement as well as other contingent liabilities. Judgement is necessary in assessing the likelihood that a pending claim will succeed, or a liability will arise, and to quantify the possible range of the financial settlement. Because of the inherent uncertainty in this evaluation process, actual losses may be different from the originally estimated provision, see Notes 25 and 29.

Defined benefit pension scheme

The cost of defined benefit pension plans and other post-employment medical benefits are determined using actuarial valuations. The actuarial valuation involves making assumptions about discount rates, future salary increases, mortality rates and future pension increases. Due to the complexity of the valuation, the underlying assumptions and the long term nature of these plans, such estimates are subject to significant uncertainty. Therefore these assumptions, individually or collectively, may be different to actual outcomes.

In determining the appropriate discount rate, management relies on an actuary to consider/management considers the interest rates of corporate bonds with extrapolated maturities corresponding to the expected duration of the defined benefit obligation and the quality of the bonds are also reviewed. The mortality rate is based on publicly available mortality tables for the specific country. Future salary increases and pension increases are based on expected future inflation rates for the respective country.

The value of the liabilities is calculated by adjusting and updating results of the latest available full/triennial valuation and while the results are not expected to differ materially from those which would arise from undertaking a full valuation, the approximate nature of the figures applied can lead to inaccuracies.

A retirement benefit surplus is only recognised to the extent that it is expected to be recoverable in the future.

Under FRS102, the defined benefit pension scheme valuation has resulted in a surplus of £17.3m. Having taken advice from legal consultants, BMA do have the right to any remaining surplus. Under the Scheme documents, the trustees can force the plan to wind up before the last benefit is paid, and thus effectively eliminate any surplus. If the pension trustees terminated the scheme today, it would currently cost in excess of £100m over the value of the assets available. After reviewing both FRS102 and IFRIC14 it is the considered opinion of the BMA Directors that the surplus should not be recognised, as if the plan liability is settled by an immediate wind-up, the costs associated with the wind-up would be significant and wipe out any current surplus.

Further detail on the defined benefit pension scheme is included within Note 30.

BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022

4. REVENUE

An analysis of revenue by class of business is as follows:

	2022	2021
	£000	£000
Publishing subscriptions and advertising	83,165	78,807
Membership subscriptions	52,217	50,342
Other activities	7,251	5,470
	142,633	134,619

Analysis of revenue by country of destination:

	2022	2021
	£000	£000
United Kingdom	88,532	82,108
Rest of Europe	14,058	12,479
Rest of the world	40,043	40,032
	142,633	134,619

5. ADMINISTRATIVE EXPENSES

	2022	2021
	£000	£000
Publishing subscriptions and advertising	73,218	71,198
Members' services	73,015	63,899
Fund management fees	19	21
	146,252	135,118

6. OTHER OPERATING INCOME

	2022	2021
	£000	£000
Property income receivable	2,992	3,620

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

7. OPERATING (LOSS)/PROFIT

The operating (loss)/profit is stated after charging:

	2022	2021
	£000	£000
Depreciation	534	755
Amortisation	526	508
Other operating lease rentals	383	472
Gain on disposal of fixed assets	(22)	(53)
	=====	=====

8. AUDITOR'S REMUNERATION

	2022	2021
	£000	£000
Fees payable to the Group's auditor and its associates for the audit of the Group's annual financial statements	216	174
Fees payable to the Group's auditor and its associates in respect of:		
Taxation services	19	-
Other non-audit services	37	24
	=====	=====

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

9. EMPLOYEES

Staff costs, including Directors' remuneration, were as follows:

	Group 2022 £000	Group 2021 £000	Company 2022 £000	Company 2021 £000
Wages and salaries	60,750	56,296	57,077	53,254
Social security costs	6,211	5,567	5,941	5,357
Cost of defined contribution scheme	5,404	5,074	5,287	4,987
	72,365	66,937	68,305	63,598

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

	Group 2022 No.	Group 2021 No.	Company 2022 No.	Company 2021 No.
Members' services	509	524	509	524
Publishing	462	446	386	380
	971	970	895	904

A £30,744,000 (2021: £29,008,000) notional recharge has been recognised by the Company to reflect the grossing up of BMJ Publishing Group Limited's staffing costs, to reflect the legal structure as outlined in the BMJ Publishing Group Limited's contracts of employment.

Similarly, the Company's employee numbers have been grossed up for those 386 (2021: 380) employees that have been included as part of the recharge arrangement.

10. DIRECTORS' REMUNERATION

	2022 £000	2021 £000
Directors' emoluments	1,704	1,707
Group contributions to defined contribution pension schemes	94	60

During the year retirement benefits were accruing to 9 directors (2021: 6) in respect of defined contribution pension schemes.

The highest paid director (BMJ CEO) received remuneration of £363,000 (2021: £285,000).

The value of the Group's contributions paid to a defined contribution scheme in respect of the highest paid director amount to £3,000 (2021: £nil).

Directors of both BMA and BMJPG are deemed to be the Key Management Personnel.

BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022

11. INCOME FROM INVESTMENTS

	2022	2021
	£000	£000
Unrealised fair value (loss)/gain on listed investments	(15,852)	12,953
Income from property investments	703	610
Dividend income	2,584	2,269
	<u>(12,565)</u>	<u>15,832</u>
Gain on disposal of fixed asset investments		
Realised (loss)/gain on disposal of listed investments	(38)	525
	<u>(38)</u>	<u>525</u>

12. INTEREST RECEIVABLE

	2022	2021
	£000	£000
Bank interest receivable	113	43
	<u>113</u>	<u>43</u>

13. OTHER FINANCE COSTS

	2022	2021
	£000	£000
Interest income on pension scheme assets	8,052	5,890
Net interest on net defined benefit liability	(9,179)	(6,689)
	<u>(1,127)</u>	<u>(799)</u>

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

14. TAXATION

	2022	2021
	£000	£000
CORPORATION TAX		
Current tax on loss/profit for the year	2,881	2,892
Adjustments in respect of previous periods	-	(57)
Foreign tax on income for the year	-	328
TOTAL CURRENT TAX	2,881	3,163
DEFERRED TAX		
Origination and reversal of timing differences	(2,333)	(50)
Changes to tax rates	9	(47)
Adjustments in respect of prior years	225	(16)
Charge on fair value movements on investments	(5,290)	4,793
TOTAL DEFERRED TAX	(7,389)	4,680
TAX (CREDIT)/CHARGE ON (LOSS)/PROFIT ON ORDINARY ACTIVITIES	(4,508)	7,843

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

14. TAXATION (CONTINUED)

FACTORS AFFECTING TAX CHARGE FOR THE YEAR

The tax assessed for the year is higher than (2021: higher than) the standard rate of corporation tax in the UK of 19% (2021: 19%). The differences are explained below:

	2022	2021
	£000	£000
(Loss)/profit on ordinary activities before tax	(23,614)	18,722
(Loss)/profit on ordinary activities multiplied by standard rate of corporation tax in the UK of 19% (2021: 19%)	(4,487)	3,557
EFFECTS OF:		
Non-tax deductible amortisation of goodwill and impairment	707	707
Expenses not deductible for tax purposes, other than goodwill amortisation and impairment	2,306	1,044
Capital allowances for year in excess of depreciation	(2,335)	131
Adjustments to tax charge in respect of prior periods	(180)	(73)
Other timing differences leading to an increase (decrease) in taxation	420	576
Non-taxable income	(491)	(428)
Double taxation relief	40	44
Remeasurement of deferred tax for changes in tax rates	10	1,619
Unrealised gains on investments	(2,278)	666
Revaluation of investment property	1,780	-
TOTAL TAX (CREDIT)/CHARGE FOR THE YEAR	(4,508)	7,843

FACTORS THAT MAY AFFECT FUTURE TAX CHARGES

A change to the UK Corporation tax rate was announced in the Chancellor's Budget on 3 March 2021. It was announced that the Corporation tax rate will increase from 19% to 25% on 1 April 2023. This change in UK Corporation tax rate was substantively enacted by the balance sheet date, so its effect has been included in these financial statements.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

15. LOSS FOR THE FINANCIAL YEAR

	2022	2021
	£000	£000
BMA	(19,356)	(5,789)
BMJ Publishing Group	8,238	6,029
BMA Investments	(7,991)	10,610
BMA Law	3	29
	<u>(19,106)</u>	<u>10,879</u>

16. NET CASH GENERATED FROM OPERATING ACTIVITIES

	2022	2021
	£000	£000
BMA	(10,313)	(3,228)
BMJ Publishing Group	11,963	11,894
BMA Investments	1,574	1,099
BMA Law	8	649
	<u>3,232</u>	<u>10,414</u>

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

17. INTANGIBLE ASSETS

Group

	Computer software £000	Goodwill £000	Total £000
COST			
At 1 January 2022	3,234	71,019	74,253
Additions	503	-	503
At 31 December 2022	<u>3,737</u>	<u>71,019</u>	<u>74,756</u>
AMORTISATION			
At 1 January 2022	1,847	69,459	71,306
Charge for the year on owned assets	296	230	526
At 31 December 2022	<u>2,143</u>	<u>69,689</u>	<u>71,832</u>
NET BOOK VALUE			
At 31 December 2022	<u>1,594</u>	<u>1,330</u>	<u>2,924</u>
At 31 December 2021	<u>1,387</u>	<u>1,560</u>	<u>2,947</u>

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

17. INTANGIBLE ASSETS (CONTINUED)

Company

	Computer software £000
COST	
At 1 January 2022	2,318
Additions	503
At 31 December 2022	<u>2,821</u>
AMORTISATION	
At 1 January 2022	1,457
Charge for the year	111
At 31 December 2022	<u>1,568</u>
NET BOOK VALUE	
At 31 December 2022	<u>1,253</u>
At 31 December 2021	<u>861</u>

BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022

18. TANGIBLE FIXED ASSETS

Group

	Freehold property £000	Long-term leasehold property £000	Motor vehicles £000	Plant & Office equipment £000	Total £000
COST					
At 1 January 2022 (as previously stated)	13,733	1	556	3,299	17,589
Prior year adjustment (note 28)	(2,716)	-	-	-	(2,716)
At 1 January 2022 (as restated)	11,017	1	556	3,299	14,873
Additions	18	-	-	336	354
Disposals	-	(1)	(65)	-	(66)
Transfers between classes	4,844	-	-	-	4,844
At 31 December 2022	15,879	-	491	3,635	20,005
DEPRECIATION					
At 1 January 2022 (as previously stated)	6,657	1	440	2,683	9,781
Prior year adjustment (note 28)	(1,659)	-	-	-	(1,659)
At 1 January 2022 (as restated)	4,998	1	440	2,683	8,122
Charge for the year on owned assets	111	-	51	372	534
Disposals	-	(1)	(65)	-	(66)
At 31 December 2022	5,109	-	426	3,055	8,590
NET BOOK VALUE					
At 31 December 2022	10,770	-	65	580	11,415
At 31 December 2021 (as restated)	6,019	-	116	615	6,750

BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022

18. TANGIBLE FIXED ASSETS (CONTINUED)

Company

	Freehold property £000	Long-term leasehold property £000	Motor vehicles £000	Office equipment £000	Total £000
COST					
At 1 January 2022 (as previously stated)	13,733	1	556	2,818	17,108
Prior Year Adjustment (note 28)	(2,716)	-	-	-	(2,716)
At 1 January 2022 (as restated)	11,017	1	556	2,818	14,392
Additions	18	-	-	228	246
Disposals	-	(1)	(65)	-	(66)
Transfers between classes	4,844	-	-	-	4,844
At 31 December 2022	15,879	-	491	3,046	19,416
DEPRECIATION					
At 1 January 2022 (as previously stated)	6,657	1	440	2,259	9,357
Prior Year Adjustment (note 28)	(1,659)	-	-	-	(1,659)
At 1 January 2022 (as restated)	4,998	1	440	2,259	7,698
Charge for the year on owned assets	111	-	51	315	477
Disposals	-	(1)	(65)	-	(66)
At 31 December 2022	5,109	-	426	2,574	8,109
NET BOOK VALUE					
At 31 December 2022	10,770	-	65	472	11,307
At 31 December 2021 (as restated)	6,019	-	116	558	6,693

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

18. TANGIBLE FIXED ASSETS (CONTINUED)

There has been a prior period adjustment to reclassify BMA House as 'mixed-use' as specific areas meet the definition of investment property as defined in FRS 102 section 16. Costs and associated depreciation that relate to investment property have been transferred out of Freehold property.

During the year ended 31 December 2022, space within BMA House which was previously treated as investment property was transferred back for operational use by the BMA. The cost base for this transfer was taken from the £170m valuation by Cushman & Wakefield as at 31 December 2022 and apportioned on sq. ft.

For further detail on the prior year adjustment, please see note 28.

19. FIXED ASSET INVESTMENTS

Group

	Listed investments £000
COST OR VALUATION	
At 1 January 2022	146,541
Additions	2,595
Disposals	(6,500)
Revaluations	(15,890)
At 31 December 2022	126,746

Of the £15,890,000 fair value movements, a £38,000 loss was realised on disposal, with £15,852,000 of unrealised gains remaining in respect of amounts held at the Balance Sheet date.

On disposal of £6,500,000 of investments, £2,114,000 of previously unrealised gains were realised, leading to a transfer from the non-distributable to distributable reserve.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

19. FIXED ASSET INVESTMENTS (CONTINUED)

Company

	Investments in subsidiary companies £000
COST OR VALUATION	
At 1 January 2022	140,878
At 31 December 2022	140,878

LISTED INVESTMENTS

The fair value of the listed investments at 31 December 2022 was £126,746 (2021: £146,541).

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

20. INVESTMENT PROPERTY

Group and Company

	Freehold investment property £000
VALUATION	
At 1 January 2022 (as previously stated)	-
Prior year adjustment (note 28)	89,014
At 1 January 2022 (as restated)	89,014
Loss on revaluation	(9,370)
Transfers between classes	(4,844)
AT 31 DECEMBER 2022	74,800

Areas of BMA House that meet the definition of investment property per FRS 102 section 16 have been measured at fair value. The directors obtained an independent valuation from Cushman & Wakefield as at 31 December 2022, valuing BMA House at £170m (2021: £190m).

During 2022, work was completed by an external company (Daydon Griffiths & Surry) to measure BMA House by area in line with International Property Measurement Standard (IPMS). These measurements have been used to proportionally calculate investment property.

The approved Estates interim leasing strategy for certain surplus spaces is to only begin refurbishment works once a letting has been signed with a tenant. It is at this point in time that these areas will be treated as investment property.

For further detail on the prior year adjustment, please see note 28.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

21. DEBTORS

	Group	Group As restated	Company	Company
	2022	2021	2022	2021
	£000	£000	£000	£000
Trade debtors	14,774	15,820	1,045	645
Other debtors	4,407	322	4,585	3,025
Prepayments and accrued income	8,004	7,798	2,599	2,364
	27,185	23,940	8,229	6,034

For further detail on the prior year adjustment, please see note 28.

22. CASH AND CASH EQUIVALENTS

	Group	Group	Company	Company
	2022	2021	2022	2021
	£000	£000	£000	£000
Cash at bank and in hand	51,784	44,551	11,521	8,432

Cash balances for the company at the year end include amounts for an interim dividend paid by BMJ to BMA in December 2022.

23. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	Group	Group	Company	Company
	2022	2021	2022	2021
	£000	£000	£000	£000
Payments received on account	32,864	32,369	8,859	8,791
Trade creditors	6,027	6,983	3,459	3,827
Amounts owed to group undertakings	-	-	13,405	17,132
Corporation tax	1,413	1,776	274	322
Other taxation and social security	6,099	1,709	915	919
Other creditors	1,893	2,227	217	534
Accruals and deferred income	17,136	15,825	8,661	7,820
	65,432	60,889	35,790	39,345

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

24. DEFERRED TAXATION

Group

	2022 £000
At beginning of year (restated)	(31,596)
Credited to profit or loss	7,389
AT END OF YEAR	(24,207)

Company

	2022 £000
At beginning of year (restated)	(21,915)
Credited to profit or loss	2,224
AT END OF YEAR	(19,691)

	Group	Group As restated	Company	Company As restated
	2022 £000	2021 £000	2022 £000	2021 £000
Accelerated capital allowances	(339)	(95)	(309)	(190)
Short term timing differences	179	179	-	-
Onerous lease provision	112	112	-	-
Fair value movements on investments	(24,159)	(31,792)	(19,382)	(21,725)
	(24,207)	(31,596)	(19,691)	(21,915)

For further detail on the prior year adjustment, please see note 28.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

25. PROVISIONS

Group

	Legal cases £000	Industrial action provision £000	Total £000
At 1 January 2022	1,122	-	1,122
Charged to profit or loss	109	1,824	1,933
AT 31 DECEMBER 2022	1,231	1,824	3,055

Company

	Legal cases £000	Industrial action provision £000	Total £000
At 1 January 2022	1,122	-	1,122
Charged to profit or loss	109	1,824	1,933
AT 31 DECEMBER 2022	1,231	1,824	3,055

At the year end, an assessment of all ongoing legal cases was undertaken. Disclosure requirements as set out in sections 21.14 to 21.17 of FRS102 have been applied in respect of these cases.

This assessment identified 4 ongoing cases where there is an actual or constructive obligation (as a result of past events) to pursue the cases where it has been assessed as probable that the Association will be required to settle the obligation.

The provision reflects a reliable estimate of the expected outflow of resources in future years in relation to these cases.

For these cases, uncertainty exists in respect of the timing of settlement due to the protracted process when dealing with such cases. However, it is expected that these cases will be settled by 31 December 2023.

Post year end, there have been no developments or changes to the above.

A resolution was passed by Council in November 2022 for junior doctors to ballot, which committed the BMA to seek pay restoration to 2008 levels for junior doctors. Whilst much of this work is being carried out by existing staff, there will be external expenditure to deploy an industrial action strategy.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

26. RESERVES

Profit and loss account: distributable

This reserve relates to the aggregate of distributable profits and losses generated to date.

Other reserves: distributable

Other reserves relate to the legacy reserves transferred from British Medical Association to BMA Investments Limited on acquisition, and forms part of the distributable reserves.

Profit and loss account: non-distributable

This reserve relates to the aggregate of unrealised fair value gains generated from the Group's fixed asset investments, the £454k fair value uplift on BMA House back in 1957, and the £59m fair value uplift following the transfer of the trade and net assets from British Medical Association to BMJ Publishing Group Limited on 1 January 2003, net of the deferred taxation on those unrealised gains.

27. COMPANY STATUS

The Company is a private Company limited by guarantee and, consequently, does not have share capital. Each of the members is liable to contribute an amount not exceeding £1 towards the assets of the company in the event of liquidation.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

28. PRIOR YEAR ADJUSTMENT

Areas of BMA House that meet the definition of investment property per FRS 102 section 16 have been measured at fair value in 2022. 2021 figures have been restated to reflect the position at 31 December 2021 on the same basis. An independent valuation from Cushman & Wakefield valued BMA House at £190m at 31 December 2021.

The change in treatment of BMA House has resulted in restated figures for 2021 (£'000):

- i. Consolidated / Company statement of comprehensive income - Unrealised surplus on revaluation of investment property £87,956 (previously stated – Nil)
- ii. Consolidated / Company statement of comprehensive income – Deferred tax (liability) relating to investment property revaluation - £21,725 (previously stated – Nil)
- iii. Consolidated statement of financial position – Tangible assets - £6,750 (previously stated - £7,808) £2,716 cost and £1,659 depreciation transferred from freehold property to investment property (Net Book Value – £1,057)
- iv. Consolidated statement of financial position – Investment property - £89,014 (previously stated – Nil)
- v. Consolidated statement of financial position – Debtors – £23,940 (previously stated – £24,326) - £386 deferred tax asset transferred to deferred tax liability
- vi. Consolidated statement of financial position – Deferred tax (liability) - £31,596 (previously stated - £10,257) - £21,725 deferred tax on BMA House revaluation less transfer of deferred tax asset of £386 equals £21,339
- vii. Consolidated statement of financial position – Total capital and reserves - £220,143 (previously stated - £153,912)
- viii. Company statement of financial position - Tangible assets - £6,693 (previously stated - £7,751) £2,716 cost and £1,659 depreciation transferred from freehold property to investment property (Net Book Value - £1,057)
- ix. Company statement of financial position – Investment property - £89,014 (previously stated – Nil)
- x. Company statement of financial position – Deferred tax (liability) - £21,915 (previously stated - £190) - £21,725 deferred tax on BMA House revaluation
- xi. Company statement of financial position – Total capital and reserves - £189,530 (previously stated - £123,299)

The historical revaluation reserve from 1957 relating to BMA House has been reduced from £454k to £86k. This reflects the transfer excess depreciation from the revaluation reserve to retained earnings.

Changes in equity - consolidated	As	Revaluation	Deferred	Transfer	
	Previously	of BMA	Tax on	Excess	As
	Stated	House	Revaluation	Depreciation	Restated
	£'000	£'000	£'000	£'000	£'000
Revaluation reserve	454			- 368	86
P&L - non distributable	56,893	87,956		77	144,926
P&L - distributable	40,187		- 21,725	291	18,753
Other reserves - distributable	56,378				56,378
Total	153,912	87,956	- 21,725	-	220,143
Changes in equity - company	As	Revaluation	Deferred	Transfer	
	Previously	of BMA	Tax on	Excess	As
	Stated	House	Revaluation	Depreciation	Restated
	£'000	£'000	£'000	£'000	£'000
Revaluation reserve	454			- 368	86
P&L - non distributable	59,000	87,956		77	147,033
P&L - distributable	63,845		- 21,725	291	42,411
Total	123,299	87,956	- 21,725	-	189,530

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

28. PRIOR YEAR ADJUSTMENT (CONTINUED)

29. CONTINGENT LIABILITIES

At the year end, an assessment of all ongoing legal cases was undertaken. Disclosure requirements as set out in sections 21.15 to 21.17 of FRS102 have been applied in respect of these cases.

This assessment identified a number of ongoing cases where there is an actual or constructive obligation (as a result of past events), to pursue the cases.

For these cases, it was deemed that either it was not probable that there will be an outflow of resources to settle the obligation, or that it was not possible to reliably estimate the potential outflow of resources. As such, no provision has been recognised for these, but management estimate that potential outflow of resources could be in the region of £817k.

For these cases, uncertainty exists in respect of the timing of settlement due to the protracted process when dealing with such cases. However, it is expected that these cases will be settled by 31 December 2023.

Uncertainty also exists in respect of the estimation of the potential outflow of economic resources, either due to cases being in the early stages of the process or due to the complex nature of the cases making it difficult to determine at this time. However, £817k is the best estimate at this stage, given the information available.

Post year end, there have been no developments or changes to the above.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

30. PENSION COMMITMENTS

The Group operates a Defined Contributions Pension Scheme.

The assets of the scheme are held separately from those of the Group in an independently administered fund. The pension cost charge represents contributions payable by the Group to the fund and amounted to £5,287,000 (2021: £4,897,000). Contributions totaling £nil were payable to (2021: £668,000 payable to) the fund at the reporting date and are included in creditors.

The Group also operates a Defined Benefit Pension Scheme.

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 2021 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 2022 was a loss of £150.5m.

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

Reconciliation of present value of plan liabilities:

	2022	2021
	£000	£000
RECONCILIATION OF PRESENT VALUE OF PLAN LIABILITIES		
At the beginning of the year	407,648	438,930
Interest cost	8,052	6,076
Actuarial gains	(124,514)	(27,509)
Administration costs	1,127	613
Benefits paid	(11,195)	(10,462)
AT THE END OF THE YEAR	281,118	407,648

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

30. PENSION COMMITMENTS (CONTINUED)

Reconciliation of present value of plan assets:

	2022	2021
	£000	£000
RECONCILIATION OF PRESENT VALUE OF PLAN ASSETS		
At the beginning of the year	407,648	425,664
Interest income	8,052	5,890
Actuarial (losses)/gains	(150,462)	30,050
Benefits paid	(11,195)	(10,462)
Derecognition of surplus	27,075	(43,494)
AT THE END OF THE YEAR	281,118	407,648
	2022	2021
	£000	£000
Fair value of plan assets	281,118	407,648
Present value of plan liabilities	(281,118)	(407,648)
NET PENSION SCHEME LIABILITY	-	-

The amounts recognised in profit or loss are as follows:

	2022	2021
	£000	£000
Interest on obligation (including administration costs)	(9,179)	(6,689)
Interest income on plan assets	8,052	5,890
TOTAL	(1,127)	(799)

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

30. PENSION COMMITMENTS (CONTINUED)

	2022	2021
	£000	£000
ANALYSIS OF ACTUARIAL LOSS RECOGNISED IN OTHER COMPREHENSIVE INCOME		
Actuarial (losses)/gains on plan assets	(150,462)	30,050
Actuarial gains on plan liabilities	124,514	27,509
Derecognition of surplus	27,075	(43,494)
	1,127	14,065

Principal actuarial assumptions at the reporting date (expressed as weighted averages):

	2022	2021
	%	%
Discount rate	4.9	2.0
Future salary increases - in line with RPI	3.4	3.4
Future salary increases - in line with RPI subject to maximum of 5%	3.0	3.0
RPI inflation	3.2	3.2
CPI inflation	3.0	3.0
Mortality rates		
- for a male aged 65 now	22.7	22.9
- at 65 for a male aged 45 now	23.6	23.8
- for a female aged 65 now	24.9	24.9
- at 65 for a female member aged 45 now	26.0	25.8

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

31. RELATED PARTY TRANSACTIONS

Group entities

The Association is exempt from disclosing related party transactions with other companies that are wholly owned within the Association, under s.33.1A of FRS102.

The 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.

A full list of subsidiaries, the country of incorporation and effective percentage of ownership has been disclosed in Note 32.

32. SUBSIDIARY UNDERTAKINGS

DIRECT SUBSIDIARY UNDERTAKINGS

The following were direct subsidiary undertakings of the Company:

Name	Registered office	Class of shares	Holding
BMJ Publishing Group Limited	BMA House, Tavistock Square, London, WC1H 9JR	Ordinary	100%
BMA Investments Limited	BMA House, Tavistock Square, London, WC1H 9JP	Ordinary	100%
BMA (2002) Limited	BMA House, Tavistock Square, London, WC1H 9JP	Ordinary	100%

BMA (2002) Limited was dissolved on 5 April 2022.

**BRITISH MEDICAL ASSOCIATION
(A COMPANY LIMITED BY GUARANTEE)**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2022**

32. SUBSIDIARY UNDERTAKINGS (CONTINUED)

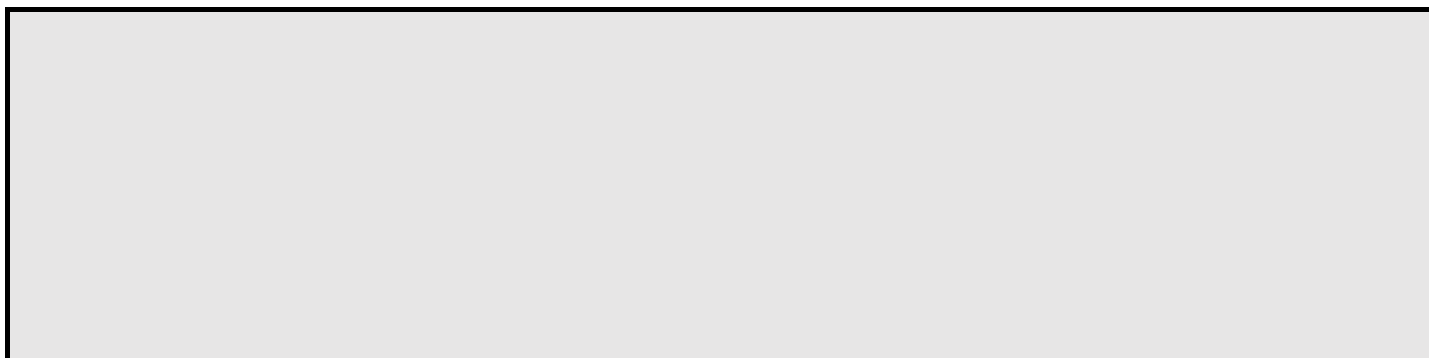
INDIRECT SUBSIDIARY UNDERTAKINGS

The following were indirect subsidiary undertakings of the Company:

Name	Registered office	Class of shares	Holding
Medelect Limited	BMA House, Tavistock Square, London, WC1H 9JR	Ordinary	100%
BMJ Publishing Inc.	Two Hudson Place, Hoboken, NJ07030 USA	Ordinary	100%
BMJ Group India Private Limited	Navkar Marol, Andheri, Mumbai, India	Ordinary	99%
BMJ (Beijing) Medical Science and Technology Co Limited	1509 Silver Tower No2 East, Chaoyang District, Beijing 100027 China	Ordinary	100%

Accounting policies



(see notes 84 and 85)



Signatures to the annual return

(see notes 86 & 87)

Including the accounts and balance sheet contained in the return. Please copy and paste your electronic signature here

Secretary's Signature:		Chairman's Signature:	
			<small>(or other official whose position should be stated)</small>
Name:	Trevor Pickersgill	Name:	Professor Philip Banfield
Date:	30.06.23	Date:	30.06.23

Checklist

(see notes 88 to 89)

(please tick as appropriate)

Has the return of change of officers been completed? (see Page 2 and Note 12)	Yes	<input checked="" type="checkbox"/>	No	
Has the list of officers in post been completed? (see Page 2 and Note 12)	Yes	<input checked="" type="checkbox"/>	No	
Has the return been signed? (see Pages 23 and 25 and Notes 86 and 95)	Yes	<input checked="" type="checkbox"/>	No	
Has the auditor's report been completed? (see Pages 20 and 21 and Notes 2 and 77)	Yes	<input checked="" type="checkbox"/>	No	
Is a rule book enclosed? (see Notes 8 and 88)	Yes	<input checked="" type="checkbox"/>	No	
A member statement is: (see Note 80)	Enclosed	<input checked="" type="checkbox"/>	To follow	
Has the summary sheet been completed? (see Page 17 and Notes 7 and 62)	Yes	<input checked="" type="checkbox"/>	To follow	
Has the membership audit certificate been completed? (see Page i to iii and Notes 97 and 103)	Yes	<input checked="" type="checkbox"/>	No	

Checklist for auditor's report

(see notes 90 and 96)

The checklist below is for guidance. A report is still required either set out overleaf or by way of an attached auditor's report that covers the 1992 Act requirements.

1. In the opinion of the auditors or auditor do the accounts they have audited and which are contained in this return give a true and fair view of the matters to which they related? (See section 36(1) and (2) of the 1992 Act and notes 92 and 93)

Please explain in your report overleaf or attached.

2. Are the auditors or auditor of the opinion that the union has complied with section 28 of the 1992 Act and has:

- a. kept proper accounting records with respect to its transactions and its assets and liabilities; and
- b. established and maintained a satisfactory system of control of its accounting records, its cash holding and all its receipts and remittances. (See section 36(4) of the 1992 Act set out in note 92)

Please explain in your report overleaf or attached

3. Your auditors or auditor must include in their report the following wording:

In our opinion the financial statements:

- give a true and fair view of the matters to which they relate to.
- have been prepared in accordance with the requirements of the sections 28, 32 and 36 of the Trade Union and Labour Relations (consolidation) Act 1992.

Auditor's report (continued)

The responses on page 24 merely reference matters set out in our attached independent auditor's report to the British Medical Association on the financial statements of the British Medical Association for the year ended 31 December 2022 dated 23 May 2023 (the "Independent Auditor's Report"). This report is not a substitute for reading the "Independent Auditor's Report" and financial statements to which they relate. We have not performed any additional procedures in giving this report except for agreeing that the amounts and disclosures in the return are accurately extracted from the attached annual financial statements.

The above responses and the Independent Auditor's Report, including the opinion, are made solely to the company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and solely to the company in accordance with section 36(1) of the Trade Union and Labour Relations (Consolidation) Act 1992. 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.

Signature(s) of auditor or auditors:

N. Page

Name(s):

Nick Page

Profession(s) or Calling(s):

Partner

Address(es):

Grant Thornton UK LLP

30 Finsbury Square

Postcode

EC2A 1AG

Date

23/06/2023

Contact name for inquiries and telephone number:

Nick Page
020 7728 3001

N.B. When notes to the account are referred to in the auditor's report a copy of those notes must accompany this return.

Membership audit certificate

made in accordance with section 24ZD of the Trade Union and Labour Relations (Consolidation) Act 1992

(See notes 97 to 103)

At the end of the reportign period proceding the one to which this audit relates was the total membership of the trade union greater than 10,000?

Yes

If "YES" please complete SECTION ONE below or provide the equivalent information on a separate document to be submitted with the completed AR21

If "NO" please complete SECTION TWO below or provide the equivalent information on a separate document to be submitted with the completed AR21

Membership audit certificate

Section one

For a trade union with more than 10,000 members, required by section 24ZB of the 1992 Act to appoint an independent assurer

- 1 In the opinion of the assurer appointed by the trade union was the union's system for compiling and maintaining its register of the names and addresses of its members satisfactory to secure, so far as is reasonably practicable, that the entries in its register were accurate and up-to-date throughout the reporting period?

Yes


- 2 In the opinion of the assurer has he/she obtained the inforamation and explanations necessary for the performance of his/her functions?

Yes

If the answer to **either** questions 1 or 2 above is "NO" the assurer must:

- (a) set out below the assurer's reasons for stating that
- (b) provide a description of the information or explanation requested or required which has not been obtained
- (c) state whether the assurer required that information or those explanations from the union's officers, or officers of any of its branches or sections under section 24ZE of the 1992 Act
- (d) send a copy of this certificate to the Certification Officer as soon as is reasonably practicable after it is provided to the union.

Membership audit certificate (continued)

Signature of assurer	
Name	Richard Thomas
Address	Capital Law Limited, Tyndall Street, Cardiff CF10 4AZ
Date	20-Apr-23
Contact name and telephone number	Richard Thomas Tel: 029 2047 4436 / 07515 325601

BMA: MEMBERSHIP AUDIT CERTIFICATE – REPORT AND SUPPLEMENTAL INFORMATION FOR REPORTING PERIOD 2021/22

24 March 2023

General background

- The BMA (as a Special Register Body pursuant to Section 117 of the Trade Union and Labour Relations (Consolidation) Act 1992) is required to submit a Membership Audit Certificate at the same time as it presents its annual return to the Certification Officer.
- Section 24 of the Trade Union and Labour Relations (Consolidation) Act 1992 ("TULRCA") provides requirements on the BMA in relation to its register of members.
- Sections 24ZA to 24ZG (introduced by the Transparency of Lobbying, Non-Party Campaigning and Trade Union Administration Act 2014) ("the Act") build on this duty by introducing a new statutory duty on the BMA to supply an annual assurance to the Certification Officer ("CO") in relation to its register of members.
- The annual assurance takes the form of a **Membership Audit Certificate ("MAC")** which the BMA needs to supply to the CO.
- The section 24 duty requires the BMA to compile and maintain a register of members' names and addresses and, **so far as is reasonably practicable** to secure that the entries in the register are accurate and kept up to date.
- The statutory duty requires the BMA to maintain the names and addresses of its members.
 - The BMA does not have to keep a record of a member's job title, branch, or grade, etc.
 - The address to be recorded can be the member's home address or any such other address that the member has requested the BMA in writing to treat as their postal address.
 - Where the BMA does not have an address for a member it must ask for one.
 - To help meet statutory obligations, the BMA should have in place a system which encourages members to notify it of any changes of address.
- The BMA has more than 10,000 members at the end of the previous reporting period. As such, it is required to appoint an independent Trade Union Assurer to be able to confirm that the BMA has taken the reasonable steps to ensure the details of its members (including names and addresses) are up-to-date and provide an MAC for the relevant reporting period.

Appointment of a Trade Union Assurer

- The Membership Audit Certificate (Qualified Independent Person) (Specified Conditions) Order 2015 sets out the conditions that a qualified independent person must satisfy for the purposes of Section 24ZB of TULRCA in articles 3, 4 and 5.
- An assurer can be one of the following recognised independent, qualified persons:
 - Solicitor (who holds a practising certificate issued by The Law Society of England and Wales or Scotland);
 - auditor; or
 - person who is qualified to act as scrutineer under the Trade Union Ballots and Elections (Independent Scrutineer Qualifications) Order 1993.

-
- Apart from these statutory requirements, other terms of the appointment can be agreed by the union and its assurer.
 - The BMA has appointed Richard Thomas of Capital Law Solicitors, Capital Building, Tyndall Street, Cardiff CF10 4AZ, to be the Qualified Independent Person.

Report of Trade Union Assurer

- This appointment confers a duty on the assurer to provide a MAC after carrying out such enquiries as the assurer considers necessary.
- As part of my enquiries I have taken reasonable steps to assess whether the BMA's systems for compiling and maintaining a register of members' names and addresses are satisfactory to comply with the section 24 duty (i.e. that its register is, so far as is reasonably practicable, accurate and up-to-date) and I have done so by accessing information and obtaining explanations in order to demonstrate that the MAC is accurate.
- In my opinion I was able to obtain all the information or explanations needed to carry out this task including access at reasonable times to the register of members and all other relevant documents necessary to fulfil my functions.
- In this context I had access at reasonable times to the register of members and other documents necessary to fulfil my functions.
- I have also asked a number of the BMA's employees and officers to provide the information and the explanations required in order for me to fulfil my task.
- Having carried out whatever enquiries are necessary I will provide a MAC to the BMA which the BMA will need to submit to the CO with its annual return.
- Having undertaken my enquiries I am satisfied for the reasons set out in this report that the BMA has a satisfactory membership system in place and that the BMA has compiled and maintains a register of members' names and addresses which, so far as is reasonably practicable, does secure that the entries in the register are accurate and kept up to date. In this context the BMA has approximately 184,000 members and it utilises a Client Relationship Management ("CRM") system which contains the master database and central register of membership data including the register of members' names and addresses. Information from new joiners is collected and collated dependent upon the nature of the new member application. Applications made on paper (via post) or by telephone are processed and the member data (including names and addresses) is inputted manually on to the CRM system by the BMA Membership Records team. With online applications there is integration between the on-line application process through to the CRM system to ensure that the data provided by the member is entered on to the CRM system. The BMA membership website contains Membership FAQ's and specifically informs all members that, "If you can't find the information you need please email membership@bma.org.uk or call us on 0300 123 1233" (Link: <https://www.bma.org.uk/membership/membership-faqs>). The membership FAQs also contains an "update your details" drop-down tab which allows all members to log in to the website and update their details on-line by following the link provided. Therefore, all BMA members can notify the BMA of any changes with ease and any such changes notified are then automatically updated on the CRM system.
- In making my assessment I have also taken into account the UK Government Guidance on Trade Union Register of Members and Membership Audit Certificate requirements and relevant decisions of the CO on reasonable practicability in *Re Civil and Public Services' Association (1996)* and the steps listed by the CO as being those routinely taken by a trade union to comply with the duty and the actions that unions would have to take to satisfy the requirement to "secure so far as is reasonably practicable" that the register of members is accurate and up-to-date'.
- These steps outlined by the CO (and the manner in which the BMA complies with these steps) are set out below:

1. The membership application forms are split into a “Doctor join form” and a “Student join form.” The membership application forms provide for the member to complete their address details and both forms specifically state that “We [the BMA] will use these contact details [supplied by the member as part of the application process] for communications with you [the member] including but not limited to polls, referendums, and any balloting for Industrial Action”. Therefore, both membership application forms require each member to provide an address which will be the ballot address for any potential Industrial action ballots and/or communications.
2. The union follows up applications for membership when no appropriate address was given. The BMA Membership Records Department will not be able to process the application for membership when a membership application form has been supplied to it which does not contain an appropriate address. The BMA membership administration team will therefore telephone the applicant (if a mobile telephone number has been given in the application form) and send an email (if an email address is given in the application form) to the individual stating that the BMA is unable to process the application as the address section has not been completed. The prospective member is informed that if they wish to complete their application for membership then they can call one of the BMA's advisors and a telephone number for this is provided.
3. If mail is returned undelivered to the union, the union is to check whether the member's address needs to be updated. BMA members and BMA Student members receive complimentary copies of the British Medical Journal (BMJ) and the Student BMJ and the doctor magazine. These copies are sent out to the member's address as set out by the member in their membership application form. The packaging for these journals specifically confirms that “if undelivered please return to Citypoint, 21 Tyndrum Street, Glasgow, G4 0JY”. If the BMJ or student BMJ is returned a second time as being undelivered a communication via email sent out to the member and if this is not responded to the address is then recorded as invalid. The Packaging for the BMJ and Student BMJ also contains a “Change of Address Option” in which members are provided with the opportunity to communicate with the BMA to update their current address details. Members are given email and telephone details in order to communicate with the BMA to provide it with up-to-date address details.
4. The union has regular membership verification exercises. In May 2022 (membership renewal date is 1 October) the BMA undertook full membership details update campaign which involved communications to all BMA members to remind them of the need to update their name and contact address details. Further membership details update campaigns will take place in 2023. The BMA utilises social media such as Facebook, LinkedIn and Twitter to regularly remind members of the need to keep their details updated. A recent campaign stated “*Help us to stay in touch with you. Don't miss out – ensure your membership details are up to date so we can keep you informed of important news...*”. For BMA members who receive their membership renewal notification by post the BMA periodically sends an updated details form to the member. This form specifically asks, “Are your membership details up to date?” and the member is given the opportunity to update their details including name and contact address and the member is given the option of returning the form via the pre-paid Business Reply Envelope provided by the BMA. The BMA has an online portal where members can access all their membership details and they are able to update their details online at bma.org.uk/updatesmydetails. For members who receive their membership renewal electronically a membership renewal communication is sent out. This specifically informs members to “Please check that your membership details are correct” and members can update their membership details including name and address by accessing the online portal at bma.org.uk/updatesmydetails.

5. In its journals, the union advertises the need for members to keep the union informed of their current balloting address. The adverts remind members to keep their details up to date and the adverts provide the online access details for members to check and update if necessary their contact details. The BMA advertises the need for members to keep the BMA informed of their current address (to be used for balloting purposes) by placing periodic advertisements to this effect in the British Medical Journal and the Student BMJ. A recent advert in the BMJ stated “Are you a BMA Member? Make sure your details are up to date” ...” Update your details today – myaccount.bma.org.uk.” The BMA’s membership verification communications include an “update your membership details” campaign via all communications routes such as social media and via the BMJ, Student BMJ and the BMA website in order to further publicise and advertise the need for members to keep their details updated.

The union works closely with staff who are member facing to remind them of the importance of members updating their details.

- In *Re: Manufacturing, Science and Finance Union* (1998), the CO held that the duty to maintain an up-to-date register meant that a union was under an obligation to operate a system for removing the names of those members who no longer wished to be members.
- The BMA has in place a comprehensive records retention schedule. As the BMA provides advice to members (which can include legal advice) documentation relating to membership and records of advice given is retained for a period of 7 years in order to allow the BMA to be able to retrieve this documentation in the event of any claim for breach of contract and/or negligence in advice given being brought against it by an ex-member.
- However, once a member has notified the BMA that they no longer wish to be a member then the BMA has a process whereby the members name is taken off the register of members and their status is changed to that of a non-member. For members who are deceased their details are archived in accordance with the records retention schedule. This ensures that all details are archived and security protected in order to ensure that no unauthorised access to this information can take place.
- The BMA has in place a Records and Archive Management: Key Records Policy which confirms that all BMA Departments are required to ensure that all key records are sent to the Records and Archives Department for cataloguing. Key records are defined as content which interprets BMA opinion on any issue and can include correspondence or documents including e mails providing legal advice and/or guidance to members collectively.
- The BMA also has in place a Records and Archive Management: Record Centre Policy which covers documents that staff need to keep for legal requirements or other business purposes. These documents have a retention date in line with the BMA Records Retention Schedule and are then confidentially destroyed after the expiry of the retention period. This would include legal advice given to members individually.
- Both policies provide an electronic link for documentation to be sent to the record centre. The processes for document security outlined above then apply to these archived documents. Both policies also remind all BMA staff of the fact that confidential disposal bins are available for BMA staff to ensure that records that do not need to be sent to the record centre are also destroyed.
- As the Independent Assurer I acknowledge that I have a statutory duty of confidentiality in respect of the union's register of members and am bound by the provisions of the Data Protection Act.
- Assurers do not need to check the accuracy of every single member record in order to produce a MAC. This would present a disproportionate cost burden to unions and would be inconsistent with standard practice in comparable checks, for example of audited accounts.

A rectangular box containing a handwritten signature in black ink. The signature is stylized and appears to be 'RT'.

SIGNED: Richard Thomas, Partner

Richard Thomas
Capital Law
Capital Building
Tyndall Street
Cardiff CF10 4AZ

24 March 2023

Membership audit certificate

Section two

For a trade union with no **more than 10,000 members** at the end of the reporting period preceding the one to which this audit relates.

To the best of your knowledge and belief has the trade union during this reporting period complied with its duty to compile and maintain a register of the names and addresses of its members and secured, so far as is reasonably practicable, that the entries in the register are accurate and up-to-date?

Yes / No

If "No" Please explain below:

N/A

Signature	
Name	
Office held	
Date	